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Sholawat Listening Therapy Reduces Anxiety of Preoperative Patients Undergoing General Anesthesia

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Abstract

Anxiety experienced by pre-general anesthesia patients increases respiratory frequency and heart rate, potentially leading to surgery cancellation. In Islam, Sholawat refers to the act of sending blessings and peace upon Prophet Muhammad, rooted in the Arabic concept of making prayer which literally means to invoke blessings. This study aimed to evaluate the effect of listening to sholawat on anxiety of pre general anesthesia patients at Karsa Husada Hospital Batu, East Java, in March 2024. The design of the study was a Quasi-experimental with Non-Equivalent Group Pre and Post Test approach. The sampling technique used purposive sampling. The sample was 20 patients divided into control and treatment groups. The independent variable was listening and the dependent variable was anxiety. Therapy was given before surgery for 5-10 minutes. The data analysis used paired t test and independent t test. The study showed a significant difference between the pre-test and post-test results of the control group (p-value: 0.000). However, the post-test results in the control group showed a non-significant difference (p-value: 0.083). Independent t-test confirmed the effect between the two variables, with the significance value of the post-test of both groups <0.05. Ear stimulation, the pituitary gland and the right brain release endorphins that lower blood levels of stress hormones such as adrenocorticotropic hormone and increase feelings of happiness. Listening to sholawat has a significant effect on reducing anxiety in patients undergoing surgery under general anesthesia. This non-pharmacological intervention can be considered by healthcare professionals as an effort to reduce patient anxiety before general anesthesia.

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INTRODUCTION

The operating theatre is an area of high stress and complexity (Afandi et al., 2024; Cahyanti, 2020; Virgiani, 2019). Surgery is a treatment procedure that involves invasive steps, starting with the opening of certain body parts, followed by the appearance of the body part to be operated on (Arif et al., 2022, 2025; Wicker, 2015). Patients with preoperative will show emotional responses such as thoughts about wound pain, injections (anaesthesia), and the possibility of poor outcomes (disability) or death as an effect of surgery that causes anxiety (Damayanti et al., 2022; Kocaturk et al., 2024; Murdiman et al., 2019). General anaesthesia is a method that aims to reduce or eliminate pain that can cause loss of consciousness. There are three ways to administer anaesthesia: inhalation, parenteral, and a mixture of the two (Arif et al., 2024).

Patient anxiety with general anaesthesia is higher than the spinal technique (Eberhart et al., 2020; Wang et al., 2019). Anxiety can also be caused by anaesthesia due to thoughts of not being able to wake up again and fear of facing death after surgery (Arif et al., 2022; Rahmayati et al., 2018). Surgical procedures often use general anaesthesia (Muhammad, et al., 2015). Patient anxiety with general anaesthesia is higher than spinal techniques (Eberhart et al., 2020; Pertiwi & Ekasari, 2021; Ying, 2018). Patients with general anaesthesia feel afraid if they wake up during surgery (Elmore et al.,2014).

The global use of general anaesthesia reaches approximately 175.4 million patients annually, with an estimated 168 million people undergoing general surgery according to WHO in 2018. Data from Purnawan's (2016) study using data from the Indonesian Survey Institute (LSI) estimated that in Indonesia, around 4.67 million patients undergo general and regional anaesthesia each year. Based on the Basic Health Research, the percentage of general anaesthesia procedures in Indonesia reached 17.6%, with DKI Jakarta having the highest percentage at 31.3%, while in Papua it was 6.7%. A 2015 study in a tertiary hospital in Nigeria showed 51.0% and 90% of preoperative patients experienced significant anxiety (Arif et al., 2022). Research at RSUD dr.Soekardjo in 2019, as many as 50% experienced preoperative anxiety (Sayuti *et al*., 2022).

Anxiety is psychological tension arising from uncertainty or perceived threat, whether from a known or unknown source. Symptoms can include cold fingers, increased heart rate, excessive sweating, difficulty sleeping, loss of appetite, and feelings of pressure and fear of danger (Girianto et al., 2021; Kalman, 2020). Nurses can find the source of anxiety and take effective steps to reduce it (Retni et al., 2024; Titin Marlina, 2017). Operating room nurses carry a wide range of roles and responsibilities, including preparing and managing surgical instrument sets, assisting in reducing patient anxiety during the preoperative phase, ensuring that all intraoperative requirements are available and well-organized, comprehensively documenting all nursing interventions performed during the procedure, and providing postoperative nursing care in the recovery room (Rachmawati et al., 2019). Integrasi intervensi spiritual dalam praktik keperawatan merupakan strategi non-farmakologis yang dapat meningkatkan kesejahteraan pasien secara keseluruhan, memperbaiki kualitas hidup mereka, dan mendorong hasil kesehatan psikologis dan mental yang lebih baik (Diego-Cordero et al., 2022).

In Islam, *Sholawat* refers to the act of sending blessings and peace upon Prophet Muhammad, rooted in the Arabic concept of making dua (prayer) using the root, which literally means to invoke blessings. *Sholawat* embodies spiritual grace and worship; when recited by believers, it is an invocation of blessings upon the Prophet, often performed as devotional chants in communal or musical forms, especially in Indonesian Islamic culture. Patients who listen to music will be distracted so that anxiety decreases (Mantiri et al., 2015). Prior research has reported that the recitation of Sholawat Nariyah is effective in significantly decreasing anxiety levels among patients undergoing cesarean section (Suyanto, 2021). A study by Soliman and Muhammed found that listening to *sholawat* has a calming effect on the

body by minimising autonomic nervous excitability (Sholihah et al., 2024; Tryastuti, 2022). *Sholawat* nariyah, which includes the perfection of physical, mental, worldly and afterlife will help us solve the problems that exist within us (Napora et al., 2024). Music can induce a reduction in sympathetic nervous system activity by means of auditory pathways involving the ear and right hemisphere of the brain, subsequently stimulating endorphin secretion from the pituitary gland. This mechanism contributes to a reduction in blood ACTH levels, which ultimately helps alleviate stress (Oktora & Purnawan, 2018).

In Karsa Husada Batu Hospital, no specific intervention has been implemented to reduce patient anxiety before surgery, especially with the method of listening to *sholawat*. Evidence suggests that both music and sholawat recitation may produce a calming effect in patients, which contributes to a reduction in anxiety levels. Accordingly, the development of innovative, evidence-based approaches is required to address this condition.

METHODS

This study was carried out at hospital Karsa Husada Batu, East Java, in the period March 5-21, 2024. Inclusion criteria included: APAIS or Amsterdam Preoperative Anxiety and Information Scale of moderate to severe, elective general anesthesia, conscious and cooperative patients aged 20–60 years, with adequate hearing and communication ability.Exclusion criteria: emergency surgery, very high APAIS score, unconsciousness before surgery, age <20 or >60, non-Muslim, withdrawal during study, or refusal of intervention. This study utilized a quasi-experimental design with a non-equivalent control group pretes-posttest approach. The sampling method applied was purposive random sampling. This study aimed to examine the effect of listening to sholawat on anxiety levels, with listening to sholawat as the independent variable and anxiety level as the dependent variable. The study population included all patients scheduled to undergo general anesthesia. From this population, the sample consisted of 20 respondents who met the inclusion criteria. Participants were selected using purposive sampling and divided equally into two groups, consisting of 10 respondents in the intervention group who received sholawat listening therapy and 10 respondents in the control group without intervention. Anxiety levels were measured using the Amsterdam Preoperative Anxiety and Information Scale (APAIS), a validated instrument for assessing preoperative anxiety in surgical patients. APAIS is used as an evaluation standard to measure patient anxiety in the perioperative period (Usnadi et al., 2019). The intervention was in the form of *sholawat* Nariyah Muhammad Yusuf listening therapy, given 1 hour before surgery for 5-10 minutes. the music used had a tempo between 68.7–77 beats per minute (BPM) and a maximum volume of 60dB. The *sholawat* audio used in this study was obtained from an open-access, non-commercial platform (e.g., YouTube) and is distributed for public listening without copyright restrictions. It was used exclusively for educational and therapeutic research purposes, without any modification or commercial intent. Ethical clearance from the institutional review board (IRB) was obtained prior to its use. Data analysis was conducted using paired t-test and independent t-tests following normality testing with the Shapiro-Wilk test, which indicated that the data were normally distributed and homogeneous. Ethical approval for this study was obtained from the Health Research Ethics Committee (KEPK) of Karsa Husada Regional General Hospital, Batu (No. 020/747/102.13/2024).

RESULTS

The distribution of respondents' general characteristics is presented as follows:

Table 1. Frequency Distribution Based on Respondent Characteristics at Karsa Husada Regional General Hospital, Batu City, March 2024

Category		The group listens to *sholawat*		Control group	
		f	%	f	%
Gender	1. Male	5	50	4	40
	2. Female	5	50	6	60
	Total n	10	100	10	100
Age	1. 17-25 years old	5	50	2	20
	2. 26-35 years old	2	20	1	10
	3. 36-45 years old	1	10	0	0
	4. 45-55 years old	2	20	7	70
	5. 56-65 years	0	0	0	0
	Total n	10	100	10	100
Level of education	1. Primary school	0	0	4	40
	2. Junior high school	2	20	1	10
	3. Vocational/ senior high school	6	60	5	50
	4. Bachelor	2	20	0	0
	Total n	10	100	10	100
Occupation	1. Student	1	10	0	0
	2. Housewife	2	20	3	30
	3. Self-employed	3	30	3	30
	4. Private employee	2	20	0	0
	5. Retired	1	10	0	0
	6. Farmer	0	0	3	10
	7. Civil servants	1	10	0	0
	8. unemployed	0	0	1	10
	Total n	10	100	10	100

Source: *Primary Data*

The characteristics of respondents presented in Table 1 indicate that the intervention group had an equal distribution of gender, with females and males each comprising 50%. In contrast, the control group consisted predominantly of female respondents (60%). Regarding age distribution, half of the participants in the intervention group were aged 17–25 years, whereas in the control group, the majority (70%) were in the 45–55 years age range. Regarding educational level, most respondents in the intervention group (60%) had a vocasional/senior high school educational background, while in the control group, half of the participants had a similar level of education. Employment characteristics showed that in the treatment group, a small proportion (30%) worked as self-employed. In the control group, a small proportion of respondents (30%) were housewives, self-employed, and unemployed.

Tabel 2. Anxiety level of preoperative general anaesthesia patients at Karsa Husada Hospital, Batu City, March 2024

Group	*Mean*	*Median*	Mode	Standard Deviation	*Minimum*	*Maximum*
Pre listening to *sholawat*	18,60	18,00	18	1.713	16	22
Post listening to *sholawat*	14,50	15,00	15	,972	13	16
Pre control group	17,00	18,00	15	1,889	15	20
Post control group	17,80	18,00	18	,919	16	19

Source: *Primary Data*

Table 2 shows that the treatment group before listening to *sholawat* showed an average anxiety score of 18.60, which means moderate anxiety, with a median of 18.00 and mode of 18. The standard deviation of 1.713 shows the distribution of data from the average, with a range of scores between 16 to 22. After listening to *sholawat*, the mean anxiety score decreased to 14.50, remaining in the moderate anxiety category, with a median of 15.00 and a mode of 15. The standard deviation decreased to 0.972, indicating a denser spread of data around the mean value, with a range of scores between 13 to 16. The difference in mean anxiety scores before and after listening to *sholawat* was 4.10. The standard deviation difference is 0.741. The range of anxiety scores reduced from 6 to 3, indicating a decrease in anxiety after the intervention. The mean difference of 4.10 indicates a reduction in patient anxiety after the intervention.

Based on table 2 On completion of the first questionnaire, control group respondents showed an average (mean) anxiety score of 17.00, indicating moderate anxiety. The median score was 18.00, and the mode was 15. The standard deviation of 1.889 indicated a fairly wide variation in scores, with a range of scores between 15 and 20. After the completion of the second questionnaire, the mean anxiety score increased to 17.80, remaining in the moderate anxiety category. The median score remained 18.00, and the mode changed to 18. The lower standard deviation of 0.919 indicates that the scores tended to be more centered around the mean. The range of scores after the second fill was 16 to 19. The mean difference in anxiety scores before and after the intervention in the control group was 0.80. The standard deviation also showed a decrease of 0.97. The range of anxiety scores changed by a difference of 0.80. Overall, the intervention in the control group did not result in a significant decrease in anxiety scores.

Table 3. Paired t-test Analysis of Anxiety Scores Before and After Intervention

Variable One	Variable Two	Results of Paired T-Test
Pre-intervention anxiety score of the treatment group (*sholawat*)	Post-intervention anxiety score of the treatment group (*sholawat*)	Sig. (2-tailed) = 0.000
Pre-intervention anxiety score of the control group	Post-intervention anxiety score of the control group	Sig. (2-tailed) = 0.823

The paired t-test results in Table 3 showed a statistically significant difference in anxiety scores before and after the sholawat listening intervention in the treatment group ($p = 0.000$, $p < 0.05$). These findings indicate that the intervention was effective in reducing anxiety levels among patients scheduled for general anesthesia during the preoperative phase. In the control group, the paired t-test showed no statistically significant difference in anxiety scores between pre and post intervention measurements ($p = 0.823$, $p > 0.05$). Therefore, the *sholawat* intervention appears to have a significant effect, while no such effect was observed in the control group.

Table 4. Independent t-test Analysis Between Groups After Intervention

Variable One	Variable Two	Results of Independent T-Test
Post-intervention anxiety score of the treatment group (*sholawat*)	Post-intervention anxiety score of the control group	Sig. (2-tailed) = 0.000

The independent t-test analysis in Table 4 showed a statistically significant difference in post-intervention anxiety scores between the intervention and control groups ($p = 0.000$, $p < 0.05$). These findings reinforce the conclusion that the listening to sholawat intervention has a significant effect in reducing anxiety levels among patients scheduled to undergo general anesthesia in the preoperative phase, compared to those who did not receive the intervention.

DISCUSSION

Based on Table 2, It was found that the mean anxiety score decreased from 18.60 to 14.50 after the intervention, with a difference of 4.10. The listening to sholawat intervention can be regarded as an effective approach for reducing patients' anxiety levels prior to undergoing surgery with general anesthesia. These findings are consistent with theoretical perspectives suggesting that sholawat contributes to anxiety reduction by promoting inner calmness and enabling individuals to face challenging situations with greater confidence (Samsudin et al., 2019; Tryastuti, 2022).

This is consistent with Kusnandi (2021) *Sholawat* nariyah, which includes the perfection of dhohir, batin, dunia, and akhirat will help us solve problems that exist within ourselves. Suyanto (2021) found that listening to Sholawat Nariyah is significantly associated with reduced anxiety levels in patients undergoing cesarean section with spinal anesthesia. *Sholawat* listening therapy is regarded as a spiritual intervention that may contribute to anxiety reduction and psychological relaxation in patients.

As shown in Table 3, the intervention group showed a significant reduction in preoperative anxiety after listening to sholawat, as confirmed by the paired t-test results ($p = 0.000$, $p < 0.05$). Conversely, the control group did not show a statistically significant change ($p = 0.823$, $p > 0.05$). Overall, the findings suggest that the sholawat intervention effectively reduced preoperative anxiety, whereas no comparable effect was observed in the control group. These findings are in line with Soliman and Muhammed, who reported that listening to sholawat not only has spiritual significance but may also be associated with physiological and psychological responses in the human body. The results showed that engaging in listening to *sholawat* can have a calming effect on the body by reducing autonomic nervous excitability (Tryastuti, 2022; Zulkifli et al., 2022). This is in accordance with music therapy has been shown to be an effective tool in helping individuals who experience anxiety by responding to pleasant rhythms and melodies, music therapy can create a deep sense of comfort, reduce symptoms of anxiety that appear, and improve memory positively. Through a gradual approach, music therapy can also help individuals to progressively overcome and reduce symptoms of anxiety associated with the various problems they face (Novianti et al., 2021).

The research is in line with the theory by Hs. Bunganegara (2020) which states that *sholawat* when recited through songs, poems, and other forms, does not lose the essence of its meaning. *Sholawat* gains diverse perspectives depending on the individual who sees it. To feel the power contained in *sholawat*, it is important for one to understand its meaning deeply.

As shown in Table 4, the independent t-test demonstrated a statistically significant difference in post-intervention anxiety scores between the intervention and control groups, leading to the acceptance of H1 and rejection of H0. The significance value of the post-test for both groups, control and treatment, was 0.000, smaller than the predetermined 0.05. Anxiety decreased according to the mechanism of the listening process involving energy changes in the ear, from sound vibrations to electrical signals by the cochlea Music also stimulates the release of endorphins, lowers ACTH levels, and reduces stress. Alpha waves recorded indicate a relaxed state when affected by music (Gunawan & Kristinawati, 2018; Oktora & Purnawan, 2018). Music affects sympathetic nerve activity by stimulating the ears, then entering the right brain, and stimulating the pituitary gland to release endorphins. This increases the sense of happiness by reducing the levels of stress hormones such as ACTH in the blood. Brain waves, such as alpha waves, are recorded by electroencephalogram and often occur when a person listens to music, indicating a state of relaxation (Hafil & Ningrum, 2023; Oktora & Purnawan, 2018).

Alpha and theta wave activity in the occipital area is associated with relaxation, characterized by reduced cognitive activation and an increased sense of calm and well-being. Increased theta wave activity is especially linked to reduced symptoms of anxiety by modulating limbic system activity and decreasing overactive neural responses (Dadashi et

al., 2015). Sound therapy uses vibrations to alter a person's physical and mental state. Sound therapy can produce low sound particles, which can reduce the stress of patients who are about to undergo invasive treatment (Hashim et al., 2017).

CONCLUSION

Listening to *sholawat* had a significant effect in reducing anxiety in patients who will undergo surgery under general anesthesia.

SUGGESTION

This study suggests the development of nursing care for anxious patients, with interventions such as listening to *sholawat*. Future research with a larger sample size is suggested to improve the generalizability and comprehensiveness of the results.

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CONFLICTS OF INTEREST

The authors declare no conflicts of interest. Funders outside the authors were not involved in the study design, data collection, data analysis, or manuscript preparation.

AUTHOR CONTRIBUTIONS

DAO was involved in study conceptualization, data processing and tabulation, data analysis, and preparation of the manuscript draft. TA contributed to manuscript writing and revision, as well as coordination of the research process with support from the research team. RH performed the statistical analysis and data interpretation, while SP was responsible for verifying the research methods and study design. The order of authorship has been agreed upon by all authors, who have also read and approved the final version of the manuscript.

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