

## Research Article

### Changes Anxiety in Patients Preoperative Abdominal Surgery After Giving a Combination of Benson Relaxation and Dhikr

Rizky Rahmawati, Hartono, Sunarto\*

Department of Nursing Poltekkes Kemenkes Surakarta, Indonesia

#### Article history:

Submission December 2023

Revised May 2024

Accepted May 2024

#### \*Corresponding author:

E-mail:

[sunarto\\_sst@yahoo.com](mailto:sunarto_sst@yahoo.com)

#### ABSTRACT

**Background:** Surgery is a medical procedure that aims to save lives and prevent disability by making an incision in the part of the body to be repaired. One type of major surgery is abdominal surgery. Surgery can cause a psychological response in patients. Anxiety is a psychological response that usually occurs in preoperative abdominal surgery patients. One of the ways to handle anxiety is with non-pharmacological techniques in the form of the Benson and Dhikr methods.

**Objective:** To determine the effect of the combination of the Benson and Dhikr methods on anxiety levels in preoperative abdominal surgery patients at RSUD Dr. Moewardi Surakarta.

**Methods:** This study used a pre-experimental research type with a one-group pretest-posttest design. The sample of this study consisted of 32 preoperative abdominal surgery patients with anxiety at RSUD Dr. Moewardi Surakarta. Sampling technique with purposive sampling.

**Results:** After carrying out the Wilcoxon Signed Rank Test, the results obtained a significance of 0,000 (p-value<0,05).

**Conclusions:** There is a combined effect of the Benson and Dhikr methods on the level of anxiety in preoperative abdominal surgery patients at RSUD Dr. Moewardi Surakarta.

**Keywords:** Anxiety level, Benson method, Dhikr, Pre abdominal surgery

#### Introduction

Surgery is one of the most important medical procedures in health services, aiming to save lives and prevent complications and disability. The procedure involves making an incision in the targeted body part, repairing it, and concluding by closing and suturing the wound [1]. Abdominal surgery is one type of major surgical operation [2].

According to WHO (2018), the number of patients undergoing surgical procedures has increased significantly every year. Worldwide, surgeons perform an estimated 165 million surgical procedures annually. In 2020, there were 234 million clients in all hospitals in the world who underwent surgical procedures. In 2020, Indonesia saw 1.2 million surgical procedures, with an estimated 32% of these procedures being abdominal surgeries [3]. RSUD Dr.

#### How to cite:

Rahmawati, R., Hartono, & Sunarto (2024). Changes Anxiety in Patients Preoperative Abdominal Surgery After Giving a Combination of Benson Relaxation and Dhikr. *Basic and Applied Nursing Research Journal*, 5(1), 17 – 25. doi: 10.11594/banrj.05.01.02

Moewardi Surakarta saw an overall increase in surgical procedures from 8,225 cases in 2021 to 9,048 cases in 2022 [4].

Based on medical record data, abdominal surgical procedures at Dr. Moewardi Surakarta include laparotomy, appendectomy, cholecystectomy, colectomy, nephrectomy, hepatectomy, colostomy, herniotomy, gastrectomy, cesarean section, and hysterectomy. In 2021, there were 1,499 cases of abdominal surgical procedures, which increased to 1,649 in 2022 [4].

Najafi et al. [5] conducted research at Khordad Hospital in Iran on the anxiety levels of pre-abdominal surgery patients, revealing that 51% of these patients, out of 90, had moderate to severe anxiety levels. Gumus [6] conducted research in Turkey and found that 84.1% of 82 patients undergoing abdominal surgery had a high level of anxiety prior to surgery. Sanjaya et al. [7] conducted research on 16 respondents to determine the prevalence of pre-abdominal surgery anxiety in Indonesia: 14 respondents (87.5%) reported moderate anxiety levels during pre-abdominal surgery, while 2 respondents (12.5%) reported severe anxiety levels.

The level of anxiety for each individual who will undergo surgery is different; some experience mild, moderate, severe, and even panic. This can have bad consequences for health because, if not treated immediately, it will increase blood pressure and breathing. Before surgery, appropriate nursing intervention is necessary to prepare the patient both physically and psychologically [8].

Preoperative patients can overcome their anxiety in two ways: pharmacologically and non-pharmacologically. One non-pharmacological treatment option is the Benson relaxation technique. The Benson relaxation technique, a respiratory relaxation response method that incorporates the patient's belief factors, can foster an internal environment that enhances the patient's health and well-being [9].

Prima et al. [9] conducted research on the application of Benson relaxation therapy to preoperative patients experiencing anxiety in the lotus room at RSUD Dr. Chasbullah Abdulmajid, Bekasi City. The study found that the patients experienced changes in anxiety levels

after receiving Benson relaxation therapy for 10 minutes, with the average score decreasing to 10 to 20. Therefore, we can conclude that Benson relaxation therapy effectively reduces anxiety in pre-operative patients.

Dhikr therapy is another non-pharmacological method for reducing anxiety. As Allah SWT says in the Al-Quran, Surah Ar-Ra'du': 28, namely, dhikr can calm the heart. Dhikr therapy has entered the Islamic health world as an effort to overcome anxiety [10].

The results of research conducted by Mastuty et al. [11] regarding the effect of dhikr on the anxiety level of pre-operative patients in the IBS room at Praya Regional Hospital after the patient was given dhikr therapy 33 times for 10 minutes showed a p-value of  $0.000 < 0.05$ . This proves that there is a significant difference between the level of anxiety before being given dhikr and after being given the prayer.

Interviews with eight nurses from each surgical ward at RSUD Dr. Moewardi Surakarta, specifically Flamboyan 10, Mawar 2, Mawar 3, and Ponok RSUD Dr. Moewardi Surakarta, revealed that the combination therapy of the Benson and Dhikr methods significantly reduced anxiety in patients undergoing pre-abdominal surgery. Interviews with eight nurses in each operating room revealed that they provided patients preparing for surgery with education and mental support prior to surgery. Still, there was no special intervention to overcome anxiety in pre-abdominal surgery patients in each surgical ward of RSUD Dr. Moewardi Surakarta.

Dr. Moewardi Surakarta identified 143 abdominal surgery patients from June to August 2022 based on medical record data from a preliminary study at RSUD. Interviews with five patients undergoing abdominal surgery revealed that they all experienced anxiety, which they categorized into three levels: weight-one, medium-two, and light-two. This is characterized by various factors, ranging from frequent questions to anxiety and sleep disorders.

Excessive anxiety can make patients emotionally unprepared for surgery, and patients will face preoperative problems such as delaying surgery due to high peripheral pulses and affected heart palpation [12].

Based on the aforementioned phenomenon, researchers are interested in conducting a study under the title "The Effect of the Combination of the Benson and Dhikr Methods on the Level of Anxiety in Patients Pre-Operative Abdomen Surgery at RSUD Dr. Moewardi Surakarta."

## Methods

### Study design

This study employed a quantitative approach using a pre-experimental research design, specifically a one-group pretest-posttest design. We conducted a first observation (pretest) before the intervention, followed by a second observation (posttest) after the intervention [13]. The surgical ward of RSUD, Dr. Moewardi Surakarta, served as the research's location. We collected the data for this research from February 10 to March 17, 2023.

### Sample

The study's population consisted of all preoperative abdominal surgery patients in Dr. Moewardi Surakarta's surgical ward. This study included pre-abdominal surgery patients who experienced anxiety at RSUD Dr. Moewardi Surakarta. We used a purposive sampling technique in this study, resulting in a total sample of 32 respondents.

### Instruments

We measured this client's anxiety using the Amsterdam Preoperative Anxiety and Information Scale (APAIS). The Amsterdam Preoperative Anxiety and Information Scale (APAIS), a validated, accepted, and translated instrument into various languages worldwide, serves as one of the designs to assess the source of preoperative anxiety and remind practitioners to evaluate the risk of anxiety. We assessed three components: anxiety about anesthesia, anxiety about surgery, and a desire for information. The APAIS instrument questionnaire includes the following questions: The questions include: "I am afraid of anesthesia; I am constantly thinking about anesthesia; I want to know as much as possible about anesthesia; I am afraid of surgery; I am continually thinking about surgery; and I want to know as much as

possible about surgery." Each item in these questions has a value range of 1 to 5, resulting in a minimum value of 6 and a maximum value of 30. The score is to determine the level of anxiety, ranging from no anxiety (score 6), mild (score 7–12), moderate (score 13–18), severe (score 19–24), and panic (score 25–30).

### Intervention

The standard operating procedure for implementing the combination of the Benson and Dhikr methods involves the client taking the most comfortable position, lying down, or sitting. Then, it's not necessary to force the client to close their eyes slowly, as this will prevent any muscle tension around their eyes. The therapist guides the client in deeply relaxing their muscles, starting from the legs, calves, thighs, and abdomen and extending to all other muscles in the body. The therapist stretches out the hands and arms, allowing them to naturally relax and droop. Try to stay relaxed. Next, the patient inhales and holds for 3 seconds, then exhales and recommends saying the dhikr phrase "Astaghfirullahal'adzim" three times. An attitude of resignation accompanies the whole body's relaxation. For 5 minutes, keep repeating point 4. Furthermore, advise patients to use prayer beads to say lafadz dhikr, "Allah 100x, Subhanallah 33x, Alhamdulillah 33x, and Allahu Akbar 33x." After therapy is complete, encourage clients to open their eyes slowly and stay relaxed and calm.

### Data analysis

In this study, data analysis used univariate analysis and bivariate analysis. Univariate analysis consisted of gender, age, highest level of education, occupation, type of surgery, and level of anxiety before and after the intervention. Bivariate analysis employs the non-parametric statistical test Wilcoxon Signed Rank Test to assess the relationship between two related data samples [14].

### Ethical considerations

We obtained the research permit from Dr. Moewardi Surakarta Hospital, which previously received an ethical clearance certificate from the Health Research Ethics Committee of

the Regional General Hospital, Dr. Moewardi, with number 40/I/HREC/2023, dated January 16, 2023.

## Result

The subsequent form provides a concise summary of the attributes of the respondents:

*Table 1. Respondent characteristics*

| Characteristics    | F  | Percentage |
|--------------------|----|------------|
| <b>Gender</b>      |    |            |
| Male               | 15 | 46,9%      |
| Female             | 17 | 53,1%      |
| <b>Age</b>         |    |            |
| 17-25              | 4  | 12,5%      |
| 26-35              | 8  | 25,0%      |
| 36-45              | 9  | 28,1%      |
| 46-55              | 7  | 21,9%      |
| 56-65              | 4  | 12,5%      |
| <b>Education</b>   |    |            |
| Uneducated         | 1  | 3,1%       |
| Elementary         | 3  | 9,4%       |
| Junior high school | 6  | 18,8%      |
| Senior high school | 16 | 50,0%      |
| Higher Education   | 6  | 18,8%      |
| <b>Occupation</b>  |    |            |
| Unworked           | 7  | 21,9%      |
| Farmer             | 1  | 3,1%       |
| Freelancer         | 2  | 6,3%       |
| Entrepreneurial    | 5  | 15,6%      |
| Private employee   | 10 | 31,3%      |
| Civil servants     | 7  | 21,9%      |
| <b>Surgeries</b>   |    |            |
| Laparotomy         | 5  | 15,6%      |
| Appendectomy       | 2  | 6,3%       |
| Cesarean section   | 7  | 21,9%      |
| Hysterectomy       | 1  | 3,1%       |
| Cholecystectomy    | 12 | 37,5%      |
| Colostomy          | 1  | 3,1%       |
| Herniotomy         | 3  | 9,4%       |
| Colectomy          | 1  | 3,1%       |

Source: Primary Data 2023 (Processed by computer program)

The summary of respondents' characteristics in Table 1 indicates that there were 17 female respondents, accounting for 53.1% of the total, and 15 male respondents, accounting for 46.9%. The survey participants were primarily in the age range of 36 to 45, with 28.1% of respondents falling within this category. Additionally, 25.0% of respondents were between the ages of 26 and 35, while 21.9% were aged 46 to 55. The age group with the fewest respondents was the 17 to 25-year-old category,

accounting for 12.5% of the total. This was closely followed by the 56 to 65-year-old group, also representing 12.5% of the respondents. 50.0% of the respondents had achieved a high school education, while 18.8% had completed junior high school and another 18.8% had obtained a college degree. Only 9.4% of the respondents had finished elementary school, and the smallest proportion, 3.1%, had no formal education. The largest proportion of respondents (31.3%) were engaged in the private

sector. A significant number of respondents (21.9%) were unemployed, while an equal number (21.9%) worked as civil servants. A smaller percentage of respondents (15.6%) were involved in entrepreneurial activities, while a minority (6.3%) worked as freelancers. Only one respondent (3.1%) reported working as a farmer. Out of the twelve respondents,

37.5% performed cholecystectomy, seven respondents (21.9%) performed caesarean section, five respondents (15.6%) performed laparotomy, three respondents (9.4%) performed herniotomy, two respondents (6.3%) performed appendectomy, and the fewest respondents (3.1%) performed hysterectomy, colostomy, and colectomy.

Table 2. Anxiety Level Before Intervention

| Anxiety Level    | F  | Percentage |
|------------------|----|------------|
| Mild Anxiety     | 10 | 31,3%      |
| Moderate Anxiety | 19 | 59,4%      |
| Severe Anxiety   | 3  | 9,4%       |

Source: Primary Data 2023 (Processed by computer program)

Table 2 presents the anxiety levels of the majority of patients scheduled for abdominal surgery before undergoing the combined treatment of the Benson method and dhikr at Dr. RSUD. The anxiety levels of 19 respondents

(59.4%) in Moewardi Surakarta were classed as moderate, while 10 respondents (31.3%) had mild anxiety, and 3 respondents (9.4%) had severe anxiety.

Table 3. Anxiety Level After Intervention

| Anxiety Level    | F  | Percentage |
|------------------|----|------------|
| No Anxiety       | 10 | 31,3%      |
| Mild Anxiety     | 17 | 53,1%      |
| Moderate Anxiety | 5  | 15,6%      |

Source: Primary Data 2023 (Processed by computer program)

Table 3 presents the anxiety levels of most patients who underwent abdominal surgery before and after receiving combined therapy using the Benson technique and dhikr at Dr. RSUD. Out of the ten respondents, 31.3% reported no anxiety in Moewardi Surakarta. 17

respondents, accounting for 53.1%, reported mild anxiety. Five respondents, making up 15.6%, reported moderate anxiety. No respondents reported experiencing severe anxiety.

Table 4. Effect of the Combination of Benson and Dhikr Methods on the Level of Anxiety in Patients with Pre-Operative Abdomen Surgery at RSUD Dr. Moewardi Surakarta

| Terapi   | Mean  | Selisih | Sd    | P-value |
|----------|-------|---------|-------|---------|
| Pretest  | 13,34 |         | 2,936 |         |
|          |       | 4,37    |       | 0,000   |
| Posttest | 8,97  |         | 2,596 |         |

Source: Primary Data 2023 (Processed by computer program)

Table 4 displays the outcomes of the Wilcoxon Signed Rank Test conducted at a 95% confidence level ( $\alpha = 0.05$ ). The test yielded a p-value of 0.000, which is smaller than  $\alpha$  ( $0.000 < 0.05$ ). Consequently, the null hypothesis ( $H_0$ ) is

rejected, and the alternative hypothesis ( $H_a$ ) is accepted. The findings indicate that the utilisation of both the Benson and Dhikr techniques has an impact on the anxiety levels of patients

who are undergoing pre-operative abdomen surgery at RSUD Dr. Moewardi Surakarta.

## Discussion

### ***Anxiety Level Before Giving a Combination of Benson and Dhikr Methods***

We obtained data on the respondents' varying levels of anxiety before administering the combination of the Benson and Dhikr methods. Based on the research results, it showed that 19 respondents (59.4%) experienced moderate levels of anxiety, 10 respondents (31.3%) experienced mild anxiety, and three respondents (9.4%) experienced severe anxiety. In line with research by Nofiandasari et al. (2022) [15], they found that out of 30 respondents, 20 (66.7%) had moderate anxiety, six (20.0%) had severe anxiety, and four (13.3%) had mild anxiety.

Kusairi & Firdaus [16] define abdominal surgery as an open surgical procedure that involves the abdominal cavity and involves making an incision from the stomach down to the stomach lining.

Preoperative patients experience anxiety, which includes feelings of anxiety, fear, tension, lethargy, being unable to rest peacefully, and frequently waking up in the middle of the night. Women and men alike, particularly those who have never undergone surgery before, experience these anxiety symptoms. For almost all patients, surgery is a very difficult medical procedure because they have to deal with surgical tools. Patients do not have experience with the things they will face during surgery, such as anaesthesia, pain, changes in shape, and the inability to mobilise after surgery [17].

### ***Anxiety Levels After Giving a Combination of Benson and Dhikr Methods***

The research findings indicate a reduction in anxiety levels among pre-abdominal surgery patients who received the combined intervention of the Benson and Dhikr methods. Previously, there was no anxiety among 0 respondents (0%) to 10 respondents (31.3%), mild anxiety among 10 respondents (31.3%) to 17 respondents (53.1%), moderate anxiety among 19 respondents (59.4%) to 5 respondents (15.6%), and severe anxiety among three respondents (9.4%) to none.

According to research by Yanti et al. [18], of the 22 respondents who attended before receiving Benson relaxation therapy, 12 (54.5%) reported moderate levels of anxiety, while ten (45.5%) reported mild anxiety. The results showed that 22 respondents (100%) experienced mild anxiety after 10 minutes of Benson relaxation therapy.

This research aligns with the findings of Mastuty et al. [11] study, which involved 46 respondents. Prior to the implementation of dhikr therapy, the majority of respondents experienced very severe levels of anxiety, with 29 respondents (63.0%), 15 respondents (32.6%) experiencing severe anxiety, and two respondents experiencing moderate anxiety. (4.3%). After engaging in dhikr therapy for 10 minutes, the study revealed a reduction in anxiety levels, with the majority of respondents reporting moderate anxiety, followed by 28 respondents (60.9%), 11 respondents (22.9%), five respondents (10), and two respondents (4.3%) reporting severe anxiety.

The Benson method is a deep breathing relaxation method that involves the patient's confidence and is useful for increasing the production of the hormones serotonin and melatonin, as well as reducing the stress hormone cortisol [19].

According to Hanifa [20], Benson relaxation can create a calm and relaxed state in patients who do it because this therapy can slow down brain waves, making the patient rest calmly and feel less anxious.

Dhikr therapy is a form of religious relaxation that involves reciting the lafadz-lafadz of Allah as a form of belief in the Oneness of Allah SWT [21].

According to Mastuty et al. [11], spiritual therapy with dhikr can make the brain work; when the brain receives external stimulation, it produces endorphins. Once the brain generates endorphins, the body absorbs these substances, resulting in a calm response that promotes relaxation and reduces anxiety.

The explanation above leads us to the conclusion that a combination of the Benson and Dhikr methods can influence the hormones related to anxiety, allowing pre-operative patients to reduce anxiety and achieve good physical condition before surgery.

### ***The Effect of the Combination of the Benson and Dhikr Methods on the Level of Anxiety in Patients with Pre-Operative Abdomen Surgery***

The Wilcoxon Signed Rank Test statistical analysis yielded a p-value of 0.000, indicating a rejection of  $H_0$  and acceptance of  $H_a$ . Therefore, we can conclude that the combination of the Benson and Dhikr methods influences the anxiety level of patients undergoing pre-operative abdominal surgery at RSUD Dr. Moewardi Surakarta.

The results of this research are consistent with those of Yanti et al. [18]. Based on the results of the Wilcoxon Signed Rank Test, the p-value was  $0.000 < 0.05$ , indicating that Benson relaxation therapy had an effect on the patient's preoperative anxiety level. Then, in research conducted by Satriyawati et al. [22], the results of the paired t-test showed that dhikr therapy had an effect on reducing the anxiety level of pre-operative patients, with a p-value of  $0.000 < 0.05$ .

People who are going to have surgery feel less anxious before the procedure because Benson therapy can boost parasympathetic nerve activity. This lowers the production of catecholamine hormones, which in turn lowers blood pressure, heart rate, and muscle contractions [23]. Giving Benson relaxation to patients can also create a calm and relaxed state where brain waves begin to slow down, which ultimately allows the patient to rest in peace [20].

Dhikr therapy is a form of religious relaxation that helps people get closer to Allah SWT by saying the words of Allah SWT [21]. Dhikr is able to remind someone that the only person who causes and cures the disease is Allah SWT, so that Dhikr can provide suggestions for healing. Dhikr, as a healer, can have physical and psychological benefits, as well as balance serotonin and norepinephrine levels in the body [22]. When performed with full concentration, Dhikr can produce 32 alpha waves, which manifest when the body experiences relaxation. Dhikr will stimulate natural calming substances in the brain called endorphins [24].

The explanation above suggests that combining Benson therapy with Dhikr can lower anxiety levels in patients undergoing pre-abdominal surgery. Based on the field results,

most respondents reported feeling more relaxed after receiving the combination therapy of Benson and Dhikr methods.

### ***Limitations and Implications***

This study's limitation is sequential action and observation at the same time for preoperative abdominal patients, so it has not been tried for anxiety caused by other factors.

Patients who will undergo abdominal surgery can use a combination of Benson and Dhikr methods as a non-pharmacological effort to reduce anxiety before the procedure.

### ***Conclusion***

The results of this study indicate that the combination of Benson and Dhikr methods in preoperative abdominal patients at Dr. Moewardi Surakarta Hospital significantly reduced anxiety levels from moderate to mild.

Hospitals can use the results of this study as a source of information and consideration to provide complementary interventions, drugs, chemicals, or other actions in dealing with pre-operative abdominal patients who experience anxiety. Researchers can expand this study using various techniques to uncover novel insights and mitigate controllable bias risks.

### ***References***

1. Suganda, B., & Nopriani, Y. (2022). Pengaruh Teknik Relaksasi Benson Terhadap Nyeri Pada Pasien Post Operasi Bedah Mayor. *Jurnal Kesehatan Akper Kesdam II Sriwijaya Palembang*, 11(3).
2. Sjamsuhidajat, R., Bustami, Z. S., Kristandyo, L. R., Nugroho, A. W., Iskandar, M., & Lestari, W. A. (2016). *Buku ajar ilmu bedah : sistem organ dan tindak bedahnya* (4th ed.). Jakarta: Penerbit Buku Kedokteran EGC.
3. WHO. (2020). *Data Surgery*.
4. Hadi, C. (2022). Laporan Tahunan RSUD Dr. Moewardi 2019. In *RSUD Dr. Moewardi*. Surakarta: RSUD dr. Moewardi.
5. Najafi, S., Sajjadi, M., Nasirzadeh, A., & Jeddi, H. (2020). The Effect of Rose Aromatherapy on Anxiety Before Abdominal Operation. *The Horizon of The Medical Science*, 26(2), 128-141.

6. Gumus, K. (2021). The Effects of Preoperative and Postoperative Anxiety on the Quality of Recovery in Patients Undergoing Abdominal Surgery. *Journal of Perianesthesia Nursing*.
7. Sanjaya, T. I., Hastuti, L., & Wahyuni, T. (2022). Pengaruh Bimbingan Spiritual Terhadap Tingkat Kecemasan Klien Pre Operasi Laparatomi di Instalasi Bedah Sentral. 13(1), 29–34. <https://doi.org/10.54630/jk2.v13i1.192>.
8. Suhadi, & Pratiwi, A. (2020). Pengaruh Hipnosis Lima Jari Terhadap Tingkat Kecemasan Pasien Pre Operasi di Ruang Perawatan Bedah RSUD Pakuhaji. *Jurnal Health Sains*, 1(5), 1–12. <https://doi.org/10.46799/jhs.v1i5.54>.
9. Prima, A., Fauziah, H., & Roxiana, R. (2020). Penerapan Terapi Relaksasi Benson pada Pasien Pre Operasi yang Mengalami Kecemasan di Ruang Teratai RSUD dr. Chasbullah Abdulmajid Kota Bekasi. 1–8. <https://doi.org/10.31227/osf.io/rq6eb>
10. Astuti, D., Hartinah, D., & Permana, D. R. A. (2019). Pengaruh Pemberian Terapi Dzikir Terhadap Penurunan Tingkat Kecemasan Pada Pasien Post Sc. *Jurnal Ilmu Keperawatan Dan Kebidanan*, 10(2), 307. <https://doi.org/10.26751/jikk.v10i2.687>
11. Mastuty, A., Yulandasari, V., Asmawariza, L. H., Wiresanta, L., & Suhamdani, H. (2022). Pengaruh Dzikir Terhadap Tingkat Kecemasan Pasien Pre Operasi di Ruang IBS ( Instalasi Bedah Sentral ) RSUD Praya. *Jurnal Kesehatan Qamarul Huda*, 10, 123–127.
12. Ningrum, S. W. D., Ayubbana, S., & Inayati, A. (2022). Penerapan Teknik Relaksasi Nafas Dalam Terhadap Kecemasan Pasien Praoperasi di Ruang Bedah RSUD Jend. Ahmad Yani Kota Metro tahun 2021. *Jurnal Cendikia Muda*, 2, 529–534.
13. Sugiyono. (2020). *Metode Penelitian Kuantitatif, Kualitatif, dan R&D* (Sutopo (ed.); 2nd ed.). Bandung: Alfabeta.
14. Hidayat, A. A. (2014). *Metode Penelitian Kebidanan dan Teknik Analisis Data: Contoh Aplikasi Studi Kasus* (2nd ed.). Jakarta: Salemba Medika.
15. Nofiandasari, D., Lumadi, S. A., & Ira, F. (2022). Perbedaan Tingkat Kecemasan Pasien Pre Operasi Laparatomi Sebelum dan Sesudah Diberikan Pendidikan Kesehatan. *Jurnal Ilmiah Kesehatan Media Husada*, 11(November), 146–154.
16. Kusairi, A. I., & Firdaus, R. (2019). Pengaruh Mengunyah Permen Karet Terhadap Waktu Pemulihan Peristaltik Usus Pasien Post Operatif Abdomen Di Rsud. Abdul Wahab Sjahrane Samarinda. 12.
17. Ulia, A. (2022). Gambaran Tingkat Kecemasan Pasien Pre Operasi di RSUD Mayjen H.A Thalib Kerinci. *Malahayati Nursing Journal*, 5(2), 395–401. <https://doi.org/10.33024/mnj.v5i2.5917>
18. Yanti, I., Sriningsih, N., & Pratiwi, A. (2022). Pengaruh Terapi Relaksasi Benson Terhadap Kecemasan Pasien Pre Operasi di RSUD Kab Tangerang. *Jurnal Ilmu Kedokteran Dan Kesehatan Indonesia*, 2(3), 50–61.
19. Ariani, S. P., & Ernawati. (2022). Pengaruh Terapi Relaksasi Benson Terhadap Tingkat Kecemasan Pada Pasien Pre Operasi di Rumah Sakit TK III Dr. R Soeharsono Banjarmasin. *Journal Nursing Army*, 3(2), 28–32.
20. Hanifah, A. (2022). Pemberian Terapi Benson Terhadap Kecemasan Ibu Pre Operasi Sectio Caesarea Di RSUD Kota Salatiga. *Jurnal Ners Widya Husada*, 9.
21. Fithry, R., Psikologi, F., Kesehatan, D., Islam, U., Sunan, N., & Surabaya, A. (2022). NATHIQIYYAH: Jurnal Psikologi Islam Intervensi Terapi Dzikir dalam Meningkatkan Psychological Well Being Lansia: Literatur Review. 5, 1–8. <https://doi.org/10.46781/nathiqiyyah.v5i1.390>.
22. Satriyawati, A. C., Hidayat, S., Wardita, Y., & Arifah, N. (2021). Terapi Dzikir Jahar Mengurangi Kecemasan Pada Ibu Pre Operasi Sectio Caecarea. *Jurnal Kesehatan*, 11(1).
23. Barabady, A., Baghdassarians, A., Memary, E., Yazdani, A., Barabady, A., & Sayadi, S. (2020). Effect of benson's relaxation technique on propofol consumption and preoperative anxiety of patients undergoing cataract surgery. *Anesthesiology and Pain Medicine*, 10(3), 1–6. <https://doi.org/10.5812/aapm.100703>



24. Octavia, L., Jamiatun, Ifadah, E., & Abdurrochim. (2022). Efektivitas Dzikir Dalam Mengurangi Tingkat Kecemasan Pasien Pre Operasi Sectio Caesarea di Ruang Instalasi Bedah Sentral RSUD Pasar Rebo. *Jurnal Bidang Ilmu Kesehatan*, 12(3), 270–280.