Benson's Effect of Relaxation With Murotal Surah Ar-Rahman Against Emergencies in Hypertensive Patients At The Jati Health Center

Tri Widiyati[1*], Sukarmin[2], Diana Tri Lestari[3]

[1,2,3] Fakultas Keperawatan . Universitas Muhammadiyah Kudus, Jawa Tengah, Indonesia
[*] Corresponding Author:
Email: triwdyt81@gmail.com

***Abstract**.*

Hypertension is a chronic disease that is often accompanied by psychological problems in the form of anxiety. Uncontrolled anxiety can worsen the condition of hypertensive patients. One of the nonpharmacological efforts that can be made to lower anxiety levels is Benson Relaxation combined with the Qur'anic murottal. This study aims to determine the effect of Benson Relaxation with murottal on anxiety levels in hypertensive patients. This study uses a quasi experiment design with a pretest and posttest with control group approach. The research sample amounted to 42 respondents who were divided into intervention groups and control groups, each as many as 21 respondents, with purposive sampling techniques. Anxiety levels are measured using the Hamilton Anxiety Rating Scale (HARS). The research instrument showed that the item correlation value ranged from 0.529–0.727 and Cronbach's Alpha value was 0.756. The data were analyzed using the Wilcoxon test. The results showed that in the intervention group there was a decrease in anxiety levels, with the median value before the intervention being 17.00 and after the intervention being 12.00, and the value p = 0.000 (p < 0.05), which means that there is a significant difference. Meanwhile, in the control group, there was no significant difference in anxiety levels, with the median value before treatment being 20.00 and 20.00 after treatment, and the p value = 0.058 (p > 0.05). Benson relaxation with murottal is effective in lowering anxiety levels in hypertensive patients and can be recommended as a non-pharmacological supportive therapy in nursing services.

Keywords: Hypertension; Benson's Effect and Jati Health Center.

I. INTRODUCTION

Hypertension or high blood pressure is one of the chronic diseases whose prevalence is increasing every year, According to the World Health Organization (WHO, 2024) An estimated 1.4 billion adults worldwide suffer from hypertension, most of whom live in low- and middle-income countries. The blood pressure control standard set by the American College of Cardiology/American Heart Association (ACC/AHA) the proportion of controlled hypertension is blood pressure below 130/80 mmHg, for the proportion of uncontrolled hypertension is 140/90 mmHg, The proportion of age-adjusted controlled hypertension among adults receiving antihypertensive pharmacological treatment increased from 1999–2000 (25.6%) to 2015–2016 (43.5%) (Dorans et al., 2018). The prevalence in Indonesia in 2019 of standardized hypertension in the age group of 30-79 years was 33.1% and 32.4%, respectively. Based on the results of Basic Health Research (Riskesdas) in 2018, the prevalence of hypertension in Central Java reached around 37.6% (Ministry of Health of the Republic of Indonesia, 2023). Data from the Kudus Health Office (2024) states that the number of Hypertension in all Kudus Regency Health Centers is 232,426 patients. The results of the overall data at the Jati Health Center from January to December are that there are 15,691% of hypertension patients. Where hypertension patients are more women with a total of 9,231 patients while for male patients 6,464 patients.

Blood pressure instability often makes patients feel worried about the risk of serious complications such as stroke, kidney failure, and heart failure. The cumulative risk probability of stroke in hypertensive patients is 78.9% (Li et al, 2022). From a study at the North Lombok Regency Hospital, there were 94 patients with chronic kidney failure, 55.3% had a history of hypertension (Agussalim et al., 2022). According to research by Amelia et al, (2023) of 188 heart failure patients during the period February 2020-July 2020 at Ulin Banjarmasin Hospital, as many as 84 (44.68%) hypertension patients were accompanied by heart failure. This condition can also trigger the emergence of various psychological problems, one of which is anxiety. Anxiety can trigger or worsen hypertension, and if it lasts for a long time, it can cause sleep disorders, digestion, high blood pressure, and other health problems. This condition also interferes with

concentration, productivity, and social interaction. When anxious, the body activates the sympathetic nervous system and releases stress hormones such as adrenaline and cortisol, which increase blood pressure and heart rate (Indriyani and Sherlly, 2023).

Based on the results of a study by Hulu et al, (2024) entitled The Relationship between Blood Pressure and Anxiety Levels in Hypertensive Patients, the results of observations showed that around 36% of 30 respondents with hypertension experienced severe anxiety. Based on the results of another research analysis at the Padalarang Health Center, West Bandung Regency, it can be seen that anxiety is a condition that is experienced by many hypertensive patients. In the group with normal anxiety, more than half of the respondents (51.6%) were recorded to have hypertension. This figure increased in the group with mild to moderate anxiety, where 67.5% of respondents had hypertension. The most significant improvement was seen in the group with severe anxiety, where 93.1% of respondents had hypertension. This data shows that the majority of hypertensive patients are at the level of mild to severe anxiety, so anxiety has the potential to be an important factor that needs to be considered in the management of hypertension (Amanda et al., 2024). Various ways to reduce anxiety in hypertensive patients include self talk therapy (Putri et al., 2024), reminiscance therapy (Abdulah et al., 2022), and progressive muscle relaxation (Raziansyah & Sayuti, 2022). Progressive self-talk, reminiscence, and muscle relaxation therapy focuses on managing stress and anxiety through mind control or a reduction in physical tension. In contrast, the combination of Benson and murottal therapies integrates physiological and spiritual aspects.

Benson's relaxation lowers the activity of the sympathetic nervous system so that blood pressure, heart rate, and muscle tension are reduced, while murottal provides inner peace through the chanting of Qur'anic holy verses. The synergy between the two results in a more comprehensive anxiety-reducing effect than non-spiritual therapy. This therapy is often combined with non-pharmacological approaches such as Benson relaxation or Qur'anic murottal. According to research by Dekawaty and Yelisni, (2023) from a journal entitled The Effectiveness of Benson Relaxation Therapy on Anxiety in the Elderly with Hypertension, the results of the study showed that there was a difference in the level of anxiety of the elderly with hypertension before and after being given benzone relaxation therapy. The average anxiety of the elderly before the intervention was 32.5, while after the intervention the average anxiety dropped to 18.3. The results of the statistical test using the paired t-Test test obtained a p value of 0.000 (p value< 0.05). This suggests there is a significant difference in the average anxiety of the elderly with hypertension before and after being given benzon relaxation therapy.On the other hand, the spiritual approach also provides a significant calming effect, namely using the Qur'anic murottal therapy technique from Surah Ar-rahman verses 1-78 this technique is a technique that can be used to overcome anxiety levels in high blood pressure. In hypertensive patients, murottal therapy can improve blood flow and lower blood pressure.

This therapeutic indicator can reduce the level of depression, anxiety, reduced sadness, and peace of mind, the Qur'an in Surah Ar-Rahman itself is the Name of Allah which means "the Giver of blessings in this world and the hereafter". So is the Mercy of Allah that Allah has dedicated Ar-Rahman in one beautiful letter. This verse means Most Merciful and is the 55th letter in the Qur'an. This verse is a Makkiyah surah that has a short verse character so that this verse is comfortable to listen to and can have a relaxing effect (Safitri et al., 2022). In a study conducted by Hasniati (2022) from a journal entitled The Influence of Murottal Al-Quran on Reducing Anxiety in the Elderly With Hypertension at the Paguyaman Pantai Health Center, the results of the study showed that there was a difference in the level of Pre and Post anxiety in the intervention group given by Murottal Al-Qur'an at a p-value of 0.001 or p<0.05, meaning that there was a significant difference.According to another study, there were changes in the anxiety scores of hypertensive elderly before and after being given murottal therapy. The average score before the intervention was 38.40 ± 10.308 and after therapy changed to 17.80 ± 7.485. There was a decrease in anxiety score by 20.6. The p-value of the t-test was obtained as 0.000 p<0.05 (Kinanti, 2018) This study has a novelty in terms of the intervention used, namely a combination of Benson's relaxation therapy with murottal, which was previously mostly only studied separately in reducing anxiety in patients.

By combining the two techniques, this study seeks to provide a holistic approach that includes physiological and spiritual aspects. Support for the effectiveness of this intervention can be seen in Ratri's

study, 2024 which showed that the combination of Benson and murottal relaxation significantly lowered blood pressure (p = 0.000) and anxiety (p = 0.002), and there was a significant difference between the treatment and control groups on blood pressure (p = 0.004) and anxiety (p = 0.003), so it can be concluded that this therapy is effective as a nonpharmacological intervention in hypertensive patients. This research can be a reference for nurses and other medical personnel in implementing simple relaxation interventions that are easy to do, inexpensive, and can be applied independently by patients and families as part of home care.The results of a preliminary study that was conducted on February 20, 2025 through a posbindu in Jetiskapuan Village using a HARS questionnaire obtained anxiety results in hypertension patients in 6 out of 8 people, of the 5 people experienced mild to moderate anxiety with a score ranging from 14-22 and the rest experienced severe anxiety with a score of 30-40, These findings show that anxiety is a significant problem in hypertensive patients and needs proper treatment. Considering its ease, effectiveness, and spiritual value, the combination of Benson and murottal relaxation therapy is considered potential as an intervention to reduce anxiety in hypertensive patients.ersive x-ray fluorescence spectrometry (SEM-EDS) techniques.

II.   METHODS

This study used a quasi-experimental design with the design of two groups of subjects, namely the intervention group and the control group, which were given pre-test and post-test measurements to assess the level of anxiety, respectively. The research was carried out at the Jati Health Center UPT, Kudus Regency. The study population was 110 hypertensive patients, with a sample of 42 respondents determined using the Isaac and Michael formula at an error level of 1%. The sample was proportionally divided into two groups, each consisting of 21 respondents in the control group and 21 respondents in the intervention group. Sample selection was carried out using purposive sampling techniques based on inclusion and exclusion criteria, while group division was carried out systematically based on the serial number of respondents to maintain a balance of the number of subjects in each group.The inclusion criteria include patients with a diagnosis of hypertension who experience anxiety, are Muslim, and are willing to follow the entire series of therapy. The exclusion criteria include patients with severe respiratory disorders, severe cognitive or psychiatric disorders, chronic primary hypertension with a risk of chronic complications, as well as patients who are uncooperative or refuse to participate in the study.

The intervention group was given a combination of Benson relaxation therapy and Surah Ar-Rahman murottal therapy in accordance with the Standard Operating Procedures (SOP). The intervention was carried out by the patient's comfortable sitting or lying position, regulating breathing regularly, and repeating relaxation words while listening to murottal recordings, with a duration of 15 minutes per session, once per day for seven consecutive days. The control group was not given such an intervention and remained on standard care.The dependent variable in this study was the level of anxiety, which was measured using the Hamilton Anxiety Rating Scale (HARS). The instrument consists of 14 items that assess symptoms of psychic and somatic anxiety on a rating scale of 0–4, where higher scores indicate more severe anxiety levels. Anxiety measurements were carried out twice, namely before the intervention (pre-test) and after the seventh day of the intervention (post-test). The HARS instrument used has been shown to have good validity with Pearson correlation values between items ranging from 0.529–0.727 as well as adequate reliability with Cronbach's Alpha value of 0.756, making it feasible to measure anxiety levels consistently.

Data collection was carried out through structured observation and brief interviews to record the respondents' clinical conditions as well as subjective responses to the intervention. The data collected then goes through processing stages which include editing, coding, data entry into SPSS software, and cleaning to ensure data accuracy. Data analysis was carried out in stages, starting with univariate analysis to describe the characteristics of respondents and the data distribution of each variable. Normality tests are carried out to determine the type of statistical test used. Bivariate analysis was used to assess the effect of the combination of Benson and murottal relaxation therapy on anxiety levels. The difference in anxiety levels before and after intervention in one group was analyzed using the Wilcoxon Signed Rank Test, while the comparison between the intervention group and the control group was analyzed using the Mann–Whitney U test<.

III. RESULT AND DISCUSSION

Respondent Characteristics

Age

Table 1. Mean and Median Distribution of Respondent Characteristics by Age on the Effect of Benson Relaxation with Murottal on Anxiety Levels in Hypertensive Patients at the Jati Health CenterN (42)

Age	Red	Median	Std. Deviation	Mininal	Massive.	Total
Intervention groups	56.00	56.00	8.939	39	80	21
Control group	62.14	66.00	9.799	44	81	21

Source:D ata Primer, 2025

Based on Table 4.1, the age of the respondents in the intervention group ranged from 39 to 80 years, with mean values (56.00), median (56.00), and standard deviation (8.939), showing a relatively even age distribution around the mean. Meanwhile, in the control group, the age of the respondents ranged from 44 to 81 years, with mean values (62.14), median (66.00) and standard deviation (9,799), indicating that this group tended to have an older age than the intervention group.

Gender, Occupation and Education

Table 2. Distribution of Respondent Frequency by Gender, Occupation and Education on the Effect of Benson Relaxation with Murottal on Anxiety Levels in Hypertensive Patients at the Jati Health Center N (42)

	Intervention		Controls	
	Frequency	%	Frequency	%
Gender				
Male	4	19.0	0	0
Women	17	81.0	21	100.0
Total	21	100.0	21	100.0
Jobs				
Not Working	4	19.0	12	57.1
IRT	12	57.1	6	28.6
Trader/Self-Employed	3	14.3	3	14.3
Factory Workers	2	9.5	0	0
Total	21	100.0	21	100.0
Education				
SD	10	47.6	7	33.3
Junior High School	3	14.3	0	0
High School	2	9.5	5	23.8
Colleges	1	4.8	1	4.8
Not in school	5	23.8	8	38.1
Total	21	100.0	21	100.0

Source:D ata Primer, 2025

Based on Table 2, the majority of respondents in both groups were women, namely 17 people (81.0%) in the intervention group and a total of 21 people (100%) in the control group, while male respondents were only 4 people (19.0%) in the intervention group. In terms of employment, most of the respondents were housewives, namely 12 people (57.1%) in the intervention group and 6 people (28.6%) in the control group, while the rest worked as traders, self-employed, laborers, or not working. From the education level, the majority of respondents in the intervention group were in the elementary education category as many as 10 people (47.6%), followed by respondents who were not in school as many as 5 people (23.8%). Meanwhile, in the control group, most of the respondents had a non-school education of 8 people (38.1%), followed by elementary education as many as 7 people (33.3%). The number of respondents with junior high, high school, and college education was much less in both groups. Overall, these characteristics show that the majority of the sample consists of women, plays the role of housewives, and has a level of basic education to out-of-school.

Comparison of Pre- and Post-Treatment Anxiety Levels in the Intervention Group and the Control Group

Table 3. Anxiety Levels Before and After Performing Treatment in
the intervention and control groups (n=42)

Anxiety Level	N	Min	Max	Red	Median	Mode	Std.Deviation
Intervention Groups							
Before Intervention	21	10	41	20.00	17.00	15	8.390
After Intervention	21	7	24	13.14	12.00	11	4.419
Control Group							
Before Treatment	21	18	22	20.05	20.00	20	1.284
After Treatment	21	18	21	19.76	20.00	19	0.995

Source:D ata Primer, 2025

Based on Table 4.3, In the intervention group, before the intervention the average value of the anxiety level was 20.00 with a median of 17.00, while the mode value was 15. After the intervention, the average score decreased to 13.14 with a median of 12.00 and a mode of 11. This shows a decrease in anxiety levels after being given an intervention. In the control group, before treatment, the average value of anxiety level was 20.05 with a median of 20.00 and mode 20, then after treatment the average score was 19.76 with a fixed median of 20.00 and mode 19. The changes that occurred in the control group were relatively small, so the anxiety levels of respondents in this group tended to remain constant compared to the intervention group.

Results of the data normality test of the intervention group and the control group

Table 4. The results of the normality test of the data of the intervention group and control group (n=42)

Kolmogorov Smirnov		
Groups	Sig	Results
Intervention Pretest	0.027	Abnormal
Posttest Intervention	0.009	Abnormal
Control Pretest	0.200	Normal
Posttest Control	0.020	Abnormal

Source:D ata Primer, 2025

Based on Table 4. In the Kolmogorov-Smirnov normality test, the anxiety score in the intervention group showed an abnormal distribution in the pretest (p = 0.027) and posttest (p = 0.009), because the p value < 0.05 indicates the rejection of the null hypothesis that the data is normally distributed. In the control group, the pretest score showed a normal distribution (p = 0.200), while the posttest was abnormal (p = 0.020). Thus, the study data are not completely normally distributed, so the most appropriate analysis is to use a nonparametric test, namely Wilcoxon for pre-post comparison in one group and Mann-Whitney for comparison between groups in posttest.b. Differences in anxiety levels before (pretest) and after (posttest) in the intervention group and the control group.

Effect of Pretest and Posttest Anxiety Levels on Intervention Groups and Control Groups

Table 5. Differences in Anxiety Levels Before and After (Posttest) Combination therapy
of benzon relaxation with murottal al-Qur'an surah ar-rahman in the intervention
group and control group (n=42)

Anxiety Level	N	Median	SD	Minimum	Maximum	Z	P
Intervention Groups							
Before Intervention	21	17.00	8.390	10	41	-4.021	0.000
After Intervention	21	12.00	4.419	7	24		
Control Group							
Before Treatment	21	20.00	1.284	18	22	-1.897	0.058
After Treatment	21	20.00	0.995	18	21		

Source:D ata Primer, 2025

Based on table 5 of the Wilcoxon test results in the Benson Relaxation with Murottal intervention group, the median anxiety level before the intervention was 17.00 (minimum 10 and maximum 41) and decreased to 12.00 (minimum 7 and maximum 24) after the intervention. The results of the statistical test showed a value of Z = −4.021 with p = 0.000 (p < 0.05), which means that there was a significant difference

in anxiety levels before and after the administration of Benson Relaxation with Murottal. In the control group, the median anxiety level before treatment was 20.00 (minimum 18 and maximum 22) and remained 20.00 (minimum 18 and maximum 21) after treatment. The results of the Wilcoxon test showed a value of Z = −1.897 with p = 0.058 (p > 0.05), so that there was no significant difference in anxiety levels before and after treatment.

Differences in pretest and posttest anxiety levels in the intervention group and the control group

Table 6. The Effect of Benson's Relaxation Therapy with Murottal Al-Qur'an Surah Ar-Rahman on the Anxiety Level of the Intervention Group and Control Group (n=42)

Anxiety Level	N	Mean Rank	Z	P value
Intervention Groups	21	13.40	-4.317	0.000
Control Group	21	29.60		

Source:D ata Primer, 2025

Based on table 6, the results of the Mann–Whitney test showed that *the mean rank* of the anxiety level in the intervention group was lower (13.40) than in the control group (29.60). A Z-value of −4.317 with *a p value* of 0.000 (p < 0.05) indicates a statistically significant difference in anxiety levels, so it can be concluded that the intervention was effective in reducing anxiety levels compared to the control group.

Discussion

Of Anxiety Levels Before and After Giving Benson Relaxation Combination Therapy with Murottal Al-Qur'an Intervention and Control Group

Anxiety levels are psychological disorders that are often experienced by hypertensive patients and can affect the patient's physical and emotional condition. The results showed that the average anxiety score measured using the Hamilton Anxiety Rating Scale (HARS) questionnaire before being given relaxation combination therapy Benson and the Qur'an murottal Surat Ar-Rahman was 17.00 in the intervention group and 20.00 in the control group. The minimum and maximum values in the intervention group were 10 and 41, respectively, while in the control group ranged from 18 to 22. These findings suggest that most respondents are at moderate levels of anxiety, which has the potential to have further psychological impacts if not adequately addressed. This condition is in line with the findings Sukarmin et al., (2025) which explains that hypertension patients often experience significant psychological distress and emotional distress, so interventions that can help manage stress and anxiety comprehensively are needed as part of hypertension management. The similarity of anxiety scores in both groups before the intervention suggests that the psychological state of the respondents is comparable, so the differences that arise after the intervention are more likely to be related to the impact of the therapy given.

Factors that affect the level of anxiety in respondents include an average age of 50–60 years and above, hypertensive patients can experience anxiety due to negative emotional states characterized by premonitions and tension, such as a fast heartbeat, sweating, difficulty breathing. Where emotional conditions that cause discomfort accompanied by worry, anxiety and fear that cause life disturbances which are characterized by tense feelings, anxious feelings and physical changes such as increased blood pressure, tremors, and headaches (Ridat et al., 2024).After the administration of Benson relaxation combination therapy and Qur'anic murottal, there was a significant decrease in anxiety levels in the intervention group. The median anxiety level decreased from 17.00 to 12.00, with the standard deviation dropping from 8.390 to 4.419. This decrease suggests that such combination therapy is effective in reducing anxiety in hypertensive patients. In contrast, the control group showed a relatively stable median score, which remained at 20.00, with a standard deviation of 1.284 before and 0.995 after treatment, so no significant changes occurred.

Effect of Anxiety Levels Before and After Benson Relaxation Therapy With Murottal Al-Qur'an Surah Ar-Rahman Intervention and Control Group

Based on the Wilcoxon test due to the data not being normally distributed (p < 0.05), values p = 0.000 and Z = –4.021 were obtained which showed a very significant influence on the level of anxiety before and after the intervention in the intervention group. This technique is effective in lowering sympathetic nerve activity, which is responsible for the "fight-or-flight" response to stress, and inducing a state of profound

calm. By lowering sympathetic nerve activity, Benson relaxation helps reduce heart rate, lower blood pressure, and stabilize overall physiological condition (Firmawati, et.al 2025).The results of this study are in line with the research Dekawaty & Yelisni, (2023) which also uses the test *Paired Sample T-Test* and earn grades *p value* by 0.000, thus strengthening the evidence that Benson's relaxation therapy is effective in lowering anxiety levels in the elderly group with hypertension.The effectiveness of the intervention is further strengthened by the murottal of the Qur'an which provides a calming effect that helps the body and mind become more relaxed.

The combination of Benson relaxation and the Qur'anic murottal produces a more optimal relaxation effect because it affects the physical, psychological, and spiritual aspects simultaneously. This research is in line with Hartiningsih, et al. (2022) which shows that murotal therapy has effectiveness in lowering blood pressure and anxiety levels. Analysis using a parametric test, namely the Paired t-test, showed a decrease in anxiety levels with an average score of 14.72 ± 2.47 and a p value = 0.000, which indicates a statistically significant difference after the administration of murottal therapy.In the control group, the Wilcoxon test yielded values of p = 0.058 and Z = –1.897, indicating no significant difference between anxiety levels before and after observation without intervention. This condition indicates that without special treatment, anxiety in hypertensive patients is less likely to decrease. Judging from the mechanisms of stress and psychological adaptation, anxiety in hypertensive patients is related to the activation of the stress response that takes place continuously, so that in the absence of targeted therapeutic interventions, the patient's psychological adaptation mechanisms do not develop optimally.

Differences in Anxiety Levels Before and After Benson Relaxation Therapy With Murottal Al-Qur'an Surah Ar-Rahman Intervention and Control Group

The Mann–Whitney analysis showed a value of p = 0.000 with Z = –4.317, indicating a significant difference in anxiety levels between the intervention group and the control group after the intervention period. In the intervention group, anxiety levels decreased significantly after being given a combination of Benson and murottal relaxation therapy, which was indicated by the *Mean Rank* by 13.40. Benson's relaxation therapy with murottal provides psychological and physiological benefits by lowering the body's stress response, so that the elderly become better able to manage emotional and physical stress and help control blood pressure. The combination of Benson relaxation with murottal provides a more optimal effect, as Benson relaxation works on the physiological aspect, while murottal provides spiritual and emotional calm. (Milah & Stella, 2025).

The results of this study are in line with previous studies that stated that there was a significant change in anxiety levels in hypertensive patients after the intervention, as evidenced by the McNemar test (p = 0.002; p < 0.05). In addition, differences in anxiety levels between the treatment group and the control group on the posttest measurements also showed statistically significant results through the Chi-Square test (p = 0.003; p < 0.05). This supports that the combination of Benson's relaxation with Qur'anic murottal is effective in lowering anxiety levels and helping to control blood pressure in hypertensive patients (Ratri, 2024) Meanwhile, in the control group that was not given the intervention, anxiety levels remained higher with *a mean rank* value of 29.60 and showed no significant change over the study period. This can be explained in terms of physiological and psychological mechanisms, where in the absence of relaxation stimulus, sympathetic nerve activity remains high so that the stress response does not decrease, so anxiety in the control group tends to remain and uncontrollable

IV.   CONCLUSION

Based on the results of the research, it can be concluded:
  1. The anxiety level of hypertensive patients in the intervention group before being given Benson relaxation therapy with Surat Ar-Rahman murottal was in the mild to moderate category.
  2. After being given Benson relaxation therapy with murottal, anxiety levels in the intervention group decreased statistically significantly (p = 0.000).
  3. In the control group, there was no significant difference between anxiety levels before and after treatment (p = 0.058).

4. Benson's relaxation therapy with Surat Ar-Rahman murottal has been shown to be effective in lowering anxiety levels in hypertensive patients and can be used as a supportive nonpharmacological therapy in nursing care.

REFERENCES

[1] Abdulah, M., Lismayanti, L., & Miftahul, F. (2022). The effect of reminiscence therapy on anxiety levels in the elderly with hypertension. *Healthcare Nursing Journal*, 4(2), 368–373. https://journal.umtas.ac.id/index.php/healtcare

[2] Agussalim, A. S., Eka Fajar Maulana, A., Putradana, A., & Marvia, E. (2022). The Relationship between Hypertension and Chronic Kidney Failure in the North Lombok Regency General Hospital. Research of Service Administration Health and Healthy Sciences, 3(2), 53–58.

[3] Amanda, S. T., Juhaeriah, J., & Roswendi, A. S. (2024). The Relationship of Anxiety with the Incidence of Hypertension in the Elderly in Health Centers. *Journal of Holistic Complementary Nursing*, 2(1), 13–19.

[4] Amelia, R., Adiputro, D. L., Biworo, A., Rudiansyah, M., & Illiandri, O. (2023). The incidence of heart failure patients with hypertensive comorbid disease at Ulin Banjarmasin Hospital. Homeostasis, 5(3), 679. https://doi.org/10.20527/ht.v5i3.7742

[5] American College of Cardiology/American Heart Association (ACC/AHA). (2017). Prevalence and Control of Hypertension According to the American College of Cardiology/American Heart Association (ACC/AHA) Guidelines in 2017. https://www.ahajournals.org/doi/10.1161/JAHA.118.008888

[6] Ardianto, O., & Faradina, A. (2024). The Influence of Five-Finger Hypnosis Therapy on Anxiety Levels in Elderly Individuals with Hypertension in the Work Area of the Rantau Suli Health Center The Influence of Five-Finger Hypnosis Therapy on Anxiety Levels in Elderly Individuals with Hypertension in the Work. *Journal of Healtcare Technology and Medicine,* 10(1), 33–43.

[7] Asnaniar, W. O. S., Hidayat, R., Asfar, A., Safruddin, S., Emin, W. S., Ishak, P. R. T., Wijaya, D. N. H., Kasan, H. A., Agusnitar, A. S. N., & Anggi, A. (2023). Health Education About The Benefits Of Murottal Al-Quran Therapy. *Journal of State Abmas (JAGRI),* 4(1), 33–37. https://doi.org/10.36590/jagri.v4i1.652

[8] Ayu, T., Rochmawati, H., & Susanto, wigyo. (2023). The Effect of Qur'an Murrotal Therapy on Anxiety Levels in Hypertensive Patients at the Tlogosari Kulon Health Center. *Sultan Agung Scientific Journal*, 464–470.

[9] Dekawaty, A., & Yelisni, I. (2023). Effectiveness of Benson Relaxation Therapy Against Anxiety in Elderly with Hypertension. *Citra Delima Scientific Journal of Citra International Institute*, 7(1), 8–13. https://doi.org/10.33862/citradelima.v7i1.337

[10] Dorans, K. S., Mills, K. T., Liu, Y., & He, J. (2018). Trends in prevalence and control of hypertension according to the 2017 American College of Cardiology/American Heart Association (ACC/AHA) guideline. *Journal of the American Heart Association*, 7(11), 1–11. https://doi.org/10.1161/JAHA.118.008888

[11] Falo, A., Ludiana, & Ayubbana, S. (2023). The Application of Deep Breath Relaxation on Hypertension Patient Blood Pressure in the Working Area of the UPTD Inpatient Health Center Banjarsari Metro City. *Journal of Young Scholars,* 3(1), 32–40.

[12] Firmawati, Nur Uyuun I. Biahimo, Sabirin B. Syukur, S. A. I. (2025). The effectiveness of the combination of benzon relaxation therapy and lemon aromatherapy on anxiety in hypertensive patients. 9(April), 2596–2607.

[13] Garcia, A. R., Filipe, S. B., Fernandes, C., Estevão, C., & Ramos, G. (2020). HARS questionnaire sheet. 58–70.

[14] Safitri, A. I., Rochmani, S., & Winarni, L. M. (2022). The Effect of Murottal Al-Qur'an Therapy on the Hypertension Level in the Elderly in RW 001 Gurudug Village, Mekar Jaya Village, *Tangerang Regency. Journal of Health,* 11(2), 1–23. https://doi.org/10.37048/kesehatan.v11i2.464

[15] Sari, D. W. I., Syarafina, F. Z., Ayuningtias, K., Rindiani, N. A., Setianingrum, P. B., Febriyanti, S., & Pradana, A. A. (2022). The Effectiveness of Benson Relaxation Therapy to Improve the Quality of Life of the Elderly: A Literature Review. *Muhammadiyah Journal of Geriatric*, 2(2), 55. https://doi.org/10.24853/mujg.2.2.55-61

[16] Sri Nur Hartiningsih, Pipin Nurhayati, Eka Oktavianto, A. S. (2022). Murottal Therapy Has An Effect On Blood Pressure And Anxiety In Elderly People With Hypertension. *Journal Of Professional Nurse Research*, 4(November), 1129–1134.

[17] Sukarmin, S., Nurachmah, E., Yona, S., Gayatri, D., & Aryani, R. (2025). Original Article The Effect Of The Islamic Emotional Resilience Model Intervention On Blood Pressure And Spiritual Well-Being In Hypertensive Patients. 20(3), 200–205. Https://Doi.Org/10.20884/1.Jks.2025.20.3.14850

[18] World Health Organization (WHO). (2024). Hypertension Fact Sheet. Retrieved from. https://www-who-int.translate.goog/news-room/fact-

sheets/detail/hypertension?_x_tr_sl=en&_x_tr_tl=id&_x_tr_hl=id&_x_tr_pto=sge#:~:text=Key facts&text=An estimated 46%25 of adults,hypertension have it under control.