



## Murottal Quran Therapy Intervention to Reduce Anxiety Level of Asthma Client

Suhanda<sup>1</sup>, Rapiyudin<sup>1</sup>, Iman Maslulh Aziz<sup>1</sup>, Adi Nurapandi<sup>1</sup>, Andan Firmansyah<sup>1</sup>, Henri Setiawan<sup>1</sup>  
<sup>1</sup>STIKes Muhammadiyah Ciamis, Indonesia

*Correspondence: Rapiyudin*

*Email: [henrissetiawan1989@gmail.com](mailto:henrissetiawan1989@gmail.com)*

*Address : Ciranca, Malausma, Majalengka, 45465, West Java, 081285005492*

### ABSTRACT

**Objective:** The objective of this study was to intervene to reduce anxiety in Asthma clients so that excessive anxiety does not occur by listening to the Murottal Al Quran.

**Method:** The study was conducted using a case study design with an evidence-based practice implementation approach that focuses on nursing interventions. The research was conducted at the BLUD of Banjar City General Hospital on 27-31 May 2022. The participants in this study were NY clients. S, 65 years old, female, complains of shortness of breath and anxiety. The process of assessing and establishing a diagnosis is focused on the main problem. Objective and subjective data become a reference for periodic evaluation of nursing implementation.

**Result:** The client gave an acknowledgment of non-existent anxiety after being given a murottal al-quran intervention.

**Conclusion:** The Murottal Al-Quran intervention is supposed to be effective in reducing anxiety in asthmatic clients as evidenced by the client's subjective acknowledgment even though it has not been supported by normal breathing frequency as an indicator of physical health. Theoretically, this research does not conflict with previous research so that it can be a reference in future research. Clinically, the Al-Quran murottal intervention can be one of the intervention treatments to reduce anxiety levels in clients with chronic diseases such as asthma in hospitals and health centers.

**Keywords :** anxiety, asthma, murottal al-quran

### Introduction

Asthma is a world health problem that affects all age groups ranging from children, adolescents, and the elderly (Erbas et al., 2018). Asthma is shortness of breath due to certain stimuli due to excessive activity, causing inflammation and narrowing of the respiratory tract to drain oxygen into the lungs or into the chest cavity (Cecchi, Annesi-Maesano, & d'Amato, 2018).

Asthma is a disease that affects the human respiratory system, the cause of which is genetic and environmental factors, including vehicle fumes, cigarette smoke, smoke from the kitchen, burning garbage, humidity in the house, and allergens such as dust and animal dander. Causes This happens a lot in the community due to lack of information regarding the causes of asthma (D'Amato et al., 2020).

The World Health Organization (WHO) in 2011 stated that almost 300 million people were diagnosed with asthma and this is likely to increase by 2025 to 400 million, with the death rate having reached 250,000 per year (Zhang et al., 2018). While in Indonesia asthma is classified as the top ten diseases that cause death and illness. According to Riskesdas (2018), asthma sufferers in Indonesia have reached 2.4%, with a prevalence in West Java of 4.1% (Sulandari, Purnama, Wijayanti, Hastuti, & Raihana, 2020)

In asthma management we should be sure that the disease has a cure and an antidote as described in the Qur'an Surah Al-Isra Verse 82:

۸۲ وَنُنزِّلُ مِنَ الْقُرْآنِ مَا هُوَ شِفَاءٌ وَرَحْمَةٌ لِّلْمُؤْمِنِينَ وَلَا يَزِيدُ الظَّالِمِينَ إِلَّا خَسَارًا

*"And We send down from the Qur'an something that is healing and a mercy for those who believe and the Qur'an does not add to the wrongdoers other than loss." (Al-Isra` : 82).*

As explained in the Qur'an Surah Al-Isra verse 82, the Qur'an is a medicine for believers, this Qur'an is also a mercy for every human being and a very good antidote to doubt, fear, anxiety. Therefore, one of the efforts that can be done to overcome anxiety in asthmatic clients is by listening to murottal Al-Quran therapy.

Anxiety is a person's psychology filled with fear and worry, where feelings of fear and worry about things that are not certain will happen (Stankovska, Memedi, & Dimitrovski, 2020). Murottal Al-Quran is the chanting of the holy verses of the Qur'an which is read by the reader who can be listened to by those around him. In listening to the reading of the verses of the Koran there is a characteristic that is the formation of a very harmonious rhythm, so it can be interpreted like music, this murottal al-Quran itself can have an effect on the brain (Suharyat, 2020).

Research conducted by Dian et al, (2020) reads and listens to the Koran affects the chemistry that occurs in the human body so that it functions actively, can also reduce physiological responses to stress, and reduce anxiety (Ixora, Niningasih, & Wulandari, 2022).

The research results of Dr. Al Qadhi, the chief director of Dr. Al Qadhi, president director of the Islamic Medicine Institute for Education and Research in Florida, United States. The results of this study show that listening to the Qur'an has the effect of bringing calm, anxiety and reducing reflective nerve tension (Wardani, Handayani, & Sudarto, 2022).

## **Objective**

The purpose of this is to Intervention to Reduce Anxiety in Asthma Clients so that Excessive Anxiety does not occur by Listening to Murottal Al-Quran.

## **Method**

The research was conducted using a case study design with an evidence-based practice implementation approach that focuses on nursing interventions. The research was conducted at the BLUD of Banjar City General Hospital on 27-31 May 2022. The participants in this study were NY clients. S, 65 years old, female, complains of shortness of breath and anxiety. The process of assessing and establishing a diagnosis is focused on the main problem. Objective and subjective data becomes a reference for periodic evaluation of nursing implementation. With this murottal Al-Quran intervention, there are stages that are carried out, namely preparing tools, saying therapeutic greetings, explaining goals, procedures to actions to clients/families, giving clients opportunities to ask questions before taking action, maintaining client privacy when taking actions, choosing letters that if the client memorizes, bring the cellphone closer to the client, position the client comfortably sitting on the bed, turn on the murottal and ensure the volume is in a moderate state. After the act of turning off murottal, evaluate before and after the action is given to the client, after that pray together and clean up the tools. The time given for the action is 14 minutes in 1 day.

## **Result and Discussion**

### ***Nursing Assessment***

The client is Mrs. S, 65 years old from Batularang village, Banjar Patroman, came to the emergency room on 27 May 2022 with complaints of asthma which was characterized by shortness of breath and anxiety. Previously, the client had no comorbidities and the family did not have a history of the same disease. The client is assisted by his family to the hospital with Mrs. A as his son.

At the time of reviewing vital signs, the results were 23 breaths per minute, blood pressure 130/90 mmHg, temperature 36.50C, pulse rate 90. The client had dyspnea. The client's psychosocial status shows the anxiety obtained through the client's answers when interviewed by saying that he is worried that he will not recover and is experiencing severity. Spiritual data does not show a serious problem because the client says he is patient and trusting in his illness. The pattern of activity is disturbed when sick due to infusion so that the client needs to be assisted in changing clothes, the sleep pattern is disturbed because the client complains that it is difficult to rest. The therapy given to the client is Omz, 3x50 paracetamol, ambroxol, and 1500 drops of RL infusion fluid. Complete blood counts were performed with normal results.

### ***Nursing Diagnosis***

The results of the study found that psychosocial nursing problems were anxiety related to lack of knowledge with the diagnosis number D. 0080 on page 180 (PPNI, 2016b).

### ***Nursing Intervetion, Implementation and Evaluation***

Nursing interventions that are set to help and reduce nursing problems for clients with anxiety related to lack of knowledge according to SIDKI are as follows:

Table 1. Intervention

Outcome	Intervention No. I.09314
After nursing Intervention 3x24 hours, the patient's anxiety problems improved with the following indicators:	1. Identify when anxiety levels change
1. Anxiety Level	2. Identify ways of making decisions.
2. Social support	3. Monitor for signs of anxiety (verbal or non-verbal)
3. Pride	4. Therapeutic:
4. Self-awareness	5. Create a trapeutic atmosphere to foster trust
5. Self control	6. Accompany the client to reduce anxiety, if possible
6. Information Process	7. Understand situations that create anxiety
7. Cognitive Status	8. Writing with care
8. Agitation Level	9. Use a calm and reassuring approach
9. Knowledge level	10. Place personal items that provide comfort
	11. Motivation to identify situations that trigger anxiety
	12. Discuss realistic planning of upcoming events

In implementation there is a way that is done to anxiety clients b.d lack of information by creating a trapeutic atmosphere to foster trust, accompanying patients to reduce anxiety by understanding situations that cause anxiety, then listen wholeheartedly when the client speaks, place a calm and reassuring approach to the client. , store items that can help comfort such as cellphones, then motivate clients so that they are not excessively anxious about their illness, besides that, they can also listen to murottal Al-Quran to clients to give them peace of mind by choosing the Al-Quran surah they memorize.

According to what has been done on the client, an evaluation is obtained:

S: The client claims to understand how to deal with anxiety with murottal al-quran therapy

O: Clients can use the device to listen to murottal Al-Quran

A: Anxiety b.d lack of knowledge

Q: Listening to murottal Al-Quran consistently and independently

I: Murottal Al-Quran and motivating

E: The client understands how to deal with anxiety

R: Intervention stopped, The client gives an acknowledgment that anxiety does not exist after being given a murottal Al-Quran intervention

The results of the study found that the client's complaints apart from shortness of breath were anxiety. Physical examination showed a respiratory rate of 23 breaths per minute (tachypnea) with a blood pressure of 130/90 mmHg (pre-hypertension), while the temperature and pulse rate were within normal limits. The increased frequency of breath affects the client's anxiety because of the abnormal conditions experienced due to asthma. However, the opposite is true. The more anxious a person is, the potential to increase the frequency of breath. This is in line with research. Clifton Smithh and Rowley (2019), suggest that the respiratory tract is strongly influenced by psychological factors, namely anxiety that inspiratory flow rate can increase causing faster breathing (Williams et al., 2022). One of the evidences that the client experiences anxiety is the client's confession that the client is worried that his asthma is incurable and has a higher severity. The client's acknowledgment of his health condition, both physically and psychologically is subjective data that can be accepted as one of the considerations in

determining nursing diagnoses (Tafjord, 2021). Therefore, the diagnosis obtained based on the results of the assessment is anxiety related to lack of knowledge. In theory, anxiety is a vague worry with feelings of uncertainty and helplessness and a feeling of fear of something that is not certain to happen (Levkovich & Shinan-Altman, 2021).

Anxiety nursing diagnoses include a group of diagnoses with psychosocial problems with a diagnosis number 0080 page 180 (PPNI, 2016a). In addition to physical data, anxiety is characterized by difficulty sleeping, fast breathing, restlessness, and looks tense, increased breathing frequency (Rulianto, Safari, & Mulyanto, 2016). However, researchers only get client recognition in the form of difficulty resting due to anxiety (Dautovich et al., 2022). However, the researcher only got the client's confession in the form of difficulty to rest because of anxiety.

To overcome this problem, researchers conducted nursing interventions and implementations in accordance with Indonesian nursing intervention standards number I. 09314 page 387, among others, identified levels of anxiety, ability to decide, and characteristics of anxiety verbally and non-verbally (PPNI, 2016b). . Researchers cultivate trust, accompany clients, understand anxiety-provoking situations, listen with enthusiasm, organize personal belongings, motivate and discuss ways to cope with anxiety. However, researchers feel the need to add non-invasive and non-pharmacological interventions in the form of Al-Quran murotal interventions. The results of previous studies showed a significant decrease in anxiety levels in pregnant women with primigravida 1 stage 1 active phase after being given a murotal Al-Quran intervention (V. Faridah, 2015). Virgianti reported that most clients pre-laparotomy surgery experienced moderate anxiety before therapy. However, after being given a murotal al-quran intervention, anxiety dropped to a mild degree. Allah says in the Qur'an:

الَّذِينَ آمَنُوا وَتَطْمَئِنُّ قُلُوبُهُمْ بِذِكْرِ اللَّهِ أَلَا بِذِكْرِ اللَّهِ تَطْمَئِنُّ الْقُلُوبُ

*"(namely) those who believe and their hearts find peace in the remembrance of Allah. Remember, only in the remembrance of Allah does the heart find peace."*  
(QS Ar Ra'du: 28).

The surah above confirms the promise of Allah SWT about the effects that arise after dhikr to Him, namely peace of mind that dispels anxiety, depression and stress that have a negative effect on physical and mental health. Mulyana et al (2015) mention that in mental health, the murotal Al-Quran intervention contains positive therapy that can foster optimism and hope so that it automatically eliminates all kinds of anxiety, despair and anxiety (Istiqomah, 2020).

The results of the nursing evaluation showed positive changes to the client's psychological status in the form of anxiety. The client claimed to understand how to deal with anxiety with Al-Quran murotal therapy after 1 time of intervention. These results are the same as the research conducted by (Maulana & Elita, 2015) (22) by providing 1 intervention for 10 minutes to preoperative orthopedic surgery clients.

## Conclusion

Al-Quran murottal intervention should be suspected to be effective in reducing anxiety in asthmatic clients, as evidenced by the client's subjective acknowledgment, although it has not been supported by normal breathing frequency as an indicator of physical health. Theoretically, this research does not conflict with previous research so that it can be a reference in future research. Clinically, the Al-Quran murottal intervention can be an alternative intervention to

reduce anxiety levels in clients with chronic diseases such as asthma in hospitals and health centers.

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