





The Influence of Murottal Al Qur'an Surat Ar Rahman Irama Hijaz Therapy on the Pain Scale of Post-Explorative Laparatomy Patients in the Icu Room of Bandung City Hospital

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Abstract: Introduction Pain in patients after laparotomy surgery can generally be reduced by using pain management which is divided into pharmacological (drugs), non-pharmacological (without drugs), and surgical measures. This non-pharmacological technique consists of several methods, one of which is the distraction technique or diverting attention using murottal Al-Qur'an. The aim of this study was to determine the effect of murottal Al Qur'an Surah Ar Rahman Hijaz rhythm therapy on the pain scale of patients after exploratory laparotomy surgery in the ICU Room at Bandung City Hospital.

Research Method: The research design used by the researcher was Quasy experimental with a one-group pre-post test design approach without a control group. The data analysis in this study is a categorical bivariate comparative analysis of pairs which aims to determine the effect of murottal Al Qur'an Surah Ar Rahman Hijaz Rhythm therapy on the pain scale of exploratory laparotomy post-op patients in the ICU Room at Bandung City Hospital in 2022 which was measured using a questionnaire before it was administered. intervention (pretest) and after being given the intervention (posttest).

Results: Almost all patients after exploratory laparotomy surgery before being given Al-Qur'an murottal therapy, namely 25 people (73.5%) were in the moderate pain category. Almost all patients after exploratory laparotomy surgery after being given murottal Al-Qur'an therapy, namely 21 people (61.8%) were in the mild pain category.

Conclusion: There is an influence of murottal Al-Qur'an therapy on the pain scale of post-op exploratory laparotomy patients in the ICU room at Bandung City Hospital.

Keywords: Laparotomy, Murottal Al-Qur'an, Pain Scale.

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1. Introduction

L aparotomy is a major surgical procedure that involves incisions in the layers of the abdominal wall to obtain parts of the abdominal organs that are experiencing problems (hemorrhage, perforation, cancer, and obstruction). Laparotomy is performed in cases such as perforated appendicitis, inguinal hernia, stomach cancer, colon and rectal cancer, intestinal obstruction, chronic intestinal inflammation, cholesticitis and peritonitis [1]. Laparotomy is estimated that every year there are 230 million major terminations carried out throughout the world [2]. Laparotomy is a type of surgery that has a high prevalence rate. According to the National Emergency Laparotomy Audit there have been around 30,000 laparotomies in England and Wales [3]. Syamsuddin (2021) [1] also added that the number of operations performed at the Royal United Hospital, England in 2020 was 53.7%.

Incidence figures in Indonesia show that laparotomy cases increased from 162 cases in 2005 to 983 cases in 2006 and 1281 cases in 2007 [4]. Likewise, based on the National Data Tabulation of the Indonesian Ministry of Health in 2009, surgical procedures have increased and are ranked 11th out of 50 procedures in hospitals in Indonesia with a percentage of 32% being laparotomy surgery. And based on a report from the Indonesian Ministry of Health in 2011, 45% of the total surgical procedures in hospitals throughout Indonesia were laparotomies. The results of his research showed that analgesic therapy could only reduce pain on a scale of 1.5. Akademi, Hikmah, & Lampung (2018) [5] said that post-surgical patients after receiving intravenous analgesics still felt pain and the pain scale increased 6 hours after surgery. Management after laparotomy surgery is not only about providing the right medicine on time, but how a nurse can create a feeling of comfort for the patient for a long time. In patients after laparotomy surgery, in the first 6 hours, ketorolac type pharmacological therapy is usually given. The treatment intervention that is usually given is deep breathing techniques, but this is not optimal in reducing post-operative pain. Based on observations, analgesics were still given on the seventh day.

Operation or surgery is always associated with an incision or excision which is a trauma for the sufferer and often causes various complaints and symptoms. One of them is pain. This is supported by research by Penelitian et al (2018) [6] that post-laparotomy patients often complain of pain with a percentage of moderate pain of 57.70%, severe pain of 15.38%, and mild pain of 26.92%. Pain in patients can generally be reduced by using pain management which includes pharmacological (drugs), non-pharmacological (without drugs), and surgery. This non-pharmacological technique consists of several methods, one of which is the distraction technique or diverting attention [7].

Several researchers have conducted research using distraction techniques, namely by listening to murottals of the Koran. Murottal is a sound recording of the Koran sung by a qori'. The sound of the Qur'an is like sound waves that have certain beats and waves, spread in the body and then become vibrations that can influence the function of brain cell movements and create balance in them [1,5,8,9].

Something that affects the recitation of the Qur'an, the vibrations of the neurons will stabilize again. The Al-Qur'an has several benefits because it contains several aspects that can influence health, including: it contains elements of reproduction, autosuggestion and relaxation [7]. The results of Bayu Argaheni et al (2021) [10] on primigravida mothers in the first active phase with the results of murottal Al-Qur'an can reduce the pain scale. This is the same as research conducted by Fadholi & Mustofa (2020) [11] which used murottal Al-Qur'an. This research was conducted on patients after appendicitis surgery with the results that listening to Al-Qur'an murottal therapy could also reduce the pain scale.

According to Fadholi & Mustofa (2020) [11], distraction therapy to reduce pain levels is murottal Al-Qur'an therapy. Murottal Al-Qur'an is a voice recording of the Al-Qur'an recited by a Qori' (reader of the Al-Qur'an) [11]. Murottal Al-Qur'an is also a type of music therapy that has a positive influence on listeners. The advantage of Murottal Al-Qur'an is that it is also a dhikr medium which functions to remember Allah which is part of spiritual therapy [12]. This is in accordance with the needs of post-op laparotomy patients because apart from experiencing pain problems, post-laparotomy patients are in a situation of approaching death so that they become vulnerable to spiritual pressure [13].

The results of research conducted by Dr. Al Qadhi, the main director of the Islamic Institute for Education and Research in Florida, United States, regarding the influence of listening to the holy verses of the Qur'an on humans from physiological and psychological perspectives, succeeded in proving that listening to the reading of the verses of the Qur'an can have an influence. calm and reduces nervous tension by 97% [14]. The harmonious sound of the beautiful mural Al-Qur'an will enter the ear and vibrate the eardrum, hair cells in the cochlea, then through the cochlear nerve to the brain and will create images of beauty in the right brain and left brain, the effect of which is comfort and change. feeling. This change in feelings is caused by the sound of the murottal Al-Qur'an being able to reach the left region of the cerebral cortex [15].

Surah Al-Fatihah is the best reading of the Qur'an to reduce psychological problems such as anxiety and physical problems such as pain or soreness because it contains the essence of the Qur'an [8]. Apart from that, the letters An-Naas, Al-Falaq, Al-Ikhlas are letters that have a connection or suitability between the verses or letters and the letter Al-Fatihah so that they have a parallel relationship between the two [16]. According to Permana, Nurhayati, Amelia, & Lindayani (2021) [17] it is proven that the Ar-Rahman letter can increase -endorphin levels which have an effect on calmness. Severe pain is a residual symptom that occurs during intra-abdominal surgery. Severe pain that occurs in patients after laparotomy is followed by changes in blood

pressure and heart rate [2]. If this is not normal, it will cause problems with other organs such as the heart and lungs [10]. Pain management that is usually given to patients with severe pain is by providing deep breathing relaxation, music therapy or murrotal therapy.

The Qur'anic murottal therapy used is Surah Ar-Rahman. Based on previous research by [18], it was proven that the Ar-Rahman letter with the rhythm of the hijaz can increase β^- endorphin levels which have an effect on calmness so that it can reduce the pain felt by the patient. The duration of the Ar-Rahman letter that will be given to patients is 17 minutes with a volume of 60 dB. Based on research results from Perdana & Prajayanti (2021) [18] sound with an intensity of 60 dB is a sound that is safe for human ears, especially patients, to hear. Your ears will hurt if you hear sounds >90 dB.

1.1. Research Purposes

This study aimed to determine the effect of murottal Al Qur'an Surah Ar Rahman Hijaz rhythm therapy on the pain scale of patients after exploratory laparotomy surgery in the ICU Room at Bandung City Hospital.

2. Research Methodology

Research design is very important in research. The research design is the final result of a decision stage made by the researcher regarding how research can be implemented [19]. The research design used by researchers is Quasy experimental with a one-group pre-post test design approach without a control group. The data analysis in this study is a categorical bivariate comparative analysis of pairs which aims to determine the effect of murottal Al Qur'an Surah Ar Rahman Hijaz Rhythm therapy on the pain scale of exploratory laparotomy post-op patients in the ICU Room at Bandung City Hospital in 2022 which was measured using a questionnaire before it was administered. intervention (pretest) and after being given the intervention (post-test).

The Qur'anic murottal therapy used is Surah Ar-Rahman. Based on previous research by Perdana & Prajayanti (2021) [18], it was proven that the Ar-Rahman letter can increase levels of β^- endorphin which has an effect on calmness so that it can reduce the pain felt by the patient. The duration of the Ar-Rahman letter that will be given to the patient is 17 minutes with a volume of 60 dB. Apart from Ar-Rahman's letter, in this study, 34 post op laparotomy patients also received analgesic medical drugs, namely Ketorolac 2x1 ampoule, and Paracetamol 3x1 gr. A pre-test was given to post-op patients, followed by intervention in the form of Al-Qur'an murottal therapy which was given for three consecutive days and then a post-test was carried out on the fourth day referring to the results of Perdana & Prajayanti (2021) [18] research. Results before and after intervention were then compared. The sampling technique in this research used total sampling, where samples were taken from the entire available population, namely 34 people [19].

3. Research Result

Table 1. Gender characteristics of patients after exploratory laparotomy surgery in the ICU room at Bandung

 City Hospital.

Gender	Ν	%
Man	29	85,3
Woman	5	14,7
Age	Ν	Mean
Minimum Age	25 Th	48
Maximum Age	81 Th	

Based on univariate analysis of the characteristics of respondents, data was obtained that the majority of respondents were male, namely 29 people (85.3%), and a small portion were female, 5 people (14.7%). Respondents' ages varied from 25 years to 81 years. In the mean value analysis, the average age of respondents was 48 years. (table 1)

Table 2. Pain scale of patients after exploratory laparotomy surgery before being given Al-Qur'an murottal therapy in the ICU room at Bandung City Hospital

Pain Scale	Ν	%
moderate pain	25	73,5
Severe pain is controlled	9	26,5
Total	34	100.0

Based on table 2, it shows that almost all post-operative exploratory laparotomy patients before being given murottal Al-Qur'an therapy, namely 25 people (73.5%) were in the moderate pain category. A small proportion experienced severe pain, namely 9 people (26.5%).

Table 3. Pain scale of patients after exploratory laparotomy surgery after being given Al-Qur'an murottal therapy in the ICU room at Bandung City Hospital

Pain Scale	Ν	%
mild pain	21	61,8
moderate pain	13	38,2
Total	34	100.0

Based on table 3, it shows that almost all patients after exploratory laparotomy surgery after being given Al-Qur'an murottal therapy, namely 21 people (61.8%) were in the mild pain category. A small proportion experienced moderate pain, namely 13 people (38.2%).

Table 4. The effect of murottal Al-Qur'an therapy on the pain scale of post-op exploratory laparotomy patients in the ICU room at Bandung City Hospital

Measurement	Pain Scale			Wilcoxon Test	
wiedsurement	Mild Pain	Moderate Pain	Severe pain is controlled	wilcoxon lest	
Pre Test	0	29 (73,5%)	5 (26,5%)	0,001	
Post Test	21 (61,8%)	13 (38,2%)	0	0,001	

Based on the results of table 4, the bivariate test analysis between the pain scale in the pre-test and post-test measurements using the Wilcoxon test, a p-value of 0.001 was obtained or smaller than the alpha value of 0.05. So there is an influence of murottal Al-Qur'an therapy on the pain scale of patients after exploratory laparotomy surgery in the ICU room at Bandung City Hospital.

Table 5. Differences in the pain scale of patients after exploratory laparotomy surgery in the ICU room at Bandung City Hospital before and after being given murottal Al-Qur'an therapy intervention.

		N	Mean Rank	Sum of Ranks	Z	Asymp. Sig. (2-tailed)
	Negative Ranks	30a	15.50	465.00	-5.477b	.001
Pre-Post	Positive Ranks	0b	.00	.00		
Pain Scale	Ties	4c				
	Total	34				
a. Post Test Pain Scale <pretest pain="" scale<="" td=""><td></td><td></td></pretest>						
b. Post Test Pain Scale >Pretest Pain Scale						
c. Post Test Pain Scale = Pretest Pain Scale						

Based on the results of Table 5, the bivariate test analysis between the pain scale in the pre-test and post-test measurements using the Wilcoxon test, a p-value of 0.001 was obtained or smaller than the alpha value of 0.05. So there is an influence of murottal Al-Qur'an therapy on the pain scale of patients after exploratory laparotomy surgery in the ICU room at Bandung City Hospital.

4. Discussion

4.1. Description of the characteristics of patients after exploratory laparotomy surgery in the ICU room at Bandung City Hospital

According to Potter, Perry, Stockert, Hall, & Sharma (n.d.) [20] age influences a person's reaction to pain. For example, young children who cannot yet express words have difficulty verbally expressing their feelings, while parents may not report their pain on the grounds that pain is something they have to accept. Apart from age, in general men and women do not differ significantly in responding to pain. Some cultures influence gender, for example some believe that a boy must be brave and should not cry while a girl can cry in the same situation [21].

Based on univariate analysis of respondent characteristics, data was obtained that the majority of respondents were male, namely 29 people (85.3%), and a small portion were female, namely 5 people (14.7%). The ages of the respondents varied from 25 years to 81 years. The mean value obtained was that the average age of the respondents was 48 years. The results of research by Islam, Shamsul Huda, Shahidul, & Sikder (2021) [22] age is the most important variable in influencing pain in individuals. The age limits according to the Indonesian Ministry of Health in Pramono et al (2021) [8] are children aged 0-12 years, teenagers aged 13-18 years, adults aged 19-59 years, elderly aged over 60 years. Age has an important role in perceiving and expressing pain. In this study, the majority of respondents can be classified as adults. Adult patients have a different response to pain than the elderly.

Pain is considered a natural condition of the aging process. There are two ways to translate pain. First, pain is a normal part of the aging process. Second, as a sign of aging. Age is an important factor in drug administration. Metabolic changes in older individuals influence the response to opioid analgesics. This research is different from research conducted by Anwar et al (2019) [12], where in her research there were two dominant age groups, namely responses from the late teenage age group (17-25 years) and respondents from the early elderly age group (46-55 years) with each percentage is 40%. Meanwhile, the remainder were respondents from the early adult age group (26-35 years) and respondents from the late elderly age group (56-65 years) with a percentage of 10% each.

The results of this study are in line with the results of research by Permana et al (2021) [17] also found the effectiveness of reading murottal Al-Qur'an on post-operative pain. Several other studies also confirm that reading murottal Al-Qur'an is effective in reducing pain in various other situations such as labor pain and pain due to installation of a mechanical ventilator. Based on the research results, existing theories and research related to this research, the researchers concluded that the age factor greatly influences a person's response to the pain they experience. Adults tend to have previous experience of pain so they can control pain to a tolerable limit. Based on the research results, existing theories and related research, the researchers concluded that men tend to experience more pain intensity than women. When men feel sick, blood pressure rises, whereas in women, heart rate increases and blood pressure remains stable or even decreases. Women experience chronic pain longer, more intensely and more frequently than men.

4.2. Description of the pain scale of post-op exploratory laparotomy patients before being given Al-Qur'an murottal therapy in the ICU room at Bandung City Hospital

Based on the theory of (Potter et al., n.d.) [20], pain is subjective and no individual experiences the same pain. Nurses need to find the most effective approach to controlling pain. Almost all post-op exploratory laparotomy patients before being given murottal Al-Qur'an therapy, namely 25 people (73.5%) were in the moderate pain category. A small proportion experienced severe pain, namely 9 people (26.5%). Based on the research results, the data obtained showed that the average distribution of respondents' pain scale before being given murottal therapy was 3.26. This shows that there has been a decrease in the average pain scale of respondents in the moderate category. This is in line with the opinion of Fadholi & Mustofa (2020) [11] who states that pain intensity is a description of how severe the pain is felt by an individual. Measuring pain intensity is very subjective and pain of the same intensity is felt differently by two different people.

This is the same as research conducted by (Khashinah & Anita, 2015) [23], where the results showed that post-ORIF patient respondents at PKU Muhammadiyah Hospital Yogyakarta based on the average pretest results before being given Juz Amma murottal therapy on the first and second days, it was found that some

experienced moderate pain (50%) and some experience severe pain (50%). Al-Qur'an murottal therapy can be interpreted as a sound recording of the Al-Qur'an recited by a Qori' (reader of the Al-Qur'an) [15].

Murottal Al-Qur'an is a type of music therapy that has a positive influence on listeners [15]. Apart from that, murottal Al-Qur'an is also a dhikr medium which functions to remember Allah which is part of spiritual therapy [15]. Murottal Al-Qur'an therapy is a religious therapy where a person recites the holy verses of the Koran for a few minutes or hours which can have a positive impact on a person's body [15]. The letter given in providing murottal Al-Qur'an therapy is the Ar-Rahman letter where the therapy is given for 15 minutes with the mechanism being that the respondents are gathered in one room and then given a questionnaire about anxiety first, after that the therapy is given using a loudspeaker, finally respondents re-measured the pain scale.

Based on the research results, existing theories, and related research, the researchers are of the opinion that the average pain scale for respondents categorized as moderate pain is 3.26. This is because at the time of the study the respondents had only undergone surgery in the operating room for ± 5 hours. This condition affects the general condition of patients who still experience pain ranging from moderate to severe. Apart from that, the extent of the wound and the different body responses of each individual to the analgesic effect given certainly influence the scale of pain experienced by each individual differently.

4.3. Description of the pain scale of exploratory laparotomy post-op patients after being given Al-Qur'an murottal therapy in the ICU room at Bandung City Hospital

Based on table 4, it shows that almost all patients after exploratory laparotomy surgery after being given Al-Qur'an murottal therapy, namely 21 people (61.8%) were in the mild pain category. A small proportion experienced moderate pain, namely 13 people (38.2%). Al-Qur'an murottal therapy can increase patient muscle relaxation. In theory, according to Suddarth (2012) [24] muscle relaxation is believed to reduce pain by relaxing muscle tension that supports pain. Nearly everyone with chronic pain benefits from relaxation methods. Regular periods of relaxation can help combat the fatigue and muscle tension that occurs with chronic pain and that increases pain.

Deep breathing relaxation can trigger the release of endorphins, which are known as substances that have many benefits. Some of these include regulating the production of growth and sex hormones, controlling persistent aches and pains, controlling feelings of stress, and improving the body's immune system. The appearance of endorphins in the body can be triggered through various activities, such as deep breathing and relaxation, as well as meditation. Because they are produced by the human body itself, endorphins are considered the best painkillers [20].

The results of this study are in line with the results of research which also found the effectiveness of reading murottal Al-Qur'an on post-operative pain. Several other studies also confirm that reading murottal Al-Qur'an is effective in reducing pain in various other situations such as labor pain and pain due to installation of a mechanical ventilator (Perdana & Prajayanti, 2021) [18]. Similar to research conducted by Khashinah & Anita (2015) [23] post-ORIF patient respondents at PKU Muhammadiyah Hospital Yogyakarta based on the average post test results of murottal therapy on the first and second days, it was found that most of them experienced moderate pain (70%) and the rest experienced mild pain. (30%).

Therapy with murottal strains of the Al-Qur'an can be used as a new alternative therapy as relaxation therapy and is even better than other audio therapies because the Al-Qur'an stimulant can produce delta waves of 63.11% [5]. The results of this research are in line with research conducted by (B Permana et al., n.d.) [2] which shows that there is a significant influence between those given audio murottal therapy of the Al-Qur'an Surah Ar-Rahman and those who were not given audio murottal of the Al-Qur'an Surah Ar-Rahman against increasing -endhorphin levels.

4.4. The effect of murottal Al-Qur'an therapy on the pain scale of patients after exploratory laparotomy surgery in the ICU room at Bandung City Hospital

There are many non-pharmacological freezing interventions that can help relieve pain, non-pharmacological pain relief methods have very low risks [20]. Although this action is not a substitute for medication [21]. One of the non-pharmacological interventions in reducing and treating pain is murottal Al-Qur'an therapy, which is included in the type of relaxation therapy. Based on the results of the bivariate test analysis between the pain scale in the pre-test and post-test measurements using the Wilcoxon test, it

was obtained that the p-value was 0.001 or smaller than the alpha value of 0.05, so there was an influence of Al-Qur'an murottal therapy on the pain scale of post-operative laparotomy patients. exploration in the ICU room of Bandung City Hospital.

This is shown by the difference between the pain scale in the pre-test and post-test. When the pre-test was carried out, the majority of respondents felt pain on a moderate scale, namely 29 people (73.5%). At the time of the post-test measurement, patients with moderate pain were reduced to 13 people (38.2%), and there were no more patients with complaints on the severe pain scale. The results of the analysis of the patient's numerical pain scale showed that in the pretest the mean or average value of the patient's pain scale was 3.26 with a minimum pain scale of 3, and a maximum pain scale of 4. During the post-test there was a decrease in the mean value, namely 2.38 with a minimum pain scale of 2, and a maximum pain scale of 3.

Prasetyo (2020) [7] explains that Al-Qur'an murottal therapy is Al-Qur'an reading therapy which is a religious therapy where a person recites verses from the Al-Qur'an for several minutes or hours so that it has a positive impact on a person's body. Al-Qur'an murottal therapy has been proven to reduce pain levels. This is based on research conducted by Hidayah (n.d.) [25] showing that there is an effect of providing Al-Qur'an murottal therapy on pain levels. In this study, the group that was given Al-Qur'an murottal therapy had lower levels of pain than the group that was not given Al-Qur'an murotal therapy.

Several researchers have conducted research using distraction techniques, namely by listening to murottals of the Koran. Murottal is a sound recording of the Koran sung by a qori'. The sound of the Qur'an is like sound waves that have certain beats and waves, spread in the body and then become vibrations that can influence the function of brain cell movements and create balance in them. Something that affects the recitation of the Qur'an, the vibrations of the neurons will stabilize again. The Al-Qur'an has several benefits because it contains several aspects that can influence health, including: it contains elements of reproduction, autosuggestion and relaxation [14].

The results of existing research and theory as well as several related studies can be concluded that providing therapy in the form of murrotal Al-Qur'an can increase the stimulus and effect of relaxation and calm in respondents so that it can influence perceptions, information and emotions in respondents which has an impact on abilities in the form of cognitive adaptation. which is able to control pain to a tolerable limit. Al-Qur'an murottal therapy can be interpreted as a sound recording of the Al-Qur'an sung by a qari (Al-Qur'an reader) [7].

According to Herbert Benson in (Asiyah & Istikhomah, 2019) [14] says that prayer, reading the Koran, and remembering Allah (dhikr) will cause a relaxation response which causes a decrease in blood pressure, a decrease in oxygen consumption, a decrease in heart rate and breathing. This causes relaxation, calmness of mind which will trigger the release of serotonin, enkephalin, betaendorphins and other substances into the circulation. In this way, Al-Qur'an therapy can be more accepted by patients who experience pain, as according to (Asiyah & Istikhomah, 2019) [14], listening to the Al-Qur'an can speed up recovery time in the recovery room after general anesthesia, so murottal administration can be used as a complementary therapy after surgery or general anesthesia.

Fadholi & Mustofa (2020) [11] research results showed that the reduction in pain intensity before and after murrotal therapy was on a scale of 3, from a pain scale of 5.22 to a pain scale of 2.47. This is because listening to murottal can reduce a mother's pain level from moderate pain to mild pain. Respondents can feel calm and reduce nervous tension, reduce stress hormones, activate endorphins, increase feelings of relaxation and divert attention from fear, anxiety and tension.Based on the research results, it was found that the pain scale for post-op laparotomy patients before being given murrotal therapy was the lowest on a scale of 4 (moderate pain) and the highest on a scale of 8 (controlled weight) with an average pain scale of 3.26. However, the pain scale in post op laparotomy patients after being given murottal therapy, the lowest scale was 2 (mild) and the highest was 5 (moderate) with an average pain scale of 2.38.

Referring to existing theories and related research, researchers are of the opinion that Al-Qur'an murottal therapy can have a faster impact on the brain so that it can stimulate the central nervous system which is the center of pain response so that it is more relaxed and comfortable. Next, it focuses on the pain response felt by the respondent. The positive energy possessed by the melodious chanting of murottal rhythms read by the best qori will have a relaxing effect and can calm and make people who hear it able to imagine and imagine themselves in a peaceful, calm, healthy environment close to the Creator and free from illness.

5. Conclusion:

Most of the respondents were male, namely 29 people (85.3%). The ages of the respondents varied from 25 years to 81 years. The mean value obtained was that the average age of the respondents was 48 years. Almost all post-op exploratory laparotomy patients before being given murottal Al-Qur'an therapy, namely 25 people (73.5%) were in the moderate pain category. Almost all patients after exploratory laparotomy surgery after being given murottal Al-Qur'an therapy, namely 21 people (61.8%) were in the mild pain category. There is an influence of murottal Al-Qur'an therapy on the pain scale of patients after exploratory laparotomy surgery in the ICU room at Bandung City Hospital.

Clearance of ethical: Ethics committee show there is no wrong study and there is no plagiarism in this result.

Interest collision: This thesis showed there is no interest collision. **Founding source:** None.

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