
Implementation of Dhikr Therapy in Breast Cancer Patients at Dr. H. Koesnadi General Hospital, Bondowoso

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ABSTRACT

Introduction: Breast cancer (carcinoma mammae) is a condition in which cells have lost their normal control and mechanisms, resulting in abnormal, rapid and uncontrolled growth that occurs in breast tissue as a result, it can cause excessive anxiety in patients.

Method: The research design used is a case study with in-depth implementation by providing psychoreligious therapy dhikr to client who experience Ca Mammae with anxiety nursing diagnoses.

Results: The results of the study after the first day of implementation obtained the score of anxiety results in client 1 decreased from a score of 74 decreased to 57 was in very severe anxiety, the second implementation of anxiety was at a score of 53 decreased to 43 was in severe anxiety, the third implementation of anxiety T was at a score of 37 decreased to decreased 34 was in severe anxiety In Client 2, the first implementation of anxiety score 63 decreased to 56 very severe anxiety, the second implementation of anxiety was at a score of 45 decreased to 41 was in severe anxiety, the third implementation of anxiety was at a score of 28 decreased to decreased 20 was in moderate.

Conclusion: The conclusion obtained the difference in results between client 1 and client 2 was that the anxiety score of Mrs. M was in moderate anxiety. M after the implementation of psychorelegius therapy (dhikr), but in general this implementation succeeded in reducing anxiety from very severe anxiety to moderate anxiety Suggestions for further researchers to apply Standard Operating Procedures (SOP) psychorelegius (dhikr) in the future related to nursing problems Ansietas in Ca Mammae patients.

Keywords: *Ca Mammae; Dhikr; Anxiety*

Introduction

Breast cancer (carcinoma mammae) is a condition in which cells have lost their normal control and mechanisms, resulting in abnormal, rapid, and uncontrolled growth in breast tissue (Sinaga & Ardayani, 2016). This can cause excessive anxiety in patients,

making family support crucial in fighting this disease (Nurpadila, Immawanti, Aswar & Selvianty, 2021). According to data from The Global Cancer Observatory (2020), breast cancer is the fifth leading cause of death worldwide after stomach cancer, accounting for 2.3 million or 11.7% of deaths, while the number of breast cancer deaths worldwide in 2020 was 684,996 or 6.9% (Globocan, 2020).

According to the World Health Organization (2020), the highest prevalence of cancer in Indonesia is breast cancer (16.7%), which is the second leading cause of cancer mortality (11.0%) after lung cancer (12.6%). Breast cancer ranks first in terms of the number of cancer cases in Indonesia and is one of the leading causes of cancer deaths. Meanwhile, the number of deaths reaches more than 22,000 cases. 70% are detected at an advanced stage (Indonesian Ministry of Health, 2022). According to data from the East Java Provincial Health Office (2018), based on the 2018 Basic Health Research, the prevalence of cancer in East Java is 2.2 per 1,000 people. If converted to the population of East Java, the number of cancer patients is 86,000 (East Java Health Office, 2018).

Breast cancer can cause both medical and nursing problems. In terms of nursing problems, breast cancer can cause problems such as chronic pain, nutritional deficiencies, anxiety, knowledge deficits, and low self-esteem. The most common nursing problem associated with breast cancer is anxiety. Anxiety is also a complex and prolonged emotional state that occurs when a person anticipates that some future situation, event, or circumstance may involve a threat that is personally distressing, unexpected, and uncontrollable to their vital interests (Swarjana, 2022).

One way to reduce anxiety is through Dhikr Therapy. Dhikr itself has a positive meaning, so negative thoughts will be replaced with positive ones. These positive thoughts will generate positive emotions that stimulate the limbic system to produce endorphins. Endorphins can induce feelings of euphoria, happiness, comfort, create calmness, and improve mood (Widiastuti, 2018).

Based on the results of a preliminary study by Romawi (2017), entitled "Anxiety Levels of Cancer Patients at Pelamonia Hospital II in Makassar After Being Given Combination Therapy: Dzikir and SEFT (Spiritual Emotional Freedom Technique)," the analysis of patient anxiety levels showed that after being given therapy, no cancer

patients experienced severe anxiety. This indicates that there was a significant change in the anxiety levels of the respondents after receiving therapy. Based on the results of a preliminary study by Yudono (2019), titled The Effect of Dzikir Therapy and Progressive Muscle Relaxation Analysis of anxiety levels in breast cancer patients undergoing chemotherapy at Dadi Keluarga Banyumas Hospital showed that after undergoing PMR and psychoreligious (dzikir) therapy with a caring approach, 8 respondents (36.4%) did not experience anxiety. Based on the preliminary study results of Fitriyanti and Fitriani (2021), entitled The Effect of Dhikr Therapy on the Anxiety Levels of Cancer Patients in Hospitals, the analysis results obtained an average value after the respondents were given dhikr therapy, receiving intervention 3 times in 3 consecutive days, of 19.22 with a P value of 0.000 ($P < 0.05$). It can be concluded that there is a significant effect on anxiety levels before and after dzikir therapy.

Method

This research used a case study method conducted at Dr. Koesnadi Bondowoso Hospital. Data were collected through interviews, observations, physical examinations, and documentation studies. The research subject was a patient with a Ca mammae who experienced anxiety. Interventions provided in the form of anxiety management through the implementation of dhikr therapy.

Results

Identitas	
Code	1
Age	48 years
Medical Diagnosis	Dyspnea + Breast Cancer (Chemotherapy)
Main complaint	Shortness of breath
History of current illness	The client stated that he was taken to Dr. H. Koesnadi Bondowoso Hospital on June 28, 2024, at 10:30 p.m. with complaints of shortness of breath for 1 week accompanied by continuous coughing for 1 month. The client also stated that they had a history of incomplete chemotherapy (6 sessions) at Dr. H. Koesnadi Bondowoso Hospital and stopped approximately one month ago due to weakness, nausea, vomiting, and swelling in their hands. During the assessment, the client

	reported difficulty breathing and was observed using NRBM oxygen at 10 Lpm. The client also reported pain in his swollen right hand, described as stabbing, with the pain coming and going on a pain scale of 7. The client also expressed fear and anxiety that his illness could not be cured, making it difficult for him to sleep at night.
Past medical history	The client said that he had no previous history of illness related to his current condition.
Family history of disease	The client said that no one else in her family had the same illness as her, which was breast cancer.
Nursing Diagnosis	Anxiety
Intervention	<ol style="list-style-type: none"> 1. Explain the procedure, objectives, and time frame for 15 minutes and obtain informed consent 2. Prepare Equipment and Environment <ol style="list-style-type: none"> a. Prepare worship equipment (prayer beads, HARS score sheet, Dzikir guidebook) b. A quiet environment to allow for full concentration. 3. Measuring the client's anxiety score using the HARS scale questionnaire by asking the client to answer the questions provided before therapy begins 4. Attitude and Behavior <ol style="list-style-type: none"> a. Choose a comfortable sitting position, either on the floor in a cross-legged position or on a chair. However, if the client is ill, they may lie down., disunnahkan ketika berdzikir menghadap qibla. b. Calm yourself until you feel comfortable (relaxed). c. Then begin to say the words or sentences calmly and slowly. 5. Implementation <ol style="list-style-type: none"> a. Say (Bismillahirrahmanirrahim) 3 times b. Astaghfirullaah hal adzim (I seek forgiveness from Allah the Almighty) 5 times. c. Recite the prayer 7 times. d. Recite Ya Hayyu Ya Qoyyum Birahmatika Astaghistu 21 times, which means, "O Ever-Living, Ever-Sustaining, by Your mercy I seek

	<p>help.”</p> <p>e. Recite Allahumma rabban nasi, adzhibil ba'sa isyfi antas syafi la syafiya illa anta syifa'an la yughadiru saqaman 5 times, which means "My Lord, Lord of mankind, remove the illness. Grant healing, for You are the Healer. No one can heal illness except You, with a healing that leaves no pain.</p> <p>f. After that, convey your wishes (requests) sincerely.</p> <p>6. Technique</p> <p>a. Systematic and sequential actions</p> <p>b. Responsiveness to patient reactions</p> <p>7. Termination</p> <p>a. Evaluation of actions (asking about the patient's feelings and re-measuring the client's anxiety score using the HARS scale by asking the client to answer the questions provided after therapy)</p> <p>b. Saying goodbye</p>
<p>Implementation</p>	<p>1. Explaining the procedure, objectives, and time frame for 15 minutes R/: The client agrees and is willing to undergo therapy</p> <p>2. Preparation of Tools and Environment. R/: The client's family waits outside while the client undergoes therapy</p> <p>3. Measuring the client's anxiety score using the HARS scale (questionnaire) by asking the client to answer the questions provided before therapy. R/: The client was able to complete the anxiety scale questionnaire and obtained an anxiety scale of 37, indicating severe anxiety before therapy</p> <p>4. Attitude and Behavior. R/: The client stated that they were comfortable and relaxed</p> <p>5. Implementation of 15-minute Dzikir therapy. R/: The client was able to follow and read the Dzikir sentences well and</p>

	<p>conveyed their wishes (requests)</p> <p>6. Technique for responding to patient reactions. R/: The client was seen crying and kept saying, “O Allah, grant me healing, O Allah, only You can heal me”</p> <p>7. Evaluation of actions and saying goodbye. R/: The client stated that after receiving therapy, they felt calmer and said, “If I will recover,” and the client completed the HARS scale questionnaire again, resulting in a score of 34 for severe anxiety after receiving therapy.</p>
Evaluation	<p>S: Mrs. H said she still feels anxious and has negative thoughts about her illness if she does not recover, and when the client wakes up at night, she recites prayers.</p> <p>O:</p> <ul style="list-style-type: none"> - General condition is weak. - Vital signs: Pulse: 98 bpm, S: 37.2°C, RR: 22 bpm Blood pressure: 120/80 mmHg, SpO2: 98%, connected to a nasal cannula 6 Lpm breathing aid. - The client's face looks pale. - The client's face looks restless - After 15 minutes of therapy, the HARS score decreased to 34, indicating severe anxiety after therapy <p>A: Nursing problems partially resolved:</p> <ol style="list-style-type: none"> a. Verbalization of concern due to the condition faced has decreased (3) b. Sleep pattern has improved (4) c. Respiratory rate decreased (4) P: Dzikir therapy continued independently

Identitas	
Code	2
Age	49 years
Medical Diagnosis	Massive pleural effusion + breast cancer, chemotherapy + suspension, lung metastasis
Main complaint	Shortness of breath
History of current illness	The client stated that they were brought to Dr. H. Koesnadi Bondowoso Regional General Hospital on June 28, 2024, at 11:30 p.m. with complaints of shortness of

	<p>breath for 1 week, which had worsened over the past 3 days, accompanied by coughing and nausea. The client also stated that they were undergoing their 8th round of chemotherapy at Dr. H. Koesnadi Bondowoso Regional General Hospital. During the assessment, the client complained of shortness of breath and was placed on a 7 Lpm nasal oxygen cannula. The client also reported feeling nauseous when eating and experiencing weakness. The client also expressed fear and anxiety that the disease could not be cured and that their condition would worsen, leading to death, which caused the client to have negative thoughts and difficulty sleeping at night.</p>
Past medical history	<p>The client said that they had no previous medical history related to their current illness.</p>
Family history of disease	<p>The client said that no one in her family has a history of the same disease she currently has, which is breast cancer.</p>
Nursing Diagnosis	<p>Anxiety</p>
Intervention	<ol style="list-style-type: none"> 1. Explain the procedure, objectives, and time frame for 15 minutes and obtain informed consent 2. Prepare Equipment and Environment <ol style="list-style-type: none"> a. Prepare worship equipment (prayer beads, HARS score sheet, Dzikir guidebook) b. A quiet environment to allow for full concentration. 3. Measuring the client's anxiety score using the HARS scale questionnaire by asking the client to answer the questions provided before therapy begins 4. Attitude and Behavior <ol style="list-style-type: none"> a. Choose a comfortable sitting position, either on the floor in a cross-legged position or on a chair. However, if the client is ill, they may lie down., disunnahkan ketika berdzikir menghadap qibla. b. Calm yourself until you feel comfortable (relaxed). c. Then begin to say the words or sentences calmly and slowly. 5. Implementation <ol style="list-style-type: none"> a. Say (Bismillahirrahmanirrahim) 3 times

	<ul style="list-style-type: none"> b. Astaghfirullaah hal adzim (I seek forgiveness from Allah the Almighty) 5 times. c. Recite the prayer 7 times. d. Recite Ya Hayyu Ya Qoyyum Birahmatika Astaghistu 21 times, which means, "O Ever-Living, Ever-Sustaining, by Your mercy I seek help." e. Recite Allahumma rabban nasi, adzhibil ba'sa isyfi antas syafi la syafiya illa anta syifa'an la yughadiru saqaman 5 times, which means "My Lord, Lord of mankind, remove the illness. Grant healing, for You are the Healer. No one can heal illness except You, with a healing that leaves no pain. f. After that, convey your wishes (requests) sincerely. <p>6. Technique</p> <ul style="list-style-type: none"> a. Systematic and sequential actions b. Responsiveness to patient reactions <p>7. Termination</p> <ul style="list-style-type: none"> a. Evaluation of actions (asking about the patient's feelings and re-measuring the client's anxiety score using the HARS scale by asking the client to answer the questions provided after therapy) <p>8. Saying goodbye</p>
<p>Implementation</p>	<ul style="list-style-type: none"> 1. Explain the procedure, objectives, and time frame for 15 minutes R/: The client agrees and is willing to undergo therapy 2. Prepare Equipment and Environmen. R/: The client's family waits to participate in the therapy session with the client 3. Measure the client's anxiety score using the HARS scale (questionnaire) by asking the client to answer the questions provided before therapy. R/: The client was able to complete the anxiety scale questionnaire and obtained an anxiety score of 28, indicating severe anxiety before therapy 4. Attitude and Behavior. R/: The client stated that they were comfortable and

	<p>relaxed</p> <p>5. Implementation of 15-minute Dzikir therapy. R/: The client was able to follow and read the Dzikir sentences well and conveyed their wishes (requests) with great confidence and belief that they would be healed</p> <p>6. Technique Responding to the patient's reaction. R/: The client seemed very confident when he said, "I am sure that God will heal me."</p> <p>7. Evaluation of actions and greeting. R/: The client said that after receiving therapy, he felt calmer and often recited prayers when feeling anxious to calm his heart, saying that he would recover. The client then filled out the HARS scale questionnaire again and received a score of 20 for severe anxiety after receiving therapy.</p>
<p>Evaluation</p>	<p>S: Mrs. H said she still feels anxious and has negative thoughts about her illness if she does not recover, and when the client wakes up at night, she recites prayers.</p> <p>O:</p> <ul style="list-style-type: none"> - General condition is weak. - Pulse: 90 x/minute, Temperature: 37.1 °C, RR: 22 x/minute, Blood Pressure: 125/78 mmHg, Spo2: 98%, Not using breathing aids - After 15 minutes of therapy, the HARS score decreased by 20 to moderate anxiety after therapy <p>A: Nursing problems partially resolved:</p> <ol style="list-style-type: none"> a. Verbalization of worry due to the condition faced decreased (4) b. Sleep pattern improved (4) c. Respiratory rate decreased (5) <p>P: Therapy continued with independent Dzikir therapy, patient discharged</p>

Discussion

In this case, the author will discuss the client and refer to the theory with the structure of Facts, Theory, Opinion. In the discussion of Dzikir Therapy Administration to clients with Ca Mammae with Anxiety nursing problems in the Dahlia Room of Dr.

H. Koesnadi Bondowoso Regional General Hospital in 2024. Discussion of the Implementation of Psychoreligious Therapy (Dzikir) on Mrs. H and Mrs. M, which includes assessment, implementation of therapy, and evaluation.

Assessment

The assessment conducted on Mrs. H, aged 48, and Mrs. M, aged 49, who had stage 4 breast cancer, revealed signs and symptoms such as restlessness, tension, a sense of foreboding, a trembling voice, tachycardia, tachypnea, increased blood pressure, and difficulty sleeping. This is in line with Pratiwi's (2017) research, which states that breast cancer is a malignancy that originates from glandular cells, glandular ducts, and breast supporting tissue, but does not include the breast skin. Breast cancer generally affects women over the age of 40.

The client also said she was afraid that her illness would not be cured and afraid that she would die. This is in line with Subekti's (2020) research, which states that cancer is a life-threatening disease that can easily metastasize to the lymph nodes in the armpits, liver, lungs, or even further to other parts of the body. After measuring anxiety using the HARS Scale, Mrs. H scored 74 and Mrs. M scored 63, which is considered a very high anxiety score.

This is in line with Listyana's (2022) research, which states that cancer is different from other diseases, as seen during cancer treatment, which takes a long time, such as chemotherapy, radiotherapy, surgery, and other therapies. Furthermore, this fact is also in line with the results of research by Haris et al (2015), which states that cancer patients will have low self-esteem, feelings of hopelessness, boredom, anxiety, depression, and fear of losing someone. Due to the disease they suffer from, cancer patients often suffer twice as much as those with most other diseases, meaning that in addition to cancer itself, they also suffer from depression and anxiety.

This is in line with the research by Widiанти et al (2017), which states that cancer patients must undergo therapy for their recovery. One of the recommended treatments is chemotherapy. Chemotherapy is a cancer therapy that kills tumor cells by disrupting cell function and reproduction for the purposes of cure, control, and palliative care, and has an impact on physical and psychological conditions. The psychological impact felt by clients is anxiety. This is in line with the research by Hardi et al (2017), which states

that feelings of anxiety can cause a deficiency in the hormones endorphin and serotonin, which function to control mood or feelings. A deficiency in these hormones can cause anxiety, depression, phobias, pessimism, restlessness, and irritability.

The fact that cancer patients experience anxiety is reinforced by previous researchers according to Solehati et al (2017), who argue that anxiety responses in cancer patients often occur not only when patients are diagnosed with cancer, but also when patients undergo chemotherapy. This anxiety is common due to financial problems, anxiety when symptoms appear, and concerns about recovery. The author's opinion is that Mrs. H and Mrs. M experienced symptoms of anxiety caused by breast cancer and the chemotherapy treatment that the clients underwent. The most visible signs and symptoms of anxiety in clients are restlessness, tension, paleness, trembling voice, tachycardia, tachypnea, increased blood pressure, and difficulty sleeping.

Implementasi

On the first day of implementation, July 1, 2024, at 7:00 p.m., Mrs. H and Mrs. M said they were still unfamiliar with Dzikir Therapy, which is an alternative treatment for anxiety besides pharmacological drugs. Before receiving therapy, the clients expressed fear and anxiety that their illness would not be cured and fear of death. The anxiety scores before therapy were 74 for Mrs. H and 63 for Mrs. M, indicating very severe anxiety. This is consistent with research conducted by Afida (2018), which found that most cancer patients undergoing chemotherapy exhibit severe anxiety levels.

Reciting the words of remembrance (Bismillahirrahmanirrahim, Astaghfirullaah hal adzim, Sholawat, Ya Hayyu Ya Qoyyum Birahmatika Astaghistu, Allahumma rabban nasi, adhibil ba'sa isyfi antas syafi la syafiya illa anta syifa'an la yughadiru saqaman) can calm the heart and mind. This is in line with Widiastuti's (2018) research, which states that the words of remembrance themselves contain positive meanings, so that negative thoughts will be replaced with positive ones. These positive thoughts will generate positive emotions that can stimulate the limbic system to produce endorphins. Endorphins can induce feelings of euphoria, happiness, comfort, create calmness, and improve mood. The author's opinion is that the patient's self-confidence and belief in healing by drawing closer to Allah can influence Dzikir Therapy.

On the second day of implementation, July 2, 2024, at 7:00 p.m., Mrs. H and Mrs. M Before receiving therapy, Mrs. H said she was afraid and anxious that her illness would not be cured and feared death. Mrs. H scored 53 and Mrs. M scored 45 on the anxiety scale, indicating a very high level of anxiety. After receiving Dzikir Therapy, Mrs. H and Mrs. M cried and said they felt calmer after performing Dzikir. This is in line with the research by Anggraini and Subandi (2014), which found that Dzikir therapy helps people with emotional problems and that Dzikir can also function as a method of psychotherapy, because doing Dzikir frequently will make the heart calm, peaceful, and not easily swayed by environmental influences. This is also in line with the research by Kurniasari et al (2019), which states that reciting prayers also has a psychological effect, namely balancing the levels of serotonin and norepinephrine in the bodies of patients experiencing anxiety, especially when facing the side effects of chemotherapy. The endorphins produced during dhikr act as natural morphine in the brain, causing the heart and mind to become calm, the shoulder muscles to relax, and tension to decrease. The author's opinion is that the effects of Dhikr Therapy are more effective when performed routinely at least three times a day.

On the third day of implementation, July 3, 2024, at 7:00 p.m., Mrs. H and Mrs. M Before receiving therapy, the clients said that when they felt afraid and anxious about their illness, they always recited prayers to calm their hearts, and Mrs. H scored 37 and Mrs. M scored 28 on the anxiety scale, which is considered severe anxiety. After 15 minutes of Dhikr therapy, Mrs. H and Mrs. M cried and expressed their sadness, prayed to Allah, and believed that they would soon be healed. This is in line with the research by Fitriyanti & Fitriani (2022), which states that Dhikr also has a relaxing effect that can reduce tension and bring peace of mind. Each Dzikir recitation contains a very deep meaning that can prevent tension from arising. Each Dzikir recitation contains a meaning of acknowledgment, belief, and trust only in Allah. Individuals with high spirituality have strong faith in Allah alone, and this faith can bring about strong control and guide individuals in a positive direction. The author's opinion is that Dzikir Therapy is effective in overcoming the anxiety problems of Mrs. H and Mrs. M. In addition to being easy and can be done independently, this therapy can calm the heart and mind and bring one closer to Allah.

Evaluation

The first day of evaluation for Mrs. H on July 1, 2024, at 7:00 p.m. Western Indonesian Time, the problem had not been resolved. On the first day, the evaluation results obtained from Mrs. H indicated that she was afraid and anxious that her illness could not be cured, making it difficult for her to sleep at night. Her general condition was weak, with a pulse rate of 103 beats per minute and a temperature of 36.4°C. Blood Pressure: 130/90 mmHg, RR: 26/min, Spo2: 96%, connected to an NRBM 10 Lpm breathing aid, the client appeared restless, her face looked pale, she appeared tense, her voice was trembling, and there were dark circles under her eyes. Before administering Dzikir Therapy, the HARS score was 74, indicating severe anxiety. After administering Dzikir Therapy for 15 minutes, the HARS score was 57, indicating severe anxiety. Mrs. H's nursing problems have not been resolved based on the objectives and outcome criteria.

First day evaluation of Mrs. M on July 1, 2024, at 8:00 p.m. WIB. The problem has not been resolved. On the first day, the evaluation results obtained from Mrs. M indicated that she was afraid and anxious that her illness could not be cured and feared that her condition would worsen and she would die, causing her to have negative thoughts and difficulty sleeping at night. with a general condition of weakness, N: 133 bpm, 24 bpm, S: 36.7 °C, Blood Pressure: 118/78 mmHg, Spo2: 97%, connected to a Nasal Canule 7 Lpm breathing aid, the client appeared restless, her face looked pale, and she appeared tense. After administering Dzikir Therapy for 15 minutes, the HARS Scale score of 56 indicated severe anxiety. The nursing issues for Mrs. M have not been resolved based on the objectives and outcome criteria. This is in line with the research by Haris et al (2023), that combination dzikir therapy will bring patients closer to Allah SWT so that they can form other perceptions besides fear, namely the belief that every stressor will be resolved with the help of Allah SWT. Repeated recitation of dzikir can heal the soul, release positive energy, relax, and make patients feel calm, thereby reducing anxiety levels. The author's opinion is that regular Psikoreligious (Dzikir) practice, performed at least three times a day, will be more effective in reducing anxiety.

On the second day of evaluation with Mrs. H on July 2, 2024, at 7:10 p.m. Western Indonesian Time, the problem was partially resolved. On the second day, the evaluation results obtained from Mrs. H indicated that when she felt afraid and anxious, she had negative thoughts about her illness, which made it difficult for her to sleep at night. The client recited prayers and sought help from Allah. Her general condition was weak, with a pulse rate of 98 beats per minute, respiratory rate of 22 breaths per minute, and body temperature of 35.7°C. Blood Pressure: 120/80 mmHg, Spo2: 98%, with a Nasal Canule 8 Lpm breathing aid attached. The client appeared restless, with a pale face and dark circles under her eyes. Before the Dzikir Therapy was administered, the HARS score was 53, indicating severe anxiety. After administering Dzikir Therapy for 15 minutes, the HARS score decreased to 43, indicating severe anxiety. The nursing issues for Mrs. M were partially resolved according to the objectives and outcome criteria.

On the third day of evaluation for Mrs. H on July 3, 2024, at 7:00 p.m. WIB, the problem was partially resolved. On the third day, the evaluation results obtained from Mrs. H indicated that she still felt anxious and had negative thoughts about her illness if she did not recover. When the client woke up at night, she recited prayers, with a general condition of weakness, N: 98 beats per minute, 22 breaths per minute, S: 37.2°C, Blood Pressure: 120/70 mmHg, Spo2: 98%, connected to a Nasal Canule 6 Lpm breathing aid, the client's face looked pale and restless. After administering Dhikr Therapy for 15 minutes, the HARS score decreased to 34, indicating severe anxiety. The nursing issues for Mrs. M were partially resolved according to the objectives and outcome criteria.

On the third day of evaluation for Mrs. M on July 3, 2024, at 8:15 p.m. WIB, the problem was partially resolved. On the third day, the evaluation results obtained from Mrs. M indicated that she believed she would recover and was not worried about negative outcomes, as she was confident that Allah would grant her healing and assistance. The client also mentioned that she slept soundly and always recited dzikir before bed. Her overall condition was good: N: 90 beats per minute, 22 breaths per minute, S: 37.1°C, Blood Pressure: 125/78 mmHg, Spo2: 98%, not using a breathing aid, the client's face did not look pale. After 15 minutes of Dhikr Therapy, the HARS

score decreased by 20, indicating moderate anxiety. The nursing problem in Mrs. M was partially resolved in terms of the objectives and outcome criteria. This aligns with Sutinah's (2019) research, which states that psychoreligious therapy (Dzikir) should be performed by individuals experiencing both physical and psychological illness, as it can accelerate the healing process.

This study shows that there was a decrease in anxiety in patients before and after Dzikir Therapy, where before implementation, Mrs. H's anxiety score based on the HARS scale was very severe, and after 3 days of implementation, her anxiety score decreased by 34 to severe anxiety. For Mrs. M, before implementation, her anxiety score based on the HARS scale was 63, indicating very severe anxiety. After three days of implementation, her anxiety score decreased by 20 to moderate anxiety. Then, from the results of a previous study by Sudarman (2022), entitled Combined Therapy Intervention: Dzikir and SEFT Reduces Anxiety in Cancer Patients, conducted at the Pelamonia Makassar Type II Hospital, it can be concluded that the anxiety level before being given combined therapy: dzikir and SEFT (Spiritual Emotional Freedom Technique) was at a moderate and severe anxiety level. After receiving the combination therapy of dzikir and SEFT (Spiritual Emotional Freedom Technique), the anxiety level was mild to moderate. The combination therapy of dzikir and SEFT (Spiritual Emotional Freedom Technique) has been proven to reduce anxiety in cancer patients undergoing chemotherapy at the Pelamonia Makassar Type II Hospital. Therefore, the combination therapy of dzikir and SEFT (Spiritual Emotional Freedom Technique) can be used as a therapeutic option that can be performed independently or with the assistance of therapists to reduce anxiety levels in cancer patients.

There is a difference in the conditions of Mrs. H and Mrs. M, where Mrs. H is a patient who only found out about her illness a year ago and Mrs. M has been undergoing treatment for 13 years. Mrs. H and Mrs. M are in the acceptance phase of grief, where both can accept the situation they are going through, but Mrs. H's anxiety is higher than Mrs. M's. This is in line with Kulbur-Ros's research.

The author's opinion is that the success rate of Dzikir Therapy depends on clients being highly cooperative in following the researcher's instructions. The correct and consistent administration of Dzikir Therapy in carrying out treatment resulted in

maximum results, as indicated by a decrease in anxiety based on the HARS scale. Mrs. H's anxiety level decreased from very severe (74) to severe (34), while Mrs. M's anxiety level decreased from very severe (63) to moderate (20). In this case, the administration of Dzikir Therapy to Ms. H and Ms. M was effective in addressing the nursing problem of anxiety.

Conclusion

Based on the results of nursing care provided to Mrs. H (48 years old) and Mrs. M (49 years old) who were diagnosed with stage IV breast cancer, it can be concluded that both clients experienced anxiety characterized by symptoms such as restlessness, tension, fear of death, trembling voice, tachycardia, tachypnea, increased blood pressure, and difficulty sleeping. The anxiety experienced by the clients was related to their cancer diagnosis, the long treatment process such as chemotherapy, and concerns about recovery and possible death. The implementation of psychoreligious therapy in the form of Dzikir therapy was carried out for three consecutive days, with each session lasting approximately 15 minutes. The therapy involved reciting several Islamic remembrance phrases and prayers aimed at increasing spiritual closeness to Allah, creating calmness, and reducing negative thoughts.

The results showed a decrease in anxiety levels in both clients based on the HARS scale. Mrs. H's anxiety level decreased from very severe anxiety (74) before the intervention to severe anxiety (34) after three days of therapy. Meanwhile, Mrs. M's anxiety level decreased from very severe anxiety (63) to moderate anxiety (20) after the same intervention period. In addition, both clients reported feeling calmer, more comfortable, and more able to control their fears and negative thoughts after performing Dzikir therapy. Evaluation results indicated that the nursing problem of anxiety was partially resolved according to the established objectives and outcome criteria. The reduction in anxiety levels suggests that Dzikir therapy helped improve the psychological and emotional conditions of the clients by promoting relaxation, increasing positive thoughts, and strengthening spiritual beliefs.

Therefore, it can be concluded that Dzikir therapy is an effective non-pharmacological and psychoreligious nursing intervention for reducing anxiety in breast

cancer patients undergoing chemotherapy. This therapy is simple, can be performed independently by patients, and can support psychological well-being by fostering calmness, spiritual strength, and acceptance of their health condition.

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