

Beyond Medicine: A Comparative Study on Therapeutic Education and Islamic Spiritual Care in Patient Recovery

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ABSTRACT

The research discussed in the input highlights the importance of addressing the psychological and emotional well-being of patients in addition to their physical symptoms. Two approaches, therapeutic education interventions and Islamic spiritual care, were examined to enhance the recovery process for patients in hospitals. Therapeutic education interventions focus on providing patients with the knowledge and skills to manage their condition and promote self-care, while Islamic spiritual care incorporates religious and spiritual practices to support patients in coping with their illness and finding meaning in their recovery journey. The study employed an experimental method with an Independent Sample U-test design to compare the average difference in healing motivation between patients receiving therapeutic education intervention and those receiving Islamic spiritual care intervention. The results showed that there was no significant difference in healing motivation between the two groups, suggesting that both intervention methods are equally effective in enhancing healing motivation. The findings have implications for healthcare providers in improving the overall quality of care provided in hospitals. Therapeutic education and Islamic spiritual care can be chosen as intervention methods to support patients' healing motivation and enhance their recovery process.

KEYWORDS Islamic spiritual care; therapeutic education interventions; healing motivation.

ABSTRAK

Penelitian ini menyoroti pentingnya menangani kesejahteraan psikologis dan emosional pasien selain gejala fisik mereka. Dua pendekatan, intervensi pendidikan terapeutik dan bimbingan rohani Islam, dilakukan untuk meningkatkan proses pemulihan pasien di rumah sakit. Intervensi pendidikan terapeutik berfokus pada pemberian pengetahuan dan keterampilan kepada pasien untuk mengelola kondisi mereka dan mendorong perawatan diri sendiri secara mandiri, sementara bimbingan rohani Islam menggabungkan praktik keagamaan dan spiritual untuk mendukung pasien dalam mengatasi penyakit mereka dan menemukan makna dalam proses pemulihan mereka. Penelitian ini menggunakan metode eksperimental dengan desain Independent Sample U-test untuk membandingkan perbedaan rata-rata motivasi kesembuhan antara pasien yang menerima intervensi edukasi terapeutik dan pasien yang menerima intervensi bimbingan rohani Islam. Hasil penelitian menunjukkan bahwa tidak ada perbedaan yang signifikan motivasi kesembuhan antara kedua kelompok, yang menunjukkan bahwa kedua metode intervensi sama efektifnya dalam meningkatkan motivasi kesembuhan. Temuan ini memiliki implikasi bagi penyedia layanan kesehatan dalam meningkatkan kualitas perawatan yang diberikan di rumah sakit secara keseluruhan. Pendidikan terapeutik dan bimbingan rohani Islam dapat dipilih sebagai metode intervensi untuk mendukung motivasi kesembuhan pasien dan meningkatkan proses pemulihan mereka.

KATA KUNCI bimbingan rohani Islam; edukasi terapeutik; motivasi kesembuhan

Introduction

Motivation for recovery from illness and returning to health is referred to as healing motivation. Healing motivation is critical in the recovery process (Resnick 2002; Lai et al. 2021). When this motivation is strong and robust, efforts towards recovery become earnest, focused, and optimistic, enhancing the likelihood of successful treatment. Conversely, when motivation is weak, recovery efforts may lack sincerity, direction, and are less likely to yield positive outcomes. Therefore, individuals diagnosed with a particular illness, lacking motivation for recovery, are likely to impede the healing process.

In healthcare services, inpatient populations show issues with healing motivation, considering positive attitudes towards illness and internal strength or intrinsic aspects. Compilation of research on healing motivation in Indonesia highlights its significance. Asniati et al.'s (2021) concluded that there is a correlation between healing motivation and medication adherence, with a substantial 72% presentation indicating that patients with high healing motivation exhibit high medication adherence, and vice versa. Parmin et al.'s (2023) research on 212 accidentally sampled respondents found a positive correlation between healing motivation and therapeutic communication, influencing the patients' recovery rates. The stronger the motivation for healing, the higher the likelihood of disease recovery.

Low healing motivation associated with poor treatment retention and worse treatment response (Ryan, Plant, and O'Malley 1995). It manifests in patients' refusal to accept healthcare treatments, such as rejecting medication or dropping out due to a lack of improvement, resignation due to chronic illness, non-compliance with healthcare providers' advice, denial of explanations, seeking alternative experts for comparison, frequent complaints despite receiving pain relief medication, refusing diet or meal planning, lethargy, and unwillingness to cooperate. On the affective side, spiritual dryness, low hope for recovery, discomfort, reluctance to burden family or be a burden by choosing death as the best option, and self-removal of attached intravenous lines, commonly observed in elderly patients, signify low healing motivation. Patients with low spirituality have reduced expectations, strength, and motivation to face critical conditions (Risna and Iqbal 2021).

Several classical theories explain motivation, forming the basis for understanding healing motivation. Notable theories include Abraham Maslow's hierarchy of needs and Alderfer's ERG theory. Maslow identifies five levels of basic human needs: physiological, safety, social, esteem, and self-actualization (Poston 2009). Alderfer (1972) further develops the ERG theory, dividing needs into Existence, Relatedness, and Growth. Another well-known motivation theory is David McClelland (1985), outlining three basic human needs: achievement, power, and affiliation. McClelland defines the achievement motive as the drive to do something correctly or perfectly to achieve success.

In essence, untreated low healing motivation increases morbidity and mortality rates in the population. Addressing healing motivation issues requires interventions that touch beliefs and knowledge. In this aspect, the soul shapes one's ability to respond appropriately and adjust effectively to specific situations, fostering healing spirit, resilience, and positive expectations.

Addressing healing motivation problems can be done through various methods. Some studies, explored through Google Scholar with the keyword "healing motivation," highlight interventions impacting healing motivation, including therapeutic communication skills of healthcare professionals (Umam 2021; Rønning and Bjørkly 2019; Granados-Gamez et al. 2022), social support interventions (Sunardi 2023; Saputra and Muhammad 2023), and spiritual care (Kinasih and Wahyuningsih 2012; Sitepu et al. 2022).

The aforementioned research emphasizes a growing recognition of the importance of addressing not only the physical symptoms of patients, but also their psychological and emotional well-being. Therapeutic education interventions and Islamic spiritual care are two distinct approaches that aim to enhance the recovery process for patients in hospitals. Therapeutic education interventions focus on providing patients with the necessary knowledge and skills to manage their condition and promote self-care (Marmorat et al. 2020). On the other hand, Islamic spiritual care incorporates religious and spiritual practices to support patients in coping with their illness and finding meaning and purpose in their recovery journey (Rassool 2000). Understanding the differences in recovery motivation between these two patient groups will contribute to improving the overall quality of care provided in hospitals.

A preliminary study conducted through open interviews at Ceria Hospital in Kandangan, South Kalimantan, a type D hospital with 62 beds, 182 medical, paramedical, and medical support personnel, handles patient healing motivation through two methods: therapeutic education by healthcare professionals and Islamic spiritual care. Both methods of handling healing motivation have been implemented for a considerable time at Ceria Hospital. Therapeutic education formally began on December 1, 2016, coinciding with the hospital's accreditation as a 1-star facility by the Hospital Accreditation Commission (KARS), and has been ongoing for approximately 7 years. Islamic spiritual care services started on January 7, 2017, and have been provided for 6 years. However, the quantitative effectiveness of both methods in handling patient healing motivation is not yet known. The perceived benefits of these interventions are positive, as indicated by patient and family satisfaction surveys conducted by the Ceria Hospital accreditation team in June 2022, reporting an 86% satisfaction rate, categorized as "satisfied," though still falling short of the set target of 90%.

Drawing on all arguments, this study determining the healing motivation between two unrelated groups, namely the group of patients with therapeutic educational intervention and the group of patients with Islamic spiritual care intervention in Ceria Hospital in Kandangan, South Kalimantan.

Research Methods

The research employed an experimental method with an Independent Sample U-test design. Its aim was to determine the average difference between two unrelated sample groups (Ho 2013): patients receiving therapeutic education intervention and patients receiving Islamic spiritual care intervention. The independent variable in this research is the intervention (variation: therapeutic education versus Islamic spiritual care), while the dependent variable is patient healing motivation.

Motivation for healing was measured using a scale constructed with three factors: 1) spirit and belief; 2) optimistic attitude and learning from experiences; 3) reliance and humility. Therapeutic education and Islamic spiritual care interventions were provided to 30 patients in each group, with therapeutic education for one group and Islamic spiritual care for the other. Sample inclusion criteria were patients with a minimum of 3 days of hospitalization.

Therapeutic education, delivered by medical, paramedical, and medical support staff during patient contact, examination, treatment, or monitoring compliance, focused on five areas: ensuring patient understanding of health issues; improving patient knowledge and/or skills regarding health issues; enhancing spirit, motivation, and ability to achieve optimal health; assisting in treatment decision-making; and encouraging patient participation in the feedback process. Therapeutic education comprised four phases: Pre-Interaction Phase, Orientation Phase, Working Phase, and Termination Phase, with five topics: patient-oriented, disease-oriented, patient safety-oriented, rehabilitation material, and prevention material.

Islamic spiritual care was provided by Islamic spiritual leaders (*rohisi*), who possessed competencies such as therapeutic communication, guiding worship during illness, patience, and responsibility. The intervention was scheduled at least once during treatment, following a procedure that began with informed consent. It aimed to provide inner peace during illness, motivate patience and reliance in facing the trial of illness, and guide the performance of obligatory worship such as prayer and other acts of worship, like supplication and remembrance.

The average motivation for patient healing between the two unrelated sample groups, those with therapeutic education intervention and those with Islamic spiritual care intervention at the research site in Ceria Kandungan Hospital, was assessed using the Independent-Samples Mann-Whitney U Test with SPSS software on patients with a minimum of 3 days of hospitalization. The Mann-Whitney test is a useful alternative to a t-test when data are not normally distributed. It can detect differences in shape and spread, as well as differences in medians (Hart 2001).

Result and Discussion

The results of the univariate analysis of frequency distribution for patients undergoing Islamic spiritual care intervention and patients undergoing therapeutic education intervention amount to a total of 60 inpatient subjects, with characteristics as described in the table below.

Table 1. Characteristics of Inpatient Patients at Ceria Kandangan Hospital

No	Characteristic	<i>f</i>	%
1	Age		
	Late Teens (17-20 years)	2	3,3 %
	Early Adults (21-40 years)	46	76,7 %
	Middle Adults (41-60 years)	10	16,7 %
2	Elderly (61 years and above)	2	3,3 %
	Gender		
	Male	14	23,3 %
	Female	46	76,7 %
3	Education Level		
	Elementary School	14	23,3 %
	Junior High School	13	21,7 %
	Senior High School	25	41,7 %
4	College	8	13,3 %
	Occupation		
	Unemployed	34	56,7 %
	Public Sector	3	5,0 %
	Private Sector	23	38,3 %

Source: SPSS, Processed data, 2023

After receiving a minimum of 3 days of inpatient care, both groups of patients underwent motivation measurement using a previously constructed scale. The last data collection was conducted on August 22, 2023, with a maximum inpatient care duration of 7 days.

The univariate test indicated that the motivation scores for inpatient patients ranged from 59 to 77, with an average value of 66 (median). Motivation for healing was categorized into two: high and low motivation.

The analysis showed that the distribution of motivation scores ($D(60) = 0.182$; $p = 0.000$) was not normal. Therefore, non-parametric data analysis was used. The subsequent analysis involved testing the difference between the two unrelated sample groups using the Independent-Samples Mann-Whitney U Test.

The Mann-Whitney U Test results indicated that there was no significant difference in motivation for healing between the two unrelated sample groups ($p = 0.101 > 0.05$). The effect size (r) was calculated using Rosenthal's formula and was found to be 0.21, indicating a small and non-significant effect.

Thus, both therapeutic education and Islamic spiritual care interventions were found to have a small and non-significant impact on the motivation for healing among inpatient patients. Both methods can be considered equally effective in improving healing motivation, allowing healthcare providers to choose either

intervention method when aiming to enhance patient motivation during inpatient care.

The discussion further elaborates on the importance of therapeutic education and Islamic spiritual care in promoting patient well-being and the considerations for healthcare providers in choosing appropriate interventions based on the study's findings.

Referring to the results of the Rosenthal test and the effect size criteria, it was found that $r=0.21$. This means that the magnitude of the effect on patient healing motivation in the group receiving therapeutic education intervention (Group 1) and the group receiving Islamic spiritual care intervention (Group 2) is 0.2, which falls within the criteria of a small and nonsignificant effect for the 60 respondents. This also implies that both intervention methods, whether providing Islamic spiritual care or therapeutic education, are essentially the same in terms of enhancing healing motivation. There is no significant difference in healing motivation between Group 1 and Group 2 after these interventions. Therefore, in efforts to improve patient healing motivation in inpatient care, healthcare service providers can choose either of these intervention methods.

Bastable (2016) emphasizes that the essence of therapeutic education or patient and family education is the responsibility of healthcare professionals, even embedded in their roles as medical and paramedical professionals. This is in response to the ongoing epidemic transition, demographic changes, the emergence of chronic diseases, and technological advancements, demanding healthcare providers to be more complex in providing rehabilitation and disease prevention services. Therapeutic education is provided to assist patients in better participating in their treatment, obtaining information for decision-making about their care, and ultimately enhancing their confidence and self-management skills (Pignataro, R. M., & Huddleston 2015). Further, patient and family education aims to enhance knowledge, facilitate the adoption of new behaviours, teach coping strategies, and overcome barriers to compliance, ultimately leading to improved health outcomes (McClung 2005) and increase the responsibility and independence of patients and their families for self-care. This can be achieved by supporting them through the transition from dependence on others to independently managing their own care.

Therapeutic patient education (TPE) is a patient-focused procedure that imparts abilities such as self-management and treatment adjustment from qualified healthcare professionals to patients and/or their caregivers (Barbarot and Stalder 2014). The educational process occurs when healthcare professionals have contact with patients, conduct examinations, provide care, or monitor medication adherence. This includes aspects such as dietary instructions, medication management, ongoing patient care, as well as providing encouragement and motivation for healing. Therapeutic education also encompasses information or follow-up actions related to the treatment process outside healthcare facilities, guidance on emergency situations, or behavioral

coping. Ideally, treatment aims to shift the responsibility and independence from healthcare professionals to patients, resulting in the desired behavioral changes that drive both psychological healing motivation and changes in physical pain levels.

In general, therapeutic patient education is effective in managing chronic diseases such as cardiac issues (Labrunée et al. 2012; Juillièrè et al. 2013; Barnason et al. 2017), atopic dermatitis (Liang et al. 2018; Thormann et al. 2021; Barbarot and Stalder 2014), and diabetes (Correia et al. 2022; Debussche 2014) by improving treatment adherence, quality of life, and self-management outcomes, with some evidence for reduced mortality in certain cases.

Moreover, understanding that health is determined by various biopsychosocial and spiritual factors integrated into an individual's life, there is an interaction between the physical or somatic and mental or soul subsystems that cannot be separated in holistic health. The hypothetical elaboration suggests that among medically ill patients, there are psychological disturbances such as anxiety, stress, depression, personality disorders, and others. Conversely, individuals treated for psychological disorders also exhibit physical disturbances. Islamic spiritual care serves as spiritual support to help patients improve their religious and spiritual behaviors. On the other word, Islamic spiritual care Integrating spirituality into the caregiving practices for elderly Muslims, with a specific emphasis on addressing their religious beliefs, as well as the problems and possibilities they encounter in their spiritual path (Ahmad and Khan 2016).

Islam teaches the importance of maintaining balance in life (Ashimi 2020; Al-Issa et al. 2020), requiring individuals to preserve their soul, mind, and body. This concept applies not only to the healthy but also to those suffering from illness, with the hope that the warmth of the relationship with God within the spiritual framework will awaken healing motivation for recovery from their ailments.

In RSU Ceria Kandangan, the process of Islamic spiritual care is carried out by religious leaders with a background as scholars. Spiritual care begins by inviting patients to pray and engage in remembrance as a form of supplication to Allah for swift healing. Prayer and spirituality have the potential to improve health and facilitate recovery. Nurses and healthcare workers can maximize these advantages for patients by fostering compassion, empathy, and love (Krebs and Kathleen RN 2001). Further, the guidance emphasizes the patient's belief in making efforts (*ikhtiar*) while recognizing that Allah is the ultimate healer, aiming to stimulate healing motivation.

Additionally, guidance on ethics (*akhlaq*) is also crucial; patients are encouraged to understand proper conduct during illness, because Islam explains that "health" is part of Allah's greatest blessings (Abirami.V 2022; Nordin and Musa 2022). Although, in essence, being healthy does not necessarily mean it is better than being sick, as both conditions have the potential to be labeled as good or bad in the eyes of Allah. The question then arises: does this weaken the concept of health? Certainly not; this is where the focus of Islam lies. Allah provides justice, allowing humans to receive rewards and consequences for both their healthy and sick conditions. What can be done in a healthy state is more extensive than what can be done in a state of sickness. Health enables productivity in work, worship,

and preaching. By understanding the ethics of illness, patients can gain patience, resilience, sincerity, and a great sense of hope in their healing motivation, aiming to recover and return to worship without hindrance.

Conclusion

Based on the results of the study, it can be concluded that both therapeutic education and Islamic spiritual care interventions have a small and non-significant impact on the motivation for healing among inpatient patients. The Mann-Whitney U Test showed no significant difference in motivation for healing between the two groups. Therefore, healthcare providers can choose either intervention method when aiming to enhance patient motivation during inpatient care.

Therapeutic education plays a crucial role in empowering patients to participate in their treatment, make informed decisions, and improve their confidence and self-management skills. It aims to shift the responsibility and independence from healthcare professionals to patients, resulting in behavioral changes and increased healing motivation.

Islamic spiritual care serves as spiritual support to help patients improve their religious and spiritual behaviors. It emphasizes the importance of maintaining balance in life and encourages patients to make efforts while recognizing that Allah is the ultimate healer. This spiritual guidance aims to awaken healing motivation for recovery from their ailments.

Overall, both therapeutic education and Islamic spiritual care interventions can be effective in enhancing healing motivation among inpatient patients. Healthcare providers should consider these interventions based on the individual needs and preferences of patients.

References

- Abirami.V. 2022. "An Experimental Study to Assess the Effectiveness of Mindful Meditation Practices to Overcome the Emotional Issues, Among College Girls at Selected College". *Journal of Nursing* 2 (2): 4–7.
- Ahmad, M., and S. Khan. 2016. "A Model of Spirituality for Ageing Muslims". *Journal of Religion and Health* 55: 830–43.
- Al-Issa, R. S., S. E. Krauss, S. Roslan, and H. Abdullah. 2020. "To Heaven or to Hell: Are Muslims' Afterlife Hope and Fear Balanced? A Cross-Cultural Study". *Review of Religious Research* 62: 351–68.
- Alderfer, C. P. 1972. *Existence, Relatedness, and Growth: Human Needs in Organizational Settings*.
- Ashimi, Tijani Ahmad. 2020. "The Importance of Al- Wasatiyyah in Islamic Worldview". *International Journal of Scientific and Research Publications* 10 (11): 206–11.
- Asniati, A., U. Hasana, F. Indrawati, and I. D. Putra. 2021. "Motivasi Kesembuhan Berhubungan dengan Kepatuhan Minum Obat pada Pasien TB Paru". *Jurnal Ilmiah Permas: Jurnal Ilmiah STIKES Kendal* 11 (2): 461–68.
- Barbarot, S., and J. F. Stalder. 2014. "Therapeutic Patient Education in Atopic Eczema". *British Journal of Dermatology* 170 (s1): 44–48.
- Barnason, S., C. White-Williams, L.P. Rossi, M. Centeno, D.L. Crabbe, K.S. Lee, N. McCabe, et

- al. 2017. "Evidence for Therapeutic Patient Education Interventions to Promote Cardiovascular Patient Self-Management: A Scientific Statement for Healthcare Professionals from the American Heart Association". *Circulation: Cardiovascular Quality and Outcomes* 10 (6): e000025.
- Bastable, S. B. 2016. *Essentials of Patient Education*. Jones & Bartlett Learning.
- Correia, J. C., A. Waqas, A. Golay, and Z. Pataky. 2022. "Evolution and Effectiveness of Therapeutic Patient Education for Obesity and Diabetes". *Revue Medicale Suisse* 18 (774): 512–15.
- Debussche, X. 2014. "Is Adherence a Relevant Issue in the Self-Management Education of Diabetes? A Mixed Narrative Review". *Diabetes, Metabolic Syndrome and Obesity: Targets and Therapy*, 357–67.
- Granados-Gamez, G., I. M. Saez-Ruiz, V. V. Márquez-Hernández, M. C. Rodríguez-García, G. Aguilera-Manrique, M. L. Cibanal-Juan, and L. Gutierrez-Puertas. 2022. "Development and Validation of the Questionnaire to Analyze the Communication of Nurses in Nurse-Patient Therapeutic Communication". *Patient Education and Counseling* 105 (1): 145–50.
- Hart, A. 2001. "Mann-Whitney Test is Not Just a Test of Medians: Differences in Spread Can Be Important". *Bmj* 323 (7309): 391–93.
- Ho, R. 2013. *Handbook of Univariate and Multivariate Data Analysis with IBM SPSS*. CRC Press.
- Juillière, Y., P. Jourdain, C. Suty-Selton, T. Béard, V. Berder, B. Maitre, J.N. Trochu, et al. 2013. "Therapeutic Patient Education and All-Cause Mortality in Patients with Chronic Heart Failure: A Propensity Analysis". *International Journal of Cardiology* 168 (1): 388–95.
- Kinasih, K. D., and A. Wahyuningsih. 2012. "Peran Pendampingan Spiritual Terhadap Motivasi Kesembuhan pada Pasien Lanjut Usia". *Jurnal Stikes* 5 (1): 1–10.
- Krebs, and BS Kathleen RN. 2001. "The Spiritual Aspect of Caring—An Integral Part of Health and Healing". *Nursing Administration Quarterly* 25 (3): 55–60.
- Labrunée, M., A. Pathak, M. Loscos, E. Coudeyre, J. M. Casillas, and V. Grémeaux. 2012. "Therapeutic Education in Cardiovascular Diseases: State of the Art and Perspectives". *Annals of Physical and Rehabilitation Medicine* 55 (5): 322–41.
- Lai, D. W., K. C. Chan, G. D. Daoust, and X. J. Xie. 2021. "Hopes and Wishes of Clients with Mentally Illness in Hong Kong". *Community Mental Health Journal*, 1–10.
- Liang, Y., J. Tian, C.P. Shen, F. Xu, H. Wang, P. Li, Y.P. Guo, F.L. Wei, and L. Ma. 2018. "Therapeutic Patient Education in Children with Moderate to Severe Atopic Dermatitis: A Multicenter Randomized Controlled Trial in China". *Pediatric Dermatology* 35 (1): 70–75.
- Marmorat, T., C. Rioufol, F. Ranchon, and M. Préau. 2020. "Encounters between Medical and Lay Knowledge in Therapeutic Patient Education. A Qualitative Study Based on an Oral Chemotherapy Program". *Patient Education and Counseling* 103 (3): 537–43.
- McClelland, D. 1985. *Human Motivation*. Gienviev.
- McClung, B. 2005. *Principles of Patient and Family Education and Support*. In *The Bone and Mineral Manual*. Academic Press.
- Nordin, Musa Mohd, and Husna Musa. 2022. "Keeping Communities Healthy: The Islamic Paradigm". In *Encyclopedia of Islamic Medical Ethics: Part VIII*, 1–7. Jordan Society for Islamic Medical Sciences.
- Parmin, S., S. W. Safitri, and M. P. Widiarti. 2023. "Hubungan Komunikasi Terapeutik Perawat dan Motivasi Terhadap Tingkat Kesembuhan Pasien Tuberkulosis (TBC)". *Jurnal'Aisyiyah Medika* 8 (2): 201–10.
- Pignataro, R. M., & Huddleston, J. 2015. "The Use of Motivational Interviewing in Physical Therapy Education and Practice: Empowering Patients through Effective Self-Management". *Journal of Physical Therapy Education* 29 (2): 62–71.
- Poston, B. 2009. "Maslow's Hierarchy of Needs". *The Surgical Technologist* 41 (8): 347–53.
- Rassool, G. H. 2000. "The Crescent and Islam: Healing, Nursing and the Spiritual Dimension. Some Considerations towards an Understanding of the Islamic Perspectives on Caring".

- Journal of Advanced Nursing* 32 (6): 1476–84.
- Resnick, B. 2002. "The Impact of Self-Efficacy and Outcome Expectations on Functional Status in Older Adults". *Topics in Geriatric Rehabilitation* 17 (4): 1–10.
- Risna, R., and M. Iqbal. 2021. "The Relationship of Spirituality Level with Motivation to Heal Critical Patients at Tgk Chik Hospital in Tiro Sigli". *Budapest International Research and Critics Institute-Journal (BIRCI-Journal)* 4 (2): 2551-2556.
- Rønning, S. B., and S. Bjørkly. 2019. "The Use of Clinical Role-Play and Reflection in Learning Therapeutic Communication Skills in Mental Health Education: An Integrative Review". *Advances in Medical Education and Practice*, 415–25.
- Ryan, R. M., R. W. Plant, and S. O'Malley. 1995. "Initial Motivations for Alcohol Treatment: Relations with Patient Characteristics, Treatment Involvement, and Dropout". *Addictive Behaviors* 20 (3): 279–97.
- Saputra, M. J., and A. Muhammad. 2023. "Pengaruh Dukungan Sosial Terhadap Efektivitas Bimbingan Kepribadian Klien Pemasarakatan Tindak Pidana Narkotika". *Madani: Jurnal Ilmiah Multidisiplin* 1 (9).
- Sitepu, N. F., E. Aizar, A. Asrizal, and S. Zahara. 2022. "Pengaruh Spritualitas Terhadap Motivasi Pasien Post Stroke dalam Menjalani Fisioterapi di Rumah Sakit". *Jurnal Kesehatan Dan Fisioterapi*, 42–47.
- Sunardi, K. S. 2023. "Hubungan antara Dukungan Sosial dengan Motivasi untuk Sembuh Penyalahguna Napza di Panti Rehabilitasi Yayasan Indocharis Sleman". *Jurnal Permata Indonesia* 14 (1): 61–71.
- Thormann, K., H. Aubert, S. Barbarot, A. Britsch-Yilmaz, P. Chernyshov, M. Deleuran, M. El-Hachem, et al. 2021. "Position Statement on the Role of Nurses in Therapeutic Patient Education in Atopic Dermatitis". *Journal of the European Academy of Dermatology and Venereology* 35 (11): 2143–48.
- Umam, M. C. 2021. "Hubungan Komunikasi Terapeutik Perawat dengan Motivasi Kesembuhan Pasien Pengguna Narkoba di Rumah Sakit Hasan Sadikin Bandung (Doctoral Dissertation)". Universitas Komputer Indonesia.