THE DIFFERENCE BETWEEN RECITING THE QURAN WHILE WORKING AND WORK FATIGUE AMONG FEMALE NURSES AT MALAHAYATI ISLAMIC HOSPITAL AND HAJI MEDAN GENERAL HOSPITAL

[1]Zahrani Nabilah, [2]Putra Apriadi Siregar, [3]Tri Niswati Utami, [4]Nurhayati, [5]Abdul Karim Batubara
Faculty of Public Health, Universitas Islam Negeri Sumatera Utara, Medan[1,2,3,4,5]
E-mail address: zahraninabilah20@gmail.com

ARTICLE INFO

How to cite:

ABSTRACT

The most common problem faced by healthcare workers, especially nurses, is work- related fatigue, which can lead to decreased work productivity and quality of care. This study aims to determine the differences in work fatigue levels among nurses who listen to the recitation of the Quran while working at Malahayati Islamic Hospital and Haji Medan General Hospital. This study uses a comparative design with a cross- sectional approach. The study population consists of 156 nurses at Malahayati Islamic Hospital and 362 nurses at Haji Medan General Hospital. The sample consisted of nurses from both hospitals selected through purposive sampling, totaling 60 respondents. Data were collected using the KAUPK2 questionnaire to measure work fatigue levels, and a Mann-Whitney statistical test was conducted to analyze differences between the two groups. The results of this study indicate a significant difference in work fatigue levels between nurses who were consistently given Quran recitation and those who were not consistently given Quran recitation, with nurses who were consistently given Quran recitation tending to have lower fatigue levels compared to those who were not consistently given Quran recitation, with a p-value of 0.013 (<0.05). The conclusion of this study is that Quran recitation can be an alternative intervention to reduce work fatigue levels among nurses. It is hoped that hospitals will consider incorporating Quran recitation as part of their efforts to improve the well-being of healthcare workers.

Keywords : Quran Recitation, Work Fatigue, Nurses, Hospitals

Introduction

Work fatigue is a condition of decreased efficiency, motivation, and interest due to excessive workload over a long period of time (Malik et al., 2021). This is characterized by a decline in physical capacity and endurance, and if it persists, it can lead to chronic fatigue (Aulia & Komara, 2022; Rusila & Edward, 2022).

Articles 164-165 of Law No. 36 of 2009 on health explain that occupational health efforts are designated to protect workers so that they can live healthy lives and be free from health disorders and adverse effects caused by work (Ananda & Mustopa, 2023).

According to the ILO, nearly 2 million workers die each year from work-related fatigue, with one death occurring every 15 seconds and approximately 32.8% of cases related to fatigue (Rusila & Edward, 2022). The Joint Commission (2008) states that fatigue can increase nursing errors by up to 300%. In the Asia-Pacific region, there are more than 1.8 million work-related deaths, and Singapore has the highest fatigue rate in

the world (7.20%) due to long working hours of 2,238 hours per year (Jauhani et al., 2023).

Work fatigue is triggered by an unfavorable work environment and psychosocial issues. A safe, comfortable, clean environment, appropriate workload, adequate nutrition, and reasonable working hours support physical and mental health (Wurarah et al., 2020). Fatigue can be minimized through meditation, spiritual rituals, listening to music, or reciting the Quran (Yunus et al., 2021).

Nurses play an important role in healthcare, providing services to individuals who are physically, psychologically, and socially healthy or sick (Lutfi et al., 2021). The high demands of the job require physical fitness and alertness at all times, which can lead to work fatigue. In addition to caring for patients, nurses are also responsible for the patients' families and communities (Dame Maria Pakpahan et al., 2023).

Nurses have several important roles, including providing care, making ethical and clinical decisions, advocating for patients, assisting and educating patients, managing nursing services, and conducting comprehensive nursing research (Prabasari, 2021). Nurses also function as task executors based on their delegated authority. They also collaborate with other health teams to maximize their effectiveness (Wirentanus, 2019).

Hospital nurses play an important role in healthcare services, ranging from administering medication and monitoring conditions to advocating for patients' rights and paying attention to their physical, emotional, and psychosocial well-being. High workloads due to limited human resources and increasing numbers of patients make nurses prone to physical and mental fatigue, reducing the effectiveness and quality of care. An unsupportive work environment and inadequate hospital management also contribute to stress. Quran recitation therapy can be one way to reduce nurses' fatigue levels.

Research at Bogor Social Hospital shows that 56 inpatient nurses experience high levels of fatigue, with emotional exhaustion at 60.7%, decreased physical activity at 48.21%, and service errors at 60.71%. The number of nurses in Indonesia is still far from the national target (87.65 per 100,000 people, target 180) (Cesilia, 2024). High workload has been shown to be significantly associated with work fatigue in various studies (Tunny 2021; Tugu Koja Regional General Hospital; Sekarwangi Regional General Hospital; Amurang Regional General Hospital), where the majority of nurses experience burnout or severe

fatigue. Age and length of service also affect fatigue levels (Peni Pujiarti & Sekolah, 2023).

Murottal Alquran, which is the recitation of holy verses with tartil, is beneficial for calming the mind, emitting theta and alpha brain waves, and providing positive energy to the brain's emotional center, thereby reducing fatigue. This therapy has also been proven effective as a non-pharmacological treatment, for example in post-operative patients and elderly people with hypertension, with the effects of reducing pain, blood pressure, heart rate, and providing calmness (Yunus et al., 2021).

Reciting the Quran at a tempo of 60–70 per minute and in a low tone has a relaxing effect, reduces anxiety, and stimulates endorphins, which increase calmness and reduce cortisol. This therapy has been proven to provide up to 65% relaxation, converting sound vibrations into positive waves that reduce pain and fatigue, and stimulating the release of natural endogenous opioids to block pain receptors (Oktaviana et al., 2023).

Interviews with several nurses at the 3rd Floor Inpatient Ward of Malahayati Hospital revealed that the Quran recitation is usually played from 9:00 a.m. to 11:30 a.m. for the morning session, then it is played again every 30 minutes before the call to prayer five times a day. The Quran recitation is played using indoor speakers placed in each corridor of the hospital floor. Meanwhile, at the Haji Medan Hospital, the Quran recitation is usually played from a computer at the nurse station in each ward for 8 hours, and in the ICU room, it is played from a computer connected to a small speaker for 24 hours a day. The demanding nature of nursing work, which requires nurses to serve patients promptly and efficiently, results in nurses having to perform numerous tasks. The heavy workload and significant responsibilities lead to nurses experiencing fatigue, making it difficult for them to concentrate and causing them to feel tired throughout their bodies, as well as anxious and restless. Due to the monotonous nature of their work, nurses admit that they sometimes feel bored and tired, causing them to feel fatigued more quickly.

The high workload makes it difficult for nurses to concentrate, causing them to feel physically and mentally exhausted, and even burnt out. Based on these conditions, the author was interested in conducting a study entitled: "The Difference Between Murottal Al-Quran Accompanying Work And Work Fatigue Of Nurses At Malahayati Islamic Hospital And Haji Medan General Hospital."

Method

This study used a quantitative approach with a cross-sectional comparative design in two hospitals that had different policies regarding the playing of the Al-Qur'an recitation, namely the Haji Medan General Hospital and the Malahayati Islamic Hospital. This design aimed to compare the level of work fatigue among nurses based on institutional policies without interpreting the cause-and-effect relationship. The sample consisted of 60 nurses, 30 from each hospital, who were selected purposively with the following inclusion criteria: having worked for at least six months, being actively on duty, and willing to be respondents. Nurses who were on leave, sick, or had health problems that affected fatigue were excluded from the sample.

Data collection was conducted over two days during morning–afternoon working hours (8:00 a.m.–2:00 p.m.). Primary data were obtained through the KAUPK2 questionnaire and field observations of murottal playback practices (time, duration, and location). Secondary data included respondent characteristics such as age, gender, length of service, and work shift. Murottal exposure was operationally defined as the duration and regularity of playback: consistent if nurses were exposed to ≥2 hours per day on a regular basis, and inconsistent if <2 hours or irregular. Measurements were taken at the room policy level, not verified individual duration, so the relationship found was associative, not causal.

The KAUPK2 instrument (Work Fatigue Measurement Questionnaire) is used to assess physical, mental, and emotional fatigue. This tool was developed by the Japan Industrial Fatigue Research Committee and has been adapted in Indonesia with high reliability (Cronbach's $\alpha = 0.87$). The data were analyzed using the Mann–Whitney U test because the data distribution was not normal (Shapiro–Wilk test, $p < 0.05$). A p-value < 0.05 was considered to indicate a significant difference. This study has limitations because it did not measure potential confounding factors such as religiosity, music preferences, daily workload, and working environment conditions. Therefore, the results need to be interpreted with caution as a comparison between hospital policies, not a direct cause-and-effect relationship.

Results

Respondent Characteristics

Table 1. Respondent Characteristics

Islam Malahayati Hospital		
Respondent Characteristics	**Frequency (n)**	**Percentage (%)**
Gender		
Woman	29	96,7

Man	1	3,3
Age		
≤ 35 years	19	63,3
> 35 years	11	36,7
Employment Period		
≤ 5 Years	15	50,0
> 5 Years	15	50,0
Umum Haji Hospital		
Gender		
Woman	25	83,3
Man	5	16,7
Age		
≤ 35 years	19	63,3
> 35 years	11	16,7
Employment Period		
≤ 5 Years	14	46,7
> 5 Years	16	53,3
Total	30	100,0

Based on the data above, it can be seen that the majority of nurses in both hospitals are women. At Malahayati Islamic Hospital, 96.7% of nurses are women, and at Haji Medan General Hospital, 83.3% are women. Nurses in their productive age range account for 63.3% at each hospital. In terms of length of service, the results are almost balanced between the two hospitals, with a distribution between nurses with ≤5 years and >5 years of service, and slightly more experienced nurses (>5 years) at Haji Hospital at 53.3%.

Univariate Analysis

Table 2. Frequency Distribution of Work Fatigue Levels Among Inpatient Nurses at Haji Medan General Hospital

Statement (N=30)	Score (%)				
	1	**2**	**3**	**4**	**5**
I find it difficult to think	16.7	36.7	43.3	-	**3.3**
I feel tired of talking	10.0	50.0	26.7	13.3	-
I feel nervous about something	3.3	56.7	26.7	13.3	-
I feel like I can never concentrate when facing a task.	3.3	66.7	26.7	3.3	-
I feel I don't have any interest in anything	6.7	73.3	16.7	3.3	-
I tend to forget things	16.7	43.3	33.3	6.7	-
I feel less confident in myself	6.7	56.7	23.3	10.0	**3.3**
I feel that I am not diligent in carrying out your work	13.3	63.3	20.0	3.3	-
I feel reluctant to look people in the eye	10.0	53.3	30.0	3.3	**3.3**
I feel reluctant to work diligently	13.3	60.0	23.3	3.3	-
I feel uneasy at work	10.0	60.0	26.7	3.3	-
I feel tired all over	10.0	43.3	36.7	10.0	-
I feel like I'm acting slowly	3.3	73.3	13.3	10.0	-
I feel too weak to walk anymore	20.0	56.7	10.0	13.3	-
I feel tired before I even start working.	23.3	63.3	13.3	-	-
I feel my thinking ability is declining	16.7	63.3	10.0	10.0	-
I feel anxious about something	**10.0**	**60.0**	**13.3**	**16.7**	-

*1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree

Based on the frequency distribution table, most nurses at Haji Hospital showed mild to moderate levels of fatigue. The most dominant indicators in category (score 2) included difficulty thinking (43.3%), easily tired when talking (50%), nervous when facing something (56.7%), difficulty concentrating (66.7%), lack of attention (73.3%), lack of perseverance (63.3%),

feeling tired before work (63.3%), and decreased thinking ability (63.3%). These conditions indicate that the majority of nurses experience symptoms of fatigue, whether cognitive, emotional, or physical.

Table 3. Frequency Distribution of Work Fatigue Levels Among Inpatient Nurses at Malahayati Islamic Hospital in Medan

Statement (N = 30)	Score (%)				
	1	2	3	4	5
I find it difficult to think	43.3	10.0	46.7	-	-
I feel tired of talking	30.0	36.7	33.3	-	-
I feel nervous about something	20.0	30.0	43.3	6.7	-
I feel like I can never concentrate when facing a task	20.0	50.0	16.7	13.3	-
I feel like I don't care about anything	20.0	76.7	3.3	-	-
I tend to forget things	33.3	43.3	20.0	3.3	-
I feel less confident in myself	43.3	40.4	13.3	3.3	-
I feel that I am not diligent in carrying out your work	53.3	33.3	13.3	-	-
I feel reluctant to look people in the eye	36.7	30.0	30.0	3.3	-
I feel reluctant to work diligently	20.0	46.7	30.0	3.3	-
I feel uneasy at work	30.0	46.7	20.0	3.3	-
I feel tired all over	6.7	33.3	33.3	26.7	-
I feel like I'm acting slowly	40.0	56.7	3.3	-	-
I feel too weak to walk anymore	33.3	63.3	3.3	-	-
I feel tired before I even start working	26.7	40.0	26.7	6.7	-
I feel my thinking ability is declining	43.3	53.3	-	3.3	-
I feel anxious about something	**10.0**	**56.7**	**30.0**	**3.3**	-

*1= Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree

Based on the frequency distribution table, most nurses at Malahayati Hospital showed symptoms of work fatigue. These include difficulty thinking (46.7%), difficulty concentrating (50%), lack of attention (76.7%), slow movements (56.7%), inability to walk (63.3%), decreased thinking ability (53.3%), and anxiety (56.7%). These symptoms reflect the cognitive, emotional, and physical fatigue experienced by nurses.

Bivariate Analysis
Table 4. Normality Test

	Statistic	Sig
Shapiro - Wilk	0,191	0,011

Based on the frequency distribution table, most nurses at Malahayati Hospital showed symptoms of work fatigue. These include difficulty thinking (46.7%), difficulty concentrating (50%), lack of attention (76.7%), slow movements (56.7%), inability to walk (63.3%), decreased thinking ability (53.3%), and

anxiety (56.7%). These symptoms reflect the cognitive, emotional, and physical fatigue experienced by nurses.

Table 4. Average Fatigue in the Consistent Murottal Group and the Inconsistent Murottal Group

	Murottal	N	Mean Rank	Sum of Ranks	Asymp. Sig. (2-tailed)
Total Score	Recitation of the Qur'an Inconsistent	30	36.08	1082.50	0,013
	Giving Murottal Consistent	30	24.92	747.50	
	Total	**60**			

Based on the data in the table above, it was found that the average fatigue score of nurses who were given murottal inconsistently was higher than the average fatigue score of nurses who were given murottal consistently because the mean rank of inconsistent murottal administration (36.08) > mean rank of consistent murottal administration (24.92). Therefore, it can be concluded that nurses who were not given murottal consistently tended to experience higher work fatigue.

Discussion

This study was conducted over one day at Haji General Hospital in Medan and one day at Malahayati Islamic Hospital in Medan. There were differences in the duration and consistency of the recitation of the Qur'an at the two hospitals. At Haji Hospital, the recitation was played on a computer in the treatment room for approximately four hours per day, while at Malahayati Hospital, the recitation was played through loudspeakers in the corridors on the second to fourth floors from 9:00 a.m. to 11:30 a.m. and continued

for about 30 minutes before the time for fardhu prayers. The surahs frequently played include Ar-Rahman, Al-Mulk, Maryam, and Al-Waqiah, with reciters such as Ustadz Hanan Attaki and Ustadz Muzammil Hasballah.

The Mann–Whitney statistical test was used because the data were not normally distributed. The results of the analysis showed a statistically significant difference between the levels of work fatigue among nurses in the two hospitals, with a p-value of 0.013 (<0.05). These results indicate a relationship or association between the practice of playing Al-Qur'an recitations and the level of work fatigue among nurses, but cannot be interpreted as a causal relationship.

The difference in fatigue levels is likely influenced by various contextual factors, such as workload, working conditions, and differences in murottal implementation policies in each hospital. Exposure to different sounds in terms of location, duration, and volume can affect individual comfort and perception of

calmness. However, these results only describe a correlation between the practice of murottal and fatigue levels, not a direct effect of murottal on nurse fatigue.

Based on the results of research conducted by Ayudya (2022), she explained that listening to Quran recitation is effective in reducing fatigue by 65% compared to listening to music or Arabic melodies other than the Quran because the positive effects produced can heal mental, physical, and social illnesses (Hasanah et al., 2022).

In line with research conducted by Munir (2021), which explains the significant influence with test results of p <0.05, which provides meaning between Quran recitation therapy and reduced fatigue. Quoted from Munir, he also explains the results of Abshor's research, which found that listening to the recitation of Quranic verses has an effect on reducing stress levels. Imam's research on patients with kidney failure undergoing therapy shows a reduction in stress and depression levels after being given Quranic recitation therapy (Munir et al., 2021).

Research conducted by Astutu and Syafriati (2023) explains that there are many benefits of murottal therapy, which is effective in reducing stress and fatigue and increasing relaxation by activating natural endorphins. If fatigue in nurses is not addressed immediately, it will have adverse effects on nurses, patients, services, and the image of the hospital. Fatigue among nurses can reduce work quality, nurse health quality, quality of life, and physical and mental disorder (Wahyuni & Dirdjo, 2020).

This study has several important limitations. First, the level of individual exposure to murottal was not measured directly, for example, how many minutes per day nurses listened to murottal or how many times per week. The exposure mentioned was only based on hospital policy, not verified data at the individual level. Second, the cross-sectional design and comparison between hospitals gave rise to potential confounders such as differences in work culture, number of patients, or different management systems.

Third, this study did not have a control group, such as a group that listened to music or worked in silence, so the specific effects of recitation could not be separated from the general effects of listening to soothing sounds. Fourth, data collection was only conducted for one day at each hospital, so it cannot describe temporal variations or differences between work shifts. In addition, no analysis based on shifts (morning, afternoon, night) or stratification of length of service, which may affect fatigue levels, has been conducted.

Given these limitations, it is recommended that future studies use a quasi-experimental design or randomized controlled trials (RCTs) in a single hospital with measurable exposure duration and sound volume. Each nurse should have their individual exposure levels recorded (minutes per day, frequency per week, and listening conditions such as use of headphones or loudspeakers). Further research should also include a control group, such as exposure to instrumental music or silence, to control for general relaxation effects. In addition, repeated measurements over 2–4 weeks are recommended to assess the consistency of the effects and the durability of the influence of murottal on work fatigue.

Overall, the results of the study indicate that there is a significant difference in the level of work fatigue between nurses at Haji Hospital and Malahayati Hospital (p = 0.013). These results indicate that regular exposure to the recitation of the Qur'an at the institutional level may be associated with lower perceptions of fatigue. However, these results should be interpreted with caution given the limitations of the design and unmeasured variables. Further research with a stronger design and individual exposure measurements is needed to confirm the consistency and mechanism of this relationship.

Conclusions

Based on the research conducted, it was concluded that listening to the recitation of the Qur'an had an effect on the level of work fatigue among nurses in the inpatient wards of Malahayati Islamic Hospital and Haji Medan General Hospital. In addition, there were differences in the level of work fatigue among nurses at the two hospitals, which were influenced by the duration and consistency of the recitation of the Qur'an. Optimal and consistent recitation has been proven to contribute to reducing the level of work fatigue among nurses. Therefore, it is recommended that hospitals maintain and even improve regular Qur'an recitation programs as a measure to maintain the mental and physical health of nurses.

References

Ananda, D. E., & Mustopa. (2023). Hubungan Shift Kerja, Lingkungan Fisik Kerja Dan Beban Kerja Dengan Kelelahan Kerja Karyawan Bagian Produksi Di Pt. Medifarma Tahun 2022. *Jurnal Kesehatan Dan Kedokteran*, 2(1), 76–82. https://doi.org/10.56127/jukeke.v2i1.604

Aulia, M., & Komara, E. (2022). Pengaruh Stres Kerja, Kelelahan Kerja, Dan Motivasi Kerja Terhadap Kinerja Perawat. *Mdp Student Conference (Msc)*, 134–141.

Cesilia, R. (2024). *Pengaruh Beban Kerja dan Kelelahan Kerja terhadap Kinerja Perawat Rosalina*. 4(10), 909–922.

Dame Maria Pakpahan, Fitriany Suangga,

& Rizki Sari Utami. (2023). Hubungan Karakteristik Perawat Dan Beban Kerja Dengan Kelelahan Kerja Perawat Di Ruang Rawat Inap RSUD Kota Tanjungpinang. *Jurnal Rumpun Ilmu Kesehatan*, *4*(1), 10–27. https://doi.org/10.55606/jrik.v4i1.275 1

Hasanah, M., Chilvy Dezy Ayudya, & Ima Fitri Sholichah. (2022). Pengaruh Terapi Murottal Al-Qur'an Untuk Menurunkan Stres Kerja Pada Guru. *AL-MURABBI: Jurnal Studi Kependidikan Dan Keislaman*, *9*(1), 1–10. https://doi.org/10.53627/jam.v9i1.479 6

Jauhani, M. A., Latiefah Noer Widiastuti, Muhammad Naufal Hibatullah, & Samuel Hendrik Marpaung. (2023). Aspek Medikolegal Kesehatan dan Keselamatan Kerja Sektor Pertanian di Kawasan Asia Tenggara. *Jember Medical Journal*, *2*(1), 55–71. https://doi.org/10.19184/jmj.v2i1.293

Lutfi, M., Puspanegara, A., & Mawaddah, A. U. (2021). Faktor-Faktor Yang Mempengaruhi Kelelahan Kerja (Burnout) Perawat Di Rsud 45 Kuningan Jawa Barat. *Jurnal Ilmu Kesehatan Bhakti Husada: Health Sciences Journal*, *12*(2), 173–191. https://doi.org/10.34305/jikbh.v12i2.3 32

Malik, I., Ikhram Hardi S, & Hasriwiani Habo Abbas. (2021). Faktor yang Berhubungan dengan Kelelahan Kerja di PT. Industri Kapal Indonesia (Persero) Makassar. *Window of Public Health Journal*, *February*, 580–589. https://doi.org/10.33096/woph.v1i5.1 94

Oktaviana, H., Sididi, M., & Prihatin Idris, F. (2023). Pengaruh Terapi Murottal Al-Quran Terhadap Penurunan Tingkat Stres Kerja Pada Perawat Diruang Inap RSUD Tenriawaru Kabupaten Bone. *Window of Public Health Journal*, *4*(4), 587–594. https://doi.org/10.33096/woph.v4i4.1 100

Peni Pujiarti, L. I., & Sekolah. (2023). *Pengaruh Lama Kerja Dan Beban Kerja Perawat Terhadap Burnout The Influence of Long Work and Nurse Workload on Burnout Peni Pujiarti , Lia Idealistiana Sekolah Tinggi Ilmu Kesehatan Abdi Nusantara*.

Prabasari, N. A. (2021). Application of the Role and Function of Nurses in Nursing Care for Elderly With Hypertension in the Community (Phenomenology Study). *Jurnal Keperawatan Malang*, *6*(2), 115–126. https://doi.org/10.36916/jkm.v6i2.145

Rusila, Y., & Edward, K. (2022). Hubungan Antara Umur, Masa Kerja dan Beban Kerja Fisik dengan Kelelahan Kerja pada Pekerja di Pabrik Kerupuk Subur dan Pabrik Kerupuk Sahara di Yogyakarta. *Jurnal Lentera Kesehatan Masyarakat*, *1*(1), 39–49.

Wahyuni, I., & Dirdjo, M. (2020). Hubungan Kelebihan Waktu Kerja dengan Kelelahan Kerja dan Kinerjapada Perawat di Ruang Perawatan Intensif RSUD Abdul Wahab Sjahranie Samarinda. *Borneo Student Research*, *1*(3), 1715–1724.

Wirentanus, L. (2019). Peran Dan Wewenang Perawat Dalam Menjalankan Tugasnya Berdasarkan Undang-Undang Nomor 38 Tahun 2014 Tentang Keperawatan. *Media Keadilan: Jurnal Ilmu Hukum*, *10*(2), 148. https://doi.org/10.31764/jmk.v10i2.20

13

Wurarah, M. L., Artur, P., Kawatu, T., Akili, R. H., Kesehatan, F., Universitas, M., & Ratulangi, S. (2020). Journal of. *Journal Of Public Health and Community Medicine*, *1*(April), 6–10.

Yunus, E. S., Arismunandar, P. A., & Rukanta, D. (2021). Scoping Review: Pengaruh Mendengarkan Murottal Al-Quran terhadap Tingkat Stres Orang Dewasa. *Jurnal Integrasi Kesehatan & Sains*, *3*(1), 110–116. https://doi.org/10.29313/jiks.v3i1.7503