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Application of Asmaul Husnah Dhikr Therapy to Reduce Anxiety Levels in Hypertension Patients with Anxiety Nursing Problems in the Nakula Ward of Jombang Regional Hospital

Dewi Suryawati[1], H. Arif Wijaya[1], Sudarsono[1], Agus Priyanto[2], Dina Camellia[1], Tiara Fatma Pratiwi[1]
STIKes Bahrul Ulum[1], Universitas Noor Huda Mutofa[2]
Corresponding Author Dewi Suryawati, E-Mail: Dewipantai1@gmail.com

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ABSTRACT
Hypertension is a condition in which a person's blood pressure is above 140/90 mmHg, increasing the risk of serious illnesses such as stroke, heart attack, and kidney failure. It is often associated with psychological problems such as anxiety. One non-pharmacological approach to managing anxiety in hypertensive patients is Asmaul Husna remembrance therapy. The purpose of this study was to assess the implementation of nursing care for hypertensive patients with anxiety problems in the Nakula Room of Jombang Regional General Hospital through Asmaul Husna remembrance therapy. This study used a case study approach with a nursing care approach, with two hypertensive patients with anxiety problems as subjects. The study was conducted for 3 days using data collection methods including assessment, diagnosis, intervention, implementation, and evaluation. The results of the study showed a decrease in anxiety in both patients on the third day. The first patient was able to sleep peacefully last night, while the second patient began to calm down and stop thinking about her illness. The conclusion from the results obtained regarding the application of Asmaul Husna dhikr therapy is proven effective in reducing anxiety levels in hypertension patients in the Nakula Ward of Jombang Regional Hospital. Further research can be conducted to assess the long-term effectiveness of dhikr therapy and explore the application of other spiritual therapies in addressing anxiety in hypertension.

Keywords: Hypertension, Anxiety, Asmaul Husna Dhikr, Nursing Care

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INTRODUCTION
Hypertension is one of the most common non-communicable diseases worldwide and a major risk factor for various serious cardiovascular complications. According to the World Health Organization (WHO) in 2019, hypertension is defined as a condition in which a person's blood pressure is consistently above 140/90 mmHg. Hypertension not only increases the risk of stroke, heart attack, and kidney failure but is also closely correlated with psychological problems such as anxiety.

According to 2019 WHO data, approximately 1.13 billion people worldwide suffer from hypertension, with approximately two-thirds of these people living in developing countries. In Indonesia, according to the 2019 Basic Health Research (Riskesdas), the prevalence of hypertension reached 34.1%, with East Java being one of the provinces with the highest prevalence. At Jombang Regional General Hospital, hypertension is one of the most frequently treated chronic diseases, particularly in the Nakula ward, which specifically treats patients with chronic diseases such as hypertension. It was found that 35% of hypertensive patients also experience anxiety problems, with more than 1,200 new cases recorded in the past year. The increasing number of hypertensive patients accompanied by anxiety problems has become a major concern. This indicates a significant relationship between hypertension and anxiety, which increasingly requires specialized treatment. Of these, 35% of patients show significant anxiety symptoms, which impacts the effectiveness of their treatment.

Untreated anxiety can worsen hypertension, necessitating more comprehensive intervention. Anxiety can worsen hypertension, and conversely, uncontrolled hypertension can increase anxiety levels in patients. Anxiety is a psychological condition in which a person feels fear and worry about uncertain events. The word "anxiety" comes from the Latin word "ansius" and the German word "anst," which refer to negative effects and physical stimulation, respectively (Muyasaroh et al. 2020). Anxiety is a feeling of worry and fear without a clear cause. This emotional reaction arises in certain situations that are perceived as threatening to the individual, for example, when a person feels pressured during an intervention, tense during a test, afraid during treatment, or similar situations. This condition also occurs in patients with hypertension (Kati et al., 2018).

Anxiety in hypertensive patients not only increases blood pressure but also affects overall quality of life. Hypertension and anxiety are interconnected; hypertension can cause psychological problems such as anxiety, and anxiety itself can be a risk factor for hypertension (Ermayani, 2021). Hypertension is caused by anxiety, which causes blood vessels to constrict during stress, increasing blood pressure. If anxiety persists and is left untreated, it can cause physical damage, the extent of which varies depending on a person's tolerance for anxiety (Marliana et al., 2020).

The primary cause of hypertension is lifestyle, which plays a significant role in people's lives. An unhealthy lifestyle can contribute to hypertension, as can poor diet, lack of physical activity, stress, and smoking (Ramadhan, 2021). Furthermore, a lack of self-care due to stress and anxiety about hypertension can lead to severe anxiety in patients (Aprilawati, 2019). This is because interventions require patients to consciously comply with antihypertensive medication, which can lead to feelings of tension or fear, impacting their psychological well-being. At Jombang Regional General Hospital, most interventions still focus on conventional hypertension treatments, which generally focus on controlling blood pressure through medication and other medical procedures.

However, this approach is often ineffective in the long term if not accompanied by psychological treatment. This is because patients undergoing this intervention often feel stressed about having to comply with the doctor's prescription, while their perceived health has not shown significant improvement. This situation leaves patients stressed and filled with anxiety about their recovery, so there is an urgent need to explore non-pharmacologic approaches. pharmacology that is more holistic and focuses on the psychological health of patients (Setya Budi and Widada, 2024).

Psychological treatments for anxiety reduction can be achieved through non-pharmacological methods, including relaxation, physical activity, massage, hypnotherapy, and spiritual therapy (prayer, salat, or dhikr). One treatment proven effective in reducing anxiety is dhikr. Dhikr means remembering God's blessings, a method that has been proven effective in reducing anxiety and is often used. Dhikr also includes the meaning of reciting dhikr phrases, remembering Allah at all times, fearing and hoping only in Him, and believing that humans are always under Allah's will in all things and affairs (Ash-Shiddieqy, 2001). By practicing dhikr, patients will remember Allah more, feel safe, that all healing will be granted, and feel more trust in being healed and always feel protected by Him, thus feeling calmer. For patients with hypertension, dhikr can provide positive suggestions that increase self-confidence, strength, and optimism (Agustina et al., 2020).

This study uses a non-pharmacological approach that has the potential to reduce anxiety in hypertensive patients with anxiety problems using dhikr therapy, specifically using Asmaul Husna. In 1984, the World Health Organization (WHO) stated that four aspects determine human health: physical (biological) health, mental (psychological) health, social health, and spiritual health (Hawari, 2005). Therefore, therapy using a psychological approach using Asmaul Husna involves repeating the beautiful names of Allah which is believed to calm the mind and reduce anxiety. Asmaul Husna therapy has the potential to be an effective solution to reduce anxiety levels in hypertensive patients, which in turn can help control their blood pressure. Considering that unmanaged anxiety can increase the risk of cardiovascular complications, this intervention is not only psychologically but also physically beneficial for hypertensive patients in the Nakula ward, Jombang Regional General Hospital, where many patients show severe anxiety symptoms, the application of Asmaul Husna therapy is expected to have a significant positive impact. In addition to its direct benefit of reducing anxiety, Asmaul Husna therapy is also expected to improve patient adherence to their medical treatment. Anxiety is often a barrier to

adherence to treatment regimens, and by reducing anxiety levels, patients are expected to be better able to follow the treatment recommendations given by medical personnel. This will contribute to better blood pressure control and a lower risk of long-term complications.

Based on this background, the application of Asmaul Husna remembrance therapy to reduce anxiety levels in hypertensive patients in the Nakula Ward of Jombang Regional Hospital is crucial. This research aims not only to develop effective non-pharmacological therapies but also to provide a more holistic approach to hypertension management. It is hoped that the results of this study will make a significant contribution to improving the quality of life of hypertensive patients and serve as a model for the implementation of spiritual therapy in other hospitals.

METHOD RESEARCH

Research Design

This study employed a qualitative approach with a case study design focused on the implementation of nursing care . This design was used to in-depth describe the experiences of hypertensive patients with nursing anxiety issues within the context of implementing *Asmaul Husna dhikr therapy* . The case study design was chosen because it allows researchers to understand nursing phenomena holistically through direct interaction between the researcher and the research subjects (Mawarti et al., 2021).

Location and Time of Research

The study was conducted at Jombang Regency General Hospital , specifically in the Nakula Room on the 3rd floor , which is the treatment room for hypertension patients. The study was conducted on October 8–10, 2024, on two patients who met the inclusion criteria. Jombang Regency General Hospital was selected because it is a type B teaching hospital that serves as a primary referral hospital with an integrated nursing service system and health education.

Research Subjects

The research subjects consisted of two hypertensive patients experiencing anxiety and being treated in the Nakula Ward of Jombang Regional Hospital. Subject selection was carried out purposively with the following criteria: (1) hypertensive patients aged 45–65 years, (2) experiencing anxiety nursing problems, and (3) able to participate in *Asmaul Husna dhikr therapy* (Sari et al., 2022).

Data collection technique

Data was collected through interviews, observations, and documentation studies (Sugiyono, 2018).

1. Interviews were conducted with patients and families using a medical surgical nursing care format to collect subjective data.
2. Observation and physical examination are carried out using the inspection, palpation, percussion, and auscultation (IPPA) method to obtain objective data regarding the patient's physical condition.
3. Documentation studies include collecting data from literature, diagnostic examination results, and relevant medical records to support case analysis.

Data Analysis Techniques

Data analysis was carried out in four stages (Sugiyono, 2017):

1. Data collection through interviews, observation, and documentation to obtain subjective and objective information.
2. Data reduction , namely the process of filtering and simplifying information to focus on important things related to the anxiety of hypertension patients.
3. Data presentation (data display) in the form of descriptive narratives, tables, and clinical notes to make it easier for researchers to understand the care patterns provided.
4. Data verification (conclusion drawing) is carried out repeatedly to ensure the consistency and validity of the information before drawing final conclusions.

Data Validity Test

Data validity was ensured through triangulation of sources, techniques, and time (Sugiyono, 2017). Source triangulation was conducted by comparing patient and family data and medical

documentation; technique triangulation by combining interviews, observations, and documentation; and time triangulation by collecting data at different times (morning or afternoon). Furthermore, credibility, transferability, dependability, and confirmability tests were used to ensure the validity of the study.

Research Ethics

This research meets the ethical principles of nursing research (Sari et al., 2022), including:

1. Informed Consent , namely written consent from participants after receiving an explanation of the research objectives and procedures.
2. Right to Fair Treatment , ensuring all participants are treated fairly without discrimination.
3. Right to Privacy , maintaining the confidentiality of patient identity and data.
4. Right to Self-Determination , gives participants the freedom to participate or withdraw without negative consequences.
5. Right to Full Disclosure , guarantees transparency of information regarding the risks and benefits of research.

RESULTS AND DISCUSSION

Diagnosis Nursing

Patient 1

Anxiety related to unmet needs is characterized by dizziness and difficulty resting peacefully, frequent waking, and discomfort in the hospital (D.0080).

Patient 2

Anxiety relate with concern experience failure is characterized by anxiety about the disease, restless sleep and frequent waking (D.0080).

Intervention Nursing

Patient 1

Table 7 Intervention Nursing Patient Hypertension Mrs. R on October 8, 2024 – October 10, 2024 with Anxiety Nursing Problems in the Nakula Room, Jombang Regional Hospital

Date	Nursing Diagnosis	Objective (SLKI)	Intervention (SIKI)
08/10/24	**D.0080/ p.180**	**L.09093/p.132**	**I.09314/p.387**
		Level Anxiety	**Reduction Anxiety**
	Anxiety is related to the need not fulfilled	Definition : Emotional conditions and subjective experiences towards unclear and specific objects due to anticipation of danger that allows individuals do actions After **Criteria results :** Behavior nervous (5) Pattern Sleep (5) Orientation (5)	Definition: Minimize individual conditions and security subjective to the object Which No clear And specific as a result of anticipating danger that allows Observation 1. Identify when anxiety levels change (conditions, time, sensors) 2. Monitor for signs of anxiety. Therapeutic. 3. Understand the situation that causes anxiety 4. Accompany the patient to reduce anxiety, if possible. Education 5. Explain procedure trapi dzikirasmaul husna. 6. Practice technique relaxation dhikr Asmaul Husana.
09/10/24	**D.0080/ p.180**	**L.09093/p.132**	**I.09314/p.387**
		Level Anxiety	**Reduction Anxiety**
	Anxiety is related to the need	Definition : Emotional conditions and subjective experiences towards unclear and specific	Definition: Minimize individual conditions and security subjective to the object Which No clear And specific

	not fulfilled	objects due to anticipation of danger thatas a result of anticipating danger that allows allows individuals do actions After Result criteria: Restless behavior (5) Sleep patterns (5) Orientation (5)	Observation 1. Identify when anxiety levels change (conditions, time, sensors) 2. Monitor for signs of anxiety. Therapeutic. 3. Understand the situation that causes anxiety 4. Accompany the patient to reduce anxiety, if possible. 5. Education 6. Explain the procedure of the dzikirasmaul husna trap. 7. Practice relaxation techniques
10/10/24	**D.0080/ p.180**	**L.09093/p.132**	**I.09314/p.387**
	Anxiety is related to the need not fulfilled	**Level Anxiety** Definition : Emotional conditions and subjective experiences towards unclear and specificsecurity against unclear and specific objects due to objects due to anticipation of danger thatanticipation of danger that allows individuals to take allows individuals do actions After **Criteria results :** Behavior nervous (5) Pattern Sleep (5) Orientation (5)	**Reduction Anxiety** Definition: Minimizing individual conditions and subjective action to face threats. Observation 1. Identification moment level anxiety changes (conditions, time, sensors) 2. Monitor for signs of anxiety. Therapeutic. 3. Understand the situation that causes anxiety 4. Accompany the patient to reduce anxiety, if possible. Education 5. Explain procedure trapi dzikirasmaul husna. 6. Practice technique relaxation dhikr Asmaul Husana.

Source: SDKI, SLKI, SIKI (2018)

Patient 2

Table 8 Intervention Nursing Patient Hypertension Mrs. S on October 8, 2024 – October 10, 2024 with Anxiety Nursing Problems in the Nakula Room, Jombang Regional Hospital

Date	Nursing Diagnosis	Objective (SLKI)	Intervention (SIKI)
08/10/24	**D.0080/ p.180**	**L.09093/p.132**	**I.09314/p.387**
	Anxiety associated with fear failure	**Level Anxiety** Definition : Emotional ofactions to deal with threats. After nursing actions are carried outa result of anticipating danger that allows individuals for 2x24 hours, it is hoped thatto take action to deal with threats. anxiety will decrease. **Criteria results :** Behavior nervous (5) Pattern Sleep (5) Contact eyes (5)	**Reduction Anxiety** Definition: Minimize condition individual and security subjective to object Which No clear And specific as Observation 1. Identify when anxiety levels change (conditions, time, sensors) 2. Monitor for signs of anxiety 3. Therapeutic 4. Understand the situation that causes anxiety 5. Accompany the patient to reduce anxiety, if possible. Education 6. Explain procedure trapi dzikirasmaul husna. 7. Practice technique relaxation dhikr Asmaul

			Husana.
09/10/24	**D.0080/ p.180** Anxiety is related to the fear of experiencing failure.	**L.09093/p.132** **Level Anxiety** Definition : Emotional conditions and subjective experiences towards unclear and specific objects due to anticipation of danger that allows individuals do actions After **Criteria results :** Behavior nervous (5) Pattern Sleep (5) Contact eyes (5)	**I.09314/p.387** **Reduction Anxiety** Definition: Minimize individual conditions and security subjective to the object Which No clear And specific as a result of anticipating danger that allows Observation 1. Identify when anxiety levels change (conditions, time, sensors) 2. Monitor for signs of anxiety 3. Therapeutic 4. Understand the situation that causes anxiety 5. Accompany the patient to reduce anxiety, if possible. 6. Education 7. Explain procedure trapi dzikirasmaul husna. 8. Practice technique relaxation dhikr Asmaul Husana.
10/10/24	**D.0080/ p.180** Anxiety is related to the fear of experiencing failure.	**L.09093/p.132** **Level Anxiety** Definition : Emotional conditions and subjective experiences towards unclear and specific objects due to anticipation of danger that allows individuals do actions After **Criteria results :** Behavior nervous (5) Pattern Sleep (5) Contact eyes (5)	**I.09314/p.387** **Reduction Anxiety** Definition: Minimizing individual conditions and subjective security against unclear and specific objects due to anticipation of danger that allows individuals to take action to face threats. Observation 1. Identification moment anxiety levels change (conditions, time, sensors) 2. Monitor for signs of anxiety 3. Therapeutic 4. Understand the situation that causes anxiety 5. Accompany the patient to reduce anxiety, if possible. 6. Education 7. Explain procedure trapi dzikirasmaul husna. Practice technique relaxation dhikr Asmaul Husana.

Source: SDKI, SLKI, SIKI (2018)

Implementation Nursing

Patient 1

Table 9 Implementation Nursing Patient Hypertension Mrs. R on Date 08 October 2024 – 10 October 2024 with Anxiety Nursing Problems in the Nakula Ward of Jombang Regional Hospital

Nursing Diagnosis	Day 1 (October 8, 2024)	Day 2 (October 9, 2024)	Day 3 (October 10, 2024)
D.0080 Anxiety relate with unmet needs	10.00 : Identifying when anxiety levels change Response : the patient complained hard to rest in peace	10.00 : Identifying when anxiety levels change Response: The patient still complains of difficulty resting peacefully.	10.00 : Identifying when anxiety levels change Response: The patient said he was able to sleep peacefully last night.

	10.05 : Monitoring signs anxiety results : nervous, Dizzy And difficulty resting peacefully, waking up frequently, and feeling uncomfortable in the hospital 10.10 : Accompany patients to handle anxiety Response : patient always in accompany his child 10.10 : Explaining the benefits and procedures of Asmaul Husana dhikr therapy Response: the patient listened well. 10.15: Provide training on Asmaul Husna techniques Response: The patient is able to apply the Asmaul Husana dhikr therapy	10.05 : Monitoring signs Anxiety Results: restlessness, dizziness has disappeared, difficulty sleep at home in the hospital 10.10 : Re-explain the benefits and procedures of Asmaul Husana dhikr therapy Response : patient listen carefully 10.15: Provide training on Asmaul Husna techniques Response: The patient is able to apply the Asmaul Husana dhikr therapy	10.05 : Monitoring signs Anxiety Results: no anxiety, no dizziness, patient can sleep well and often wakes up, and does not feel 10.10: Provide training on Asmaul Husna techniques Response: The patient is able to apply the Asmaul Husana dhikr therapy

Patient 2

Table 10 Implementation Nursing Patient Hypertension Mrs. S on Date 08 October 2024 – 10 October 2024 with Anxiety Nursing Problems in the Nakula Ward of Jombang Regional Hospital

Nursing Diagnosis	Day 1 (October 8, 2024)	Day 2 (October 9, 2024)	Day 3 (October 10, 2024)
D.0080 Anxiety is related to worry experience failure	11.30 : Identifying when anxiety levels change Response: the patient admitted to being anxious about his illness. 11.35 : Monitoring signs Anxiety Results: restless and rarely looked at the researcher, dizzy, did not sleep well and often woke up 11.40 : Accompany patient to handle anxiety Response : patient always in accompany the family 11.40 : Explaining the benefits and procedures of Asmaul Husana dhikr therapy Response: the patient listened well. 11.45: Provide training on Asmaul Husna techniques Response: The patient is able to apply the Asmaul Husana dhikr therapy	10.30 : Identifying when anxiety levels change Response: the patient still admitted to being anxious about his illness. 10.35 : Monitoring signs anxiety Result: restless and rarely looking researchers, Dizzy no longer there, can sleep but often wakes up 10.40 : Re-explaining the benefits and procedures of Asmaul Husana dhikr therapy Response : patient listen carefully 10.45: Provide training on Asmaul Husna techniques Response: The patient is able to apply the Asmaul Husana dhikr therapy	10.25 : Identifying when anxiety levels change Response: The patient said he had started to calm down and was not thinking about his pain. 10.30 : Monitoring signs anxiety results : nervous No There is, The patient was able to look at the researcher, the dizziness was gone, he could sleep but often woke up. 10.35: Provide training on Asmaul Husna techniques Response: The patient is able to apply the Asmaul Husana dhikr therapy

Nursing Evaluation

Patient 1

Table 11 Nursing Evaluation of Hypertension Patient Mrs. R October 8th 2024 – October 10 2024 with Anxiety Nursing Problems in the Nakula Ward of Jombang Regional Hospital

Nursing Diagnosis	Day 1 (08/10/24, 10.25)	Day 2 (09/10/24, 10.25)	Day 3 (10/10/24, 10.20)
D.0080 Anxiety relate with unmet needs	S : The patient complained hard to rest with calm and not at home in the hospital O : • MY Enough • Patient looks pale • GCS 456 (composmentis) • RR : 24 x/minute • TD : 150/90 mmHg • N : 80 x/minute • Nauseous vomit • Often woke up • Looks nervous • Patient sigh dizzy A: Problem anxiety yet resolved with behavioral results nervous (2), pattern Sleep (3) And orientation (3) P : 1. Identification moment level anxiety changed (condition, time, sensor) 2. Monitor sign sign anxiety 3. Explain procedure trapi dhikr Beautiful Names of Allah 4. Practice technique relaxation dhikr Asmaul Husna.	S : Patient Still sigh difficult rest in peace and don't feel at home in the hospital O : • MY Enough • Patient looks pale • GCS 456 (composmentis) • RR : 20 x/minute • TD : 130/90 mmHg • N : 80 x/minute • Nauseous (+) vomit (-) • Often woke up • Looks restless A : Problem anxiety resolved part with behavioral results nervous (3), pattern Sleep (3) And orientation (4) Q : 1. Identification moment level anxiety change (condition, time, sensor) 2. Monitor sign sign anxiety 3. Practice technique relaxation dhikr Asmaul Husna.	S : Patient say overnight Already can sleep peacefully O : • MY Enough • Patient looks pale (-) • GCS 456 (composmentis) • RR : 20 x/minute • TD : 130/90 mmHg • N : 74 x/minute • Patient Can Sleep • Looks nervous No There is a : Problem anxiety resolved with results behavior nervous (5), pattern Sleep (5) and orientation (5) Q : 1. Monitor condition patient 2. TTV Review 3. Advise the patient to apply the therapy Asmaul Husna moment experience anxious at home

Patient 2

Table 12 Nursing Evaluation of Hypertension Patient Mrs. S on October 8, 2024 – October 10, 2024 with Anxiety Nursing Problems in the Nakula Ward, Jombang Regional Hospital

Nursing Diagnosis	Day 1 (08/10/24, 11:55)	Day 2 (09/10/24, 10:55)	Day 3 (10/10/24, 10:45)
D.0080 Anxiety relate with fear of failure	S : Patient confess worried will O's disease: • MY Enough • GCS 456 (composmentis) • RR : 24 x/minute • TD : 150/90 mmHg	S : The patient still admitted to being anxious about his illness. O : • MY Enough • GCS 456 (composmentis) • RR : 22 x/minute • TD : 130/90 mmHg	S : Patient say Already start calm and don't think about the pain O : • MY Enough • GCS 456 (composmentis) • RR : 20 x/minute • TD : 120/90 mmHg

• N : 88 x/minute • Nauseous vomit • Looks nervous And seldom staring researchers • Patient sigh Dizzy • Patient Sleep No sleep soundly And often woke up • Patient own history disease hypertension and diabetes mellitus and often goes back and forth to the hospital because of the same disease A : Problem anxiety Not yet resolved with results restless behavior (2), sleep patterns (3) and eye contact (3) Q : 1. Identification moment level anxiety changed (condition, time, sensor) 2. Monitor sign sign anxiety 3. Explain procedure trapi dhikr Beautiful Names of Allah 4. Practice technique relaxation dhikr Asmaul Husna.	• N : 80 x/minute • Looks nervous And seldom looking at the researcher • Patient Can Sleep But often woke up • The patient has a history of hypertension And diabetes militia as well as often going back and forth to the hospital because of the same disease A : Problem anxiety resolved part with results of restless behavior (3), sleep patterns (4) and eye contact (3) Q : 1. Identification moment level anxiety change (condition, time, sensor) 2. Monitor sign sign anxiety 3. Practice technique relaxation dhikr Asmaul Husna.	• N : 80 x/minute • Nervous No There is And seldom looking at the researcher • Patient Can Sleep But often woke up A : The anxiety problem was partially resolved with the results behavior nervous (5), pattern Sleep (4) and eye contact (4) Q : 1. Monitor condition patient TTV Review 2. Advise the patient to apply the therapy Asmaul Husna moment experience anxious at home 3.

Discussion

Nursing Diagnosis

The nursing diagnosis for the first patient was "Anxiety related to unmet needs," characterized by dizziness and difficulty resting, frequent awakenings, and discomfort in the hospital. The nursing diagnosis for the second patient was "Anxiety related to fear of failure," characterized by anxiety about the illness, restless sleep, and frequent awakenings.

According to the Indonesian Health Survey (IDHS) (2016), anxiety is a condition in which a person experiences uncertain feelings of fear, anxiety, or worry regarding the situation they are facing. In both patients, the major symptoms found were feelings of restlessness and frequent waking during sleep, while minor symptoms found were frequently asking when they would go home and difficulty

resting. Additional data obtained during the assessment of the first patient was a tendency for the patient to want to be discharged immediately, and in the second patient, often feeling restless and anxious, especially regarding their persistent illness. Both patients also complained of headaches.

A preliminary study conducted by Jurai (2021) found that the first patient had suffered from hypertension for 2.5 years, a hereditary factor from his father, and expressed concern about his condition due to frequent sudden headaches. Meanwhile, the second patient had hypertension and complained of blurred vision, difficulty sleeping, and anxiety about his worsening health. Based on the conditions of both patients, a nursing diagnosis of anxiety was identified.

Based on the assessment data with the theory, there is a similarity that Hypertension patients receive a nursing diagnosis of anxiety, where the data and theory have the same signs and symptoms, namely headaches, restlessness, anxiety and worry as well as experiencing sleep pattern disorders.

Nursing Interventions

The nursing interventions provided included relaxation therapy techniques using the Asmaul Husana remembrance (dhikr) and an empathetic approach for patients with anxiety disorders, which are expected to reduce their anxiety levels. Expected outcome criteria include a decrease in restless behavior, improved sleep patterns, and increased eye contact as a sign of calmer patient outcomes. Interventions included monitoring changes in anxiety levels, understanding situations that trigger anxiety, accompanying patients to provide a sense of security, and practicing dhikr relaxation techniques.

According to research by Hasan and Riyadi (2020), relaxation techniques using dhikr (remembrance of God) can help reduce anxiety and provide calm in patients experiencing anxiety. Dhikr of the Asmaul Husna (Asmaul Husna) has a therapeutic effect that can improve emotional balance and calm the central nervous system, which serves to reduce stress and anxiety in patients (Nurhayati and Lestari, 2021). Furthermore, the presence of a nurse providing direct support can strengthen the positive effects of relaxation therapy by providing a sense of comfort and security. Sari et al. (2022) explain that an empathetic approach, including accompanying patients in stressful situations, can help significantly reduce anxiety. Having nurses act as active listeners also helps.

Allowing patients to express their concerns can reduce fear and anxiety. Rahma and Widya (2023) also support the idea that relaxation techniques, especially spiritual-based ones, can improve sleep quality and reduce agitated behavior in patients with high levels of anxiety.

Based on the facts and theories above, the interventions implemented are appropriate for patients experiencing anxiety related to unmet needs and fears of failure. Reduced anxiety levels can be seen through calmer behavior, improved sleep patterns, and better eye contact. Although intervention plans are tailored to each patient's specific needs, this approach has proven effective in helping patients cope with their anxiety and improving their overall quality of life.

Nursing Implementation

The nursing implementation provided to patients with anxiety nursing problems related to unmet needs and fears of failure includes monitoring anxiety levels, monitoring signs of anxiety, accompanying patients to reduce anxiety, explaining the benefits and procedures of Asmaul Husna dhikr therapy, and practicing dhikr techniques to help patients manage anxiety. However, there were changes in implementation on the second day, namely identifying when anxiety levels changed, monitoring signs of anxiety, re-explaining the benefits and procedures of Asmaul Husna dhikr therapy, and providing training in Asmaul Husna techniques. While on

On the 3rd day of implementation, the steps taken were to identify when anxiety levels changed, monitor signs of anxiety, and provide training in the Asmaul Husana technique. This implementation has been aligned with the plan outlined in the Indonesian Nursing Intervention Standards (SIKI). Nursing implementation is the concrete actions taken by nurses to achieve pre-planned care goals (Nursalam, 2016). In this context, Nurhayati (2021) stated that Asmaul Husana remembrance therapy is effective in reducing anxiety in patients experiencing emotional disturbances by helping to create feelings of calm and peace.

Amri and Sari's (2020) research also supports that a spiritual approach in the form of dhikr (remembrance of God) provides significant relaxation for patients experiencing anxiety and uncertainty. In practice, nurses monitor for signs of anxiety, such as difficulty sleeping and restless behavior, and assist patients in managing their anxiety. This aligns with Fadhilah's (2022) research, which found that emotional support from family and nurses is crucial in helping patients overcome anxiety caused by the uncertainty of their health conditions. Furthermore, dhikr therapy helps patients calm their minds and focus on spiritual aspects to address health challenges.

Based on the facts and theories above, the implementation demonstrated consistency in the approach used to reduce patient anxiety levels. The guidance and explanations provided by nurses, along with the application of the Asmaul Husna recitation technique, have demonstrated positive impacts, particularly in reducing restless behavior and improving patient sleep quality. This aligns with the pre-planned intervention objectives, with adjustments based on each patient's individual needs.

Nursing Evaluation

The evaluation results of the two patients for 3 days with anxiety nursing problems showed a decrease in anxiety in both patients. The subjective results of the first patient after the administration of therapy, namely on days 1 and 2, the patient said it was difficult to rest peacefully and did not feel at home in the hospital, and on day 3 the patient was able to sleep peacefully at night. While the objective results on day 1 found the patient still had nausea and vomiting, looked pale, often woke up, was restless, and complained of dizziness. On day 2, the patient was found to have nausea but did not vomit, was pale, often woke up, and was still restless. On day 3 there was no nausea and vomiting, no paleness, no restlessness, and the patient was able to sleep.

The subjective results of the second patient after the therapy were given, namely on the 1st and 2nd day the patient still admitted to being anxious about his illness, and on the 3rd day the patient said he had started to calm down and did not think about his illness. Objective results on the 1st day the patient still had nausea and vomiting, appeared restless and rarely looked at the researcher, complained of dizziness, slept poorly and often woke up. The results on the 2nd day found no nausea and vomiting, appeared restless and rarely looked at the researcher, and could sleep but often woke up, and on the 3rd day there was no restlessness and rarely looked at the researcher, the patient could sleep but often woke up. The results of the analysis in the first patient's anxiety were resolved and in the second patient's anxiety was partially resolved. The planning given to the first and second patients on the 3rd day was to monitor the patient's condition, assess TTV, and encourage the patient to apply Asmaul Husna therapy when experiencing anxiety at home.

According to Nurarif & Kusuma's (2017) theory, evaluation using subjective, objective, analysis, and planning (SOAP) components is an intellectual action to complete the nursing process, indicating the success of the nursing diagnosis, intervention, and implementation. Amri's (2020) research shows that Asmaul Husna dhikr therapy is effective in reducing anxiety in patients with psychological problems, such as anxiety due to chronic illness. The results of this study are supported by Fadilah (2021), who found that applying dhikr therapy as a relaxation technique can help reduce patient anxiety levels, especially in those facing uncertainty related to health conditions. In line with the research of Indrawati and Anggiarti (2021), spiritual therapies such as dhikr have a positive effect on reducing anxiety. Their study found that patients who regularly perform dhikr therapy show a gradual decrease in anxiety symptoms, especially after several days of therapy.

According to the researchers, the interventions implemented, based on the established theory, demonstrated a similarity in the evaluation, as evidenced by the first patient's ability to sleep soundly on the third day. The second patient's success was evident on the third day, indicating that she began to calm down and stop thinking about her illness. This is because non-pharmacological therapy has clear benefits, such as the recitation of the Asmaul Husana (Asmaul Husana) in addressing anxiety.

CONCLUSION

Based on the discussion outlined in CHAPTER 5 regarding the comparison of theory with the case of Mrs. R and Mrs. S who experienced hypertension with anxiety nursing problems in the Nakula room at Jombang Regional Hospital, the researcher can draw the following conclusions: The assessment revealed that both patients were female and diagnosed with hypertension. Their primary complaint was nausea and vomiting, and physical examinations revealed dizziness, anxiety, and difficulty sleeping. The main diagnosis established using the Indonesian Nursing Diagnosis Standards (SDKI) in the first patient was Anxiety related to unmet needs characterized by dizziness and difficulty resting peacefully, frequent waking up, and not feeling at home in the hospital, while in the second patient Anxiety was related to fear of failure characterized by anxiety about the disease, restless sleep and frequent waking up. The interventions provided are in accordance with the Indonesian Nursing Intervention Standards (SIKI), namely identifying when the anxiety level changes (condition, time, sensor), monitoring signs of anxiety, understanding situations that cause anxiety, accompanying the patient to reduce anxiety, if possible, explaining the Asmaul Husana dhikr therapy procedure, and practicing Asmaul Husana dhikr relaxation techniques. The implementation provided for 3 days includes identifying when anxiety levels change, monitoring signs of anxiety, accompanying patients to deal with anxiety, explaining the benefits and procedures of Asmaul Husana dhikr therapy, and providing Asmaul Husana technique training. The final evaluation obtained after administering Asmaul Husana dhikr therapy to the first patient was that he was able to sleep peacefully last night, while the second patient had started to calm down and was not thinking about his illness.

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