

The effect of Islamic bibliotherapy on spiritual wellbeing and hope among Muslim with coronary artery disease in Indonesia

Achmad Fauzi, Tuty Yanuarti, Risa Rosalina, Linlin Lindayani

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The effect of Islamic bibliotherapy on spiritual wellbeing and hope among Muslim with coronary artery disease in Indonesia

Achmad Fauzi¹; Tuty Yanuarti¹; Risa Rosalina¹; Linlin Lindayani²

¹STIKES Abdi Nusantara Bekasi ID

²STIKep PPNI Jawa Barat Bandung ID

Corresponding Author:

Linlin Lindayani

STIKep PPNI Jawa Barat

-

Bandung

ID

Abstract

Background: Coronary artery disease (CAD) is a global death cause. Al Qur'an bibliotherapy can help individuals appreciate themselves and handle difficult situations creatively. However, previous studies have overlooked the predictive role of spiritual well-being and hope in CAD patients, especially in Indonesia.

Objective: This study aimed to determine the effect of Islamic bibliographic therapy on spiritual wellbeing and hope among Muslim with coronary artery disease in Indonesia.

Methods: This study used a quasi-experimental design conducted at cardiac intensive care unit, general public hospital in Bandung, West Java, Indonesia between August to December 2022. Data was collected before (T0), immediately after (T1), and 2 weeks after the intervention (T2). The sample of this study was patient diagnosed with CAD hospitalized with total of 76 were joined in this study. The Spiritual Well-Being Scale (SWBS) and the Adult Hope Scale (AHS) was used to measure outcome. The analysis was used a repeated ANOVA test, Cohen's d test, and difference-in-difference estimate (DDE).

Results: The repeated measures analysis of variance (ANOVA) showed a substantial rise in spiritual wellbeing scores within the intervention group following a two-week follow-up. The effect size of 0.45 indicates a moderate level of impact. Then, the hope how was increased from 30.42 ± 2.09 at T0 to 33.43 ± 2.05 at T2, with the effect size 0,31, indicating low level of impact. The difference-in-difference estimate (DDE) showed a modest rose of 5.43 percentage points for spiritual wellbeing and 2.38 percentage points for hope between intervention and control group.

Conclusions: Islamic bibliotherapy showed a promising result on enhancing spiritual wellbeing and hope among Muslim with coronary artery disease in Indonesia. The study provides valuable insights for nurses, nursing managers, and educators on effective spiritual care interventions for Muslim patients. Clinical Trial: -

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Original Manuscript

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Abstract

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Keywords: Islamic bibliotherapy, spiritual wellbeing, hope, coronary artery disease.

Introduction

Coronary artery disease (CAD), also known as ischemic heart disease, is a prevalent cardiovascular disease caused by plaque buildup on arteries that supply blood to the heart and other body parts. Despite advancements in diagnosis and treatment, CAD remains a leading cause of death worldwide ¹. In 2022, approximately 17.9 million individuals died from CAD, accounting for about 32% of global deaths; of these, 38% were under 70 years old, with two-thirds of these fatalities happening in developing nations. Projections indicate that CAD-related deaths are anticipated to rise to 23.6 million by 2030. Indonesia is third in the southeast Asian countries for the largest number of deaths caused by CAD, following by Laos and Philippines (Ministry of Health, 2021). In Indonesia, CAD is the leading cause of mortality with the incidence rate of 1.5% (Ministry of Health, 2021). Studies have shown that lifestyle factors such as smoking, unhealthy diet, lack of physical activity, and being overweight or obese are associated with high risk of ²⁻⁵.

Spiritual well-being is crucial for CAD patients who experience death anxiety, helplessness, and spiritual stress ⁶. Spiritual well-being promotes life goals, meaning, hope, and psychological improvement through harmonious relationships with oneself, others, environment, and God ⁷. Spirituality in Islam is closely linked to teachings and guidance from Allah SWT, as outlined in the Qur'an and al-Hadith ⁸. Western perspectives view spirituality as separate from religion, but it is intertwined with religious values ⁹. The spiritual dimension stems from humanity's deepest humanity, and belief in something greater than humans unites religion and spirituality ¹⁰. Research by Utama ¹¹

indicates a decline in the spiritual well-being emphasizing the need for spiritual support to enhance their quality of life.

Hope is a cognitive process that involves agency and pathways, reflecting an individual's belief in their ability to achieve past, present, and future goals¹². Hope is a proactive approach to life-threatening illnesses. A study found a positive relationship between hope, anxiety, and health-related quality of life in children and adolescents with cancer, suggesting that hope can be a helpful tool in managing anxiety and improving overall well-being¹³. Hope has been associated to decreased anxiety in children and adolescents with cancer, both directly and indirectly. Research indicates a link between hope, life satisfaction, psychological adjustment, and coping mechanisms in individuals with spinal cord injuries¹⁴. A study found a significant negative correlation between hope and anxiety in patients undergoing cardiac surgery¹⁵. Another study found a negative correlation between hope and anxiety in individuals with advanced cardiac disease¹⁶. However, the intensive care unit treatment for CAD patients primarily focuses on physical aspects, with limited research on hope and spiritual well-being¹⁷.

Studies have explored various interventions to improve spiritual well-being and hope, such as mindfulness-based therapy for breast cancer patients¹⁸, spiritual emotional freedom technique (SEFT) for type 2 diabetes patients¹⁹, and bereavement life reviews for stroke patients. However, these interventions have limitations, such as the need for certified trainers and long duration. Religious-based programs focusing on spiritual well-being should be encouraged, especially for Muslim patients who may be more religiously focused. Islamic approach-based spiritual therapy is considered capable of improving spiritual well-being. Bibliotherapy, an intervention that can improve health and an optimistic attitude in patients undergoing treatment, is cost-effective, easy to implement, and requires minimal contact with health workers.

Bibliotherapy is a psychotherapy approach that helps individuals overcome psychological issues like depression and anxiety²⁰. It addresses emotional problems like anger, fear, anxiety, and lack of self-confidence²¹. In Islam, books and the Qur'an are considered the most patient teachers in providing understanding²². The Islamic religion has pillars of faith, including belief in Allah SWT, angels, books, apostles, the Day of Judgment, and decrees²³. Every Muslim is obliged to believe in the truth of the Al-Qur'an, a book from Allah SWT²³. Researchers have identified behaviors carried out by followers of the Islamic religion, such as reading, studying, memorizing, and practicing the Al-Qur'an²⁴. The Qur'an contains wisdom through stories, commands, and prohibitions, and has a therapeutic effect on its readers²⁵. Al Qur'an bibliotherapy intervention can help individuals appreciate themselves, develop themselves, and handle difficult situations creatively, especially for those experiencing emotional or mental disorders based on divine values²⁵.

A study in Indonesia, found that bibliotherapy using prayer books and Islamic dhikr, divided into three sessions according to the chemotherapy cycle, can improve spiritual well-being in 112 breast cancer patients²⁶. The study involved 22 respondents applied Bibliotherapy, which included reading stories from the Al-Qur'an reported improve the anxiety²⁴. Another study reported that Islamic bibliotherapy among Lesbian prisoners, who were given readings focusing on sincerity, patience, and gratitude improve spiritual-wellbeing²⁵. A review of the literature indicates that previous studies have paid less attention to the predictive role of spiritual well-being and hope in CAD patients, especially in Indonesia, as a religious country where spirituality and religious concepts can play an important role in helping individuals deal with the disease and health anxiety. Therefore, this study aimed to determine the effect of Islamic bibliographic therapy on spiritual wellbeing and hope among Muslim with coronary artery disease in Indonesia.

Methods

Study design

This study used a quasi-experimental design conducted at cardiac intensive care unit, general public hospital in Bandung, West Java, Indonesia between August to December 2022. Intervention was done in five days during patient hospitalization. Data was collected before (T0), immediately

after (T1), and 2 weeks after the intervention (T2).

Intervention

Islamic bibliographic therapy was developed based on previous study with four stage of intervention²⁷. In the first stage, the nurse motivates and reinforces a patient to maintain their health by following doctor's advice, maintaining calmness, reducing worry, and engaging in positive activities such as reciting the Al-Quran, dhikr, and reading al-Quran. Then, patient is given a book containing Al-Quran readings, interpretations, and compulsions to read daily and reflect on for five days. Third stage, the patient then engages in incubation and follow-up discussions, reflecting on the verses and their meaning in their life. The last stage, an evaluation is conducted independently by the patients, allowing them to draw conclusions and understand the meaning of the experience. While, the control group was performed a usual care provided in hospital activities, such as bed rest and family conversations.

Sample

The sample of this study was patient diagnosed with CAD hospitalized in cardiac intensive care unit in general public hospital in Bandung, West Java, Indonesia. The inclusion criteria were aged above 18 years old, Muslim, having composmentist consciousness, able to read Al-Quran and Bahasa Indonesia, without hearing lost, and able to communicate. Patients who had unstable hemodynamic, under specific monitoring, and having heart attack were excluded. The study used the G Power formula version 3.1.9.7 to calculate sample measurement estimates, with a total sample size of 34 respondents and adding 10% of attrition rate. A total of 76 patients with CAD were recruited assigned into intervention and control group using convenience sampling.

Instrument

The study uses the Spiritual Well-Being Scale (SWBS), a 20-item instrument to measure spiritual well-being. The SWBS is divided into two subscales: religious well-being (RWB) and existential well-being (EWB). The RWB subscale evaluates an individual's connection with God, while the EWB subscale assesses their well-being with their surroundings. Each item is rated on a six-point Likert scale ranging from "strongly disagree" (scoring 1) to "strongly agree" (score 6). The overall SWBS score is determined by summing the RWB and EWB values, which range from 20 to 120. Higher scores indicate an elevated state of well-being. The instrument has been translated and validated in Bahasa Indonesia, with Cronbach alpha coefficients of 0.853.

The Adult Hope Scale (AHS) was used to measure hope, a construct developed by Snyder et al¹². The AHS consists of two subscales: "Agency" and "Pathways". Participants rate their agreement with each question on an eight-point Likert scale. The overall AHS score is determined by summing the Agency and Pathway scores, which range from 8 to 64. Stronger scores indicate stronger degrees of hope. The AHS has adequate internal consistency, with Cronbach's alpha ranging from 0.74 to 0.84. In the current study, Cronbach's alpha was 0.813.

Procedure

An institutional review board was approved this study prior to data collection. The researcher obtained permission to conduct a study in a cardiac intensive care unit, then selecting respondents based on inclusion and exclusion criteria. Nurses on different shifts were mutually trained as research assistants. Written inform consent was obtained before intervention begin. Then, the researcher distributed demographic data and all questionnaires one day before intervention. The researcher or assistant guided respondents through bibliotherapy according to the standard operating procedures. The intervention lasted for five days. Post-test assessment was conducted at immediately after (T1), and 2 weeks after the intervention (T2).

Data analysis

The analysis consisted of frequency, mean, and standard deviation calculations. Demographic comparison between the intervention and control group was assessed using independent t-test and Chi-Square test. The average change in spiritual well-being score over time was determined using a repeated ANOVA test. The effect size was calculated using the Cohen's d test. The intervention's

effectiveness was assessed using a difference-in-difference estimate (DDE). The data was coded and analyzed using SPSS version 26.

Results

A total of 76 patient with CAD joined in this study. The mean age was 56.78 years old (SD=4.56). The majority were male (65.8%) and graduate from junior high school (57.9%). There was no significant difference between intervention group and control group in term of age, education level, and sex (Table 1).

The repeated measures analysis of variance (ANOVA) showed a substantial rise in spiritual wellbeing scores within the intervention group following a two-week follow-up. The effect size of 0.45 indicates a moderate level of impact. Then, the hope how was increased from 30.42 ± 2.09 at T0 to 33.43 ± 2.05 at T2, with the effect size 0.31, indicating low level of impact. There was no significant increase in spiritual wellbeing and hope in the control group, as indicated by an effect size of 0.01 and 0.02, respectively, suggesting a no effect size (Table 2).

Figure 1 illustrates the change in spiritual wellbeing over time in both the intervention and control groups. The intervention group saw an improvement in their overall spiritual wellbeing score from T0 to T2. The difference-in-difference estimate (DDE) showed a modest rose of 5.43 percentage points between intervention and control group. Throughout the trial period, the control group did not show any statistically significant improvement in spiritual wellbeing.

Figure 2 depict the change in hope overtime in both the intervention and control groups. The intervention group saw an improvement in their overall hope score from T0 to T2. The difference-in-difference estimate (DDE) showed a lowest rose of 2.38 percentage points between intervention and control group. Throughout the trial period, the control group did not show any statistically significant improvement in hope.

Discussion

The study suggests that Islamic bibliotherapy could enhance the spiritual well-being of patients with coronary artery disease (CAD) in Indonesia. This research supports previous study demonstrated that Islamic bibliotherapy enhances spiritual well-being and resolves psychosocial challenges in critical illness patients²⁴. Another study suggests that Islamic bibliotherapy can improve the spiritual health of patients with CAD by fostering self-awareness and problem-solving skills²⁸. A conducted in Iran highlighted that Islam-based caring intervention effectively improve spiritual wellbeing in Muslim women with breast cancer undergoing chemotherapy²⁶. High religious well-being in CAD patients helps them cope with life challenges by relying on God's guidance. This coping behavior reduces psychological symptoms like anxiety. Religious beliefs also significantly shape Indonesian culture, with spirituality being a fundamental element in individual lives²⁹.

Moreover, this study also found that Islamic bibliotherapy has potential impact on increasing hope of patient with CAD in Indonesia. Previous studies emphasized that hope is a protective factors of health anxiety than did spiritual well-being as more of the variance in health anxiety was explained by hope³⁰. By providing Islamic bibliotherapy, patient with CAD has a strong adaptation mechanism and better able to cope with the crisis and psychological symptoms such as anxiety because they got more understanding on life's purpose, meaning of health and illness in Islam, and everything happen is according to Allah SWT's provisions. Having motivation to pursue goals is essential for instilling optimism, particularly in individuals with CAD³¹. Approaching cardiac rehabilitation with optimism may be more crucial than exploring other recovery options

The Islamic bibliotherapy is a spiritual care intervention that aims to help individuals overcome their problems through reading and understanding verses of the Al-Quran²⁸. This research focuses on the four stages of change: motivation, sufficient time, incubation and follow-up, and evaluations. The Islamic version of bibliotherapy helps clients recognize, understand, and accept their situation, solve problems through reading and understanding Al-Quran verses, change thought patterns, and reduce tension^{22,25}. It also helps patient with CAD live calmly, understand themselves, and accept their situation³². Future studies are needed to promote the Islamic perspective on

bibliotherapy in clinics setting and other establishments.

This study is a prospective quasi-experimental study that uses a control group and intervention to establish a causal relationship. This approach is common in clinical nursing research but lacks randomized grouping and a control group, making it difficult to attribute findings to the intervention. The baseline questionnaires for both groups were consistent. However, providing book access only to the intervention group may cause interference and a halo effect. Then, this study was limit due to small sample size, which may limit to generalizability of the findings.

Conclusion

Islamic bibliotherapy showed a promising result on enhancing spiritual wellbeing and hope among Muslim with coronary artery disease in Indonesia. The study offers insights for nurses, nursing managers, and nursing educators to create a successful intervention centered on spiritual care for Muslim patients. It also helps identify areas where nurses may need training to excel in providing spiritual care. Future research may wish to consider more rigor design with large sample size.

References

1. WHO. Cardiovascular diseases (CVDs). WHO. <https://www.who.int/health-topics/cardiovascular-diseases>. Published 2021.
2. Katta N, Loethen T, Lavie CJ, Alpert MA. Obesity and coronary heart disease: epidemiology, pathology, and coronary artery imaging. *Curr Probl Cardiol*. 2021;46(3):100655.
3. Kraus WE, Powell KE, Haskell WL, et al. Physical activity, all-cause and cardiovascular mortality, and cardiovascular disease. *Med Sci Sports Exerc*. 2019;51(6):1270.
4. Srour B, Fezeu LK, Kesse-Guyot E, et al. Ultra-processed food intake and risk of cardiovascular disease: prospective cohort study (NutriNet-Santé). *bmj*. 2019;365.
5. Conklin DJ, Schick S, Blaha MJ, et al. Cardiovascular injury induced by tobacco products: assessment of risk factors and biomarkers of harm. A Tobacco Centers of Regulatory Science compilation. *American Journal of Physiology-Heart and Circulatory Physiology*. 2019;316(4):H801-H827.
6. Tama TD, Imanuna M, Wardhani HE. Determinan stres, kecemasan dan depresi pada pasien penyakit jantung koroner. *Journal of Community Mental Health And Public Policy*. 2020;2655:1-7. doi:<https://doi.org/10.51602/cmhp.v2i2.38>
7. Heshmati R, Jafari E, Kandeh TS, Caltabiano ML. Associations of spiritual well-being and hope with health anxiety severity in patients with advanced coronary artery disease. *Medicina (Lithuania)*. 2021;57(10). doi:10.3390/medicina57101066
8. Khalqi K. Nilai-Nilai utama karakter Spiritual Keagamaan dan Integritas dalam kisah al-Quran. *FALASIFA : Jurnal Studi Keislaman*. 2019;10(2):160-177. doi:10.36835/falasifa.v10i2.204
9. Seaward BL, Lissard C. A Spiritual Well-Being Model for the Healing Arts. *Journal of Holistic Nursing*. 2020;38(1):102-106. doi:10.1177/0898010120907528
10. Taufik A. Agama dalam kehidupan individu Ahmad Taufik STAI Bumi Silampari Lubuklinggau. *Agama*. 2019;1(1):67.
11. Utama RG, Wahyuningsih RSH, Surwanti A. The Influence of Spiritual Leadership on Organizational Citizenship Behavior: Workplace Spirituality and Thriving at Work as Mediation. *JBTI: Jurnal Bisnis: Teori dan Implementasi*. 2023;14(2):417-435.
12. Snyder CR. The past and possible futures of hope. *J Soc Clin Psychol*. 2000;19(1):11-28. doi:10.1521/jscp.2000.19.1.11
13. Martins AR, Crespo C, Salvador Á, Santos S, Carona C, Canavarro MC. Does hope matter? Associations among self-reported hope, anxiety, and health-related quality of life in children and adolescents with cancer. *J Clin Psychol Med Settings*. 2018;25(1):93-103.
14. Dorsett P, Geraghty T, Sinnott A, Acland R. Hope, coping and psychosocial adjustment after spinal

- cord injury. *Spinal Cord Ser Cases*. 2017;3(1):1-7.
15. Mahdavi A, Esmaeili R, Heidari-Gorji MA, Mohammadi-Tazeh F, Cherati JY. Anxiety and hope to life in open heart surgery patients-a cross sectional study. *J Cardiovasc Dis Res*. 2016;7(1):23.
 16. Mardhiyah A, Philip K, Mediani HS, Yosep I. The association between hope and quality of life among adolescents with chronic diseases: A systematic review. *Child Health Nursing Research*. 2020;26(3):323-328. doi:10.4094/CHNR.2020.26.3.323
 17. Sriyono S. Perlunya perawatan spiritual pada pasien dengan kondisi kritis. UNAIRNEWS. <https://news.unair.ac.id/2019/11/20/perlunya-perawatan-spiritual-pada-pasien-dengan-kondisi-kritis/?lang=id>. Published 2019.
 18. Park S, Sato Y, Takita Y, et al. Mindfulness-based cognitive therapy for psychological distress, fear of cancer recurrence, fatigue, spiritual well-being, and quality of life in patients with breast cancer—a randomized controlled trial. *J Pain Symptom Manage*. 2020;60(2):381-389.
 19. Zainnudin. *SEFT: Spiritual Emotional Freedom Technique*. Jakarta: Afzan Publishing; 2013.
 20. ROFI'AZMI K, IRAWATI M. THE APPLICATION OF BIBLIOTHERAPY THROUGH WATTPAD IN ISLAMIC-BASED COGNITIVE COUNSELING SERVICE TO MAINTAIN MENTAL HEALTH. *Al-Tazkiah: Jurnal Bimbingan dan Konseling Islam*. 2022;11(2):155-170.
 21. Ginns-Gruenberg DD, Bridgman C. Using bibliotherapy as a catalyst for change. 2021.
 22. Hasanah I, Hadori M, Zaini A. BIBLIOTERAPI PADA NOVEL AYAT-AYAT CINTA DALAM MENINGKATKAN PENERIMAAN DIRI ISTERI YANG DIPOLIGAMI. *Maddah: Jurnal Komunikasi dan Konseling Islam*. 2020;2(2):52-62.
 23. Mukhabibah W, Ninin RH, Joeifiani P. Kesejahteraan Spiritual pada Mahasiswa Penghafal Al-Qur'an. *Jurnal Studia Insania*. 2017;5(2):199-213.
 24. Dewi IP, Widiyanti AT. Qur'anic Therapy (Islamic Bibliotherapy) To Improve Religious Coping In Hemodialysis Patient. *Media Keperawatan Indonesia*. 2018;1(3):12-17.
 25. Dewi IP, Suryadi RA, Fitri SUR. Pengaruh Terapi Bacaan Al-Qur'an (TBQ) sebagai Biblioterapi Islami pada Kesehatan Mental Narapidana Lesbian. *Faletehan Health Journal*. 2020;7(02):104-112.
 26. Komariah M, Hatthakit U, Boonyoung N. Impact of islam-based caring intervention on spiritual well-being in muslim women with breast cancer undergoing chemotherapy. *Religions (Basel)*. 2020;11(7):361.
 27. Sholeha DQM. Bimbingan dan konseling islam dengan teknik biblioterapi al-qur'an untuk menangani kecemasan. *Program studi bimbingan dan konseling islam jurusan dakwah Fakultas dakwah dan komunikasi*. 2018;63(2).
 28. Rohmiyati Y. Proses Pelaksanaan Biblioterapi sebagai Alternatif Penyembuhan Individu melalui Membaca Buku. *Anuva: Jurnal Kajian Budaya, Perpustakaan, Dan Informasi*. 2019;3(1):11-17.
 29. Rahimi A, Anoosheh M, Ahmadi F, Foroughan M. Exploring spirituality in Iranian healthy elderly people: A qualitative content analysis. *Iran J Nurs Midwifery Res*. 2013;18(2):163.
 30. Heshmati R, Jafari E, Salimi Kande T, Caltabiano ML. Associations of spiritual well-being and hope with health anxiety severity in patients with advanced coronary artery disease. *Medicina (B Aires)*. 2021;57(10):1066.
 31. Metin ZG, Helvacı A. The correlation between quality of life, depression, anxiety, stress, and spiritual well-being in patients with heart failure and family caregivers. *Turk J Cardiovasc Nurs*. 2020;11(25):60-70.
 32. Juwita AP. Kesesuaian Antara Spiritual Assessment Scale dan Spirituality Wellbeing Scale Sebagai Instrumen Pengukuran Spiritualitas Pasien Rawat Inap Yarsi Pontianak. *ProNers*. 2019;4(1).

Table 1. Demographic comparison between intervention and control group

Variable	Total n=76 (%)	Intervention group n=38 (%)	Control group n=38 (%)	<i>p-value</i>
Age (year), Mean \pm SD	56.78 \pm 4.56	56.12 \pm 5.37	57.23 \pm 4.92	0.11
Sex				
Female	26 (34.2)	13 (34.2)	13 (34.2)	0.263
Male	50 (65.8)	25 (65.8)	25 (65.8)	
Pendidikan				
Elementary school	3 (3.9)	1 (2.6)	2 (5.3)	0.506
Junior high school	14 (18.4)	6 (15.8)	8 (21.1)	
Senior high school	44 (57.9)	22 (57.9)	22 (57.9)	
Diploma	8 (10.5)	5 (13.2)	3 (7.9)	
Bachelor or above	7 (9.2)	4 (10.5)	3 (7.9)	

Table 4.2 Within group comparison of quality of life using ANOVA and Cohen's d test

Variable	Group	T0 Mean \pm SD	T1 Mean \pm SD	T2 Mean \pm SD	F	p-value	Cohen's d
Spiritual wellbeing	Intervention group	76.55 \pm 5.83	85.32 \pm 3.92	92.54 \pm 5.33	15.76	0.001	0.45
	Control group	75.97 \pm 6.01	76.76 \pm 5.23	73.34 \pm 5.17	-1.32	0.237	0.01
Hope	Intervention group	30.42 \pm 2.09	32.12 \pm 1.90	33.43 \pm 2.05	5.981	0.002	0.31
	Control group	30.91 \pm 3.17	30.56 \pm 1.22	31.23 \pm 3.28	1.873	0.528	0.02

Note: $P < 0.05$ are considered significant; Note: before (T0), immediately after (T1), 2 weeks after the intervention (T2), respectively.

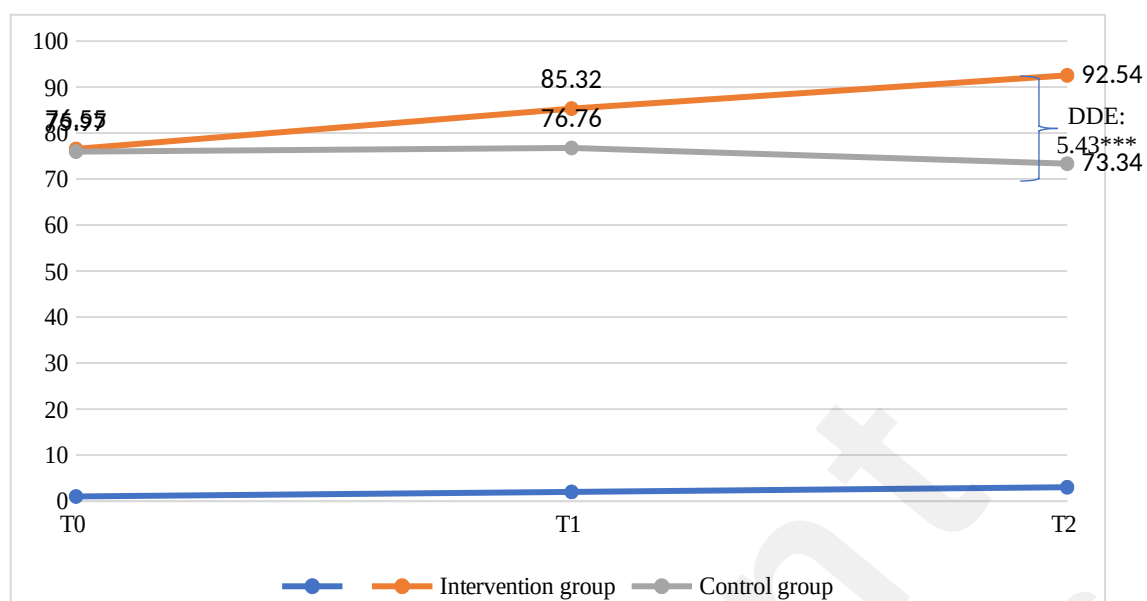


Figure 2. Change in spiritual wellbeing between intervention and control groups overtime.
Note: DDE: difference-in-difference estimate; ***: $p < 0.001$

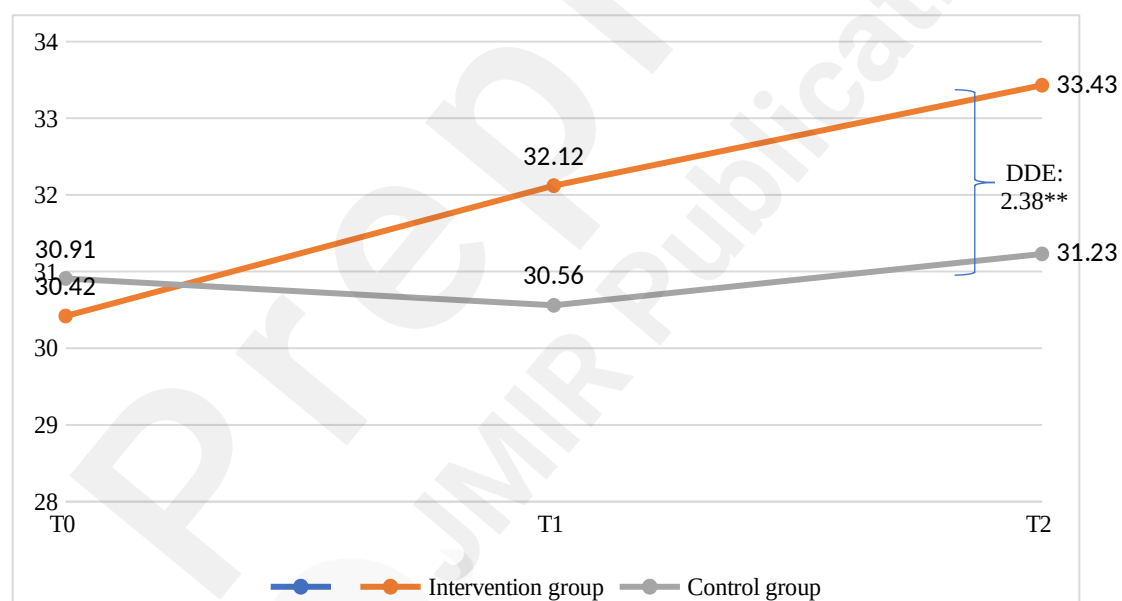


Figure 2. Change in hope between intervention and control groups overtime.
Note: DDE: difference-in-difference estimate; ***: $p < 0.001$

Supplementary Files