

Therapy Spiritual Technique of Dzikir Towards The Level of Anxiety in Nursing Students Before Taking Practicum Examination: A Quasi Experiment

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ABSTRACT

Practicum examination is one of the factors affecting anxiety that leads students cannot take examinations well. Therefore, it is necessary to find ways to reduce anxiety. This research aimed to find out the effects of the spiritual technique of dzikir towards the level of anxiety in students before taking the practicum examination. The research design used a quasi-experimental pre-posttest one-group design. The variable measured was the level of anxiety in students before taking practicum examination. Technique of selecting sample used was purposive sampling with the number of population was 59 people. The number of samples used was 10 respondents. The level of anxiety was measured by using the *Hamilton Anxiety Rating Scale* (HARS) questionnaire. The respondents were doing dzikir an hour before taking the exam. The dzikir used was Tashbih (*subhanallah*), Tahmid (*Alhamdulillah*), Tahlil (*Laa ilaahaillallah*), and Takbir (*Allahuakbar*) as much as 33 times for 15 minutes. The result shows that 70% of respondents had medium anxiety and 30% had severe anxiety before doing dzikir. After doing dzikir, the level of anxiety was reduced. 80% of respondents had no anxiety and 20% of respondents had mild anxiety. The research showed that there were effects of the spiritual technique of dzikir towards the level of anxiety in students before taking the practicum exam. It is recommended that students do dzikir to reduce anxiety before taking the exam.

KEYWORDS

Anxiety; Spiritual; Dzikir; Exam

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Introduction

Educational institutions operating in the health sector, especially nursing in Aceh, have partially improved their learning systems by starting to implement the Competency Based Curriculum (KBK) learning system for undergraduate students. The implementation of KBK aims to ensure that the quality of graduates can show better results by nursing practice competencies, market demands and users of nursing services Fathi *et al* in Dayfiventy, Y, (2012). During the learning process, students cannot be separated from academic demands and problems, as are students using the KBK learning system.

External demands can come from the learning system undertaken, namely Problem-based learning (PBL) is a learning process that utilizes problems so that students are required to know, be adept at solving problems and analyzing problem-solving strategies (Direktorat Jenderal Pendidikan Tinggi, 2008). This is also experienced by students in Aceh, where at the end of each block they have to take an exam, one of which is a response exam where they have limited time to answer orally the questions asked of them, so anxiety will arise when they take the exam. Exam situations that require a skill with a high standard of assessment and are competitive will increase anxiety, thus disturbing individuals from focusing on the things that need to be done during the exam (Zeidner & Matthews, 2005 in Adnani 2014).

Test anxiety often affects three levels, namely: physical, emotional, and cognitive. This response is related to changes in heart rate related to the sympathetic and parasympathetic systems. Several people have shown that when the heart rate increases and then is maintained, the individual will internally describe failure and anxiety in carrying out these skills (Prato, 2009 in Adnani,2014). Anxiety according to Freud in Hall (1993) is a state of unpleasant affective feelings. Which is accompanied by physical sensations that warn people of impending danger.

Nursing actions that can be given to patients with anxiety are implementation strategy techniques, namely deep breathing techniques, distraction techniques/attention diversion techniques, 5 finger techniques and spiritual/dzikir techniques. The deep breathing technique requires a special technique. If this intervention is carried out in groups, it is feared that it will not be detected whether they have carried out the technique correctly and appropriately. For distraction techniques, each individual has different hobbies, so if done in a group it is difficult to find a diversion that is suitable for each individual. Furthermore, the 5 finger technique is difficult to do in a group because each individual finds it difficult to imagine pleasant things and requires different amounts of time when they imagine pleasant things. Meanwhile, spiritual techniques/dzikir can be done in groups and are easy to pronounce

Freud in Hall (1993). Therefore, in this study, researchers took spiritual/dzikir technique therapy to reduce anxiety. Viewed from a mental health perspective, dzikir contains deep psychotherapeutic elements, containing spiritual power that awakens feelings of self-confidence and optimism.

Istiyannah (2010) suggests that dzikir to Allah can be understood in a narrow and broad sense. In a narrow and broad sense. In the narrow sense, dzikir is that which is done with the tongue, by mentioning Allah's name or something related to Him, such as saying tasbih, tahmid, tahlil, takbir, haulalah, and so on. By frequently mentioning Allah's name on the tongue, the words spoken will make an impression in the heart, thereby leading to awareness of the presence of Allah SWT and His greatness. In a broad sense, dzikir is awareness of God's presence anywhere and at any time, as well as awareness of his togetherness with creatures. From the description above, it can be concluded that dzikir is remembering Allah by saying Allah's name repeatedly, both verbally and with the heart.

Dzikir can also be explained using Neuro Linguistic Programming (NLP). NLP is a model of how the brain works, and how language interacts with the brain and how to achieve desired results systematically. Neuro refers to the basic idea that all human actions can be traced to nervous (neurological) processes. Linguistics refers to verbal and non-verbal language that drives thought and behavior.

Based on the results of Supradewi's research (2008) on the effectiveness of dzikir training to reduce negative affect in students, the number of research subjects was 18 people, namely 9 people from the experimental group and 9 people from the control group. showed that dzikir training had a contribution of 46.3% in reducing the level of negative affect. Negative affect in this study include, tense (distressed), disappointed (upset), guilt (guilty), hostile (hostile), irritable (irritable), embarrassed (ashamed), nervous (jittery), restless (nervous), and afraid (afraid).

Another research conducted by Istiyannah (2010) also conducted the same research, namely regarding the influence of the intensity of dzikir al-asma al-husna on students' anxiety in facing the national final exam at Madrasah Tsanawiyah Nahdlatul Ulama 02 Al Ma'arif Boja. The results of the research show that there is an influence of the intensity of dzikir al-asma al-husna on students' anxiety in facing the national final exam at Madrasah Tsanawiyah Nahdlatul Ulama 02 Al Ma'arif Boja.

Based on statements from 8 nursing students in Aceh, students felt anxious with symptoms of pressure in the stomach and chest, anxiety about difficulty remembering, trembling fingers when entering the room for the response test, frequent urination before the response test began and students after leaving. from the exam room worried about the wrong answers they answered during the exam. Based on this explanation, the author is interested in further analyzing the influence of spiritual/dzikir technique therapy on the level of anxiety among students approaching the response exam among Acehnese students.

Method

The design used in this research is a "*Quasi-experimental pre-posttest one group design*" with spiritual/dzikir technique therapy intervention on anxiety levels in students before the response exam among nursing students in Aceh. With the following inclusion criteria:

1. Students who will take a response exam;
2. Students who experience moderate anxiety, severe anxiety and panic according to the HARS Scale detection results.

The sample in this study was first screened as many as 59 students who were willing to fill out a questionnaire to test their anxiety level before the exam. The sample collection method in this study was a purposive sampling technique. The questionnaire used was the *Hamilton Anxiety Rating Scale* (HARS). After all the questionnaires were distributed, students immediately continued to take the written exam. Next, the researcher carried out the scoring. Respondents who experience moderate, severe and panic anxiety will be given spiritual therapy/dzikir which has been previously explained to respondents. The scoring results were only 10 respondents who were in the moderate and severe anxiety category. After completing the written test, the researcher met 10 respondents who had been determined and then gathered them in the tutorial room to be given spiritual therapy/dzikir. This study was approved by the local institutional ethics committee. Respondents signed informed consent and participated in the study voluntarily. Samples that have been selected according to testing requirements are explained about the purpose, benefits and time. After that, it is continued with a session providing spiritual/dzikir technique therapy with the following steps:

1. Choose a comfortable position to sit
2. Calm yourself until you are comfortable
3. Close your eyes
4. Then start saying the sentence calmly and slowly, namely by saying: *Tasbih (subhanallah) 33 times, Tahmid (alhamdulillah) 33x, Tahlil (lailaa Haaillah) 33x, Takbir (Allahuakbar) 33 times.*

Then, after the dzikir intervention was carried out, the researcher asked respondents to fill out the questionnaire again to see the progress of the dzikir therapy (*post-test*). Next, the data obtained is collected for analysis.

Participants

The population in this study were nursing students in Aceh who were going to take a response exam at their university, totalling 59 students and female students. The sampling technique in this research was carried out using a purposive sampling technique. The sample in this study was students who had the following criteria:

1. Students who will undergo a response exam

- Students who experience moderate anxiety, severe anxiety and panic according to the Scale detection results HARS.

After carrying out anxiety detection using the HARS scale, it was found that 7 students were moderately anxiety and 3 were severe anxiety, so the number of samples was reduced to 10 samples.

Instruments

The research instruments used in this research are two questionnaire formats as follows:

- Part A is general student data consisting of age and gender
- Part B is a questionnaire for anxiety level data using the Hamilton Anxiety Rating Scale (HARS) which consists of 14 question items that represent the conditions that the sample is feeling or experiencing.

Data analysis

- Univariate Analysis

This analysis is used to produce frequency and percentage distributions for each variable studied, namely age, gender, level of anxiety, namely not anxious, mildly anxious, moderately anxious and severely anxious.

- Bivariate Analysis

This analysis is used to determine the relationship between the independent variable, namely spiritual/dzikir technique therapy, and the dependent variable, namely the level of student anxiety before the response exam. This is done using a non-parametric statistical test, namely the Wilcoxon signed-rank test. This is used to differentiate data before and after the therapy is given. in this case in the form of spiritual technique therapy/dzikir on the level of anxiety in students before the response exam, with the conclusion that the results are interpreted with $p < 0.05$, it can be concluded that there is a significant difference between the independent variable and the level of anxiety.

Results

Univariate result

The demographic data of respondents in this study consisted of age and gender. Based on table 1, it can be concluded that the frequency of respondents was 10 people with female gender, the majority of respondents were 19 years old.

Table 1. Distribution of respondent demographic Data (n=10)

No	Category	Frequency	Percentage
1	Age		
	a. 18 Years	4	40,0
	b. 19 Years	6	60,0
2	Gender		
	a. Woman	10	100,0

The results of data collection for anxiety levels before and after one intervention in students before the response exam are in the following table:

Table 2. Frequency distribution of student anxiety levels before and after dzikir intervention (n=10)

Anxiety level	Before Intervention		After Intervention	
	f	%	f	%
Not anxiety	-	-	8	80
Mild anxiety	-	-	2	20
Medium anxiety	7	70	-	-
Severe anxiety	3	30	-	-

Based on the 2 above, it can be concluded that the majority of respondents (70%) experienced moderate anxiety before the intervention, and the majority of respondents (80%) did not experience anxiety after being given the intervention.

Bivariate results

Table 3. Distribution of Student anxiety Result Before and After Dzikir Intervention=10)

No	Anxiety	Mean	p-value
1	Anxiety before intervention	5,50	0,004
2	Anxiety after intervention	0,00	

Based on Table 3, it is known that there is a significant difference between the mean anxiety before intervention (5.50) and anxiety after intervention (.00) with $p < 0.05$. Therefore, it can be concluded that there is a significant difference between the level of anxiety before the intervention and anxiety after the intervention.

Discussion

This research demonstrates the influence of students' anxiety both before and after being administered dhikr therapy. The anxiety felt by students before receiving therapy and approaching the responsiveness exam, and after being given therapy in this study, reveals a significant difference in respondents' anxiety levels before the responsiveness test, before the intervention (5.50), and after the intervention (0.00) with a p-value of < 0.05 . This indicates that there is an impact of spiritual techniques/dzikir on the level of student anxiety before responsiveness exams among nursing students in Aceh.

This study is noteworthy for highlighting the importance of spiritual techniques, such as dhikr, in addressing student anxiety before facing exams. The results indicate that dhikr therapy is effective in reducing anxiety levels, as evidenced by the significant difference between anxiety levels before and after the intervention. These findings are consistent with previous research showing that dhikr has a positive impact in reducing anxiety, both in students and in patients with specific medical conditions, such as pre-operative cesarean section patients and cancer patients.

The significance of this research also lies in its context in Aceh, where student anxiety before responsiveness exams can be a serious issue. Therefore, spiritual approaches like dhikr can serve as an effective alternative in addressing this problem. The findings of this research align with previous studies conducted by Istiyana (2010) regarding the ability of dhikr to reduce anxiety in students of Madrasah Tsanawiyah Nahdlatul Ulama facing national final exams. Several other studies also indicate that dhikr therapy can reduce anxiety in pre-operative cesarean section patients by reciting tasbeeh, tahmid, and takbir every 33 times repeatedly for 10 minutes, thus reducing anxiety (Noor, 2019). Another study on dhikr also demonstrates a significant impact in reducing anxiety in cancer patients if performed once daily for at least 10 minutes (Sulistiyawati et al., 2019).

The results of this research are supported by the opinion of Yana, D (2010), who states that the benefit and priority of dzikir in everyday life is to gain peace of mind and eliminate feelings of anxiety. This is also in accordance with the opinion expressed by Najati in Istiyana (2010) the perseverance of a believer to recite the name of Allah by means of tasbeeh, istighfar, takbir, reading the Al-Quran and praising Allah's Asma-Asma (reading Al-Asma Al-Husna) can create calm and peace of mind because dzikir can be used as a medicine for anxiety for humans when they are weak and helpless, namely when they are faced with various pressures and dangers in life.

There are several things that cause dzikir to reduce anxiety or negative affect. First, dzikir can enliven the heart of a servant, where if his body's life makes his activities smooth, then his heart's life can make him happy in this world and in the hereafter. Individuals who truly perform worship (dzikir) to their God, as well as providing nutrition at certain times to maintain their health (Iqbal 2003 in Supradewi 2008). Second, dzikir eliminates negative feelings that exist in the individual. For example, disappointed because his grades are bad, or disappointed, if someone feels that his friend is being unpleasant, this feeling of disappointment does not need to be maintained continuously. Third, it cleanses the heart of impurities such as anger, revenge or hostility, and will strengthen a person's heart so that they are not easily tense, afraid or anxious, lots of dzikir will erode the negative feelings that individuals have (Frager in Supradewi, 2008).

Dzikir can also be explained using *neuro-linguistic programming* (NLP). NLP is a model that explores how the brain works, how language interacts with the brain, and how to achieve desired outcomes systematically. The "*neuro*" aspect refers to the fundamental idea that all human actions can be traced back to neurological processes. "*Linguistic*" refers to verbal and non-verbal language that influences thoughts and behavior (Supradewi, R. 2008).

One of the benefits and virtues of dzikir is eliminating anxiety, fear and worry (Yana, 2010). In this research, the spiritual technique/dzikir carried out was by reciting tasbeeh, tahmid, tahlil and takbir 33 times. The four dimensions of dzikir are the dzikir that was carried out and exemplified by Rasulullah SAW and which was very liked and loved by Allah SWT (Pamungkas, M. I 2014). Tasbeeh means purifying our Lord Allah SWT from everything that is not worthy of His glory and majesty. Tahmid means assigning everything perfection to Him alone, both in His name, His nature, and His af'al (deeds). Tahlil means monotheism (affirming) Allah SWT that only Him we worship (worship) and ask for help, and avoid all forms of polytheism. Takbir means determining that the characteristics of greatness, majesty and glory belong to Allah SWT alone. To purify Allah SWT at least by saying the sentence Subhanallah (tasbeeh). Praise Allah SWT by at least saying the sentence Alhamdulillah (tahmid). Acknowledge Allah SWT by at least saying Laa Ilaaha Illallaah (tahlil). Glorify Allah SWT by at least saying the phrase Allahu Akbar (takbir).

Based on the description above, the researchers concluded that the influence of dhikr remembrance of God on the anxiety levels of nursing students in Aceh, Indonesia, before the response exam is highly significant. Therefore, the results of this study can be used as an intervention tool to address anxiety problems in nursing students facing response exams in Aceh. The limitation of this study is that it focuses only on Muslim students. This is due to the content recited by the students, which includes tasbeeh tahmid (repeating phrases of praise to Allah) and takbir (recitation of the phrase Allahu Akbar). The study does not include students from other religious backgrounds.

Therefore, the findings and generalizations from this study may not directly apply to the population of students from different religious backgrounds.

Conclusion

Based on the results of the research and discussion, it can be concluded that there is an influence of spiritual technique therapy/dzikir on the level of anxiety in students before the response exam among nursing students in Aceh. This therapy can be used as an alternative to help students who experience anxiety.

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