



#### **Conference Paper**

# **Effectiveness of Wudhu to Reducing Anxiety During Competency Test on Students**

Fatoni Fatoni<sup>1\*</sup>, Jamaludin Jamaludin<sup>2</sup>, Rina Sumartini<sup>1</sup>, Mulyati Mulyati<sup>1</sup>

<sup>1</sup>Fakultas Ilmu Kesehatan, Universitas Faletehan, Banten, Indonesia

#### Abstract.

Anxiety is an emotional response to individuals perspective thas was subjective and an unknown cause. National competency exams anxiety is one of psychological problems that nursing students often experience that is a fear of failure, getting bad grades, or cannot get through the exams. Therefore, there is a need to minimize anxiety. The treatment of anxiety can be with nonpharmacological therapy. One of the nonpharmacological therapy using hydotheraphy with wudu' technique. This research aims to identify the effect of wudu' on changes toward anxiety for nursing students in the national competency exam. The research design used in this research is preexperiment with single group design, pre- and post-test design. The research samples in this research were 24 respondents with simple random sampling technique. Instrument used in this research is Visual Analog Scale for Anxiety (VAS-A). Statistical test was doneusing wilcoxon signed-rank test, the obtained p-value = 0.000 (< 0.05), showed the influence of wudu' on changes of anxiety for Universitas Faletehan nursing students anxiety in the national competency examination. Wudu' contains elements of relaxation to reduce anxiety and provides benefits for physical, psyclogical, and emotional control. The results of this research can be used as a reference of nonpharmacological therapy to treat anxiety in national competency examination.

Keywords: anxiety, national competency test, wudhu'

Corresponding Author: Fatoni Fatoni; email: fatoni.phd@gmail.com

Published 4 August 2023

#### Publishing services provided by Knowledge E

© Fatoni Fatoni et al. This article is distributed under the terms of the Creative Commons

Attribution License, which permits unrestricted use and redistribution provided that the original author and source are credited.

Selection and Peer-review under the responsibility of the ICHSSE Conference Committee.

# 1. BACKGROUND

Mental-emotional disorder is a condition that indicates the individual experiences an emotional change which if it continues can develop into a pathological state so it is necessary to anticipate to maintain the mental health of the community [1]. Mental disorders can be in the form of various symptoms, including anxiety (anxiety), depression which is described from losing enthusiasm, experiencing sleep disturbances, to ideas to hurt yourself or want to commit suicide [2].

**○** OPEN ACCESS

<sup>&</sup>lt;sup>2</sup>Fakultas Ilmu Kesehatan, Universitas Islam Negeri Syarif Hidayatullah, Jakarta, Indonesia



Anxiety is a part of everyday life. Anxiety is always present and does not belong to any particular society or culture. Anxiety involves a person's physical, self-perception, and relationships with others, making anxiety a basic concept in nursing studies of the psyche and human behavior [3]

Anxiety disorders are the most common emotional disorders in the United States. At least 17% of adults in the United States exhibit one or more anxiety disorders per year. Anxiety disorders are more common in women, individuals aged less than 45 years, individuals who are divorced or separated, and individuals from low socioeconomic status, except for Obsessive Compulsive Disorder (OCD), there is no gender difference in this disorder. [4]

It is estimated that 20% of the world's population suffers from anxiety [5] and as many as 47.7% of adolescents often feel anxious [6]. The prevalence of anxiety disorders according to the Centers for Disease Control and Prevention in 2011 was more than 15%. The National Comorbidity Study reports that one in four people meet the criteria for at least one anxiety disorder and there is a 12-month prevalence rate of 17.7% [7]

The Director General of Public Health at the Ministry of Health, Azrul Azwar, said that one in four Indonesians suffer from mental disorders such as anxiety, depression, stress to schizophrenia [8]. According to Riskesdas in 2013, the prevalence of severe mental disorders in the Indonesian population was 1.7 per mile. The most severe mental disorders in DI Yogyakarta, Aceh, South Sulawesi, Bali, and Central Java. The prevalence of severe mental disorders in West Java is 1.6% per mile. While the lowest was in West Kalimantan at 0.7% per mile. The prevalence of mental emotional disorders in the Indonesian population is 6.0 percent. Provinces with the highest prevalence of mental emotional disorders were Central Sulawesi with 11.6%, South Sulawesi 9.3%, West Java 9.3%, DI Yogyakarta 8.1%, and East Nusa Tenggara 7.8%. The prevalence of emotional mental disorders in the population aged > 15 years based on the Self Reporting Questionnaire.

Anxiety disorders can occur in all age groups, ranging from typical children with separation anxiety disorder. In the adolescent age group, adults and the elderly can experience other types of anxiety disorders [9]. Children and adolescents are an age group that needs attention because of the association with the risk of developing anxiety disorders in adulthood [10].



Adolescents are an age group that allows them to be vulnerable to the development of internal problems such as the emergence of anxiety and depression because adolescence is a transitional period with biological changes, emotional abilities, and the desire to gain autonomy [11]. Anxiety in adolescents can be influenced by several factors, namely age, health status, gender, experience, support system, the size of the stressor [12]. Psychologically, anxiety is the negative developments of various previous problems that are getting stronger caused by three things, namely: lack of knowledge so that they are less able to adapt to their growth and development and are unable to accept what they are experiencing, lack of support from parents, peers or others, the surrounding community, and unable to adapt to various existing pressures [13]. Adolescents with female gender have higher anxiety levels than boys. Women feel themselves to be less competent, less logical, independent than men. While men feel less sensitive in their interpersonal, warm and expressive [5].

Anxiety in facing the National Competency Examination itself is one of the psychological problems that are often experienced by students. In the world of education this phenomenon is known as test anxiety (anxiety facing tests) [14]. The national competency test is a screening tool to identify prospective nurses who have sufficient ability to enter the world of nursing practice [15] and carry out their roles effectively as new nurses [16]. The Indonesian government through the center for improving the quality of health human resources has carried out the National Competency Examination (UKOMNAS) since 2012. The Minister of Health of the Republic of Indonesia issued Permenkes/1796/menkes/per/VIII/2011 regarding the registration of substitute health workers for the Ministry of Health number 161 2010 in which every health worker in In carrying out their professional duties, they must have an STR. The STR for graduates in 2012 and above is obtained through a competency test.

In 2015, there were 66,687 graduates (Diploma III and Professional Nurses) who underwent the national competency exam, 35,892 (53.8 percent) passed and 30,795 (46.2 percent) failed (Masfuri, 2016). Students' anxiety when facing the National Competency exam is a feeling of fear if they fail, get bad grades and cannot take the National Competency exam. The anxiety experienced by students during the National Competency Examination can be in the form of reality, neurotic anxiety or moral anxiety [14].

The results of Lukmanulhakim's research state that one of the factors that cause students to fail the national competency exam is feeling anxious when facing the national



competency exam. Hartina Ayu's research with the title of factor research related to the passing of the Indonesian Nurses Competency Test (UKNI) in the Sulawesi region concluded that the graduation rate of students can be influenced by internal factors and external factors. Internal factors consist of intelligence, psychological condition, test readiness, physical condition, and academic achievement [17].

Many researchers involve spiritual elements in minimizing anxiety, this is in line with the opinion of [18] that the spiritual element in humans can integrate and unify elements of physical, emotional, and intellectual needs in the human body in the process of growth and development. Therefore, spiritual elements are needed for the healing process [19].

Some of the treatments to reduce anxiety during the National Competency Examination include wudhu therapy. Wudhu is one of the relaxation methods that is very easy to do every day, even as a routine as a Muslim. Sprinkling of wudhu water that hits some parts of the body creates a sense of peace and serenity. So that by itself the mind will submit to that sense of peace [20]. According to Adi and Effendy wudhu turns out to have a refreshing effect, refreshment, cleanses the body and soul, and restores energy. Added by Uthman Najati [21] that wudhu besides being a preparation for prayer, not only cleanses the body from dirt but also cleanses the soul and dirt. [22]. There are three components that can reduce anxiety when someone performs wudhu, namely water, temperature, and massage. Water is cleansing, soothing, and syifa '(therapist). Washing the members of wudhu by putting a little pressure on the skin and interlacing the fingers gives a massage effect which is one of the relaxation techniques. [23].

Wudhu if done properly and correctly can be used as a therapy for anyone, as well as for various complaints, including those who experience psychosomatic. Wudhu is a worship procession that is prepared to cleanse the soul so that it is able to communicate with Allah, namely prayer. Therefore, the movements and washings of wudhu try to maintain awareness so that the soul remains present to God so that the purpose of purification of the soul through wudhu can be achieved so that it can provide therapy for the soul to become clean and calm [24] A psychiatrist at the same time Austrian neurologist Leopold Wemer Von Enrenfels discovered something astonishing in wudhu, that the most sensitive nerve centers of the human body are located next to the forehead, hands and feet. These nerve centers are very sensitive to fresh water, so that by always washing fresh water into these nerve centers means always maintaining and maintaining the health and harmony of the nerve center [25]



A preliminary study conducted on January 23, 2018, on 10 final year students, showed that 4 students said they were afraid when facing the national competency exam, 3 students said they were worried about not passing the national competency exam and 3 students said they were worried that the national competency exam questions could not be answered.

Based on the explanation above, the researcher wanted to examine the effectiveness of wudhu therapy on reducing anxiety for nursing students in facing the National Competency Examination at Faletehan University. Researchers are interested in this theme because many studies show the high anxiety of students in facing the National Competency Examination dan the impact of ablution in reducing anxiety

## 2. METHODS AND EQUIPMENT

This study uses a pre-experimental research method with a one-group pre- and post-test design. In this design, data was collected before and after wudhu. The population is the entire subject to be studied. The population is formulated as a finite (limited) and infinite (unlimited) population. Limited population means that the number is known, while the unlimited population is not known in number. The population in this study were all students of the Nursing Profession - FIKes UF in the 2019/2020 academic year as many as 129 students. Sampling in this study is to use the formula Lemeshow and obtained a sample of 20 respondents. To prevent drop out, the researcher added 4 respondents so that they got 24 respondents. The sampling technique used is simple random sampling.

The sample criteria in this study were inclusion criteria consisting of nursing professional students who took the 2020 National Competency Exam and experienced mild to severe anxiety. While the exclusion criteria are nursing professional students who experience panic level anxiety. The intervention variable in this study was wudhu therapy, while the dependent variable was the anxiety score. Dan bagaimana pengukuran Vas-a The measuring instrument used is a visual analog scale for anxiety (VAS-A) questionnaire sheet. Data analysis in this study used the Wilcoxon test because the data were not normally distributed (p < 0.05). This study also uses the eta squared calculation which is used to determine the size of the influence of the intervention that has been given



## 3. RESULT

This research was conducted on October 17, 2020 on 24 intervention respondents. This research was conducted on the National Competency Examination for the nursing profession program in 2020. Anxiety scale was measured by pre-test and post-test conducted on the group then compared the results before the intervention, after the intervention was given.

TABLE 1: Characteristics of Respondents by Age.

Age	Amount	Percent (%)
22	8	33,3%
23	16	66,7%
Total	24	100,0%

Based on table 1, it is found that the age of respondents from 24 students, at the age of 22 years as many as 8 people (33.3%), and age 23 years as many as 16 people (66.7%).

TABLE 2: Characteristics of Respondents Who Take the Guidance of the National Competency Exam.

Take guidance	amount	Percent (%)
YES	18	75%
No	6	25%
Total	24	100,0%

Based on table 2, the results obtained from 24 respondents, as many as 18 people (75%) participated in guidance, 6 people (25%) did not participate in guidance.

TABLE 3: Distribution of descriptive statistics of respondents anxiety scores before being given wudhu intervention.

Anxiety	n	Mean	Median	Standar deviasi	Min-Maks	95%CI
Pretest	24	60,42	60	14,590	40-90	54,26-66,58

Based on table 3, it was found that the anxiety before the intervention had an average value of 60.42 with a median value of 60.00. The standard deviation (SD) is 14,590. The lowest score is at a score of 40 and the highest value is at a score of 90 with a 95% CI, ranging from 54.26 to 66.58.

The results of the analysis from table 4 show that after the data was categorized that before the wudhu intervention, respondents experienced anxiety with a percentage of 66.7% for moderate anxiety and severe anxiety with a percentage of 33.3%.

TABLE 4: Data Level on Anxiety.

Level of anxiety	Frequency	Percent
Moderate (skor 40-60)	16	66,7%
Severe (skor 70-90)	8	33,3%

TABLE 5: Distribution of the Percentage of Students' Anxiety Levels Before Intervention on Guidance Activities.

Take guidance	Anxiety Pretest					
	mod	erate	severe			
	amount	Percent	amount	Percent		
YES	12	66,7%	6	33,3%		
No	4	33,3%	2	66,7%		

Table 5 shows that from a total of 18 students who took part in guidance, 12 students had moderate anxiety or 66.7%, while 6 students had severe anxiety or 33.3%. Meanwhile, from 6 students who did not participate in guidance, 4 students had moderate anxiety or 66.7% and 2 students had severe anxiety or 33.3%.

TABLE 6: Student Anxiety Scores After Giving Wudhu Intervention.

Anxiety	n	Mean	Median	Standar deviasi	Min-Maks	95%CI
Posttest	24	47,08	50	13,667	30-70	41,31-52,85

Based on the results of the study that anxiety after the intervention had an average value of 47.08 with a median value of 50.00. The standard deviation (SD) is 13.667. The lowest score is at a score of 30 and the highest score is at a score of 70 with a 95% CI, ranging from 41.31 to 52.85.

TABLE 7

Level of anxiety	Frequency	Percent	n
Mild (scor 10-30)	6	25%	24
Moderate (scor 40-60)	15	62,5%	
severe (scor 70-90)	3	12,5%	

The results of the analysis from table 7 after the data were categorized, it was found that after the wudhu intervention the respondents experienced anxiety with a percentage of 25% mild anxiety, 62.5% moderate anxiety, and 12.5% for severe anxiety.

Based on table 8, the anxiety status of students before and after the intervention was 18 students or 75% experienced a change in score before and after the intervention was given, while 6 students or 25% did not experience a change in score before and after the wudhu intervention was given.

Page 137



TABLE 8: Distribution of the Percentage of Anxiety Status on the Outcome Before and After the Wudhu . Intervention.

Status	amount	Percent	n
changed	18	75,0%	24
permanent	6	25,0%	

# Data Normality Test

TABLE 9: Distribution of Anxiety Score Normality Results Before and After Giving the Wudhu Intervention.

Variabel		Shapiro Wilk Test				
		before		after		
	Df	Sig	Df	Sig		
Anxiety	24	.082	24	.020		

The results of the Shapiro Wilk Test normality test of a total of 24 respondents the significant value of anxiety before being given wudhu intervention was 0.082, while after being given wudhu intervention it was 0.020. Based on the information above, it can be concluded that the data before the intervention was normally distributed and the data after the intervention was not normally distributed. So that before and after the wudhu intervention, the distribution was not normal (p<0.05). The conclusion from the results of the normality test shows that this study can use the Wilcoxson analysis test.

Table 10: Average Student Anxiety in Facing National Competency Exams Before and After Giving Wudhu Intervention.

Anxiety	Mean	95% CI		SD	Pvalue (2- tailed)	Eta Square
		Lower	Upper			
Pretest	60,42	54,26	66,58	14,490	0,000	0,55
Posttest	47,08	41,31	52,85	13,667		

The analytical test in this study was the Wilcoxon test with an error rate of 5% ( $\alpha$  = 0.05). Based on the table, it is known that the average value before the wudhu intervention was 60.42 with a standard deviation of 14,490. While the average value after the wudhu intervention was 47.08 with a standard deviation of 13.667. From the statistical test, the probability value (P-value) of 0.000 means that it is smaller than = 0.05 so it can be concluded that there is a significant change in anxiety scores before and after being given wudhu intervention where the result is a decrease in anxiety scores. Based on the Eta Squared calculation, which is used to determine how influential the wudhu intervention that has been given to nursing students at the University of Faletehan in facing the National Competency Examination. The standard value of the Eta Square



calculation for Wilcoxon is if Eta Squared 0.1 = small effect, 0.3 = moderate effect, 0.5 = large effect [26]. In this study, the results obtained were 0.55. This value shows that the effect of wudhu is very large in reducing anxiety in student nurses at the University of Faletehan in facing the National Competency Examination.

# 4. DISCUSSION

Anxiety or anxiety according to the 2017 Indonesian Nursing Diagnosis Standards states that the emotional condition and subjective experience of individuals towards objects that are unclear and specific due to anticipation of danger that allows individuals to take action to deal with threats (PPNI, 2017). Data cemas masuk kategori sedang dan berat bisa dijelaskan mengapa mahasiswa mengalami hal tersebut. Kemudian mengalami penurunan kecemasan setelah berwudhu Anxiety can be treated with pharmacological and non-pharmacological techniques. One of the non-pharmacological techniques is to perform wudhu. Wudhu is one of the relaxation methods that is very easy to do every day, even as a routine as a Muslim. Sprinkling of wudhu water that hits some parts of the body creates a sense of peace and serenity. So that by itself the mind will submit to that sense of peace [20]. Wudhu is a series of worship that shows our faith in Allah SWT. Faith will give peace of mind, peace of mind, peace of mind and glory [27]. There are three components that can reduce anxiety when someone performs wudhu, namely water, temperature, and massage. Water is cleansing, soothing, and syifa '(therapist). Washing the members of wudhu by putting a little pressure on the skin and interlacing the fingers gives a massage effect which is one of the relaxation techniques. [25].

The results of statistical test analysis prove that there is an effect of wudhu on anxiety in student nurses at Faletehan University in facing the National Competency Examination. It is concluded that there is a difference in the average value of student anxiety before and after the wudhu intervention. This can be seen from the mean value (mean) before 60.42 and after becoming 47.08 with a value of p = 0.000 (p < 0.0001) or  $p < (\alpha)$ . In addition, this study also calculates how much influence wudhu has on anxiety with the eta squared test, the result is 0.55. These results indicate that research using wudhu as an effort to reduce anxiety has a great influence. In line with the research of [28] that wudhu contains elements of relaxation so that it can reduce anxiety and can provide benefits for both physical, psychological and spiritual aspects as well as providing a calm.



The initial intention of wudhu becomes a prayer as well as a good message for water, because water responds to what is done to it. When performing wudhu, rubbing the head with water will give a cool effect on the head so that it makes the mind calm. A calm mind, we are better able to concentrate the mind. Neuroscientists (neurologists) have proven that wudhu water which cools the nerve endings of the fingers and toes has the effect of strengthening concentration [29,30]

The limbs affected by the wudhu treatment have hundreds of acupuncture points that are receptors for stimuli in the form of washing, rubbing, rubbing, and pressure or the sequence when performing wudhu. The stimulus will be delivered through the meridians to cells, tissues, organs, and organ systems that are therapeutic [31]. Acupuncture points have many benefits, one of which is on the face, such as the yin xiang acupuncture point on the literal nasolabial wrinkles, then there is also the so-called cen ci which is located on the edge of the lower orbit in a straight line that passes through the center of the pupil. At each point the acupuncture not only serves as a physical treatment, but also psychologically because it can treat schizophrenia. Washing both hands in Islamic law is explained from the tips of the fingers to the elbows, there is acupuncture function as well as on the face because one of the diagnoses uses syndrome classification for meridians that pass through the wudhu members of the hands [32]. Rubbing part of the head makes the mind clear to think [33]

That there is one nerve that is washed in the head, the pai hui which is located on the posterior hairline and close to the anterior hairline with indications of apoplexy, chronic diarrhea, epilepsy, dizziness and vertigo, rectal and uterine prolapse. On the head there is an area called the scalp (scalp needling therapy) with broad indications, namely headaches, both physical and psychological pain in the form of stress. Washing the feet to the ankles there is a tai cung acupuncture point located distal to the meeting of the metatarsal bones with one of the benefits of being able to improve blood circulation [34]

If in activating the points a person always remembers Allah SWT, then performing wudhu is not only an external aspect but also a spiritual aspect, namely the soul becomes peaceful and remembers Allah SWT (Akrom, 2010). Wudhu as a means of mental and spiritual preparation can be used for treatment and healing. Wudhu serves to cleanse the body of impurities that pollute the human soul and heart. Moreover, the practice of wudhu therapy is carried out properly and correctly, which is not only centered on physical problems but problems related to psychology [25]

Page 140



Wudhu in the view of Islamic health experts says that it is a hydromessage aka massage using water, for example: washing the face shows a water massage which will have a positive effect on the intestines, kidneys, as well as the nervous and reproductive systems. Ear washing is a massage process in which there are hundreds of biological points in the ear that will lower blood pressure and reduce pain. Washing the feet in this practice occurs massage which has a positive effect on the pituitary gland and regulates the function of the endocrine gland, which is the gland that regulates the release of hormones and controls growth. As well as washing between the fingers, the process of massaging the hair nerves located on the fingers. Neurological experts have proven that wudhu can cool the nerve endings of the fingers and toes which are useful for establishing concentration [25]

The basis of the obligation to perform wudhu is explained in Surah Al-Maidah verse 6 which reads "O you who believe! When you want to pray, then wash your face and your hands up to the elbows, and wipe your head and (wash) your feet up to the ankles. If you are junub then take a bath. And if you are sick or on a journey or return from a toilet or touch a woman, then if you do not get water, then do tayammum with good (holy) dust; wipe your face and your hands with it. Allah does not want to make it difficult for you, but He wants to cleanse you and perfect His favor upon you, so that you may be grateful" (Surah Al-Maidah [5]: 6)

#### 5. CONCLUSIONS AND RECOMMENDATIONS

conclusions in this study that the anxiety of student nurses at Faletehan University in facing the National Competency Examination before being given wudhu intervention was in the category of moderate anxiety (66, 7%) to severe anxiety (33.3%). After being given wudhu intervention before carrying out the National Competency Examination there was a decrease in anxiety where anxiety was in the category of mild anxiety (25%), moderate anxiety (62.5%), and severe anxiety (12.5%). There is an effect of wudhu on anxiety in nursing students at the University of Faletehan in facing the National Competency Examination with a Pvalue = 0.000. Giving wudhu is very effective in reducing anxiety in nursing students at Faletehan University with an Eta Squared value of 0.55.



Furthermore, for nursing science it can be used as additional information and the development of knowledge in the field of mental nursing for handling anxiety with norma- phachological therapy

#### References

- [1] Idaiani S, Suhardi KAY, Kristanto AY. Analisis gejala gangguan mental emosional penduduk Indonesia. Majalah Kedokt Indones. 2009;59(10):473–479.
- [2] Davies T, Craig TKJ. ABC kesehatan mental. Jakarta: EGC; 2009.
- [3] Stuart GW. Prinsip dan Praktik Keperawatan Kesehatan Jiwa Stuart, Edisi Indonesia 11. Elsevier Health Sciences; 2021.
- [4] Videbeck S, Videbeck S. Psychiatric-mental health nursing. Lippincott Williams & Wilkins; 2013.
- [5] Stuart GW. Evidence-based psychiatric nursing practice: Rhetoric or reality. J Am Psychiatr Nurses Assoc. 2001;7(4):103–114.
- [6] Mamuaya MH, Elim C, Kandou LFJ. Gambaran tingkat kecemasan dengan pengukuran TMAS dan prestasi belajar siswa perempuan dan laki-laki kelas 1 SMA Negeri 1 Kawangkoan. e-CliniC. 2016;4(2).
- [7] Kaplan HI, Sadock BJ, Grebb JA. Sinopsis psikiatri: Ilmu pengetahuan perilaku psikiatri klinis. Dr I Made Wiguna S Jakarta: Bina Rupa Aksara. 2010;113–129.
- [8] Yosep I. Keperawatan jiwa. Bandung: Refika Aditama; 2007.
- [9] Santrock JW. Perkembangan remaja jilid 2 (Edisi 11). Jakarta: Erlangga; 2007.
- [10] Jakobsen JC, Hansen JL, Simonsen S, Simonsen E, Gluud C. Effects of cognitive therapy versus interpersonal psychotherapy in patients with major depressive disorder: a systematic review of randomized clinical trials with meta-analyses and trial sequential analyses. Psychol Med. 2012;42(7):1343–1357.
- [11] Maciejewski DF, Van Lier PAC, Neumann A, Van der Giessen D, Branje SJT, Meeus WHJ, et al. The development of adolescent generalized anxiety and depressive symptoms in the context of adolescent mood variability and parent-adolescent negative interactions. J Abnorm Child Psychol. 2014;42:515–526.
- [12] Hurlock EB. Perkembangan anak jilid 1. 2020.
- [13] Al Mighwar M. Psikologi Remaja. Bandung: CV Pustaka Setia; 2006.



- [14] Andriansyah T, Sari EKW. Tingkat kecemasan siswa dalam menghadapi ujian nasional berbasis komputer (UNBK) di SMK Al Munawwariyyah Bululawang. JKI (J Konseling Indo). 2017;2(2):44–49.
- [15] Fulcher R, Mullin CM. A data-driven examination of the impact of associate and bachelor's degree programs on the nation's nursing workforce. Policy brief. 2011.
- [16] Council NR. The role of human factors in home health care: Workshop summary. 2010.
- [17] Natalia L, Sinaga A. Relationship of students motivation with national competency exam result in the nurse profession program of immanuel school of health sciences Bandung. KnE Life Sciences. 2021;363–370.
- [18] Witmer JM, Sweeney TJ. A holistic model for wellness and prevention over the life span. J Counsel Dev. 1992;71(2):140–148.
- [19] Perwataningrum CY, Prabandari YS, Sulistyarini RI. Pengaruh Terapi Relaksasi Zikir Terhadap Penurunan Tingkat Kecemasan Pada Penderita Dispepsia. JIP (Jurnal Intervensi Psikologi). 2016;8(2):147–164.
- [20] Akrom M. Terapi Wudhu. Mutiara Media; 2010.
- [21] Uthman NM. Al-Quran wa cllm al-Nafs. Kaherah: Dar al-Shurug; 1985.
- [22] Ibrahim MA. Allah Begitu Dekat dan Mendengar Keluh Kesahmu. LAKSANA.
- [23] Puspitasari R. Pola Hidup Sehat Menurut Al-Qur'an:(Kajian Maudhu'i Terhadap Ayatayat Kesehatan). INOVATIF: Jurnal Penelitian Pendidikan, Agama, dan Kebudayaan. 2022;8(1):133–163.
- [24] Afif M, Khasanah U. Urgensi Wudhu dan Relevansinya Bagi Kesehatan (Kajian Ma'anil Hadits) dalam Perspektif Imam Musbikin. Riwayah: Jurnal Studi Hadis. 2018;3(2):215–230.
- [25] Kusumawardani D. Makna Wudhu dalam Kehidupan menurut Al-Qur'an dan Hadis. Jurnal Riset Agama. 2021;1(1):107–118.
- [26] Cohen J. Statistical power analysis for the behavioral sciences. Hillsdale: NJ: Erlbaum; 1988.
- [27] Ruland CM, Moore SM. Theory construction based on standards of care: A proposed theory of the peaceful end of life. Nurs Outlook. 1998;46(4):169–175.
- [28] James H, Paton D. Social capital and the cultural contexts of disaster recovery outcomes in myanmar and taiwan. Global Change, Peace and Security. 2015.
- [29] el-Bantanie MS. Shalat Tolak Miskin. Elex Media Komputindo; 2010.



- [30] Syafi'ie el-Bantanie M. Quran stories for kids: Kumpulan Cerita Al-Quran Untuk Anak Pembentuk Karakter Islami. WahyuMedia; 2013.
- [31] Zulaikhah S, Sulistyarini I. Kebersyukuran dan Subjective Well-Being pada Orang Tua Yang Memiliki Anak Penderita Thalassemia. Sintesis: Jurnal Bimbingan Konseling. 2023;1(1):30–35.
- [32] Suryantara B, Qolbu W. Perbaiki Shalatmu Agar Allah Perbaiki Hidupmu. WahyuQolbu; 2019.
- [33] Al-Khuly SH. Misteri Dahsyatnya Gerakan Shalat: Menyingkap Rahasia Sehat Dan Bugar Dibalik Gerakan Shalat. Tuhfa Media; 2010.
- [34] Yusuf UM. Hidup Sukses dengan Tahajjud. KAKTUS; 2018.