International Journal of Psychosocial Rehabilitation, Vol. 24, Issue 02, 2020
ISSN: 1475-7192

The Effect of Prayer Voice and Therapeutic Reminders on the Anxiety of Death of Hospitalized Patients in the CCuDepartment

[1]Parvin Delnavaz, [2]Maedeh Sadeghi golafshani, [3]Hamid Hojjati, [4]Nafiseh Hekmatipour, [5]Solmaz Rezaee

Abstract: *Anxiety and fear of dying is an unpleasant and common experience in heart disease. People who have religious beliefs and are used spiritual approaches to treat, have lower anxiety. Prayer and mentioning as two separate methods of spiritual care.*

Aim: *compare two methods of prayer and mentioning on death anxiety in patients hospitalization in CCU Ward Social Security Golestan Hospitals in 1393.*

Method: *experimental study was performed on prayer groups (n=30), mentioning (n=30) and control group(n=30). Intervention was performed in Prayer and mentioning group, then each three group were compared. The questionairewastempler death anxiety that results were analyzed statistically by analysis.*

Results: *Statistical analysis showed a significant difference between three groups, the lowest death anxiety was found in the mentioning group (P<0.05).**Training supervisor***

Conclusion: *It seems that the spiritual experience along with other therapies will have a good effect. Can be used as an adjunct therapy along with other treatments and palliative care, according to the guidelines in the treatment of religious and spiritual care to be defined as a guide.*

Keywords: *Pray, Mentioning, Death anxiety.*

I. Introduction

Cardiovascular disease is one of the most common chronic diseases in the world and in the United States. Proximity, 12 million people die each year due to cardiovascular diseasesworldwide. In 2020, at least one in three

[1] Department of Nursing, Maraghe Branch, Islamic Azad University, Maraghe, Iran.
[2] Vali Asr Ghaemshahr Hospital, Social Security Office of Education, Ghaemshahr, Iran, Master of Geriatric nursing.
[3] Department of Nursing, Aliabad Katoul Branch, Islamic Azad University, Aliabad Katoul, Iran.
[4] Department of Nursing, Aliabad Katoul Branch, Islamic Azad University, Aliabad Katoul, Iran.
[5] Shahid Motahari Hospital, Urmia University of Medical Science, Urmia, Iran, Master of Medical Surgical Nursing.

Received: 02 Dec 2019 | Revised: 24 Jan 2020 | Accepted: 16 Feb 2020

people in developed countries are predicted to die from cardiovascular disease (1). Cardiovascular disease in our country kills more than 90,000 people a year (2).

Patients with heart disease experience severe anxiety due to hospitalization, which is exacerbated by surgical procedures, uncertain results, uncertainty about treatment outcome, fear of death, and doubt about the progress of treatment.Disability also increases pain and discomfort in these patients and makes themhighly prone to severe disorders, including sudden death (3). Other factors such as fear of death, unknown life situation and family expectation from them cause significant anxiety in cardiac patients (4). Since thinking about death is a scary thought, anxiety and fear of dying is an unpleasant and common experience in cardiac patients (5). Since the usual medical, surgical, and diagnostic methods in conscious patients are associated with great anxiety and fear, the mental-spiritual methods can be used as an complementary therapy to reduce stress (6). Based on the results of studies, religious belief is one of the most important and influential factors in reducing people's anxiety and stress (1). Religion, as a coping mechanism and problem-solving strategy, often helps patients to deal with their situation (7). People who have religious beliefs and use spiritual methods for treatment are less likely to suffer from mental image disorder and pain, and by accepting the nature of their illness, they are less likely to suffer from death's anxiety (8).

Among the spiritual and religious sources, the most used source is prayer (9). Many people, who are not even familiar with the Arabic language and do not understand the meaning of the verses, are relieved to hear the sound of prayer, which can be due to the physiological effect of the Quran and prayer on the nervous system. This is because the human nervous system has been shown to respond positively to sound stimuli with regular high and low notes (10). Mindfulness can also enable the patient to travel to another place that may be a healing place for him or her (11). Repetition of prayer reduces the number of breaths and brain wave activities. By calming patients, we stabilize their physiological state and systolic / diastolic blood pressure (12). Therefore, research indicates the positive effect of prayer therapy on the treatment outcomes of cardiac patients admitted to critical care units (13). Therapeutic effects of prayer on the treatment of cardiovascular disease, AIDS, infertility, rheumatoid arthritis, premature infant, thalassemic children and strokes have been proven and in recent years many studies on the effectiveness of prayer in the treatment of chronic diseases have been considered by researchers (13, 14).

Narrations and verse 104 of YusufSurah in holy Quran also mention prayer as another way to prevent anxiety. The Quran also refers to the word "prayer" for 260 times, which is a reminder of the way to peace of mind that is the prelude to health (15). Mentioning the confession to God's presence in all aspects of life leads to insight and knowledge of the greatness and status of God, and prayer calms the hearts, heals the heart, polishes the hearts, makes mind healthy, and enlightens the intellect (12). In the holy Quran Surah Ra'dGod says: "Remembering the greatness of God, thinking about the philosophy of creation, glorifying the essence of truth, and giving thanks for blessings bring peace of mind and relief to the heart (9). Thinking about God turns the fear of death into peace and reduces anxiety and fear caused by uncertain future (15). It has been narrated from the Messenger of God that mentioning "lahwal wa al-qawwa al-'Ali al-'Azim" is a medicine that improves 99 diseases, including grief and distress. Ibn Babawiyyah narrates from Imam Ja'far Sadegh (AS) that anyone who says "Lahoul wa al-Qawwa al-Bal al-'Azim" for 100 times a day, God almighty removes 70 types ofharms from him, the least of which is anxiety and distress (12). In

mysticism, prayer is divided into three ranks. 1- Praying by sound or by the dhikr, which is the lowest level of prayer. 2- Prayingby the heart or secretprayer. 3- Praying by mind or real prayer, which is the highest level of prayer (16). According to Ibn Sina, the repetition and pronunciation of prayer alone is not effective, and as long as man does not overcome himself, saying prayer will not be effective and does not cause miracleor disappear adverse events (17).

The use of spiritual experiences, along with other therapies, seems to have good effects. It can be used as an adjunct to other therapies (8)

Numerous studies have shown the effectiveness of prayer therapy in patients, but they have rarely studied or compared other methods of treatment and Quranic prevention. Therefore, considering the mystical differences between prayer and dhikr (remembrance) with thisassumption that prayer and dhikrhave different affects on the death anxiety of patients, the researcher conducted this study under the title of comparing the effect of prayer and dhikr on death anxietyinpatients admitted tothe cardiac care unit (CCU).

II. Method

This experimental study was performed on 90 patients admitted to the CCU of Khatam Al-Anbia Hospital in Gonbad Kavous and Hakim Jorjani Hospital in Gorgan, affiliated to the Social Security of Golestan Province, in 2013-2014. Data were collected after approving the research project in Islamic Azad University of Aliabad Kotoul in Golestan Province and obtaining permission from the hospital officials. The researcherattended the CCUs of aforementioned hospitalsand explained the purpose and method of study to the CCUs'head nurses and physicians.

The criteria for entering to the study included; being Iranian national, Muslim, conscious, admitted for more than one day in the hospital and in a stable physiological state, and givinginformed consent to participate in the study. Also, being in the acute phase of the disease was the exclusion criterion.

The sample size in this study was calculated to be 90 people.Based on previous studies ($d=1.7$, $\sigma=3.12$, $\alpha = 0.05$, and 80% test power) 23 people were considered for each group, but to increase the validity, 30 people were selected for each group, so a total of 90 people were selected to participate in the study.

The researcher first randomly selected a hospital for the prayer group and another hospital for teaching dhikr by coin flipping. The control group was also equally selected from these two hospitals. Afterreviewing patients' files, consulting with the physician and nurses, and makingcontact with patients, the researcher explained the objectives of the study to patients and ensured them about safety of the study.The patients were also informed aboutthe confidentiality of their information and names, and their right to withdraw from the study at any time. Data were collected by two demographic information questionnaires (age, sex, marital status, number of children) and Templer's death anxiety questionnaire.

The Templer'sdeath anxiety questionnaire, designed by Professor Donald Templer in 1970, has been used as a valid questionnaire for measuring death anxiety for about 40 years. The validity and reliabilityof this questionnaire havealso been proven in various countries and articles including Iran, whereit has been translated and its factor analysis

and validation have been verified. This questionnaire consists of 15 items with the correct and incorrect option.Also, in 9 items out of 15, score of one is given to the correct answer, and in 6 items, the score of one is given to wrong answer. The scores in this questionnaire range from 0 to 15, with higher scores indicatinghigher death anxiety.

III. Determining the validity and reliability of the tool

Assessment of reliability: The Templar's death anxiety scale is a standard questionnaire and has been used repeatedly in various studies around the world to measure death anxiety. Aghajani and Valiei (2010) used the internal reliability measurement method to measure its reliability, and calculated its correlation coefficient to be 0.86 using Richardson's code formula (1). Masoudzadeh et al (2008) also reported a correlation coefficient of 0.95 for this questionnaire (18). The Templer's death anxiety questionnaire includes 15 items with the correct and incorrect option. In 9 items out of 15, the correct answer is given the score of one, and in 6 items, the score of one is given to wrong answer, which means that, in each item, the patients receivesa score of 0 or 1 based on the correct or incorrect answer (score 1 if the patient's response indicates death anxiety and score 0 if the patient's response indicates no death anxiety).

In the intervention group 1 (voice of prayer), the Al-Yasin pilgrimage prayer was broadcast for 15 minutes from the second day of hospitalization. In the intervention group 2 (dhikr), after a brief explanation of the stages of dhikr and giving a rosary to patients,the dhikr"glorifications of Hazrat Zahra" in which, the word "Allah" has been repeated more than a hundred times, was taught to patients so that, they could practice it in their spare time. Group 3 (control) did not receive any intervention, and only routine daily care such as medication, examination, and daily visits were performed. Data were collected in the three groups before and after the intervention using the questionnaire. Then, the data were entered into SPSS-16 statistical software to be analyzed by descriptive statistics (tables, mean, standard deviation) and inferential statistics (analysis of variance).

IV. Findings

Findings showed that the mean age of participants was 54.9 + 9.8 years, and they had an average of 4.88 + 1.7 children. In terms of gender, 41 (68.3%) of the participants were male and 19 (31.7%) were female, of whom 47 (78.3%) were married and 13 (21.7%) were single. In terms of employment, 46 (76.7%) of the samples were employed and 14 (23.3%) were unemployed. In terms of economic status, 28 (46.7%) of them were average, 26 (43.3%) were good and 6 (10%) were weak. According to the disease history, 24 (40%) of the samples had the history of heart disease for 1-5 years, 21 (35%) for over 5 years and 15 (25%)had the history of heart disease for between 6 months and one year. In terms of education, 32 participants (53.3%) were able to read and write, 17 (28.3%) were illiterate and 11 (18.3%) had diploma and higher. In terms of the place of residence, 43 people (71.7%) lived in the city and 17 people (28.3%) lived in the village. Also, their average length of hospitalization inCCU was 4 days (Table 1).

Pre-test results showed that, thelife expectancy rate in the prayer group was 37.35± 2.34 years, in the dhikr group was 39.3 ± 2.81years, andin the control group was 35.5 ± 2.48 years, which was not significantly different between the three groups (P = 0.35).

The post-test results showed that, the life expectancy rate in the prayer group was 37.35± 2.34 years, in the dhikr group was 39.3 ± 2.15 years and in the control group was 35.5 ± 2.48 years, which was significantly different (P<0.01). The Toki's follow-up test also showed a difference between the prayer and dhikr groupsand the control group, so that the life expectancy in both intervention groups was higher than the control group. The Toki test also showed a significant difference between the two prayers and dhikrgroups, so that the rate of death anxiety was higher in the dhikr group (Figure 1).

V. Discussion

The results showed that two methods of prayer and dhikr increased the life expectancy of patients. Religious beliefs become more important during illness than ever before, allowing one to accept illness. It helps a person to understand the events of life, especially the events that are painful(19). Various studies have shown that patients with physical injuries will be drawn towards religious beliefs, because religion helps them to endure the suffering and pain caused by illness (20). Among the religious sources, prayer is the most used ones by individuals to adapt to such conditions (21), because prayer increases the tolerance of human beings against diseases and problems (11).

For centuries, prayer and dhikr have been used as one of the mental, spiritual, and physical techniques to maintain health and reduce stress (6). Positive thinking and tolerance are both components of prayer therapy and are associated with health and stress resistance. Islamic psychology considers the remembrance of God as basic treatment for mental disorders, including anxiety and stress, because in the ups and downs of life and in the face of pain and suffering, the remembrance of God calms people and reassures their hearts (22). Also, praying helps to control seemingly uncontrollable situations. This is especially important in serious cases such as incurable diseases (23).

Some studies show a link between religion and faith that is essential for survival and resistance against serious illness, because religion reduces depression and mental illness, and by improving physical and mental condition, it increases life expectancy (24). Religious practices, prayers and dhikr not only affect emotional states, but also the physical characteristics of individuals and sometimes improve physical illness in a few moments or days (25). Recently, many researchers have examined the effectiveness of prayer in addition to conventional treatments for conditions such as depression, drug addiction, marital problems, and heart disease (11).

Today, the effectiveness of prayer therapy has been provenworldwideas a holistic approach (13). Many people, even those who are not familiar with the Arabic language and do not understand the meaning of Quran’s verses, are relieved to hear its sound. This is due to the physiological effect of the sound of prayer on the nervous system (10).

Smith (2013) believes that prayer therapy improves the positive effects of treatment in lung cancer. Jahangir (2009) refers to the effects of prayer on improving hemoglobin in thalassemic children.Also, Sharifnia (2012), Awazeh (2011),Etefagh (2009), Tagizadeh (2012)and Harris (1999) believe in the positive effects of prayer on promotion of spiritual health, reduction of pain in burn patients, severity of patient's condition and cardiovascular diseases, respectively. The therapeutic effects of prayer have also been proven in the recovery of cardiovascular disease, AIDS, infertility, rheumatoid arthritis, thalassemia, premature infant and cerebrovascular events (6, 13, 14, 9, 26, 27, and 28).

In Surah Zumr, verse 8, the holy Quran says that when a person is harmed, he calls on his lord and returns to him. At this time, performing religious acts such as prayer and dhikr as a defense mechanism can lead to adaptation and a sense of worth and hope in the individuals (19). Meanwhile, nurses as a professional group should accompany patients during their hospital stay, because hospital is a good place to diagnose spiritual disorders, and nurses can increase the general health of patients by providing nursing support and meeting patients'spiritual needs(29).

One of the limitations of this study was the short duration of patients' hospitalization in the critical care unit, and also the absence of cardiac ward in the social security hospitals of Golestan province, which did not allow the continuation of interventions in the cardiac ward. Therefore, another study with longer follow-up is recommended on the same subject. Also, by adding a group that is in contact with the hospital's cleric, the effects of these methods can be compared.

VI. Conclusion

Since religion is one of the therapeutic methods in complementary medicine (30), prayer therapy can also be considered as one of the most widely used therapies in the world (14), but unfortunately in hospitals, little attention is paid to the religious and spiritual needs of patients, and it has been observed that ill patients who need help to perform their religious practice do not often receive help from staff (11).

There are more than 70 million Muslims living in our country, who adhere to Shari'a rules and religious values (9),meanwhile nurses are obligated to take care of people with different religions and beliefs. Therefore, since it is impossible for nurses to master all religions and rules, they should pay more attention to the spiritual and religious needs of patients who are familiar with their religious practices, and should provide opportunities for patients to perform their religious practices (19).

VII. Acknowledgement

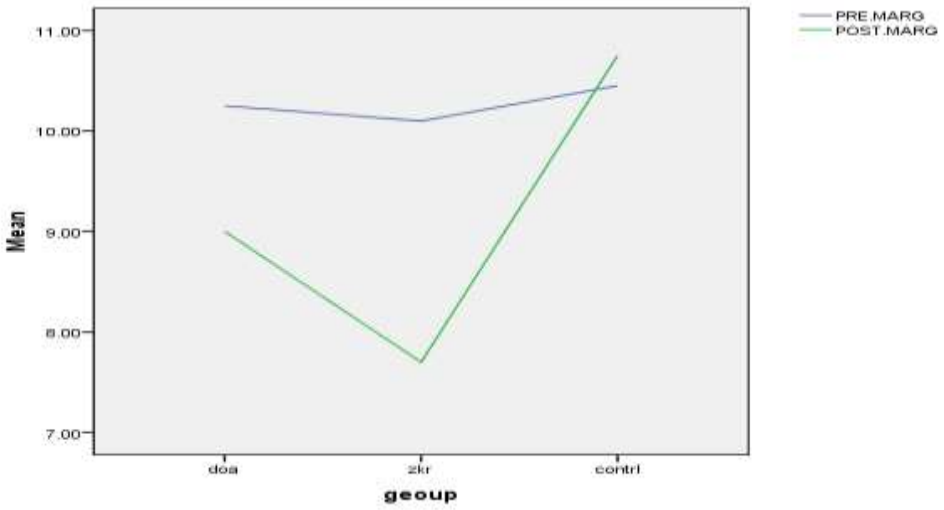
This article is part of a nursing research project, approved by the research deputy of the Islamic Azad University of Aliabad Kotoul, which was registered in the Iran's Clinical Trial Registration Center with the number 2753/5 as the approved project with the code: IRCT20130909011450 4N2.The authors would like to thank all patients andrespected colleagues of the Food and Drug Administration for their help.We would also like to thank the Islamic Azad University, Aliabad Kotoul Branch forfinancially supporting us in this study.

Table 1: Demographic characteristics of the samples in the three groups (prayer, dhikr and control) who were admitted to the CCUs of social security hospitals in Golestan province in 2014

Group / Demographic		Prayer	Dhikr	Control	Total
Mean age		53.7 ± 10	54.5 ± 11.6	55.9 ± 7.2	54.7 ± 9.87
Average number of children		4.8 ± 1.5	4.8 ± 1.4	5 ± 5.1	4.8 ± 1.7
Gander	Female	7 (35%)	3 (15%)	9 (45%)	19 (31.7%)
	Male	13 (65%)	17 (85%)	11 (55%)	41 (68.3%)
Marital status	Married	16 (80%)	14 (70%)	17 (85%)	47 (78.3%)
	Single	4 (20%)	6 (30%)	4 (15%)	13 (21.7%)
Occupation	Employed	17 (85%)	14 (70%)	5 (25%)	46 (67.7%)
	Unemployed	3 (15%)	6 (30%)	15 (75%)	14 (23.3%)
Duration of illness	Less than 1 year	6 (30%)	7 (35%)	2 (10%)	15 (25%)
	1-5 years	7 (35%)	7 (35%)	10 (50%)	24 (40%)
	More than 5 years	7 (35%)	6 (30%)	8 (40%)	21 (35%)
Economic status	Good	7 (35%)	12 (60%)	7 (35%)	24 (42.3%)
	Average	11 (55%)	7 (35%)	10 (50%)	28 (46.7%)
	Weak	2 (10%)	1 (5%)	3 (15%)	6 (10%)
Place of residence	City	16 (80%)	10 (50%)	17 (85%)	43 (71.7%)
	Village	4 (20%)	10 (50%)	3 (15%)	17 (28.3%)
Education level	Illiterate	6 (30%)	4 (20%)	7 (35%)	14 (28.3%)
	Basic	10 (50%)	10 (50%)	12 (60%)	32 (53.3%)

	Diploma and degree	4 (20%)	6 (30%)	1 (5%)	11 (18.3%)

Figure 1: Comparison of the samples in two groups (prayer, dhikr) of cardiac patients admitted to the CCUs of social security hospitals in Golestan province in 2014



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