

## “BRASH Therapy” on Quality of Life Among Nursing Home Residents: A Pre-Experimental Study

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### ARTICLE INFO

**Manuscript Received:** 16 Nov, 2025

**Revised:** 23 Feb, 2026

**Accepted:** 14 Mar, 2026

**Date of Publication:** 06 May, 2026

**Volume:** 9

**Issue:** 5

**DOI:** [10.56338/mppki.v9i5.9208](https://doi.org/10.56338/mppki.v9i5.9208)

### KEYWORDS

Aged;  
Complementary;  
Quality of Life

### ABSTRACT

**Introduction:** Elderly residing in nursing homes are susceptible to health issues, which can significantly impact their quality of life. This study aims to evaluate the effect of “BRASH Therapy” (Benson Relaxation, Affirmation, Butterfly Hug, and Self-Healing Touch Therapy) on the quality of life of the elderly.

**Methods:** A quantitative approach employing a pre-experimental pre and post-test design was utilized in this study. The sample consisted of 65 participants selected through purposive sampling technique. The inclusion criteria are able to communicate in Indonesian, able to stand, and had no injuries to the upper and lower extremities. Meanwhile, the exclusion criteria set were elderly people with mental and cognitive disorders, as well as chronic mobility disorders. The intervention provided was “BRASH Therapy” administered over five sessions, each lasting fifteen minutes. The quality of life of the elderly was measured pre and post the completion of all intervention sessions. The instrument used for this measurement was the WHOQOL-BRIEF, which has been validated and is reliable. Due to the data not being normally distributed, the Wilcoxon test was used for processing. This research has been declared ethically receivable with evidence of passing ethical review with Ethical Approval Number 283/EA/KEPK-BUB-2024.

**Results:** The majority of the respondents in this study were female (78,5%), with an average age of 74,3 years. The findings revealed median quality-of-life scores increased from 48,5 (IQR = 20,25-76,75) at baseline to 70,5 (IQR =20,25-80,50) post-intervention. The bivariate test indicated a statistically significant result ( $Z = -6,758$ ,  $p < 0,001$ ). The calculated effect size was very large ( $r = 0,84$ , 95% CI: 0,74–0,90), indicating substantial practical significance. Thus, participation in “BRASH Therapy” showed statistically significant improvement of quality of life among elderly residing in nursing homes.

**Conclusion:** The findings can serve as a basis for considering complementary interventions aimed at improving the quality of life of elderly residing in nursing homes.

**Publisher:** Fakultas Kesehatan Masyarakat Universitas Muhammadiyah Palu

## INTRODUCTION

The elderly population continues to experience a significant increase both globally and in Indonesia. According to the 2023 report from the Central Statistics Agency, the number of elderly people in Indonesia reached 11,75%, with an increase of 1,27% compared to the previous year. The province with the highest percentage of elderly residents is Yogyakarta, standing at 16,02% (1). The increase in the elderly population presents unique challenges in efforts to maintain and enhance their quality of life. The decline in physical and mental conditions that accompanies aging often leads to the decrease of quality of life, which can impact the overall well-being of the elderly.

Several previous studies have stated that the quality of life of the elderly is affected by their living environment. The findings of the previous study stated that there was a difference of the quality of life of the elderly living in institutions and with family significantly (2). A higher average quality of life is achieved by the elderly who live with their families compared to the elderly who live in nursing homes. This data is supported by previous research which produced descriptive data that Indonesian elderly who live in the community mostly have a good quality of life (53,3%) (3). Another study also mentioned that compared to the elderly living at home, the elderly in nursing homes reported higher depression and anxiety, and also lower self-esteem (4). Previous research consistently shows that elderly living with their families report higher quality of life compared to those residing in nursing homes, where lower self-esteem and higher levels of anxiety and depression are more commonly observed. However, these differences likely reflect not only the residential setting itself but also the broader psychosocial support, autonomy, and cultural values embedded within family environments.

Elderly living in social care facilities experience a lack of family warmth, feeling neglected and lonely, and feeling unappreciated. This situation results in their assessment of their quality of life being lower. In contrast, elderly people living at home with their families feel more valued, loved, and receive attention and support directly from those closest to them. This naturally improves their well-being, ultimately resulting in a better quality of life for elderly people living at home compared to those living in social care facilities (5). Another study also explained that the view and acceptance of elderly who living in nursing homes is something that is not normal because it is considered not in line with cultural norms regarding the responsibility to respect and care for the elderly, and has a negative impact on the physical or physiological health conditions of the elderly (6).

Poor quality of life has implications for the health status of the elderly, one of which is psychological. The Indonesian Health Survey in 2023 which states that the second highest prevalence of depression is in the age group 75 years and over, which is 1,9%. In addition, the highest prevalence of mental health problems leading to suicidal ideation was in the same age group, at 3,1% (7). In addition, based on the preliminary studies result that have been conducted at Abiyoso Nursing Homes, Yogyakarta, it was found that the elderly who experienced psychological disorders were 19% and experienced a low quality of life of 59%. This data indicates that the psychological and mental conditions of the elderly require intervention from health workers.

The risk that can occur if the elderly's quality of life continues to decline is the increasing tendency of suicide. Previous study stated that psychological factors mediate suicidal ideation in the elderly (8). In addition, another study also mentioned that depression and physical illness contribute greatly to the risk of suicide in elderly people (9). Therefore, it is important for health workers to improve the elderly's quality of life, especially in the psychological health element.

Mental health issues have not been the focus of health services in the elderly. This is indicated by the elderly Posyandu (Integrated Health Post) service still focusing on physical problems (10). Interventions other than physical examinations mostly only touch on the physical health of the elderly, such as elderly gymnastics and other physical activities. So, other interventions are needed that can affect the psychological aspects of the elderly.

The intervention offered in this study was "BRASH Therapy" (Benson Relaxation, Affirmation, Butterfly Hug, and Self-Healing Touch Therapy). This intervention was chosen based on previous research data indicating three strategies for improving quality of life: physical health, social well-being, and spiritual well-being (11). Accordingly, "BRASH Therapy" represents a theoretically integrated intervention model rather than an additive compilation of techniques, aligning its multidomain structure with the multidimensional construct of quality of life. Benson Relaxation targets autonomic regulation through parasympathetic activation, potentially reducing physiological stress responses. Affirmation techniques address cognitive-emotional processes by reinforcing adaptive self-perception and psychological resilience. The Butterfly Hug introduces bilateral self-soothing stimulation that

may facilitate emotional stabilization, while self-healing touch enhances bodily awareness and perceived safety through gentle tactile engagement.

Previous study stated that benson relaxation can significantly improve the elderly’s quality of life living in nursing homes (12). Another study also mentioned that positive affirmation therapy can significantly reduce the level of helplessness (13). In addition, the butterfly hug intervention is also said to reduce the anxiety and depression levels of the elderly (14). Another study also mentioned that healing touch can significantly improve the quality of sleep of the elderly (15). So, these four interventions can work together in improving the quality of life of the elderly.

Based on this phenomenon, the author is interested in examining the effectiveness of “BRASH Therapy” (Benson Relaxation, Affirmation, Butterfly Hug and Self-Healing Touch Therapy) on the quality of life of the elderly. The purpose of this study was to determine the effect of “BRASH Therapy” (Benson Relaxation, Affirmation, Butterfly Hug and Self-Healing Touch Therapy) on the elderly’s quality of life.

## **METHOD**

### **Research Type**

A quantitative approach with a pre-experimental pre-posttest design was used in this study. Data were collected at Abiyoso nursing home, Yogyakarta for two months. This research is guided by The Transparent Reporting of Evaluations with Nonrandomized Designs (TREND) statement to strengthen quality and transparency (16).

### **Population and Participants**

The population in this study were all elderly living in Abiyoso nursing home in 2024. The estimated population size obtained based on preliminary studies is 78 people. Purposive sampling was chosen as a sampling technique with inclusion criteria being the elderly who were able to communicate in Indonesian, able to stand, and had no injuries to the upper and lower extremities. Meanwhile, the exclusion criteria set were elderly people with mental and cognitive disorders, as well as chronic mobility disorders. The sample size in this study was calculated using the Slovin’s formula with the final result obtained as many as 65 people.

### **Research Location**

Data were collected at Abiyoso nursing home, Yogyakarta. This province has the largest elderly population structure in Indonesia.

### **Instrumentation or Tools**

Data were collected using the WHOQOL-BREF instrument developed by the World Health Organization (WHO). This instrument is a shorter version of the WHOQOL-100 and consists of 26 items assessing four domains of quality of life: psychological health, physical health, social relationships, and environment. Domain scores were calculated according to the WHO scoring guidelines. Negatively phrased items were reverse-coded prior to analysis. Raw domain scores were computed by averaging item responses within each domain and subsequently transformed into standardized 0–100 scales to enhance comparability, each item is rated using a Likert scale of 1–5, where higher scores indicate better quality of life. The WHOQOL-BREF measuring instrument is a valid ( $r > 0,361$ ) and reliable ( $\alpha = 0,930, >0,600$ ) measuring instrument in Indonesia (17). Although WHOQOL-BREF is primarily interpreted at the domain level, an overall composite score was calculated to provide a general indicator of quality of life for intervention comparison purposes.

### **Data Collection Procedures**

The “BRASH Therapy” intervention was given five sessions for each respondent, with a duration of fifteen minutes per session. The intervention was conducted in groups, with 10-11 members per group. Each group has an intervention schedule every week on the same day (the distance between sessions is seven days). The intervention was delivered by two registered nurses with prior experience in geriatric psychosocial care. Prior to study implementation, facilitators underwent a structured training session to ensure uniform understanding of intervention

procedures, session flow, and participant engagement techniques. A preparatory coordination meeting was conducted to standardize delivery procedures and clarify session protocols prior to intervention implementation.

A standardized intervention manual was developed outlining session objectives, duration, activity sequence, instructional scripts, and materials required for each component. This manual served as a reference to minimize inter-session variability. Each component followed a predetermined structure with fixed duration and standardized instructions to maintain consistency across sessions. The following is a table explaining the activities in the intervention.

**Table 1.** The Steps of “BRASH Therapy”

No.	Activities
1	Introduction of the research team and the elderly.
2	Sit in a comfortable position while catching breath with the Benson relaxation technique and closing eyes.
3	Relax the muscles from head to toe by continuously chanting prayers and positive words in your heart.
4	Stay focused and catch your breath while listening to the devotional lines.
5	Open eyes and sit in an upright position.
6	Place both hands on the waist while catching your breath.
7	Place both palms on the abdomen while rubbing the abdomen.
8	Place the right hand on the upper abdomen and the left hand on the lower abdomen, as if holding a ball, while regulating the breathing.
9	Hold both wrists in a crossed-arm position.
10	Holding both upper arms with the hands crossed.
11	Close eyes and cross your arms over your shoulders like hugging yourself.
12	Take 3 deep breaths while imagining something pleasant.
13	Gently pat the shoulder (butterfly hug) while giving positive affirmations until it feels calm and comfortable.
14	Breathe in again and then open the eyes slowly.

### Data Analysis

Univariate tests were conducted to explore data on frequency distribution, mean, and percentage of variables, namely gender, age, and mean quality of life score. In addition, the bivariate test chosen was the Wilcoxon sign rank test because it was paired data that was not normally distributed after all variables were tested with the Kolmogorov-Smirnov Test ( $p$  value  $<0,05$ ). The degree of error ( $\alpha$ ) set in this study is 0,05.

### Ethical Approval

This study used informed consent and guaranteed respondents from the negative risks of the intervention provided. Researchers also guarantee the confidentiality aspect of research data. This research has been declared ethically receivable with evidence of passing ethical review with Ethical Approval Number 283/EA/KEPK-BUB-2024 Date 30 July 2024.

## RESULTS

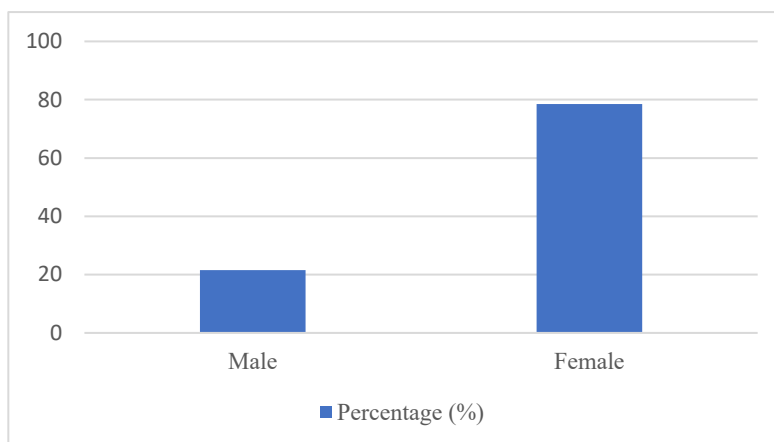
### Characteristic of Respondents

Table 2 and table 3 display data on respondents' characteristics, namely gender, age, and quality of life. In addition, Figures 1 and 2 clearly visualize the univariate picture of the variables studied. Based on the data from table 2, it can be concluded that the majority of respondents are female.

**Table 2.** Distribution of Gender (n=65)

Gender	Frequency	Percentage (%)
Male	14	21,5
Female	51	78,5
<b>Total</b>	<b>65</b>	<b>100</b>

Figure 1 clearly visualizes the percentage distribution of gender in this study.



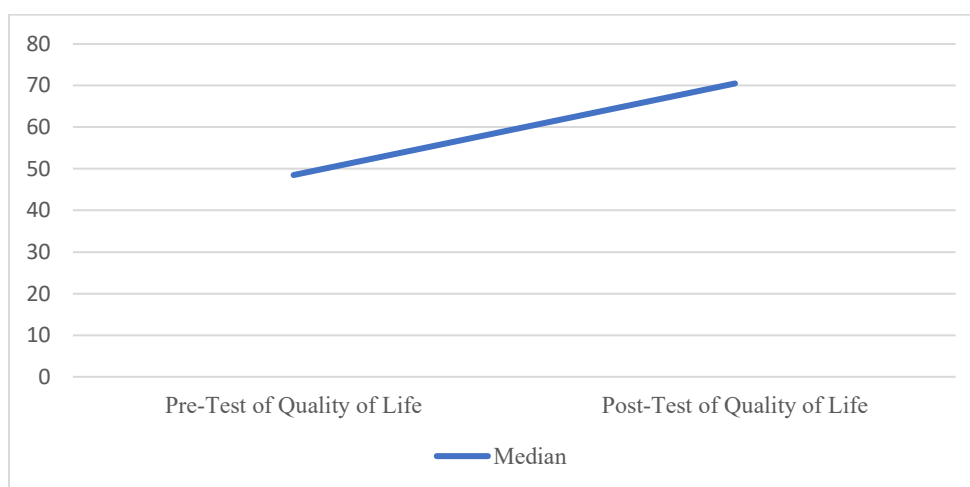
**Figure 1.** Distribution of Gender (n=65)

Table 3 explains that the mean age of respondents is 74,83 years old. In addition, median quality-of-life scores increased from 48,5 (IQR = 20,25-76,75) at baseline to 70,5 (IQR =20,25-80,50) post-intervention.

**Table 3.** Distribution of Age and Quality of Life (n=65)

Variable	Mean	Median	Interquartile Range
Age	74,83	74	60-99
Pre-Test of Quality of Life	49,23	48,5	20,25-76,75
Post-Test of Quality of Life	60,45	70,5	20,25-80,50

Figure 2 clearly visualizes the comparison of the mean and median scores of quality of life between before and after the intervention, which shows an improvement.



**Figure 2.** Differences in Median of Quality of Life between Pre and Post Intervention (n=65)

### The Effect of "BRASH" Therapy on Elderly's Quality of Life

Table 4 shown the results of differences in the quality of life of the elderly between before and after being given "BRASH Therapy". The findings illustrated the mean quality of life score increased from 49,23 at baseline to 60,45 post-test This improvement was statistically significant ( $p = 0,0001$ ). A post hoc power analysis was conducted based on the observed Wilcoxon signed-rank test statistic ( $Z = -6,758$ ). The calculated effect size was  $r = 0,84$ , indicating a very large intervention effect. The achieved statistical power exceeded 0,99, demonstrating excellent sensitivity to detect the observed effect with a total sample of 65 participants and  $\alpha = 0,05$ .

**Table 4.** Difference in Quality of Life between Before and After "BRASH Therapy" (n=65)

Variable	Z	Post Hoc Power	r	p value
Quality of Life	-6,758	0,99	0,84	0,0001*

\*p value < 0,005

### DISCUSSION

"BRASH Therapy" was associated with a significant increase in quality of life scores among older adults residing in nursing homes. The WHOQOL-BREF instrument was used in this study. The use of standardized 0–100 domain scores enhances comparability with previous WHOQOL-BREF research. In addition, the sample calculation in this study uses Slovin's formula. Although Slovin's formula was used for initial sample size estimation, the post hoc analysis confirmed that the achieved sample size provided more than adequate statistical power. The very large observed effect size ( $r = 0,84$ ) strengthens interpretive confidence and reduces concerns regarding Type II error. Building upon these methodological strengths and statistical findings, it is essential to further elucidate how the integrated components of "BRASH Therapy" collectively contribute to multidimensional improvements in the elderly's quality of life.

The interventions obtained by respondents were a combination of Benson Relaxation, Affirmation, Butterfly Hug and Self-Healing Touch Therapy. These four interventions work together to improve the quality of life of the elderly, by affecting the physical, psychological, social and spiritual aspects of the elderly. Some previous studies have suggested that Benson relaxation has an effect on several aspects, such as physical and psychological. The previous study mentioned that Benson relaxation is able to reduce pain intensity, increase perception and confidence in coping with pain, and increase acceptance of the current condition (18). In addition, other study also mentioned that this intervention can affect sleep quality as well as psychological stress of the elderly (19). Another study mentioned that this intervention can affect children with irritable bowel syndrome's quality of life (20).

Benson's relaxation technique has been theorized to modulate neurophysiological pathways, including calcium signaling and neurotransmitter regulation. These processes may plausibly influence dopaminergic and cholinergic activity, which are implicated in mood, cognition, and overall neuronal function. However, as neurobiological markers were not assessed in the present study, such mechanisms should be interpreted as theoretically grounded propositions rather than empirically established causal pathways (12). Thus, this intervention contributes to both physical and psychological health.

Another intervention that synergised in this study was affirmation therapy. Several previous studies have suggested that this intervention can affect psychological and spiritual aspects. The previous study mentioned that positive affirmation therapy significantly affects the quality of life of patients who experience low self-esteem (21). In addition, other study also mentioned that someone who does self-affirmation tends to be more open to information about health risks, cooperative, so it is easier to internalise information which has implications for behaviour change towards a healthier lifestyle (22). Another study stated that audio affirmations can affect a person's self-esteem. This intervention works through the subconscious mind with the mediation of the Reticular Activating System (RAS). Audio affirmations are listened to when the brainwaves are in the theta state, so that the input of positive words is more optimal to the subconscious (23).

Butterfly hug is also one of the interventions provided in this study. The previous study mentioned that this intervention had a significant impact on the level of depression of the elderly (14). In addition, other study also mentioned that this intervention can reduce the anxiety level of nursing students who live separately from their parents (24). Another study mentioned that this intervention is effective for increasing self-acceptance as a form of effort to

increase spirit and enthusiasm. Butterfly hug, which is done by hugging oneself, is able to increase spirit by influencing thoughts to be positive as well as encouragement to change oneself in a therapeutic direction (25).

Another intervention provided in this study was self-healing touch therapy. Several previous studies have suggested that this intervention can affect physical, psychological and spiritual health. The previous study mentioned that this intervention has positive implications on spiritual aspects and sleep quality (26). In addition, other study also mentioned that this intervention can affect the memory and behaviour of a person with dementia (27). Another study stated that this intervention had a significant impact on reducing anxiety levels and increasing the comfort status of patients in nursing homes (28). So, this intervention can synergise with the other three interventions in improving the elderly’s quality of life in nursing homes.

“BRASH Therapy” was conducted in groups in this study. This is because the elderly have a high risk of depression caused by loneliness. Interventions conducted in groups are expected to improve social skills and adaptive coping mechanisms for elderly people living in nursing homes. This result aligns with previous research findings which stated that elderly people living in nursing homes experienced a decrease in depression scores after receiving group music intervention for 10 weeks (29). Other research also states that group-based physical and cognitive interventions are effective in significantly influencing the quality of life of elderly people with dementia who live in nursing homes (30).

One of the nursing theories from Ruland and Moore in 1998, namely the Peaceful End of Life Theory, is representative in explaining the phenomenon and purpose of providing "BRASH" therapy interventions (31). Previous research has stated that one aspect of end-of-life care provided to the elderly in nursing homes from the perspective of the Peaceful End of Life Theory is increasing physical and psychological comfort (32). The limitation of this study is that it did not compare participants with a control group and also randomization. Future studies also should employ power-based sample size estimation aligned with non-parametric analytical models. Furthermore, more extensive data on respondent characteristics could be examined to correlate findings with post-intervention outcomes.

### **Recommendations for Future Research**

Future research could consider including other comparison groups to strengthen the data. Nevertheless, future intervention studies should apply power-based sample size estimation aligned with the planned analytical model. Furthermore, further research should include several other dependent variables to examine the effectiveness of “BRASH Therapy” more broadly.

### **CONCLUSION**

The findings suggest that the implementation of “BRASH Therapy” is associated with improvements in the quality of life of older adults in nursing homes. “BRASH Therapy” can have positive implications because it is a comprehensive intervention physically, psychologically, socially and spiritually. Therefore, “BRASH Therapy” is expected to be applied sustainably to maintain the quality of life of the elderly.

### **AUTHOR CONTRIBUTION STATEMENT**

All authors contributed to the research process and the preparation of this manuscript. The proposal was prepared by all seven authors (NLPDYS, IKP, NWYCJ, PPR, MC, NRNF, and NPAGRW). The data collection process was carried out by all researcher (NLPDYS, IKP, NWYCJ, PPR, MC, NRNF, and NPAGRW). The research data processing was carried out by the one author (NLPDYS). Then, the preparation of the manuscript was carried out by the two authors with the division of introduction and method and results (IKP, NWYCJ, PPR, and MC), discussion and conclusion (NLPDYS, NRNF, and NPAGRW). All authors read the entire manuscript and gave feedback before the submission process was carried out.

### **CONFLICT OF INTEREST**

The authors have declared there is no any potential conflicts that could influence the impartiality of the research. The authors state that we have no financial or personal relationships with entities that might unduly affect our objectivity. There is no conflict of interest in this study.

## DECLARATION OF GENERATIVE AI AND AI-ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

We hereby declare that in the preparation and writing of this work, we have used generative artificial intelligence (AI) and/or AI-assisted (ChatGPT) to support language refinement, enhance clarity, or improve the overall readability and structure of the manuscript.

## SOURCE OF FUNDING STATEMENTS

This research was personal funded.

## ACKNOWLEDGMENTS

The researchers appreciate the participants who participated in this study.

## BIBLIOGRAPHY

1. Central Statistics Agency of Indonesia. Elderly Population Statistics 2023 [Internet]. Jakarta: Directorate of People's Welfare Statistics; 2023. Available from: <https://www.bps.go.id/id/publication/2023/12/29/5d308763ac29278dd5860fad/statistics-of-aging-population-2023.html>
2. Chen Y, Li X, Ge L, Pan B, Bing Z, Ying X, et al. Comparison of life quality in older adults living in traditional family versus nursing home: a systematic review and meta-analysis. *Psychol Health Med* [Internet]. 2022 May 28;27(5):1072–83. Available from: <https://doi.org/10.1080/13548506.2020.1847303>
3. Juanita J, Nurhasanah N, Jufrizal J, Febriana D. Health related quality of life of Indonesian older adults living in community. *Enfermería Clínica* [Internet]. 2022;32:S71–5. Available from: <https://doi.org/10.1016/j.enfcli.2022.03.022>
4. Šare S, Ljubičić M, Gusar I, Čanović S, Konjevoda S. Self-esteem, anxiety, and depression in older people in nursing homes. *Healthc* [Internet]. 2021;9(8). Available from: <https://doi.org/10.3390/healthcare9081035>
5. Daely Susisusanti, Nuraini Tuti, Gayatri Dewi, Pujasari Hening. Impacts of Age and Marital Status on the Elderly's Quality of Life in An Elderly Social Institution. *J Public health Res* [Internet]. 2022 Feb 1;11(2):jphr.2021.2731. Available from: <https://doi.org/10.4081/jphr.2021.2731>
6. Setiyani R, Iskandar A. Cognitive impairment among older adults living in the community and in nursing home in Indonesia: a pilot study. *Dement e Neuropsychol* [Internet]. 2022;16(3):347–53. Available from: <https://doi.org/10.1590/1980-5764-DN-2022-0012>
7. Ministry of Health of The Republic of Indonesia. Indonesian Health Survey 2023 [Internet]. Indonesian Health Survey 2023. Jakarta: Ministry of Health of The Republic of Indonesia; 2023. Available from: <https://www.badankebijakan.kemkes.go.id/ski-2023-dalam-angka/>
8. Lutzman M, Sommerfeld E, Ben-David S. Loneliness and social integration as mediators between physical pain and suicidal ideation among elderly men. *Int Psychogeriatrics* [Internet]. 2021;33(5):453–9. Available from: <https://doi.org/10.1017/S104161022000112X>
9. Obuobi-Donkor G, Nkire N, Agyapong VIO. Prevalence of major depressive disorder and correlates of thoughts of death, suicidal behaviour, and death by suicide in the geriatric population—a general review of literature. *Behav Sci (Basel)* [Internet]. 2021;11(11). Available from: <https://doi.org/10.3390/bs11110142>
10. Waryati SY, Andika. Optimisasi Pemeriksaan Kesehatan Lansia: Pendampingan Terintegrasi Di “Posyandu Lansia Nusa Indah.” *J Pengabd Masy Berkemajuan Selaparang* [Internet]. 2023;7(4):2431–6. Available from: <https://doi.org/10.31764/jpmb.v7i4.19778>
11. Taufik T, Prihartanti N, Daliman D, Karyani U, Purwandari E. Be alone without being lonely: strategies to improve quality of life for an elderly living in nursing homes. *Curr Psychol* [Internet]. 2024;43(7):6044–50. Available from: <https://doi.org/10.1007/s12144-023-04804-w>
12. Jasour A, Afrasiabifar A, Zoladl M, Hosseini N. A comparative study on the effects of Mitchell and Benson relaxation techniques on quality of life of the old people in nursing homes: a quasi- experimental study. *BMC Geriatr* [Internet]. 2023;23(1):1–9. Available from: <https://doi.org/10.1186/s12877-023-04378-z>

13. Merwanda Y, Tambun YM, Nurhaeni H. Pengaruh Terapi Afirmasi Positif dengan Media Flash Card Terhadap Ketidakterdayaan Pasien Rehabilitasi Pasca Stroke. *Qual J Kesehat* [Internet]. 2024;18(2):153–62. Available from: <https://doi.org/10.36082/qjk.v18i2.1798%0A>
14. Cagaoan MSF, Dayrit ACD, Vega ACR Dela, Flores MJ V. Effectiveness of the Butterfly Hug Method to the Level of Mental Health Status of Senior Citizens Living in a Selected Healthcare Facility: Basis for Adjunct Therapy. *J Rural Community Nurs Pract* [Internet]. 2023;1(2):185–209. Available from: <https://doi.org/10.58545/jrcnp.v1i2.119>
15. Bağcı H, Çınar Yücel Ş. Effect of Therapeutic Touch on Sleep Quality in Elders Living at Nursing Homes. *J Relig Health* [Internet]. 2020;59(3):1304–18. Available from: <https://doi.org/10.1007/s10943-019-00831-9>
16. Caetano R. Standards for reporting non-randomized evaluations of behavioral and public health interventions: The TREND statement. *Addiction* [Internet]. 2004;99(9):1075–80. Available from: <https://doi.org/10.1111/j.1360-0443.2004.00785.x>
17. Hadning I, Ainii NQ. An Analysis of Health Workers' Quality of Life in Indonesia During COVID-19 Pandemic. In: *Proceedings of the 4th International Conference on Sustainable Innovation 2020–Health Science and Nursing (ICoSIHSN 2020)* [Internet]. 2021. p. 425–30. Available from: <https://doi.org/10.2991/ahsr.k.210115.085>
18. Molazem Z, Alizadeh M, Rambod M. The effect of Benson's relaxation technique on pain intensity, belief, perception, and acceptance in adult hemophilia patients: A randomized controlled trial. *Int J Community Based Nurs Midwifery* [Internet]. 2021;9(3):187–98. Available from: <https://doi.org/10.30476/ijcbnm.2021.87937.1471>
19. Osman Ali SA, Kamel N, Holmes SL, Abdelfatah Arafat AE. Effect of Benson's Relaxation Technique on Psychological Distress and Sleep Quality among Elderly. *Heal Educ Heal Promot* [Internet]. 2022;10(1):1–12. Available from: [https://www.sid.ir/en/VEWSSID/J\\_pdf/5067620220124.pdf](https://www.sid.ir/en/VEWSSID/J_pdf/5067620220124.pdf)
20. Ebrahimloee S, Masoumpoor A, Nasiri M, Babaie M, Farahani AV, Yousefiasl S, et al. The effect of Benson relaxation technique on the severity of symptoms and quality of life in children with irritable bowel syndrome (IBS): a quasi-experimental study. *BMC Gastroenterol* [Internet]. 2022;22(1):1–7. Available from: <https://doi.org/10.1186/s12876-022-02631-0>
21. Aliwu LS, Firmawati, Pakaya AW. Pengaruh Terapi Afirmasi Positif Terhadap Quality Of Life (Kualitas Hidup) Pasien Harga Diri Rendah di Wilayah Kerja Puskesmas Limboto. *J Ilm Ilmu Kesehat dan Kedokt* [Internet]. 2023;1(1):193–207. Available from: <https://doi.org/10.55606/termometer.v1i1.1207>
22. Jessop DC, Harris PR, Gibbons T. Individual differences in spontaneous self-affirmation predict well-being. *Self Identity* [Internet]. 2023;22(2):247–75. Available from: <https://doi.org/10.1080/15298868.2022.2079711>
23. Sitepu ASN br, Nasution AP, Zebua DR. Audio Afirmasi Untuk Membentuk Harga Diri Positif Individu. *J Consulen J Bimbing Konseling dan Psikol* [Internet]. 2022;5(2):127–36. Available from: <https://doi.org/10.56013/jcbkp.v5i2.1466>
24. Safitri ND, Caturini E, Sugiyarto. The Effectiveness of Butterfly Hug in Reducing Anxiety Long-Distance Relationship (LDR) with Parents in Nursing Students. *Basic Appl Nurs Res J* [Internet]. 2023;4(1):9–19. Available from: <http://dx.doi.org/10.11594/banrj.04.01.02>
25. Ramadhani A, Sofia L, Nisa R, Putri HA. Butterfly Hug Therapy in Leaving Self-Acceptance to Generation Z. *J Aisyah J Ilmu Kesehat* [Internet]. 2023;8(2):743–8. Available from: <https://doi.org/10.30604/jika.v8i2.2020>
26. Aslan KSÜ, Çetinkaya F. The effects of therapeutic touch on spiritual care and sleep quality in patients receiving palliative care. *Perspect Psychiatr Care* [Internet]. 2022;58(1):374–82. Available from: <https://doi.org/10.1111/ppc.12801>
27. Senderovich H, Gardner S, Berall A, Shultz R, Grant B, Santaguida V. Therapeutic Touch in the Management of Responsive Behaviors in Patients with Dementia. *Dement Geriatr Cogn Disord* [Internet]. 2022;51(2):142–9. Available from: <https://doi.org/10.1159/000523752>
28. Alp FY, Yucel SC. The Effect of Therapeutic Touch on the Comfort and Anxiety of Nursing Home Residents. *J Relig Health* [Internet]. 2021;60(3):2037–50. Available from: <https://doi.org/10.1007/s10943-020-01025-4>

29. Yu AL, Lo SF, Chen PY, Lu SF. Effects of Group Music Intervention on Depression for Elderly People in Nursing Homes [Internet]. Vol. 19, International Journal of Environmental Research and Public Health. 2022. Available from: <https://doi.org/10.3390/ijerph19159291>
30. Tanaka S, Yamagami T, Yamaguchi H. Effects of a group-based physical and cognitive intervention on social activity and quality of life for elderly people with dementia in a geriatric health service facility: a quasi-randomised controlled trial. Psychogeriatrics [Internet]. 2021 Jan 1;21(1):71–9. Available from: <https://doi.org/10.1111/psyg.12627>
31. Ngabonziza S, Murekatete MC, Nyiringango G, Marie Grace Musabwasoni S. Peaceful End of Life Theory: A Critical Analysis of Its Use to Improve Nursing Practice. Rwanda J Med Heal Sci [Internet]. 2021 Dec 30;4(3 SE-Articles):412–7. Available from: <https://doi.org/10.4314/rjmhs.v4i3.11>
32. Alves M, Silva V, Almeida A, Pereira R, Coelho Barbosa L, Silva R. Care For The Institutionalized Elderly in The Perspective of A Peaceful End of Life. Ciência, Cuid e Saúde [Internet]. 2023 Jun 6;22(1). Available from: <https://doi.org/10.4025/ciencuidsaude.v22i0.65964>