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The Implementation of Guided Dhikr Therapy to Reduce Anxiety in Close Fractures Patients

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ABSTRACT

Patients with fracture conditions often experience complaints of excessive anxiety, where anxiety is felt due to the pain that is felt and the provision of invasive or surgical action plans. Preoperative patients will certainly feel excessive anxiety. Feelings of anxiety will cause stress and cause nursing problems, namely anxiety. Dhikr therapy is a non-pharmacological therapy and includes complementary therapy, where this therapy can reduce the level of anxiety felt by preoperative patients. The purpose of this study was to analyze the administration of dhikr therapy in patients with preoperative close fractures of the left distal radius. This research uses the case study method. This research was conducted in the Seruni room at dr. Soebandi Regional Public Hospital of Jember. Dhikr therapy is carried out for four consecutive days with a time of approximately 20 minutes. The results obtained from this study after administration of anxiety reduction combined with dhikr therapy obtained the patient's anxiety scale level from VAS-A4 to the VAS-A0 scale, visualization of anxiety complaints decreased, restless behavior decreased, and eye contact increased, respiratory rate 16 x/minute, SpO₂ 98%, pulse 90 x/minute, and blood pressure 130/80 mmHg. Reducing anxiety with dhikr therapy can be given to pre-surgery patients, this can improve health quality, sleep quality, and physical condition.

Keywords: Anxiety, Dhikr therapy, Fracture, Preoperative

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I. INTRODUCTION

Fracture is a condition where bone integrity occurs or is called a break in the continuity of bone tissue according to the type and extent (Susanti, et.al. 2023). Fractures can occur when the bone is

exposed to stress that is greater than what can be absorbed, if the external pressure is greater than what can be absorbed by the bone, then trauma can occur which results in damage or interruption of bone continuity (Rendy & Margareth, 2018).

Fractures can cause new problems if treatment is not given, where trauma to nerves, blood vessels trauma, bone complications, and can cause bone embolism (Nurhayati, 2022).

Fractures are the highest cause of death in Indonesia which can be caused by trauma or physical pressure causing fractures caused by accidents, where accidents can be in the form of traffic accidents and work accidents (Noorisa et al, 2017). The prevalence of fractures according to the World Health Organization (WHO) in 2019 states that the incidence of fractures will increase every year, with a record of fractures being reported by 15 million people with a prevalence of 3.2%. In 2018 there were approximately 20 million cases of fracture with a prevalence of 4.2%, and in 2018 there was an increase in the incidence of fractures to 21 million people with a prevalence of 3.8% which was caused by traffic accidents (Mardiono et.al, 2018). In East Java in 2016, 1,422 cases of fracture were found, then in 2017 2,065 people were found to have fractures, and in 2018 there were 3,390 people found (Riskedas, 2018).

The main causes of fractures are single trauma events such as collisions, blows, falls, irregular positions, dislocations, withdrawals, to abnormal weakness in the bones (Noorisa, 2016). The

impact of the main fracture that is caused can experience a change in shape on the part of the body affected by the injury, this will cause the individual to feel anxiety due to the response to pain and pain that is felt. Pain conditions can affect the body where homeostasis can cause stress which triggers discomfort due to the resulting pain response, if the resulting pain response cannot be overcome it can have an inhibitory effect on the healing process and can cause complications up to death (Septiani, 2015).

Fracture management can be carried out with invasive procedures, where these actions often make patients with fracture conditions experience excessive anxiety before surgery. This anxiety can be overcome with non-pharmacological therapy, namely by dhikr complementary therapy. Dhikr therapy can help individuals form other perceptions besides fear, namely the belief that all conflicts will be handled properly with the help of Allah SWT. Dhikr therapy can reduce anxiety disorders in individuals (Astutil, et.al. 2019). According to (Sutioningsih, et.al. 2019) dhikr therapy can reduce anxiety levels, the higher the level of dhikr therapy, the lower the anxiety level.

According to Freud, anxiety is an affective situation that feels unpleasant followed by a physical sensation that

warns someone of threatening danger (Kamila, 2020). In the Al-Quran letter Ar-Ra'du verse 28, Allah says which means: (namely) those who believe, and their hearts become peaceful by remembering Allah. Remember, only by remembering Allah will the heart be peaceful. From this verse, it can be explained that the verse emphasizes that dhikr is a method that comes directly from Allah SWT. Dhikr is positioned as a life that can calm the psychological turmoil experienced by a person. The main causes that lead to anxiety require a psychological approach to dealing with sufferers (Kamila, 2020). Dhikr is not just reading or pronouncing sentences without meaning, because these dhikr sentences are very beneficial or maghfirah. Four of them are to reduce anxiety, and fear, make peace and ask Allah SWT so that pain can be reduced Handling anxiety is very important to overcome the psychological impact felt by individuals (Astutil et al., 2019).

Patients who experience anxiety will experience symptoms such as uncontrollable fear and worry, depression, feeling uneasy about something bad that will happen, constantly complaining about feelings of fear of the future, believing something scary will happen for no apparent reason, being threatened by people or circumstances that normally go

unnoticed, fear of not being able to deal with problems, thinking certain things over and over again, confusion, difficulty concentrating (Shiri & Dennis, 2017). From these signs and symptoms, the patient certainly cannot decide to deal with the anxiety he is experiencing, the patient will focus on the anxiety he is feeling and will overcome it by being silent, crying, and seeking support to calm his anxiety (Mawardika, et. all. 2020). Of course, dhikr therapy can be carried out by patients with anxiety conditions on their awareness, whereas patients who do not know how to do dhikr therapy can reduce individual anxiety levels (Rahman, 2020).

2. METHODS

This research method uses a case study that focuses on a problem that is appropriate to the patient's condition. Where the data was taken by collecting data accompanied by various information obtained directly from patient responses and complaints of anxiety due to a preoperative diagnosis of left distal radius fracture in the Seruni room of dr. Soebandi Regional Public Hospital of Jember.

This research was conducted in the Seruni room at dr. Soebandi Regional Public Hospital of Jember, the intervention was carried out 2 times per each shift for four consecutive days. On the first day, the

researchers conducted a focused assessment of the patient, who would then conduct data analysis, and bring up nursing diagnoses, namely acute pain, impaired physical mobility, anxiety, situational low self-esteem, and risk of spiritual distress (SDKI POKJA Team, SLKI, SIKI, DPP PPNI, 2018).

Of the five diagnoses that emerged, researchers were interested in providing special treatment for anxiety nursing diagnoses by providing interventions in the form of dhikr therapy before going to bed to patients. Patients are given dhikr therapy before going to bed with procedures using media posters and reading dhikr before going to bed (33 times tasbih, 33 times tahmid, 34 times takbir). The measuring instrument used as an evaluation before and after giving dhikr therapy is using the Visual Analogue Scale - Anxiety (VAS-A). It is hoped that the therapy given can reduce the level of anxiety felt by the patient.

3. RESULTS

Based on the results of a nursing assessment, the patient studied on January 17, 2023, was 61 years old, female with complaints of anxiety about the current condition, namely pain in the wrist of the left hand caused by the patient falling, slipping in the bathroom when going to

urinate with the palm of his left hand supporting the body when he fell. This made the patient's neighbors take the patient to the emergency room at dr. Soebandi Regional Public Hospital of Jember to do an X-ray and the result was that the client had a fracture in the left distal radius. Families and patients say they have no history of chronic or infectious diseases. The patient's job is as a housewife doing household chores such as sweeping mops, washing dishes, washing clothes, etc. The patient lives with her youngest child who has experienced mental retardation since childhood, apart from being a housewife the patient also takes care of her youngest child very carefully because the patient is worried that if things happen that do not happen to her child, the patient will take full responsibility for the events experienced by her child, even though it is not the fault of the patient.

Patients who were treated complained of anxiety about conditions that required hospitalization with a closed reduction plan with a diagnosis of left distal radius fracture. Anxiety reduction is a nursing intervention taken from an anxiety diagnosis to be given to patients. Non-pharmacological therapy given to patients is dhikr therapy before going to bed. The parameters resulting from the evaluation of therapy administration were

a decrease in verbalization of worry due to the conditions encountered, anxious behavior, and blood pressure, accompanied by an increase in eye contact between the patient and the researcher.

Based on observations on the first day on January 18 and the second day on January 19, 2023, with preoperative conditions, the patient said he was still worried about the condition he was experiencing before being given therapy, and after being given dhikr therapy before

going to bed the anxiety felt by the patient had not changed much. On January 20, 2023, the patient underwent pro-close reduction surgery and the patient experienced increased anxiety before entering the operating room, after being given dhikr therapy both before entering the operating room and after leaving the operating room there was a significant change from the VAS-A4 anxiety scale to the VAS-A1 scale on the fourth day.

Table 1. The Outcome of the Developmental Problem of Anxiety

No.	Characteristic	Day 1	Day 2	Day 3	Day 4
1	Anxiety Complaint	2 (moderately increased)	3 (moderate)	3 (moderate)	5 (decreased)
2	Restless Behavior	3 (moderate)	3 (moderate)	4 (moderately decreased)	5 (decreased)
3	Blood Pressure	2 (moderately increased)	3 (moderate)	3 (moderate)	4 (moderately decreased)
4	Eye Contact	2 (moderately decreased)	3 (moderate)	4 (moderately increased)	5 (increased)
5	VAS-A	A3 (mild-moderate)	A2 (mild-moderate)	A2 (mild-moderate)	A0 (none)

4. DISCUSSION

Age and Gender

Based on research (Rendy & Margareth, 2018) said the age factor is one of the factors in the occurrence of fractures in the elderly or elderly, fractures can occur either with strong or low energy hitting the bone and then being absorbed by the bone

with external pressure can result in trauma to the bone or a break in the continuity of the bone resulting in injury. The study (Susanti, 2023) also said that the elderly and the elderly are more susceptible to the occurrence of fractures or broken bones in both the upper and lower extremities.

The incidence of distal radius fracture is a fracture that has many occurrences or cases where the age range of 20-29 years has 147 cases, then continues at the age of 10 to 19 years has 145 cases, followed by the age range 30-39 years found 100 cases of fracture incidents, the age range 50-59 years found 93 cases, in the age range 40-49 years found 89 cases, and in the age range > 80 years found only 80 10 cases. Based on gender characteristics, the male sex experienced the most distal radius fractures compared to women, with the results of 434 male patients and 243 female patients (Tantri, 2019).

Women experience more fracture symptoms compared to men, whereas in America it is reported that two-thirds of cases of geriatric fractures are experienced by women compared to men (Kepel & Lengkong, 2020). However, the study (Ridwan et.al. 2019) stated that more fractures were experienced by men than women, where men with fractures totaled 32 people and women totaled 12 people. Supported by research (Sembiring & Heru, 2022) it is stated that the incidence of femur fractures is more experienced by men with a frequency of 81 people and women totaling 23 people.

These results are from the WHO study which showed that 73% of fatal traffic accident victims were male. 6

Research conducted at Tugurejo Hospital in Semarang in 2017 also showed that the prevalence of femur fractures due to traffic accidents in males (70%) is higher than in females (30%) (Anggun & Kiweishari, 2017).

The high cases of femur fractures due to traffic accidents in men are because men have the behavior of driving at high speeds, causing more fatal accidents than women.

Anxiety

Client characteristics Mrs. N related to anxiety, namely with the incidence of fracture of the left distal radius who will undergo invasive management or surgical procedures, but with a new medical history known to the client, namely hypertension with a measured blood pressure of 145/90 mmHg, besides that, the client has problems with the client's heart, namely diastolic dysfunction of 50% supported by echocardiography examinations so that the planned invasive action is postponed first accompanied by ramipril drug therapy to support improved diastolic function. This makes the client feel anxious due to his unfavorable health condition, causing invasive procedures to be postponed, besides that the client also feels anxious about hospitalization which makes the client take a long time to be treated where the client is more worried about the

youngest child, a client who has special needs, unwanted things will happen when the client is not by his side.

The mechanism for the occurrence of anxiety where subjective individual feelings related to the mental tension that is felt can produce a feeling of anxiety as a form of tension, this can cause the individual to be unable to deal with a problem that occurs so that feelings of discomfort and security occur (Nofiah et.al. 2019). According to research (Supiani et.al. 2017) anxiety has an impact that causes a feeling of discomfort in the body which can be seen through increased pulse and respiration rates, shifts in blood pressure and temperature, and cold and clammy skin. Besides that, the impact experienced by the body is causing tension, and relaxing the body, which is not good, so it can cause fatigue or even affect the patient's condition when sick. This condition causes the body's muscles to tighten, and the individual's body will feel stiffer. In addition, feeling mentally unstable can make individuals feel increased pain. When the operation is carried out the patient will need calm so that the operation process is not hampered and is carried out smoothly, the calmer the patient is in undergoing the surgical procedure, the smoother and quicker the operation will be completed (Supiani, et.al. 2017). If the

patient experiences excessive anxiety it will have an impact on the physical condition of the body where the blood pressure will rise, if the condition of the blood pressure rises and the operation is continued, this will interfere with the effect of the anesthetic drug given and can cause the patient to wake up again in the middle of the operation being carried out (Mastuty et.al. 2022).

Implementation Dhikr Therapy

Dhikr is an activity that is spiritual by remembering Allah SWT and feeling His presence in daily life, whereas dhikr is done by saying the name of Allah SWT and always closing and taking the wisdom given by Allah SWT (Wahyuningsih & Toriq. 2021).

Dhikr therapy is an activity to remember the existence of Allah SWT, besides that dhikr therapy can reduce perceived stress, anxiety, and physical pain that affect an individual's immune system. Individual sleep quality has also increased where individuals will feel more refreshed, sleep enough hours, and can make individuals feel better when they wake up from sleep (Zainudin et.al. 2023). Dhikr therapy is an act of remembering, chanting, understanding, and guarding in the form of oral utterances, heart movements, or limb movements which convey the meaning of

praise, gratitude, and prayer in ways taught by Allah and His Messenger, to obtain inner peace, or draw closer (taqarrub) to Allah, and to obtain salvation and avoid Allah's torment (Mastuty et.al. 2022).

The results obtained during the dhikr therapy intervention on Mrs. N related to anxiety levels based on the Visual Analogue Scale-Anxiety (VAS-A), that is, there was a decrease in Mrs.N's anxiety level on day 1 and day 2, the client had experienced an increase in anxiety level on day 3 of giving therapy because the client will undergo a surgical procedure, and experience a decrease in anxiety levels on the 4th day. During the 4 days meeting the client implemented dhikr therapy when the patient was feeling anxious and was in a lot of anxiety and thoughts, besides that the client did dhikr therapy on the way to the operating room.

This is in line with research (Mastuty, et. all. 2022) where dhikr therapy can reduce the level of anxiety experienced in individuals with pre-surgery and is effective in directly reducing feelings of anxiety. Dhikr therapy can affect the level of anxiety besides that, the level of anxiety can be influenced by the level of knowledge related to surgery. This is a risk factor for anxiety, namely education level, gender, age, ethnicity, belief, and economy (Mastuty, et.al. 2022). Research (Nofiah,

et.al. 2019) states that anxiety is experienced more by characteristics of the female gender, with the results being 53.1% female and 46.9% male. Supported by research (Fatmawati, et.al. 2021) says that anxiety is felt in clients with pregnant women who take action to manage surgical procedures will experience anxiety, which will cause excessive fear and anxiety. Another study (Supriani, et.al. 2017) stated that female respondents experienced more anxiety in the preoperative process with a presentation of 60%.

5. CONCLUSIONS

Based on the results of the application and analysis of Dhikr therapy for anxiety problems in patients with preoperative close fractures of the left distal radius in the Seruni room of dr. Soebandi Regional Public Hospital of Jember it can be concluded that there are several factors such as age and gender that are at risk of experiencing a fracture. Based on the results of the physical examination the patient appeared to have poor eye contact, which was said to be bad when the researcher spoke with the patient, the patient's eyes were fixed on another object and not on the researcher, the patient complained of anxiety on the VAS-A4 scale, the results of an examination of vital signs Respiratory Rate 21x/minute, SpO2

96%, Blood Pressure 140/100 mmHg, Pulse 97 x/minute. Based on the subjective data analysis obtained by the patient, the patient complained of anxiety due to his current condition, that is, he was diagnosed with a closed fracture of the left distal radius and was planned to undergo pro-close reduction.

In addition, objective data were obtained, namely the patient looked tense, the patient looked restless, had poor eye contact, the VAS-A4 anxiety scale, Respiratory rate 21 x/minute, and Blood Pressure 140/100 mmHg. The main nursing problem in preoperative patients with Distal Radius Left Close Fracture is anxiety due to changing health conditions caused by blunt injuries, requiring invasive or surgical procedures. Nursing interventions for anxiety nursing problems are anxiety reduction by observing signs of anxiety and anxiety levels, creating a therapeutic atmosphere with patients and accompanying patients to reduce anxiety.

In addition to providing non-pharmacological therapy, namely complementary therapy by providing support to patients to reduce feelings of anxiety. One of the therapies that can be given is dhikr therapy. Implementation is carried out to reduce the feeling of anxiety felt by patients with preoperative close fracture of the left distal radius, by

providing non-pharmacological therapy of dhikr for 4 consecutive days with approximately 20 minutes each therapy given to patients going to sleep. The results of the nursing evaluation after managing anxiety with dhikr therapy found that the patient's anxiety level decreased from VAS-A4 to VAS-A0, RR 16 x/minute, SpO2 96%, Blood Pressure 130/80 mmHg, Pulse 90 x/minute. The application of dhikr therapy which is carried out for four days with approximately 20 minutes can overcome anxiety nursing problems in preoperative patients with left distal radius close fractures so that they can help improve the patient's condition get better.

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AUTHOR CONTRIBUTIONS

Substantial contribution to conception, data collections, and analysis: Naretta Khoirunisak, Mulia Hakam, Kushariyadi, and Sulis Setyowati. Writing Manuscript and revisions: Naretta Khoirunisak, and Mulia Hakam.

CONFLICT OF INTEREST

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

DATA AVAILABILITY STATEMENT

The data are not publicly available due to privacy or ethical restrictions.

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