



The Role of the Family in Providing Al-Quran Recitation Therapy to Reduce Anxiety in Elderly People with Hypertension

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ABSTRACT

Introduction: Elderly people with hypertension are at risk of experiencing anxiety due to chronic disease conditions, physical dependence, and psychosocial changes. Al-Qur'an murottal therapy is a potential spiritual approach to reduce anxiety. Family involvement in implementing this therapy at home is an approach that has not been widely explored in the context of religious communities. Objective: This study aims to determine the role of families in providing Al-Qur'an murottal therapy to reduce anxiety in elderly people with hypertension.

Method: This study used a qualitative approach with a case study design involving five families in Karang Tengah Hamlet, Balokang Village, Banjar City. Data were collected through semi-structured interviews, participant observation, and measurement of anxiety levels using the Geriatric Anxiety Scale (GAS) before and after therapy. The murottal therapy intervention was carried out by the family for seven consecutive days. Qualitative data were analyzed using thematic analysis techniques, while quantitative data were analyzed descriptively-comparatively.

Results: All respondents experienced a decrease in anxiety scores after the intervention, with a score difference between 13 and 30 points. GAS scores showed a decrease from moderate to mild or minimal anxiety categories. Family involvement in guiding and playing murottal consistently strengthens the relaxation effect, sense of security, and emotional support for the elderly and family spiritually, increases the elderly's mental peace, and strengthens affective relationships within the family.

Conclusion: Providing murottal Al-Qur'an therapy by families on a regular basis has been proven effective in reducing anxiety levels in elderly people with hypertension. This approach is relevant to be implemented as a community nursing intervention based on spirituality and local culture, especially in religious communities.

Keywords: elderly, anxiety, hypertension, murottal, family role

Introduction

Aging is a phase of life marked by various biological, psychological, and social changes. One common health problem experienced by the elderly is hypertension, the prevalence of which increases with age. Hypertension not only has physiological impacts but is also closely linked to psychological problems, such as persistent anxiety. Studies show that approximately 40% of elderly people with chronic illnesses experience anxiety due to concerns about disease complications, dependence on others, and uncertainty about the future (Rofiah et al., 2020; Nugroho, 2012). Data from a nursing assessment of five elderly families in Karang Tengah Hamlet showed that most of the elderly experienced high blood pressure, accompanied by psychosomatic symptoms such as dizziness, insomnia, and excessive fear, indicating anxiety.

The role of the family in accompanying and caring for the elderly is crucial in reducing the psychological burden they experience. The family is the primary support system in the lives of the elderly, providing emotional comfort, physical care, and spiritual support. Families that create a calm, loving, and religious environment have been shown to reduce anxiety levels in the elderly (Rachmawati & Azizah, 2017). In the family nursing care analyzed, it was seen that most families actively played affective, protective, and educational roles, such as providing attention, helping to monitor blood pressure, and accompanying the elderly in religious activities.

One non-pharmacological intervention that has been scientifically proven effective in reducing anxiety is Quranic recitation therapy. This therapy uses Quranic recitations played to patients in a conducive environment to create calm and stimulate the brain's limbic system, which plays a role in emotional regulation. Research by Rohmah & Widyastuti (2020) showed that murottal therapy significantly reduced anxiety levels in elderly patients with hypertension. The relaxing effect of Quranic recitation was also enhanced by spiritual activities that increased feelings of surrender, optimism, and hope (Sutriyani et al., 2021).

In the context of Muslim families in rural areas, such as the Banjar region of West Java, religious values are an integral part of daily life. All families in this study were known to regularly perform prayers, attend religious study groups, and use the Quran as a source of calm. This aligns with the view that spirituality is a protective factor in managing anxiety in the elderly (Ismail et al., 2019). Therefore, family involvement in providing Al-Quran recitation therapy is a strategic approach that integrates nursing, spiritual and local cultural aspects.

Based on this background, this study aims to explore the role of families in providing Qur'an recitation therapy to reduce anxiety in elderly people with hypertension. This research is expected to contribute scientifically to the development of spiritual and culturally based community nursing practices and encourage more effective and applicable family-based nursing interventions.

Objective

This study aims to determine the role of the family in providing Al-Quran murottal therapy to reduce anxiety in elderly people with hypertension.

Method

Design and setting

This study used a qualitative approach with a case study design to explore the role of families in providing Qur'anic recitation therapy to address anxiety in elderly people with hypertension. The study was conducted from January to February 2023 in Karang Tengah Hamlet, Balokang Village, Banjar City, West Java, with five families with elderly members with hypertension as subjects. The study environment is a community with a Sundanese cultural background and quite active religious activities, making it relevant for the study of family-based spiritual interventions.

Population and sampling

The population in this study was families with elderly members with hypertension in the Karang Tengah Hamlet, Balokang Village, Banjar City, West Java. Inclusion criteria included families with elderly members aged 60 years and older who had been diagnosed with hypertension by a medical professional, had observable levels of anxiety, and were willing to accept and implement murottal therapy at home. Exclusion criteria included families who did not live with the elderly, or those with severe hearing loss or moderate to severe cognitive impairment that could hinder therapy implementation.

The sample in this study consisted of five families purposively selected based on their suitability for the inclusion criteria. Purposive sampling was used to ensure that the selected families possessed characteristics consistent with the research focus, namely experience in caring for elderly people with hypertension and openness to spiritual approaches such as Quranic murottal therapy.

The sampling procedure was carried out by first identifying potential families from data from a previous family nursing care assessment. The elderly in the family were aged between 60–80 years, predominantly Muslim, living in a rural setting, and exhibiting relevant anxiety symptoms, such as feelings of fear, insomnia, or psychosomatic complaints. The sample size was determined based on the depth of data expected from each case, rather than on the number, in accordance with the qualitative case study approach.

Instrument and measurement

The main instruments used in this study were a semi-structured interview guide and observation sheet to explore the family's role in providing Quranic recitation therapy, as well as the GAS questionnaire to measure the level of anxiety in the elderly before and after the intervention. The interview guide was developed based on the conceptual framework of the family's role in elderly care, which includes aspects of emotional, spiritual, instrumental, and decision-making support. The GAS questionnaire was used because it has been proven valid and reliable for measuring anxiety, with a reliability value of >0.70 based on previous testing results in the elderly population in Indonesia.

The measurement procedure was carried out by researchers filling out the GAS scale through direct interviews with the elderly at two times: before the murottal therapy intervention and seven days after the intervention, which was carried out routinely by the family at home. Specifically, the GAS assesses affective, somatic, and cognitive anxiety symptoms, all of which are symptoms of anxiety in the elderly. The GAS consists of 30 items. Twenty-five questionnaire items aim to measure anxiety experienced in the past week until now, while the remaining five items aim to determine areas that cause anxiety in the elderly. This GAS instrument uses a Likert scale where each question consists of four points, namely 0 (never) to 3 (always). Score interpretation is done by adding up all score items. The total score ranges from 0-75 where: 0-18 (minimal anxiety); 19-37 (mild anxiety); 38-55 (moderate anxiety); 56-75 (severe anxiety). This instrument allows researchers to evaluate changes in the level of anxiety in the elderly in a measurable, systematic, and objective manner according to the characteristics of the geriatric population (Pachana et al., 2007).

Data collection and analysis

Data were collected through in-depth semi-structured interviews with five families of elderly people with hypertension, direct observation during home murottal therapy, and the completion of the GAS questionnaire by the researchers. The interviews were conducted to explore the families' experiences in assisting the elderly in spiritual therapy and to understand the dynamics of the emotional, spiritual, and instrumental support provided. The observation process focused on family involvement during therapy, the environmental atmosphere, and the elderly's responses to the Quranic murottal. The GAS questionnaire was completed before and after the seven-day therapy intervention.

Qualitative data from the interviews were analyzed using thematic analysis, with open coding, categorization, and the extraction of key themes reflecting the family's role in the therapy process. Quantitative data from the GAS scoring results were analyzed descriptively and comparatively to examine differences in anxiety levels in the elderly before and after therapy. Data validity was maintained through source triangulation (interviews and observations) and member checking with participants to ensure accurate data interpretation. This analysis provides a comprehensive understanding of the effectiveness of family involvement in murottal therapy and its impact on reducing anxiety in elderly people with hypertension.

Result

This study involved five families with elderly members suffering from hypertension. All of them received 17-18 minutes of Q.S Ar-Rahman Quranic recitation therapy once daily for seven consecutive days. The elderly's anxiety levels were measured before and after the intervention using the GAS instrument. The results showed a decrease in anxiety scores in all participants:

Table 1. Respondent Characteristics

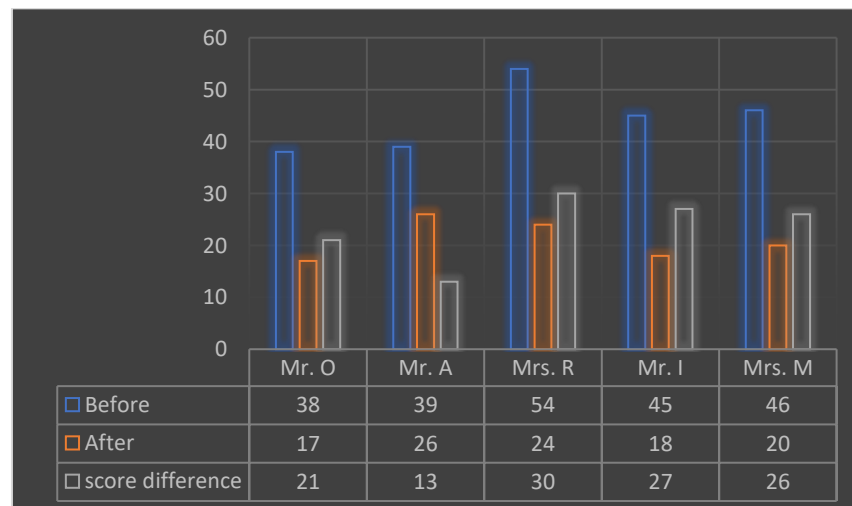
No.	Respondent's initials	Age	Gender	Last Education	Duration of Illness	Family Type
1.	Mr. O	69	Laki-laki	SD	>1 Tahun	Elderly Couple
2.	Mr. A	74	Laki-laki	SD	>1 Tahun	Extended family
3.	Mrs. R	73	Perempuan	SD	>1 Tahun	Elderly Couple
4.	Mr. I	63	Laki-laki	S1	>1 Tahun	Keluarga inti
5.	Mrs. M	67	Perempuan	SD	>1 Tahun	Elderly Couple

Source: Primary Data 2024

Table 2. Anxiety Scores of the Elderly Before and After Al-Quran Recitation Therapy

No	Respondent's initials	GAS Score Before	Category	GASS Score After	Category	Score Difference
1	Mr. O	38	Moderate Anxiety	17	Minimal Anxiety	21
2	Mr. A	39	Moderate Anxiety	26	Mild Anxiety	13
3	Mrs. R	54	Moderate Anxiety	24	Mild Anxiety	30
4	Mr. I	45	Moderate Anxiety	18	Minimal Anxiety	27
5	Mrs. M	46	Moderate Anxiety	20	Mild Anxiety	26

Source: Primary Data 2024


Figure 1. Comparison of Anxiety Scores Before and After Murottal Therapy

Caption: The figure shows a decrease in the average GAS score for all participants after receiving murottal therapy.

In addition to quantitative results, qualitative findings from interviews indicate that the entire family played an active role in the therapy process, including regularly playing murottal, creating a calming atmosphere, and providing spiritual and emotional support. Families also reported positive changes, such as the elderly becoming calmer, sleeping more easily, and rarely complaining of dizziness or anxiety.

Discussion

The results of the study showed that regular 17-18 minutes of Quranic recitation therapy by families for seven days significantly reduced anxiety levels in elderly people with hypertension. All participants in the study experienced a decrease in anxiety scores measured using the GAS. The average decrease in scores ranged from 13 to 30 points, reflecting a change from moderate to mild or even minimal anxiety. This decrease reflected a marked improvement in anxiety symptoms such as restlessness, tension, sleep disturbances, and other psychosomatic complaints.

Characteristically, the five participants were elderly people between the ages of 63 and 74, most of whom had an elementary school education, and all had experienced hypertension for more than a year. Three respondents were elderly people living with their partners (elderly couples), and two were in intact or extended families. This situation suggests that social contexts and family structures vary widely, yet all demonstrated similar effectiveness after therapy provided by their respective family members.

These findings indicate that Quranic recitation therapy, as an audio-based spiritual intervention, can provide significant relaxation and psychological strengthening effects. Regular recitation of holy verses in a conducive home environment stimulates the brain's limbic system, which regulates emotions and stress. This effect is enhanced by family involvement in the therapy, which provides a sense of security, care, and understanding as a form of spiritual care from those closest to them (Yuniarti & Hartini, 2019).

Anxiety in elderly people with hypertension is generally triggered by uncertainty about their physical condition, fear of disease complications, and dependence on others. Prolonged anxiety not only reduces quality of life but can also worsen blood pressure through activation of the sympathetic nervous system, which is associated with the stress response. Therefore, a holistic approach is needed to reduce anxiety comprehensively. Family-led murottal therapy not only targets spiritual aspects but also strengthens emotional support, which has a direct impact on reducing anxiety levels (Rahmawati & Darmawan, 2020).

These findings are supported by research by Rohmah and Widyastuti (2020), which demonstrated that murottal therapy significantly reduced anxiety in elderly people with hypertension, as well as improving sleep quality and reducing emotional stress. Similarly, a study by Sutriyani et al. (2021) demonstrated that murottal therapy effectively increased mental calm and reduced symptoms of anxiety and mild depression in elderly people in nursing homes. This study complements the existing literature by demonstrating that active family involvement in therapy can increase the effectiveness of the intervention.

The main strength of this study lies in its family- and community-based approach. Unlike previous studies, which tended to be conducted in healthcare facilities, this study demonstrates that families can be the primary therapeutic agents. Family-led interventions offer greater flexibility, cultural appropriateness, and emotional value than interventions conducted solely by professionals. This aligns with the concept of community nursing, which emphasizes family empowerment as an integral part of the healing process.

The religious culture of the Sundanese community strengthens the success of this therapy. The community's habit of listening to religious studies, reading the Quran, and incorporating spiritual values into daily life provides a strong social foundation for the acceptance of murottal therapy. Emotional bonds between family members and respect for the elderly are supporting factors that contribute to the intervention's success. As stated by Ismail et al. (2019), family spiritual support is a crucial determinant in reducing anxiety in elderly people with chronic illnesses.

Overall, the results of this study provide an important contribution to the development of community-based nursing practices that integrate spiritual values, local culture, and family support. Family-led murottal therapy not only demonstrated clinical effectiveness in reducing anxiety but also strengthened affective and spiritual functions within the family system. This approach has the potential to be used as a preventive and promotive strategy for managing anxiety in elderly people, particularly in environments with limited resources but strong religious social capital.

The results of this study have important practical implications for community nursing and geriatric health. Family-led Quran recitation therapy interventions have been shown to be effective in reducing anxiety levels in elderly people with hypertension, suggesting that a home-based spiritual approach can be incorporated into non-pharmacological nursing interventions. Clinically, this therapy can be recommended as a complement to medical treatment, particularly in religious elderly populations. Theoretically, these findings support a holistic approach to nursing that encompasses bio-psycho-social-spiritual dimensions. In practice, primary health care providers, such as community health centers (Puskesmas) or elderly health posts (Posyandu), can actively involve families in providing culturally and faith-based spiritual therapy to improve the overall quality of life of the elderly.

Restate the Key Findings

This study investigated the role of families in providing Al-Quran recitation therapy (murottal) to reduce anxiety in elderly individuals with hypertension. The results demonstrated that active family involvement in this therapy significantly reduced anxiety levels in the elderly. Anxiety scores based on the GAS decreased from moderate to mild or even minimal categories after the intervention. Family involvement also strengthened relaxation, feelings of security, emotional support, mental peace for the elderly, and affective relationships within the family.

Interpret the Results

These findings highlight the importance of spiritual and emotional support from families in reducing anxiety in elderly individuals with hypertension. Al-Quran murottal therapy provides spiritual tranquility and stimulates the brain's limbic system, which regulates emotions and stress. Family support reinforces these effects, creating a safe and loving environment. These findings are relevant in the context of Sundanese culture, where religious and family values are highly valued.

Compare with Previous Studies

This study aligns with previous research demonstrating the effectiveness of murottal therapy in reducing anxiety in elderly individuals with hypertension. This study extends previous research by highlighting the important role of families in this therapy. The findings are also consistent with the view that spirituality is a protective factor in managing anxiety in the elderly.

Highlight the Implications

The results of this study have important implications for community nursing and geriatric health practices. Family-led Al-Quran murottal therapy can be integrated into non-pharmacological nursing interventions to reduce anxiety in elderly individuals with hypertension. This approach aligns with the concept of holistic nursing, which includes bio-psycho-social-spiritual

Discuss the Limitations

This study has several limitations. First, the limited sample size of five families limits the generalizability of the results. Second, the lack of a control group in this study design makes it difficult for researchers to objectively compare the effectiveness of therapy with other methods or with no intervention. Third, variations in therapy implementation methods between families, such as differences in duration, murottal playback times, and mentoring methods, may affect the consistency of the results. Furthermore, the case study approach still provides rich and contextual exploration of families' experiences caring for the elderly using a spiritual approach.

Suggest Future Research

Based on these results and limitations, it is recommended that further research be conducted using a quasi-experimental design involving a control group and a larger sample size. Future research should also explore the role of family relationship quality and religiosity in the effectiveness of murottal therapy. Furthermore, developing technology-based interventions, such as digital murottal applications that can be used with families, could lead to broader innovations in spiritual-based nursing.

Conclusion

This study shows that the active role of families in providing regular Quranic recitation therapy can reduce anxiety levels in elderly people with hypertension. This therapy is effective as a non-pharmacological intervention that not only provides spiritual peace but also strengthens the emotional bond between the elderly and their families. These findings emphasize the importance of family involvement in supporting the elderly through a holistic approach that integrates biological, psychological, social, and spiritual aspects. Therefore, spiritual and culturally based nursing interventions involving families are worthy of consideration as part of community-based elderly care strategies.

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Author Contribution

Aneng Yuningsih was responsible for the conceptualization of the research, data collection, data analysis, and manuscript writing. Idhfi Marpatmawati and Reni Hertini contributed to the formulation of the methodology and provided guidance and validation during the research process.

Conflict of Interest

There are no conflicts of interest in this research..

Ethical Clearance

This research has obtained ethical approval from Bakti Tunas Husada University.

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