

Effect of Zikir Therapy on Psychological Distress in Patients with the End Stage Cancer at RSUP H. Adam Malik Medan in 2019

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Abstract: Psychological distress is a negative condition such as suffering or mental burden with depression and anxiety which occurs in patients with the end stage cancer. The objective of the research was to analyze effect of zikir therapy on psychological distress in patients with the end stage cancer. The research used quasi experimental method. The population was the cancer patients who were moslems in the chemotherapy ward amounting to 610 people, and 98 of them were used as the samples, using consecutive sampling technique – 49 of them were in the intervention group and the other 49 of them were in the control group. The test equipment used is HSCL-25. The intervention was done in a week, in the morning and the afternoon by reciting Laailahaillalloh, Astaghfirulloh, Subhanalloh, Alhamdulillah, and Allahu Akbar 33x respectively in 30 minutes. The result of the research showed that, there was the difference in the respondents psychological distress between the intervention group and the control group at $p\text{-value}=0.000 < \alpha=0.05$, so that the hypothesis was accepted. The post-intervention with zikir therapy, the respondents were more relaxed, comfortable, and closer to God Almighty. It is recommended that the next researchers add some variables concerning zikir and the research subjects are not only the end stage of cancer.

Keywords: Zikir Therapy, Psychological Distress, the End Stage Cancer

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I. Introduction

Cancer is a disease caused by abnormal growth of tissue cells that turn into cancer cells, cancer cells that spread to vital organs such as the brain, lungs and then take nutrients needed by these organs so that the body's organs that are taken nutrients can be damaged and die, this occurs in end-stage cancer. Cancer results in weakness in sufferers, and cancer can occur to the entire community regardless of age, gender, social status, old or young. Most deaths from cancer include breast cancer, colorectal cancer, lung cancer (Satrianegara, Hadju, Amiruddin, Idrus, 2016).

According to data from the World Health Organization (WHO) in 2013, cancer incidence in the World increased from 12.7 million cases in 2008 to 14.1 million cases in 2012. Death rates from cancer increased from 7, 6 million people in 2008 to 8, 2 million in 2012. The incidence of cancer is estimated to reach 26 million people in 2030 and 17 million of them died of cancer (Utami, Mustikasari, 2017).

In the final stage, cancer can spread to other organs so that it can aggravate the disease, so that the therapy is even more complex. As a result of these end-stage cancer can cause psychological problems. To overcome this, adaptive coping management is needed (Utami, Mustikasari, 2017).

Psychological distress is a negative condition such as suffering or mental burden that includes feelings associated with depression and anxiety (Husain, Chaudhry, Jafri, Tomenson, Surhand, Chaudhry, 2014).

Treatment options for cancer patients are carried out for each type of cancer, including pharmacological therapy and non-pharmacological therapy. Various pharmacological therapies include surgery, radiation therapy, chemotherapy and herbal treatments (Smeltzer, Bare, Hinkel, Cheever, 2010).

In Islamic teachings, the intervention of nursing practice spirituality mainly consists of praying, praying, reading the Holy Qur'an, and zikir or remembering Allah. Zikir is beneficial for patients to get a relaxation response of calmness, attention, and peace. Islamic relaxation techniques using zikir therapy. Zikir therapy is to remember Allah, and requires someone to sit or lie comfortably, with eyes closed, and practice remembering Allah through reading: "Subhanallah, Alhamdulillah, Allahu Akbar", "Maha Suci Allah", "Pujian Kepada Allah", "Allah Maha terbesar". Zikir is performed twice a day for 20-30 minutes (Mardiyono, Songwathana, Petpichetchian, 2011).

II. Method

This type of research is a quasi experimental, using a pre test post test design. This study used 2 groups, namely the intervention group and the control group, where the intervention group, respondents who were treated according to the intervention in the study, while the control group was not given an intervention, were only given a pretest and posttest questionnaire.

The location of this research was conducted in the chemotherapy inpatient room of RSUP H. Adam Malik Medan. This research was conducted in May to June 2019. The population in this study were 610 moslems patients who were hospitalized at the RSUP H. Adam Malik Medan. Sampling in this study was conducted using consecutive sampling. Namely the selection of samples by specifying subjects that meet the research criteria included in the study until a certain period of time, so that the number of sample respondents can be met. The sample was divided into 49 intervention groups and 49 control groups. Inclusion criteria as follows: 1)patients who are moslems, 2)Patients aged > 18 years, 3)have end stage cancer characterized by chemotherapy patients, 4)conscious and cooperative, 5)can communicate well, 6)patients can reading and writing, 7)patients hospitalized.

The number of samples in this study used a power analysis table with a significant level of alpha .05, power .80 and effect size 0.70, obtained the number of samples in the study were 44 respondents. To prevent drop out (DO), add 10% so that the sample becomes 49 respondents. The total sample was 98 respondents.

The preparation phase begins with taking care of etichal clearance and then proceed with the licensing of research sites, by submitting a request for research from the leadership of the Faculty of Nursing, Universitas Sumatera Utara addressed to the RSUP H. Adam Malik Medan and then the researcher submits a permit request to carry out research to the Director of the RSUP H. Adam Malik Medan then the researchers coordinated with the hospital. The next stage the researcher identifies the research sample based on criteria that have been made previously. Sample collection was carried out according to sample inclusion criteria.

The next stage asks the respondent's willingness to become a sample by first explaining the purpose and purpose of the study voluntarily asking the respondent to sign an informed consent sheet. Furthermore, all research samples totaling 98 respondents to fill the HSCL 25 scale questionnaire. The data will be a pre-test data. For the intervention group, a sample of 48 respondents, researchers conducted interventions for 1 week of zikir therapy in end stage cancer patients with a frequency of 2 times a day, morning at 08.00 WIB, and evening at 16.00 WIB. So that the total administration of zikir therapy interventions carried out on patients as much as 14 times.

Recitation of zikir that will be pronounced. Recitation begins with lafaz “Laailahailallah, Astaghfirullaah, Subhanallah, Alhamdulillah, Allahu Akbar”, each reading is read 33 x for 30 minutes. For the control group, researchers only gave pretest and posttest HSCL 25 questionnaire sheets. Not doing zikir therapy. After 1 week. The researcher will give back the HSCL 25 questionnaire as a posttest data both in the intervention group and in the control group.

III. Research Results and Discussion

3.1 Results

Overview Respondent Characteristics Observed Included Gender, Age, Education, Occupation, Status of Funding BPJS Treatment, History of the Implementation of Chemotherapy, the Habit of Praying, Tribes and Cancer Type

Table 1 Distribution of Characteristics of Respondents in Intervention Group and Control Group

No	Characteristics	Intervention Group		Control Group	
		n	%	N	%
1.	Gender				
	Male	27	55,1	26	53,1
	Female	22	44,9	23	46,9
	Total	49	100,0	49	100,0
2.	Age				
	17-25 Years Old	4	8,2	2	4,1
	26-35 Years Old	7	14,3	4	8,2
	36-45 Years Old	17	34,7	20	40,8
	46-55 Years Old	11	22,4	20	40,8
	56-65 Years Old	8	16,3	3	6,1
	65- Up	2	4,1	-	-
	Total	49	100,0	49	100,0
3.	Education				
	Elementary School	15	30,6	20	40,8
	Middle School	9	18,4	22	44,9

	High School	22	44,9	7	14,9
	Diploma 3	1	2,0	0	0
	Bachelor	2	4,1	0	0
	Total	49	100,0	49	49
4.	Occupation				
	Private	47	95,9	48	98,0
	Civil Servants	2	4,1	1	2,0
	Total	49	100,0	49	100,0
5.	Status of Funding BPJS Treatment	48	98,0	48	98,0
		1	2,0	1	2,0
	Total	49	100,0	49	100,0
6.	History of the implementation of chemotherapy				
	<4 Times	28	57,1	12	24,5
	>4 Times	21	42,9	37	75,5
	Total	49	100,0	49	100,0
7.	The Habit of Praying				
	Yes	49	100,0	49	100,0
	Total	49	100,0	49	100,0
8.	Tribes				
	Java	18	36,7	18	36,7
	Batak	8	16,3	12	24,5
	Malay	4	8,2	4	8,2
	Karo	3	6,1	3	6,1
	Nias	1	2,0	1	2,0
	Banten	2	4,1	0	0
	Mandailing	9	18,4	5	10,2
	Aceh	4	8,2	6	12,2
	Total	49	100,0	49	100,0
9.	Cancer Type				
	NPC	14	28,6	10	20,4
	Intestine	16	32,6	16	32,6
	Tongue	4	8,2	1	2,0
	Womb	7	14,3	3	6,1
	Lipo Sarcoma	3	6,1	0	0
	Eye	1	2,0	0	0
	Mamae	1	2,0	10	20,4
	Serviks	2	4,1	7	14,3
	Bladder	1	2,0	0	0
	Leukemia	0	0	2	4,1
	Total	49	100,0	49	100,0

Source: Research Results

Table 1 above shows that the characteristics of respondents were based on the intervention group and the control group. In the intervention group it was found that gender could be seen that the majority of respondents were male as many as 27 people (55.1%). In the sex control group it is known that the majority of respondents were male as many as 26 people (53.1%). In the intervention group based on age, the most were aged 36-45 years with 17 respondents (34.7%) and the control group based on age was at most 36-45 years old and 46-55 years as many as 20 respondents (40.8%).

In the intervention group based on education, the majority of respondents had a high school education of 22 people (44.9%). In the control group based on education, the majority of respondents had a junior high school education of 22 people (44.9%). In the occupational-based intervention group, the majority of respondents had a move in the private sector as many as 47 people (95.9%). In the control group based on work, the majority of respondents have engaged in the private sector as many as 48 people (98.0%).

In the intervention group and the control group based on the funding status of treatment, most respondents used BPJS as many as 48 people (98.0%). In the intervention group doing chemotherapy at most ≥ 4 times, as many as 28 people (57.1%). In the control group by doing chemotherapy at most ≥ 4 times as many as 37 people (75.5%).

Overall respondents in the intervention group and the control group did the habit of praying as many as 49 people (100.0%). In the intervention group and the control group The most ethnic groups in the respondents were Javanese as many as 18 people (36.7%). In the intervention and control groups based on the type of cancer, the majority of respondents suffered from colon cancer as many as 16 people (32.6%).

Overview of Psychological Distress Before and After Given Zikir Therapy in Intervention Group

Table 2 Distribution of Respondents by Psychological Distress in Intervention Group

No	Distress	Before Intervention		After Intervention	
		n	%	n	%
1.	Low ($\leq 1,75$)	14	28,6	30	61,2
2.	High ($\geq 1,75$)	35	71,4	19	38,8
Total		49	100,0	49	100,0

Source: Research Results

Table 2 above shows that the majority of respondents in the intervention group prior to zikir therapy experienced high distress, namely as many as 35 people (71.4%), and the majority of respondents in the intervention group after zikir therapy experienced low psychological distress, as many as 30 people (61.2%).

Overview of Psychological Distress Before Given Pretest and After Posttest Given to the Control Group

Tabel 3 Distribution of Respondents by Psychological Distress Before Given Pretest

No	Distress	Before Intervention		Before Intervention	
		n	%	n	%
1.	High ($\geq 1,75$)	45	91,8	46	93,9
2.	Low ($\leq 1,75$)	4	8,2	3	6,1
Total		49	100,0	49	100,0

Source: Research Results

Table 3 above shows that the majority of respondents before being given a pretest in the control group experienced high psychological distress as many as 45 people (91.8%), and the majority of respondents after being given a posttest in the control group experienced high psychological distress as many as 46 people (93.9%).

Effects of Psychological Distress on the Intervention Group Given Zikir Therapy with the Control Group Given Pretest and Posttest

Table 4 Effects of Psychological Distress on Intervention Groups Given Zikir Therapy with the Control Groups Given Pretest and Posttest in the End Stage Cancer at RSUP H. Adam Malik Medan in 2019

Treatment Group	n	Z	Mean	p.value
Pretest and Potstest control interventions	49	-7,399	28,26	0,000
	49		70,74	

Source: Research Results

Table 4 above shows a table of the effects of psychological distress on the intervention group given zikir therapy with the control group. The results of the analysis using the Mann-Whitney test obtained $p.value = 0,000 < \alpha=0.05$, the research hypothesis is accepted, so it can be concluded that there is an effect of giving zikir therapy to psychological distress in the intervention group with the control group given pretest and posttest in cancer patients final stage at RSUP H. Adam Malik Medan.

3.2 Discussion

Overview of Psychological Distress in Intervention Groups Before and After Zikir Therapy at RSUP H. Adam Malik Medan

The results showed that prior to the zikir therapy performed in the final stage cancer patients the majority had high psychological distress that is 35 respondents (71.4%) .The stress experienced by end stage cancer patients usually occurs due to their condition during hospitalization.

This situation is supported by the statement that they are stressed because of the pain they are experiencing and feel bored because of the stay tends to be long, with monotonous activities such as being checked by health workers, taking medicine every day, eating diet foods from the hospital, and resting on the premises sleep. Stressful conditions due to undergoing treatment will make cancer patients think of depression they feel so that they will perceive depression more severely.

Psychological distress experienced by patients with end-stage cancer due to changes in the condition of the patient's body caused by cancer, also can occur due to treatment processes such as chemotherapy that require several treatment cycles that make the patient's physical changes such as alopecia, hand nails blackened, dry body skin, accompanied by nausea, vomiting after chemotherapy.

This study explains that most end-stage cancer patients fear physical changes and fear death. Afraid of being shunned by the people around him and consider themselves to be worthless, this is in line with the questionnaire given to respondents as supporters that in item number 1 with the statement "suddenly scared without reason" found 46.9% stated very disturbing. As well as item number 11 with the statement "feel underpowered" found 51.0% of respondents said that it was very annoying. Item number 13 with the statement "easy to cry" found 53.1% stated very disturbing. Item number 17 with the statement "feel hopeless about the future" found 55.1% stated very disturbing.

From the results of the questionnaire conducted to the respondent, it was found that the anxiety of the respondent prior to the zikir therapy was very high. Because of the questionnaire stated that the results of all respondents who had received the questionnaire answered the question items listed above with the answers all very disturbing which made the respondent's anxiety become increased, therefore researchers included the statement items above as supporting data from the respondents' anxiety.

When viewed from the age factor of patients who have end-stage cancer that has been taken by researchers, from the data of age intervention patients more affected by end-stage cancer between 36-45 years with a total of 17 people (34.7%). As well as the age of control patients who have more late-stage cancer between the ages of 36-45 years and 46-55 years with a number of 20 people each (40.8%), from the age above it can be seen that as a person ages the body's ability to accepting all bodily responses from outside such as food, drinks, living habits, can make the body over time become unable to accommodate everything strongly because it has begun to decrease body functions gradually.

Age factors that occur in end-stage cancer patients, the dominant age of 36-45 years in patients who are given intervention and ages 36-45 years and 46-55 years in control patients, without realizing this age humans reach the peak of their lives both in terms of physical, intellectual, emotional, and spiritual, this age has really left his youth and stepped into the real adult age. At this age they have received perfect favors, and a tendency to repent or return to God in earnest.

For most types of cancer at the time of the study were colon cancer in the intervention group as well as in the control group of 16 people (32.6%), colon cancer mostly occurred in patients where the cancer had spread to the lymph nodes and had spread through the middle tissue layer. on the wall of the large intestine or nearby tissues around the large intestine or rectum, this can occur due to the patient's unhealthy eating patterns, such as consuming fast food, smoking, and patients rarely exercise.

Description of Psychological Distress Before Given a Pretest and Posttest Given to the Control Group at RSUP H. Adam Malik Medan

The results showed that the majority of respondents before being given a pretest in the control group experienced high distress as many as 45 people (91.8%).

The results of psychological distress before in the control group, many respondents who appeared to be afraid of the conditions they were experiencing, they were afraid of their illnesses that they feared could not recover, the length of the treatment process that they will undergo, excessive fear that the respondents have a high psychological distress. This explanation is not much different from the results obtained from the intervention group before the act of zikir, 71.4% of respondents had high psychological distress before the intervention of zikir, while in the control group it was found 91.8% of respondents had high psychological distress due to differences from history of the implementation of the chemotherapy that makes the percent different.

Setiani (2015) states that, respondent anxiety increases due to fear of surgery / surgery, fear of disability, fear of anesthesia / anesthesia (eg fear of failure of anesthesia / death, fear of not waking up again and others.

Effects of Psychological Distress on Intervention Groups Given Zikir Therapy with Control Groups Given Pretest and Posttest

The results showed differences in psychological distress in the intervention group given zikir therapy with the control group given pretest and posttest. The results of the analysis using the Mann-Whitney test obtained $p.value = 0,000 < \alpha = 0.05$, the research hypothesis was accepted, so it can be concluded that there is an influence of zikir therapy on psychological distress in the intervention group with the control group given pretest and posttest in cancer patients final stage at the Adam Malik Central Haji General Hospital Medan.

When doing zikir therapy, researchers form groups to be able to do zikir together. In the first week group, researchers conducted zikir therapy with 8 respondents, in the second week group, with 12 respondents,

the third group with 12 respondents, the fourth group 10 respondents, and the fifth group with 7 respondents.

Zikir that has been done in patients with end-stage cancer begins with lafaz “Laailahillallah, Astaghfirullah, Subhanallah, Alhamdulillah, Allahu Akbar”, each of which is read 33 times for 30 minutes. Zikir is carried out for 2 times a day starting at 08.00 WIB and 16.00 WIB. Zikir is done twice because for a Muslim the zikir prescribed in Islam is morning and evening, because Allah Ta'ala says in the Qur'an Ar-Rum verse 17: "Then glorify Allah when you are in the afternoon and morning time ". In the morning God gives mercy before man starts the activity, and in the afternoon when he makes the zikir solemnly Allah will give forgiveness for sins.

Zikir carried out as an intervention given to researchers with respondents has five readings above that can be pronounced or pronounced directly orally or can be pronounced in the heart, zikir carried out by respondents must be in accordance with the standard implementation of zikir therapy conducted by researchers, not the zikir therapy that is patients usually do everyday, and the habits of patients who do daily zikir do not include interventions that have been given.

Zikir makes the patient psychologically calmer, this is evident from the first time the researcher gave the intervention the first day to the seventh day, where when the first day the researcher gave the intervention of zikir therapy to the patient, the patient immediately cried, both occurred in male patients as well. female patient. Patients cry when they first say lafaz zikir which is taught by researchers because of the fear of the patient about death, fear of incurability from the disease, the patient is afraid of being ostracized by his family or people around him. And feel self-blame with his mistakes in the past.

Patients with 30 people (61.2%) who experienced low psychological distress after being given zikir therapy were most who had a history of chemotherapy more than > 4 times, and for 19 people (38.8%) who experienced high psychological distress had history of chemotherapy ≤ 4 times. The data above is obtained because most patients who have been given zikir therapy have calmer conditions, and are more receptive to their condition.

After the next day the zikir therapy is finished, the patient no longer cries like the first day, because on the first day the researcher also provides information about cancer, the researcher invites the patient to surrender to the creator himself. Because truly the human self belongs to the creator, and will return to Him. As for the patient's habit of doing zikir, the information from the respondent is obtained, all 49 respondents said that they often recite zikir, however, researchers do not believe it for sure, because the affairs of zikir are matters of every creature with his god, this matter become a limitation of researchers to further explore the habits of zikir from respondents.

For patients with NPC (nasopharyngeal carcinoma) and tongue cancer patients who follow as respondents, by doing zikir therapy in the heart without saying lafaz zikir that has been given, it also makes researchers unable to clearly ascertain the zikir intervention is actually done or not by the respondent However, researchers still accompanied the respondents when intervening in the zikir therapy, this also became a limitation of the researcher in assessing the seriousness of the patient in conducting the zikir therapy interventions.

When associated with illnesses experienced by patients, zikir performed can have a positive impact that is accepting the circumstances that have occurred without any sense of blame yourself or others. Therefore, the patient can be more receptive to his illness with more relaxed and as if the burden is not visible in his mind. Thinking that seeing the world positively, seeing the reality of life is more real.

Soleh (2016) states that, by praying and zikir, emotional anxiety and anxiety can be lost. When we do the zikir, the heart gets real peace. Zikir is a worship to keep remembering Allah. It means to always mention the name of Allah and live it there. Zikir can also decorate and crown all forms of formal worship and all the activities of a pious Muslim life, including culture, customs and hobbies that have been intended as a means of worship to draw closer to God.

IV. Conclusion and Suggestion

4.1 Conclusion

Based on the results of the study it can be concluded that psychological distress is influenced by zikir therapy, psychological distress is high before the zikir therapy, while psychological distress is low after zikir therapy.

4.2 Suggestion For Cancer Patients

It is expected that more frequent zikir therapy to provide calmness, eliminate the anxiety that is felt so that it can accept the health condition of end-stage cancer patients.

For Hospitals

It is expected to be an ingredient for nursing action interventions in the form of zikir therapy so that it can be applied in hospitals and as a new source of information to be applied in hospitals.

For Nursing Education

It is hoped that this research can be a new input for nursing education in providing non-pharmacological nursing actions with zikir therapy.

For the Development of Nursing Research

For further research developments to continue this research by adding research variables related to zikir and other than in end-stage cancer patients. And do zikir individually to be more solemn in praying to the creator.

For the Indonesian Cancer Foundation in the Sumatera Utara Region

This research is expected to be a new science for the Indonesian Cancer Foundation of Sumatera Utara Region to be disseminated and informed of the implementation of zikir therapy in patients experiencing psychological distress, especially patients who are Muslim as nursing actions that can provide calm and get closer to the creator.

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