Research Article

Islamic Self-Healing on Increasing Patient Self-Efficacy

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Abstract

Aims: Hemodialysis is one of kidney replacement therapy that is mostly performed by patients with chronic kidney failure. Changes in various physical and psychological conditions that cause CKD patients on hemodialysis will find excessive stressors. One of the alternative and complementary therapies to achieve self-healing is mind body and spirit therapy. The human aspect is an integral part of a number of therapies such as prayer, health, and yoga.

Objective: Determine the effect of Islamic self healing on the level of self-efficacy in chronic kidney failure patients undergoing hemodialysis

Methods: This research was quasi-experimental pretest-posttest with control group design. The samples were collected approximately 40 by randomly sampling during 12-26 July 2022. The population in this study was all patients who underwent hemodialysis routinely at a RSUD dr. Soedarso. The self-efficacy was measured by the chronic kidney disease (CKD) self-efficacy instrument: development and psychometric evaluation. The analysis technique in this study was sample paired t test and Mann Whitney test.

Result: The results of this study indicate that most of the respondents are female (65%), have an average age of 51 years, and have the last elementary school education as much as 68%. The results of the sample paired t test in the control group were (0.40), the intervention group (0.002). Then the results of the Mann Whitney test on the efficacy value after 4 weeks of intervention showed a sig. 0.000.

Conclusion: This can be done with the interdisciplinary involvement of care and psychological teams. It is recommended that spiritual therapy be included in the treatment program by health professionals, included in teaching programs, and used on a personal level for nurses and hemodialysis patients.

Keywords: CKD, Efficacy, Healing, Islamic

INTRODUCTION

Chronic diseases such as diabetes, kidney failure, heart disease, and others are conditions that represent a burden of payment on patients. The results of the study show that people with chronic illnesses have a greater risk of mental disorders than the general population (1,2). The Changes can occur due to illness include decreased physical ability, pain, use of drugs and the time needed to undergo treatment which can cause psychological distress to the patient (3). The Global Burden of Disease (2017) explained that there were 9.1% or 697.5 million people
who had CKD, even this study showed that the prevalence of women who had CKD was 9.5%, higher than men that was only 7.3%. It is estimated that people with CKD in the world come from the People’s Republic of China which ranked the first country with the number of cases of 132.3 million (4).

Chronic kidney failure is one of the main problems in many countries in the world, including Indonesia. To maintain their lives, patients with end-stage chronic kidney disease needs Renal Replacement Therapy (RRT)). There are three methods of kidney replacement therapy, namely hemodialysis, peritoneal dialysis and kidney transplantation. In some cases, chronic kidney disease can progress to End Stage Renal Disease (ESRD) or Established Renal Failure (ERF) (5).

Hemodialysis therapy must be carried out for life along with many complicating factors that must be faced by hemodialysis patients such as the adjustment process, changes in health conditions, complications due to the hemodialysis process, the use of drugs, diet and strict fluid restrictions. This hemodialysis therapy is required by patients with ESRD two to three times each week, patients must undergo hemodialysis four to five hours one time undergoing hemodialysis. Almost all cases of ESRD require hemodialysis, but hemodialysis cannot completely replace kidney function even though patients undergo regular hemodialysis they still experience various problems due to kidney malfunction such as anemia, hypertension, impaired libido decrease (6).

According to Baradero, et al (2009) that another common practice in patients undergoing hemodialysis is non-compliance with dietary modifications, medications, diagnostic tests, and restriction of fluid intake (7,8). This clearly shows, that the impact of other stress on patients undergoing hemodialysis is that it can worsen the patient’s health and decrease their quality of life.

One of the alternatives and complementary therapies is to achieve self-healing is mind body and spirit therapy. The National Center for Medicine using mind body and spirit therapy is part of an alternative and complementary therapy. Holistic perspective, spirit is part of the aspect of human life that is an integral part of a number of therapies, since the human aspect is an integral part of a number of therapies such as prayer, meditation, and yoga (7).

**METHODS**

This Study was a quasy-experimental design with pre and post test. The research used control group. The population in this study was all patients who underwent hemodialysis routinely at RSUD dr. Soedarso. The samples in this study were subjects included in the population except patients who underwent hemodialysis one time a week, the estimated research sample was 20 respondents in the treatment group and 20 respondents in the control group. The sample was collected by randomly sampling during 12-26 July 2022.

The self-efficacy measuring instrument in CKD patients that will be used in this study is the chronic kidney disease (CKD) self-efficacy instrument: development and psychometric evaluation developed by Lin et al (2012) 25 statements that can represent four analysis factors in CKD-SE such as autonoy, self integration, problem solving and seeking social support.

Univariate analysis was carried out on each data from the study which included demographic data, adequacy in the treated group and the control group. The results of numerical data analysis are presented in the form of mean, median, mode with a CI of 95%. While categorical data is presented in the form of a frequency distribution table. While bivariate analysis using paired t-test and mann-whitney.
RESULTS

Characteristics of the Respondents

Tabel 1. Characteristics of Research Respondents

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>F (%)</th>
<th>Mean (min-max)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>14 (35%)</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>26 (65%)</td>
<td></td>
</tr>
<tr>
<td>Education Level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elementary</td>
<td>27 (68%)</td>
<td></td>
</tr>
<tr>
<td>JHS</td>
<td>9 (22%)</td>
<td></td>
</tr>
<tr>
<td>SHS</td>
<td>4 (10%)</td>
<td></td>
</tr>
<tr>
<td>Age (year)</td>
<td></td>
<td>50.60 (44-58)</td>
</tr>
</tbody>
</table>

Based on Table 1 the characteristics based on sex, most respondents were found female with 26 respondents (65%) while those with male sex were 14 respondents (35%). Based on respondents' education, most of the respondents had the last education was elementary school (SD) as many as 27 people (68%), then junior high school / junior high school as many as 9 (22%) and high school / senior high school as many as 4 (10%). Table 1 shows that the distribution of respondent data is by gender. The average age of respondents in this study was 51 years with the lowest age being 44 years and the oldest being 58 years.

The Effect of Islamic Healing

The bivariate test in this study used a sample paired t test. The following are the results of the sample paired t test. Table 2 t-tests are paired on intervention groups. The results of statistical tests showed that there was a difference between before and after the level of self-efficacy in patients undergoing hemodialysis by being given Islamic self healing.

Tabel 2. Result statistic test

<table>
<thead>
<tr>
<th>Variables</th>
<th>Parameters</th>
<th>Mean (SD)</th>
<th>CI (95%)</th>
<th>P Value</th>
<th>Statistic instrument</th>
</tr>
</thead>
<tbody>
<tr>
<td>Islamic self healing</td>
<td>Before</td>
<td>305.55 (20.65)</td>
<td>136.3 – 119.2</td>
<td>0.002</td>
<td>Paired sample t test</td>
</tr>
<tr>
<td></td>
<td>after</td>
<td>177.75 (14.88)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control group</td>
<td>Before</td>
<td>309.30 (22.16)</td>
<td>0.43 – 15.96</td>
<td>0.40</td>
<td>Paired sample t test</td>
</tr>
<tr>
<td></td>
<td>after</td>
<td>317.50 (29.16)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Efficacy before intervention</td>
<td></td>
<td>177.75 (14.8)</td>
<td></td>
<td>0.000</td>
<td>Mann whitney</td>
</tr>
<tr>
<td>Efficacy after intervention</td>
<td></td>
<td>287.15 (8.4)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 2 shows that the signification value > 0.05 indicating that there was no difference in self-efficacy values with patients undergoing hemodialysis in control group. Table 2 also shows that a signification value of 0.00 indicates that the significance value < 0.05 indicates that there is a difference in efficacy values after 4 weeks of Islamic self healing between the intervention group and the control group. This proves that Islamic self healing can improve self-efficacy.

**DISCUSSION**

**Characteristics of respondents by gender, age and level of education**

Prognosis, this case of renal failure is due to a closely related nature with a decrease in organ function both anatomically and physiologically. This can be seen from previous cohort studies that non-diabetic patients will experience a decrease 1.29 higher in Glomerulus Filtration Rate (GFR) per 5 years(9). The aging process results in a decrease in the glomerular filtration rate due to a decrease in vascular elasticity and liming resulting in stiffness. This indirectly results in an increase in blood pressure. Gradually this process will result in elderly hypertension which ends in glomerular damage (10).

Another impact of increasing the age of those who experience a decrease in GFR is the susceptibility of individuals to a comorbid condition. More and more damage or decrease in neuron function will lead to a decrease in the function of the hormone erythropoietin which will eventually give rise to a condition called anemia. In general, anemia can indeed be said to be a multifactorial condition in CKD patients (11). This can be explained according to the theory of Smeltzer & Bare (2002) that the age of > 40 years will experience a progressivity of reducing GFR to the age of 70 years with a final value range of 50% reduction from its normal condition (12).

The results showed that the most of respondents who undergoing hemodialysis in the Hemodialysis Unit were women. This is same with previous research by Arifa, et al (2018) that most of the patients undergoing hemodialysis at Kulon Progo Hospital are women. Clinically, men have a two times greater risk of developing chronic kidney disease than women. This is possible because women take attention to health and maintain a healthy lifestyle than men, so men are more susceptible to chronic kidney disease than women. Women are more obedient than men in using drugs because women are more able to take care of themselves and can regulate the use of drugs (13).

Most of the respondents to this study had a low level of education, namely elementary school. The higher a person’s education, the faster he will understand about the condition of the disease experienced. The lack of knowledge and public awareness for early detection in checking themselves into health care centers is the cause of the increase in chronic kidney disease patients because at the initial stage they do not feel specific complaints. Most patients come with complaints that are already severe and at the time of further examination are already at the terminal stage (stage 5) (13).

Low levels of education are also found in many studies, showing that there is an increase in dialysis cases in low education compared to high. This can be caused by several assumptions. Low education will lead to poor health control patterns, resulting in the risk of chronic failure. This is in accordance with the theory that through education a person will have skills, mental and emotional that help a person to be able to develop to a level of maturity. The higher the knowledge, the more his skills will be, both intellectually and emotionally, and the more developed his mindset (14).

**The effect of islamic self healing on the level of self-efficacy in patients undergoing hemodialysis**

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This study shows that there is an effect of Islamic healing administration in patients undergoing hemodialysis on the level of self-efficacy. Islamic self-healing therapy is an action that aims to provide an Islamic therapeutic effect, namely treatment by strengthening the heart and leaning and laughing at Allah, seeking protection, being humble and showing meekness before Him, asking Him, and praying to Allah to obtain healing which is done by demonstrating and guiding patients in the implementation of therapy which contains aspects of wisdom and benefit of pain, prayer, thought of healing and drinking zamzam water (7).

The publication was carried out in the Islamic era, hospitals were established to provide medical and psychological care. It is reported that from the beginning of the eighth century the hospital was founded an Islamic kingdom. The first hospital known in Islam was built in Damascus (Syria) in 706 A.D by Khalifah Ummayah. In Baghdad (Iraq), Al-Mansur hospital was built in 750 AD and Al-Qayrawan Hospital in 830 A.D (15).

Self-efficacy is a person’s belief in success in performing self-care to achieve the desired result. Core beliefs are the basis of human motivation, achievement and emotional well-being. The theory of self-efficacy is based on one’s expectations with regard to a specific set of actions. This theory is a predictive theory regarding the belief that a person can work on certain behaviors (16).

High self-efficacy can encourage patients to be routine and obedient in carrying out all stages of treatment so as to help overcome health problems that arise both in terms of physical, psychological, social and environmental. Conversely, low self-efficacy can result in patients having a poor quality of life. The patient has no confidence in recovery, he always feels burdened by his illness and cannot come to terms with his current condition (17).

Spiritual therapy appears to empower hemodialysis patients and increase their potential for self-care. The RCT study showed the combination of individual counseling and the effect of group empowerment on self-efficacy, quality of life, as well as clinical and laboratory parameters in hemodialysis patients. Previous studies have suggested that the spiritual process of therapy can improve self-management of chronic diseases by improving quality of life, coping, symptom management, disability, and reducing health care costs and service utilization. (18).

The spiritual level is capable of influencing consciousness. People with high average spiritual intelligence scores can tolerate more problems. They also indicate that spiritual intelligence is the highest intelligence that reflects values and meanings that include psychological concepts and adaptive capacities, which lead to immaterial, noncompulsory aspects. This mental-spiritual concept improves the daily performance and health of the individual (19).

CONCLUSION

This study shows that Islamic self healing is effective for patients undergoing hemodialysis and this therapy will have positive results such as increased on autonoy, self integration, problem solving and seeking social support, towards illness and treatment, and compliance with treatment. treatment and satisfaction with treatment. Therefore, spiritual therapy (Islamic healing) can be used as an effective intervention to improve self efficacy in hemodialysis patients. This can be done with the interdisciplinary involvement of care and psychological teams. It is recommended that spiritual therapy be included in the treatment program by health professionals, included in teaching programs, and used on a personal level for nurses and hemodialysis patients.

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