

*Original article*

The Application of Hypnotherapy on Insomnia Levels in the Elderly at the Panti Sosial Tresna Werdha Budi Luhur Jambi

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Abstract

Introduction: Aging is the process of tissue loss or decline in the ability to maintain normal bodily functions. Insomnia is a sleep disorder characterized by difficulty falling asleep, frequent nighttime awakenings and difficulty falling back asleep, waking up too early in the morning, and restless sleep, even with adequate sleep duration. Insomnia can have negative impacts on sufferers, including physical and mental health issues such as heart disease, stroke, diabetes, obesity, depression, and anxiety. Furthermore, insomnia also impacts social and productivity, such as decreased work performance and relationship problems due to emotional instability. Hypnotherapy is a form of healthcare that involves a state of deep relaxation and focus to help patients overcome various problems. In hypnotherapy, the client and hypnotherapist work together to achieve goals. During therapy, the nurse acts as a guide, maintaining full awareness and control over the client. The client will remain conscious during the session, be able to hear the therapist's voice, remember what happened, and even reject suggestions if they don't align with their values.

Method: This research is a descriptive case study design. The subjects were two elderly individuals who served as respondents. The study was conducted in the working area of the *Panti Sosial Tresna Werdha Budi Luhur* Jambi on May 27-29, 2025.

Results: Based on the results of the study that has been conducted for 3 days in 1 week for 45 minutes, it was concluded that before the application of hypnotherapy, the results obtained from the two respondents were Mr. S score of 33 and Mr. N score of 35, indicating that both were categorized as severe insomnia. After the application of hypnotherapy, the results obtained from the two respondents were Mr. S score of 22 and Mr. N score of 24, indicating a change that was categorized as mild insomnia.

Conclusion: Hypnotherapy significantly impacted the change in insomnia scores, as evidenced by the difference in insomnia scores before and after the intervention. This recommendation is for nurses to implement independent nursing interventions through complementary hypnotherapy.

Keywords: Elderly, Hypnotherapy, Insomnia

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INTRODUCTION

Aging is the process of tissue loss or decline in the ability to maintain normal bodily functions (Sunaryo et al., 2016). The aging process causes changes in seniors, including changes in rest and sleep patterns. This is a common problem among the elderly. They often report difficulty falling asleep or even closing their eyes in bed (Biahimo et al., 2021).

Insomnia is a sleep disorder characterized by difficulty falling asleep, frequent nighttime awakenings and difficulty falling back asleep, waking up too early in the morning, and restless sleep, even with adequate sleep duration. As a result of insomnia, sufferers often feel tired, lack energy, have difficulty concentrating, and experience mood swings the next day. Insomnia is caused by internal factors such as stress and anxiety, depression, or physical illnesses like chronic pain, gastroesophageal reflux disease, and respiratory disorders. External factors include an uncomfortable sleeping environment, poor sleep habits, and medication (Kurniawan et al. 2020).

According to WHO (World Health Organization) 19.1% of the global population has experienced sleep disorders, with the highest burden in the elderly, who often experience mental distress such as stress,

anxiety, and even depression due to impaired sleep quality. The number of elderly people in Southeast Asia reached 142 million, or 86% of the total global elderly population. In Indonesia, the prevalence of sleep disorders in the elderly was quite high in 2022, reaching 67% of 1,508 people in Southeast Asia, with 7.3% experiencing it among adults (WHO, 2020).

The Jambi Central Statistics Agency (BPS) reported that in 2023 the percentage of elderly residents (lansia) in Jambi Province reached 10.80%. Meanwhile, Jambi City has an elderly population of 10.32% of the total population aged 60 years and over. Based on the initial survey conducted by researchers, it was found that there were 61 elderly residents at the Trensia Werdha Social Home in Jambi City, consisting of 35 men and 26 women, with 3 of them experiencing insomnia with a score of 24 for respondent I, 33 for respondent II, and 35 for respondent III.

Age is a contributing factor to sleep disorders (insomnia). As people age, activity patterns, particularly sleep patterns, change. Age influences sleep quality, which is linked to health and illness. The aging process is characterized by a decline in physical, mental, and psychological well-being, all interacting with each other. In the elderly, this condition can potentially lead to mental health problems (Satyaningtyas et al. 2020).

Insomnia can have negative impacts on sufferers, including physical and mental health issues such as heart disease, stroke, diabetes, obesity, depression, and anxiety. Furthermore, insomnia also impacts social and productivity, such as decreased work performance and relationship problems due to emotional instability (Dwiyanti et al. 2023). Preventative measures to avoid insomnia include effective stress management, such as practicing breathing relaxation techniques and positive thinking, regular exercise, avoiding caffeine, alcohol, cigarettes, chocolate, and carbonated drinks, and scheduling naps (a maximum of 30 minutes is permitted). Maintaining a regular sleep and wake-up schedule whenever possible is recommended (Biahimo et al. 2021). Insomnia treatment efforts can include pharmacological and non-pharmacological therapies. One non-pharmacological approach to treating insomnia is hypnotherapy. Hypnotherapy is a therapeutic approach that utilizes a trance state, a highly focused state of mental focus, to access the subconscious mind by providing positive suggestions, modifying thought patterns and perceptions, and increasing self-control over physical or psychological symptoms (Rahmawati, 2023).

Hypnotherapy is a form of healthcare that involves a state of deep relaxation and focus to help patients overcome various problems. In hypnotherapy, the client and hypnotherapist work together to achieve goals. During therapy, the nurse acts as a guide, maintaining full awareness and control over the client. The client will remain conscious during the session, be able to hear the therapist's voice, remember what happened, and even reject suggestions if they don't align with their values (Rahmawati, 2023).

Hypnotherapy is generally performed for 45 minutes or less than an hour. The therapist will use relaxation techniques to induce the client into a hypnotic state. At this stage, the client is conscious, physically relaxed, and responsive to the therapist's words. Hypnotherapy can help eliminate unwanted or unhealthy habits and replace them with better ones. One such benefit is improving the ability to control pain or anxiety, allowing negative thought patterns to be eliminated and replaced with positive suggestions (Nanda et al., 2024).

This is consistent with research conducted by Novalia et al. (2022), which showed that both respondents experienced severe insomnia before receiving hypnotherapy. Before receiving hypnotherapy for insomnia, both respondents experienced very poor sleep quality, with Respondent I scoring 25 and Respondent II scoring 27. After receiving hypnotherapy, there was a change in insomnia score from 20 to 12 in Respondent I and a decrease in score from 21 to 14 in Respondent II.

Based on interviews with staff and nurses at the Budi Luhur Jambi Social Welfare Home, no insomnia prevention efforts have been implemented. It is hoped that hypnotherapy will lead to changes in insomnia levels among the elderly at the Panti Sosial Tresna Werdha Budi Luhur Jambi. Based on the above description, the researchers are interested in conducting a study on "The Application of Hypnotherapy to Insomnia Levels in the Elderly at the Panti Sosial Tresna Werdha Budi Luhur Jambi."

METHOD

This research is a descriptive case study design. The subjects were two elderly individuals who served as respondents. The study was conducted in the working area of the Panti Sosial Tresna Werdha Budi Luhur Jambi on May 27-29, 2025. The inclusion criteria for this study were: (a) Willingness to participate as a research subject; (b) Cooperative elderly individuals; (c) Elderly individuals not taking sleeping pills; (d) Elderly individuals aged 60-75 years with insomnia. The exclusion criteria for this study were: (a) Elderly individuals refusing to continue the intervention/death; (b) Elderly individuals with dementia; (c) Elderly individuals experiencing communication or hearing impairments.

The measurement tool used in this study was the insomnia rating scale with scores ranging from 11-19 (no insomnia), 20-27 (mild insomnia), 28-36 (severe insomnia), and 37-44 (very severe insomnia). The stages of this research are as follows: (a) The research was conducted after obtaining permission from the relevant authorities; (b) Informed consent was obtained from elderly respondents; (c) Pretest patients by measuring their insomnia using the insomnia rating scale, (d) Hypnotherapy was administered to address insomnia in the elderly for 45 minutes for three consecutive days; (e) Posttest was conducted after hypnotherapy was administered and insomnia levels were measured using the insomnia rating scale.

RESULTS

In this section, the author will discuss the application of hypnotherapy to insomnia levels in the elderly at the Panti Sosial Tresna Werdha Budi Luhur Jambi. The discussion, structured according to nursing process, covers assessment, nursing diagnosis, intervention, implementation and evaluation.

a. *Assessment*

The assessment was conducted on May 27, 2025 with Mr. S a 60 years old, as the first respondent. Mr. S has been living at the Panti Sosial Tresna Werdha Budi Luhur Jambi since 2021. He is single. Mr. S explained his sleep patterns, stating that he couldn't fall back asleep after waking up to urinate. To make himself sleepy, he tried activities such as sweeping his room and tidying up his belongings to tire himself out and fall asleep quickly. However, he still couldn't fall asleep. During the assessment, Mr. S had dark circles under his eyes, a tired, anxious appearance, and difficulty concentrating. To assess the client's level of insomnia, the researcher used the Insomnia Rating Scale (IRS), with a score of 33 indicating severe insomnia.

The assessment was conducted on May 27, 2025 with Mr. N a 69 years , as the second respondent. Mr. N has separated from his wife and has chosen to live at the Panti Sosial Tresna Werdha Budi Luhur Jambi since 2021. The client complained of difficulty falling asleep, trouble closing his eyes, and waking up too early every night, worrying about why he divorced his wife. During the assessment, the client's facial expression was dull and lethargic, with dark circles under his eyes and a lack of enthusiasm for activities. Researchers conducted observations using the Insomnia Rating Scale (IRS), and obtained a score of 35, indicating severe insomnia.

b. *Nursing Diagnosis*

Nursing diagnosis is a clinical assessment of an individual's, family's, and community's response to actual or potential health problems. The purpose of a nursing diagnosis is to provide a common understanding for nurses, so that similar information and perceptions can be established. This diagnosis is determined after conducting an assessment, which includes disturbed sleep patterns related to lack of sleep control, characterized by the client complaining of difficulty sleeping and frequently waking up too early each night, as well as the client appearing lethargic, having a dull complexion, a lack of enthusiasm for activities, and dark circles under the eyes of both respondents.

c. *Intervention*

Researchers have linked sleep disturbances to a lack of sleep control. Lack of sleep control, altered sleep schedules, and frequent awakenings can lead to sleep disturbances in the elderly. Therefore, the intervention involved teaching respondents about the application of hypnotherapy to address insomnia in the elderly for three days, each lasting 45 minutes. Researchers used the Insomnia Rating Scale (IRS) to assess insomnia scores before and after hypnotherapy. The goal of the intervention was to reduce insomnia in the elderly.

d. *Implementation*

Implementation is the action planned in the care plan. Nursing steps include independent and collaborative steps. After the nursing intervention is determined, it will then be implemented to diagnose sleep pattern disorders related to lack of sleep control. This is in accordance with the researcher's initial plan to address insomnia disorders and assess insomnia scores with the Insomnia Rating Scale (IRS) in Mr. S and Mr. N. The implementation for Mr. S and Mr. N is as follows:

1. *First Meeting*

On tuesday, May 27, 2025 before conducting the research, the researcher focused on assessing Mr. S and Mr. N. The researcher collected personal information such as the client's identity, daily lifestyle habits, and the client's reasons for entering the Panti Sosial Tresna Werdha Budi Luhur Jambi. The researcher also assessed the client's primary complaint. The researcher explained the purpose of the research to the client. The researcher then requested their willingness to participate by providing an informed consent form stating their willingness to be assessed. The researcher then

conducted the assessment by asking Mr. S and Mr. N to answer questions on the Insomnia Rating Scale (IRS) observation sheet. Mr. S scored 33 and Mr. N scored 35, indicating both individuals were experiencing severe insomnia. During this meeting, the researcher introduced hypnotherapy and implemented it with the elderly, lasting 45 minutes. During this meeting, Mr. N, the second respondent, had difficulty focusing on what the researcher was saying during the hypnotherapy session. Occasionally, Mr. N interrupted the session. Mr. N opened his eyes, and the researcher tried to refocus his thoughts. This was in contrast to Mr. S, who was very cooperative, able to follow the researcher's instructions, including closing his eyes and listening to the suggestions given during the hypnotherapy session.

2. Second Meeting

On wednesday, May 28, 2025 based on the results of the first meeting, which assessed insomnia scores using the Insomnia Rating Scale (IRS), Mr. S and Mr. N were found to be experiencing severe insomnia. The researcher conducted a second meeting with Mr. S and Mr. N, who were residing at the Budi Luhur Jambi Social Welfare Home. The researcher then administered 45 minutes of hypnotherapy, according to standard operating procedures (SOP), aimed at reducing the client's insomnia. In the second meeting, Mr. N showed improvement, being able to follow the researcher's instructions.

3. Third Meeting

On thursday, May 29, 2025, the third meeting was the final one. The researcher again administered 45 minutes of hypnotherapy, according to standard operating procedures (SOP). At the last meeting, both respondents stated that there had been changes in their sleep patterns after the hypnotherapy treatment. Mr. S stated that he no longer woke up suddenly at night, and his sleep schedule had become more regular. Meanwhile, Mr. N stated that he no longer found it difficult to fall asleep, and he no longer woke up too early at night. Next, the researcher measured Mr. S and Mr. N's insomnia scores using the Insomnia Rating Scale (IRS). After the measurements were taken, the results for Mr. S were 22 and Mr. N were 24. This indicates a change in the level of insomnia for both elderly people from severe insomnia to mild insomnia.

e. Evaluation

Table 1. Results of the evaluation of the level of insomnia before and after the application of hypnotherapy

Respondent's	Pre	Post
Mr.S	33 (Severe Insomnia)	22 (Mild Insomnia)
Mr.N	32 (Severe Insomnia)	24 (Mild Insomnia)

Based on Table 1 above, it can be concluded that the application of hypnotherapy can reduce the level of insomnia in Mr. S and Mr. N. Where before the application of hypnotherapy, Mr. S and Mr. N experienced severe insomnia. After hypnotherapy, there was a change in the results of the Insomnia Rating Scale (IRS) scores in both respondents to mild insomnia.

DISCUSSION

The study, conducted on Mr. S and Mr. N was conducted from 27 to May 29 2025, at the Panti Sosial Tresna Werdha Budi Luhur Jambi. This study aimed to determine the respondents' insomnia scores before and after hypnotherapy was administered. The data collection process began with the search for patient data in accordance with the established inclusion criteria. The researchers then met with the clients, introduced themselves, explained the purpose of the study, and obtained informed consent, indicating the respondents' willingness to undergo the assessment. Furthermore, the researchers assessed and measured their insomnia scores before hypnotherapy was administered using the Insomnia Rating Scale (IRS).

The primary diagnosis for Mr. S and Mr. N was sleep pattern disturbance related to lack of sleep control, characterized by subjective major symptoms and signs of difficulty falling asleep and frequent awakenings, while subjective minor symptoms and signs included decreased ability to function. The researchers then provided intervention to the clients by administering hypnotherapy in accordance with standard operating procedures (SOP). The hypnotherapy application was effective in reducing insomnia scores. Conducted over three days, each lasting 45 minutes, researchers then observed insomnia scores using the Insomnia Rating Scale (IRS).

Physiologically, aging causes a decline in physical and psychological function, which can impact sleep quality in the elderly. This occurs because the body's organ systems are unable to function optimally to carry out daily living activities and meet sleep needs (Kisworo, 2020). This is what triggers sleep

disturbances in most elderly people. Sleep disturbances at night (insomnia) can lead to drowsiness throughout the following day. One such change is sleep pattern changes (insomnia). During aging, sleep patterns undergo distinctive changes that differentiate them from younger people.

These changes include the latent phase of sleep, early morning awakenings, increased daytime naps, and difficulty sleeping. These changes contribute to older adults being more affected by factors such as loneliness, dependency, and low self-confidence, leading to depression, anxiety, and stress (Foley et al., 2016).

Hypnotherapy is an alternative and complementary therapy, or non-pharmacological therapy, that utilizes hypnosis as a method of suggestion to the subconscious. Hypnotherapy is a mind-body therapy and healing technique that utilizes hypnosis to provide positive suggestions or commands to the subconscious mind to heal psychological disorders or change thoughts, feelings, and behaviors for the better (Afrisa et al. 2023).

Research by Novalia et al. (2022) found that, based on data obtained after hypnotherapy, there was a change in insomnia scores for both respondents over three days of treatment, and the intervention was highly effective. This finding aligns with the statement (Isnawati, 2022) that hypnotherapy can be used as a treatment method because it can help promote relaxation and reduce stress, allowing a person to explore their thoughts, feelings, or memories, and use them to think logically and rationally, leading to the belief that all problems will be resolved.

Therefore, it can be concluded that hypnotherapy can be used to reduce insomnia scores for respondents. After the implementation was carried out for 3 consecutive days with a meeting duration of 45 minutes, the insomnia scores of both respondents decreased with Mr. S score being 22 and Mr. N being 24, both showing a change from severe insomnia to mild insomnia.

CONCLUSION

Based on the results of the study that has been conducted for 3 days in 1 week for 45 minutes, it was concluded that before the application of hypnotherapy, the results obtained from the two respondents were Mr. S score of 33 and Mr. N score of 35, indicating that both were categorized as severe insomnia. After the application of hypnotherapy, the results obtained from the two respondents were Mr. S score of 22 and Mr. N score of 24, indicating a change that was categorized as mild insomnia. Hypnotherapy significantly impacted the change in insomnia scores, as evidenced by the difference in insomnia scores before and after the intervention. This recommendation is for nurses to implement independent nursing interventions through complementary hypnotherapy. It is hoped that hypnotherapy can be used as a complementary therapy to help with insomnia, especially in the elderly.

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REFERENCE

- Aat Sriati. Efektivitas Hipnoterapi sebagai Intervensi untuk Mengurangi Stres pada Remaja; Studi Literatur. *Vol 10, No 2: Mei 2022*.
- Amir, Nurmiati. 2017. Gangguan Tidur pada Lanjut Usia - Diagnosis dan Penatalaksanaan. *Cermin Dunia Kedokteran* 34 (4) : p.196-206.
- Ashadi. 2017. Mengenal Usia Lanjut dan Perawatannya. Jakarta: Salemba Medika.
- Biahimo, Nur Uyuun I., Inne Ariane Gobel, and Siti Nursela Pulogu. "Faktor yang mempengaruhi gangguan tidur (insomnia) pada lansia di Desa Kaidundu Kecamatan Bulawa Kabupaten Bone Bolango." *Zaitun (Jurnal Ilmu Kesehatan)* 9.1 (2021): 916-924.
- Bonnet, M. H., & Arand, D. L. (2019). Hyperarousal dan insomnia: keadaan ilmu pengetahuan. *Ulasan obat tidur*, 1414 (1), 9-15.
- BPS. 2023. Statistik Penduduk Lanjut Usia 2023. Jambi : Badan Pusat Statistik Provinsi Jambi 2023.
- Bruno, L. (2019). Kualitas tidur. *Journal of Chemical Information and Modeling*, 53(9), 1689-1699.
- Budiartoko, Rendra. Pengaruh Hipnoterapi Terhadap Kualitas Tidur Lansia (Insomnia) Di Posyandu Lansia Suka Sehat Desa Wotan. Universitas Muhammadiyah Ponorogo, 2022.
- Data Panti Sosial Tresna Werdha Budi Luhur Jambi. 2024.
- Dewi, S. R (2019). Status Nutrisi Lansia Dan Risiko Jatuh Pada Lansia. *The Indonesian Journal Of Health Science*, 11(1), 22–29.
- Diyah. 2018. Keperawatan Kesehatan Jiwa Psikiatrik: Teori & Praktik. Jakarta: EGC

- Dwiyanti, Putri Wandira, Milla Evelianti Saputri, and Andi Julia Rifiana. Analisis Faktor Kejadian Insomnia pada Remaja Dikelurahan Cipedak Jakarta Selatan. *Malahayati Nursing Journal* 5.7 (2023): 2159-2171.
- Fauziyyah Syandria Afrisa, Amara Damayanti, Mutmainnah, Shabrina Insan Nabil, Luthfia Andini Nathaneila, Febri Zalfa' Pratama, Avif Muhammad Zaki Hidayat, Reza Fahlevy Firmansyah Putra, Alwiyah, Abdul Rahem. Profil Pengetahuan dan Perspektif Hipnoterapi di Kalangan Masyarakat Wilayah Surabaya. *Jurnal Ilmiah Ibnu Sina*, 8 (1), 78-87. Fakultas Farmasi Universitas Airlangga, Surabaya, 2023.
- FEBRIANI, NURMALA. Pengetahuan Tentang Pencegahan Insomnia pada Lansia di UPT Pelayanan Sosial Lanjut Usia Magetan. Universitas Muhammadiyah Ponorogo, 2019.
- Guyton & Hall. (2016). Buku Ajar Fisiologi Kedokteran. Elsevier Singapore Pte Ltd
- Ika Yulianti, Nurchita (2022) "efek hipnoterapi pada permasalahan psikologi bagi Perempuan dengan kehamilan tidak diinginkan", *journal of issues in midwifery* Vol. 6 No. 2, 99.
- Isnawati, Ruslia (2022). Hipnoterapi. Diedit oleh Tika Lestari. Surabaya: CV. Jakad Media
- Kurniawan, Alvis, Erma Kasumayanti, and ADE DITA PUTRI. "Pengaruh senam lansia terhadap penurunan skala insomnia pada lansia di Desa Batu Belah Wilayah Kerja Puskesmas Kampar Tahun 2020." *Jurnal Ners* 4.2 (2020): 102-106.
- Maas, M. L., Buckwalter, M. D., Hardy, M. D., Trip-Reimer, T., Titler MG. Asuhan Keperawatan Geriatrik:
- Meisil. 2018. Mengenal Usia Lanjut Dan Perawatannya. Jakarta: Salemba Medika
- Novalia, K., Risnasari, N., & Prihananto, D. I. (2022, December). Penerapan Hipnoterapi Insomnia untuk Meningkatkan Kualitas Tidur pada Lansia yang Mengalami Insomnia. In *Prosiding Seminar Nasional Kesehatan, Sains dan Pembelajaran* (Vol. 2, No. 1, pp. 336-339).
- Publishing, 2022. Kementerian Kesehatan Republik Indonesia. 2013. *Gambaran Kesehatan Lanjut Usia di Indonesia*. Pusat Data dan Informasi Kemenkes RI
- Rahmawati, N. F., & Kholilurrohman, K. (2023). Metode Hipnoterapi dalam Menangani Post-Traumatic Stress Disorder (PTSD) Pada Perempuan Korban Kekerasan dalam Rumah Tangga di DP3AP2KB Provinsi Jawa Tengah. *J. Kesehatan*, 4.
- Ratnawati, R., Widiarini, R., & Utami, Y. (2021). Peningkatan Kualitas Hidup Lansia" Personal Hygiene dan Penyakit Degeneratif pada Lansia" di Desa Sugihrejo, Kecamatan Kawedanan, Kabupaten Magetan. *APMa Jurnal Pengabdian Masyarakat*, 1(1), 19-24.
- Rizkiana, Nurita, Wasis Eko Kurniawan, and Surtiningsih Surtiningsih. "Pengaruh Terapi Relaksasi Otot Progresif terhadap Insomnia pada Lansia Posbindu Desa Patikraja." *Protein: Jurnal Ilmu Keperawatan dan Kebidanan*. 2.1 (2024): 319-332.
- Sari, N. W., Friska, T., Ariadi, Y., & Suryani, T. (2020). Gerakan Lansia Anti Osteoporosis di Dusun Lempuyangan Desa Gebugan Kecamatan Bergas Kabupaten Semarang. *Jurnal Pengabdian Masyarakat Sishana*, G 2(1), 22-29.
- Satyaningtyas, Riris Wahyu, dan Nurul Hidayah. Pengaruh Terapi Murrotal Terhadap Kualitas Tidur Lansia Insomnia. *Jurnal Keperawatan Terapan* 8 (2020): 34-46.
- Savira, F., & Suharsono, Y. (2013). Konsep Pola Tidur. *Journal of Chemical Information and Modeling*, 01(01), 1689–1699.
- Simon, A. (2017). Langkah Pertama Melalui Insomnia. Yogyakarta: Parama Ilmu.
- Siregar, Tatiana, and Diah Ratnawati. Pemberdayaan Lansia dalam Mengatasi Hipertensi dengan Terapi Isometric Handgrip Exercise di Kelurahan Limo Kota Depok. *Jurnal Pengabdian Masyarakat Ilmu Keguruan dan Pendidikan (JPM-IKP)* 4.1 (2021): 53-60.
- Sunaryo, Rahayu Wijayanti, Maisje M, Taat Sumedi, Esti Dwi, Ulfah Agus, Sugeng Riyadi, Ani Kuswati. (2016). Asuhan Keperawatan Gerontik. CV Andi Offset . Yogyakarta.
- Suparyanto. (2009). Kuesioner Insomnia Skala KSPBJ-IRS. Kuesioner Insomnia Skala KSPBJ-IRS Skala KSPBJ-IRS (Kelompok Studi Psikiatri) Biologi Jakarta-(Kelompok Studi Psikiatri) Biologi Jakarta Insomnia Rating Scale Insomnia Rating Scale.
- Sya'diyah, Hidayatus. (2018). Keperawatan Lanjut Usia Teori dan Aplikasi. Sidoarjo: Indomedia Pustaka
- Tarwoto, & Wartonah. (2015). *Kebutuhan Dasar Manusia dan Proses Keperawatan Edisi 5*. Jakarta: Salemba Medika.
- Wahyu Satyaningtyas, R., Hidayah, N., Kemenkes Malang, P., & Keperawatan, P. (2022). Pengaruh Terapi Murottal Terhadap Kualitas Tidur Lanjut Usia Insomnia Effect of Murottal Therapy on the Sleep Quality of Elderly in Insomnia. *Jurnal Keperawatan Terapan (e-Journal)*, 8(01), 1-13.