

INFLUENCE OF MUROTTAL QS AL FATIHAH THERAPY ON STRESS AMONG OLDER PEOPLE IN UPT PSTW KHUSNUL KHOTIMAH, RIAU, INDONESIA

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Abstract. Stress is a problem that is often experienced by the older people. QS Al-Fatihah murottal therapy is an effective complementary therapy to overcome the psychosocial problems. This study aimed to determine the effect of QS Al-Fatihah murottal therapy on the stress of the older people at UPT PSTW Khusnul Khotimah, Riau, Indonesia. The study design was quasi-experimental with a pre-and post-test and a control group. QS Al-Fatihah murottal therapy intervention was provided twice a week for two weeks with 30-45 minutes for each session to a group of participants. Participants were recruited by the consecutive sampling technique, and a total number 36 older people participated. The instrument used for identifying respondent characteristic data was a characteristics questionnaire and that for evaluating the stress conditions of respondents was the DASS 42. Data analysis used were the dependent and independent t-tests. The results showed that most of the respondents were 60-74 years of age (63.9%), being female (55.5%), of Malay ethnicity (38.8%), had completed primary school (63.8%), were unemployed (100%), and had non-communicable disease (100%). The effects of QS Al-Fatihah murottal therapy were positive on reducing stress (p -value <0.001). This study recommends QS Al-Fatihah murottal therapy as a complementary therapy that nurses do for the older people with a psychoreligious approach.

Keywords: complementary therapy, murottal therapy, older people, stress

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INTRODUCTION

The coronavirus disease 2019 (COVID-19) pandemic has introduced significant changes to daily life, particularly from a psychological perspective such as stress, occurring when needs are not fulfilled. Stress is a mental health disorder arising from various pressures (Andriyani, 2019) and is experienced by everyone with older peoples being particularly affected. Studies showed that 92.2% of older peoples experienced mild physical stress while 84.3% faced mild psychological stress (Kaunang *et al*, 2019). Furthermore, the pandemic causes increased stress among older peoples which affects the quality of life (Wahyuni *et al*, 2022). Stress-related issues have a negative effect on the health of older peoples. Previous studies also stated that stressful conditions led to disturbed sleep patterns in older peoples as stress increases the release of cortisol and pheochromocytoma thereby enhancing the levels of steroid hormones in the bloodstream. These hormones further increase excess adrenaline production, causing elevated heart rate and blood pressure (Hindriyastuti and Zuliana, 2018; Upoyo *et al*, 2021).

Older peoples are at an advanced stage of life, characterized by a decrease in the body's ability to adapt to environmental changes (Britani *et al*, 2018). In Indonesia, the number of older people is approximately 10.48% of the total population (Central Bureau of Statistics of Indonesia, 2022). This demographic undergoes inevitable, progressive, and irreversible changes, including degenerative physiological transformations. Despite these changes, psychological and spiritual potentials can still be cultivated (Miller, 2012). Previous studies showed that religious faith could increase optimism in addressing health problems. Practices such as prayer, and expressions of gratitude for life, health, and family further contribute to stress reduction. These religious activities aid in managing feelings of helplessness, facilitating cognitive shifts that mitigate suffering and enhance treatment outcomes (Anwar *et al*, 2020). The analysis aimed to

optimize the health status of older peoples by strengthening psychological and spiritual functions.

Murottal therapy serves as a method to alleviate stress through a religiosity-based method. Studies suggested that reciting or listening to the murottal of Surah Al-Fatihah alleviated negative emotions. The Qur'an is viewed as a soothing spiritual medium that resonates deeply with listeners (Andy, 2019). Surah Al-Fatihah, known as Ummul Qur'an in Arabic, is revered as a healing scripture that addresses anxiety, provides protection, and offers support during hardships, including prayers for divine guidance (Putri and Nashori, 2021). Other publications further show that audio therapy including murottal of Surah Al-Fatihah effectively reduces stress levels in patients with type II diabetes mellitus, as indicated by statistically significant results ($p < 0.05$) (Prihati and Wirawati, 2018).

One of the risk factors for the older people experiencing stress at UPT PSTW Husnul Khotimah, Riau Province was a lack of social support from both peers and family in their environment (Pradana *et al*, 2021). The older people are at risk of experiencing stress because of the difficulty of interacting socially around the PSTW environment, differences of opinion with peers, and experiencing changes such as changes in social status, marital status, loss of family, loss of job and loss of loved ones (Ayuningtiyas and Rezeki, 2020).

The purpose of this paper was to determine the effect of QS Al-Fatihah murottal therapy on the stress of the older people at UPT PSTW Khusnul Khotimah, Riau.

MATERIALS AND METHODS

This study used a quasi-experimental design with a pre- and post-test structure, incorporating a control group (Dharma, 2015). Participants were selected using a consecutive sampling method leading

to the recruitment of 36 older peoples. The intervention group consisting of 18 participants received murottal therapy of Surah Al-Fatihah while the control group also comprising 18 was provided with standard interventions based on health issues addressed at the PSTW clinic. The inclusion criteria for the study specified older peoples who were registered at the UPT PSTW Khusnul Khotimah in Riau Province, aged 60 years or older, capable of hearing sounds clearly, able to respond to questions from a distance of one meter, and of Islamic faith.

Murottal therapy is a nursing intervention part of the Indonesian Nursing Intervention Standards (SIKI). QS Al-Fatihah murottal therapy intervention was provided twice a week for two weeks with a duration of 30-45 minutes per group for every therapy session. One small group consisting of 5-6 older people for the intervention group. The distance between the sound system and the older people was 1 meter. The instruments used were a characteristics questionnaire and the DASS 42 (Kusumadewi and Wahyuningsih, 2020). Data analyses performed in this study were the dependent t-test and the independent t-test.

This research has obtained ethical permission from the ethics committee of STIKes Payung Negeri (No.100/STIKES PN/KEPK/VII/2023). The aim and process of this study were explained to the participants and they all had signed an informed consent to participate in the study.

RESULTS

Characteristics of older people

The sociodemographic among participants in the intervention and control groups are presented in Table 1. The results showed that most of the respondents were 60-74 years of age (63.9%), being female (55.5%), of Malay ethnicity (38.8%), had completed primary school (63.8%), were unemployed (100%), and have non-communicable disease (100%).

Table 1
 Characteristics of the research participants

Characteristic	Frequency, <i>n</i> (%)		
	Intervention (N = 18)	Control (N = 18)	Total (N = 36)
Age			
60-74 years	11 (61.2)	12 (66.7)	23 (63.9)
75-90 years	7 (38.8)	6 (33.3)	13 (36.1)
Gender			
Male	8 (44.4)	8 (44.4)	16 (44.4)
Female	10 (55.6)	10 (55.6)	20 (55.6)
Ethnic			
Minang	2 (11.1)	6 (33.3)	8 (22.2)
Jawa	2 (11.1)	6 (33.3)	8 (22.2)
Malay	8 (44.4)	6 (33.4)	14 (39)
Batak	3 (16.7)	0 (0.0)	3 (8.3)
Others	3 (16.7)	0 (0.0)	3 (8.3)
Education level			
Primary School	11 (61.1)	12 (66.7)	23 (64.0)
Junior High School	3 (16.7)	4 (22.2)	7 (19.4)
Senior High School	3 (16.7)	0 (0.0)	3 (8.3)
College	1 (5.5)	2 (11.1)	3 (8.3)
Occupation			
Employed	0 (0.0)	0 (0.0)	0 (0.0)
Unemployed	18 (100.0)	18 (100.0)	36 (100.0)
Health problems			
Infectious diseases	0 (0.0)	0 (0.0)	0 (0.0)
Non-Communicable Diseases (NCDs)	18 (100.0)	18 (100.0)	36 (100.0)

Influence of murottal QS Al Fatihah therapy on stress

Comparison of the participant's stress in the intervention group and control group, before and after the intervention, is provided in Table 2. Dependent *t*-test results showed a significant decrease in the mean stress for the intervention group before and after the intervention (p -value <0.001).

Independent *t*-test results showed that a significant difference in the stress for themselves mean values for the intervention and control group after intervention. The effects of murottal QS Al Fatihah therapy were positive on stress (p -value <0.001).

Table 2
Comparison of the stress scores between intervention group and control group before and after the intervention ($n = 36$)

Group	Stress score (mean \pm SD)	p -value
Intervention		<0.001
Pre-test	23.44 \pm 2.955	
Post-test	9.61 \pm 3.013	
Control		1.000
Pre-test	21.50 \pm 3.839	
Post-test	21.50 \pm 3.417	

Note: Stress scores were assessed via the Depression, Anxiety and Stress Scales (DASS 42) questionnaire (Kusumadewi and Wahyuningsih, 2020). Statements about stress consist of 14 statements with a Likert scale with a value of 0-3 (each choice). The score results are 0-42 with 0 being the lowest value and 42 being the highest value.

Significantly different when p -value <0.05 .

SD: standard deviation

Table 3

Comparison of the post-test stress scores between intervention group and control group ($n = 36$)

Group	Stress score (mean \pm SD)	p -value
Intervention	9.61 \pm 3.013	<0.001
Control	21.50 \pm 3.417	

Note: Stress scores were assessed via the Depression, Anxiety and Stress Scales (DASS 42) questionnaire (Kusumadewi and Wahyuningsih, 2020). Statements about stress consist of 14 statements with a Likert scale with a value of 0-3 (each choice). The score results are 0-42 with 0 being the lowest value and 42 being the highest value.

Significantly different when p -value <0.05.

SD: standard deviation

DISCUSSION

The results showed that the majority of the participants were between 60 and 74 years of age (63.9%). This correlated with a previous study stating that most older peoples in Pekanbaru fell within the same age range (82.09%) (Putri *et al*, 2021). Individuals in this age group were observed to remain active and communicative when engaging in activities (Putri *et al*, 2021).

This study further showed that a large proportion of participants were female (55.5%). Data from Indonesia show that women constitute 51.81% of the older population (Central Bureau of Statistics of Indonesia, 2022). Among these, 62% experienced stress often connected to fear and anxiety (Arpasi-Quispe *et al*, 2023). Women were more prone to mental health issues than men, largely due to hormonal and physiological differences (Herawati and Deharnita, 2019). Older women were found

to experience higher stress levels compared to men, primarily due to unfavorable personal relationships. Hormonal changes related to early or postmenopausal stages were significant contributors to stress in this group. Hormonal changes related to early or postmenopausal stages in women were significant contributors to stress in this group (Kuck and Hogervorst, 2024). Mental health problems in female respondents are higher than in male respondents (Dlugoz and Liszka, 2021). Women are more vulnerable to stress because women bear the main burden of housework, childcare, and other family responsibilities. Women must be able to balance public and private life which has an impact on health (Mussida and Patimo, 2021).

The results of this study found that the majority of older peoples at the facility were Malay (39%), reflecting the ethnic composition of the Riau region. This is supported by previous research that Malay culture has a deep history in the Riau region. Malay is the identity of the people of Riau Province (Afandi *et al*, 2023). The Malay ethnic group is very dominant in Riau Province (Husaini, 2024). Older peoples often preferred associating with peers of similar ethnic backgrounds (Fransisco, 2018).

The results also showed that most of the participants had completed primary school education (63.8%). This is supported by previous research that almost half of the elderly has completed basic education or equivalent (Putri *et al*, 2021). Economic needs are still dominant compared to education. The elderly has not been able to pursue higher education in their time because they think that education is not as important like now. This perception is passed down from generation to generation, especially among women. These economic and cultural factors are one of the factors that influence the level of education (Putri *et al*, 2021). Stress affects an individual's cognitive assessment (Deng *et al*, 2022).

All respondents in this study were unemployed. This is supported by previous research that 100% of elderly people are unemployed.

Elderly people aged >60 years are not able to do heavy work (Putri *et al*, 2021). Older peoples expressed a need for employment opportunities to alleviate loneliness (Suryadi *et al*, 2019).

The results also showed that all respondents had at least one non-communicable disease (100%). The results of previous research showed that health problems were significant contributors to stress among older peoples. Decreased physical, cognitive, and psychological conditions cause stress as individuals try to accept their current health conditions (Dahroni *et al*, 2017). Stresses such as bereavement, loss of a partner, health problems, accidents and financial problems increase the risk of mental health problems in the elderly (Yu and Liu, 2021).

Dependent t-test results showed that significantly decreased the mean stress in the intervention group (p -value <0.001) and there was no change in the control group (p -value >0.05). Independent t-test results showed that significantly difference in the stress mean values for the intervention and control group after intervention (p -value <0.001). This is supported by previous research which showed that audio therapy with murrotal surah Al-Fatihah significantly reduces stress (Prihati and Wirawati, 2018). Listening to QS murottal therapy Al-Fatihah and QS. Ar-Rahman has a significant effect on reducing stress, anxiety and depression (Twistiandayani and Prabowo, 2021).

Older peoples experience a natural decline in bodily functions, increasing susceptibility to health issues. However, spiritual efforts can help mitigate these challenges as previous studies emphasized the importance of a religious method in addressing the high levels of stress and adverse life events faced by older peoples (Rahmah *et al*, 2015). Stress often disrupts sleep patterns and causes physical health problems such as hypertension (Sandy, 2020). Psychological stress further dysregulated the sympathetic nervous system and the hypothalamic-pituitary-adrenal

axis, elevating the risk of ventricular arrhythmias and myocardial infarction. Psychosocial stressors exacerbated these conditions, leading to psychological distress in old age (Turana *et al*, 2021). Strengthening coping mechanisms that address psychological well-being was identified as a critical strategy for reducing stress (Wahyuni *et al*, 2022).

This study was conducted at UPT PSTW Khusnul Khotimah which was an orphanage-based social service institution for neglected older peoples, providing care and support in a residential setting. Older peoples are at risk of experiencing psychological and social problems due to decreased physical strength, increased health problems, decreased financial resources, and internal family problems. Elderly people in nursing homes are at higher risk of experiencing psychosocial and social problems because they are far from their families. They need health care, behavioral concerns of nursing home staff, and mental health supports (Shivarudraiah *et al*, 2021). Factors such as limited relationships with family members, inadequate material and psychological support, restricted autonomy, and diminished motivation often led to passivity and helplessness. These circumstances led to negative emotions including sadness, low self-esteem, social isolation, and depression (Arpasi-Quispe *et al*, 2023).

An effective method for managing stress included leveraging religious and spiritual practices such as reading or listening to the Qur'an. The Qur'an was regarded as a divine message that offered healing, comfort, and guidance as well as calming the soul and fostering resilience (Sari and Asiva, 2019). Surah Al-Fatihah was specifically selected for the therapeutic properties, as it contained prayers with meaningful and calming effects. Surah Al-Fatihah was specifically selected for the therapeutic properties, as it contained prayers with meaningful and calming effects. Murottal therapy using Surah Al-Fatihah was safe and free of side effects. The verses included prayers for protection from

harm and assistance in overcoming difficulties (Novitasari and Fitriana, 2020). Murottal therapy with Surah Al-Fatihah was found to produce high-frequency waves that influenced the brainstem, activating natural endorphins such as serotonin (Novela, 2018). Listening to the Qur'an fostered a sense of closeness to God, motivating individuals to surrender problems and strengthen resilience. This practice also alleviated psychosocial issues, improved sleep quality, and enhanced emotional stability (Twistiandayani and Prabowo, 2021).

The effects of QS Al-Fatihah murottal therapy were positive on reducing stress (p -value <0.001). This study's strength is that murottal QS Al Fatihah therapy intervention is a form of community nursing intervention given to the older people. Everyone is at risk of experiencing stress, especially the older people. This therapy is easy and safe to use, does not cause side effects, provides peace of mind, and can be done individually and in groups. What should be considered when giving murottal QS Al Fatihah therapy intervention in groups are the characteristics of the older people in the group and their response after being given therapy. Some of the older people have interpersonal conflicts in one group. Some of the responses of the older people after being given therapy are crying, pensive, and others that require more attention than other older people.

Based on the results of this study, it can be concluded that murottal QS Al Fatihah therapy interventions were effective in reducing stress. This intervention recommends the provision of nursing interventions in the complementary therapy with a psycho religious approach in accordance with the character of society, especially the older people in Indonesia. Stress reduction is expected to optimize the health of the older people. Optimizing the health of the older people will have a positive impact on health, welfare, economic and other aspects.

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CONFLICT OF INTEREST DISCLOSURE

The authors declare no conflict of interest, financial or otherwise.

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