



Psycho-Religious Therapy improving the Quality of Life of the Elderly in Nursing Homes

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Abstract

Edited by: Ana Vucurevic
Citation: Setiowati D, Maudina S, Jamaluddin J, Rasdiyana R. Psycho-religious therapy improving the quality of life of the elderly in nursing homes. Open Access Maced J Med Sci. 2022 May 16; 10(G):486-491. https://doi.org/10.3889/oamjms.2022.9186
Keywords: Psycho-religious therapy; Quality of life; Elderly
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Received: 03-Mar-2022
Revised: 02-Apr-2022
Accepted: 06-May-2022
Copyright: © 2022 Dwi Setiowati, Shova Maudina, Jamaluddin Jamaludin, Rasdiyana Rasdiyana
Funding: This research did not receive any financial support
Competing Interests: The authors have declared that no competing interests exist
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BACKGROUND: As people get older, body functions in the elderly will decrease so that it will affect their quality of life. One way to improve the quality of life of the elderly is to meet the basic needs of the elderly through a spiritual approach (Islamic psychotherapy).

AIM: This study aims to determine the effect of dhikr on the quality of life of the elderly in nursing homes.

METHODS: This study used a quasi-experimental non-equivalent control group design. The sampling technique used purposive sampling, a total of 10 respondents from the intervention group and 10 respondents from the control group. Quality of life score using the World Health Organization Quality of Life (QOL)-BREF questionnaire. The research analysis used paired *t*-test and Wilcoxon test for differences in QOL scores of each group and for differences in quality of life between the intervention group and control group using unpaired *t*-test and Mann-Whitney test.

RESULTS: The effect of psycho-religious therapy (dhikr) on the quality of life of the elderly in the intervention group before and after doing dhikr ($p = 0.000$), there were differences in 3 domains of quality of life, namely the psychological domain ($p = 0.000$), the domain of social relations ($p = 0.027$), and the environmental domain. $p = 0.010$.

CONCLUSION: Psycho-religious therapy (dhikr) affects the quality of life of the elderly in the nursing home and suggests Nursing homes to provide guidance with a religious approach, especially dhikr to improve the quality of life of the elderly.

Introduction

The decline in body functions in the elderly causes changes in the physical appearance of the elderly, such as changes in hair color due to decreased melanin production, bone loss (osteoporosis), skin becomes wrinkled and dry due to decreased skin elasticity [1] [2]. Changes are also in the psychology of the elderly. The older you get, the less social activities you do by the elderly, resulting in reduced interaction of the elderly with the environment, so that it will have an impact on happiness, loneliness, and boredom in the elderly. There is an increase in emotional sensitivity which will have an impact on being a source of problems in the elderly and the elderly have different ways of solving the problem [3].

The decline in body function in the elderly will increase the vulnerability and frequency of disease, as well as weakness in the elderly, so that the elderly is at risk of having degenerative diseases that will affect the quality of life of the elderly [4] [5]. The decline in the quality of life in the elderly is caused by a decrease in body functions which will cause the elderly to experience various diseases, so that the productivity of the elderly in carrying out daily activities will decrease,

both in terms of physical, psychological, social, and spiritual [6].

Brain exercise with moderate intensity for 1 month with a frequency of 2 times a week with a duration of 2–10 min can improve the quality of life of elderly women [7]. Affirmative reminiscence therapy can improve the quality of life of the elderly. This therapy is a psychotherapy-based therapy by exploring pleasant memories; then, the memories serve to increase the self-esteem and self-satisfaction of the elderly which can further improve their quality of life of the elderly [8].

Psychotherapy is a therapy through a psychological approach that aims to overcome a person's psychological or emotional disorders by changing a person's thoughts, feelings, and behavior in order to develop themselves in overcoming the problem [9]. Psychotherapy is a therapy that combines a mental health approach with religious aspects, namely Islamic psychotherapy [10]. Islamic psychotherapy is psychological therapy through emotional and spiritual aspects of a person in Islamic ways and does not conflict with religious teachings [9].

Dhikr is one of the Islamic psychotherapy which is done orally which can have an effect on the life of human spirituality. Dhikr is a deed or good deed

done by repeating a sentence which aims to remember Allah and draw closer to Allah [11]. Repeated reading of words has therapeutic benefits such as relaxation and meditation. Dhikr if read repeatedly can improve mood, calm the soul, and reduce anxiety.

Dhikr has something in common with meditation in that it focuses on words or pronunciations that have a relaxing effect [12]. The relaxation effect will cause a balance between the sympathetic and parasympathetic nervous systems [13]. The increase that occurs in the parasympathetic nerves will cause the secretion of dopamine and endorphins. Dopamine and endorphins have a relaxing effect, create a sense of pleasure, improve mood, emotions, memory, and cognition so that they will get calm which can improve psychological well-being [14]. From rationale above, this study aims to determine the effect of dhikr on the quality of life of the elderly in nursing homes.

Materials and Methods

The research design is quasi-experimental with a control group. Purposive sampling was used with the criteria of being Muslim, age 60 years, female, willing to be a respondent, cooperative, experiencing hypertension. The exclusion criteria are sick elderly and did not follow the intervention fully from the beginning to the end. Respondents were 20 respondents with 10 respondents in the intervention group and 10 respondents in the control group. The research analysis used paired *t*-test and Wilcoxon test for differences in quality-of-life (QOL) scores of each group and for differences in quality of life between the intervention group and control group using unpaired *t*-test and Mann-Whitney test.

The World Health Organization QOL-BREF (WHOQOL-BREF) 20 questionnaires was used to measure the quality of life of the elderly, containing 26 questions covering 4 aspects, namely physical, psychological, social relations, and environmental aspects. This questionnaire measures 2 questions of quality of life in general, namely overall quality of life and health in general, and measures four domains of quality of life, namely physical health which consists of 7 questions, psychological consists of 6 questions, social relations consist of 3 questions, and environment consists of 8 questions. All questions were given a score of 1–5 for positive questions, except for questions 3, 4, and 26, which were given a score of 5-1 for negative questions.

Researchers accompany the elderly one by one and explain each question that is there to make it easier for the elderly to understand and answer. The dhikr intervention was carried out after the prayer in congregation in the prayer room of the nursing homes for

2 weeks. At the first meeting, before the congregational dhikr intervention was carried out, the researcher explained again about the intervention procedure and the etiquette in dhikr, namely in a holy condition (ablution first), facing the Qiblat, speaking softly in taqwa to Allah and not raising one's voice, and presenting heart and mind for what is read (understanding the contents of the recitation of dhikr).

Dhikr is done for 30 min in congregation in a sitting position and facing the Qiblat in the prayer room of the nursing home. After the elderly performed the dhikr intervention for 2 weeks, the researchers reviewed the quality of life of the respondents in the intervention group and the control group using the WHOQOL-BREF questionnaire, as a post-test. The researcher uses the principles (right to privacy, right to justice, respect human dignity and beneficency). This research has been conducted an ethical test by the Ethics Committee of the Faculty of Health Sciences UIN Syarif Hidayatullah Jakarta.

Results

In the research, twenty participants were followed; the participants randomized into control group and experimental group, each group consisted of ten participants. All participants followed the phases until the final evaluation performed (Figure 1).

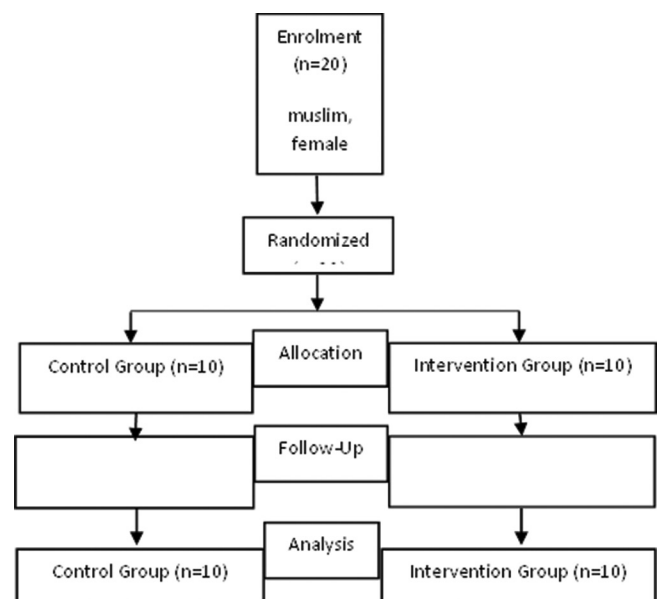


Figure 1: Consort flow diagram of the study

Table 1 shows the difference in the average quality of life scores of pre-test and post-test respondents in the intervention group (77.10 to 91.80).

Table 2 shows the difference in the average quality of life scores of pre-test and post-test

Table 1: The description of the total score of the respondent's quality of life in the pre-test and post-test measurements in the intervention group

Variable	Frequency (n)	Mean ± SD	Minimum–maximum
Quality of life score before intervention	10	77.10 ± 7.34	68–89
Quality of life score after intervention	10	91.80 ± 8.25	82–102
Total	10		

SD: Standard deviation.

respondents in the control group (67.80 to 68.20).

Table 2: The description of the total score of the respondent's quality of life in the pre-test and post-test measurements in the control group

Variable	Frequency (n)	Mean ± SD	Minimum–maximum
Quality of life score before intervention	10	67.80 ± 7.43	59–80
Quality of life score after intervention	10	68.20 ± 4.85	58–74
Total	10		

SD: Standard deviation.

Table 3 shows that there is a difference in the mean quality of life score of the intervention group after 2 weeks of dhikr intervention ($p < 0.05$) and the value of eta squared = 0.93 which indicates that dhikr has a strong influence on improving the quality of life of the elderly.

Table 3: The difference in the mean quality of life scores of the pre-test and post-test intervention groups

Group	n	Average ± SD	Difference mean ± SD	95% CI	p	Eta squared
Pre-test	10	77.10 ± 7.34	14.70 ± 4.11	11.76–17.64	0.000	0.93
Post-test	10	91.80 ± 8.26				

CI: Confidence interval, SD: Standard deviation.

Table 4 shows which means that there is no difference in the mean quality of life score of the control group ($p > 0.05$). The mean quality of life score of the control group in the pre-test measurement was 67.80 (standard deviation [SD] 7.44), while the post-test measurement showed the mean quality of life score for the control group was 68.20 [SD 4.85] and the difference in the mean score was 0.40 [SD] 5.78).

Table 4: The difference in the mean quality of life scores of the control group on the pre-test and post-test

Group	n	Average ± SD	Difference mean ± SD	95% CI	p	Eta squared
Pre-test	10	67.80 ± 7.44	0.40 ± 5.78	3.75–4.55	0.832	0.005
Post-test	10	68.20 ± 4.85				

SD: Standard deviation, CI: Confidence interval.

Table 5 explains that there is a significant difference in the mean quality of life score between the intervention group who did dhikr and the control group who did not do dhikr for 2 weeks ($p < 0.05$). The value of eta squared = 0.77 indicates that there is a strong

Table 5: Differences in the mean quality of life scores of the intervention group and control group pre-test and post-test

Group	n	Average ± SD	95% CI	p	Eta squared
Pre-test					
Intervention	10	77.10 ± 7.34	9.30	0.11	0.77
Control	10	67.80 ± 7.44			
Post-test					
Intervention	10	91.80 ± 8.26	23.60	0.000	
Control	10	68.20 ± 4.85			

SD: Standard deviation, CI: Confidence interval.

influence between dhikr on the difference in the mean quality of life scores of the intervention group and the control group.

Discussion

Spirituality is one aspect of well-being for the elderly that can reduce stress and anxiety and can defend themselves and their purpose in life. Spirituality can help the elderly to adapt to the changes caused by the illness they are experiencing. The elderly who lives in nursing homes are used to taking part in recitation activities held by the caretaker every week so that the elderly can have a good quality of life.

Quality of life for the elderly in nursing homes that most of the elderly have a good quality of life [15] [16]. Spiritual activity can provide meaningful value, a sense of self-worth, and feel calmer in life. Elderly who has a good spiritual understanding will feel good relationships with other people so they can find meaning and purpose in life. This can help the elderly to improve their quality of life. Elderly who has a good quality of life indirectly have the ability to do physical activity, are able to hold social interactions well, and have a stable emotional condition. So that the elderly can enjoy their old age usefully, meaningfully, and happily [17] [18].

There is a strong influence of dhikr on the quality of life of the elderly. This is because spiritual guidance can provide a strong belief, so that it can provide strength and withstand the physical distress experienced by a person [19]. Islamic psychospiritual interventions can have an influence on a person's psychological well-being so that they will feel calm and more accepting of their condition and get motivated to be more confident. This concept is in accordance with QS. Ar-Raad (13): 28 interprets "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."

The spoken dhikr pronunciation will be able to improve the physiology of the nerves in the elderly so that there is an improvement in the body's mechanisms of the elderly [20]. Prayer or dhikr is a form of meditation that can focus on words or pronunciations that give a calming effect and a relaxing effect [12]. The relaxation effect that occurs is due to a balance between the sympathetic nervous system and the parasympathetic nervous system [13].

Dhikr provides a sound stimulus that will be captured by the God Spot which will then provide a stimulus to the prefrontal cortex for cognitive responses. The prefrontal cortex will provide a stimulus to the ventromedial hypothalamus to activate the

parasympathetic nerves, which will cause an increase in parasympathetic nerve activity while decreasing sympathetic nerve activity [14].

The relaxation response can improve peripheral blood flow, the electrical resistance of the skin, decreasing the production of alpha waves, activation of natural killer, reduce the consumption of O_2 , increase the disposal of CO_2 (exhalation), lower uric acid levels, heart rate, muscle tension frame, intestinal motility, and blood pressure. Improved disposal of CO_2 during a remembrance due to pronunciation *Subhan Allah wal Hamdulillah wa Laa illallah wa Allahu Akbar* contained letters *jahr* (letters when stating stop the flow of breath because of the strong pressure on *makhraj* letters) so that when breathing will spend a lot of CO_2 from the brain that can relieve pain and provide calm and nerve stability [21].

Increased parasympathetic nerve activity can also cause the secretion of dopamine and endorphins. Dopamine affects two mechanisms, blood circulation and the brain. In the blood circulation, dopamine causes an increase in renal perfusion, norepinephrine inhibition, and an increase in CO. The direct effect on the brain, namely dopamine, causes a relaxing effect, happy, improves mood, emotion, memory, and cognition. Endorphins can also be able to cause feelings of pleasure and happiness so that it will have a deeper hand effect that can increase psychological well-being which in turn affects the quality of life [14]. The influence of dhikr in this study is more instrumental through a psychological approach wherein its benefits dhikr can have the effect of calming one's heart and mind [22].

The control group was the group that was not given dhikr treatment by the researcher with the aim of comparing the intervention group in identifying the effect of dhikr on the quality of life of the elderly. In this study, there was no significant difference in the quality of life of the control group in the pre-test and post-test measurements because the control group was not given intervention and only observations were made.

These results are in accordance with research which states that the quality of life of the control group (who were not given morning and evening prayer interventions) did not experience significant changes [23]. There was no significant change in quality of life in the control group who did not receive spiritual guidance [19]. These results indicate that the control group did not experience any changes in the quality of life on the pre-test and post-test measurements.

This study also shows that there is a strong influence of dhikr on the mean difference in quality of life in the control group and the intervention group. This is in line with the results of the study that there was an increase in the quality of life of patients with hypertension in the intervention group between before and after meditation treatment [24] [25]. Meditation is focusing the mind on a sound, or a word repeated, an

image or a feeling [26]. Meditation can also be said as relaxation which trains the body by regulating the rhythm of the breath properly and correctly so that there is concentration of mind and appreciation which will make healing faster, relieve stress (depression), or maintain, and improve health.

Quality of life is the extent to which a person feels and enjoys everything that happens in his life so that his life becomes prosperous. If one can achieve one's quality of life that leads to a state of well (weel-being), and vice versa if someone reaches a low quality of life of the seseorang lead to a state of peace (ill-being) [27]. Quality of life is influenced by various domains, namely the physical, psychological, social relations, and environmental domains. This study shows the effect of dhikr on three domains of quality of life, namely the psychological domain, social relations, and the environment. There is a significant effect of prayer on each domain of quality of life [23]. Spiritual guidance, one of which is dhikr, can improve the quality of life in the physical, psychological, social, and environmental domains [19].

Dhikr aims to remember Allah [28]. Dhikr can be used as a means of transcendence, that is, when a person remembers Allah and there is an attitude of submission. This attitude will lead to a positive state so that it will be effective when combined with relaxation techniques. Relaxation is a self-management technique that aims to relax and provide comfort to the body [29].

Mental medicine and mental health state that dhikr is a psychiatric therapy because it contains spiritual, spiritual, religious elements that can generate hope and confidence, so that it will increase psychic strength and immunity in the body which will accelerate the healing process [30]. Dhikr is done repeatedly and continuously, there will be a process in the brain, namely by suggesting a person's subconscious so that dhikr can provide many psychological effects on someone who is able to reduce negative feelings and increase positive behavior and self-confidence. One limitation in this study was researchers using a small number of samples, 12 respondents in each research group, and there were 4 respondents who dropped out within 2 weeks of conducting the study.

Conclusion

The quality of life of the intervention group has increased, while the score of the quality of life of the control group has no significant change. The psychological domain of the quality of life of the majority is influenced by dhikr. Nursing homes can facilitate religious therapy for the elderly by scheduling dhikr activities after praying at the Mosque. Conducted research with qualitative methods with the elderly

who underwent dhikr intervention to obtain results of the quality of life of the elderly in a more personal and in-depth manner.

Acknowledgments

The researcher would like to thank the respondents and the research team. This research is a nursing school research from Syarif Hidayatullah University Jakarta, Indonesia.

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