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Analysis of Nursing Care with Benson Relaxation Therapy on the Effect of Blood Pressure in Intradialytic Hypertensive Patients

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ABSTRACT

Patients with chronic kidney disease undergoing routine hemodialysis are at risk of developing intradialytic hypertension, primarily due to fluid overload and activation of the sympathetic nervous system, which can lead to cardiovascular complications. This descriptive case study involved two hemodialysis patients at Arifin Achmad General Hospital, Riau Province. One patient (Mr. H) received Benson relaxation therapy as a nursing intervention, while the other patient (Mrs. N) served as the control group without relaxation therapy. The patient who received the intervention showed improved hemodynamic stability, reflected in a decrease in heart rate from 68 to 64 beats per minute and better psychological relaxation. Meanwhile, the control patient experienced significant blood pressure fluctuations, reaching 217/120 mmHg. These results indicate that Benson relaxation therapy can support hemodynamic stability and can be integrated as an independent non-pharmacological nursing intervention during hemodialysis.

Keywords:

Chronic Kidney Disease, Hemodialysis, Intradialytic Hypertension, Benson Relaxation

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Introduction

The kidneys are one of the vital organs responsible for maintaining the balance of body fluids, preventing the accumulation of metabolic waste products, regulating blood circulation, and producing important hormones involved in blood pressure regulation, erythrocyte production, and bone metabolism. Impairment of kidney function can lead to serious health problems, one of which is chronic kidney disease (CKD). Chronic kidney disease is a progressive condition characterized by a gradual decline in kidney function, resulting in the inability of the body to

maintain metabolic balance and regulate fluid and electrolyte levels, which ultimately leads to the accumulation of uremic toxins in the body (Akbar et al., 2023).

CKD has become a major global health problem due to its high prevalence and mortality rates. The World Health Organization (WHO) reports that approximately 10% of the global population suffers from chronic kidney disease, making it one of the leading causes of death worldwide. Data from the Global Burden of Disease (GBD) study indicate that CKD ranked as the 27th leading cause of death in 1990 and



increased to the 18th position in 2010. The number of individuals affected by CKD continues to increase, and it is estimated that by 2025 more than 380 million people in Southeast Asia, the Mediterranean region, the Middle East, and Africa will suffer from this disease. This increase is influenced by several factors, including population growth, aging populations, urbanization, obesity, and unhealthy lifestyles.

In the United States, chronic kidney disease is a significant public health concern, affecting approximately eight million people and causing up to 600,000 deaths annually (Hasanah et al., 2023). According to the Global Burden of Disease report, Indonesia ranks second in Southeast Asia in terms of the number of CKD cases, with more than 27 million individuals affected (Akbar et al., 2023; Arriyani & Wahyono, 2023). Data from the Indonesian Basic Health Research (Riskesdas) in 2013 showed that the prevalence of CKD increases with age, with a sharp increase in the age groups of 35-44 years (0.3%), 45-54 years (0.4%), and 55-74 years (0.5%), with the highest prevalence observed in individuals aged ≥ 75 years (0.6%). Furthermore, Riskesdas 2018 reported a 2% increase in CKD prevalence compared to 2013.

The Indonesian Renal Registry reported that 82.4% of patients with CKD in Indonesia underwent hemodialysis therapy in 2014, and the number of patients receiving hemodialysis continues to increase each year. The main causes of CKD in Indonesia include diabetic kidney disease (52%), hypertension (24%), congenital disorders (6%), gout (1%), and lupus (1%) (Hasanah et al., 2023). When CKD progresses to

the end stage, kidney function is severely impaired, requiring renal replacement therapy to remove toxins from the body. Patients with end-stage renal disease generally require long-term treatment such as hemodialysis, peritoneal dialysis, or kidney transplantation.

Hemodialysis is the most commonly used renal replacement therapy and plays an important role in prolonging the survival of patients with CKD. This procedure replaces certain kidney functions by using a hemodialysis machine to remove metabolic waste and regulate electrolyte balance in the body (Hasanah et al., 2023). Although hemodialysis can prolong life expectancy, it does not restore kidney function and patients must undergo the therapy regularly for the rest of their lives.

During hemodialysis treatment, patients may experience various complications, including fluctuations in blood pressure such as intradialytic hypotension and intradialytic hypertension. Intradialytic hypertension is generally defined as an increase in arterial blood pressure during or immediately after dialysis. This condition has been identified as an independent risk factor for increased cardiovascular morbidity and mortality among hemodialysis patients. Several mechanisms contribute to the occurrence of intradialytic hypertension, including fluid overload, activation of the sympathetic nervous system and the renin-angiotensin-aldosterone system, endothelial dysfunction, arterial stiffness, the use of erythropoietin-stimulating agents, and the presence of

other comorbid conditions (Sukarno et al., 2021).

In addition to physiological factors, psychological factors such as anxiety and stress can also contribute to increased activation of the sympathetic nervous system, which can lead to elevated blood pressure during hemodialysis (Usta et al., 2025). Intradialytic hypertension is a significant clinical issue because it reflects hemodynamic instability during the dialysis process and can increase the risk of cardiovascular complications if not properly managed. Therefore, effective blood pressure control during hemodialysis is crucial for improving patient safety and treatment outcomes.

Although pharmacological therapy is generally used to control hypertension, not all patients achieve optimal blood pressure control, particularly during hemodialysis, where physiological and psychological stressors may occur simultaneously. This situation highlights the need for supportive, safe, simple, and effective non-pharmacological interventions to complement pharmacological treatment. Furthermore, this case is important to study because intradialytic hypertension requires comprehensive nursing care that addresses not only physiological responses but also psychological conditions that may exacerbate elevated blood pressure.

One potential non-pharmacological intervention is Benson's relaxation therapy. This therapy combines deep breathing techniques with the repetition of soothing words or phrases, which can stimulate the parasympathetic nervous system, reduce sympathetic activity, alleviate physical and psychological

tension, and help lower blood pressure (Papiliya et al., 2023). This intervention is considered appropriate for patients.

Methods

Research design

This study used a case study design with the implementation of an evidence-based nursing practice (EBNP) approach to analyze nursing care and the application of Benson relaxation therapy in patients with intradialytic hypertension. The study focused on evaluating changes in blood pressure before and after the implementation of Benson relaxation therapy during hemodialysis sessions..

Setting and samples

The study was conducted from May to June 2025 in a hemodialysis unit of a regional public hospital in Riau Province, Indonesia. The participants were patients with chronic kidney disease undergoing routine hemodialysis who experienced intradialytic hypertension.

The study population consisted of two patients with chronic kidney disease undergoing routine hemodialysis at Arifin Achmad Regional General Hospital, Riau Province, during the study period. From this population, participants were selected using a purposive sampling technique based on predetermined inclusion and exclusion criteria. This sampling method was chosen because this study employed a descriptive case study design specifically focused on patients experiencing intradialytic hypertension during hemodialysis.

The recruitment process was conducted in several stages. First, the

researchers identified all patients undergoing hemodialysis.

A total of two patients were selected for this study. These patients were chosen because they met all inclusion criteria, did not meet any exclusion criteria, and were considered clinically appropriate to illustrate the application of Benson relaxation therapy in cases of intradialytic hypertension. The use of two participants was deemed sufficient for this descriptive case study, as the objective was to gain an in-depth understanding of nursing care and intervention outcomes, rather than to achieve statistical representativeness.

The inclusion criteria were: (1) patients diagnosed with chronic kidney disease, (2) undergoing routine hemodialysis, (3) experiencing intradialytic hypertension during dialysis sessions, (4) aged between 20 and 74 years, (5) willing to participate in the study, and (6) able to follow the Benson relaxation therapy during hemodialysis. Exclusion criteria are: (1) patients who do not experience intradialytic hypertension, (2) patients with severe hearing impairment or cognitive impairment that prevents them from following therapy instructions, (3) patients.

Intervention

The intervention applied in this study was Benson relaxation therapy based on evidence from previous research (Sukarno et al., 2021). Benson relaxation therapy is a relaxation technique that combines deep breathing exercises with the repetition of positive words or phrases to induce a relaxation

response and reduce sympathetic nervous system activity.

The therapy was administered individually to each participant during hemodialysis sessions. The intervention was conducted in two sessions during the observation period, with each session lasting approximately 10 minutes. Participants were guided to sit or lie in a comfortable position, close their eyes gently, and perform slow deep breathing while repeating a positive word such as "calm" or "peace." The breathing exercise and repetition were maintained throughout the therapy session to achieve a relaxed state.

Measurement and data collection;

Blood pressure was measured using a digital sphygmomanometer to assess systolic and diastolic blood pressure before and after the intervention. The instrument used was a standard clinical device commonly utilized in the hemodialysis unit.

Data collection was carried out through direct observation and measurement of blood pressure during hemodialysis sessions. Pre-test measurements were conducted before the first session of Benson relaxation therapy to obtain baseline blood pressure values. The intervention was then administered twice during the observation period. Post-test measurements were taken on the last day of intervention, approximately 1-2 hours after the final therapy session. The results were recorded in an observation sheet for further analysis.

Data analysis;

Data analysis was conducted using descriptive (univariate) analysis to present the characteristics of participants and changes in blood pressure values before and after the intervention. The comparison of systolic and diastolic blood pressure before and after the implementation of Benson relaxation therapy was also examined descriptively to observe the potential effect of the intervention.

Ethical considerations

Ethical principles were applied throughout the study to protect the rights and well-being of the participants. Prior to participation, all patients were informed about the purpose, procedures, benefits, and potential risks of the study. Written informed consent was obtained from all participants. Participants were also informed of their right to refuse or withdraw from the study at any time without affecting their treatment.

Confidentiality and anonymity of the participants were strictly maintained by ensuring that all personal data were kept private and used only for research purposes. The study was conducted in accordance with ethical guidelines for nursing research (Nursalam, 2019).

Results

This study aimed to analyze the implementation of Benson relaxation therapy in patients with intradialytic hypertension undergoing hemodialysis. The intervention was applied to two participants during hemodialysis

sessions. Each participant received Benson relaxation therapy twice during the observation period, with each session lasting approximately 10 minutes.

The intervention was conducted in a comfortable position during hemodialysis. Participants were instructed to close their eyes, perform slow deep breathing, and repeat a positive word such as “calm” or “peace” during exhalation to achieve a relaxation response. Blood pressure and pulse rate were measured before (pre-test) and after (post-test) the intervention to observe physiological changes associated with the therapy.

Case 1

The first participant showed slight changes in blood pressure and pulse rate after the implementation of Benson relaxation therapy. During the first session, the participant appeared anxious and required guidance in following the relaxation procedure. After the intervention, the participant appeared calmer and breathing became more regular.

In the second session, the participant was more cooperative and able to follow the relaxation instructions independently. Although the reduction in blood pressure was not clinically significant, a decrease in pulse rate and improved relaxation response were observed.

Table 1 presents the detailed results of blood pressure and pulse rate measurements before and after the intervention in each session for Case 1.

Table 1. Blood pressure and pulse rate before and after Benson relaxation therapy in Case 1.

Session	Date	Pre-test BP (mmHg)	Pre-test Pulse (beats/min)	Post-test BP (mmHg)	Post-test Pulse (beats/min)
1	12 December 2025	145/68	68	144/73	65
2	16 December 2025	141/64	68	142/67	64

Case 2

The second participant presented with higher baseline blood pressure compared to the first case. In the first session, the participant complained of dizziness and abdominal pain and required assistance to follow the relaxation therapy procedure. Blood pressure before the intervention was 189/100 mmHg with a pulse rate of 90 beats per minute. During the second session, the participant appeared more cooperative and was able to perform the relaxation technique

more independently. After the intervention, the participant showed a slight reduction in blood pressure and appeared calmer and more relaxed, although the blood pressure remained in the hypertensive range. Table 2 presents the detailed results of blood pressure and pulse rate measurements before and after the intervention in each session for Case 2.

Table 2. Blood pressure and pulse rate before and after Benson relaxation therapy in Case 2

Session	Date	Pre-test BP (mmHg)	Pre-test Pulse (beats/min)	Post-test BP (mmHg)	Post-test Pulse (beats/min)
1	7 December 2025	189/100	90	-	-
2	9 December 2025	217/120	94	216/116	94

The findings indicate that although the reduction in blood pressure was minimal, the participant showed improved relaxation and better cooperation in performing the Benson relaxation therapy.

Discussion

This study examined the implementation of Benson relaxation therapy as a non-pharmacological intervention to support blood pressure control in patients with intradialytic hypertension undergoing hemodialysis. The findings showed that the application of Benson relaxation therapy was associated with improved relaxation responses and a reduction in

pulse rate, although changes in systolic blood pressure were minimal.

Hypertension is a chronic condition influenced not only by physiological factors but also by psychological factors such as stress and anxiety. Persistent stress can activate the sympathetic nervous system and the hypothalamic-pituitary-adrenal (HPA) axis, resulting in increased secretion of catecholamines and cortisol. This physiological response leads to increased heart rate, vasoconstriction, and elevated blood pressure (Guyton & Hall, 2021). Therefore, interventions that reduce stress responses may contribute to improved hemodynamic stability in patients with hypertension.

Benson relaxation therapy aims to elicit a relaxation response by combining deep breathing with repetitive positive words or phrases, thereby reducing sympathetic nervous system activity and increasing parasympathetic activity (Benson & Proctor, 2010). In the present study, the participant who received structured Benson relaxation therapy demonstrated a decrease in pulse rate and appeared more relaxed after the intervention. Although the reduction in systolic blood pressure was not substantial, the stabilization of blood pressure and the decrease in pulse rate suggest a positive physiological response to the relaxation intervention. Reduced pulse rate may reflect decreased sympathetic activation and improved autonomic balance, which are important for maintaining hemodynamic stability in patients undergoing hemodialysis (Smeltzer & Bare, 2018).

In contrast, the participant who did not receive structured Benson relaxation

therapy showed persistently high blood pressure and pulse rate during the observation period. This finding suggests that health education alone may not be sufficient to control physiological stress responses in patients with hypertension. Chronic stress has been shown to contribute to sustained hypertension through prolonged activation of stress hormones such as cortisol, which can increase vascular resistance and cardiac workload (McEwen, 2017).

The findings of this study are consistent with previous research indicating that relaxation-based interventions can help reduce physiological stress responses and support blood pressure management. Several studies have reported that Benson relaxation therapy can improve psychological comfort, reduce anxiety, and contribute to better cardiovascular stability in patients with chronic illnesses (Potter et al., 2021; Prasetyo et al., 2021; Wahyuni et al., 2020). Although the magnitude of blood pressure reduction in this study was limited, the improvement in relaxation and pulse rate suggests that Benson relaxation therapy may serve as a supportive intervention in nursing care.

Overall, Benson relaxation therapy does not replace pharmacological treatment but can be used as a complementary nursing intervention to reduce stress responses, promote autonomic balance, and improve patient comfort during hemodialysis. The integration of simple and safe non-pharmacological interventions such as relaxation techniques may contribute to improving the quality of life and overall

well-being of patients with hypertension.

Implication and limitations

The findings of this study have several implications for nursing practice, healthcare services, and the development of nursing science. The implementation of Benson relaxation therapy demonstrated a positive effect on patient comfort and pulse rate stability among patients with hypertension undergoing hemodialysis. Therefore, this therapy may be considered as a complementary non-pharmacological nursing intervention to support blood pressure management and reduce physiological stress responses in patients with chronic kidney disease undergoing hemodialysis. Because the technique is simple, inexpensive, and can be performed independently by patients, Benson relaxation therapy has the potential to be integrated into routine nursing care in hemodialysis units as part of holistic patient management.

From a healthcare service perspective, the findings may provide practical insights for hospitals and hemodialysis units to incorporate relaxation-based interventions into nursing care protocols. The integration of Benson relaxation therapy into standard nursing care may help improve patient comfort during dialysis sessions, enhance emotional well-being, and contribute to better hemodynamic stability. In addition, implementing non-pharmacological interventions may reduce excessive reliance on pharmacological therapy and promote

more comprehensive and patient-centered care.

For nursing education and research development, this study contributes to the growing body of evidence supporting the use of complementary and holistic nursing interventions in managing chronic diseases. The results highlight the importance of addressing psychological and emotional factors, such as stress and anxiety, which may influence physiological responses including blood pressure and heart rate. Therefore, Benson relaxation therapy may serve as a reference for nursing students and researchers in exploring evidence-based non-pharmacological interventions in clinical practice.

However, this study has several limitations. First, the observation involved a very limited number of participants, which restricts the generalizability of the findings. Second, the duration of intervention and observation was relatively short, making it difficult to evaluate the long-term effectiveness of Benson relaxation therapy on blood pressure control. Third, several external factors such as medication adherence, individual stress levels, and clinical conditions of the patients may have influenced the outcomes. Future studies are recommended to involve larger sample sizes, longer intervention periods, and more rigorous research designs in order to better evaluate the effectiveness of Benson relaxation therapy in patients with hypertension and chronic kidney disease undergoing hemodialysis..

Conclusion

This study describes the implementation of nursing care for patients with hypertension and chronic kidney disease undergoing hemodialysis, integrated with Benson relaxation therapy as an evidence-based nursing intervention. The nursing assessment findings showed that patients with end-stage chronic kidney disease often experience hemodynamic instability and complications such as pulmonary edema, respiratory acidosis, and hypertensive emergencies. The nursing diagnoses established were consistent with the Indonesian Nursing Diagnosis Standards (SDKI), including impaired gas exchange, ineffective breathing pattern, hypervolemia, risk of decreased cardiac output, acute pain, and activity intolerance.

The implementation of nursing care focused on airway management, respiratory monitoring, fluid management, and vital sign monitoring, which were integrated with Benson relaxation therapy as a complementary non-pharmacological intervention. The results indicated that Benson relaxation therapy contributed to improved patient comfort and relaxation responses, as well as a reduction in pulse rate. Although the reduction in blood pressure was not clinically significant in cases of severe hypertension, patients reported decreased dizziness and increased feelings of calmness.

These findings suggest that Benson relaxation therapy has potential as a supportive nursing intervention to enhance physiological stability and psychological comfort among

hypertensive patients undergoing hemodialysis. Therefore, this therapy may be considered as a complementary approach in nursing practice within hemodialysis settings. Future studies are recommended to involve larger sample sizes and longer intervention periods in order to further evaluate the effectiveness of Benson relaxation therapy on blood pressure control and hemodynamic stability in patients with chronic kidney disease..

References

- Akbar, M. A., Harto, T., & Bangsa, U. K. (2023). Pengaruh Teknik Afirmasi Terhadap Tingkat Cemas Pada Pasien Gagal Ginjal Kronik Yang Menjalani Hemodialisis. 8(2).
- Aprilia, N. W., Susaldi, & Suryadi³, B. (2022). Teknik Distraksi Virtual Reality Dapat Mempengaruhi Tingkat Kecemasan Pada Pasien Hemodialisis. *Jurnal Of Nursing Education & Nursing*, 4(1).
- Arriyani, F., & Wahyono, T. Y. M. (2023). Faktor Risiko Penyakit Ginjal Kronis Pada Kelompok Usia Dewasa: Literature Review. *The Indonesian Journal Of Health Promotion*, 6(5), 788-797.
- Benson, H., & Proctor, W. (2010). *Relaxation revolution: The science and genetics of mind body healing*. Scribner.
- Berliana, R., Fari, A. I., Frisca, S., Katolik, U., Charitas, M., No, J. B., Ilir, K., li, T., & Indonesia, S. S. (2025). Penerapan Terapi Relaksasi Benson Terhadap Perubahan Tekanan Darah Pada Pasien

- Hemodialisa Di Rumah Sakit Palembang. 2(September).
- Daugirdas, J. T., Blake, P. G., & Ing, T. S. (2019). *Handbook of dialysis* (5th ed.). Wolters Kluwer.
- Flythe, J. E., Chang, T. I., Gallagher, M. P., Lindley, E., Madero, M., Sarafidis, P. A., & Weiner, D. E. (2020). Blood pressure and volume management in dialysis: Conclusions from a Kidney Disease: Improving Global Outcomes (KDIGO) controversies conference. *Kidney International*, 97(5), 861-876.
- Hasanah, U., Dewi, N. R., Pakarti, A. T., & Inayati, A. (2023). Analisis Faktor-Faktor Risiko Terjadinya Penyakit Ginjal Kronik Pada Pasien Hemodialisis. 8(2), 96-103. <https://doi.org/10.52822/Jwk.V8i2.531>
- Hasanah, U., & Inayati, A. (2021). Relaksasi Benson Menurunkan Tingkat Kecemasan Pada Pasien Gagal Ginjal Kronik Yang Menjalani Hemodialisis. *Jurnal Ilmiah Permas: Jurnal Ilmiah STIKES Kendal*, 11(1), 207-212.
- Kovesdy, C. P. (2022). Epidemiology Of Chronic Kidney Disease: An Update 2022. *Kidney Int Suppl*, 12(1), 7-11.
- Levey, A. S., Coresh, J., & Tighiouart, H. (2020). Chronic kidney disease. *The Lancet*, 395(10225), 709-733.
- Levin, A., Tonelli, M., Bonventre, J., Coresh, J., Donner, J. A., Fogo, A. B., & Wheeler, D. C. (2021). Global kidney health 2017 and beyond. *The Lancet*, 390(10105), 1888-1917.
- Mahyuvi, T., Istiqomah, N., Peristiwati, Y., & Prasetyo, J. (2023). Spiritual Benson Relaxation In Reducing Stress In Patients Undergoing Hemodialysis. *Journal Of Nursing Practice*, 6(2), 155-162.
- Maloh, H. I. A. A., Soh, K. L., Chong, S. C., Ismail, S. I. F., Soh, K. G., Maloh, D. I. A., & Aburuz, M. E. (2024). Efficacy Of Benson's Relaxation Technique On Stress And Pain Among Patients Undergoing Maintenance Hemodialysis: A Systematic Review. *Journal Of Renal Care*, 50(45-52).
- Murtagh, F. E. M., Addington-Hall, J., & Higginson, I. J. (2020). The prevalence of symptoms in end-stage renal disease. *Journal of Palliative Medicine*, 23(5), 698-704.
- Mustika, R. D., Melastuti, E., & Amal, A. I. (2025). Pengaruh Kombinasi Terapi Relaksasi Benson Dan Murottal Al-Quran. *Inovasi Kesehatan Global*, 2(1).
- Papiliya, M., Erlin, F., & Setyowati, T. (2023). Bunga Rampai Keperawatan Komplementer. *PT Media Pustaka Indo*.
- Sagala, N. S., Siregar, H. R., & Darmi, S. (2020). Pengaruh Terapi Musik Dangdut Terhadap Tingkat Kecemasan Pasien Dengan Gagal Ginjal Kronik Dalam Menjalani Terapi Hemodialisa. *Jurnal Education And Development*, 8(4), 540-544.
- Sari, D. P., Handayani, S., & Putri, R. M. (2021). Pengaruh relaksasi Benson terhadap tekanan darah pada pasien hemodialisis. *Jurnal Keperawatan Klinis*, 8(2), 95-102.
- Smeltzer, S. C., & Bare, B. G. (2020). *Brunner & Suddarth's Textbook Of Medical-Surgical Nursing (14th Ed.)*.
- Sukarno, I. H., Riani, S., Semarang, T., & Semarang, T. (2021). Tekanan Darah

- Pasien Hipertensi Intradialitik Di Rs
Panti Wilasa Dr . Cipto Semarang
Benson. *Prosiding Seminar Nasional
UNIMUS*, 4.
- Usta, D., Acampora, M., & Graffigna, G.
(2025). Patient Health Engagement
As A Moderator Between Perceived
Stress And Treatment Adherence
Among Kidney Failure Patients
Undergoing Hemodialysis : A Cross-
Sectional Analysis. 848-859.
- Utami, I. T., Dewi, T. K., & Ayubbana, S.
(2023). Efektivitas Kombinasi
Relaksasi Autogenik Dan Relaksasi
Benson Terhadap Nyeri Insersi
Vaskuler Pada Pasien Yang
Menjalani Hemodialisis. *Jurnal
Wacana Kesehatan*, 8(2), 104-110.
[https://doi.org/10.52822/jwk.v8i
2.535](https://doi.org/10.52822/jwk.v8i2.535)
- Yulendasari, R., & Djamaludin, D.
(2021). Pengaruh Pemberian Teknik
Relaksasi Benson Terhadap Tekanan
Darah Pada Penderita Hipertensi.
Holistik Jurnal Kesehatan, 15(2),
187-196.