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The Use of Benson Relaxation Therapy in Reducing Anxiety in Type II Diabetes Mellitus Patients at Royal Prima General Hospital, Medan: A Case Study

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ABSTRACT
Diabetes mellitus has now become one of the leading causes of death worldwide. Lifestyle changes such as higher calorie intake, increased consumption of processed foods, and unhealthy lifestyles are factors that contribute to the increase in cases of diabetes mellitus. Diabetes mellitus is a chronic disease that patients will suffer from for the rest of their lives and can occur in both men and women. Patients will feel uncomfortable with the condition they are experiencing. Feelings of discomfort or vague concerns about the disease they are experiencing are accompanied by an autonomic response, a feeling of fear caused by anticipation of the dangers of diabetes mellitus. **Method:** This study is a descriptive study with a case study design using a nursing process approach. The sample size in this study was one case that was treated for three days. Data collection was conducted through interviews and observations as well as documentation of the actions taken for the patient. **Results:** The results of the evaluation are as follows: The patient reports decreased dizziness, blood glucose level of 200 mg/dl, level of consciousness: compos mentis, V:5 M:5 V:5 GCS: 11. Coordination has improved, consciousness has improved, drowsiness has decreased, dizziness has decreased, complaints of hunger have decreased. Blood glucose levels improved. On the third day, the evaluation results began to improve, and blood glucose levels had improved. **Conclusion:** Nursing management for patients with diabetes mellitus has been carried out comprehensively through the stages of assessment, diagnosis formulation, nursing plan, and nursing evaluation

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INTRODUCTION
Diabetes mellitus has now become one of the leading causes of death worldwide. Lifestyle changes such as higher calorie intake, increased consumption of processed foods, and unhealthy lifestyles are factors contributing to the rise in diabetes mellitus cases (IDF, 2021). *World Health Organization* (WHO) explaining that diabetes mellitus is one of the main priorities in noncommunicable diseases (NCDs) that can cause long-term damage, dysfunction, and malfunction of various organs, such as the eyes, kidneys, nerves, and cardiovascular system.

International Diabetes Federation (IDF) In 2021, it was revealed that the number of people with diabetes mellitus (DM) worldwide reached approximately 537 million adults aged 20-79 years. The total number of people living with diabetes is projected to increase to 643 million

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by 2030 and 783 million by 2045. The number of people with diabetes in Indonesia, based on the Top Ten Countries or Territories for Number of Adults with Diabetes in 2019, is 10.7 million, ranking seventh in the world, and is estimated to increase to 16.6 million by 2045 (IDF, 2021). This data is supported by the results of the 2018 Basic Health Research (Riskesdas), which states that the prevalence of DM in Indonesia from 2013 to 2018 increased from 1.5% to 2.0% in 2018 of the total population aged ≥15 years (Riskesdas, 2018).

Type II diabetes mellitus occurs because insulin is actually available, but does not work properly, whereby the available insulin is unable to transport glucose from the bloodstream into the cells of the body that need it, causing blood glucose levels to remain high, which leads to hyperglycemia. Hyperglycemia is not only caused by impaired insulin secretion (insulin deficiency), but also by a simultaneous decrease in the body's tissue response to insulin (insulin resistance). Insulin resistance is accompanied by a decrease in the series of reactions in cellular metabolism. Thus, insulin becomes ineffective in stimulating glucose uptake by tissues. This causes instability in blood glucose levels, manifested by major signs and symptoms of hyperglycemia, including subjective data such as the patient feeling tired and lethargic, while objective data includes high blood/urine glucose levels. Minor signs and symptoms of hyperglycemia include subjective data such as the patient feeling dry mouth and increased thirst, while objective data includes increased urine output (Maria, 2021).

Risk factors for type 2 diabetes mellitus include age, physical activity, exposure to smoke, body mass index (BMI), blood pressure, stress, lifestyle, family history, HDL cholesterol, triglycerides, gestational diabetes, history of glucose abnormalities, and other disorders (Isnaini & Ratnasari, 2018). Based on the results of the study Rahem (2016), It was found that most patients had a moderate level of anxiety at 56.7%. This occurs because diabetes mellitus is a chronic disease that patients will suffer from for life and can occur in both men and women. Patients will feel uncomfortable with the condition they are experiencing. Feelings of discomfort or vague concerns about the disease they are experiencing are accompanied by an autonomic response, a feeling of fear caused by anticipation of the dangers of diabetes mellitus.

According to Rahem (2016), anxiety is closely related to feelings of uncertainty and helplessness. This emotional state does not have a specific object. This condition is experienced subjectively and communicated in interpersonal relationships, including social support. According to Sutejo (2019), anxiety is a vague feeling of unease due to discomfort or fear accompanied by a response (a cause that is unspecific or unknown to the individual). Feelings of fear and uncertainty can send warning signals about impending danger and prompt individuals to take action to deal with threats. If this anxiety is not addressed immediately, it will have an impact on the patient's mental health. One way to overcome this anxiety is through Benson therapy (Sutejo, 2019).

One intervention that will be carried out to reduce anxiety is the application of Benson therapy. Benson therapy is a simple therapy that is easy to implement and does not require a lot of money. This therapy requires concentration. This therapy combines relaxation response techniques with the individual's belief system or focuses on specific expressions such as the names of God or words that have a calming effect on the patient, which are repeated rhythmically and accompanied by an attitude of surrender. This treatment technique can be performed for 10-15 minutes, twice a day, to reduce anxiety (Wahit Iqbal Mubarak,2015).

Benson therapy is a relaxation technique. Relaxation is a method or approach that can be used on patients to release tension, anxiety, and stress. After performing relaxation techniques,

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patients will shift their anxiety. After relaxation techniques are performed, patients experience a reduction in anxiety. Relaxation works by inhibiting the activity of the sympathetic nervous system, which reduces the body's oxygen consumption and causes the body's muscles to relax, resulting in feelings of calm and comfort. Therefore, Benson therapy can reduce pain, anxiety, and eliminate insomnia (A. Raudatul, 2016).

Based on this background, the researcher conducted a study to identify how nursing care is provided to type II DM patients with anxiety problems through Benson therapy at the Royal Prima Hospital in Medan. This study aims to assess patients with type II diabetes mellitus with anxiety, compile nursing diagnoses for patients with type II diabetes mellitus with anxiety, create nursing plans for patients with type II diabetes mellitus with anxiety, implement these plans for patients with type II diabetes mellitus with anxiety, and identify evaluations for patients with type II diabetes mellitus with anxiety.

METHODS

This study is a descriptive study with a case study design using a nursing process approach consisting of five steps, starting from assessment, nursing diagnosis, nursing intervention, implementation, and nursing evaluation. The sample size in this study was one case treated for three days. Data collection was conducted through interviews and observations, as well as documentation of actions taken for the patient. Benson relaxation was used as an additional intervention that became the main focus for analysis in relation to lowering blood sugar levels. After the data was collected, data analysis, problem analysis, and comparison of the nursing plan with the actions and evaluation results were conducted. The results of this analysis are described in the form of a case study report.

RESULTS AND DISCUSSION

Nursing Assessment

The results of the nursing assessment in this case study obtained data on Mrs. R, aged 65, a housewife with a high school education. The patient's main complaint was anxiety and worry about her health condition. Mrs. R complained of anxiety and restlessness caused by her declining health. The patient said she was confused about how to deal with her worries, which interfered with her daily activities. The patient said that she sometimes suddenly becomes lost in thought when she is in a quiet place and her health is declining.

The results of the physical examination conducted at Royal Prima General Hospital showed that Mrs. R was generally lethargic and weak, with a body temperature of 36oC at the time of examination. Mrs. R's blood pressure was 140/89 mmHg with a pulse rate of 115 beats per minute, respiration rate of 20 breaths per minute, and blood sugar level of 450 mg/dL. The musculoskeletal/extremity examination revealed edema in the patient's legs, and the patient reported having trouble sleeping.

Based on gender assessment, Mrs. R is female. Research conducted by Mildawati (2019) states that women are more at risk of developing diabetic peripheral neuropathy, at 60.4%, compared to men at 39.6%. This is supported by research conducted by Windasari (2020), which states that women are more at risk of suffering from neuropathy complications, namely 68.3%, while men are 31.7% (Mildawati, 2019).

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The results of this study are in line with research conducted by Yessy (2018), which states that the percentage of women with diabetes is 5.8%, while that of men is 5.1%. Various studies have found that women suffer from diabetes mellitus more than men. This is related to physical activity, where women have less physical activity than men, especially housewives (Yessy, 2018).

Based on the findings and journals, there is a correlation between gender and an increased risk of developing type II diabetes. Women tend to be at greater risk of developing diabetes due to a high body mass index and menstrual cycle syndrome, as well as menopause, which causes fat to accumulate easily, resulting in the inhibition of glucose transport into cells (Mildawati, 2018).

Nursing Diagnosis

According to the 2017 Indonesian Nursing Diagnosis Standards (SDKI), the diagnoses that emerged in the theoretical review were three in number, namely anxiety, blood sugar imbalance, and ineffective breathing patterns.

In the nursing diagnoses listed above based on theoretical review, one nursing diagnosis that does not appear in the case review is the nursing diagnosis of ineffective breathing pattern. The reason for this is that the assessment conducted on the patient did not reveal any subjective or objective data to support this diagnosis.

a. Anxiety due to lack of knowledge, difficulty sleeping, appearing tense, and appearing restless.
b. Blood glucose instability due to hyperglycemia, characterized by drowsiness, dizziness, fatigue/lethargy, high blood glucose levels, decreased consciousness, difficulty speaking, and sweating.

The three nursing diagnoses listed above are nursing diagnoses that can be established in a case review based on data supported by subjective and objective data obtained during the assessment of the patient. Referring to the Indonesian Nursing Diagnosis Standards (SDKI), the nursing diagnoses in the theoretical review discussed in Chapter 2 consist of three nursing diagnoses, which have been described above, and in the case review discussion, only two nursing diagnoses have similarities.

Nursing Intervention

The above interventions are based on nursing diagnoses established by the Indonesian Nursing Diagnosis Standards (SDKI). The interventions referred to include Anxiety Reduction and Hyperglycemia Management.

After Mrs. R received nursing intervention within 3 x 24 hours by creating a therapeutic atmosphere, accompanying the patient to reduce anxiety if possible, understanding the situation that caused anxiety, listening attentively, using a calm and reassuring approach, placing personal items that provide comfort, identifying situations that trigger anxiety, and discussing realistic plans for upcoming events, it is expected that anxiety will decrease with the following outcome criteria: decreased verbalization of confusion, decreased verbalization of worry due to the condition faced, decreased restless behavior, decreased tense behavior, decreased complaints of dizziness, decreased anorexia, decreased tremors, decreased paleness, improved sleep patterns, improved breathing frequency, improved pulse rate, improved blood pressure, improved eye contact, improved urination patterns, and improved orientation.

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After nursing interventions are carried out within 3x24 hours, blood sugar levels are expected to be within the normal range with improved coordination, increased consciousness, decreased drowsiness, decreased dizziness, decreased hunger, decreased thirst, and improved blood glucose levels by providing oral fluids and consulting with a doctor if signs and symptoms of hyperglycemia persist or worsen.

Nursing Implementation

The author performed nursing actions in accordance with the previously planned actions, which were carried out from July 7-9, 2023. Not all actions were performed by the author, because the author did not care for clients 24 hours a day. However, as a solution, the researcher delegated the action plan to the ward nurses and student nurses on duty in the ward, and subsequently conducted a documentation study of the nursing actions that had been carried out in accordance with the plan.

Evaluasi Keperawatan

The evaluation of the nursing care provided to patients from July 7-9, 2023 is summarized as follows:

1. Anxiety due to lack of knowledge, difficulty sleeping, appearing tense, and appearing restless. An evaluation conducted on the first day indicated that the patient still felt worried and anxious. On the second day, the patient said that after practicing Benson's relaxation techniques, their anxiety and worry had begun to subside slightly. On the third day, the patient said that their anxiety and worry had disappeared and they were enthusiastic about carrying out their normal activities.
2. Blood glucose instability due to hyperglycemia, causing drowsiness, dizziness, fatigue/lethargy, high blood glucose levels, decreased consciousness, difficulty speaking, and sweating. The evaluation conducted on the first day yielded the following results: The patient reported still feeling dizzy, blood glucose level: 450 mg/dl, level of consciousness: somnolent with a GCS score of 11. V:3 M:4 V:4. On the second day, the evaluation results showed that the patient reported decreased dizziness, blood glucose level: 200 mg/dl, level of consciousness: Compos Mentis, V:5 M:5 V:5 GCS: 11. Coordination improved, consciousness improved, drowsiness decreased, dizziness decreased, hunger decreased. Blood glucose levels improved. On the third day, the evaluation results began to improve, and blood glucose levels had improved.

CONCLUSION

The results of the evaluation showed anxiety due to a lack of knowledge, difficulty sleeping, appearing tense, and appearing restless. The evaluation conducted on the first day showed that the patient still felt worried and anxious. On the second day, the patient stated that after following Benson's relaxation techniques, their anxiety and worry had begun to decrease slightly, and on the third day, the patient stated that their anxiety and worry had disappeared and they were enthusiastic about carrying out their activities as usual. Blood glucose instability due to hyperglycemia caused drowsiness, dizziness, fatigue/lethargy, high blood glucose levels, decreased consciousness, difficulty speaking, and sweating. The evaluation conducted on the first day yielded the following results: The patient reported still feeling dizzy, blood glucose level: 450 mg/dl, level of consciousness: somnolent with a GCS score of 11. V:3 M:4

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V:4. On the second day, the evaluation results showed that the patient reported decreased dizziness, blood glucose level: 200 mg/dl, level of consciousness: Compos Mentis, V:5 M:5 V:5 GCS: 11. Coordination improved, consciousness improved, drowsiness decreased, dizziness decreased, hunger decreased. Blood glucose levels improved. On the third day, the evaluation results began to improve, and blood glucose levels had improved.

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