

## APPLICATION OF MUROTTAL AL-QUR'AN THERAPY OF AR RAHMAN SURAH TO REDUCING ANXIETY IN STEMI PATIENTS IN THE CVCU ROOM OF ARIFIN ACHMAD REGIONAL HOSPITAL, RIAU PROVINCE

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### Abstract

Anxiety is a physiological response of the body in anticipation of a perceived threat, which can trigger physiological changes, particularly in patients with ST-Elevation Myocardial Infarction (STEMI). If left unmanaged, this condition can affect hemodynamic stability and slow down recovery. One effective non-pharmacological intervention is the recitation therapy of the Qur'anic Surah Ar-Rahman (Murottal Al-Qur'an Surah Ar-Rahman), which provides a relaxation effect through brainwave stimulation and enhances spiritual comfort. This study aims to describe and evaluate the implementation of Murottal Al-Qur'an Surah Ar-Rahman therapy in reducing anxiety among STEMI patients in the CVCU Room of Arifin Achmad General Hospital, Riau Province. The method used was a case study on two patients, with data collected through observation, interviews regarding anxiety complaints, and measurement of vital signs before and after the intervention. The Murottal Al-Qur'an therapy was administered for 15 minutes by playing an audio recording of Surah Ar-Rahman. The success indicators referred to the *Indonesian Nursing Outcome Standards* (SLKI), by assessing anxiety signs and symptoms before and after the intervention. The results showed a decrease in anxiety levels in both patients, indicated by reduced complaints of shortness of breath, chest pain, restlessness, insomnia, and stabilization of vital signs, including respiratory rate, pulse, and blood pressure. This study recommends the implementation of Murottal Al-Qur'an Surah Ar-Rahman therapy as a spiritually based nursing intervention that is safe, easy to perform, has no side effects, and supports a holistic approach in the care of STEMI patients.

**Keywords** : Anxiety, Al-Quran Recitation Therapy, STEMI, Surah Ar-Rahman

### INTRODUCTION

Cardiovascular diseases, particularly ischemic heart disease, remain the leading cause of mortality worldwide for more than two decades (World Health Organization, 2024). Globally, ischemic heart disease accounted for approximately 8.9 million deaths in 2025, with a significant portion attributed to ST-Elevation Myocardial Infarction (STEMI) a life-threatening condition characterized by complete coronary artery occlusion leading to myocardial necrosis within minutes. This condition not only results in high mortality rates but also contributes to substantial economic burden, costing over one trillion U.S. dollars annually in global healthcare expenditure.

In Indonesia, STEMI ranks as the second most common cause of death after stroke, with a prevalence rate of approximately 10% a sharp increase from 1.5% recorded in 2018. According

to BPJS Kesehatan, (2025), cardiovascular disease imposes the highest healthcare cost, reaching IDR 12.14 trillion in 2022 and accounting for nearly 79% of catastrophic disease expenditure between 2014–2024. In Riau Province, the prevalence of residents diagnosed with heart disease is reported at 0.53%, indicating that this condition remains a serious regional health issue.

Patients diagnosed with STEMI frequently experience not only severe physical symptom such as chest pain, dyspnea, and sweating but also significant psychological distress, including anxiety and fear of death. This anxiety response can exacerbate cardiovascular instability, increase sympathetic nervous system activity, and elevate the risk of arrhythmia. Therefore, comprehensive care for STEMI patients should address both physiological and psychological dimensions to achieve optimal outcomes.

Pharmacological management of anxiety using sedatives or anxiolytics may provide rapid relief but carries side effects, including dependency and sedation. Consequently, non-pharmacological interventions are increasingly preferred for their safety, accessibility, and minimal side effects. One such promising approach is Murottal Al-Qur'an therapy, which involves listening to the recitation of specific Qur'anic surahs to promote relaxation and spiritual comfort. The rhythmic and melodic recitation stimulates the parasympathetic nervous system, reducing stress hormone levels and fostering emotional calmness (Maharani dan Mustofa, 2024).

Among various surahs, Surah Ar-Rahman is particularly known for its soothing repetition of divine mercy and blessings, which evokes a deep sense of peace and reassurance. Studies have shown its effectiveness in reducing preoperative anxiety and physiological tension among hospitalized patients (Nur Islamyah et al., 2024); Iryani et al., 2023). Listening to Surah Ar-Rahman for 10–15 minutes significantly decreased anxiety levels as evidenced by lower heart rates, stabilized blood pressure, and self-reported relaxation.

In the context of acute cardiac care, integrating spiritual-based interventions such as Murottal Al-Qur'an Surah Ar-Rahman may complement conventional treatment by addressing the emotional and spiritual needs of patients in critical conditions. This approach is especially relevant for Muslim patients in intensive care settings, where isolation and fear are prevalent. A preliminary study conducted in the CVCU Room of Arifin Achmad Hospital, Riau Province, revealed that many STEMI patients exhibited signs of anxiety—manifested through restlessness, insomnia, and reluctance to communicate. These findings indicate an unmet need for holistic interventions addressing emotional well-being alongside medical stabilization. Therefore, this study was developed under the framework of Evidence-Based Nursing Practice (EBNP) to implement and evaluate the application of Murottal Al-Qur'an therapy using Surah Ar-Rahman in reducing anxiety among STEMI patients. The intervention aims to promote psychological relaxation, enhance patient cooperation, and stabilize physiological parameters without adverse effects.

## RESEARCH METHOD

### Design and Approach

This study employed a case study design within the framework of Evidence-Based Nursing Practice (EBNP). EBNP integrates clinical expertise, patient values, and the best available

scientific evidence to improve the quality and effectiveness of nursing care. The purpose of this project was to describe and evaluate the application of Murottal Al-Qur'an Surah Ar-Rahman therapy as a non-pharmacological intervention to reduce anxiety in patients diagnosed with ST-Elevation Myocardial Infarction (STEMI). Two patients with similar diagnoses but varying anxiety levels were selected as study cases. The nursing care process was implemented through five stages: assessment, diagnosis, planning, implementation, and evaluation.

### **B. Setting and Duration**

The study was conducted in the Cardiovascular Care Unit (CVCU) of Arifin Achmad Regional Hospital, Riau Province. The intervention was carried out over three consecutive days, from July 1 to July 3, 2025. Each Murottal therapy session lasted approximately 10–15 minutes and was conducted once daily when the patients were in a calm and stable condition, free from invasive procedures or emergency treatment.

### **C. Subjects and Selection Criteria**

The study subjects were two Muslim patients diagnosed with ST-Elevation Myocardial Infarction (STEMI) who exhibited signs of moderate to severe anxiety based on nursing assessment and observation. The inclusion criteria were as follows:

1. Conscious and cooperative (Glasgow Coma Scale score 15).
2. Able to hear and understand verbal instructions.
3. Experiencing anxiety related to illness and hospitalization.
4. Willing to participate in the intervention voluntarily.
5. Not undergoing invasive procedures such as PCI during the intervention period.

### **D. Intervention Procedure**

The intervention was implemented following the five stages of the nursing process, as outlined below:

1. Assessment: Conducted through interviews, direct observation, and physical examination to identify anxiety symptoms and physiological conditions.
2. Nursing Diagnosis: Determined based on the Indonesian Nursing Diagnosis Standards (SDKI), focusing on Anxiety related to situational crisis due to STEMI.
3. Planning (Intervention): Developed using the Indonesian Nursing Intervention Standards (SIKI), with Murottal therapy as the primary nursing intervention.
4. Implementation:
  - a. The patient was positioned semi-Fowler (half-sitting) comfortably on the bed.
  - b. Murottal Al-Qur'an Surah Ar-Rahman was played using a portable speaker or headset for 15 minutes with a soft and calming volume.
  - c. The therapy was performed once a day for three consecutive days.
  - d. During the session, the nurse ensured a quiet environment and observed the patient's facial expressions, body movements, and signs of relaxation.
5. Evaluation: Conducted after each therapy session to observe behavioral, emotional, and physiological changes. Documentation was done using SOAP notes and daily nursing records.

### **E. Data Collection**

Data were collected using the following methods:

1. Observation: To monitor physical and behavioral changes before and after therapy (facial expression, restlessness, body posture, speech pattern).
2. Interview: To explore patients' feelings of anxiety, fear, and comfort during hospitalization.
3. Physiological Measurement: Monitoring of vital signs (blood pressure, pulse, respiratory rate, temperature, and oxygen saturation) before and after each therapy session.

4. Nursing Documentation: Daily recording of the nursing process including implementation and evaluation stages.

#### **F. Indicators of Success**

The success indicators were based on the Indonesian Nursing Outcomes Standards (SLKI), which include:

1. Decreased restlessness and anxiety
2. Improved facial relaxation and calmness
3. Improved sleep quality
4. Stabilized vital signs (blood pressure, heart rate, respiratory rate)
5. Verbal expression of comfort and relaxation

Therapy was considered successful when a decrease in anxiety symptoms and stabilization of vital signs were observed after three days of intervention.

#### **G. Data Analysis**

Data were analyzed using a qualitative descriptive approach.

Observational and interview data were compared before and after the intervention to assess the effectiveness of the Murottal therapy.

The analysis focused on identifying changes in:

1. Emotional response (verbal reports of feeling calm, peaceful, or less worried),
2. Physiological response (improvement in vital signs), and
3. Behavioral response (more relaxed, cooperative, and better sleep patterns).

The results were presented narratively to illustrate the therapeutic impact of Murottal Al-Qur'an Surah Ar-Rahman on reducing anxiety among STEMI patients.

### **RESEARCH RESULTS**

The implementation of Murottal Al-Qur'an therapy using Surah Ar-Rahman aimed to reduce anxiety levels and stabilize hemodynamic parameters in patients diagnosed with ST-Elevation Myocardial Infarction (STEMI) who were admitted to the CVCU Room of Arifin Achmad Regional Hospital, Riau Province. This intervention served as a non-pharmacological and spiritual approach administered for three consecutive days, with each session lasting approximately 15 minutes.

Before the intervention, both patients identified as Mr. N and Mrs. M exhibited high levels of anxiety characterized by restlessness, insomnia, rapid breathing, chest discomfort, and unstable vital signs. The presence of fear and uncertainty regarding their cardiac condition further aggravated their psychological distress, affecting their overall recovery process.

After the application of Murottal therapy, there were notable improvements in both physiological and psychological aspects. The patients appeared calmer, more cooperative, and expressed a sense of peace and comfort. Physiologically, their vital signs became more stable, including improvements in respiratory rate, pulse, and blood pressure. Psychologically, they reported decreased anxiety, improved sleep quality, and reduced fear regarding their illness.

#### **Comparison of Pre- and Post-Intervention Conditions**

##### **1. Patient 1 (Mr. N)**

Prior to therapy, Mr. N complained of chest pain radiating to the back, shortness of breath, and fear of cardiac arrest recurrence. His vital signs showed instability with a respiratory rate of 28 breaths/min, pulse 45 bpm, and blood pressure 97/55 mmHg. After receiving Murottal therapy for three consecutive days, the patient appeared relaxed and less anxious. His vital signs improved with a respiratory rate of 18 breaths/min, pulse 65 bpm, and blood pressure 124/87 mmHg. He also reported better sleep and a greater sense of comfort and peace.

## 2. Patient 2 (Mrs. M)

Before the intervention, Mrs. M showed significant anxiety, frequent crying, and insomnia, with unstable vital signs (respiratory rate 32 breaths/min, pulse 101 bpm, blood pressure 141/93 mmHg, and oxygen saturation 86–95%). Following three days of therapy, the patient expressed feeling calmer and more accepting of her condition. Her respiratory rate decreased to 20 breaths/min, pulse 100 bpm, blood pressure 130/85 mmHg, and oxygen saturation improved to 99%. She was able to sleep well, appeared emotionally stable, and began performing light activities independently.

Overall, the implementation of Muottal Al-Qur'an Surah Ar-Rahman therapy effectively reduced anxiety levels in both patients. Observations based on the Indonesian Nursing Outcome Standards (SLKI) revealed positive outcomes such as relaxed facial expressions, improved breathing patterns, normalized vital signs, enhanced sleep quality, and reduced psychological distress. The intervention also provided spiritual benefits, where both patients reported feelings of tranquility, sincerity, and closeness to God, which supported their overall healing process. The findings confirm that the recitation of Surah Ar-Rahman (Muottal therapy) can serve as an effective, safe, and feasible non-pharmacological nursing intervention for patients with acute cardiac conditions. It helps reduce anxiety, promotes relaxation, and contributes to hemodynamic stability without causing side effects. This result highlights the importance of integrating spiritual and holistic care into nursing practice, particularly for patients with life-threatening illnesses such as STEMI. The use of Qur'anic recitation as a complementary therapy aligns with the principles of Evidence-Based Nursing Practice, providing comfort, hope, and emotional healing alongside medical management.

## DISCUSSION

The implementation of Muottal Al-Qur'an Surah Ar-Rahman therapy in patients with ST-Elevation Myocardial Infarction (STEMI) revealed a significant reduction in anxiety levels and improvement in physiological stability. The findings of this study emphasized that anxiety is one of the most common psychological responses among patients experiencing acute cardiovascular events. Both patients in this case study showed moderate to severe anxiety at the initial assessment, characterized by restlessness, insomnia, rapid breathing, chest discomfort, and fearful expressions. These symptoms are consistent with the explanation of, who stated that patients with acute cardiac conditions often experience heightened emotional responses such as fear, stress, and anxiety as a reaction to the threat of sudden death.

The psychological instability of the patients was also influenced by spiritual distress, as they expressed fear of dying and worries about their families. This finding aligns with NANDA (2021), which describes anxiety as an emotional response to a vague and unspecific threat that can arise from both physiological changes and psychological concerns. In the context of STEMI, the sudden onset of severe pain, invasive medical procedures, and the unfamiliar hospital environment further increase patients' anxiety levels. Thus, addressing the emotional and spiritual components of care is essential to achieving optimal recovery outcomes in critical cardiac patients.

The main nursing diagnosis identified for both patients was anxiety related to perceived health threats and physiological changes secondary to STEMI. Other related problems included acute pain, decreased cardiac output, ineffective peripheral perfusion, and activity intolerance. These results are supported by Polopadang and Hidayah (2019), who highlighted that cardiovascular

diseases often trigger complex physiological responses that interact with emotional distress, requiring nurses to provide care that encompasses both physical and psychological dimensions. To address these problems, Murottal Al-Qur'an Surah Ar-Rahman therapy was applied as a non-pharmacological, spiritually based intervention. The therapy was administered for approximately 15 minutes daily over three consecutive days in a calm environment using a soft audio recording of Surah Ar-Rahman. During therapy sessions, patients were encouraged to relax and focus on the recitation, allowing the rhythmic and soothing tones to induce tranquility and emotional balance. This approach is in line with findings from (Nur Islamyah et al., 2024); Iryani et al., 2023), who reported that listening to Surah Ar-Rahman significantly reduced preoperative anxiety levels in patients, as evidenced by statistical significance ( $p < 0.05$ ). The recitation works through auditory and neural stimulation that enhances parasympathetic activity, leading to decreased heart rate, respiratory rate, and blood pressure, while simultaneously fostering a sense of inner peace.

Before the intervention, both patients exhibited signs of physiological stress. The first patient (Mr. N) presented with a respiratory rate of 28 breaths per minute, a pulse rate of 45 beats per minute, and blood pressure of 97/55 mmHg. The second patient (Mrs. M) showed a respiratory rate of 32 breaths per minute, pulse rate of 101 beats per minute, and blood pressure of 141/93 mmHg. After three consecutive days of therapy, both patients demonstrated remarkable improvements. Mr. N's respiratory rate decreased to 18 breaths per minute, pulse rate increased to 65 beats per minute, and blood pressure stabilized at 124/87 mmHg, while Mrs. M's vital signs improved with a respiratory rate of 20 breaths per minute, pulse rate of 100 beats per minute, and blood pressure of 130/85 mmHg. Both patients appeared calmer, more cooperative, and expressed feelings of comfort and peace.

The results of this study are in accordance with Damansyah et al., (2024), who found that Murottal therapy effectively reduced anxiety levels and improved hemodynamic parameters among STEMI patients. The physiological effects of Murottal recitation can be attributed to the stimulation of endorphins and neuropeptides, which generate relaxation and emotional stability, as described by Maharani dan Mustofa, (2024). Moreover, the repetitive and melodic structure of Surah Ar-Rahman helps to shift the patient's attention from fear and discomfort toward spiritual reflection and surrender, which further contributes to emotional relief.

Based on the evaluation guided by the Indonesian Nursing Outcome Standards (SLKI), symptoms of anxiety such as restlessness, insomnia, headache, and palpitations showed a noticeable reduction following the intervention. Both patients reported better sleep quality, emotional calmness, and improved coping ability with their illness. These improvements indicate that the therapy not only provided physiological relaxation but also fulfilled patients' spiritual needs, supporting the concept of holistic nursing care. The intervention successfully stabilized vital signs and reduced emotional distress, proving its effectiveness as a supportive measure alongside medical treatment.

The findings of this case study affirm that Murottal Al-Qur'an Surah Ar-Rahman therapy represents an innovative, evidence-based, and culturally appropriate nursing intervention. It is a safe, cost-effective, and non-invasive approach that can be easily applied in critical care settings. The results support the statements of Cahyati et al., (2023) and Arakaki et al., (2024), who emphasized the importance of integrating spiritual-based therapies into nursing practice to enhance holistic patient outcomes. Listening to Qur'anic recitation, especially Surah Ar-Rahman, promotes parasympathetic activation and a deep sense of tranquility, helping patients attain both physical stability and spiritual serenity.

In conclusion, the application of Murottal Al-Qur'an Surah Ar-Rahman therapy successfully reduced anxiety and improved physiological stability in STEMI patients treated in the CVCU of Arifin Achmad Hospital, Riau Province. This finding reinforces the importance of combining spiritual interventions with conventional medical care in nursing practice. By integrating spiritual and evidence-based approaches, nurses can address patients' bio-psychosocio-spiritual needs more comprehensively, contributing to faster recovery and an enhanced quality of life during hospitalization.

## CONCLUSIONS

During the assessment phase, the first case patient, Mr. N, stated that he felt anxious and afraid that his heart attack would worsen, accompanied by complaints of shortness of breath, chest pain described as heavy pressure, fatigue, nausea, and difficulty sleeping. The second case patient, Mrs. M, reported feeling fearful about her condition, experiencing tightness in the chest radiating to the back and left arm, difficulty sleeping, and weakness that prevented her from performing daily activities independently. Mr. N's vital signs showed a respiratory rate of 28 breaths/min, pulse 45 beats/min, blood pressure 97/55 mmHg, and SpO<sub>2</sub> 97% (on O<sub>2</sub> 5 LPM), with a pale face, cold extremities, and visible anxiety. Meanwhile, Mrs. M presented with a respiratory rate of 32 breaths/min, pulse 101 beats/min, blood pressure 141/93 mmHg, and SpO<sub>2</sub> 86–95% (on O<sub>2</sub> 5 LPM), along with restlessness, nasal flaring, and tense facial expressions.

Data analysis indicated that both patients experienced anxiety triggered by the acute phase of ST-Elevation Myocardial Infarction (STEMI), which affected their physiological and psychological stability. The anxiety manifested in increased vital signs, muscle tension, sleep disturbance, and heightened chest pain. Psychological and spiritual distress, along with concerns about their families, further aggravated their anxiety.

The nursing intervention was focused on non-pharmacological relaxation therapy through Murottal Al-Qur'an Surah Ar-Rahman, implemented according to the *Indonesian Nursing Intervention Standards (SIKI)*. The procedure included creating a calm environment, positioning the patient comfortably, monitoring vital signs before and after therapy, maintaining therapeutic communication, and providing simple relaxation guidance. The therapy was administered for 15 minutes by playing *Surah Ar-Rahman* audio softly through a headset or speaker while encouraging patients to relax and focus on the recitation.

After the intervention, Mr. N showed improvement with respiratory rate decreasing from 28 to 18 breaths/min, pulse increasing from 45 to 65 beats/min, blood pressure stabilizing at 124/87 mmHg, and oxygen saturation rising to 99%. He appeared calmer, more cooperative, and able to perform light activities. Similarly, Mrs. M demonstrated significant progress—her respiratory rate decreased from 32 to 20 breaths/min, pulse from 101 to 100 beats/min, blood pressure stabilized at 130/85 mmHg, and SpO<sub>2</sub> increased to 99%. She reported reduced chest pain, better sleep quality, and improved independence in daily activities.

These findings indicate that Murottal Al-Qur'an therapy using Surah Ar-Rahman effectively reduces anxiety and stabilizes physiological conditions in STEMI patients. The outcomes met the *Indonesian Nursing Outcome Standards (SLKI)*, as evidenced by decreased anxiety-related verbal expressions, reduced tension and palpitations, improved sleep, and normalized vital signs.

In conclusion, the implementation of Murottal Al-Qur'an Surah Ar-Rahman therapy serves as a safe, simple, and spiritually grounded nursing intervention that effectively alleviates anxiety

both physiologically and psychologically. This therapy supports a holistic, evidence-based approach to nursing care for patients with acute cardiovascular conditions such as STEMI.

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