

## THE EFFECT OF DHIKR THERAPY ON THE ANXIETY OF THE ELDERLY AT UPT SOCIAL CARE TRESNA WERDHA KHUSNUL KHOTIMAH PEKANBARU

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### Abstract

The prevalence of mental health was found that 60% of the elderly experienced loneliness and 40% experienced anxiety resulting in stress. Anxiety causes the elderly to be more pessimistic and do not accept themselves positively. One of the treatments that can be done is with dhikr therapy. Zikir is one of the parts of therapy that is able to raise hope and confidence in individuals because it contains spiritual and religious aspects. The purpose of the study was to find out whether there was an Effect of Zikir Therapy on the anxiety of the elderly at the UPT Tresna Werdha Social Home (PSTW) Khusnul Khotimah Pekanbaru. This type of research is a quantitative research with a quasi-experimental design. The research location is located at the UPT Tresna Werdha Social Home (PSTW) Husnul Khotimah Social Service of Riau Province with a research time used for 6 months, namely from September – February. The total population of people with the sampling technique was a sample of 28 people. The research instruments used were using the SOP for dhikr therapy and the Geriatric Anxiety Inventory (GAI) questionnaire. Based on data on the age of respondents aged 39-104 years, the gender is male around 14 people and 14 people are female. The results of the study from 28 respondents showed that the average value of pretest anxiety in the elderly was 12.32, while the average value of posttest anxiety in the elderly was 4.61. The results of the research from 28 respondents were obtained with a P value of 0.000. This means that at the P value of <0.05,  $H_a$  is accepted, which means that there is an effect of dhikr therapy on anxiety in the elderly at the UPT Tresna Werdha Khusnul Khotimah Social Home Pekanbaru. The suggestions submitted related to this study are that they can add knowledge about the effect of dhikr therapy on anxiety in the elderly, and can be used as a reference and there is a continuation of research related to dhikr therapy on anxiety in the elderly.

**Keyword:** Elderly 1; Dhikir therapy 2; Anxiety 3.

### INTRODUCTION

Aging is a natural process that begins with intrauterine life, continues to death caused by the irreversible degeneration of cells and systems (Özel et al., 2014). The longer a person lives, the higher their risk of developing chronic diseases such as diabetes, hypertension, heart disease, and cancer. According to WHO, the elderly are more susceptible to degenerative diseases and require long-term medical care (Ummah, 2019). The degenerative aging process that will have an impact on changes in the human being, not only physical, but also cognitive, emotional, social and sexual changes (Nurapiani & Mubin, 2021). Problems with feelings include anxiety or anxiety, (Research by Welzel F.D et al., 2019) stating that individuals over the age of 82 who suffer from anxiety symptoms as much as 14.5% (Welzel et al., 2019).

Anxiety is a state or feeling of worry and feeling that something bad is going to happen, besides anxiety is a mixture of various emotions, which will occur when a person is under pressure in feelings and conflicts in one's mind (Oktamarin et al., 2022). Anxiety is an emotion *Negative* or an uncomfortable state of unclear worry caused by feelings of uncertainty and

helplessness. Meanwhile, generalized anxiety disorder is anxiety accompanied by somatic symptoms that cause significant disruption of the individual's social life or work or cause real stress (Nurdiansyah & Jannah, 2021). **Anxiety** is an emotional condition produced by the anticipation of an uncertain threat, characterized by feelings of tension, worry, and increased physiological activity such as a rapid heartbeat (Trikusuma & Hendriani, 2021).

Zikir is a method that comes directly from God. In addition, the implementation of dhikr that is carried out with a humble attitude and a gentle voice will bring a relaxation and calming effect to those who do it, dhikr if done well can be used as anxiety therapy (Sholahuddin, 2021). That makes dhikr therapy easy and can be applied to the community, especially the elderly who often experience anxiety.

Based on the above background, the author is interested in raising the title The Effect of dhikr therapy on the anxiety of the elderly at the UPT Tresna Werdha Husnul Khotimah Social Home Pekanbaru

## RESEARCH METHODS

This type of research is a quantitative research using a quasi-experimental Design Approach. Quasi-experiment is a research design used to test cause-and-effect relationships when randomization is not possible. The purpose of this quantitative research itself is to develop and use mathematical models, theories and hypotheses related to anxiety in the elderly (Lestari, 2020). The effect of dhikr therapy was assessed by comparing *the pre-test* scores with *the post-test* (Lestari, 2020). This research was carried out from the planning stage to the preparation of the final report which was carried out from September 2024 to February 2025.

## RESEARCH RESULTS AND DISCUSSION

This section presents the results of the research. The results of the research conducted in February 2025 were obtained from the results of research on the Effect of Zikir Therapy on Anxiety in the Elderly at the UPT Tresna Werdha Khusnul Khotimah Social Home Pekanbaru.

### A. Univariate Analysis

Univariate analysis was used to describe descriptively each of the variables studied, then general data (gender and age) as well as data related to anxiety in the elderly were obtained at the UPT Pant Sosial Tresna Werdha Khusnul Khotimah Pekanbaru. The univariate analysis in this study can be seen in the following description:

#### General Data

##### a. Gender

**Table 1. Frequency Distribution of Respondents by Gender**

Gender	Frequency ( <i>f</i> )	Present (%)
Man	14	50
Woman	14	50
<b>Total</b>	28	100

Source: *Primary Data Analysis 2025*

Based on table 2, it is known that out of 28 respondents, half of the respondents were male as many as 14 respondents (50.0%) and 14 female respondents (50.0%).

b. Age

**Table 2. Frequency Distribution of Respondents by Age**

Age Category	Frequency ( <i>f</i> )	Percentage
Late adults (36-45 years)	2	7,1
Early Elderly (46-55 years)	1	3,6
Late elderly (56-65 years old)	3	10,7
Senior (>65 years)	22	78,6
<b>Total</b>	<b>28</b>	<b>100</b>

Source: *Primary Data Analysis 2025*

Based on table 2, it is known that out of 28 respondents, more than half of the respondents are elderly (>65 years old) as many as 22 respondents (78.6%).

**Custom Data**

a. Average anxiety score before and after dhikr therapy

**Table 3. Distribution of Average Values of Anxiety Before and After Dhikr Therapy**

	N	Mean	SD	Min	Max
Pre-test	28	12,32	3,244	5	20
Post-test	28	4,61	2,572	0	13

Source: *Primary Data Analysis 2025*

Based on table 4.3 shows the average value of anxiety *Pretest* in the elderly, which is 12.32, *Standard Deviation* 3,244, value *Minimum* 5, and the value *Maximum* 20, while the average value of anxiety *Posttest* in the elderly by 4.61, *Standard Deviation* 2,572, value *Minimum* 0, and the value of *Maximum* 13.

a. Bivariate Analysis

A bivariate analysis was conducted to see the effect of dhikr therapy on anxiety in the elderly at the UPT Tresna Werdha Khusnul Khotimah Social Home Pekanbaru. The results of this study are said to be effective if *p Value* < 0.05

**1. Normality Test**

To find out whether the data is distended normally or not analytically, the *Shapiro-Wilk test can be used*. The *Shapiro-Wilk test requirement* is used for small samples (less than or equal to 50). The basis for decision-making uses an *alpha* level of 5% or 0.05 with the provision that if the *sig value* is > 0.05, then the research data is normally distributed and if the *sig value* is < 0.05, then the research data is not normally distributed. In addition, *skewness* and *kurtosis tests can be used*. The requirements of the *skewness* and *kurtosis* test are said to be normal if the results of the *statistical value* are divided by *standard errors* in the range of -2 to 2. In addition, it can also be seen from the histogram which is seen from the curve on the histogram. If the curves are aligned, it is said that the data is normally distributed. If the results of the normality test are normally distributed, then this study is carried out by statistical test using the *Paired T-Test*. If the results of the normality test are abnormal, then this study is carried out with a *statistical test of the wilcoxon* test. In this study, normality tests were conducted in the *pre test* and *post test*, this research was carried out descriptively. The results of the normality test in this study can be seen as follows:

a. View histogram curves

Looking at the histogram interval between the intervention and control groups, it appears that the data distribution is bell-shaped or *bell-shaped*, which means that the data is normally distributed

b. Calculating the *skewness ratio*

Based on the calculation of *the skewness ratio*, namely with *the pretest and posttest skewness* values divided by *the standard error*. The value of the *pretest* was  $-0.079/0.441 = -0.179$ , *the posttest value* was  $0.089/0.441 = 0.201$ . Meanwhile, *the p value of the pretest* is 0.369 and *the posttest* is 0.005. The data is normally distributed if *the p value* is  $>0.05$ . So it can be concluded that the data is distributed normally.

c. Calculating *the kurtosis ratio*

Based on the calculation of *the kurtosis ratio*, namely with a *pretest kurtosis* value of  $0.715/0.858 = 0.833$ , a *posttest value* of  $3.591/0.858 = 4.185$ . From the data using kurtosis analysis, the data is not normally distributed

## 2. Paired T Test

If the results of the *paired t test* statistics show a *p value* of  $<0.05$ , then  $H_a$  is accepted, which means that there is an effect of dhikr therapy. Meanwhile, if the statistical results of *the paired t test* show a *p value* of  $>0.05$ , then  $H_0$  is rejected, meaning that there is no effect of dhikr therapy.

**Table 4. Effect of Average Anxiety on the Elderly Before and After Giving Zikir Therapy**

	N	Mean	Std. Deviation	P value
<i>Pretest</i>	28	12,32	3,244	0,000
<i>Posttest</i>	28	4,61	2,572	

Source: *Primary Data Analysis 2025*

Based on table 4.4, it shows that the average anxiety score at the time of *the pretest* was 12.32 with a standard deviation of 3.244 while the average *posttest* score was 4.61 with a standard deviation of 2.572. There are statistical test results that *obtained a p value* of 0.000. This means that at the *p value* of  $<0.05$ ,  $H_a$  is accepted, which means that there is an effect of dhikr therapy on anxiety in the elderly at the Tresna Werdha Khusnul Khutimah Pekanbaru Social Home

## CONCLUSION

Based on the results of the research on the Effect of Zikir Therapy on Anxiety in the Elderly at the UPT Tresna Werdha Khusnul Khotimah Social Home Pekanbaru, in February 2025 it can be concluded as follows: The results of the study were from 28 respondents, half of the respondents were male, 14 respondents (50.0%) and 14 respondents (50.0%) were female, and more than half of the respondents were elderly ( $>65$  years), as many as 22 respondents (78.6%). The results of the study from 28 respondents showed that the average value of *pretest* anxiety in the elderly was 12.32, while the average value of *posttest* anxiety in the elderly was 4.61. The results of the research from 28 respondents showed that the results of a statistical test obtained a *p value* of 0.000. This means that at the *p value* of  $<0.05$ ,  $H_a$  is accepted, which

means that there is an effect of dhikr therapy on anxiety in the elderly at the Tresna Werdha Khusnul Khutimah Pekanbaru Social Home

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