



## THE INFLUENCE OF DHIKR PSYCHORELIGIOUS THERAPY ON ANXIETY LEVELS OF HERNIA PRE SURGERY PATIENTS

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### ABSTRACT

It is estimated that each year there are 230 million surgeries performed worldwide. The most common response experienced by preoperative patients is a psychological response related to anxiety. Non-pharmacological management of preoperative anxiety hernia with one type of distraction, namely Dhikrpsychoreligius therapy. Quantitative research using pre-experimental type with a one-group pretest-posttest design without control group design. The sampling technique was purposive sampling with a total of 36 respondents. The data obtained by using the Wilcoxon Signed Rank Test. Based on the Wilcoxon Signed Rank Test, it was found that the pre-test-post-test changes with the results of the Sign value.  $0.00 > 0.05$ , so that  $H_0$  is rejected and  $H_a$  is accepted. There is an effect of Dhikrpsychoreligius therapy on the level of anxiety of preoperative hernia patients in the bay room of RSI Sultan Agung Semarang.

Keyword: anxiety; pre hernia surgery; dhikr psychoreligious therapy

### INTRODUCTION

Anxiety is a natural disorder of feelings of fear or worry that is deep and continuous, it does not experience disturbances in judging realistic (reality testing ability), still good, spilliting personal, distrubed behavior but still within the limits. normal limits (Sari and Febriany, 2018). The level of anxiety is divided into 4, namely mild anxiety, moderate anxiety, severe anxiety and panic. Mild anxiety is anxiety that normally happens in a daily part and causes a person to be alert and increase his perception, moderate anxiety is anxiety that allows a person to focus on important things and put aside what is not important, severe anxiety is the anxiety that reduces the field of perception that individuals tend to focus on. on something that is detailed and specific and cannot think about anything else, while panic is the highest level of anxiety related to fear and terror, because it has lost control (Manurung, 2016).

World Health Organization (WHO) data show that for more than a century surgical care has been an essential component of healthcare. It is estimated that each year there are 230 million surgeries performed. In 2016 there were 148 million patients in all hospitals in the world who underwent surgery, while in Indonesia as many as 1.2 million patients underwent surgery and was in 11<sup>th</sup> place of the first 50 disease treatments in hospitals throughout Indonesia with patients. operation. The most common response experienced by preoperative patients is a psychological response related to anxiety (Rizki, et al, 2019). Data from Sultan Agung Islamic Hospital (RSI) Semarang is a hospital that handles quite a lot of hernia surgery cases from year to year, for example, like the previous 3 years in 2017, 2018 and 2019. RSI Sultan Agung Semarang is quite a lot of handling surgery cases Hernia that was recorded in 2017. The incidence of hernia surgery cases was 135 cases, in 2018 it was 314 cases and in 2019 it reached 127 cases, while in January-May 2020 the number of hernia cases was 39.

Based on the results of a preliminary study conducted by researchers on June 22, 2020 on three preoperative hernia patients in the Baitussalam surgical treatment room at RSI Sultan Agung Semarang, one of the patients said he was worried about the surgery, the patient always asked about the dangerous of the disease, at night the patient experienced difficulty

sleeping, in the morning time on TTV around 05.10 WIB the patient's blood pressure rises, the patient did not know how to deal with anxiety. The results of interviews with researchers to cananga room head at RSI Sultan Agung Semarang, giving Dhikr therapy to reduce anxiety levels had never been given in the room, because every day the room had enough programs so that there was less time to provide dhikr therapy and the action was still widely used with pharmacology therapy.

Based on the above background, the formulation of the problem in this study is "Is There Any Effect of Giving Dhikr Psychoreligious Therapy on Anxiety Levels in Preoperative Hernia Patients in the Baitussalam Surgery Treatment Room at RSI Sultan Agung Semarang" that aimed to determine whether there is an effect of giving dhikr psychoreligious therapy on anxiety levels In hernia pre-surgery patients in the Baitussalam surgical treatment room, RSI Sultan Agung Semarang.

## **METHOD**

The research was conducted in August 2020 in the Baitussalam Surgical Room at RSI Sultan Agung Semarang. This study used a pre-experimental quantitative study with a one-group pretest-posttest without control group design. The sampling technique was purposive sampling. The population in this study were all patients with preoperative hernia in the Baitussalam Surgical Care Room at RSI Sultan Agung Semarang. The samples used were all preoperative hernia patients in the Baitussalam Surgery Nursing Room, Sultan Agung Hospital Semarang, who met the inclusion criteria, namely preoperative hernia patients who were Muslim, preoperative hernia patients who were willing to become respondents, preoperative hernia patients who experienced anxiety. The number of samples in this study were 36 respondents. Data obtained by the Wilcoxon test.

Instrumen penelitian ini menggunakan lembar observasi yang isinya data demografi pasien, Table pre/post terapi dan skala pengukuran tingkat kecemasan yang menggunakan skala HARS (Hamilton Anxiety Rating Scale). Tehnik pengolahan data, Data dianalisis melalui tahap-tahap sebagai berikut: coding, skoring, tabulating, dan entry data (Notoatmodjo, 2018). The research instrument used an observation sheet that contained patient demographic data, pre / post therapy tables and an anxiety level measurement scale using the HARS (Hamilton Anxiety Rating Scale) scale. Data processing techniques, data are analyzed through the following stages: coding, scoring, tabulating, and data entry (Notoatmodjo, 2018).

The univariate analysis of this study measures one variable from the results of the study, this analysis aims to explain the character of each research variable, namely Dhikr psychoreligious therapy as an independent variable and the anxiety level of preoperative hernia patients as the dependent variable, it will be presented or displayed in the frequency distribution because the data is in the form of ordinal scale (Notoatmodjo, 2018). Bivariate analysis is carried out on two variables that are thought to be related and correlated (Notoatmojo, 2018). Bivariate analysis to examine the effect of dhikr psychoreligious therapy on the anxiety level of preoperative hernia patients using the Wilcoxon test. Because the categorical data with an ordinal scale, so it uses a non-parametric test.

## RESULTS AND DISCUSSION

### Characteristics of Respondent Occupation

Table 1.  
 Respondents Frequency Distribution by Occupation (n= 36)

Occupation	f	%
Private	9	25.0
Farmer	6	16.7
Fisher	8	22.2
Labor	13	36.1

Table 1, it is known that the highest proportion of work is labor as many as 13 respondents (36.1%), and the lowest is farmer as many as 6 respondents (16.7%).

### Characteristics of Respondents Based on Education

Table 2.  
 Respondents Frequency Distribution by Education (n= 36)

Education	f	%
Elementary School	14	38.9
Junior High School	12	33.3
Senior High School	10	27.8

Table 2, it is known that the highest proportion of education is Elementary school as many as 14 respondents (38.9%), and the lowest is senior high school with 10 respondents (27.8%).

### Characteristics of Respondents Based on Marital Status

Table 3.  
 Respondents Frequency Distribution Based on Marital Status (n= 36)

Status	f	%
Married	30	83.3
Single	4	11.1
Widow	2	5.6

Table 3, it is known that the highest proportion of marital status is married as many as 30 respondents (83.3%), and the lowest is widow by 2 respondents (5.6%).

### Level of Anxiety in Preoperative Hernia Patients Before Being Given Dhikr Psychoreligious Therapy

Table 4.  
 Anxiety Level in Pre Surgery Patients for Hernia Before Being Given  
 DhikrPsychoreligious Therapy (n = 36)

Aniexity Level (Pre Test)	f	%
Mild anxiety	4	11.1
Moderate anxiety	20	55.6
Severe anxiety	12	33.3

Table 4, it is known that the proportion of respondents with the level of anxiety (pre-test) is 4 respondents (11.1%) with mild anxiety, 20 respondents (55.6%) with moderate anxiety and 12 respondents (33.3%) with severe anxiety.

## Level of Anxiety in Preoperative Hernia Patients After Being Given Dhikr Psychoreligious Therapy

Table 5.  
 Level of Anxiety in Pre Surgery Patients for Hernia After Being Given Dhikr Psychoreligious Therapy (n = 36)

Anxiety Level (Post Test)	f	%
No anxiety	3	8.3
Mild anxiety	19	52.8
Moderate anxiety	14	38.9

Table 5, it is known that the proportion of respondents with the level of anxiety (post test) is 3 respondents (8.3%) no anxiety, 19 respondents (52.8%) with mild anxiety and 14 respondents with (38.9%) moderate anxiety. %).

### Bivariate Analysis

Table 6.  
 The Effect of Dhikr Psychoreligious Therapy on Anxiety Level of Preoperative Hernia Patient August 2020  
 n= 36

		N	Asymp. Sig. (2-tailed)
Pre Test - Post Test	Negative Ranks	33	,000
	Positive Ranks	0	
	Ties	3	

Table 6 about the treatment of Dhikr psychoreligious therapy, the total value is 36, the negative rank value is 33, it showed that 33 respondents experienced a decrease after being given Dhikr psychoreligious therapy, the positive rank value was 0, it showed that there were no respondents who increased after being given Dhikr psychoreligious therapy, the value of ties was 3 which means there were 3 respondents who did not experience a decrease or an increase in anxiety levels. The results of the bivariate test with the Wilcoxon signed ranks test showed that the asymp-sig (2 tailed) value of p value = 0.000, this value is smaller than 0.05, so  $H_0$  is rejected and  $H_a$  is accepted, it means that there is an effect of Dhikr psychoreligious therapy on the anxiety level of preoperative patients. hernia in Baitussalam room, RSI Sultan Agung Semarang which was significant for the pre and post test.

### The level of anxiety of the preoperative hernia in the Baitussalam room of RSI Sultan Agung Semarang before being given Dhikr psychoreligious therapy

Based on the results of the research, the anxiety level of patients with preoperative hernia in the baitussalam room of RSI Sultan Agung Semarang before being given Dhikr psychoreligious therapy with mild anxiety level was 4 respondents (11.1%), moderate anxiety was 20 respondents (55.6%), and severe anxiety was 12 respondents (33.3%). Anxiety is a deep and continuous feeling of fear or worry (Manurung, 2016).

Astuti et al (2019) state that the factors that influence the preoperative of anxiety patient are congenital factors, environmental factors and precipitation factors. Factors from internal sources include: potential stressor, maturity, education, economic status, physical condition, personality type, environmental situation, age and sex. There are various reasons that can cause anxiety in preoperative patients such as: fear of pain after surgery, fear of malignancy, fear of facing the surgery room, fear of surgery failure, first experiences, fear of medical

devices, fear of death, insecurity and discomfort. This research is supported by research conducted by Faridah (2015) with the title of the effect of murottal therapy (al-Quran) on reducing anxiety levels in preoperative laparotomy patients in the bougenville room of dr. Soegiri Lamongan that showed 18 respondents (56.2%) experienced moderate anxiety before doing therapy and 14 respondents (43.8%) experienced severe anxiety. According to Maryunani (2014) everyone is different in their understanding of surgery, the responses that often arise are physiological responses. The body responds physiologically to actual and potential in facing the surgery, psychological responses include: fear of pain, fear of changing body image, fear of death, fear of anesthesia and fear of lifestyle disorders.

Based on the research, it shows that before performing dhikr therapy, preoperative patients experienced mild anxiety as many as 4 respondents (11.1%), moderate anxiety by 20 respondents (55.6%) and severe anxiety by 12 respondents (33.3%). Respondents who experienced mild anxiety were more silent and during the interview, respondents often frowned, and the results of filling out the questionnaire majority answered fear of their own thoughts from the anxiety feeling questions: anxiety, bad feelings, fear of their own thoughts, irritability.

Respondents with moderate anxiety looked confused and during the interview, respondents said that there were problems with surgery costs and lifestyle after surgery, and from filling out the questionnaire the majority answered that they were anxious, anxious, having difficulty starting sleep from the questions about feelings of anxiety, tension and sleep disturbances. And respondents with severe anxiety looked tense and during the interview, respondents said that if they were afraid of surgery and the hospital environment, the majority answered from filling out the questionnaire, namely bad feelings, fear of their own thoughts, anxiety, unpleasant feelings throughout the day, sleep was not soundly from the question. feelings of anxiety, tension, feelings of depression and sleep disturbances.

### **The anxiety level of the preoperative hernia patient in the Baitussalam Room, Sultan Agung Hospital Semarang after being given dhikr psychoreligious therapy**

The intervention of Dhikr psychoreligious to the preoperative hernia patient was given once for  $\pm 7$  minutes at 1 hour before surgery. Researchers took 36 respondents who met the inclusion criteria to be used as research samples, according to Sugiyono (2015) who said the sample size in the experimental research was at least 30 respondents. The results showed that 36 respondents in the baitussalam room, RSI Sultan Agung Semarang the level of anxiety after the Dhikr psychoreligious therapy was carried out in the range of mild anxiety levels, there were 19 respondents (52.8%). According to researchers, anxiety in respondents can be reduced after being given Dhikr psychoreligious therapy for  $\pm 7$  minutes. Psychoreligious therapy is an alternative medicine by means of a religious approach through prayer and Dhikryang is an element of healing disease or as a deep psychotherapeutic, which aims to generate self-confidence and optimism, which is most important in addition to medicine and medical action. Psycho-religiousness to increase one's faith which is closely related to immunity and endurance in dealing with various life problems is a psychosocial stressor (Manurung, 2016).

Meanwhile, according to Wihartati (2015) Dhikr means remembering Allah, remembering is not just mention the name of Allah in oral or in mind and heart. However Dhikry is remembering the substance, nature and actions and then surrendering life and death to it, so

that we are neither afraid nor afraid to face all kinds of dangers and try. Remembrance of Allah SWT can be said as Asmaul Husna or by reciting the good sentence .

This study is in line with the results of research conducted by Faridah (2015) entitled the effect of murottal therapy (al-quran) on reducing anxiety levels in preoperative laparotomy patients in the bougenvile room of dr. Soegiri Lamongan who showed that after being given murottal therapy intervention (al-quran) 21 patients (56.5%) had mild anxiety levels and 8 patients (25.0%) had moderate anxiety, these results indicate that there is an effect of murottal therapy (al-quran). ) to decrease the anxiety level in preoperative laparotomy patients in the bougenvile room of dr. Soegiri Lamongan. The therapeutic effect of listening to the verses of the Koran is a change in the electric current in the muscles, changes in blood circulation, changes in heart rate and blood levels in the skin, these changes indicate relaxation.

Based on the results of the research, after giving Dhikr psychoreligious therapy to 36 respondents in the Baitussalam room, RSI Sultan Agung Semarang, most of the respondents experienced a decrease in anxiety. There was a decrease in the level of anxiety among respondents, from severe anxiety down to moderate anxiety, those who experienced moderate anxiety decreased to mild anxiety. It is due to the different levels of concentration and preoccupation with the different respondents. In preoperative hernia patients, especially for the Muslim patient, it is expected to apply Dhikr psychoreligious therapy as a non-pharmacological treatment in reducing anxiety. Meanwhile, room nurses are expected to provide health promotion or education to families so that they can independently provide Dhikr psychoreligious therapy for preoperative hernia patients who experience anxiety.

## CONCLUSION

Based on the results of research in the baitussalam room of RSI Sultan Agung Semarang, it was found that the anxiety level of preoperative hernia patients before doing Dhikr's psychoreligious therapy, namely 4 respondents (11.1%) mild anxiety level, 20 respondents (55.6%) and severe anxiety as many as 12 respondents (33.3%). The results of the research in the baitussalam room at RSI Sultan Agung Semarang obtained the value of the anxiety level of the patient with preoperative hernia after Dhikr's psychoreligious therapy, namely 3 respondents (8.3%) who did not experience anxiety, 19 respondents (52.8%) mild anxiety. and moderate anxiety as many as 14 respondents (38.9%). The results of the Wilcoxon signed ranks test statistical test obtained a significant value of  $p = 0.00 < 0.05$  indicating that  $H_0$  was rejected, it means that there was the effect of Dhikr's psychoreligious therapy on the anxiety level of preoperative hernia patients in the baitussalam room of RSI Sultan Agung Semarang.

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