



The Effect of Positive Self-Talk on Anxiety Levels in Hypertensive Patients in the Limboto Health Center Area

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ABSTRACT

Hypertensive patients not only experience physical problems, but also psychological problems related to anxiety related to their illness. This anxiety is an independent risk factor that can worsen the condition of hypertensive patients. Pharmacological therapies such as psychopharmaceutical therapy and somatic therapy. The non-pharmacological therapies are deep breath relaxation therapy, distraction therapy, five-finger hypnosis therapy, murrotal Quran therapy, and positive self-talk therapy. Of these therapies, positive self-talk therapy is a therapy that is universal, easy to practice, and has a significant therapeutic effect in anxiety management in hypertensive patients. This study aims to determine the effect of positive-self-talk on the level of anxiety in hypertensive patients in the Limboto Health Center Area. The research design used in this study is a pseudo-experimental experiment or quasi-experimental non-equivalent control group design. The number of samples in this study was 36 respondents using purposive sampling.

The results of the study using the Paired Sample T-Test showed that there was a positive effect of self-talk on the level of anxiety in hypertensive patients before and after being given intervention in the experimental group and control group in the Limboto Health Center area with a p-value of 0.000 (< 0.05) in the experimental group and a p-value result (0.825 (> 0.05)) in the control group. It is hoped that this research can encourage hypertensive patients to be able to manage anxiety

INTRODUCTION

Hypertension is still a very serious health problem in the world, the impact of this hypertensive disease is felt in the short and long term, it is undeniable that hypertension can affect all age groups ranging from children, adolescents, adults, to the elderly (Dewati et al., 2023). According to data from the World Health Organization (2023), there are an estimated 1.28 billion adults aged 30-79 years worldwide who suffer from hypertension. Of these, most two-thirds come from low- and middle-income countries. Indonesia is currently included in the category of low-income countries, therefore hypertension is a big problem to be treated.

According to data from the Indonesian Health Survey (2023), there are two approaches to hypertension prevalence, namely based on doctor's diagnosis and measurement results, in the population aged > 15 years the incidence of hypertension in Indonesia according to doctor's diagnosis reaches 8.0% and hypertension based on measurement results is 29.2%. Meanwhile, in Gorontalo Province, a similar pattern shows according to doctors' diagnoses, hypertension prevalence reaches 8.2% and hypertension prevalence based on measurement results reaches 26.6%, with this figure Gorontalo Province ranks 25th.

Based on data from the Gorontalo Provincial Health Office screening (2025), the incidence of hypertension in May 2025 is 120,399 people and the diagnosis data of 21,249 people suffering from hypertension spread across the Gorontalo Province area. The first region that has the highest number of people in Gorontalo Regency based on screening data has 46,097 people and the most diagnostic results are 12,942 people, Bone Bolango Regency has 22,376 people and 3,271 diagnostic results, Gorontalo City has 20,952

people and diagnostic results 1,274 people, Boalemo Regency has 14,032 people and diagnostic results 1,698 people, North Gorontalo Regency has 9,299 people and diagnostic results 1,451 people, Pohuwato Regency 7,643 people and 613 diagnoses.

Meanwhile, based on data from the Gorontalo Regency Health Office (2024), the total number of people suffering from hypertension in Gorontalo Regency is 86,623 people, based on this number of 50,221 people who receive services and the most people suffering from hypertension in the Gorontalo Regency area are women. In 2025, the Limboto Health Center will be recorded as the region with the highest number of hypertension patients with a total of 6,908 patients.

Hypertensive patients not only experience physical problems, but also psychological problems related to anxiety related to their illness. This anxiety is an independent risk factor that can worsen the condition of hypertensive patients (Qiu et al., 2023), which is characterized by symptoms of feelings of anxiety, fatigue, concentration disorders, irritability, muscle tension, sleep disturbances as well as symptoms such as heart palpitations, shortness of breath, or excessive sweating. According to data from the World Health Organization (2023), anxiety disorders affect 301 million people worldwide. Anxiety makes the body react by releasing stress hormones such as epinephrine and norepinephrine, which can increase heart rate and constrict blood vessels (Muliyadi et al., 2023).

The alarming increase in hypertensive diseases in the world has led to many preventative measures. One of the effective preventive measures is to do regular physical activity and reduce salt intake. Salt intake is certainly related to a progressive increase in blood pressure with age, which causes an increase in the prevalence of hypertension (Rajab & Purwanto, 2023).

In addition to these physical factors, hypertensive patients are prone to feeling anxious due to the relatively long management of the disease and must be undergone for a lifetime (Leksono Tegar et al., 2024). This anxiety can activate the sympathetic nervous system in hypertensive patients, leading to an increase in heart rate, cardiac output, and peripheral vascular resistance. This sympathetic activation leads to an increase in blood pressure.

Anxiety in hypertensive patients can be recognized through psychological and physical signs and symptoms of several symptoms of anxiety that are physical, namely restlessness, aches, wrinkles in the eyelids, tense facial expressions, sweating, dry mouth, continuous urination, difficulty concentrating, frequent sweating hands, abdominal disorders, heart palpitations, congestion, in the throat. Furthermore, the symptoms are psychic: Fear, chaotic thoughts and feeling anxious (Salsa et al., 2025). If anxiety in hypertensive patients is not treated immediately, the impact will worsen health conditions such as cardiovascular complications such as stroke, heart attack, heart failure (Muliyadi et al., 2023). Therefore, it is very important that the treatment of hypertension is holistic to be able to manage both the physical and psychological conditions of the patient.

There are several types of management to overcome anxiety, namely pharmacological therapy and non-pharmacological therapy. Pharmacological therapies such as psychopharmaceutical therapy and somatic therapy. The non-pharmacological therapies are deep breath relaxation therapy, distraction therapy, five-finger hypnosis therapy, murrotal Quran therapy, and therapy Positive self-talk (Pragholapati et al., 2021). Of these therapies, Positive Self Talk It is a therapy that is universal, easy to practice, and has a significant therapeutic effect in anxiety management in hypertensive patients. Mechanism Positive Self Talk Therapy can help individuals to pay more attention to emotional regulation, increase motivation and form more effective coping strategies (W. K. Putri et al., 2024).

Therapy Positive Self Talk It is one of the psychological approaches that can reduce anxiety by the process of choosing positive emotions and applying them to self-perception and confidence. The goal is to form a new view in a better reality (Nisa' & Pranungsari, 2021). Previous research according to Irawan et al., (2023) with the title "Influence Positive Self Talk on the reduction of anxiety in hypertensive patients at the Babakan Sari Health Center, Bandung City" and research conducted by Nisa' & Pranungsari (2021) "Positive self-talk to reduce anxiety levels in the elderly with hypertension" suggests that the intervention Positive Self Talk It is effective in reducing anxiety symptoms, especially in hypertensive patients who experience anxiety.

Positive self talk therapy can make the mind more relaxed and patients can distract their anxiety by expressing positive words. When the body is in a relaxed state of eating, there will be a decrease in the hormone cortisol and adrenaline. In addition, there is an increase in the hormones endorphin and serotonin which has an effect on the patient's physiological response which is shown by the patient's feeling of being calmer (Kurniawaty et al., 2024).

Based on initial observations on July 25, 2025 at the Limboto Health Center, the researcher chose the Limboto Health Center as the research site because the Limboto Health Center serves the most hypertension patients in the Gorontalo Regency area. The high number of hypertension sufferers in this region is also in line with the high level of anxiety experienced by patients, so intervention Positive self-talk It is expected to be an effective strategy to help reduce anxiety in the group. Researchers conducted interviews with 10 hypertensive patients, 6 of whom experienced anxiety symptoms characterized by fear, feeling excessive anxiety and experiencing sleep disorders such as staying awake at night and sometimes when blood pressure checks were carried out patients felt palpitations, and experienced anxiety. When feeling anxious, the patient tends to sit

pensively, and breathe repeatedly, and sometimes the patient complains to his family. Meanwhile, the other 4 patients did not experience any symptoms of anxiety. These findings indicate a relationship between hypertension and the level of anxiety experienced by patients. In addition, hypertensive patients have never been taught intervention positive self-talk. Therefore, researchers are interested in conducting research on the influence of Positive self-talk to the level of anxiety in people with hypertension.

RESEARCH METHODS

This research has been carried out in the Limboto Health Center Area on October 6 – October 26, 2025. The type of quantitative research uses a quasi-experimental research design with a non-equivalent control group design. The sampling technique in this study used purposive sampling with a sample of 36 respondents. This research instrument uses the HARS (Hamilton Anxiety Rating Scale) questionnaire.

RESEARCH RESULTS

Univariate Analysis

Table 1. Characteristics of Respondents Based on Demographic Data

Yes	Age	Experimental Group		Groups Controls	
		N	%	N	%
1	17-25	1	6	0	0
2	26-35	1	6	3	17
3	36-45	2	11	0	0
4	46-55	5	28	4	22
5	56-65	8	44	6	33
6	>65	1	6	5	28
Total		18	100	18	100

Source : Primary Data 2025

Based on the table above, it was found that of the 18 respondents in the experimental group studied, 8 respondents (44%) were dominated by the age of 56-65. In addition, in the control group of 18 respondents studied, respondents were dominated by 6 respondents aged 56-55 (33%) and a small proportion in vulnerable age 26-35 years as many as 3 respondents (17%).

Table 2. Characteristics of Respondents by Gender

Yes	Gender	Experimental Group		Control Group	
		N	%	N	%
1	Women	16	89	16	89
2	Male	2	11	2	11
Total		18	100	18	100

Source : Primary Data 2025

Based on the table above, it was found that of the 18 respondents in the experimental group and 18 control groups studied, 16 respondents (89%) were dominated by female respondents.

Table 3. Characteristics of respondents by Last Education

Yes	Education	Groups Experiments		Groups Controls	
		N	%	N	%
1	SD	5	28	6	33
2	Junior High School	6	33	4	22
3	High School	4	22	7	39
4	S1	3	17	1	6
Total		18	100	18	100

Source : Primary Data 2025

Based on the table above, it can be seen that the average educational dominance possessed by respondents in the experimental group was mostly at the junior high school education level of 6 people (33%) and a small part in S1 education as many as 3 respondents (17%), and the average educational dominance possessed by respondents in the control group, namely high school as many as 7 people (39%) and a small part in S1 education as many as 1 respondent (6%). Overall, it can be concluded that the majority of respondents in this study have a secondary level of education (junior high and high school).

Table 4. Respondent Ratings Based on Occupation

Yes	Education	Groups Experiment s		Groups Controls	
		N	%	N	%
1	IRT	14	78	15	83
2	Retirees	1	6	3	17
3	Employees	2	11	0	0
4	Village Motorcycle Taxi Bentor	1	6	0	0
Total		18	100	18	100

Source : Primary Data, 2025

Based on the table above, it was found that of the 18 respondents in the experimental group studied, it was dominated by respondents with the highest number of IRTs as many as 14 respondents (78%) and a small part in motorcycle taxi jobs as many as 1 respondent (6%). In addition, in the control group, of the 18 respondents studied, 15 respondents (83%) were dominated by respondents with the highest number of IRTs, and a small number of respondents were retirees as many as 3 respondents (17%). Overall, most of the respondents involved in this study work as IRTs.

Table 5. Respondent Characteristics Based on Drug Consumption History

Yes	History Consumption Medication	Groups Experiment s		Groups Controls	
		N	%	N	%
1	Consumption Medication	12	67	11	61
2	No Medication Consumption	6	33	7	39
Total		18	100	18	100

Source : Primary Data, 2025

Based on the table above, it was found that of the 18 respondents in the experimental group studied, most of the respondents with a history of hypertension drug consumption were 12 respondents (67%). As for the control group consisting of 18 respondents studied, most respondents had a history of hypertension medication consumption as many as 11 respondents (61%).

Table 6. Characteristics of respondents based on Hypertension Duration

Yes	Education	Groups Experiment s		Groups Controls	
		N	%	N	%
1	<5 Years	11	58	7	39
2	5-10	7	37	10	56

3	years >10Years	1	5	1	6
Total		18	100	18	100

Source : Primary Data, 2025

Based on the table above, it was found that of the 18 respondents in the experimental group studied, most of the respondents who suffered from hypertension for less than 5 years were 11 respondents (58%) and a small number of respondents suffered from hypertension for a long time >10 years as many as 1 respondent (5%). As for the control group consisting of 18 respondents studied, most of the respondents who had suffered from hypertension for 5-10 years were 10 respondents (56%), and a small number of respondents had hypertension for a long time >10 years as many as 1 respondent (6%).

Table 7. Characteristics of Respondents Based on Hypertension Level

Yes	Hypertension Rate	Experimental Group				Control Group			
		Pretest	%	Post Test	%	Pretest	%	Post Test	%
1	Normal	0	0	6	33	0	0	0	0
2	Pre-Hypertension	2	11	7	39	4	22	3	17
3	Grade 1 hypertension	10	56	4	22	6	33	8	44
4	Grade 2 Hypertension	5	28	0	0	2	11	1	6
5	Grade 3 Hypertension	1	6	1	6	6	33	6	33
Total		18	100	18	100	18	100	18	100

Source : Primary Data, 2025

Based on the table above, it was obtained in an experimental group with a total of 18 respondents. It is known that at the time of the pretest, most of the respondents with grade 1 hypertension were 10 respondents (56%), and a small part was grade 3 hypertension as many as 1 respondent (6%), after being given intervention, most of the respondents were in the pre-hypertension category as many as 7 respondents (39%) and a small part was grade 3 hypertension as many as 1 respondent (6%) in addition to the control group obtained 18 respondents who were studied. At the time of the pretest, most of the respondents were in the category of Grade 1 and 3 hypertension as many as 6 respondents (33%) and a small number of 2 respondents were Grade 2 Hypertension (11%). Most of the respondents at the post-test were 8 respondents (44%), a small number of grade 2 hypertension levels were 1 respondent (6%).

Table 8. Distribution of Anxiety Levels in Hypertensive Patients Before Being Given Positive Self-Talk in Experimental and Control Groups

Yes	Anxiety Level	Experimental Group		Control Group	
		N	%	N	%
1	Not Anxious	0	0	0	0
2	Mild Anxiety	5	28	8	44
3	Moderate Anxiety	12	67	9	50
4	Severe Anxiety	1	6	1	6
5	Very Anxious	0	0	0	0
Total		18	100	18	100

Based on the table above from 18 respondents in the experimental group studied, it was found that the level of anxiety before being given intervention was mostly in the category of moderate anxiety, namely 12 respondents (67%) and a small part was in the category of severe anxiety as much as 1 respondent (6%).

Meanwhile, from the 18 control group respondents studied, it was found that the level of anxiety before the intervention was mostly in the category of moderate anxiety, namely 9 respondents (50%) and a small part, namely in the category of severe anxiety as much as 1 respondent (6%).

Table 9. Distribution of Anxiety Levels in Hypertensive Patients After Being Given Positive Self-Talk in the Experimental and Control Groups

Yes	Anxiety Level	Experimental Group		Control Group	
		N	%	N	%
1	Not Anxious	12	67	0	0
2	Mild Anxiety	4	22	8	44
3	Moderate Anxiety	2	11	7	50
4	Severe Anxiety	0	0	3	6
5	Very Anxious	0	0	0	0
Total		18	100	18	100

Source : Primary Data, 2024

Based on the table above from 18 respondents in the experimental group studied, it was found that the level of anxiety after being given the intervention increased, which can be proven that most of the respondents were in the non-anxious category, namely as many as 12 respondents (67%), and a small part in the moderate anxiety category as many as 2 respondents (11%). Meanwhile, of the 18 respondents in the control group studied, the level of anxiety was found to be in the category of mild anxiety as many as 8 respondents (44%) and a small part, namely in the severe anxiety group as many as 3 respondents (17%).

Bivariate Analysis

Table 10. Analysis of the Effect of Positive Self-Talk on Anxiety Level Before and After Being Given Positive Self-Talk in the Experimental Group and Control Group in the Limboto Health Center Area

Variable	Groups		N	Median	SD	Min-Max	p-value
Anxiety Level	Experiments	Before	18	23,22	3,45	18-31	0.000
		After	18	12,22	4,64	5-22	
		Differences		11,00			
	Controls	Before	18	21,66	4,02	14-28	0.825
		After	18	21,44	4,47	15-31	
		Differences		0,20			

Source : Primary Data, 2025

Based on the table above, the level of anxiety in hypertensive patients in the Limboto Health Center Area in the experimental group after being given positive self-talk increased with $p\text{-value} = 0.000$ which means that the change in score decreased significantly ($p\text{-value} < 0.05$). Meanwhile, in the control group, $p\text{-value} = 0.825$ was obtained, which means that in the control group there was no statistically significant change ($p\text{-value} > 0.05$).

DISCUSSION

Anxiety Level in Hypertensive Patients Before Being Given Positive Self-Talk Intervention for Experimental Groups and Control Groups in the Limboto Health Center Area

Based on the results of the study, the level of anxiety before the intervention was given Positive self-talk In the experimental group, most of them were in the category of moderate anxiety as many as 12 respondents (67%), mild anxiety as many as 5 respondents (28%), and a small proportion were severe anxiety 1 respondent (6%). As for the control group, most of them were moderately anxious as many as 9 respondents (50%), mild anxiety as many as 8 respondents (44%), severe anxiety as much as 1 respondent (6%). From this data, it can be seen that most of the experimental and control groups experienced moderate anxiety. According to Kurniawan et al., (2018) Anxiety is one of the psychological factors that affect hypertension, this shows that psychological conditions with anxiety can trigger increased organ and muscle work, including increased heart rate. This shows that in a hypertensive situation, it is important to handle it not only from a physiological but also psychological point of view. The reason is that a psychological condition full of anxiety can stimulate the

hypothalamus, which is responsible for regulating the sympathetic nervous system. This results in increased activity in organs and muscles, including an increase in heart rate due to the release of norepinephrine and epinephrine into the blood by the adrenal medulla (Irawan et al., 2023).

The high level of anxiety in people with hypertension is also related to the characteristics of the respondents, where in this study most of the female respondents in the experimental group were 16 respondents (89%) and 2 male respondents (11%) and in the control group as many as 16 respondents (89%) and 2 male respondents (11%). This is in line with research Sulistya et al., (2023) One of the reasons for this pattern is the hormonal difference between women and men. When women go through menopause, the amount of the hormone estrogen decreases, so the protective effect of this hormone on blood vessels disappears, which in turn causes blood pressure to become higher. The hormone estrogen works to increase the level of good cholesterol (HDL) which provides protection for the cardiovascular system. However, after menopause, women lose this protection, so they are more at risk of developing hypertension.

In terms of respondent characteristics based on work, most of the respondents in the experimental group who experienced hypertension were housewives as many as 14 respondents (78%) and in the control group as many as 15 respondents (83%). This research is in line with the research carried out by Idris & Sasongko, (2024), in addition to this this can be seen from her work as a housewife will increase the value of hypertension degrees, hypertensive patients who do daily work at home can certainly cause anxiety that can trigger an increase in blood pressure due to limited rest time and psychosocial stress can worsen anxiety conditions in hypertensive patients.

According to the anxiety assessment according to the results of the HARS questionnaire (Hamilton Anxiety Rating Scale), in the experimental group before being given the intervention Positive self-talk It can be seen that most of the respondents are in the category of moderate anxiety. This is characterized by a high score on several indicators of anxiety symptoms, the dominant aspect that appears is in the aspect of feeling anxious with symptom signs such as anxiety, tension with symptom signs such as muscle tension and fatigue and restlessness, the aspect of sleep disorders indicates difficulty sleeping and waking up often, the aspect of intelligence disorders indicates difficulty focusing, the aspect of somatic symptoms (muscles), Cardiovascular symptoms have signs and symptoms such as chest pain and palpitations, autonomic symptoms have signs and symptoms of dizziness and headaches, fibroids are easy to sweat.

This is in accordance with the theory Stuart, (2022), that moderate anxiety symptoms have a more selective range but can still do something more directed which is characterized by feelings of more anxiety, difficulty focusing, the occurrence of chest palpitations, and the occurrence of excessive sweating as well as the appearance of somatic symptoms and cardiovascular symptoms, namely chest pain. The findings of this study are strengthened by Arifuddin et al., (2022) It was found that most of the hypertension respondents were at a moderate level of anxiety, namely 22 respondents (71.0%).

Based on the results of the next study, the anxiety assessment was according to the results of the HARS questionnaire (Hamilton Anxiety Rating Scale), in the experimental group before being given the intervention Positive self-talk The second highest is in the category of mild anxiety. This is characterized by a high score of several indicators of anxiety symptoms, the dominant aspects that appear are in the aspect of feelings of anxiety with symptoms such as anxiety and fear of one's own thoughts, aspects of intelligence disorders with symptoms such as difficulty focusing, somatic aspects (sensory, respiratory aspects with symptoms such as frequent shortness of breath, shortness of breath, autonomic aspects with symptoms of red face, easy sweating, dizziness and headache.

This is in line with the theory Claire, (2022) Mild anxiety is natural in encouraging us to pay attention to the environment. Anxiety symptoms that arise when you are feeling mildly anxious, experiencing anxiety, and being irritable. The symptoms shown correspond to the characteristics of mild anxiety described by Clarie, thus reinforcing it. The findings of this study are strengthened by Sulistya et al., (2023) It was found that most of the second hypertension patients had a mild anxiety category as many as 43 people (31.9%).

In addition, the results of the anxiety assessment according to the HARS questionnaire (Hamilton Anxiety Rating Scale), in the experimental group before being given the intervention Positive self-talk It can be seen that a small number of respondents are in the category of severe anxiety. This is marked by the respondents' statements on the questionnaire of signs and symptoms, namely, the dominant aspect that appears is in the aspect of feeling anxious, sometimes easily offended and having a bad feeling and fear of one's own thoughts, the aspect of respiratory symptoms with symptomatic signs, namely shortness of breath, often shortness of breath, in addition to that in the aspect of sleep disorders which is characterized by difficulty sleeping by waking up at night and the symptom aspect (somatic muscles) has signs and symptoms such as red or pale face and the occurrence of muscle aches and pains, the autonomic aspect has signs of symptoms such as headaches and easy sweating.

Based on theory Ocean & Savitri, (2021), severe anxiety is a situation in which a person's vision becomes very limited, the ability to think and concentrate decreases drastically, and there is an increase in bodily reactions such as difficulty breathing, frequent shortness of breath, and rapid heartbeat, and frequent awakening at night. The findings of this study are strengthened by Putri et al., (2024) Frequency distribution

of anxiety levels before therapy Positive self-talk It was carried out showing severe anxiety, namely 10 respondents (11.1%).

As for the control group, according to the anxiety assessment according to the results of the HARS questionnaire (Hamilton Anxiety Rating Scale), researchers found that respondents were mostly in the category of moderate anxiety 9 respondents (50%). The results of the questionnaire showed that especially in the aspect of feelings of anxiety, symptoms that appeared feelings of anxiety and irritability, aspects of tension with symptom signs such as feeling tense and restless, aspects of intellectual disorders of symptoms such as difficulty concentrating, autonomic symptoms with symptoms such as dry mouth, easy sweating, respiratory symptom aspects such as frequent shortness of breath and shortness of breath, such as indigestion, feeling full and bloated. This is in accordance with the theory Yan, (2023) moderate anxiety is a condition in which the individual's perception is very narrow, the ability to think and concentrate decreases drastically, and there is an increase in physiological anxious reactions such as shortness of breath, frequent shortness of breath and the appearance of palpitations, frequent awakening at night and the occurrence of autonomic symptoms, namely dry mouth and easy cramping.

Based on the results of the next study, the anxiety assessment was according to the results of the HARS questionnaire (Hamilton Anxiety Rating Scale), in the second highest control group was in the category of mild anxiety with 8 respondents (44%). The results of the questionnaire showed that the dominant aspect appeared, the aspect of feeling anxious, symptoms of feeling anxious and irritable, fear of one's own thoughts appeared. Aspects of tension such as feeling tense, restless, such as aspects of intellectual disturbances, symptoms of difficulty concentrating.

This is in line with the theory Ningrum, (2023) Mild anxiety is a natural feeling of worry that individuals often experience in daily activities, which can increase focus and make a person more alert, but still be able to overcome the challenges faced. This moderate anxiety can encourage individuals to learn, produce development and innovation which is often shown by a calm and confident attitude, alert, able to pay attention to various things, a little impulsive, slightly tense muscles, aware of the surrounding environment, and can feel relaxed or a little anxious.

According to the anxiety assessment according to the results of the HARS questionnaire (Hamilton Anxiety Rating Scale), in a small number of respondents were in the category of severe anxiety as much as 1 respondent (6%). The results of the questionnaire showed that the dominant aspects appeared, the feeling of anxiety, the symptoms of feeling anxious and irritable, fear of one's own thoughts appeared, aspects of tension such as feeling tense, lethargy, not being able to rest, and crying easily, aspects of cardiovascular symptoms, symptoms that appeared, chest pain, palpitations, and respiratory symptoms, symptoms often pulling and feeling tight.

This is in line with the theory Purwanto, (2015) Severe anxiety is when you are experiencing severe anxiety can only focus on one specific detail. Symptoms of anxiety that arise during times of severe anxiety are heart palpitations, sleep disturbances, and feeling tight and tension.

Based on the results of the previous study and existing theories, the researcher assumes that before the intervention is given Positive self-talk The level of anxiety in hypertensive patients in the experimental group was at a relatively high level compared to the control group. This can be seen from the proportion of moderate anxiety. People with hypertension still have difficulty controlling their feelings of anxiety, and tend to do Negative Self-Talk.

Anxiety Level in Hypertensive Patients After Being Given Positive Self-Talk Intervention for Experimental Groups and Control Groups in the Limboto Health Center Area.

Based on the results of the study, the level of anxiety after being given a positive self-talk intervention. In the experimental group, most of them were in the category of not anxious as many as 12 respondents (67%), mild anxiety as many as 4 respondents (22%), and a small proportion of severe anxiety 1 respondent (6%). As for the control group, most of the respondents were mildly anxious (44%), moderate anxiety as many as 7 respondents (39%), severe anxiety as many as 3 respondents (17%).

After the intervention Positive self-talk Given in the experimental group, there was a significant decrease in anxiety levels. This decline can be explained through the mechanism of work Positive Self-Talk according to SPO, namely changing negative mindsets to be more positive, negative thoughts that arise cause threat perception. In addition to the cognitive changes that occur in people with hypertension, Positive Self-Talk It also has an impact on physiological responses. Positive verbal expressions that are structured help to lower muscle tension, slow down breathing, lower heart rate, reduce palpitations. Stable physiological activation makes the body in a relaxed state, so that the symptoms of anxiety will decrease. This is in line with the research of Nisa' & Pranungsari, (2021) found that Positive self-talk It is able to reduce anxiety in people with hypertension.

In contrast, in the control group that was not given intervention Positive self-talk The results of the research in this study tend to be the same, and there is even an increase. Respondents in the control group maintained a negative mindset towards the hypertension experienced, so anxiety symptoms were still felt.

Without interventions that can help change mindsets, respondents in the control group are more vulnerable.

In addition to the self-talk intervention given to the respondents, some respondents underwent antihypertensive treatment as a routine pharmacological therapy, most of the participants in the experimental group were 12 respondents (67%) who took anti-hypertensive drugs and in the control group as many as 11 respondents (61%) who took anti-hypertensive drugs. Consumption of the drug supports the health condition of the respondents, but does not reduce the effectiveness of the intervention Positive self-talk. Although the specific literature on combinations Self-talk and drug therapy is still limited. There are supporting research results from the research of Galanis & Hatzigeorgiadis, (2020) confirming that the use of Positive self-talk Can control emotional responses, and can stabilize psychological states when individuals face anxiety. Although some of the respondents took hypertension medications, this positive self-talk intervention was still effective because it worked on a psychological component that pharmacological therapy could not reach, meaning that the medication could stabilize the physical condition of the respondents, while Positive self-talk plays a role in reducing anxiety through strengthening positive words so that the two complement each other optimally.

Based on the characteristics of respondents based on education, in this study it was found that in the experimental group, most of which were at the junior high school education level as many as 6 people (33%), and in the control group there were 7 respondents (39%) at the high school education level. The results of this study are in line with research by Najuha & Suwanti, (2025) with the title Anxiety in the Elderly with Hypertension in the Tuntang Health Center Area, stating that education is very influential in overcoming anxiety, secondary education tends to be easier to understand health information, the more knowledge, the more knowledge, it can be interpreted that respondents can manage emotions well.

According to the anxiety assessment, the anxiety assessment is in accordance with the results of the HARS questionnaire (Hamilton Anxiety Rating Scale), in the experimental group after being given the intervention Positive self-talk It can be seen that most of the respondents are in the category of not anxious. This is characterized by an aspect of feeling anxious indicating that the respondent is no longer experiencing anxiety. In the aspect of tension, it indicates that the respondent is able to manage physical tension. Meanwhile, the aspect of sleep disorders indicates that they no longer experience significant sleep difficulties, the aspect of intelligence disorders indicates that the respondent can control the mind and is not easily distracted, the aspect of somatic symptoms (muscle) indicates that the respondent does not feel muscle pain and somatic (sensory) symptoms indicate that the respondent still has mild symptoms such as ringing in the ears. Overall indicates that the intervention Positive self-talk effective in reducing anxiety in hypertensive patients.

According to Stuart's theory, (2022) not being anxious is one of the fourteen basic human needs that must be met by individuals in order to achieve psychological and physical well-being. When individuals can manage anxiety well, physiological and emotional functions can run optimally. This study is in line with the research of Irawan et al., (2023) that after being given an intervention Positive self-talk showed that most of the respondents were in the normal category with a total of 16 respondents (64.0%).

Based on the results of the next assessment, the level of anxiety according to the results of the HARS questionnaire (Hamilton Anxiety Rating Scale), researchers found in the experimental group after being given an intervention Positive self-talk It can be seen that the second level is in the category of mild anxiety. This is characterized by the aspect of feeling anxious is marked by a decrease in feelings of anxiety, the aspect of impaired intelligence indicates that the respondent can concentrate well, the somatic (sensory) aspect indicates that the respondent no longer feels muscle pain, the respiratory aspect indicates that the symptoms often take a breath and shortness of breath no longer appears, the autonomic aspect with a reduction in red face symptoms, easy sweating, dizziness and headache.

According to Videbeck's theory, (2020), that symptoms of mild anxiety and tension in daily life cause people to become more alert, resulting in mild disturbing symptoms, easy distractions, feelings of unease, somatic symptoms such as headaches and dizziness. This is in line with the findings of the research of Irawan et al., (2023) that after being given an intervention Positive self-talk showed 7 respondents with mild anxiety.

In addition, the anxiety assessment according to the results of the HARS questionnaire (Hamilton Anxiety Rating Scale) in the experimental group after being given the intervention Positive self-talk It can be seen that a small number of respondents are in the category of moderate anxiety. This is characterized by the aspect of feeling of anxiety where there is an aspect of feeling anxious that still appears even though the intensity is reduced, the aspect of sleep disorders indicates that the respondent still has difficulty sleeping and often wakes up at night, the aspect of intelligence disorders indicates that the respondent still experiences concentration disorders, the somatic (sensory) aspect indicates that the respondent still feels discomfort in the body, the respiratory aspect indicates that the symptoms often take in the breath and shortness of breath begins to decrease but not completely, the autonomic aspect is vulnerable with reduced symptoms of red face, easy sweating, dizziness and headaches still appear with moderate intensity.

This is in accordance with the theory of Azizah et al., (2016) moderate anxiety is a state in which a person's vision becomes very limited, the ability to think and concentrate is significantly reduced. There is also an increase in physiological anxiety reactions such as shortness of breath, frequent shortness of breath and the appearance of somatic aspects such as headaches, heart palpitations, frequent awakening at night. The

symptoms shown are in accordance with the characteristics of moderate anxiety described by Azizah, thus reinforcing it.

As for the control group, according to the anxiety assessment according to the results of the HARS questionnaire (Hamilton Anxiety Rating Scale), the researchers found that respondents were mostly in the mild anxiety category of 8 respondents (44%). The results of the questionnaire showed that especially in the aspect of feeling anxious and symptoms that arise feelings of anxiety and fear of one's own thoughts, the aspect of the respondent's intelligence disorder still experiences difficulty concentrating and the somatic aspect experiences physical symptoms such as blurred vision, red face is still experienced. Based on the theory of Carolyn, (2023), that mild anxiety symptoms of tension in daily life cause people to be more vigilant, so that symptoms of mild anxiety, easy distraction, feelings of unease, somatic symptoms such as headaches and dizziness occur.

Based on the subsequent assessment according to the results of the HARS questionnaire (Hamilton Anxiety Rating Scale), researchers found the second highest respondent in the category of moderate anxiety 7 respondents (39%). The results of the questionnaire showed that especially in the aspect of feeling anxious and symptoms that appeared feelings of anxiety and fear of one's own thoughts, the aspect of the respondent's intelligence disorder still experienced difficulty in concentration and the somatic aspect of the respondent still experienced physical symptoms such as blurred vision, red face was still experienced.

This is in accordance with the theory of Tukatman et al., (2023), moderate anxiety is that at this level, a person's perception of the surrounding environment decreases. In individuals who experience moderate anxiety, a sense of tension and discomfort appears. Individuals tend to focus on the things that are considered important and ignore the other things. There is also an increase in physiological anxiety reactions such as shortness of breath, frequent shortness of breath and the appearance of somatic aspects such as headaches, heart palpitations, frequent awakening at night.

Based on the anxiety assessment according to the results of the HARS questionnaire (Hamilton Anxiety Rating Scale), researchers found that respondents were only a small percentage in the category of severe anxiety as many as 3 respondents (17%). The results of the questionnaire showed that especially in the aspect of feelings of anxiety, symptoms that appeared, excessive feelings of anxiety and fear of one's own thoughts were still felt, the aspect of intelligence disorders still experienced difficulty in concentration and the somatic aspect by indicating that the respondents were still experiencing physical symptoms such as blurred vision, red faces. This condition marks that without the administration of therapy Positive self-talk, the patient's anxiety levels tend to be the same or some increase occurs. Hypertensive patients who are not given intervention tend to maintain negative mindsets that can lead to anxiety and tension. This is in accordance with the theory of Puchkors et al., (2024) severe anxiety is when experiencing severe anxiety can only focus on one specific detail. Symptoms of anxiety that arise during times of severe anxiety are heart palpitations, sleep disturbances, and feeling tight and tension.

Based on the results of the study, previous research and existing theories, the researcher assumes that after being given an intervention positive self-talk, Anxiety levels in the experimental group decreased significantly compared to the control group. Respondents in the experimental group were able to manage anxious thoughts, and were able to reduce negative self-talk, increasing the perception of self-control. And can deal with physical symptoms of anxiety such as rapid breathing, tension and can respond to anxiety in a more adaptive way. Meanwhile, in the control group that did not receive the intervention, small changes persisted due to the influence of the family support environment, but the changes were not as strong or directed as those experienced by the experimental group that received the intervention Positive self-talk systematically.

The Effect of Positive Self-Talk on Anxiety Levels in Hypertensive Patients in the Limboto Health Center Area

Based on the results of the research, the sig (2 tailed) in the experimental group, a Paired T test was carried out (Paired Sample T-Test) with a value p-value $0.000 (< 0.05)$ then it can be concluded that H_0 is rejected and H_a is accepted or there is a significant influence on anxiety levels before and after the intervention positive self-talk. This shows that the intervention Positive self-talk successfully reduced anxiety symptoms and was able to manage their emotions better in the experimental group. In the control group, the same data analysis was carried out using the Paired T test (Paired Sample T-Test) which gets an Asym value. Sig.2 Tailed) $0.825 (> 0.05)$ then it can be concluded that H_0 is accepted and H_a is rejected or there is no significant effect before and after in the control group.

Based on the results of the previous study, it was found that the provision of positive self-talk interventions in hypertensive patients who experience anxiety can affect the reduction of anxiety levels. This is in accordance with the research of Putri et al., (2024) that the results of the Wilcoxon Signed Ranks Test obtained a p value of $p < 0.05$, so it can be concluded that the hypothesis is accepted, meaning that there is an effect of self-talk therapy on anxiety in hypertensive patients in Banyuraden District, Gamping, Sleman.

The level of anxiety experienced by the participants in the study of Irawan et al., (2023) varied from mild anxiety to moderate anxiety. In its implementation, participants showed progress so that anxiety levels decreased. Furthermore, the results of the research conducted by Irawan et al., (2023) can be concluded that the

value of Asymp. Sig. 2-tailed $p = <0.001$ (<0.05) then H_0 is rejected and H_a is accepted which means Positive Self Talk therapy affects anxiety in hypertensive patients at the Babakan Sari Health Center, Bandung City.

In addition, based on research conducted by Nisa' & Pranungsari, (2021), participants showed a significant decrease in anxiety levels before and after the intervention Positive Self Talk, as evidenced by Wilcoxon's calculations Signed Rank Test, it is known that the value of $Z = -2.536$ with a significance of $p = 0.011$ ($p < 0.05$). This means that there is a significant influence between the level of anxiety experienced by participants before and after the intervention process. The anxiety experienced by the participants was in the moderate category after being given the intervention. Individuals who are able to do Positive self-talk will bring out positive emotions, so that they are able to build their own enthusiasm to achieve the desired change.

Based on the results of the study, the change in anxiety levels between individuals is influenced by differences in the ability of each individual to apply Positive self-talk consistently. Each individual has a level of acceptance, as well as experience in managing anxiety, so responses in respondents vary widely.

In this study, the researcher focused on providing interventions Positive self-talk, which researchers say can address anxiety in people with hypertension. Intervention Positive Self Talk done 2 times. Each intervention contains activities to introduce the concept of positive thinking, practice turning negative thoughts into constructive positive sentences, and validate feelings after doing self-talk. According to the researcher's assumption that the level of anxiety in people with hypertension must be treated. Because, when anxiety cannot be managed properly, it will worsen the condition of blood pressure. With treatment, people with hypertension can control their emotions, and it is not easy to experience anxiety about their health condition.

CONCLUSION

Before the positive self-talk intervention was carried out, there were 18 experimental groups and 18 control groups in the experimental group, most of them were in the moderate anxiety category, both in the intervention group and in the control group.

After the positive self-talk intervention, there were 18 experimental groups and 18 control groups in the experimental group, most of whom were in the non-anxiety category. Meanwhile, in the control group, anxiety levels tended to remain in mild to severe anxiety.

There was an effect of anxiety levels before and after positive self-talk interventions were given in the experimental group and control groups in the Limboto Health Center Area.

ADVICE

On behalf of the Puskesmas

It is hoped that this research will be a source of information in improving health services for hypertensive patients who experience anxiety with positive self-talk therapy. In addition, positive self-talk therapy can be integrated as a non-pharmacological intervention in the educational activities of the hypertension disease management program so that patients are better able to manage anxiety independently.

For Respondents

It is expected that the respondents will carry out positive self-talk therapy continuously in their daily lives so that it can help to manage emotions, reduce anxiety levels, and improve negative mindsets in dealing with their health conditions.

For the next researcher

It is recommended to conduct follow-up research conducting research in a larger number of samples. Researchers can also add other variables, such as quality of life, to expand understanding of the effect of positive self-talk on the physiological aspects of hypertension patients.

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