

Comparison of Remote and Face-to-Face Ruqyah on Stress Levels Patients

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ABSTRACT

This study's objective is to compare the effectiveness of remote and face-to-face ruqyah on patient stress levels at Ruqyah Nurul Barokah. The quasi-experimental study design employed a two-group pretest-posttest design, and the instrument utilized was the Perceived Stress Scale 10 (PSS-10) questionnaire. The population studied comprised all patients of Ruqyah Nurul Barokah, with the research sample consisting of patients who experienced stress. A comprehensive data analysis was conducted using various statistical tests, including normality, homogeneity, Mann-Whitney U, and Wilcoxon tests. These tests were employed to ascertain the statistical significance of the two distinct ruqyah methods. The study revealed a substantial discrepancy between the pretest and posttest outcomes. Specifically, the Mann-Whitney U test yielded a Z value of -4,495, with a p-value of 0.000, indicating a statistically significant difference. A subsequent comparison between remote and face-to-face ruqyah on stress levels yielded Z values of -3.413 and -3.414, respectively, with a p-value of 0.001. This finding indicates that face-to-face ruqyah had a more significant impact than remote ruqyah.

BACKGROUND

Muslims are unable to separate themselves from the Qur'an in their daily lives. This is because Qur'anic verses are recited during their prayers. The Qur'an clearly states in Surah Al-Isra' (17), verse 82, the following: "We have revealed from the Qur'an something that is an antidote and a mercy for the believers, while for the wrongdoers (the Qur'an) will only increase harm." (1)

According to the provided data, the Qur'an is a non-pharmacological therapy that can heal and treat various physical and psychological ailments. It is hypothesized that the Qur'an can be efficacious in curing individuals who have faith in its healing powers and fully embrace the benefits of ruqyah. This research was undertaken in response to the growing prevalence of individuals grappling with life challenges arising from rapid social transformations and advancements across diverse domains, which have substantially influenced individuals' moral compasses and lifestyles. The inability to adapt to these changes has increased the proliferation of medical and non-medical ailments.

Stress is a prevalent symptom of non-medical illnesses, and if left unaddressed, it can lead to various health complications, including sleep disorders, anxiety, and depression. According to Basic Health Research (Risksdas), more than 19 million individuals in Indonesia over the age of 15 experience emotional and mental disorders, with more than 12 million of these individuals being diagnosed with depression (2). Two broad categories of therapeutic interventions have been identified to address this issue: pharmacological and non-pharmacological therapies (3). Pharmacological therapies entail the administration of pharmaceutical agents, while non-pharmacological therapies do not involve the use of drugs. Among the non-pharmacological therapies, ruqyah has been widely recognized as a highly effective intervention.

According to Shaykh Al-Misri, shar'i ruqyah constitutes a series of verses and supplications recited to achieve healing and obtain relief by invoking Allah SWT (4). The verses of the Qur'an recited during ruqyah have a spiritual effect; when the body is exposed to certain sounds, it affects the vibrational system of the body, especially those related to the circulatory system (5). Consequently, the act of hearing or reciting the Qur'an can potentially reduce cortisol levels in the body, which can naturally activate endorphin hormones, thereby relieving fear and

anxiety. Additionally, stimulating alpha waves in the brain can facilitate proper brain function, leading to stress reduction, minimization of negative emotions, enhanced relaxation, and immune system boost.

Kurniati (2023) delineates that verbal communication is any form of interaction involving exchanging ideas or information through spoken or written language. Conversely, nonverbal communication is characterized as any form of interaction that utilizes non-verbal cues, such as gestures, facial expressions, and body language, to convey messages (6). In therapeutic interventions, such as remote or face-to-face ruqyah, effective communication between the practitioner and the patient is paramount. This communication can manifest as both verbal and nonverbal interactions. In public service, communication is pivotal, particularly in therapeutic communication to facilitate patient healing. The efficacy of therapeutic communication, encompassing knowledge, attitude, and manner, can influence the psychological well-being of patients (7). In the long-distance practice of Ruqyah Nurul Barokah, communication is exclusively verbal, whereas in face-to-face ruqyah, communication encompasses both verbal and nonverbal components.

This research is consistent with a study conducted by Fatimah (2019) on ruqyah treatment at the Jolo Sutro Adijaya Islamic Boarding School in Terbanggi Besar, Central Lampung. Fatimah found that ruqyah was not only able to heal, but also improve the mental health of the students (8). The purpose of this study was to compare the results of remote ruqyah with face-to-face ruqyah on the stress level of Ruqyah Nurul Barokah patients.

METHODS

This research is a type of quantitative comparative research that uses a field study approach. The variables compared are the results of remote ruqyah and face-to-face ruqyah, with a sample of ruqyah patients experiencing stress. The research method applied was a quasi-experimental two-group pretest-posttest design, which tests the effect of treatment on the dependent variable by comparing two groups: the experimental group and the control group. In this case, the experimental group used the remote Ruqyah method, while the control group used the face-to-face Ruqyah method.

Table 1. Research Design

Group	Pretest	Treatment	Posttest	Improvement
Experiment	O ₁	X ₁	O ₂	O ₂ – O ₁
Control	O ₃	X ₂	O ₄	O ₄ – O ₃

The population of this study consisted of 169 patients of Ruqyah Nurul Barokah in August 2023. Researchers used the purposive sampling technique, part of the non-probability sampling technique. Roscoe in Sugiyono suggests that a reasonable sample size in research is between 30 and 500 people (9). The research sample included ruqyah patients who experienced stress and were divided into two method groups: remote ruqyah and face-to-face ruqyah. Here are the details of the sample:

Table 2. Number of Research Samples

Ruqyah Method	Total
Remote	15
Face to Face	15
Total	30

RESULTS AND DISCUSSION

RESULTS

Respondent Characteristics

Table 3. Distribution of Respondent Characteristics

Characteristics	Total	
	n	%
Age		
12-25 Years Old	9	30
26-45 Years Old	15	50

46-65 Years Old	6	20
Gender		
Male	13	43,33
Female	17	56,67
Occupation		
Employed	16	53,33
Not Working	14	46,67
Education level		
No School	3	10
Primary School	2	6,67
Junior High School	12	40
High School	11	36,67
Bachelor Degree	2	6,66

Source: Primary Data 2024

As illustrated in Table 3, the majority of the 30 respondents who completed the PSS-10 questionnaire in this study were between 26 and 45 years of age (50%), with 56.67% being female and 53.33% being employed. Furthermore, 40% of the respondents have a junior high school education.

Univariate Analysis

Muka Table 4. Pre and Post Stress Levels in Remote and Face-to-Face Ruqyah

Class	Patient Stress level	Pretest		Posstest	
		Frequency	Percent	Frequency	Percent
Remote Ruqyah	Mild (0-13)	1	6,7%	9	60%
	Moderate (14-26)	9	60%	6	40%
	Severe (27-40)	5	33,33%	-	-
Face to Face Ruqyah	Mild (0-13)	-	-	15	100%
	Moderate (14-26)	6	40%	-	-
	Severe (27-40)	9	60%	-	-

Source: Primary Data 2024

As illustrated in Table 4, of the 15 remote ruqyah respondents who completed the PSS-10 questionnaire, at the pretest stage, the majority (60%) exhibited moderate stress, while 33.33% demonstrated mild stress. At the posttest stage, the prevalence of stress decreased, with 60% of respondents experiencing mild stress. Conversely, the majority of face-to-face ruqyah respondents who completed the PSS-10 questionnaire exhibited severe stress during the pretest phase. However, in the post-test phase, mild stress was observed in all respondents (100%).

Bivariate Analysis

Table 5. Mann-Whitney U test

	Ruqyah Result
Mann-Whitney U	5,500
Z	-4,495
Asymp. Sig. (2-tailed)	,000
Exact Sig. [2*(1-tailed Sig.)]	,000 ^b

Source: Primary Data, 2024

According to table 5, the Mann-Whitney U test result is 5.50, with an Asymp. Sig. (2-tailed) of 0.000 and a Z value of -4.495.

Table 6. The following is a comparison of Remote Ruqyah with Face-to-Face

Treatment	Z	P value
Remote Ruqyah	-3,413	0,001
Face-to-Face Ruqyah	-3,414	0,001

Source: Primary Data, 2024

As illustrated in Table 9, the Z value for remote ruqyah is -3.413 with a P-value of 0.001, while for face-to-face ruqyah, the Z value is -3.414 with a P-value of 0.001. The following diagram illustrates the comparison of remote ruqyah with face-to-face ruqyah.

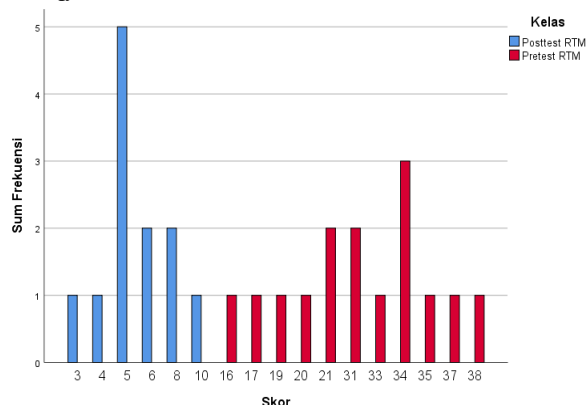


Figure 1. Comparison Diagram of PSS-10 Score of Remote Ruqyah Patients

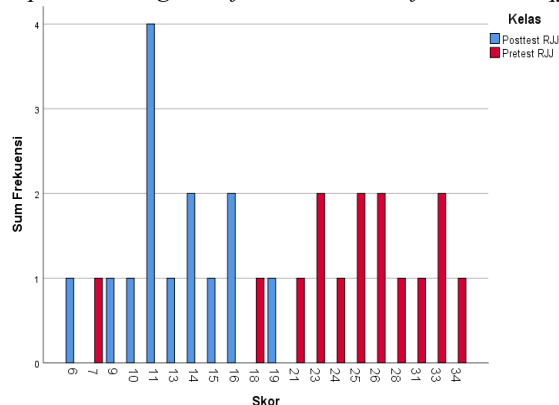


Figure 2. Comparison Diagram of PSS-10 Score of Face to Face Ruqyah Patients

DISCUSSION

Respondent Characteristics

Age

According to the data presented in Table 3, the age demographic of the 30 respondents included in this study was as follows: 50% between the ages of 26 and 45, 30% between the ages of 12 and 25, and 20% between the ages of 46 and 65. Individuals in the 26-45 age group reported higher levels of stress compared to those in the 12-25 and 46-65 age groups. This disparity can be attributed to the increased challenges and demands faced by the former group, including career, family, finance, health, and other aspects of life. Additionally, the lower emotional intelligence levels observed in the 26-45 age group might contribute to their inability to manage emotions and cope with stress (10).

Gender

The gender distribution of the respondents was as follows: 56.67% identified as female and 43.33% as male. Women's stress levels tend to exceed those of men due to their exposure to a multitude of roles, including mother, wife, worker, and student. Women's heightened sensitivity and emotional reactivity in response to stressful circumstances necessitate higher levels of resilience and patience(11).

Occupation

The survey revealed that 53.33% of respondents were employed, while the remaining 46.67% were unemployed. A significant finding was that working individuals exhibited higher stress levels than their non-working counterparts. This disparity can be attributed to working people being subjected to elevated pressures and demands

from their professional environment. These factors can have a detrimental effect on their performance, health, and overall well-being. Furthermore, working individuals often report diminished motivation to achieve their professional and personal goals (12).

Education

The data reveals that 10% of respondents were not enrolled in school, 6.67% had completed elementary school, 40% had attained junior high school, 36.67% had graduated from high school, and 6.66% had obtained an undergraduate degree. Individuals with limited education levels exhibit higher stress levels than their more educated counterparts. This disparity can be attributed to their heightened vulnerability to adverse factors such as economic disadvantage, an unsupportive environment, internet addiction, suboptimal parenting practices, and significant academic challenges. Moreover, individuals with limited education often possess diminished emotional intelligence, a trait that hinders their ability to manage emotions and cope with stress effectively. Conversely, individuals with more substantial educational backgrounds tend to possess a wealth of knowledge, a factor that facilitates more effective stress management. The consequences of a lack of knowledge in the workplace can be significant, including decreased performance, poor communication, poor decision-making, and a lack of creativity and innovation, which can hinder overall productivity (10).

Univariate Analysis

The significant comparison of stress level results between face-to-face ruqyah classes and remote ruqyah is undoubtedly influenced by the ruqyah process. In the face-to-face ruqyah process, the therapist employs two types of communication: verbal and non-verbal. In contrast, the remote ruqyah method utilizes only one type of communication: verbal communication. In the face-to-face ruqyah setting, the therapist's heightened awareness of the patient's emotions and emotional fluctuations, stemming from the physical contact between therapist and patient, plays a pivotal role in reducing stress. The presence of haptic interaction between therapist and patient has been shown to facilitate the release of stress hormones in ruqyah patients (13). This form of haptic communication is not present in remote ruqyah patients.

Furthermore, changes in the patient's body movements during stage-by-stage ruqyah result in the therapist becoming more aware of alterations in the patient's physical state between the pre- and post-ruqyah stages in face-to-face ruqyah patients. In contrast, remote ruqyah patients' therapists only receive information from the patient's companion during the ruqyah process. In the case of remote ruqyah, the therapist's response to any alterations in the patient's body movement is crucial in determining subsequent actions. The body movements of the therapist, perceptible to the patient, induce their own sense of happiness and comfort during the treatment. The implementation of all the prescribed ruqyah processes will, naturally, result in a reduction of cortisol and the release of endorphins in the patient's body, thereby effectively mitigating their stress levels (14).

The efficacy of the ruqyah process in reducing stress is influenced by the proxemic distance between the practitioner and the patient. In remote ruqyah, the patient and their companion may encounter challenges beyond their capacity to overcome. The hypothesis is that if the pressure exceeds the capacity of the patient or their companion during the procedure, it can elicit stress in the patient. In contrast to face-to-face ruqyah, most patients do not experience concern if the ruqyah process occurs because there is a ruqyah therapist who will promptly and appropriately respond and assist the patient.

Bivariate Analysis

The Mann-Whitney U test result of 5.50 corresponds to the median rank of the two groups and the Asymp. Sig. (2-tailed) value of 0.000, which is smaller than $\alpha = 0.05$, the null hypothesis (H_0) is rejected. This outcome suggests a substantial discrepancy in the stress levels experienced by patients receiving remote ruqyah (experimental group) and those subjected to face-to-face ruqyah (control group). In essence, this finding indicates that the ruqyah method employed influences the patient's stress level.

Stress manifesting in patients can be categorized into two distinct types: cognitive and emotional. Cognitive symptoms encompass a decline in memory, difficulty in concentration, and persistent worry. Conversely, emotional

symptoms encompass moodiness, irritability, loneliness, and social isolation (15). Physiologically, the stress response is accompanied by increased secretion of adrenaline and cortisol, leading to a series of physiological reactions, including tachycardia, elevated blood pressure, increased blood glucose levels, and a weakened immune system (16). Conversely, the practice of reciting Ruqyah has been demonstrated to induce a state of hypnosis by decreasing brain waves, thereby influencing the hypothalamus to produce endorphins, which cause a sense of calm, happiness, and comfort. Additionally, Ruqyah recitation has been shown to reduce cortisol levels, a hormone associated with stress responses.

The study results indicated that researchers administered a pretest to ascertain the patients' stress levels before receiving the ruqyah treatment, both remotely and face-to-face. The pretest results showed no significant difference in the mean values of the control and experimental groups, with the pretest values of the former being 28.07 and the mean values of the latter being 25.07. After administering the pretest, the participants were administered different ruqyah treatments. The control group received face-to-face ruqyah treatment, while the experimental group received remote ruqyah treatment. Following the administration of these treatments, a significant discrepancy was observed in the posttest results between the two groups. Specifically, the control group exhibited an average value of 5.67, while the experimental group demonstrated an average value of 12.47.

This finding indicates a decline in the patients' stress levels following the administration of the ruqyah treatment. A comparative analysis of the stress levels among the patients receiving different forms of ruqyah reveals a significant decrease in those who underwent face-to-face ruqyah, with a notable decline from 28.07 to 5.67. At the commencement of the ruqyah class, the sample included six patients with moderate stress and nine patients with severe stress, with minimum test scores ranging from 16 to 38. Following the administration of face-to-face ruqyah to the 15 patients, a notable decrease in stress levels was observed, with a minimum test score of 3 and a maximum test score of 10.

The remote ruqyah group also exhibited a decline in stress levels, though not to a greater extent than the face-to-face ruqyah group, with a pretest average of 25.13 to 12.47. Initially, the remote ruqyah group comprised one patient with mild stress, nine patients with moderate stress, and five patients with severe stress, with a minimum test score of 7 and a maximum test score of 34. Following the administration of remote ruqyah treatment to the 15 patients, the results indicated that 9 patients exhibited mild stress, while 6 patients demonstrated moderate stress, with minimum test scores ranging from 6 to 19.

A comparison of the test results from both groups, prior to and following the intervention, substantiates the efficacy of the remote ruqyah method in mitigating stress levels among Ruqyah Nurul Barokah patients. Moreover, the Mann-Whitney U test results indicate a statistically significant difference in stress levels between the experimental group that received remote ruqyah and the face-to-face ruqyah group. This finding suggests that the method of delivery, whether remote or face-to-face, has a substantial impact on the stress levels experienced by patients receiving ruqyah.

As demonstrated in Table 7, the study found that remote and face-to-face ruqyah treatments significantly impact stress levels, with Z values ranging from -3.413 to -3.414 and a p-value of 0.001. The significance level is set at 0.05, and in this study, employing a two-sided test, the critical Z value is situated between -1.96 and 1.96, indicating its acceptance of the H_a hypothesis. Conversely, if the p-value is less than 0.05, it is considered statistically significant and indicates the rejection of the null hypothesis (H_0). The results of these calculations indicate that the significance value of stress scores between the pretest and the posttest for face-to-face ruqyah is greater than that for remote ruqyah. This finding suggests that face-to-face ruqyah is more effective in reducing patients' stress levels compared to remote ruqyah.

This finding aligns with the research conducted by Arifuddin and Pamungkas (2018), which examined the impact of ruqyah treatment therapy on stress, anxiety, and depression in UNDIP health science students. Their study concluded that ruqyah therapy effectively reduces anxiety, stress, and depression levels among UNDIP health science students (17).

The findings of the present study indicate that both remote and face-to-face ruqyah methods are efficacious in reducing patients' stress levels. However, the face-to-face method was found to be more effective than the remote method. This observation is supported by a statistically significant decrease in stress levels, as evidenced by the Wilcoxon test, which revealed a substantial reduction in stress scores between the pre- and post-ruqyah assessments.

Initially, the remote ruqyah group exhibited a moderate stress level in 6 patients and a severe stress level in 9 patients. However, following the administration of the face-to-face ruqyah, 15 patients demonstrated a reduction in stress levels to mild levels. In contrast, the remote ruqyah patients exhibited varying levels of stress at the onset, with 1 patient experiencing mild stress, 9 patients displaying moderate stress, and 5 patients manifesting severe stress. Following the administration of remote ruqyah to the 15 patients, the stress levels shifted, with 9 patients exhibiting mild stress and 6 patients displaying moderate stress.

CONCLUSION

The findings suggest that both ruqyah methods effectively reduce patients' stress levels; however, patients who undergo face-to-face ruqyah experience a more significant difference compared to remote ruqyah patients.

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