

## Anticipating Patient Anxiety Through Spiritual Education at Dr. Drs. M. Hatta Brain Hospital Bukittinggi

Najmal Hadi Zain, Supratman Zakir, Silfia Hanani, Zulfani Sesmiarni, Syafwan Rozi

Universitas Islam Negeri Sjech M. Djamil Djambek Bukittinggi, Indonesia

Email: najmalhadi@gmail.com, supratmanzakir@uinbukittinggi.ac.id,

silfiahhanani@uinbukittinggi.ac.id, zulfanisesmiarni@uinbukittinggi.ac.id,

syafwanrozi@uinbukittinggi.ac.id

### ABSTRACT

The purpose of this study was to explore spiritual education as a way to anticipate patient anxiety. This study applies a mixed-methods approach, namely combining quantitative and qualitative methods. In the quantitative section, the HARS (Hamilton Anxiety Rating Scale) instrument was used to measure the level of anxiety of respondents objectively before and after the intervention. Meanwhile, the qualitative approach was carried out through in-depth interviews to explore the experiences and perceptions of participants regarding the intervention given. The results of the quantitative study showed that spiritual education can anticipate patient anxiety. It was found that the level of anxiety in the pre-test for most patients was at a moderate level, with 73.33%, whereas the level of anxiety in the post-test for most patients was at a mild level, with 66.77%. Qualitative results support this finding, with participants reporting increased inner peace, a sense of sincerity, and decreased fear when hospitalized. Spiritual education can handle anxiety through material on monotheism, dhikr therapy, and prayer, which are very effective when applied in hospitals to reduce the anxiety of hospitalized patients.

**Keywords:** anxiety anticipation, spiritual education, patient

### INTRODUCTION

A person with mental health can adjust to the environment when interacting without feeling anxious, tense, or even experiencing physical symptoms. Islamic psycho-spiritual therapy has been successful in several treatment centers (Zatrahadi et al., 2021). Hospitals are often a challenging place for *human spiritual power*. The confidence of patients and their families is often tested when they face illness, uncertainty, and medical measures such as surgeries and supportive examinations. When people face difficulties, anxiety often arises, and the fear of loss can disrupt inner peace. In these circumstances, spiritual power, which usually provides support and resilience, can weaken, making individuals more susceptible to feelings of anxiety and hopelessness. One of the main needs of patients is *spiritual needs*. Spiritual needs can drive change to maintain one's alignment with the outside world and efforts to respond to strength when facing emotional stress, physical illness, or death (Qudrotillah Rahman et al., 2024). When patients are sick, spiritual strength is needed in the patient's recovery in addition to medical treatment (Kurniasari et al., 2021).

Anxiety can have negative consequences. These consequences include a decrease in pain threshold, changes in blood pressure and heart rate, uncooperative behavior during procedures, increased patient discomfort, the need for additional analgesia or sedation, delay or rejection of procedures, and patients who are unable to receive information (Wahdini et al., 2023). Anxiety conditions will eventually interfere with daily social activities and relationships with others (Astriani, 2022). During illness, the patient's spiritual needs must be met as a person's energy is reduced and their spiritual needs are affected (Faridah, 2021). Spiritual issues

can be relationships with *God* and concerns like life satisfaction, life direction, and life purpose. Poor spiritual needs can lead to severe psychological disorders such as excessive anxiety, depression, and suicide (Maulani et al., 2021).

The patient's good spiritual intelligence can give a positive meaning to every event and situation experienced (Puspanegara et al., 2023). Many people struggle to find meaning and strength amidst hardships, and their daily lives, full of hope and faith, seem lost in the silence of the treatment room. In addition, discomfort caused by the unfamiliar environment, sounds of monitors, and the busyness of medical personnel add to anxiety levels. The hospital atmosphere becomes quieter when people lying in beds look weak and vulnerable.

Patients with anxiety require higher doses of anesthesia induction, higher medication doses, and experience poorer recovery. If left untreated, prolonged anxiety creates stress that can harm patients and delay recovery (Bedaso & Ayalew, 2019). Patients with high anxiety levels more consistently choose hospitals that offer anxiety management services compared to hospitals that do not address patients' anxiety (Tang, 2012). According to Sargin & Uluer (2020), to overcome anxiety, sedation drugs are usually given to help patients calm down and relax. This can increase the risk of cardiovascular complications, especially in older patients (Wahdini et al., 2023).

Hospitals have different types of patients—for example, calm, restless, moaning, and others. The type of patient varies depending on the condition: ordinary, moderate, chronic, and even traumatic. These circumstances require maximum service physically, psychologically, medically, and spiritually for all patients. Some patients with chronic or traumatic symptoms require more intensive psychological care to build confidence, gain attention, affection, appreciation, and support. Because each patient has their own emotional, *insert* (inner?), and spiritual side, all patients need support.

Recent research shows that spiritual education, such as reflection on the meaning of illness, spiritual counseling, guided prayer, and strengthening faith values, can significantly and deeply reduce anxiety. In a systematic review by Puchalski et al. (2021), spiritual interventions given before surgery improved patients' quality of life, emotional well-being, and lowered anxiety by up to 40% in some cases. Hospitals that integrated spiritual education into pre-operative services also reported increased patient satisfaction and a more empathetic relationship between patients and medical personnel (Sulmasy, 2019). This approach is not only beneficial clinically but also reflects the principle of holistic care that considers the patient's body, mind, and soul equally. Thus, the integration of spiritual education in anticipating pre-operative anxiety is crucial as part of modern patient-centered nursing and medical practices.

According to Puchalski et al. (2021), the spiritual aspect of patients is often overlooked in hospital services, even though spirituality is an important source of strength, meaning, and hope, especially in crisis conditions such as facing surgery. Therefore, spiritual education is one of the anticipatory strategies that has significant potential to relieve pre-operative anxiety. Based on interviews and observations by the author at *DR. Drs. M. Hatta Bukittinggi*, many patients still experience anxiety while being treated in the hospital and emergency room. The anxiety scale used by the author is the Hamilton Anxiety Rating Scale (HARS). Spiritual actions given by hospital staff are also lacking, evidenced by the absence of standard operating procedures, service guidelines, and spiritual needs service modules. Some patients do not perform obligatory worship while being treated in the hospital. This shows that hospital staff treat only the biological aspects and ignore the spiritual aspects of the patient.

From the above, handling spiritual health and mental health is indeed necessary. Spiritual education can be done through clinical mental coaching. Spiritual coaching and education play an important role in handling mental health based on divine revelation, which is absolutely recognized as true. Many experts believe that religious therapy can speed healing,

such as Ahmad al Khadi, director of the Islamic Medicine Institute for Education and Research in Florida, USA. Ahmad Al-Qadhi presented his research on the influence of the Qur'an on humans from the perspectives of physiology and psychology at the XVII annual conference of the American Medical Association, Missouri region (Faradisi, 2018).

This study aims to explore the impact of spiritual education on pre-operative anxiety in hospital patients and provide policy recommendations for integrating spiritual aspects into patient care. The benefit of this research is to provide data that can be used to design spiritual-based interventions in hospitals, which may help reduce patient anxiety, improve quality of life, and support faster recovery through a holistic approach that includes body, mind, and soul.

## **RESEARCH METHOD**

The research used quantitative and qualitative approaches. Data collection techniques were carried out by questionnaire, interview and documentation methods. The research began by giving a questionnaire on the Hamilton Rating Scale (HARS) for anxiety and then an experiment was carried out by conducting spiritual education, remembrance guidance, and prayer. After that, the HARS questionnaire was given again and the anxiety level scale before and after the action was compared. After that, it was followed by a library research analysis. This study uses the mixed method "Explanatory Mixed Methods Design". The research method of combination of models or Sequential Explanatory designs is a sequential quantitative and qualitative research method, where in the first stage the research is carried out using the quantitative stage and in the second stage it is carried out with the qualitative method (Sugiyono, 2011).

## **RESULTS AND DISCUSSION**

The Qur'an and Hadith provide clues for human existence in all aspects (Wibowo & Hidayat, 2022). The Qur'an serves as the first reference book for Muslims as a guide for their lives. The Qur'an covers various topics such as sharia, creed, science, and the story of previous Prophets (Faisal, 2021). The Quran and Hadith are two holy books that serve as guidelines and guidance for Muslims.

There are two types of revelations that Allah SWT has revealed through the Angel Jibril, namely the revelation that is read and the revelation that is not read. The revelation that is read is the Qur'an and the revelation that is not read is the hadith of the Prophet PBUH. Without the Hadith, there will be many verses in the Qur'an that cannot be understood the purpose and procedure of implementation. For example, in the Quran Allah SWT, it commands Muslims to establish prayers and perform Hajj for those who are able, but the procedure for its implementation is not found in the Quran (Nasution, 2015). The Qur'an does not stop inviting people to use their intellect and eyes of heart to think, reflect, and learn from everything that happens in the universe. Those who think in the Qur'an are referred to as Ulul Albab, and those who can learn from the universe. Islamic scientific thought specifically examines the truth of science scientifically based on the guidance of the Quran. In addition, this approach is able to strengthen and clarify a fact by referring to the hadith of the prophet, Islamic thinkers, Islamic and non-Muslim scientists. Such an opinion is acceptable if it does not contradict the Quran and as-Sunnah (Zetty Nurzulina Rashed et al., 2016).

More than that, according to Muhaimin's (2007) view, the Qur'an is an argument for mankind that is a source of objective, universal, and eternal value, because it is derived from the Most High. The blasphemy of the Qur'an is justified, because it is the source of all kinds of rules about law, socio-economy, culture, education, morality, health and so on, which must be used as a view of life for all mankind in solving every problem (Qs. al-A'raf/7: 158; Qs. al-Nahl/16: 59; Qs. al-Ahzâb/33: 36).

The Qur'an has an absolute value given by Allah SWT, the most important and first source of Islamic education is the Qur'an. Allah SWT has created humans and is in charge of giving them lessons, therefore, the most common educational material is contained in His revelation. All problems, including education problems (Suryadi, 2022). Islamic education must use the revelation of Allah SWT contained in the Qur'an to produce quality Islamic education. An education system based on the Qur'an will embody and reflect a Muslim community that is in accordance with the ideals expected of Islam. However, hadith is an interpretation of the Qur'an that serves as the practical basis for Islamic teachings. The Qur'an not only contains educational materials, but also serves as the foundation of the educational paradigm. The Qur'an (Islam), as a paradigm, has unique ideas and theories about education, especially about the concept of God and man. The Qur'an offers a source of empirical, aqliyah, and intuitive knowledge as a source and a tool for seeking knowledge that can be used by humans, including everything related to educational theory. However, everything points to Allah SWT as the source of all knowledge. It is not surprising that the evolution of scientific epistemology has emerged in the context of Islam, such as the Islamization of Science and Tawheed Science (Suryadi, 2022).

The source of religion is the Quran and Hadith, and the source of science is the natural law created by God, namely sunnatullah. Since they come from one source, namely Allah, there is no difference between the two. The verses of al-kawnyah in the Qur'an, which commanded humans to pay attention to natural phenomena, encouraged Islamic scholars in the past to investigate and investigate natural phenomena (Aprison, 2015).

The Qur'an is a normative source for lowering the theory of Islamic education as well as being the foundation. The process of declining his ideas requires the rules of philosophy, science, and educational interpretation. The source of revelation, namely the Qur'an and hadith, occupies the highest position as the source and foundation of Islamic education theory. Research on the source of revelation will bring down theory as the basis for the development of educational theory at the level of educational philosophy. Theory at the philosophical level is derived from the theory of educational science. Finally, theory at the level of educational science is derived from the educational manual as an educational practice. Research like this is oriented to the exposure of the concept of education in the cues of the Qur'an through various thoughts and elaborates on the idea of educational goals that are derived from the development of educational theory (Suryadi, 2022).

The form of Spiritual Education in meeting the spiritual needs of patients is by providing monotheistic material, dhikr therapy and prayer with lecture and demonstration methods. The pretest and post-test results are as follows, it is known that the highest level of pre-test anxiety of patients is at the moderate level with 73.33% and the highest level of post-test anxiety of patients is at the mild level with 66.77%. The study that has been conducted on 15 patients almost all patients experienced a decrease in anxiety levels. This shows that Spiritual Education is provided with monotheistic material, conducting dhikr and prayer therapy by being able to reduce anxiety and meet the spiritual needs of patients, so that patients are calmer and more comfortable facing the tests and diseases they face.

The three main themes that emerged from patient interviews after receiving spiritual education were First, Feeling at Peace and Acceptance: "I felt calmer after knowing that this illness and surgery was part of God's will. I don't feel like I'm alone." Second, Increased Hope and Confidence: "His prayer session made me stronger. I am sure everything will go smoothly because I have resigned and trusted in God." Third, the Meaning of Pain as a Spiritual Process: "I used to be afraid of dying. But now I see this pain like a test. Not only suffering, but also an opportunity to draw closer to God."

A patient who is in a healthcare facility can experience anxiety, a feeling that arises when a person is in a situation that is obvious and can cause discomfort. Anxiety appears

inexplicably for no apparent reason for the danger to life. Fear and anxiety are emotions that they experience when facing certain situations (Amiman et al., 2019). Excessive anxiety on unrealistic things can cause anxiety disorders that will interfere with the patient's recovery (Tanuwidjaja et al., 2022). The results of research conducted by Nurhasanah show that knowledge or information provided before medical action can reduce a person's anxiety level (Saragih, Ice Septriani, Simorangkir, 2017). Information about the patient's spiritual needs is essential in dealing with hospital situations and how to prevent anxiety.

One of the important needs of patients that patients must meet in hospitals is spiritual needs. Previous research has shown that patients who undergo treatment mostly experience spiritual distress, which is usually characterized by crying, complaining about their condition, and sleep problems (Ardiansyah, 2021). Spiritual education can reduce anxiety and provide significant psychological support, as patients often experience spiritual distress that hinders the coping and healing process. Physical and psychological readiness will help in the smooth healing process of disease, in addition to being able to influence adjustment and recovery (H. Gunawan & Mariyam, 2022).

Methods tailored to each patient's health and psychological conditions are needed to meet their different spiritual needs. Anxiety is a feeling of tension or tension caused by some external factor that does not come from the condition of the body's tissues. Many of these factors come from outside the patient himself, such as an uncomfortable environment and lack of knowledge about anxiety treatment (Anjarwati et al., 2022). In addition, anxiety can also be affected by the patient's past experiences that do not make him comfortable (A. Gunawan & Kamalah, 2021). So we need to straighten out that the condition of anxiety about facing diseases and the hospital environment is not scary. Stressors must be dealt with adaptively, not avoidable. This can be overcome by improving the patient's spirituality. The need for spirituality to support in the patient's recovery process, as well as to improve treatment services in the hospital.

Spiritual education in Islam is an act that aims to provide the therapeutic effect of Islamic medicine by strengthening the heart, leaning on oneself and tawakal to Allah Subhanahu wa Ta'ala, and praying to Him for healing carried out by demonstrating and guiding the patient in the implementation of therapy. Prayer and dhikr will awaken confidence, optimism, bring peace, and feel the presence of Allah Subhanahu wa Ta'ala so that by remembering it, one's faith increases and there is an intake of energy and tranquility in the soul. This will cause stimulation in the hypothalamus to decrease the production of CRF (Corticotropin Releasing Factor) which will further stimulate the anterior pituitary gland to decrease the production of ACTH (Adreno Cortico Tropic Hormone). This hormone will stimulate the adrenal cortex to decrease the secretion of cortisol which will suppress the immune system thereby reducing anxiety and depression levels (Catrine & King, 2013). Relaxation therapies such as spiritual therapy reduce the physiological symptoms of anxiety, such as decreased heart rate and breathing and improved ability to concentrate and memory. Increases energy levels, positive thoughts, and creativity and helps create a positive self-image (Mawarti & Yani, 2022).

A Muslim's ability to perform worship in particular will bring all his thoughts and feelings out of worldly affairs and make his soul calm and peaceful (Nurwati, 2023). Worship such as prayer and tawakkal will increase confidence, optimism, calmness, peace, and the feeling of Allah's presence, which will reduce anxiety levels (Sidabutar & Mardhiah, 2021).

This is according to the results of research where all spiritual therapies carried out include prayer, dhikr, self-surrender exercises based on monotheism and can reduce the level of anxiety and depression in patients who have to undergo treatment. Almost everyone experiences anxiety because of problems they face in their lives, such as when they are hospitalized. Many factors lead to patients' anxiety in hospitals, including healthcare workers,

their new environment, the care procedures they undergo, and even family knowledge of the patient's disease journey (Weni Wulandari et al., 2022). Other factors, such as family support, strongly influence the patient's anxiety levels before treatment (Sugiartha et al., 2021). Family support to motivate patients spiritually is needed to improve the patient's spirituality in dealing with illness. Spiritual care needs are very important and very important to be met, especially when someone is sick. This is because one's energy will be reduced and the need for spiritual care will have an effect. Today, it is considered that spiritual care is an essential component of the overall care provided to patients and their families (Khotijah et al., 2024).

Spiritual education can also be carried out by professionals such as Islamic religious education scholars. Islamic Religious Education is the guidance or conscious leadership by educators towards the physical and spiritual development of human beings towards the formation of their main personality (*insan kamil*). Also, Ahmad Tafsir, defines Islamic education as the guidance given by a person to a person so that he develops optimally in accordance with Islamic teachings (Mahmudi, 2019).

One of the main responsibilities of spiritual education is to deal with these issues that actually require the help of spiritual education, such as anxiety handlers to meet the spiritual needs of patients in hospitals. At least the value of Tawheed is the main formulation in Islamic education. The basic values of Islam can be actualized in two different ways. These values are directly implemented in a person's behavior, the second method converts these values into scientific theories before being implemented in behavior. It seems that this second method is more relevant today if we want to restore Islamic society in the context of industrial society; This requires a more thorough approach than just using legislation. In order to transform value through the theory of science and then apply it in practice, several stages of creation are needed: theology, social philosophy, social theory, and social change (Aprison 2017).

The role of spiritual education provided by the hospital is a form of religious concern, providing freedom to worship according to their own beliefs in accordance with their religious beliefs. For adherents of Islam, of course, it is accompanied by a form of activities that support the patient's recovery by providing guidance and direction to live and practice the true teachings of Islam so that a happy life is formed, gaining patience and safety and tawakal towards Allah. The role of Islamic education is referred to as an effort to form a healthy spirituality for patients where with a healthy mental state is expected to help the patient's healing process. Most hospital institutions are only engaged in profit, but there are also hospitals in addition to making profits and do not ignore the spiritual aspect of patients (Kristiana Rahmawati, 2021). If spirituality is considered and made into a hospital brand, this can make patients want to visit and can increase the hospital's revenue and positive image.

People who are undergoing treatment at home or in hospital receive only medical advice from nurses and doctors, while their families are rarely given spiritual guidance. However, physical suffering is not the only complaint of a sick person. There are also psychic complaints, such as anxiety and fear related to their illness. Therefore, spiritual education is very important in addition to providing support during the healing process (Haryanto, 2024).

Patients in hospitals often experience disruptions in meeting their biological needs. This situation can affect the patient's psychological, social, and spiritual situation. Until now, there are still many ways to apply spiritual care (Wahdaniah & Syahrir Karim, 2023). So far, there have been efforts made to prevent, overcome, and treat individuals who suffer from anxiety through medical and psychological approaches. Actually, the clinical religious approach (psychoreligious) is the better and rarely used in scientific empirical practice (Hawari, 2008). spiritual needs are needs that must be met and are a priority need to get closer to Allah SWT (God) so that patients are calm and peaceful towards and accept illness as a test from God so that humans always remember death (Kurniasari et al., 2021).

Anxiety can be defined as feelings of tension, nervous restlessness, fear and high levels of autonomic activity with varying levels of intensity. Surgery is a traumatic act that usually involves bleeding, pain, risk of morbidity or sometimes death. Anxiety is an unpleasant emotional experience that can cause patients who are about to undergo surgery to avoid the procedure (Bedaso & Ayalew, 2019). Higher levels of anxiety in patients were associated with greater dissatisfaction with three aspects of health care (Herrera-Espiñeira et al., 2009). Spirituality therapy can help patients reduce their anxiety, i.e. they can feel calmer, less afraid, better than before, feel cared for, reduce anxiety that is already ingrained in their subconscious, and reduce the burden of their thoughts about their nature (Mumtahanah & Aliza, 2022).

The results of the randomized study showed that spiritual education can anticipate patient anxiety, it is known that the highest level of pretest anxiety of patients is at the moderate level with 73.33% and the highest level of posttest anxiety of patients is at the mild level with 66.77%. It can be seen from the following figure.

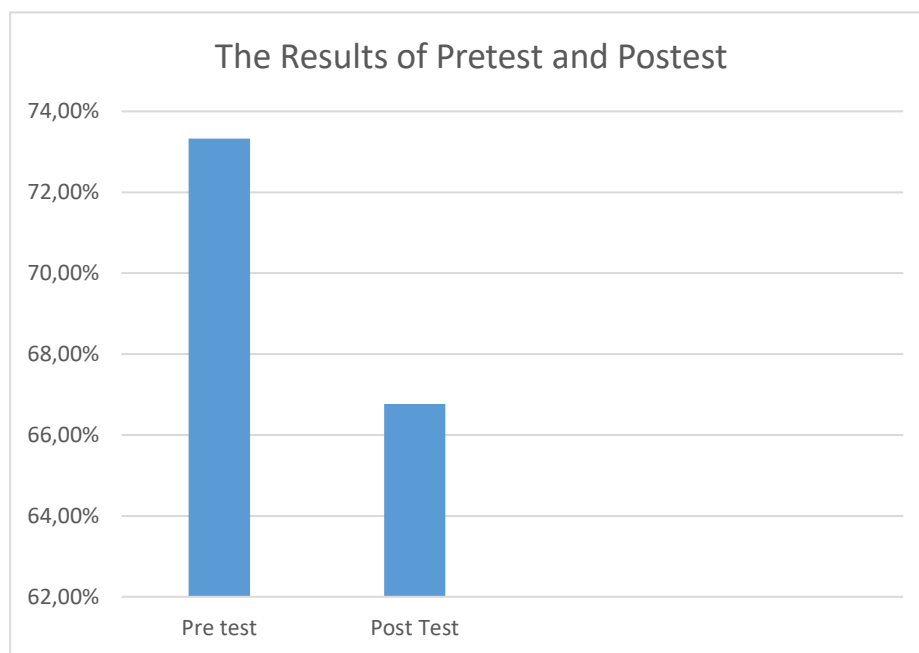


Figure 1. The Results of Pretest and Posttest

## CONCLUSION

Spiritual education has been demonstrated to significantly reduce pre-operative anxiety, as evidenced by both quantitative measures such as anxiety scores and qualitative insights from patient experiences and perceptions. Integrating these interventions into pre-operative education services, supported by multidisciplinary teams, can enhance holistic patient care. A key practical implication is the need to train health workers in providing basic spiritual support and collaborating effectively with spiritual care providers to deliver humanistic and comprehensive services. This research underscores the importance of developing guidelines and operational standards for spiritual-based care, serving as a reference for hospitals aiming to implement such programs. Future research should explore the long-term effects of spiritual education on patient outcomes and investigate the best models for interdisciplinary collaboration in delivering these services, ultimately aiming to boost patient satisfaction, public trust, and the positive reputation of hospitals offering spiritual care.

## REFERENCES

- Amiman, S. P., Katuuk, M., & Malara, R. (2019). An overview of the patient's anxiety level in the emergency department. *Journal of Nursing*, 7(2). <https://doi.org/10.35790/jkp.v7i2.24472>
- Anjarwati, S., Maulidia, N. R., & Yekti M, N. R. (2022). The Relationship Between Coping Mechanisms and Anxiety Levels in Pre-Esophagogastroduodenoscopy Patients. *Journal of Social Science*, 2(5), 606–615. <https://doi.org/10.59188/jurnalsosains.v2i5.393>
- Aprison, W. (2015). Reconciling Science and Religion: Considering Harun Nasution's Theory. *Journal of Islamic Education*, 4(2), 241. <https://doi.org/10.14421/jpi.2015.42.241-259>
- Ardiansyah. (2021). Spiritual Pain Literature Review. *Journal of Nursing Science*, 92–101.
- Astriani, D. (2022). Play therapy with the traditional game "Gobak sodor" to improve self-regulation in children with low responsibility. *Procedia : Case Studies and Psychological Interventions*, 10(3), 98–102. <https://doi.org/10.22219/procedia.v10i3.17460>
- Bedaso, A., & Ayalew, M. (2019). Preoperative anxiety among adult patients undergoing elective surgery: A prospective survey at a general hospital in Ethiopia. *Patient Safety in Surgery [revista en Internet] 2019 [acceso 29 de agosto de 2020]*; 13(1): 1-8. *Patient Safety in Surgery*, 13(18), 1–8.
- Faisal, M. (2021). Science in the Quran (Understanding the Construction of the Tafsir Bil-Ilmi Approach in Interpreting the Qur'an). *Journal of Qur'an Studies and Tafsir*, 1 (June), 26.
- Faradisi, F. (2018). The Effectiveness of Murotal Therapy and Classical Music Therapy on Reducing Anxiety Levels in Preoperative Patients in Pekalongan. *Health Scientific Journal*, V(2), 11.
- Faridah, F. (2021). Differences in Behavior in Fulfilling Spiritual Needs Based on the Level of Knowledge and Attitude of Inpatients at Raden Mattaher Jambi Hospital. *Scientific Journal of Batanghari University of Jambi*, 21(2), 892. <https://doi.org/10.33087/jiubj.v21i2.1429>
- Gunawan, A., & Kamalah, A. D. (2021). Proceedings of the 2021 National Health Seminar Institute for Research and Community Service Overview of Anxiety Levels in Patients Undergoing Hemodialysis : Literature Review Proceedings of the 2021 National Health Seminar Institute for Research and Community Service. 92, 1233–1242.
- Gunawan, H., & Mariyam, M. (2022). Murottal Qur'an surah ar-rahman lowers anxiety levels of pre-cataract surgery patients. *Young Ners*, 3(2). <https://doi.org/10.26714/nm.v3i2.8974>
- Haryanto, B. (2024). Analysis of the Happy When Sick (HWS) Method in Spiritual Guidance in . 83–97.
- Ministry of Religion. (2019). *Al-Quran and Translation*. Pustaka Agung Harapan.
- Khotijah, S., Wardhani, U. C., & Eliawati, U. (2024). Factors related to the fulfillment of the spiritual care needs of patients treated at Awal Bros Batam Hospital. *Journal of Medika Nusantara*, 2(1), p. 140-153.
- Kristiana Rahmawati, H. (2021). Motivation of religious attitudes through da'wah management at Sunan Kudus Islamic Hospital. In *Al-Mubin; Islamic Scientific Journal* (Vol. 4, Issue 1, pp. 29–40). <https://doi.org/10.51192/almubin.v4i1.92>

- Kurniasari, L., Mustikarani, L., & Ghozali, G. (2021). Fulfilling Spiritual Needs to Reduce Stress Levels in Female Prisoners. *Faletahan Health Journal*, 8(03), 210–215. <https://doi.org/10.33746/fhj.v8i03.228>
- Mahmudi, M. (2019). Islamic Religious Education and Islamic Education Review of Epistemology, Content, and Material. *TA'DIBUNA: Journal of Islamic Religious Education*, 2(1), 89. <https://doi.org/10.30659/jpai.2.1.89-105>
- Maulani, M., Saswati, N., & Oktavia, D. (2021). An Overview of the Fulfillment of Spiritual Needs in Chronic Kidney Failure Patients Undergoing Hemodialysis at Bhayangkara Hospital, Jambi City. *Journal of Scholarly Medicine*, 8(1), 21–30. <https://doi.org/10.33482/medika.v8i1.142>
- Mawarti, H., & Yani, A. L. (2022). Returning to Islamic Boarding Schools in the New Normal Era: Its Effect on Anxiety and Can Spiritual Relaxation Therapy Reduce Anxiety in Students? *Journal of Nursing*, 14(1), 105–114. <https://doi.org/10.32583/keperawatan.v14i1.37>
- Mumtahanah, S., & Aliza, N. F. (2022). Prayer Therapy in Islamic Spiritual Guidance Services to Reduce Anxiety Levels of Delivery Patients in Hospitals. *Al-Ittizaan: Journal of Islamic Counseling Guidance*, 5(2), 58. <https://doi.org/10.24014/ittizaan.v5i2.15943>
- Nasution, A. A. (2015). The Relationship of Hadith with the Qur'an. *Journal of Scientific Thariqah*, 2(2), 95.
- Nurwati, D. (2023). Roland Barthes's Semiotic Analysis on Zikir Therapy Facing the Covid 19 Pandemic at the Munfaridin White Lion Islamic Boarding School. *Heritage Journal*, 11. <https://jurnal.yudharta.ac.id/v2/index.php/HERITAGE/article/view/3651>
- Puchalski, C. M., Vitillo, R., Hull, S. K., & Reller, N. (2021). Improving the spiritual dimension of whole person care: Reaching national and international consensus. *Journal of Palliative Medicine*, 24(7), 932–938.
- Puspanegara, A., Rusmianingsih, N., Rihlatussalamah, N., & Nugraha, M. D. (2023). The relationship between the spiritual intelligence of implementing nurses and the fulfillment of patients' spiritual needs in the inpatient installation of Juanda Kuningan Hospital in 2023. *Journal of Midwifery Care*, 4(1), 25–33. <https://doi.org/10.34305/jmc.v4i1.964>
- Qudrotillah Rahman, D., . I., & Bayu Kusumah, R. (2024). The Relationship between the Application of Nurses' Spirituality Aspects and the Fulfillment of Spiritual Needs in Inpatients in the Mina Room of Assyifa Islamic Hospital, Sukabumi City. *Journal of the Health Society*, 13(1), 1–9. <https://doi.org/10.62094/jhs.v13i1.121>
- Ramadhani, H. R., Suratmi, S., & Qowi, N. H. (2023). The relationship of nurses' knowledge of spiritual needs to nurses' behavior in meeting patients' spiritual needs. *Scientific Journal of Nursing*, 9(5), 618–624. <https://doi.org/10.33023/jikep.v9i5.1614>
- Saragih, Ice Septriani, Simorangkir, L. (2017). The relationship between patient knowledge of preoperative information and preoperative patient anxiety. *Health Scientific Journal*, 6(1), 48–54. <https://ejournal.umpri.ac.id/index.php/JIK/article/view/1149>
- Sidabutar, R. R., & Mardhiah, M. (2021). The Effect of Spiritual Service Assistance of Prayer and Tawakkal on the Anxiety Level of Preoperative Closed Fracture Patients at Sundari General Hospital. *Journal of Prosperous Healthy Families*, 19(2), 53. <https://doi.org/10.24114/jkss.v19i2.32419>

- Sugiarta, P. A., Juniarta, I. G. N., & Kamayani, M. O. A. (2021). An overview of anxiety in pre-operative patients at Buleleng Hospital. *Coping: Community of Publishing in Nursing*, 9(3), 305. <https://doi.org/10.24843/coping.2021.v09.i03.p09>
- Sugiyono. (2011). *Combination Research Methods*. Alfabet.
- Sugiyono. (2016). *Quantitative, Qualitative and Combination Research Methods (Mixed Methods)*. Alfabet.
- Sulmasy, D. P. (2019). The rebirth of the clinic: An introduction to spirituality in health care. *Journal of General Internal Medicine*, 34(3), 405–410.
- Suryadi, R. A. (2022). The Qur'an as a source of Islamic education. *Taklim : Journal of Islamic Religious Education*, 20(2), 83–94. <https://doi.org/10.17509/tk.v20i2.50336>
- Tang, L. (2012). The patient's anxiety before seeing a doctor and her/his hospital choice behavior in China. *BMC Public Health*, 12(1), 1. <https://doi.org/10.1186/1471-2458-12-1121>
- Tanuwidjaja, S., Safitri, S., & Apriani, M. (2022). Journal Review Anxiety Articles with Various Physiotherapies that can Reduce Anxiety. *Indonesian Multidisciplinary Journal*, 1(3), 985–991. <https://doi.org/10.58344/jmi.v1i3.94>
- Wahdaniah, & Syahrir Karim. (2023). Political Intervention on the Right to Spiritual Health: A Study on Fulfilling the Spiritual Needs of Patients at Labuang Baji Hospital Makassar. *Vox Populi*, 6(1), 66–76. <https://doi.org/10.24252/vp.v6i1.40078>
- Wahdini, S., Srilestari, A., Mihardja, H., & Abdullah, M. (2023). Effect of Ear Acupuncture with a Press Needle on Anxiety of Patients Undergoing Esophagogastroduodenoscopy Procedure. *Journal of Vocational Health*, 8(2), 65. <https://doi.org/10.22146/jkesvo.68503>
- Wedra Prison. (2017). Tauhid: The Basis for the Formulation of Future Education Epistemology. *Journal of Educational Studies*, 2(1), 68–80.
- Weni Wulandari, Yuliza, E., & Herlina, I. (2022). Health Literacy with Anxiety Level of Covid-19 Patients. *Journal of Public Health Education*, 1(02), 48–56. <https://doi.org/10.53801/jphe.v1i02.32>
- Wibowo, Y. R., & Hidayat, N. (2022). The Qur'an & Hadith as a Guideline for Character Education. *Bidayah: Studies in Islamic Sciences.*, 13(8), 113–131.
- Zatrahadi, M. F., Firman, F., & Yusuf, A. M. (2021). Spiritual counseling for drug addict patients at Tampan Psychiatric Hospital Pekanbaru. *Journal of Educational Administration & Educational Counseling*, 2(2), 104. <https://doi.org/10.24014/japkp.v2i2.15304>
- Zetty Nurzulina Rashed, Ab. Halim Tamuri, Mohd Izzudin Pisol, Mohd Faez Ilias, & Siti Suhaila Ihwani. (2016). The Role of the Quran as a Source of Science and Its Relationship with Science. *Proceeding of 5th International Conference on Islamic Education 2016 (ICIED 2016)*, January 2017, 64–75