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Factors affecting the effectiveness of 'ruqyah' treatment among Muslim community in Malaysia

Muhammad Omar[a], Mokhtar Abdullah[b], Abdul Rahman Ahmad[c], Abdul Rashid Mat Amin[c], Shaiful Anuar Shafei[c], Salwa Haron[c], Rushdi Ramli[c], Mohd Apandi Hussian[c], Zainal Abidin Kusmin[c], Huda Haron[c], Hamdi Haron[c], and Zharfan Muhammad[c]

[a]Universiti Poly-Tech Malaysia, Kuala Lumpur, Malaysia; [b]Meritus University, Malaysia; [c]Darussyifa' Malaysia, Malaysia

ABSTRACT

This study investigates the factors affecting the effectiveness of Ruqyah (Islamic healing) treatments in Malaysia's Darussyifa' Islamic Treatment Center, focusing on the roles of Symptoms of Illness, Patient Management, Daily Patient Follow-up Practice, and Illness Disorder Assessment. The research aims to understand how these factors contribute to the effectiveness of treatments provided by Ruqyah practitioners. A conceptual model was developed to outline the expected relationships between these predictors and treatment outcomes. Utilizing a cross-sectional, quantitative approach to examine cause-and-effect relationships, data from 272 respondents were collected through surveys and analyzed using the PLS-SEM method. The findings reveal that, except for the Illness Disorder Assessment's role as a moderating factor, which showed no significant impact, all other relationships in the model were significant. Daily Patient Follow-up Practice emerged as the most critical factor for improving treatment effectiveness, followed by Patient Management. Additionally, the identification of symptoms plays a crucial role in enhancing patient management practices at the Darussyifa' Malaysia center. This research highlights the importance of continuous patient engagement and effective management in optimizing Ruqyah treatment outcomes, while suggesting areas for further investigation regarding the unanticipated insignificance of Illness Disorder Assessment.

KEYWORDS

Ruqyah; effectiveness; symptoms diagnosis; follow-up practice; illness disorder assessment

Introduction

The exploration of health extends beyond the mere absence of disease to encompass a comprehensive state of physical, mental, social, and spiritual well-being. This holistic view asserts that true health is a fundamental right for all intelligent beings, regardless of their species, and is pursued not out of fear but through a conscious choice or inherent need. Our lifestyles reflect our commitment to this form of freedom, highlighting the importance of

CONTACT Mokhtar Abdullah mokhtar@meritus.edu.my Meritus University, Kuala Lumpur, Malaysia

a balanced approach to health that values the interconnectedness of different aspects of well-being (Đorđević, Braš, Kulić, & Demarin, 2015).

Spirituality plays a pivotal role in this multidimensional perspective on health. Defined as the quality of being concerned with the human spirit or soul as opposed to material or physical things, it is a crucial element in coping with life's challenges, such as grief and bereavement. Spirituality, rooted in the belief in a higher power and supported by communal prayer and support, has been shown to significantly bolster the resilience of individuals, particularly those with chronic mental health issues, aiding them in adapting to changes and overcoming personal setbacks (Sageman, 2011).

The quest for spiritual fulfillment is often seen as a journey toward self-improvement and the reconnection with one's divine essence. This journey is informed by a deep understanding of the divine as depicted in various religious texts and teachings across major world faiths. Such spiritual engagement is not only a path to personal enlightenment but also a means to seek divine assistance for health, prosperity, and relief from sickness, with each religion offering its unique approach to understanding and invoking the divine (Minhas, Akhmad, & Afzal, 2017).

Within the Islamic tradition, the concept of health and healing extends into the realm of spirituality through the practice of Islamic medicine, or Ruqyah. This approach integrates logical, intellectual, and scientific evidence with divine revelation, recognizing the presence of unseen beings like jinni and angels. It views diseases not only through a physical lens but also considers spiritual dimensions in diagnosis and treatment, emphasizing the role of herbal remedies, prayers, and Qur'anic recitation in the healing process (Ibrahim, 2003; Norhasmilia, Mazanah, & Steven, 2014; Rahman, 2021; Salim, 2004).

Ruqyah, as a form of Islamic healing, seeks not just to cure physical ailments but to alleviate pain and suffering, ultimately helping individuals find meaning in their health struggles. It employs Qur'anic verses and prophetic supplications as a means of healing, protection against illness, and a preventative measure, recognizing the Qur'an itself as a source of healing for both physical and psychological ailments (Razzaghi & Afshar, 2016).

The popularity of Islamic faith healers, or ustadz, within Malay Muslim society highlights a preference for spiritual over traditional healing methods, especially in attributing symptoms of mental illness to spiritual disturbances. This cultural context underscores the significance of spirituality in addressing health issues, further supported by studies demonstrating the beneficial effects of Qur'anic recitation on reducing postoperative pain and stress, thereby promoting overall well-being (Elkadi, 1985; Kasimin, 2009; Nikbakht, 1996; Razali & Najib, 2000).

In summary, health is a complex and multifaceted concept that encompasses physical, mental, social, and spiritual dimensions. Spirituality, particularly within the Islamic tradition, offers a rich framework for understanding and addressing

health issues, highlighting the importance of a holistic approach to well-being that integrates scientific knowledge with spiritual beliefs and practices.

Ruqyah or Islamic healing among Muslims in Malaysia

In Malaysia, Islamic medicine, also known as spiritual healing, Quranic medicine, or Islamic treatment, plays a crucial role in addressing both physical and spiritual ailments. This therapeutic approach, rooted in the Quran, integrates physical, psychological, and spiritual strategies to heal individuals. Developed since the early days of Islam and enriched by various Muslim ethnic contributions, Islamic medicine operates under core Islamic principles.

The prominence of Islamic healing practices in Malaysia is evident in the rising number of Islamic healing centers across the country. As of 2015, there were approximately 200 such centers, reflecting a growing demand for spiritual healing services. These centers focus on treating diseases, especially those of a spiritual nature, using Ruqyah – recitations from Quranic verses and prayers. This form of treatment aims to address conditions such as ill health, possession, black magic, and the evil eye.

Research into these centers and the efficacy of Ruqyah highlights its significance in the Malaysian Muslim community's approach to healthcare. The ongoing study seeks to understand the fundamental aspects that make Ruqyah an effective form of rehabilitation for spiritual illnesses, aiming to enhance the quality of care provided by Islamic medical practitioners and meet the expectations of those seeking relief from spiritual afflictions.

Literature review and hypothesis development

The relationship between symptoms of illness (SG) and patient management (PSN)

A basic part of healthcare is the link between symptoms of an illness or disorder and treatment approaches. Understanding and managing symptoms are critical steps in building effective treatment plans. Symptoms are used by healthcare providers to determine the underlying cause of an ailment. This frequently includes a medical history, physical examinations, and diagnostic tests. Once a diagnosis has been made, healthcare providers can create a treatment plan based on the symptoms detected as well as the underlying cause of the condition.

Patients with unexplained spiritually connected symptoms may present an opportunity for medical practitioners to treat psychological needs, potentially avoiding unneeded symptomatic intervention (Salmon, Dowrick, Ring, & Humphris, 2004). The old methods of cancer diagnosis and treatment used in Islamic medicine offer a viable possibility for combining traditional and modern therapy. In the context of cancer, techniques of diagnosis, symptoms, and

treatment have been discussed from the perspective of five great Islamic physicians, namely Rhazes, Akhaveyni, Ahwazi, Avicenna, and Jorjani. The concepts discussed date from the seventh to fifteenth century (Emami, Sahebkar, Tayarani-Najaran, & Tayarani-Najaran, 2012).

H_1: There is a significant relationship between Symptoms of Illness (SG) and Patient Management (PSN)

The relationship between patient management (PSN) and treatment effectiveness (IKR)

The proper management of patients is a vital component that can have a substantial impact on the effectiveness of treatment. Effective management necessitates a multifaceted approach that incorporates components such as communication, education, and support in addition to medical interventions. Patients who are well-informed are more likely to actively participate in their therapy and follow prescribed instructions. Patient education assists people in understanding their diseases, the reasoning behind treatment options, and the significance of adherence. Effective patient management is critical in determining treatment success overall. It entails not only addressing the medical elements of an illness, but also taking into account the patient's individual requirements, preferences, and the larger context of their life. Within the realm of Islamic medicine, Islamic spiritual healing practitioners possess more than just religious knowledge and Quranic memorization; they have also received instruction in basic counseling methods (Din, 2011). The medical team is more readily available and the treatment setting is more comfortable and homely. Din (2011) has categorized problems into three different types: physical. illnesses spiritual or emotional illnesses, and illnesses caused by black magic or sihir. The treatment protocol is tailored based on the specific complaints expressed by the clients. Hospitals provide therapy for physical and emotional illnesses, but they do not offer treatment for *sihir* or disturbances caused by supernatural entities such as jinns (Din, 2011). Ruqyah has gained popularity as a method of spiritual therapy for depressed disorder among Muslims (Afifuddin & Nooraini, 2016). A recent comprehensive analysis found that therapies by traditional healers were somewhat successful in treating depression and anxiety (Nortje, Oladeji, Gureje, & Seedat, 2016).

Collaboration between clinicians and religious counselors is the key to improving health care. More objective and empirical research into the value and effectiveness of Ruqyah as a supplemental treatment for mental diseases is needed (Pouchly, 2012).

According to (Rahman & Hussin, 2021), supporters of the Ruqyah technique administer it by incantations that must adhere to Islamic shariah (i.e., Islamic legal system). Incantations are often the recital of selected verses from

the Quran, which is recognized in the Islamic faith as having the supernatural potential to treat ailments and disorders.

The degree of recovery from disease is used to assess the effectiveness of Islamic healing treatment in enhancing the patient's strength. Islamic medicine is the practice of treating physical and spiritual disorders with Islamic therapeutic methods by a competent Muslim healer. This means applying revered Quranic verses or hadith, according to the norms of the faithful salaf and esteemed ulama,' and adhering to Sharia-approved methodologies and resources. While physical illnesses can typically be addressed and treated instantly in hospitals, clinics, or medical institutions, spiritual disorders are not always treated in similar settings.

As a result, the single use of sacred Quranic verses and prayer, with divine license, has the potential to cure the ailment, and this treatment is only available inside the area of Islamic Medicine.

H_2: There is a significant relationship between Patient Management (PSN) and Treatment Effectiveness (IKR)

The relationship between patient management (PSN) and daily patient follow-up practice (AHP)

Effective patient management is inextricably linked to patients' comprehension and participation in their daily self-management practices for proper healing. Attempts have been made in health services around the world to optimize patients' own management and responsibility for their condition, and many self-management programs have been developed in response to the increasing burden of chronic diseases and proven effective (Boyers et al., 2013; Henshall, Greenfield, & Gale, 2017) and cost-effective (Taylor et al., 2016).

When patients are well-informed, actively involved, and supported in their daily routines, treatment outcomes improve dramatically. Clear and honest communication is the foundation of effective patient treatment. Healthcare practitioners should convey treatment strategies, goals, and the relevance of everyday practices to patients in an easy-to-understand manner. Patients who grasp the reasoning behind everyday practices are more likely to follow advice. Effective communication, tailored integrated treatment, and high-quality service are critical in establishing patient-professional partnerships and improving patients' ability to self-manage chronic pain (Fu, Mcnichol, Marczewski, & Closs, 2018).

H_3: There is a significant relationship between Patient Management (PSN) and Daily Patient Follow-up Practice (AHP)

The relationship between daily patient follow-up practice (AHP) and treatment effectiveness (IKR)

Daily patient follow-up practices are critical to improving the efficacy of patients' treatment. Patients contribute considerably to the effectiveness of their therapy when they actively participate in their own care by adopting healthy behaviors, following to prescribed medications, and making favorable lifestyle choices. Many health disorders can be improved by making lifestyle adjustments such as dietary changes, frequent exercise, and stress management. Patients who implement these adjustments into their everyday routine may get better treatment outcomes. Patient self-management, which emphasizes patient responsibility and provider collaboration, has shown promise in the treatment of chronic illnesses and the promotion of health in children (Grady & Gough, 2014).

Sageman (2004) explains how spiritually oriented group self-management therapy with severely ill women can increase mood, affect, motivation, interpersonal bonding, and sense of self, and can reach patients and promote recovery in ways that standard treatment cannot. Group prayer, yoga breathing, and spiritual readings are examples of specific techniques.

H_4: There is a significant relationship between Daily Patient Follow-up Practice (AHP) and Treatment Effectiveness (IKR)

The relationship between illness disorder assessment (PP) and treatment effectiveness (IKR)

Patients' perceptions of their ailment are dynamic and complex variables that can affect a variety of treatment-related aspects. By acknowledging and comprehending these perceptions, medical professionals are able to implement patient-centered care, attend to concerns, and enhance treatment strategies for greater efficacy as a whole. Furthermore, an individual's opinion of his illness is a significant determinant in shaping his propensity to seek assistance. Broadbent, Kydd, Sanders, and Vanderpyl (2008) found that negative perceptions of mental illness are associated with greater unmet needs and less favorable treatment attitudes, whereas positive perceptions regarding personal control of the illness result in improved outcomes.

The mental representation and personal thoughts about a disease that a person has are referred to as their illness perception (Hasanah Abang Abdullah & Mohamed Saini, 0000). Looking at the factors separately, some people blamed their ailment on supernatural forces. According to Kate, Grover, Kulhara, and Nehra (2012), supernatural attribution would entail believing that their disease is connected to jinni disturbance or *sihir*. As previously stated, some of the symptoms of jinni disruption may overlap with psychiatric and even physical issues.

According to Singh, Corner, and Pavlovich (), attributing disease to supernatural causes significantly predicts a patient seeking care from a faith healer.

H_5: Disease Disorder Assessment (PP) moderates significantly in the relationship between Healing Management (PSN) and Treatment Effectiveness (IKR)

Conceptual framework

Figure 1 below is the graphical view of conceptual framework in this study.

In this conceptual framework, *Symptoms Disorders* (SG) is considered as strictly an independent latent construct that may influence *Patient Management* (PSN) of patients. Correspondingly, *Treatment Effectiveness* (IKR) is considered as the dependent construct, which is useful in measuring the effectiveness of the treatment by the healers. IKR is a dependent latent construct with respect to SG and an independent latent construct with respect to IKR. Meanwhile, *Daily Patient Follow-up Practice* (AHP) is considered as a mediating factor, while *Disease Disorder Assessment* (PP) performs as a moderating factor in the relationship between PSN and IKR, respectively.

PLS-SEM approach

Partial Least Squares Structural Equation Modeling (PLS-SEM) (Rigdon et al., 2014) was adopted to analyze the conceptual framework. The model has two parts, i.e., measurement and structural models, and has direct as well as indirect relationships, which have been hypothesized earlier. For certain data conditions such as small sample size and non-normal data, PLS-SEM was found to be the most appropriate method (Hair, Hult, Ringle, & Sarstedt, 2016). The key criteria for the goodness of fit are the size, sign, and significance of path coefficients, the R^2 values, and the effect size f^2 (Ali, Rasoolimanesh, Sarstedt, Ringle, & Ryu,

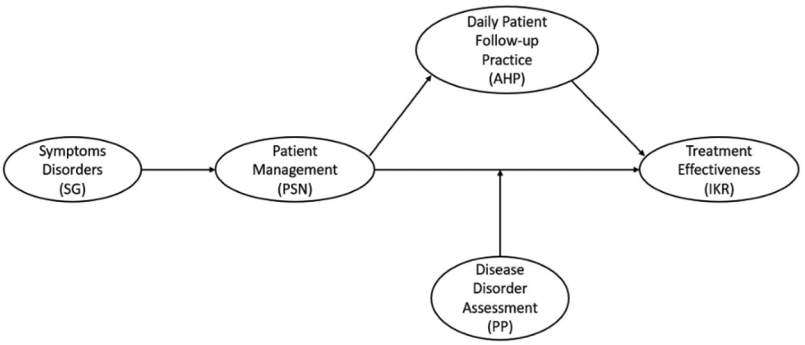

Figure 1. The conceptual framework.

2018). The procedure developed by Dawson (2014) was used to test the moderation effects of Patients' Perceived Illness (PPI) in the framework.

Methodology

This study employed a cross-sectional research approach. The study was carried out for three (3) months at the main branch of Darussyifa, an established Islamic spiritual treatment center in Malaysia, from September 13 to November 13, 2023. The main branch caters to a large number of clients, including those from other states. This facility is also registered with the Malaysian Ministry of Health's Traditional and Complementary Medicine Division. Because the sampling frame was available at the main branch, the study instrument, which consisted of paper-based questionnaires (in the Malay language), was distributed to a random sample of 330 branch patients. The questionnaires was developed based on the standard questionnnaires by the Ruqyah Advisory Treatment (levels 3–5), under the DSPMHR Traditional and Complementary Medicine Division, Brief Illness Perception Questionnaire (Broadbent, Petrie, Main, & Weinman, 2006), and Hatta Islamic Religiosity Scale 1996 (Salleh & Hatta, 2000). The internal validity of the questionnaires was examined (pre-tested) by the Ruqyah Advisory Panel of the Department of Skills Development, Ministry of Human Resources (DSPMHR).

The respondents who come to the main branch would write down their names and treatment needed on the list provided by the center. The respondents were asked to answer self-administered questionnaires which are adopted from several sources. The Malay language in the questionnaires was chosen since it is the national language and is understood by all respondents, including several non-Malay respondents. Patients under the age of 17 were invited to fill out questionnaires with their parents' responses. The study excluded participants with intellectual limitation or who had acute symptoms that required immediate attention. The duration of spiritual treatment for patients depends on the type of symptoms and the complexity of their sickness. The patient then submits the completed questionnaire at the Darussyifa counter. A total of 309 questionnaires (93.6%) were collected. However, 21 questionnaires (6.4%) were not returned by the respondents. Following a thorough examination, it was determined that 37 questionnaires (12%) had been completed by the respondents and thus were unsuitable for data analysis. A total of 272 completed questionnaires, which accounted for 88% of the data, were used for analysis.

Profiles of respondents

Out of the 272 respondents (see Table 1), 65% were males and 35% were females, while 69% were married, the majority marital status group. The Malays comprised 97% of the total respondents participating in the study. In

terms of education, 34.2% (Secondary School Certificate), 23.5 are accredited to higher school (High School Certificate) and 27.2 have been graduated from university. More than 51.0% were workers in private sector and government servants, and the remainder were self-employed and full-time housewives. Based on socio-economic status, about 62% of them had monthly income below RM4000 (USD 854), while the remainder had income more than RM4000 (USD854). The majority (66%) respondents were between 30 to 60 years old. Only 9% of the respondents were above 60 years old.

Results and discussion

Descriptive statistics

Tables 2, 3, 4, 5,6 give the mean scores and standard deviations of each of the items associated with the respective latent constructs under study, namely, the Patient Management (PSN), Systems of Disorders (SG), Assessment of Disease Disorders (PP), Daily Patient Follow-up Practice (AHP), and Treatment Effectiveness (IKR). The mean values, in general, show the degree of agreement based on the survey questionnaire indicators. In other words, higher mean ratings indicate that they agree with the items to which they have reacted based on their perceptions. Before the modeling process in the following section, this descriptive analysis provides a clear description of the items.

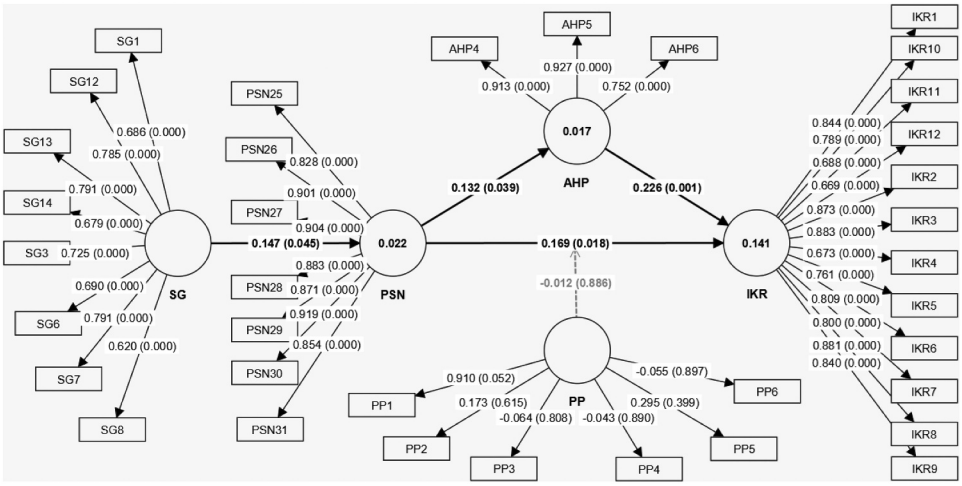

Figure 2. PLS-SEM model assessment results (numbers in the parentheses are p-values). **Source**: Computed from Smart PLS software 4.0 output.

Table 1. Profiles of respondents.

Respondent's Background		Frequency	Percentage(%)
Gender	Male	95	35
	Female	177	65
Status	Single	63	23
	Married	188	69
	Widow/Widower	16	6
	Others	5	2
Race	Malay	264	97
	Cina	1	0.4
	India	3	1.1
	Others Races	4	1.5
Religious	Islam	267	98
	Hindu	5	2
Occupation	Students	25	9.2
	Government Staff	51	18.8
	Private Company Staff	88	32.4
	Self Employer	36	13.2
	Housewife	45	16.5
	Not Working yet		6
	Others	21	7.7
Education Level	Secondary School Certificate	93	34.2
	Pre-University Qualification (High School Certificate, Matriculation or Diploma)	64	23.5
	Bachelor's Degree	74	27.2
	Postgraduate degree (Master's or PhD)	23	8.5
	Others	18	6.6
Monthly Income (RM: Malaysian Ringgit; USD 1 = RM 4.69)	Below RM2,000	80	29.4
	RM 2,001-RM4000	90	33.1
	RM 4001-RM6000	50	18.4
	RM 6001 and above	35	12.9
	No record of income	17	6.3
Age	Baby (1–2 years)	3	1.1
	Small children (3–6 years old)	1	.4
	Children (7–12 years old)	7	2.6
	Teenagers (13–17 years old)	11	4.0
	Early Adulthood (18–30 years)	44	16.2
	Adults (31–40 years old)	78	28.7
	Mature Adults (41–50 years old)	67	24.6
	Old (51–60 years old)	36	13.2
	Seniors (61 years and older)	25	9.2

Model assessment and results

The PLS-SEM implement in this study is built on the conceptual framework of Figure 1. To further specify the PLS-SEM, a data set was collected on each of the constructs' indicators. The full result of the PLS-SEM is presented in Figure 2.

Assessment of the structural model

The research model (Figure 1) was analyzed using SmartPLS 4.0, a PLS structural equation modeling software. Figure 2 above gives the assessment of the structural model, the path coefficients (β), R^2, t-values via a bootstrapping procedure with a resample of 5000, and the effect sizes (f^2)

Table 2. Descriptive statistics for patient management (PSN) (1 – strongly disagree . . . ., 5-strongly agree).

Items or Indicators	Statements/ Latent Variable for Darussyifa'organization management(PSN)	Mean	Std. Deviation
PSN22	Registration matters in the division registration is easy.	4.44	.826
PSN23	The waiting room at Darussyifa' is Comfortable.	4.53	.681
PSN24	Waiting time for treatment at Darussyifa' appropriate & reasonable.	4.28	.766
PSN25	Operation of the treatment system at Darussyifa' is systematic.	4.34	.780
PSN26	Care provided by Nurses is kind and friendly.	4.54	.675
PSN27	The explanation given by the nurse is clear and easy to understand.	4.48	.698
PSN28	Duration of treatment and explanation sessions by nurses is sufficient.	4.45	.707
PSN29	Nurses recommend and teach certain practices to be practiced.	4.42	.730
PSN30	Overall, the service received was satisfactory.	4.56	.668
PSN31	Treatment at Darussyifa' can be recommended to other contacts.	4.67	.613

Source: Computed from SPSS version 24.0 output.

Table 3. Descriptive statistics for symptoms of disorders (SG) (1 – strongly disagree . . . ., 5-strongly Agree).

Item or Indicators	Statements/Latent Variable for Symptoms of Disorders (SG)	Mean	Std. Deviation
SG1	I have trouble sleeping or wake up frequently at night (at certain hours) or feel overwhelmed.	2.83	1.224
SG2	I feel a movement under the skin at certain times to the point of anxiety.	2.45	1.235
SG3	I am restless and uncomfortable when listening to the recitation of verses from the Qur'an, the voice of the call to prayer or the recitation of Ruqyah.	2.04	1.193
SG4	I see bruises or scratches with a bite-like effect on the body parts without a medical reason.	2.38	1.227
SG5	Strange substances come out of my body either through vomiting and so on such as needles, glass, hair or nails. or other please specify_____	1.52	.945
SG6	I experience sudden and sudden changes in attitude and mood for no reasonable reason such as loss of enthusiasm or temper.	2.87	1.399
SG7	I have bad and scary dreams (like being bitten by a poisonous animal or falling from a high place) or strange dreams like breastfeeding.	2.66	1.285
SG8	I was so possessed that I couldn't control myself.	1.68	1.082
SG9	I left spiritual and religious activities such as prayers.	1.74	1.084
SG10	I can see or communicate with ethereal beings.	1.47	1.174
SG11	I am able to do extraordinary things without ever learning such as martial arts, speaking a foreign language or treating.	1.30	.795
SG12	I can feel a state of disturbance or pain at the same time or place of the same body part repeatedly for a certain period of time.	2.58	1.417
SG13	I have and often have nightmares, strange, strange and scary that cause me to lose my spirit, weak and disappointed in life.	2.47	1.344
SG14	I feel something abnormal like a feeling of movement in any part of the body such as under the skin, face, top of the head, ears, eyes and a feeling of passing.	2.37	1.352

as suggested by Hair, Hult, Ringle, and Sarstedt (2014) were performed. The results (Table 7) indicated that out of five relationships (direct and indirect), four direct relationships turned out to be significant (either at 0.05 or 0.01 significance level), and one relationship involving the moderating variable was not significant at 0.05 level.

For the relationship between SG and PSN (H1), $\beta = 0.147$ ($p = .045 < 0.05$), PSN and IKR (H2), $\beta = 0.169$ ($p = .018 < 0.05$), PSN and AHP (H3), $\beta = 0.132$ ($p = .039 < 0.01$), and AHP and IKR (H4), $\beta = 0.226$ ($p = .001 < 0.01$) had significant positive relationships. Thus, for H1, H2, H3 and H4 were supported.

Table 4. Descriptive statistics for assessment of disease disorders (PP) (1 – strongly disagree . . . ., 5-strongly Agree).

Item or Indicators	Statements/Latent Variable Assessment of Disease Disorders (PP);	Mean	Std. Deviation
PP1	I experienced the feeling of trying to kill myself and or wanting to kill other people.	1.55	.963
PP2	Experiencing sleep disturbance (terrifying nightmares such as being bitten by a snake or poisonous animal, falling from a high place, feeling overwhelmed, strange dreams such as breastfeeding a baby, often waking up during sleep).	2.51	1.320
PP3	After being treated, I admit that there is or is a foreign physical substance out, such as needles, glass, hair or nails.	1.51	.929
PP4	I experienced vomiting blood during treatment.	1.34	.770
PP5	I experience or feel restless and uncomfortable when listening to the reading of the verses of the quran, the sound of azan or recitation of Ruqyah. suara azan atau bacaan Ruqyah.	1.97	1.225
PP6	I have a feeling or experience of squinting and heat, burping and vomiting wind repeatedly during treatment.	2.46	1.497

Table 5. Descriptive statistics for daily patient follow-up practice (AHP) (1 – strongly disagree . . . ., 5-strongly Agree).

Item or Indicators	Statements/.Latent Variable for Daily Patient Follow-up Practice (AHP)	Mean	Std. Deviation
AHP1	I always perform five (5) times obligatory prayers.	4.09	1.125
AHP2	I always perform the Five (5) Hours obligatory prayer at the beginning of time.	3.64	.978
AHP3	Every day I make it a daily routine to read the verses of the Qur'an at least one page.	3.41	1.076
AHP4	I accepted the practice and practiced all the prayer recitations told by the Darussyifa nurse that I met diligently and earnestly.	3.51	1.100
AHP5	To what extent do you practice the practices and prayers recommended by nurses in your daily life?	3.47	1.045
AHP6	During the period of facing the test of illness, how is the position of worshiping God in your daily routine?.	3.74	1.063
AHP7	During the period of facing the test of illness, how is the position of the charity of circumcision prayers (Nawafill) to Allah in your daily routine?.	3.37	1.015
AHP8	The more you are tested by God with the problem of illness, do you feel more patient and increase the practice of circumcision prayers?	3.52	1.002
AHP9	During the period of facing the disease problem, I often faced feelings of despair, low spirits, laziness and disappointment.	3.07	1.199

However, the relationship between PP and IKR (H5) $\beta = -0.012$ ($p = .886 > 0.05$) was not supported.

The R^2 value for IKR is 0.141 and the adjusted R^2 is 0.128 which is lower than the 0.26 value as suggested by Cohen (1988) indicating a weak model (see Table 8). Hair, Hult, Ringle, and Sarstedt (2014) have suggested an extra step by examining the change in the R^2 value through the value of f^2. The step involves omission of a specific exogenous or independent construct from the model and see the change in R^2. It can be used to evaluate whether the omitted construct has a substantive impact on the endogenous construct. Table 8 shows the results of R^2 and adjusted R^2, respectively.

Table 9 shows the results of f^2. Following the Cohen (1988) guideline, the effect size of 0.02, 0.15, and 0.35, respectively, represent small, medium, and large effects. It indicated that all the size effects of SG on PSN, PSN on AHP, and AHP on IKR are even though small but acceptable., while there is zero size effect of PP on IKR.

In this study, the role of PP as a moderating factor in enhancing IKR was examined. Table 6 clearly indicated the insignificance of the total effect of PP on IKR, i.e. $\beta = -0.182$, $p = .283 > 0.05$). The results in Tables 7 and 10 confirmed that the moderating factor, PP, has no significant effect on the effectiveness of the Ruqyah treatment, IKR. The total effect of SG was also not significant (at 0.05 level), while both PSN and AHP had highly significant (at 0.01 level) total effects on IKR, respectively.

Assessment of the measurement model

The measurement model in PLS is assessed in terms of item loadings and reliability coefficients (composite reliability), as well as the convergent and discriminant validity (see Figure 2). Individual item loadings greater than 0.7 are considered adequate (Fornell & Larcker, 1981). The average variance extracted (AVE) measures the variance captured by the indicators relative to measure error, and it should be greater than 0.50 to justify using a construct (Barclay, Thompson, & Higgins, 1995). Table 11 shows the result of reflective measurement model that present the values of indicators loadings, composite reliability, Cronbach's alpha, and AVE. Due to the highly insignificance of the relationship involving the moderating factor, PP, only the significant relationships were considered for the assessment of measurement model. Table 11 displays the reliability measures of the significant constructs, i.e., PSN, AHP, and IKR as well as the convergent and discriminant validity measures for these constructs.

As shown in Table 11, the Cronbach Alpha (CA) values of all constructs are between 0.835 and 0.952 which are all above 0.7 as recommended by Hair, Tomas M Hult, Ringle, and Sarstedt (2013). Meanwhile, Composite Reliability (CR) values are between 0.897 and 0.960 which are higher than 0.7 and indicating adequate internal consistency (Gefen, Straub, & Boudreau, 2000). Thus, the measurements for the constructs SG, PSN, and IKR were considered acceptable and reliable.

Discriminant validity assessment is a requirement for evaluating relationships between the latent variables (LVs). Using SEM-PLS, traditionally, there are two measures of discriminant validity are commonly used, i.e. Fornell-Larcker and HTMT criteria. Table 12 depicts the Fornell-Lacker criterion where it was found that the diagonal elements are greater that the off-diagonal values, which leads to the conclusion that the discriminant validity was met.

It is recommended that the Heterotrait-Monotrait ratio (HTMT) (Henseler, Ringle, & Sarstedt, 2015) is adopted to establish the discriminant validity of the constructs SG, PSN, and IKR. According to Henseler, Ringle, and Sarstedt (2015), if the HTMT value is below the threshold value of 0.85 then the constructs meet the discriminant validity requirement. The findings in Table 13 show that all the values are less than 0.85, which imply discriminant validity. In conclusion, all the discriminant validity criteria, namely Fornell –

Table 6. Descriptive statistics for the treatment effectiveness (1 – strongly disagree . . . ., 5-strongly agree).

Item or Indicators	Statements/Latent Variable for The impact of the effectiveness of Darussyifa Treatment on the patient (IKR)	Mean	Std. Deviation
IKR1	My health level is getting better when I repeat the treatment at Darussyifa'	3.88	.943
IKR2	I feel there is a positive change in the disease I am facing after receiving treatment at Darussyifa.'	3.90	.931
IKR3	I admit that after getting treatment at Darussyifa,' my pain started to decrease.	3.87	.940
IKR4	I feel that the pain that I am facing has recovered at the level of 31%-50% only.	3.55	1.082
IKR5	I feel that the pain I was dealing with has recovered to a level of 51%-70% only.	3.55	1.106
IKR6	I feel that the pain I was dealing with has recovered to a level of 71%-90% only.	3.58	1.114
IKR7	I feel that the disease I am dealing with has recovered at the level of 91%-99% only.	3.60	1.138
IKR8	After getting treatment at Darsussyifa' I have been able to live and do my daily routine activities as usual as when I was healthy.	3.82	.973
IKR9	The frequency for me to repeat the treatment sessions at Darussyifa' started to decrease and I felt better.	3.72	1.033
IKR10	I have been healthy and am back to enjoying a normal life.	3.70	1.040
IKR11	I like and strongly recommend to relatives and close friends who experience abnormal pain (after getting allopathic treatment: modern hospital) to get treatment at Darussyifa'	4.22	.852
IKR12	I am committed, very confident and capable of practicing all the prayer recitations and practices informed by the nurse and have a high spirit to be healthy because God is a great worshipper.	4.34	.839

Table 7. The structural model path coefficients.

Relationships	Path Coefficients	t-values	p-values	Significant at 0.05** or 0.01***?
SG -> PSN	0.147	2.010	0.045**	Yes
PSN -> AHP	0.132	2.062	0.039**	Yes
PSN -> IKR	0.169	2.363	0.018**	Yes
PP -> IKR	−0.182	1.073	0.283^{ns}	No
AHP -> IKR	0.226	3.386	0.001***	Yes
PP X PSN > IKR	−0.012	0.143	0.886^{ns}	No

Table 8. R^2 and adjusted R^2.

Construct	R^2	R^2 Adjusted
AHP	0.017	0.014
IKR	0.141	0.128
PSN	0.022	0.018

Table 9. Effect size (f^2).

	PSN	AHP	IKR
SG	0.022		
PSN		0.018	
AHP			0.056
PP x PSN			0.000

Larcker criterion, the cross loadings and HTMT, provide substantial evidence for the constructs' discriminant validity.

Table 10. Total effect of PP on IKR.

Relationship	Total Effect	t-value	p-value
PP -> IKR	−0.182	1.073	0.283^{ns}
PP x PSN -> IKR	−0.012	0.143	0.886^{ns}
PSN -> IKR	0.199	2.821	0.005**
AHP -> IKR	0.226	3.386	0.001**
SG -> IKR	0.029	1.552	0.121^{ns}

Table 11. Reliability and discriminant validity of the constructs.

Construct and Items	Loadings	CA	CR	AVE	Convergent Validity
AHP		0.835	0.901	0.753	Yes
AHP 4	0.913				
AHP 5	0.927				
AHP 6	0.752				
IKR		0.947	0.954	0.634	Yes
IKR 1	0.844				
IKR 2	0.873				
IKR 3	0.883				
IKR 4	0.673				
IKR 5	0.761				
IKR 6	0.809				
IKR 7	0.800				
IKR 8	0.881				
IKR 9	0.840				
IKR 10	0.789				
IKR 11	0.688				
IKR 12	0.669				
PSN		0.952	0.960	0.775	Yes
PSN 25	0.828				
PSN 26	0.901				
PSN 27	0.904				
PSN 28	0.883				
PSN 29	0.871				
PSN 30	0.919				
PSN 31	0.854				
SG		0.872	0.897	0.523	Yes
SG 1	0.695				
SG 3	0.725				
SG 6	0.690				
SG 7	0.791				
SG 8	0.620				
SG 12	0.785				
SG 13	0.791				
SG14	0.679				

Discussion

Except for PP and SG, the majority of respondents agreed with all issues (PSN – Patient Management, SG – Symptoms of Disorders, AHP – Daily Patient Follow-up Practices, PP – Assessment of Disease Disorders) related to the effectiveness of Ruqyah healing treatment (IKR). The majority of respondents (scores <3.0) did not agree with the experiences they had from disease disorders and the fourteen (14) Symptoms of Disorders listed in the study instrument (questionnaires). In the PLS-SEM analysis, all of the factors (PSN, SG, AHP, and IKR) were reliable and met the requirements for convergent validity (AVE) and discriminant validity (Fornell-Lacker and HTMT criteria, respectively). The analysis found significant

Table 12. Fornell-lacker criterion for discriminant validity.

	AHP	IKR	PSN	SG
AHP	**0.868**			
IKR	0.286	**0.796**		
PSN	0.132	0.201	**0.880**	
SG	0.042	0.015	**0.147**	**0.723**

Table 13. Heterotrait-monotrait ratio (HTMT).

	AHP	IKR	PSN	SG
AHP				
IKR	0.294			
PSN	0.135	0.777		
SG	0.101	0.139	0.143	
PP X PSN	0.066	0.069	0.102	0.046

relationships between SG and PSN, PSN and IKR, PSN and AHP, and AHP and IKR. Thus, the significance of the hypotheses associated with these four relationships was confirmed. Previous researches by Sabry and Vohra (2013), Afifuddin and Nooraini (2016), Çaksen (2022), and Razali, Rahman, and Husin (2018) suggests that incorporating religious elements into psychotherapy can improve psychiatric disorders, emotional and physical well-being, and depression in Muslim patients. The incorporation of disorder symptom detection into the research framework is consistent with the recommendations of Sagiran, Kusumastiwi, MGugun, and Permana (2023) and Ratnasari et al. (2022). It is worth noting that AHP had the greatest impact on IKR, followed by PSN, and AHP, respectively. However, the role of PP as a moderator in the relationship between PSN and IKR was not significant. This is an interesting point that demonstrates PP's insignificant effect on increasing the effectiveness of PSN on IKR. This requires additional research because no previous studies have addressed the role of Assessment of Disease Disorders (PP) as a moderating factor and its impact on ruqyah treatment effectiveness (IKR).

Limitations of the study

This study lacked a pilot study, which is one of its limitations. This is because similar pilot studies on Ruqyah practices (e.g., Hasanah Abang Abdullah & Mohamed Saini, 0000; Razali, Rahman, & Husin, 2018) were previously conducted on key components of the DSPMHR standard questionnaires. Another study limitation is that the Darussyifa' healing center, where the data was collected, has yet to establish standards for the level of symptoms of a specific illness. The data were collected from only one center, Darussyifa' Center, which adds to the study's limitation.

Conclusions

This study explored the connection between the manifestation of symptoms and patient management in Ruqyah health treatments in Malaysia, focusing on how patient management affects daily follow-up and treatment outcomes. Our findings reveal a complex interaction where the anticipated moderating effect of "Illness Disorder Assessment" on treatment efficacy was not significant, contrary to the significant impact of "Daily Patient Follow-up Practice." This discrepancy highlights that within the context of Malaysian Ruqyah practices, the process of assessing illness disorders does not significantly enhance treatment effectiveness. This outcome suggests the need for further investigation into the reasons behind the ineffectiveness of "Illness Disorder Assessment" as a moderating factor, compared to other factors that positively influence treatment success. Future research should delve into these dynamics to optimize the efficacy of Ruqyah treatments, providing insights that could lead to improved patient management strategies and health outcomes. Future research should also include other ruqyah healing centers in Malaysia, allowing for comparisons of standard treatment practices.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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