

## The Satisfaction of Ruqyah on Cancer Patients

Sami Ayed Alshammary, MD<sup>1,2</sup>, Balaji Duraisamy MD<sup>1</sup>, Fawzi al-Odeh<sup>1</sup>, Muhammad Salman Bashir<sup>3</sup>, Wedad Salah Alharbi, MSN, RN<sup>1</sup>, Abdullah Altamemi<sup>1</sup>.

<sup>1</sup>Palliative Care Unit, Comprehensive Cancer Centre, King Fahad Medical City, Riyadh

<sup>2</sup>Centre for Postgraduate Studies in Family Medicine, Ministry of Health, Riyadh, Saudi Arabia

<sup>3</sup>Department of Biostatistics, Research Services Administration, Research Center, King Fahad Medical City, Riyadh.

**\*Corresponding Author:** Sami Ayed Alshammary, Palliative Care Unit, Comprehensive Cancer Centre, King Fahad Medical City, Riyadh

### ABSTRACT

#### Background

Ruqyah defined in Islam as the recitation of the Quran seeking the refuge in Allah, remembrance, and supplications that are used as a means of treating sicknesses and other problems as the Quran is a source of healing (1,2). Cancer is a life-threatening disease that often has a tremendous impact on patient's quality of life, also is associated with the experience of uncertainty, vulnerability, hopelessness, isolation, fear, shock, depression, anger, and expectation of healing versus death. Cancer is one of the leading causes of mortality Worldwide. It places considerable mental, physical, and emotional stress on patients and requires them to make significant adjustments in many key areas of their lives<sup>4</sup>.

#### Objective

The purpose of this study was to explore the impact of Ruqyah on cancer patients among patients admitted to the comprehensive cancer center (CCC) in KPMC, Riyadh.

To explore the significance of Ruqyah on cancer patients

#### Significant of the study

Ruqyah satisfaction as part of the religious and cultural influences on general health wellbeing of Muslims, and provides a better understanding of Ruqyah practice, and its implications for counseling and spiritual interventions. The data to validate this satisfaction is lacking; Few study has been done in Muslim countries. Dling this study will provide an understanding the significant Ruqyah.

**Keywords:** Patient satisfaction, Ruqyah, cancer patients.

### INTRODUCTION

Spirituality is subjective, and it has a different perception. The uncertainty in its meaning can generate obstacles to incorporate with patient care in the hospital environment (10). Furthermore, the complementary and alternative medicine is becoming increasingly popular worldwide, and equally important the advanced technology has contributed to phenomenal advances in medicine and has augmented the capability of the treating physician to prolong patient's life (13). Medical ethicists have reminded healthcare providers that religion and spirituality form the foundation of meaning and determination for many people (13). Therefore, disease such as cancer requires spiritual and compassionate care that is associated with inherent spiritual activity. Therefore, the treating physician should attempt to balance their care (1,13).

Praying for healing is a fundamental of Islamic custom. Also, it is an important tradition of the Prophet Muhamed, peace be upon him (Sunnah), and it became a vital part of Muslim culture. (8). Religion and spirituality are known to play important roles in coping with illness.

It is believed that spirituality or religion promotes adjustment through its ability to give meaning and hope by providing an explanation for the experience of illness and suffering (6). Some literature tried to evaluate the non-pharmacological effects of Holy Quran recitation to reduce the usage of pharmacological sedative drugs which has many side effects to the patients (3).

Dedication on spirituality has observed to have the desired impact on patients' health outcomes, as well as the quality of life. Contrasting with negative spiritual and religious beliefs that

observed to associate with distress and increase the burdens of illness(11). Patients with advanced illness were observed to contribute a positive difference in the lives of others; hence the patients were able to share their deepest thoughts, and they had a sense of meaning in their lives. Furthermore, that peacefulness was strongly linked to emotional and spiritual well-being(9)

Spirituality and its relation to health is a fundamental issue, equally important one of the Muslim religious influences on health or sickness behaviors is Ruqyah(5). Ruqyah defined in Islam as the recitation of the Quran seeking the refuge in Allah, remembrance, and supplications that are used as a means of treating sicknesses and other problems with the Quran as a source of healing (1,2). Another definition is "Ruqyah means reciting Qur'an and saying supplications reported from the Prophet (peace be upon him) over the sick seeking to be cured; in addition to other good and lawful supplications(2)."

It is a usual practice for most of Muslim to recite prayer daily and listen to prayer recitation. Listening to Holy Quran recitation has a significant effect on to alleviate stress and recover from sickness even the physiological stress response(1,2,7). Binti Abu Bakar study reported that mechanically ventilated patient who listened AlFatehah and Yassin recitation the stress level were significant reduced (7).

In the healthcare environments, usually not all healthcare providers tend to approve patients' spiritual needs. Although the patient's spiritual beliefs and practices are believed to encourage adjustment and acceptance of the illness {6}. Thus, patient satisfaction has been recognized as one of the key indicators of health care quality (3). Muslim religious beliefs have an impact on the mental health of individuals, families, and communities (1). The lack of understanding of the relationship between religious influences on health or sickness behaviors can have an impact on healthcare professionals' daily care delivery. On the positive side, healthcare expert should recognize the significance and effect of the spiritual dimension, and come to the consensus that spiritual needs must be catered for the patients who need this service to satisfy their spiritual needs.

## METHODS

We randomly selected 200 consecutive adult cancer inpatients who requested and consented for Ruqyah.

## Inclusion Criteria

- patients who have been diagnosis with cancer,
- 18 years and above
- A patient who willing to participate in the study.

## Exclusion Criteria

- Patients under age 18 years,
- Unable to understand written or verbal instructions to complete the questionnaire and not willing to participate.

## Data to be collected

Data were collected during the period from between June 2017 and November 2017 by a skilled individual Islamic healer.

## Section A

Socio- demographic characteristics including age, gender, marital status, education level, occupation, income, and place of residence.

## Section B

Patient's cancer profile.

## Section C

The motives of the respondents seeking Ruqyah for their cancer treatment.

## Section D

Overall feeling before and after Ruqyah.

## Pilot study

Pilot study was done to refine the questionnaire. Patient who had participated in the pilot study were not included in this study.

## Ethics

Permission to perform this study were sought from KPMC IRB Committee.

## Informed Consent

The participant was informed about the purpose of the study. Then the participant was asked to sign an informed consent before participating in the study. They were assured that participation in this study is voluntary. They have a right not to sign the informed consent or not to participate in the study, and their treatment regime were not being affected.

## Statistical Analysis Procedure

Categorical variables gender, age group and marital status etc. were presented in frequencies and percentages. Whereas Continuous variables pre and post of Ruqyah scores were expressed as Mean  $\pm$  S.D. Chi-square / Fisher's exact test was used according to whether the cell expected frequency is smaller than 5 and it was applied to

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determine the significant association among categorical variables. Paired sample t-test was applied to determine the mean significant difference between pre and post scores of Ruqyah.  $P - \text{value} < 0.05$  two-tailed was considered as statistically significant. All data was entered and analyzed through statistical package SPSS version 22.

## RESULTS AND DISCUSSION

### Patients Characteristics

Age group, gender, marital status and educational level were reported in this study. Total patients who answered the questions was 200. Patients aged 51-60 years were the most frequent (25.5%), while patients aged more than 71 years made up 12% of all patients. The current study showed that most patients were men (55.5%) compared to women (44.5%). In addition, 153 patients were married, 33 were unmarried, 10 were widows and 4 were divorced. As for the educational levels, it was found after the study that 40 patients had primary education, 27 patients had secondary level education, 43 patients had higher education such as Masters and PhD. A large proportion (53 patients) did not have any formal education. Our results show that the majority of patients did not have jobs, with 37%

unemployed patients. 13.5% were in government jobs and a few were students.

The number of patients with low income of less than SR 3,000 was 14%. Patients with income of between 3000 Saudi Riyals and ten thousand were 21.5%. In addition, patients with no income were the highest in the group, with 50.5%. It is clear that the reason for limited income for most patients is because they are residents of remote areas (83.5%).

When we asked patients for medical diagnosis and type of cancer, 76 (38%) of them responded that they were suffering from diseases other than cancer. Patients with breast cancer and leukaemia made up 13%. Cancers of ovary and stomach were the least frequent ranging from 2% to 2.5%.

There were only two patients in stage II of cancer, compared to 14% in stage IV cancer. Majority of the patients did not know their stage of cancer. 16.5% had recurrent cancers and 1.5% of them were cancer survivors.

103 patients (51.5%) responded that they did not undergo surgical treatment. 88 patients (44.0%) received radiation therapy. Most patients received chemotherapy (84.5%). In addition, only 5 patients (2.5%) received hormone therapy. One patient received stem cell therapy.

**Table1.** General Characteristics of patients (n = 200)

Characteristics	Descriptions	n(n%)
Age Group	< =30	29 (14.5%)
	31 - 40	28 (14.0%)
	41 - 50	26 (13.0%)
	51 - 60	51 (25.5%)
	61 - 70	42 (21.0%)
	> = 71	24 (12.0%)
Gender	Male	111 (55.5%)
	Female	89 (44.5%)
Marital status	Single	33 (16.5%)
	Married	153 (76.5%)
	Divorced	4 (2.0%)
	Widow	10 (5.0%)
Educational level	Primary	40 (20.0%)
	Secondary	27 (13.5%)
	Diploma/cert/stpm	37 (18.5%)
	Degree/ Master/ PhD	43 (21.5%)
	No formal education	53 (26.5%)
Occupation	Government	27 (13.5%)
	Housewife	19 (9.5%)
	Not working	74 (37.0%)
	Pensioner	47 (23.5%)
	Private	18 (9.0%)
	Student	15 (7.5%)
Income (SR)	< 3000 SR	28 (14.0%)
	3,001 - 10,000 SR	43 (21.5%)
	> 10,000	28 (14.0%)
	No Income	101 (50.5%)
Place of residence	Urban	33 (16.5%)
	Rural	167 (83.5%)

Cancer type	Breast	26 (13.0%)
	Colorect	7 (3.5%)
	Colorectal/rectum	3 (1.5%)
	Leukemia	27 (13.5%)
	Liver	6 (3.0%)
	Lung	21 (10.5%)
	Lymphoma	24 (12.0%)
	Nasophar	1 (0.5%)
	Others	76 (38.0%)
	Ovary	4 (2.0%)
	Stomach	5 (2.5%)
Cancer stage	Stage I	6 (3.0%)
	Stage II	2 (1.0%)
	Stage III	16 (8.0%)
	Stage IV	28 (14.0%)
	Not Sure	148 (74.0%)
Cancer status	Cancer patient	164 (82.0%)
	Cancer recurrence	33 (16.5%)
	Survivor	3 (1.5%)
Type of conventional therapy given Surgery	No	103 (51.5%)
	Yes	97 (48.5%)
Type of conventional therapy given Radiotherapy	No	112 (56.0%)
	Yes	88 (44.0%)
Type of conventional therapy given Chemotherapy	No	31 (15.5%)
	Yes	169 (84.5%)
Type of conventional therapy given Hormonal therapy	No	195 (97.5%)
	Yes	5 (2.5%)
Type of conventional therapy given Stem cell therapy	No	199 (99.5%)
	Yes	1 (0.5%)
Current physical health status	A	59 (29.5%)
	B	30 (15.0%)
	C	3 (1.5%)
	Capable of normal activities	68 (34.0%)
	Capable of normal activities but limited	40 (20.0%)

**Table 2** shows that the most common reason for seeking Ruqyah is a person's personal sense of spirituality and religiosity along with positive

**Table2.** Most common reason for requesting Ruqyah

Religiosity and spirituality	154 (77%)
Belief about Ruqyah	145 (72.5%)
Attitude towards Ruqyah	144 (72%)
Perception about Ruqyah	97 (48.5%)
Understanding about Ruqyah	95 (47.5%)
Recommendation from family and friends	54 (27%)
Family sanction	25 (12.5%)
Credibility of healer	4 (2%)
Cultural	4 (2%)
Dissatisfaction with conventional treatment	3 (1.5%)

Patients seeking Ruqyah generally had a positive feeling even before seeking Ruqyah (Median score 7/10). After Ruqyah, there was a

**Table3.** Pre and Post Score Analysis of Ruqyah

	Minimum	Maximum	Median	Mean $\pm$ S.D	Correlation	P – value
Overall feeling pre Ruqyah	1	10	7	6.77 $\pm$ 2.44	0.901	*<0.001
Overall feeling post Ruqyah	2	10	8	7.69 $\pm$ 1.94		

## CONCLUSION

Religion and spirituality are very important aspects of care and wellbeing for patients in Saudi Arabia. They have a positive attitude

attitude and belief in the benefits of Ruqyah. Very few sought Ruqyah due to dissatisfaction with medical management.

significant improvement in their general subjective feeling (Median 8/10 p <0.001).

towards Ruqyah and believe that spiritual care and management is important in addition to physical care with medications. They significantly feel better after receiving Ruqyah

and none of the participants had a negative response or attitude towards Ruqyah.

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**Citation:** Sami Ayed Alshammary, et.al. “The Satisfaction of Ruqyah on Cancer Patients”. *International Journal of Research Studies in Medical and Health Sciences*. 2018; 3(8):01-05.

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