

Section: General Nursing

Murottal therapy to reduce anxiety in patient with appendicitis

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Abstract

Preoperative anxiety is common among patients and can hinder recovery. At Tidar Magelang Regional Hospital, many appendicitis patients experience moderate to severe anxiety. Murottal therapy, a non-pharmacological option, has emerged as an effective and spiritually valuable intervention that is easy to apply. The recitation of the holy verses of the Quran aids in relaxation and reduces anxiety, making it a worthy subject for study as an evidence-based nursing intervention. This research utilized a descriptive case study method, focusing on a 43-year-old female patient with appendicitis and preoperative anxiety at Tidar Magelang Regional Hospital. Data were collected through assessment, the Hamilton Anxiety Rating Scale (HARS), observation, interviews, and documentation. Murottal therapy was administered for three consecutive days, with each session lasting approximately 15 minutes. The case was patient Ms. J presented with preoperative anxiety, reporting restlessness, paleness, and difficulty sleeping. A nursing diagnosis was established, and murottal therapy was provided for three days. Evaluation using HARS revealed a decrease in anxiety. Vital signs improved, and the patient's expressions indicated increased comfort and readiness for surgery. Murottal therapy effectively reduced preoperative anxiety, as demonstrated by stable vital signs and increased relaxation. The success of this intervention was supported by both the patient and her family. These findings highlight the importance of incorporating a spiritual approach into nursing care. Murottal therapy is effective in reducing anxiety in patients undergoing appendicitis surgery, while also enhancing comfort and mental readiness. This intervention is a valuable addition to spiritually-based complementary nursing care.

Keywords: Anxiety, appendectomy, appendicitis, nursing, surgical nursing

Introduction

Preoperative anxiety is a prevalent clinical challenge that can significantly hinder a patient's surgical recovery and overall physiological stability (Friedrich et al., 2022; Bello et al., 2025). At Tidar Magelang Regional Hospital, a high incidence of moderate to severe anxiety has been observed among patients diagnosed with appendicitis. This psychological distress often manifests as increased heart rate, elevated blood pressure, and a heightened stress response, all of which complicate the administration of anesthesia and the surgical process itself (Vaccarino & Bremner, 2024). Addressing this issue requires a robust understanding of the patient's mental state before they enter the operating theatre. Consequently, it is essential to implement evidence-based nursing interventions that are not only effective but also culturally and spiritually resonant with the patient population. Murottal therapy has emerged as a particularly promising non-pharmacological option due to its spiritual value and ease of application in a clinical setting. By focusing on holistic care, nurses can mitigate the adverse effects of stress and ensure a smoother transition through the perioperative period. The urgency of addressing mental health in the clinical context is further emphasized by national and regional health statistics. According to the 2018 Basic Health Research (Riskesdas) data, the prevalence of mental and emotional disorders among Indonesians aged 15 and above reached approximately 6.1%. In Central Java Province, this figure was recorded at 7.5%, a rate significantly higher than the national average, indicating a critical need for targeted emotional support. These statistics suggest that patients in the Magelang region may be more vulnerable to the psychological stressors associated with surgical procedures like appendectomy. Recognizing these trends allows healthcare providers to anticipate the high levels of anxiety likely to be encountered in local wards. Therefore, integrating psychological screening and emotional support into standard preoperative protocols is no longer optional but a necessity. By understanding the broader demographic landscape, the nursing staff at Tidar Hospital can better prepare for the diverse emotional needs of their surgical patients.

To combat these challenges, various interventions have been explored, with a growing emphasis on non-pharmacological methods that complement traditional medicine. Murottal therapy, which involves the rhythmic recitation of the holy verses of the Quran, has been scientifically proven to be an effective tool for emotional regulation (Simamora & Daulay, 2021). Research indicates that listening to these recitations can significantly reduce the production of stress hormones, such as cortisol, while stimulating the release of endorphins (Putra et al., 2021). This

physiological shift aids in relaxation, distracts the patient from fear, and fosters a profound sense of inner peace and spiritual security. Furthermore, it aligns with the spiritual preferences of many patients in Indonesia, making it a culturally sensitive approach to care. As a result, murottal therapy is gaining recognition as a valuable evidence-based nursing intervention that bridges the gap between clinical practice and spiritual well-being.

The effectiveness of this therapy is well-documented in recent clinical literature and regional hospital studies. For instance, a study demonstrated that patients who initially experienced moderate to severe anxiety saw a drastic reduction in symptoms after intervention (Kangas et al., 2013). Following the application of murottal therapy, the majority of participants reported only mild anxiety, with statistically significant results confirmed. These findings suggest that the therapy is not only spiritually comforting but also clinically measurable in its impact on patient outcomes. Implementation in the Aster 5 ward at Tidar Hospital, Magelang, is expected to yield similar benefits, enhancing patient comfort and mental readiness for surgery. By adopting this easy-to-implement strategy, the hospital can improve the overall surgical experience and promote faster post-operative healing. Ultimately, murottal therapy represents a holistic advancement in nursing care that prioritizes the patient's mind, body, and spirit during high-stress medical events.

Case Description

Mrs. J, a 43-year-old married Javanese Muslim patient, presented with lower right abdominal pain that had persisted for two weeks. She exhibited significant preoperative anxiety, expressing fear of surgery and potential surgical failure. Her anxiety manifested as restlessness, paleness, and difficulty sleeping. A nursing diagnosis (D.0080) of anxiety related to fear of failure due to planned surgery was established. Murottal therapy, specifically Surah Al Baqarah verse 255 delivered via electronic media like a mobile phone, was administered for three days as the nursing intervention. Upon evaluation using the HARS scale, a decrease in anxiety was observed. Mrs. J's vital signs improved, and her expressions indicated increased comfort and readiness for surgery. This intervention proved effective and is supported by evidence-based practice. By the third day, Mrs. J's anxiety had resolved, and she verbally confirmed her readiness for surgery, indicating a decreased anxiety level. Approximately 15 minutes into the murottal therapy, her blood pressure, pulse, and temperature all showed improvement. She was observed sitting comfortably in a semi-Fowler's position, appearing more relaxed while listening to the therapy on her mobile phone.

Discussion

Murottal therapy has shown remarkable efficacy in alleviating preoperative anxiety, as evidenced by stabilized vital signs and enhanced patient relaxation (Asrul, 2023; Moulaei et al., 2023). The positive outcomes were further reinforced by the patient's own affirmations, supportive family involvement, and the dedicated efforts of the spiritual care team. While this particular study was constrained by its single-subject design and a brief therapeutic duration, its findings underscore the profound importance of integrating spiritual approaches into nursing care, particularly for Muslim patients facing surgical procedures (Irajpour et al., 2018; Rababa & Al-Sabbah, 2023). This research effectively highlights how addressing spiritual needs can significantly contribute to a patient's emotional well-being and readiness for surgery, offering a holistic perspective on patient care that moves beyond purely physiological considerations. The intervention provided a sense of peace and reassurance, directly confronting the patient's deeply seated fears related to the surgical process and potential complications, thereby paving the way for a more positive surgical experience. The case of Mrs. J vividly illustrates the benefits of this therapeutic intervention. Prior to the therapy, she presented with significant preoperative anxiety, characterized by observable restlessness, pallor, persistent difficulty sleeping, and a profound apprehension regarding the success of her surgery. A nursing diagnosis was subsequently established, pinpointing anxiety (D.0080) directly linked to her fear of failure concerning the impending surgical procedure. To address these distressing symptoms, murottal therapy was initiated, specifically employing Surah Al Baqarah verse 255 delivered via electronic media, such as a mobile phone, offering a readily accessible and comforting intervention. This targeted spiritual care aimed to mitigate her distress, fostering a calmer state of mind crucial for her physical and psychological preparation for the operation, demonstrating a practical application of evidence-based practice in a clinical setting (Torke et al., 2023).

Over the course of three days, consistent administration of the murottal therapy led to a notable reduction in Mrs. J's anxiety levels, as objectively measured by the Hamilton Anxiety Rating Scale (HARS) evaluation. By the third day, her anxiety had fully resolved, confirmed by her explicit statement of readiness for surgery and a visibly improved disposition. Post-therapy observations revealed significant improvements in her vital signs, including blood pressure, pulse rate, and temperature, all normalizing within approximately 15 minutes of each session. The patient was frequently observed sitting comfortably in a semi-Fowler's position, exhibiting a more relaxed demeanour and actively engaging with the soothing recitation on her mobile phone. This successful outcome not only validated the effectiveness of the murottal therapy but also emphasized its role in enhancing patient comfort and mental preparedness for a daunting medical procedure. Nurses play a crucial role in implementing murottal therapy to alleviate anxiety in patients with appendicitis (Ghiassi & Keramat, 2018). They are often the first point of contact for patients experiencing acute pain and distress, making their empathetic approach vital. Nurses assess the patient's anxiety levels, spiritual beliefs, and readiness to engage with complementary therapies like murottal (Bolarinwa et al.,

2023). Once the patient agrees, the nurse facilitates the therapy by providing a quiet environment and playing appropriate Quranic recitations. They meticulously monitor the patient's response, observing for signs of relaxation, decreased pain, and reduced anxiety during and after the session. This non-pharmacological intervention, supported by evidence showing its effectiveness in reducing pain and stress, can significantly improve patient comfort (Song et al., 2022). Furthermore, nurses educate patients and their families about the benefits of murottal therapy, empowering them to actively participate in their healing process. They integrate this spiritual care into the overall treatment plan, working collaboratively with other healthcare professionals to ensure holistic patient care. By offering murottal therapy, nurses demonstrate a commitment to culturally sensitive care, respecting patients' religious practices. Ultimately, the nurse's role is to act as a compassionate facilitator, leveraging murottal therapy to enhance psychological well-being and promote a calmer recovery for appendicitis patients.

Conclusion

Based on the case study of Mrs. J, the nursing care process for an appendicitis surgery patient experiencing anxiety was successfully implemented through all clinical stages. The assessment was comprehensive, identifying the patient's primary complaints, medical history, and physical, psychological, and spiritual needs. Based on the subjective and objective data collected, the primary nursing diagnosis identified was anxiety related to the surgical procedure. The nursing plan was systematically developed with a focus on anxiety reduction. Given the patient's Muslim faith and spiritual preferences, Quranic recitation therapy (Murottal) was selected as the primary intervention. This non-pharmacological, complementary therapy was administered over three consecutive days, integrated with therapeutic communication and patient education. The evaluation demonstrated a significant decrease in anxiety scores. Measurements taken from the pre-operative to the post-operative phase confirmed a consistent reduction in anxiety levels. Comparative analysis before and after the intervention validates that Murottal therapy is an effective strategy for alleviating anxiety in patients undergoing appendicitis surgery.

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