

Section: Mental Health Nursing

Dhikr therapy to reduce anxiety in patients undergoing breast tumour surgery

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Abstract

Breast lumps, which can be composed of mass, fat, or fluid, are abnormal tissue growths resulting from physiological changes in the body. These lumps can be benign tumours, malignant tumours, or breast hyperplasia. Surgery to address these lumps can be a daunting experience for patients, often triggering anxiety due to concerns about potential complications and outcomes. This anxiety can affect both patients and their families. Managing preoperative anxiety is crucial to ensure patients are physically and psychologically prepared for surgery. One effective non-pharmacological approach to alleviating anxiety is dhikr therapy. By stimulating the brain to produce endorphins, dhikr therapy improves feelings of comfort, confidence, and optimism, while promoting calmness and peace. This therapy helps reduce stress and anxiety by strengthening the patient's spiritual connection. A descriptive case study applying a nursing care approach with dhikr therapy demonstrated its effectiveness in reducing anxiety in preoperative patients with breast tumours. Using the Hamilton Anxiety Rating Scale (HARS), the patient's anxiety score decreased from 16 (mild anxiety) to 7 (no anxiety) after undergoing dhikr therapy. This case highlights the potential benefits of incorporating dhikr therapy into preoperative care to alleviate anxiety in patients with breast tumours.

Keywords: Anxiety, breast tumour, complementary therapy, dhikr therapy, surgery

Introduction

Mammary or breast tumours are abnormal growths in the breast that are typically benign in nature (Stachs et al., 2019). These tumours are generally characterized by being painless, well-defined, spongy in consistency, solid, and mobile upon palpation (Li et al., 2019). Lumps in the breast may consist of various tissues, including fat or fluid, and often result from physiological changes in the body (Kothari et al., 2020). These lumps can manifest as benign tumours, malignant tumours, or conditions such as breast hyperplasia. According to the 2023 Central Java Health Profile, a total of 236,157 women of childbearing age (30–50 years) underwent Clinical Breast Examination (CBE), representing 4% coverage of the target population. Among those examined, 1.0% were found to have tumours or palpable lumps. This highlights the importance of early detection and routine screening in reducing the risk of delayed diagnosis (Icanervilia et al., 2023). Several studies have identified various risk factors associated with the development of breast tumours (Obeagu & Obeagu, 2024; Łukasiewicz et al., 2021). These include advancing age and gender, with women being significantly more at risk than men. Genetic predisposition also plays a role, particularly in individuals with a family history of breast tumours, especially among first-degree relatives such as mothers and sisters. Additional risk factors include early onset of menstruation, late menopause, delayed first pregnancy, use of hormonal contraceptives, obesity, low dietary fiber intake, and high consumption of saturated fats (Obeagu & Obeagu, 2024; Łukasiewicz et al., 2021).

In cases of mammary or breast tumours, surgical intervention can lead to psychological changes such as anxiety, stress, frustration, and discomfort with one's physical condition, which may sometimes result in feelings of hopelessness. Preoperative anxiety must be addressed to ensure that patients are both physically and psychologically prepared for surgery, thereby preventing delays or complications during the procedure (Bello et al., 2025). Nurses play a vital role throughout the surgical process—before, during, and after surgery—by supporting patients both physically and emotionally to manage excessive anxiety. If left unmanaged, anxiety can lead to physiological disturbances such as increased heart rate and elevated blood pressure, which may interfere with the surgical process or even result in the cancellation of surgery. Several non-pharmacological strategies can be employed to reduce anxiety levels in preoperative patients. These include relaxation techniques, distraction methods, spiritual therapy, and aromatherapy. Among these, dhikr therapy represents a spiritual and religious approach rooted in Islamic tradition (Wilandika et al., 2023). The recitation of dhikr—phrases such as *Subhanallah*, *Alhamdulillah*, *Allahu Akbar*, and *La ilaha illallah*—can promote calmness, instil confidence, safety, peace, and happiness. Dhikr therapy stimulates the brain to produce endorphins, which contribute to a sense of comfort, self-assurance, and optimism. It also helps bring about emotional tranquillity and a sense of divine presence, which can significantly alleviate stress and anxiety. As a spiritual

intervention, dhikr therapy offers a method for enhancing psychological readiness in patients undergoing breast tumor surgery. Therefore, the purpose of this case study is to examine the effect of dhikr therapy on patient anxiety before surgery.

Case Description

The patient reported experiencing anxiety due to a lump in her left breast, which she had noticed two months prior. She stated that the lump had progressively increased in size and become more painful. A breast ultrasound examination confirmed the presence of a lump or tumour. Her anxiety level, assessed using the Hamilton Anxiety Rating Scale (HARS), was categorized as mild, with a score of 16. The patient initially sought medical attention at a healthcare facility due to the growing and painful lump. Following the initial assessment, she was referred to a surgeon. During the surgical consultation, she was advised to undergo a breast ultrasound. The ultrasound revealed a solid mass in the left breast, and surgical removal of the tumour was subsequently planned. On physical examination, the patient's general condition was stable. She was conscious and alert, with the following vital signs: blood pressure 119/87 mmHg, pulse 107 beats per minute, temperature 36.5°C, and respiratory rate 22 breaths per minute. The patient expressed anxiety about the upcoming surgery and appeared visibly tense. The ultrasound findings indicated a solid mass located at the 1 o'clock position in the periareolar region of the left breast (*mamma sinistra*), with no abnormalities detected in the right breast (*mamma dextra*) and no evidence of bilateral axillary lymphadenopathy. Based on clinical manifestations and diagnostic findings, the medical diagnosis was a left breast (*sinistra mammae*) tumour. The corresponding nursing diagnosis, derived from data analysis, was anxiety related to a situational crisis, as evidenced by the patient's verbal expression of fear regarding surgery and observable signs of anxiety. The nursing care plan included a relaxation therapy intervention (Intervention Code: I.09326), with the expected outcome of reduced anxiety levels (Outcome Code: L.09093). To address the patient's preoperative anxiety, dhikr therapy was implemented. The patient was encouraged to assume a relaxed and comfortable position. She was then taught to perform dhikr by reciting the phrases: *Subhanallah*, *Alhamdulillah*, *Allahu Akbar*, and *La ilaha illallah*. After instruction, the patient was encouraged to practice dhikr independently, particularly while waiting in the surgical preparation room. Upon evaluation following the intervention, the patient reported a reduction in anxiety and expressed feeling more prepared for surgery. Observationally, her facial expression appeared calmer. A follow-up HARS assessment showed a decrease in her anxiety score from 16 (mild anxiety) to 7, indicating no anxiety.

Discussion

Dhikr therapy, a form of spiritual intervention rooted in Islamic practice, has shown promising benefits in reducing anxiety among patients facing surgical procedures (Khoirunisak et al., 2024), including those undergoing breast tumour surgery. This therapy involves the repetitive recitation of specific phrases glorifying God, such as *Subhanallah*, *Alhamdulillah*, *Allahu Akbar*, and *La ilaha illallah*. The rhythmic and meditative nature of dhikr helps induce a state of calmness, which can modulate the autonomic nervous system and reduce physiological symptoms of anxiety (Sulistyawati et al., 2019). In the context of preoperative care, dhikr therapy offers a non-pharmacological that aligns with the spiritual beliefs of many Muslim patients. Studies have indicated that spiritual practices can enhance emotional resilience, promote inner peace, and improve patients' readiness for surgery (Koroglu & Durat, 2025; Rashid et al., 2025). The integration of dhikr into nursing interventions supports holistic care by addressing physical, psychological and spiritual dimensions of health (Lo & Brown, 1999). Moreover, dhikr therapy is simple to administer, cost-effective, and free from adverse side effects, making it an accessible option in various healthcare settings. Its implementation can empower patients to actively participate in their own emotional regulation. In this case, the patient's anxiety score decreased significantly after the intervention, demonstrating the potential efficacy of dhikr therapy in clinical practice. These findings support the inclusion of spiritual care modalities in preoperative nursing protocols, especially in culturally appropriate contexts (Zhang et al., 2024).

The role of the family is equally critical in supporting patients undergoing breast tumour surgery, particularly when spiritual interventions like dhikr therapy are employed. Family members often serve as emotional anchors, providing reassurance, companionship, and encouragement during stressful medical experiences (Babaei & Abolhasani, 2020). Their presence can enhance the patient's safety and reduce feelings of isolation, which are common contributors to preoperative anxiety. When family members are involved in the therapeutic process, such as participating in or supporting dhikr sessions, the patient may feel more spiritually connected and emotionally supported (Varghese et al., 2020). Educating families about the benefits of dhikr therapy and involving them in its practice can strengthen the patient's adherence and engagement. Furthermore, family support can reinforce the patient's motivation to maintain a positive outlook and trust in the treatment process (Gilson & Abela, 2021). In Islamic culture, the family unit plays a central role in health-related decision-making, making their involvement both culturally appropriate and therapeutically beneficial. Nurses should encourage open communication between patients and their families to foster a supportive environment. With recognizing and integrating the family's role, healthcare providers can enhance the overall effectiveness of anxiety-reducing interventions. Family involvement contributes to a comprehensive and compassionate model of care.

Mental health nurses play a pivotal role in implementing and evaluating dhikr therapy as part of a broader anxiety management strategy. Their responsibilities include assessing the patient's psychological state, identifying sources of anxiety, and tailoring interventions to meet individual needs. Mental health nurses are uniquely positioned to bridge the gap between clinical care and spiritual support, ensuring that interventions like dhikr are delivered with cultural sensitivity and therapeutic intent. They can guide patients through the process of dhikr, monitor its effects, and provide ongoing emotional support. In addition, mental health nurses can collaborate with chaplains or spiritual counsellors to reinforce the spiritual dimension of care (VandeCreek, 1997). Their training in therapeutic communication and psychological assessment allows them to detect subtle changes in the patient's emotional state. They also play a key role in educating other healthcare staff about the value of spiritual interventions in reducing preoperative anxiety (Hosseini et al., 2013). With documenting outcomes and sharing best practices, mental health nurses contribute to the evidence base supporting dhikr therapy. Their involvement ensures that spiritual care is not an isolated act but an integrated component of holistic nursing practice. Through their advocacy and clinical expertise, mental health nurses help normalize the inclusion of culturally congruent therapies in mainstream healthcare.

Dhikr therapy may contribute to long-term psychological well-being and improved surgical outcomes. Patients who enter surgery with lower anxiety levels tend to experience fewer postoperative complications, faster recovery, and greater satisfaction with care. The incorporation of spiritual practices like dhikr can also improve meaning and acceptance, which are essential for coping with chronic illness (Malviya, 2023). In the context of breast cancer, where patients often face body image concerns and existential distress, spiritual resilience becomes a vital resource. Dhikr therapy may also enhance the therapeutic alliance between patients and healthcare providers by demonstrating respect for patients' beliefs. This alignment can increase trust, treatment adherence, and overall patient engagement. Furthermore, the success of dhikr therapy in this case highlights the importance of interventions in diverse healthcare settings. It encourages further research into the integration of faith-based practices within evidence-based care models. As healthcare systems move toward more patient-centred approaches, acknowledging and incorporating spiritual needs becomes increasingly relevant.

Conclusion

A significant conclusion drawn from the case study on dhikr therapy for patients undergoing breast tumour surgery is that this spiritual intervention is an effective, non-pharmacological method for significantly reducing pre-operative and post-operative anxiety. The repetitive, meditative focus on divine remembrance inherent in dhikr helps patients shift their attention from fear and surgical stress, activating the parasympathetic nervous system to promote relaxation and emotional regulation. This successful integration of a faith-based practice suggests its strong potential for inclusion in holistic, standard care protocols within surgical oncology settings, particularly for Muslim patients. For future studies, it is recommended to conduct a study with more sample size to solidify these findings across diverse populations, and to explore the optimal frequency, duration, and specific form of dhikr that yields the greatest anxiolytic effect. Furthermore, future research should incorporate objective physiological measures such as cortisol levels and heart rate variability alongside self-report scales to better elucidate the underlying biological mechanisms by which dhikr therapy exerts its beneficial effects on surgical anxiety.

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