

Psychological Assistance for Hajj Pilgrims from an Islamic Psychotherapy Perspective: An Analysis of the Donabedian Model at the Wonosalam Health Center

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Abstract : The Hajj pilgrimage requires balanced physical and mental readiness; therefore, psychological assistance is an essential component, particularly for elderly pilgrims who are vulnerable to anxiety prior to departure. This study aims to analyze the role of health services at Wonosalam Public Health Center in providing psychological assistance to Hajj pilgrims using the Donabedian model and to interpret the findings from an Islamic psychotherapy perspective. This research employed a qualitative descriptive approach, with data collected through passive participant observation, interviews with Hajj health officers, and documentation, while data analysis was conducted based on three aspects of the Donabedian model: structure (input), process, and outcome. The findings indicate that psychological assistance contributed to improved emotional calmness, mental readiness, and self-confidence among Hajj pilgrims, supported by standard operating procedures, adequate facilities, and competent health personnel. Nevertheless, the study also identified limitations in the depth of psychological asesmen, as the assistance has not yet involved professional psychologists. The implications of this study suggest that psychological assistance for Hajj pilgrims should not be viewed merely as an administrative health service, but rather as a form of Islamic psychotherapy that strengthens spiritual resilience and inner tranquility. The originality of this research lies in integrating the Donabedian service quality evaluation model with an Islamic psychotherapy perspective within primary health care services for Hajj pilgrims.

Keywords : *Donabedian model; Hajj pilgrims; health services; Islamic psychotherapy; psychological assistance*

Abstrak : Ibadah haji membutuhkan kesiapan fisik dan mental yang seimbang, sehingga pendampingan psikologis menjadi aspek penting, terutama bagi jamaah lanjut usia yang rentan mengalami kecemasan menjelang keberangkatan. Penelitian ini bertujuan untuk menganalisis peran

layanan kesehatan Puskesmas Wonosalam dalam pendampingan psikologis jamaah haji dengan menggunakan model Donabedian serta menafsirkannya dalam perspektif psikoterapi Islam. Penelitian ini menggunakan metode kualitatif deskriptif dengan teknik pengumpulan data melalui observasi partisipasi pasif, wawancara dengan petugas kesehatan haji, dan dokumentasi, sedangkan analisis dilakukan berdasarkan tiga aspek model Donabedian, yaitu struktur (input), proses, dan hasil (outcome). Hasil penelitian menunjukkan bahwa pendampingan psikologis yang diberikan berkontribusi terhadap meningkatnya ketenangan emosional, kesiapan mental, dan kepercayaan diri jamaah haji, yang didukung oleh ketersediaan standar operasional prosedur, sarana prasarana, serta kompetensi tenaga kesehatan. Namun demikian, penelitian ini juga menemukan keterbatasan dalam kedalaman asesmen psikologis karena pendampingan belum melibatkan tenaga psikolog secara langsung. Implikasi penelitian ini menunjukkan bahwa pendampingan psikologis jamaah haji tidak hanya berfungsi sebagai layanan kesehatan administratif, tetapi juga dapat dipahami sebagai praktik psikoterapi Islam yang berperan dalam penguatan spiritual dan ketenangan batin jamaah. Orisinalitas penelitian ini terletak pada integrasi model evaluasi layanan kesehatan Donabedian dengan perspektif psikoterapi Islam dalam konteks pelayanan kesehatan haji di tingkat layanan primer.

Kata kunci : *jamaah haji; layanan kesehatan; model Donabedian; pendampingan psikologis; psikoterapi Islam.*

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1. INTRODUCTION

Hajj is a mandatory worship for Muslims who have the ability to *istita'ah* both materially and non-materially. Materially, the hajj requires financial readiness due to the need to pay the Hajj Travel Fee (BIPIH). Meanwhile, non-materially, the hajj requires good health conditions, both physical and mental. Not only that, knowledge and skills related to the implementation of Hajj as well as mental and spiritual readiness are also needed to support the Hajj (Sattar & Hasanah, 2023). If we look at the phenomenon of Indonesian pilgrims who have completed the hajj, we can realize that the health status of Indonesian pilgrims is very diverse, some are susceptible to disease, then there are also those who are very easily adaptable to the conditions in Mecca and Medina. This may be due to the age of the pilgrims or due to the health of pilgrims who are sensitive to viruses or diseases (Shafiyah, 2024). Therefore, the health of the hajj is one of the conditions that must be met so that the pilgrims can carry out the mandatory and harmonious hajj to the maximum. The Minister of Health also explained that the hajj health *istitha'ah* means the ability of the health aspects of pilgrims which include physical and mental health as measured through medical examinations (Jasmine, 2021).

The quality of the health status of pilgrims when carrying out the entire series of hajj pilgrims will certainly be influenced by how the health services provided by the government

and health workers both before departure and in the holy land. If all pilgrims have a healthy physical and mental health status, then the series of hajj activities can be carried out by all pilgrims well as well. But on the contrary, if the pilgrims have health problems, it actually becomes an obstacle in the implementation of their worship (Althaf, 2023).

The Wonosalam Health Center is one of the places to hold examinations for pilgrims which has a strategic function with first-level health facilities in the implementation of hajj health services in Demak Regency. One of its important roles is as a referral center for the examination and screening of hajj health istitha'ah, where pilgrims undergo a series of verification and screening of istiha'ah (medical) eligibility before the pilgrims are declared ready to be departed to the holy land. This is based on Permenkes 62 of 2016 regarding the implementation of hajj health, that the implementation of hajj health is carried out in health centers/clinics, hospitals in each district/city, travel, embarkation / deberkasi, government referral hospitals or private hospitals. For this reason, the district or city health office will conduct a review of the results of hajj health services carried out at each health center which is used as a reference place for health checks for pilgrims to provide evaluation and validation of the activities that have been carried out (Purwita et al., 2022).

The demands of the Hajj pilgrimage journey include psychological factors that require high physical and emotional toughness. All pilgrims are required to travel far, do activities, and live in the middle of a sea of people, as well as carry out ibadkeseah rituals that can be draining. The environmental conditions that are familiar with different languages and cultures, will make pilgrims feel alone and lost. Psychology is a science that studies human mental processes and behavior. The history of psychological development describes changes in the way we understand human behavior, feelings, and thoughts (Asmarany, 2025). Psychology says that Hajj is a constructive factor for humans and is able to eliminate feelings of worry and sadness that come to humans, but don't forget that Hajj that has a constructive influence, namely Hajj that is carried out correctly, is also in accordance with Islamic teachings (Ardani et al., 2020).

However, a strong religious experience such as the hajj does not always automatically have a positive impact on the psychological condition of the pilgrims. Several studies have shown that physical stress, crowds, and intense demands for worship can actually trigger anxiety, stress, and emotional fatigue if not accompanied by adequate psychological assistance, especially in elderly worshippers and worshippers with certain psychological vulnerabilities (Koenig, 2012).

Considering that the waiting time in the Central Java region itself is more than 31 years, registration at the age of 40 will be many elderly pilgrims, because the age of 60 years and above is considered elderly. This will be a challenge for pilgrims both in Indonesia and Saudi Arabia (Aji Dian Paramita, 2023). From this context, it is important to highlight that the older a person gets, the higher the potential health risks that can arise, both physically and mentally. Seeing such conditions, the Wonosalam health center is expected to not only have a role in screening and verifying the physical health of pilgrims, but also as the leading guard in monitoring the mental and mental psychological health of pilgrims as well as early detection.

Thus, the Wonosalam Health Center is the spearhead of health services that has a great responsibility to ensure that the psychological aspects of pilgrims must also be really considered. The mental and mental examination services carried out are an important part of the process of determining health istitha'ah which aims to measure the psychological readiness of pilgrims in the implementation of the hajj. For this reason, good psychological

assistance is carried out in a planned, sustainable, and empathetic manner, involving health workers and families. Through proper assistance, pilgrims are able to manage anxiety, increase emotional readiness, and foster self-confidence. This helps ensure that pilgrims are not only physically healthy, but also mentally and spiritually stable in carrying out their hajj pilgrimage calmly and optimally. Based on the Donabedian theoretical model, the quality of health center services in the role of psychological assistance for pilgrims can be measured through 3 aspects, namely the aspect of structure (input), the aspect of the process, and the outcome aspect of this theoretical model is used for the assessment of the quality of health services (Rachmawati & Umiyati, 2019).

In terms of structural aspects, it includes physical facilities, equipment and equipment, management and organization, human resources and other resources in health facilities (Ellief Fariha Rahmawati, 2014). The process aspect includes doctor diagnosis, treatment plan, indications in action and case handling. The outcome aspect is the final result of the actions and activities of health workers to customers, namely pilgrim patients, this can be interpreted as whether there is a change in the health and satisfaction of pilgrim patients after receiving psychological assistance health care from the Wonosalam health center (Rahmaningtyas et al., 2019).

If you look further, many research studies that discuss problems in hajj health services have been carried out, but specifically discussions about the role of health services in psychological and mental health examinations of prospective pilgrims are still very limited and have not been done much. Existing studies tend to focus on the aspects of physical health *istitha'ah*, for example physical readiness, medical feasibility, and comorbidities. Meanwhile, the mental health aspects experienced by pilgrims are still not discussed in depth. Some psychological studies still position the mental health of pilgrims within the framework of general psychology that emphasizes cognitive and emotional aspects, without linking them deeply to the spiritual dimension and meaning of worship. In fact, from the perspective of Islamic psychotherapy, mental health is understood as a balance between body, soul, and spirituality, so the approach of psychological assistance is ideally not only clinical, but also pays attention to religious values and inner peace of mind of the congregation (Hasan, 2008).

This condition indicates that there is a gap in health services for pilgrims, this is interesting to research. Therefore, this study was conducted with the aim of describing how the health service system of the Wonosalam Health Center is prepared to support the role of health services in assisting the psychology of pilgrims and analyzing the role of health services in psychological assistance of pilgrims according to the Donabedian model. The results of this study are expected to be the basis for the development and evaluation of the quality of health examination services for pilgrims, especially in strengthening the balance between the physical and mental health of the psychological of pilgrims so that they are more targeted and in accordance with the quality standards of hajj health services.

This research departs from the argument that psychological assistance for pilgrims carried out by health centers not only functions as an administrative procedure in determining health *istitha'ah*, but also has a strategic role in strengthening the mental and spiritual health of pilgrims. With the support of an adequate service structure, a continuous mentoring process, and a result orientation that emphasizes changes in the psychological condition of pilgrims, health services have the potential to contribute to the creation of inner peace and mental readiness of pilgrims in carrying out the hajj optimally.

2. RESULTS AND DISCUSSION

RESULTS

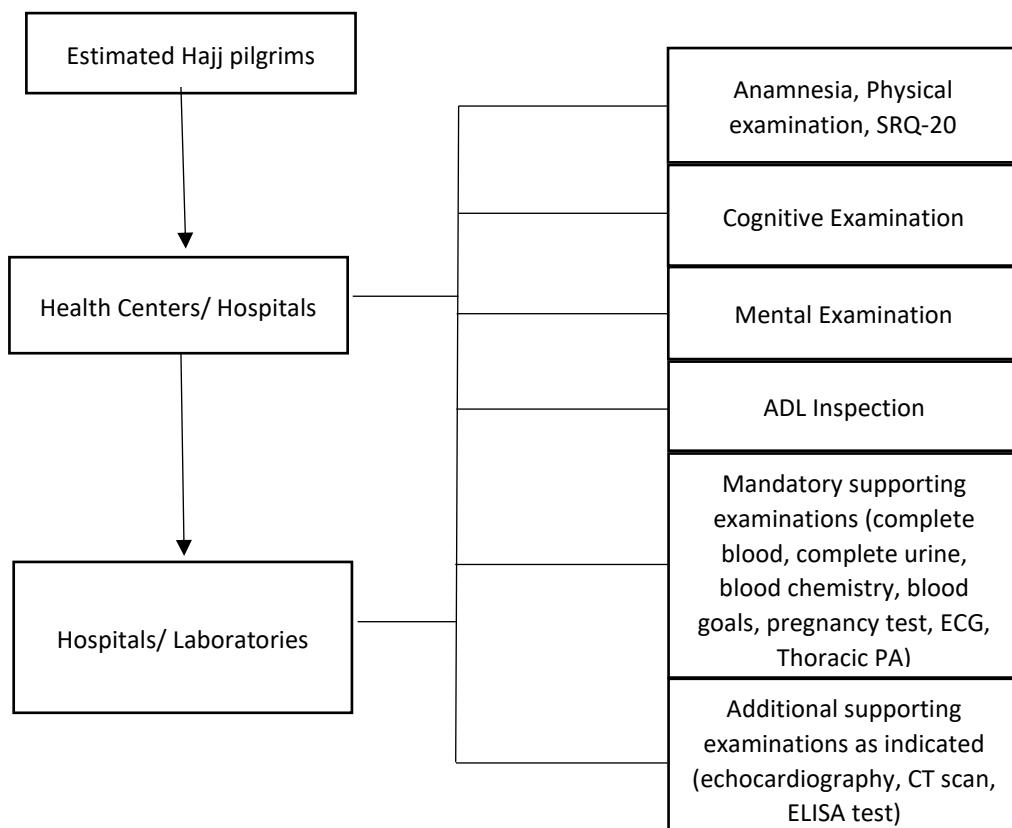
Hajj Health Examination Service System at Wonosalam Health Center

The hajj health examination service at the Wonosalam Health Center is carried out as part of the determination of *the health istitha'ah* of pilgrims in the Demak Regency area. The examination is carried out in stages and integrated based on the provisions of the Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/MENKES/508/2024. The service process includes basic medical examinations, simple mental health examinations, cognitive examinations, and assessment of daily activity abilities.

Based on the results of observations, the Wonosalam Health Center has facilities and infrastructure that support the implementation of hajj health checks, including a special examination room for pilgrims, a separate mental and mental psychological examination room, and medical equipment in accordance with operational standards. The implementation of the inspection is supported by standard operating procedures (SOP) which serve as a guideline for health workers in screening and assisting pilgrims.

Hajj health examination services at the Wonosalam Health Center involve health workers who have been determined through the Decree of the Regent of Demak as the Hajj Health Organizing Team. The team consists of the head of the health center as the person in charge, an examining doctor, a hajj health officer, and other support personnel. All health workers involved have received technical guidance related to policies and procedures for health checks for pilgrims before the implementation of the examination (Purwita et al., 2022).

Table 1. Hajj Health Check Flow



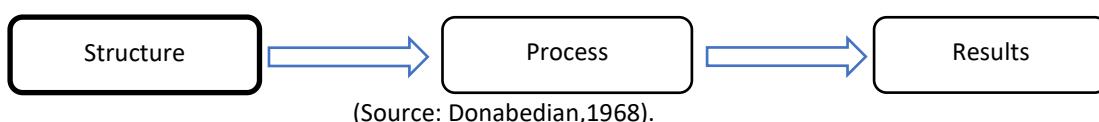
(Sources: KMK RI Number HK.01.07 / MENKES / 508 / 2024)

Findings of Psychological Assistance for Hajj Pilgrims

Based on research data, the number of pilgrims undergoing health checks at the Wonosalam Health Center was recorded at 45 people. Of these, two pilgrims were found who needed special attention related to psychological conditions. The first pilgrim was identified as having a psychological disorder that was influenced by genetic factors. After further examination and evaluation by specialist medical personnel, the departure of the pilgrims was postponed until it was declared medically feasible. The second pilgrim experienced excessive anxiety which was influenced by age factors and comorbidities. Even though he has been medically declared eligible *for health istitha'ah*, the level of anxiety experienced almost caused the pilgrim to cancel his hajj departure. These findings show that the hajj health examination is not only related to the physical aspect, but also includes the psychological condition of pilgrims which has the potential to affect mental readiness in carrying out the hajj.

Results of Service Role Analysis Based on Donabedian Model

The results of interviews and observations show that the quality of the role of health services at the Wonosalam Health Center in psychological assistance for pilgrims can be analyzed based on three aspects of the Donabedian model, namely the structure (*input*), process, and outcome (*outcome*), this model was developed by Avedis Donabedian 1968 (Rachmawati & Umiyati, 2019). In terms of structure, the Wonosalam Health Center has facilities, SOPs, and human resources that support the implementation of psychological examinations and assistance for pilgrims. In the process aspect, psychological assistance is carried out through mental and mental health screening, follow-up examinations using SRQ-20, Mini-Cog, and AMT instruments, and the provision of mental health education. In terms of results, pilgrims showed positive changes in the form of a decrease in anxiety levels, increased confidence, and mental readiness to carry out the hajj.



Tabel 2. Hasil Wawancara dengan Model Donabedian

| Model Donabedian | Indicator | Findings |
|---|---|--|
| Structural Aspects (Input) | Facilities (Physical facilities, equipment and equipment) | The availability of special examination rooms for pilgrims, including mental psychological examination rooms, and Hajj health examination equipment that is complete and in accordance with operational standards. |
| | Management and organization | The examination SOP refers to the decree of KMK RI Number HK.01.07/MENKES/508/2024, as an official guideline for the determination of hajj health istitha'ah. |
| | Human resources and other supporters | Health workers are stipulated in the Decree of the Regent of Demak,. And also there is coordination between units. |

| | | |
|------------------------|--|---|
| Process Aspects | Psychological examination of the congregation | Screening of mental and mental health through interviews and observations. Simple psychiatric examinations, cognitive examinations, and mental health examinations. |
| | Examining doctor | General practitioner. |
| Outcome Aspects | Treatment plan | Pilgrims are given explanations and mental health education, as well as recommendations for follow-up if the screening score shows a risk. |
| | Case management | Referrals when needed, <i>home visits</i> , and motivational assistance. |
| Process Aspects | Changes in the psychological health status of pilgrims | Pilgrims showed an improvement in psychological health conditions and stable physical health. |
| | Psychological mental readiness | Increased confidence, reduced anxiety levels, feeling calmer, and ready to follow a series of worship. |
| | Congregational satisfaction level | Pilgrims are satisfied with the health services at the health center. |

(Source: Research data of Wonosalam Health Center)

DISCUSSION

Mental Health of Hajj Pilgrims as Part of *Istitha'ah*

Health services for pilgrims cannot be separated from the aspect of mental health, because physical and psychological health are closely interconnected. When individuals experience physical disorders, psychological conditions have the potential to be disrupted, and vice versa (Khasanah & Kalifia, 2024). This condition is relevant to the context of pilgrims, especially elderly pilgrims who face physical demands, new environments, and psychological pressure during the worship process.

The anxiety found in some pilgrims in this study shows that the fulfillment of health *istitha'ah* medically does not fully guarantee the mental readiness of pilgrims in carrying out the hajj. This is in line with the view of psychology that mental health includes a balance between emotional, cognitive, and behavioral aspects (Bhinnety, 2008).

In the study of contemporary Islamic psychology, mental health is understood as a condition of balance between psychological and spiritual aspects which is reflected in emotional calm, mental stability, and the ability of individuals to interpret life experiences religiously (Syifa & Huda, 2024). This balance is the basis for creating inner peace (*ṭuma'nīnah*) that is needed in the implementation of worship (Faizah et al., 2025). Recent research shows that Islamic psychotherapy approaches that emphasize the integration of spiritual values, such as religious awareness, prayer, and strengthening the meaning of worship, contribute significantly to lowering anxiety levels and improving the psychological well-being of individuals (Hotimah et al., 2024). In the context of pilgrims, the anxiety that arises before departure does not only come from physical factors and age, but also from religious burdens and spiritual concerns, so psychological assistance needs to be directed at strengthening the meaning of worship and the mental-spiritual readiness of pilgrims.

Analysis of the Donabedian Model in Psychological Assistance for Hajj Pilgrims

The Donabedian model emphasizes that the quality of health services is determined by the relationship between the structure, process, and service outcomes (Rachmawati & Umiyati, 2019). This approach is in line with the development of mental health studies that emphasize the importance of the spiritual dimension as part of health service outcomes. Recent studies show that spirituality, especially Islamic spirituality, serves as a protective factor capable of strengthening psychological resilience and lowering anxiety in individuals facing high psychological stress (Asih, Sukino, 2025).

Thus, the findings of this study expand the application of the Donabedian model by placing changes in the psychological condition and inner peace of pilgrims as part of the results of meaningful hajj health services, not limited to medical indicators alone. The findings of this study show that the availability of facilities, SOPs, and competent health workers allows the process of psychological assistance for pilgrims to run systematically and in a directed manner. The mentoring process carried out through screening, follow-up examinations, and mental health education contributes to the results in the form of increasing the mental readiness of pilgrims. Therefore, the outcome of hajj health services can not only be measured through medical indicators, but also through changes in the psychological condition of pilgrims.

Health services are all forms of activities or a series of actions that are given directly to individuals and communities with the aim of improving, restored, and maintaining health through preventive, rehabilitative, promotive, curative, and palliative efforts (Sri, Arie, & Ahma, 2024). In the context of Hajj, health services are a series of efforts that are carried out continuously and comprehensively by conducting health checks on pilgrims in accordance with standards so that they can carry out their hajj prayers optimally. Health checks themselves include efforts to maintain the health independence of pilgrims, such as through the preparation of medicines, health consultations during the trip, regulation of nutritional intake, and the provision of guidance and health consultations (Chairani, 2018). This is in line with KMA Number 142 of 2025 which requires every pilgrim to fulfill health *istitha'ah* first before final repayment.

The implementation of hajj health checks in Demak is under the responsibility of the Demak Regency Health Office and is carried out through health service facilities such as hospitals and health centers (Fasihullisan et al., 2025). The Wonosalam Health Center is a service unit that has been chosen as a referral place in the process of determining *the health istitha'ah* of pilgrims in the surrounding area, in the service system has been held in stages and integrated. The implementation of the examination and the Standard Operating Procedure (SOP) of the examination refers to the regulations of the provisions of KMK RI Number HK.01.07/MENKES/508/2024, including the aspect of psychological examination of pilgrims. The stages of implementing the Hajj health examination include several components as follows:

- a. Medical examination. Basic medical examinations such as anamnesis (health interviews), physical examinations, supporting examinations and simple mental health examinations in pilgrims using the *self-reporting questionnaire* (SRQ-20) instrument.
- b. Cognitive examination
- c. Mental health check-ups
- d. Activity daily living (*ADL*) examination

The facilities and infrastructure owned by the Wonosalam Health Center are also quite adequate in supporting the implementation of Hajj health checks. The availability of physical facilities such as Hajj service administration rooms, pilgrim examination rooms and public examinations that are differentiated, as well as standard medical equipment allows services to take place effectively and coordinated. The existence of medical equipment that supports the needs of physical health examinations and psychological assessments of pilgrims. In line with this, to realize safe and quality health services, every health facility is obliged to meet the quality indicators of national health services. Therefore, improving the quality of services is carried out through the availability of adequate, complete, and supportive facilities and infrastructure that can support the optimal implementation of health services (Alma Tiana, Nurhasana, 2024).

Adequate facilities for optimal hajj health services are also greatly influenced by the existence and availability of implementing resources. Jo Brayson (2014), argues that the resources of the elderly need to continue to be improved through education, whether formal, non-formal, or informal. This improvement effort aims to improve employee satisfaction, their performance, overcome shared shortcomings, and improve work quality results (Andi Nasir, 2018). The Wonosalam Health Center has competent and trained health workers, these health workers are not only equipped with medical technical skills but have also participated in training that is relevant to the examination and assistance of pilgrims. As conveyed by Mr. HN as the Hajj Authority Officer at the Health Center, he said that the health workers of the health center who were members before carrying out examinations on pilgrims were given technical guidance by the district health office. Demak by providing an overview of the policy of pilgrim inspection techniques and also the competencies that must be possessed by the officers in the services needed by the pilgrims.

This research focuses on psychological, mental and mental health examination services provided by the health center to pilgrims. Therefore, mental health is quite as important as physical health that must be considered, because the two are closely related to each other and are very sustainable with each other. If an individual experiences physical problems, it is likely that mental psychological health problems can also be disturbed, and vice versa. These problems certainly affect movement in daily activities and bodies that are often carried out (Khasanah & Kalifia, 2024). Bacteria that attack the body can certainly cause disease, but in some cases, such as body malfunction and malnutrition, there are also psychological aspects that affect the disease (Hasan, 2008). Thus, attention to the mental psychological health of pilgrims not only helps maintain inner peace and emotional harmony, but also supports increasing physical endurance and physical readiness in carrying out their worship to the maximum.

The definitions of psychological formulations look diverse and have undergone changes in the past. Based on Atkinson et al. (1983), around 1890, William James defined psychology as research on mental activities, such as desires, feelings, reasoning, cognition, decision-making and the like. Meanwhile, in the 1919s, J.B Watson once defined psychology as research on behavior that can be observed. Gray (2002), defines that psychology is a science about mental and behavior. What is meant by mental is that it includes emotions, thoughts, dreams, perceptions, memory, sensations, motivations and other personal backgrounds of a person, while the behavior in question is behavior that can be observed either from humans or animals (Bhinnety, 2008). Understanding psychology as a science that studies behavior and mentality is very basic in comprehensive Hajj health planning, the psychological assistance

services provided must also be able to identify all psychological factors experienced by pilgrims and be able to provide appropriate mediation, both preventive and curative.

Based on the results of the research, the number of pilgrims who received referrals to conduct examinations at the Wonosalam Health Center was recorded as 45 pilgrims, from the data obtained by the researcher there were 2 pilgrims who had psychological disorders and needed further attention and handling. The first pilgrim to be diagnosed with a genetic psychological disorder and after a referral and evaluation by a specialist doctor, his departure was postponed from 2024 to 2025 until he was declared feasible. While the second pilgrim experienced anxiety due to his comorbidities and age factors, even though it had been declared *istitha'ah* in his health, the increased anxiety almost made the pilgrim want to cancel his Hajj departure, especially because of his concern that he would not pass the examination at the Donohudan Hajj Dormitory. Anxiety is one of the problems in psychology, in Arifatul Mahmudah (Meares) explains that anxiety in the elderly is caused by a decrease in stability in the body, to a decrease in function in the senses (Kulsum, 2024). These findings show that psychological aspects play an important role in the readiness of pilgrims to carry out the hajj, even though physical health has fulfilled the requirements. The following is the flow of checking the validity of pilgrims at the Wonosalam health center based on the Decree of the Minister of Health of the Republic of Indonesia:

Analysis of the Role of Services in Psychological Assistance for Pilgrims of Pukesmas Wonosalam Based on the Donabedian Model

Psychological assistance for pilgrims is an important part of the role of health services in ensuring the readiness of pilgrims as a whole, considering the phenomenon at the Wonosalam Health Center where there are pilgrims who experience psychological disorders influenced by genetic factors, as well as the presence of pilgrims who suffer from anxiety that almost limits their departure for the Hajj even though *istitha'ah* has been stated medically. The assistance provided is expected to be able to help pilgrims get out of the psychological problems they experience. Riyadi (22:138), argues that role can be interpreted as the concept and purpose of the part played by a party in the social opposition. From this role, the individual or organizational actor will act according to the expectations of the person or his environment (Brigette Lantaeda et al., 2002). This shows that the role of health services at the Wonosalam Health Center is very important in preparing the pilgrims, both physically and psychologically.

The implementation of the hajj can be called successful if it is supported by the implementation of quality and maximum services. Service is a process carried out by groups or individuals through a form of coordination to achieve goals that have been set in accordance with applicable regulations and provisions (Faizah et al., 2025). Measuring how effective the quality of the role of health services at the Wonosalam Health Center in providing psychological assistance to pilgrims requires an evaluation approach that can assess the overall quality of services. Meanwhile, the relevant approach in this study is the Donabedian approach model, this model was developed by Avedis Donabedian 1968 with 3 aspects, namely structure (*input*), process, and outcome (*outcome*). Each of these aspects can be described with an explanation, namely to ensure the quality of services such as the role of health services in the psychological assistance of pilgrims and this requires a policy. The policies in question include improving service quality and capabilities, implementing and setting standards, improving the quality of human resources, implementing *quality*

assurance, accelerating the implementation of accreditation, increasing cooperation and coordination, and increasing community participation (Rachmawati & Umiyati, 2019).

Structural Aspects (Inputs)

According to Donabedian (1968), structure (*input*) is a condition or condition that must be met in a health facility for the requirement to provide complete health services (Rahmaningtyas et al., 2019). The relationship between the structure and quality of the servants is important in planning, conceptualizing, and implementing the intended system to provide health services. In this case, the characteristics of the structure used for the assessment of the quality of the role of health services in the psychological assistance of pilgrims have a tendency to affect the service process to the point that the quality decreases or increases (Rachmawati & Umiyati, 2019).

The structural aspect (*input*) leads to the environment in which the examination takes place (Santry et al., 2020). The availability of rooms that meet the needs shows the fulfillment of facility feasibility standards. Mrs. KH said that the mental and mental psychological examination room of pilgrims at the Wonosalam Health Center has been provided specifically and separately from other examination rooms, this room is designed to ensure the creation of a private, calm and conducive atmosphere for *assessment*. The implementation of the examination is only carried out between the pilgrims and the examining doctor without the presence of other health workers or family members. This arrangement not only maintains the confidentiality of information and the emotional comfort of pilgrims, but also reduces the potential for distractions that can affect *the results of the assessment*. In addition, the inspection equipment and equipment have met operational standards as reflected in the accreditation status of the Wonosalam Health Center which has been declared plenary in 2023. This accreditation indicates that the health center facilities have met the principles of quality, feasibility of examination facilities, patient safety, and provision for physical and psychological screening of pilgrims.

As explained in the previous explanation, the standard operating procedures (SOP) for psychological examinations of pilgrims at the Wonosalam health center are also in accordance with the provisions of the KMK RI Number HK.01.07/MENKES/508/2024. SOPs can help intercept the occurrence of various forms of irregularities, as well as facilitate the handling and identification of the causes of irregularities when irregularities occur. When all activities are carried out in accordance with the provisions of the SOP, the quality of public services will gradually improve so that it becomes easy, fast, and professional (Widya Hanifah Lutfianti, 2024). The implementation of the audit will be more effective with the support of competent human resources. The health workers involved have been determined through a decree given by the regent under the name of the Decree of the Demak Regency Hajj Health Organizing Team in 2025, Number 44/159/2024. The team involved in it consisted of the head of the health center as the person in charge, the examining doctor, the Hajj health programmer, the non-communicable disease programmer, the mental health programmer, and the health analysis, as well as five doctors and nine sisters. As previously explained, health workers are also provided with technical guidance on the competence of health examination services and empathic communication that the officers have for pilgrims. A well-executed coordination and cooperation mechanism between units, such as health offices, hospitals, and religious ministries, is built on the same goals that are to be achieved (Dian, Rizky, Yukrim, 2024). This can ensure that the process of mental, psychiatric and medical psychological examinations is integrated and accountable.

Process Aspects

The process is a series of activities carried out by health workers and how they interact with patients. In assessing the quality of service to the process aspect, it is an evaluation of the ability of doctors and health workers to manage patients. The assumption of whether a process is good or not can be measured from the suitability of the process for the landscape, the level of effectiveness and flexibility, the quality of the process itself, and the fairness of the process (Ellie Fariha Rahmawati, 2014). In terms of the process, the implementation of hajj health services is reflected through a series of inspection activities carried out at the Wonosalam Health Center systematically by hajj health workers. Starting from initial screening to follow-up according to the clinical and psychosocial needs of pilgrims. The examination is a cursory component, the psychological examination of pilgrims includes mental and mental health screening for pilgrims. Mr. HN revealed that the new health screening is at the 2025 Hajj pilgrim examination. Screening is a method used to identify a person who is at higher risk for a disease or condition, so that information and interventions can be provided early to help them make informed decisions regarding their health status (Gaharpung et al., 2024).

After the screening is carried out and the initial results have been obtained, the health workers of the Hajj Puskesmas conduct a follow-up examination which has a more in-depth assessment function. Follow-up examinations for the mental and spiritual psychology of pilgrims include simple mental examinations using the *self-reporting questionnaire* instrument (SRQ-20), the *Self-reporting questionnaire* (RSQ) itself is a questionnaire developed by WHO and then adapted by Sri Idaini (2009) as a basic screening instrument for disorders and is widely used to detect symptoms of psychological disorders. The SRQ-20 measuring instrument consists of 20 questions with "yes" or "no" answers. Based on Rikesdes (2007), of the 20 questions, a *cut-off* point system of 6 was carried out, which means that respondents with six or more "yes" answers to the questions asked, the individual is indicated to have an emotional disorder (Hidayatullah et al., 2021). Then a cognitive examination using a *mini cog and clock drawing test*, this examination is done to examine the ability of the thinking process in the pilgrims. The function of this cognitive includes a variety of mental abilities and skills, such as intellectual capacity, attention, focus, speed of processing communication and language, being able to understand visual-spatial, and memory (Psychological testing committee, 2015). And mental health checks using the *abbreviated mental test score* (AMT) to assess dementia, memory, orientation, and concentration in worshippers.

The psychological examination of the congregation is handled by a general practitioner who has the responsibility of assessing and diagnosing the condition of the pilgrims and determining the necessary follow-up for the pilgrims who are at risk. In addition to doctors, health workers also provide education about both mental and physical health. This education is a promotive and preventive information, so that it is able to encourage the understanding of pilgrims in order to strengthen their ability to improve and manage their health (Pasaribu et al., 2025). In addition, they also instruct pilgrims on the steps to be taken when the results of screening and examination indicate the existence of certain risks.

Based on the phenomenon that occurred at the Health Center, support, mentoring, and monitoring to maintain the stability of the psychological condition of pilgrims have been carried out. Basically, handling and coaching are carried out through the same approach, but the level of follow-up action is according to the needs of each pilgrim. Mrs. KH and Mr. HN revealed that worshippers who showed severe mental and mental psychological disorders

were referred to a more in-depth examination facility to get more comprehensive treatment. Then pilgrims who experience excessive anxiety and emotional tension are given intensive assistance to help manage their psychological responses. The efforts made by health workers are by implementing forms of intervention such as *home visits* and motivational assistance, this makes it possible to understand the emotional condition of the pilgrims, understand more closely how the surrounding environment is and motivate in strengthening the mental health of the pilgrims. Motivation in Islam can include happiness in the world and the hereafter, with the note that happiness in the world needs to be balanced with piety to Allah SWT, motivation teaches a person to explore pleasure with an eternal nature (Denianti & Muhajarah, 2025). Meanwhile, family involvement can also strengthen support for pilgrims, Mr. HN stated that family involvement as the closest environment for pilgrims can help pilgrims feel calmer, confident and have a greater enthusiasm to continue their hajj departure.

Outcome Aspects

Donabedian (1982-6), outcomes are the health effects that have been obtained after obtaining health services, namely changes in the patient's health condition which includes psychological and social health, also including the patient's attitude after receiving health services and changes in health-related behavior (Ramlji, 2019). The role of health services in health centers in psychological assistance for pilgrims in outcomes is seen as the final measure of the structural and process approach to the final assessment of the extent to which the health services provided are able to provide real benefits to pilgrims.

The results (*outcomes*) in the assessment of the quality of the role of health services in the psychological assistance of pilgrims at the Wonosalam Health Center from the aspects of structure (*input*) and process are quite significant. The pilgrims showed positive changes in their psychological condition after receiving assistance from the health center and evaluation from specialists. Mr. HN revealed that pilgrims who initially had a high risk of psychological health, experienced excessive tension and worry gradually recovered and reduced so that they were replaced with an increased sense of confidence and readiness to leave. Pilgrims also feel calmer after receiving information on emotional support, clear information, and spiritual motivation. Confidence in pilgrims increases because they know that their health conditions are always under medical monitoring and of course there are health workers who are ready to help. Basically, the capacity of human capabilities is limited while the needs are unlimited (Fatiha et al., 2025).

With the donabedian model which includes components of structural aspects (*inputs*), processes, and outcomes (*outcomes*) is able to describe the quality of health services provided for pilgrims. Thus, this study identifies several deficiencies in the psychological examination of pilgrims at the Wonosalam Health Center. First, the examination and enforcement of the diagnosis of the psychological and mental conditions of pilgrims is carried out by general practitioners, so that the assessment is not as optimal as possible. Second, the health screening mechanism is a new program that starts in 2025, of course the implementation is still relatively new, so improvements are needed in its implementation so that it can be better coordinated for the next year. Third, dishonesty was found by the pilgrims when examined because the pilgrims already knew the contents of the question instrument from the pilgrims who had been examined beforehand, so that it had the potential to affect the accuracy of the examination and screening results.

Overall, these findings have shown that although the Wonosalam Health Center has tried to provide maximum psychological assistance, there are still aspects that need to be improved

to ensure that the assessments and services provided to pilgrims are able to describe the condition of pilgrims more accurately and effectively.

3. CONCLUSION

This study shows that the role of health services at the Wonosalam Health Center in psychological assistance for pilgrims has run quite well and has a positive impact on the mental readiness of pilgrims. With the support of facilities and infrastructure, standard operating procedures, and adequate health workers, the psychological assistance provided is able to help pilgrims reduce anxiety, increase confidence, and strengthen mental readiness in carrying out the hajj. These findings confirm that psychological readiness is an important aspect in determining *the health istitha'ah* of pilgrims, in addition to physical readiness.

In terms of scientific contribution, this study contributes to the study of Islamic psychotherapy and hajj health services by integrating the Donabedian health service evaluation model into the analysis of psychological assistance for pilgrims at the primary service level. This study expands the meaning of health service outcomes not only on medical indicators, but also on changes in psychological conditions and mental peace of pilgrims, thereby strengthening a holistic approach in hajj health services.

However, this study has some limitations. Psychological assistance for pilgrims is still carried out by general practitioners without the direct involvement of psychologists, so the depth of psychological assessment is not optimal. In addition, this study is limited to one referral health center so the findings cannot be generalized widely. Therefore, further research is recommended to involve professional psychologists, use a longitudinal approach, and expand the research location in order to obtain a more comprehensive picture of the psychological assistance of pilgrims from the perspective of Islamic psychotherapy.

References

Aji Dian Paramita. (2023). Manajemen Pelayanan Kesehatan Kepada Calon Jemaah Haji Di Dinas Kesehatan Kabupaten Demak (Skripsi). UNIVERSITAS ISLAM NEGERI WALISONGO SEMARANG.

Alma Tiana, Nurhasana, zilkifli U. (2024). Analisis Kelengkapan Sarana dan Prasarana dalam Peningkatan Mutu Pelayanan Kesehatan di Klinik Pratama Islamic Center Provinsi Kalimantan Timur. 5(2), 1597–1602.

Althaf, N. A. (2023). Efektifitas Pelayanan Kesehatan Dalam Memberikan Kelayakan Berangkat Jemaah Haji Pada Dinas Kesehatan Kota Tangerang Selatan Tahun 2022 (Skripsi). Universitas Islam Negeri Syarif Hidayatullah Jakarta.

Andi Nasir, A. E. (2018). KESEHATAN KABUPATEN MAMUJU Power and Health Service Wealth Hajj in Health Department of Mamuju District Andi Nasir , Agus Erwin Jurusan Keperawatan Poltekkes Kemenkes Mamuju. 1(1), 81–86.

Ardani, T. A., Yusuf, A. Y., & Irawan, A. R. (2020). Psikoreligiusitas dalam peningkatan kesehatan mental calon jamaah haji dan umroh di kota Malang. Universitas Islam Negeri Malang, 17–18.

Asih, Sukino, S. (2025). Spiritualitas Islam sebagai Faktor Protektif Kesehatan Mental: Tinjauan Interdisipliner dalam Perspektif Pendidikan Agama dan Psikologi Klinis Zwesty Kendah Asih, Arief Sukino, Fitri Sukmawati Institut Agama Islam Negeri (IAIN) Pontianak, Indonesia. Kartika:Jurnal Studi Keislaman, 5(2), 895–908.

Asmarany, A. I. (2025). Psikologi Dan Kesehatan Mental. Yayasan Cendikia Mulia Mandiri. https://doi.org/https://books.google.co.id/books?hl=id&lr=&id=5xA-EQAAQBAJ&oi=fnd&pg=PA1&dq=kesehatan+mental+psikologis&ots=YinBqOteCr&sig=EPIn-4yZnjeqlMzAsaDZaLidD7w&redir_esc=y#v=onepage&q=kesehatan%20mental%20psikologis&f=false

Bhinnety, M. (2008). Mengintegrasikan Psikologi Melalui Perumusan Kembali Domain Obyek Studi. *Buletin Psikologi*, 16(1), 29–34.

Brigette Lantaeda, S., Lengkong, F. D. J., & Ruru, J. M. (2002). Peran Badan Perencanaan Pembangunan Daerah Dalam Penyusunan Rpjmd Kota Tomohon. *Jurnal Administrasi Publik (JAP)*, 04(048), 243.

CHAIRANI, S. (2018). HUBUNGAN FAKTOR PERILAKU DENGAN STATUS KESEHATAN CALON JEMAAH HAJI DI KOTA PEMATANGSIANTAR TAHUN 2018 (Skripsi). INSTITUT KESEHATAN HELVETIA MEDAN.

Denianti, L., & Muhajarah, K. (2025). Pemenuhan Kebutuhan Psikologis Dasar Dalam Motivasi Jamaah Umrah Mandiri. *Kamaya: Jurnal Ilmu Agama*, 8(1), 76–87. <https://doi.org/10.37329/kamaya.v8i1.4034>

Dian, Rizky, Yukrim, A. W. (2024). Strategi dalam meningkatkan kerjasama tim di lingkungan perusahaan. *Jurnal Ilmiah Penelitian Mandira Cendikia*, 2, 66–71.

Ellie Fariha Rahmawati, W. J. P. (2014). 67 analisis kepuasan pasien terhadap kualitas pelayanan dengan teori donabedian di instalasi laboratorium. 2, 67–74.

Faizah, A., Muhajarah, K., Affandi, Y., Rozaq, A., & Sattar, A. (2025). Manajemen Strategi Pelayanan SERVQUAL Ibadah Umrah Pada Pada Jemaah Disabilitas Fisik PT. Harum Bina Wisata, Indramayu. 8, 135–150.

Fasihullisan, A. F., Affandi, Y., & Rozaq, A. (2025). Analisis Integritas Pegawai Puskesmas Tambakaji dalam Manajemen Penetapan Istithaah Kesehatan Jemaah Haji Lansia. 8, 1–12.

Fatiha, S. N. U., Affandi, Y., Darissurayya, V., Rozaq, A., & Malik, H. A. (2025). Peran Satgas Haji dalam Peningkatan Kualitas Pelayanan Jemaah Lansia di Asrama Haji Donohudan. *Kamaya: Jurnal Ilmu Agama*, 8(1), 142–156. <https://doi.org/10.37329/kamaya.v8i1.4049>

Gaharpung, M. S., Kesehatan, S., Masyarakat, P., Screening, H., & Service, C. (2024). Skrining kesehatan di dusun nuagiu desa detusoko barat kecamatan detusoko 1. *Jurnal Pengabdian Masyarakat Mandira Cendikia*, 3, 144–149.

Hasan, A. B. P. (2008). Pengantar Psikologi Kesehatan Islam. Rajawali Pers.

Hidayatullah, R. M., Nisa, F., Aluf, A., & Situbondo, U. I. (2021). Efektivitas Self-Talk Terhadap Pengelolaan Kesehatan Mental di Tengah Pandemi COVID-19. *Jurnal Penelitian Psikologi*, 1(1), 38–48.

Hotimah, H., Rahmah, A., Studi, P., Islam, K., & Ushuluddin, F. (2024). Terapi Islam dalam Sudut Pandang Psikologi Klinis. *Istisyfa: Journal of Islamic Guidance and Counseling*, 3(02), 607–615. <https://doi.org/http://dx.doi.org/10.29300/istisyfa>

Jasmine, C. I. mailangkay. (2021). Strategi Pelayanan Dalam Meningkatkan Kesadaran Istitha'ah Kesehatan Jamaah Haji Pada Dinas Kesehatan Kota Tangerang Selatan (Skripsi). Universitas Islam Negeri Syarif Hidayatullah.

Khasanah, P., & Kalifia, A. D. (2024). Hubungan Antara Kesehatan Mental Bagi Aktivitas Sehari-Hari. *Gudang Jurnal Multidisiplin Ilmu*, 2, 333–335.

Koenig, H. G. (2012). Religion , Spirituality , and Health : The Research and Clinical Implications. Internasional Scholarly Research Network ISRN Psychiatry, 2012, 33. <https://doi.org/10.5402/2012/278730>

Kulsum, R. U. (2024). PEMANFAATAN MODEL KONSELING SPIRITUAL. *Jurnal Kediklatan Balai Diklat Keagamaan Jakarta*, 5, 207–220.

Maryati, S. (2024). Psikoterapi Islam Untuk Meningkatkan Kesehatan Mental. *Journal on Education*, 07(01), 6905–6911. <https://doi.org/https://doi.org/10.31004/joe.v7i1.7361>

Pasaribu, R. H., Rifhan, Z., Sulviani, N., Ritonga, I. L., & Tan, H. (2025). PENYULUHAN KESEHATAN HAJI CALON JAMAAH HAJI LANSIA DI KECAMATAN MEDAN HELVETIA TAHUN 2025. 4(2), 57–62.

Purwita, D. A. , Eri, W., & Yennike, T. H. (2022). Manajemen Pelayanan Kesehatan Jamaah Haji di Puskesmas Kalisat Kabupaten Jember. *Jurnal Penelitian Kesehatan" SUARA FORIKES"(Journal of Health Research" Forikes Voice")* (2022) 13(1) 190-195, 13, 190–195.

Rachmawati, A., & Umiyati, S. (2019). Proses Improvement Pelayanan Kesehatan Lanjut Usia (Lansia) Di Puskesmas Klampis Ngasem Kota Surabaya. *Aplikasi Administrasi: Media Analisa Masalah*

Administrasi, 22(1), 1. <https://doi.org/10.30649/aamama.v22i1.110>

Rahmaningtyas, R. I., Supriyanto, S., Masyarakat, F. K., & Airlangga, U. (2019). PENGARUH MUTU LAYANAN TERHADAP KEPUASAN DI POLIKLINIK HAMIL INSTALASI RAWAT JALAN RUMAH SAKIT UMUM HAJI SURABAYA THE EFFECT OF SERVICE QUALITY ON PATIENTS' SATISFACTION IN THE MATERNITY POLYCLINIC OF OUTPATIENT INSTALLATION OF SURABAYA HAJI PUBLIC HOSPITAL. July, 80–92. <https://doi.org/10.20473/ijph.v1i4il.2019.80-92>

RAMLI. (2019). ANALISIS KUALITAS PELAYANAN KESEHATAN DI UNIT INSTALASI GAWAT DARURAT (IGD) RUMAH SAKIT UMUM DAERAH (RSUD) KOTA MAKASSAR (Tesis). SEKOLAH TINGGI ILMU ADMINISTRASI LEMBAGA ADMINISTRASI NEGARA MAKASSAR.

Refiani, M., & Muhajarah, K. (2024). ANALISIS SKEMA 4-3-5 DALAM PENYELENGGARAAN HAJI 2024 : PERSPEKTIF MANAJEMEN MUTU TERPADU (TQM). 95–110.

Santry, H. P., Strassels, S. A., Ingraham, A. M., Oslock, W. M., Ricci, K. B., Paredes, A. Z., Heh, V. K., Baselice, H. E., Rushing, A. P., Diaz, A., Daniel, V. T., Ayturk, M. D., & Kiefe, C. I. (2020). Identifying the fundamental structures and processes of care contributing to emergency general surgery quality using a mixed-methods Donabedian approach. *BMC Medical Research Methodology*, 20(1), 1–19. <https://doi.org/10.1186/s12874-020-01096-7>

Sattar, A., & Hasanah, H. (2023). Tingkat Pengetahuan Peserta Sertifikasi Pembimbing Manasik Haji Profesional: Catatan Angkatan Vi Dari Semarang. *Multazam : Jurnal Manajemen Haji Dan Umrah*, 3(1), 43. <https://doi.org/10.32332/multazam.v3i1.7096>

Shafiyah. (2024). Strategi Kantor Kementerian Agama Dalam Memberikan Pelayanan Kesehatan Calon Jamaah Haji Di Kabupaten Jeneponto (skripsi). UNIVERSITAS ISLAM NEGERI ALAUDDIN MAKASSAR.

Syifa, M. I., & Huda, T. N. (2024). Islamic Psychotherapy : Insights from Diverse Psychological Perspectives. *Taujihat: Jurnal Bimbingan Konseling Islam*, 5(2), 69–84. <https://doi.org/10.21093/tj.v5i2.9910>

Ulfatin, N. (2015). Metode Penelitian Kualitatif Di Bidang Pendidikan : Teori Dan Aplikasinya (cetakan ke). MNC Publishing. https://doi.org/https://books.google.co.id/books?id=kISeEAAAQBAJ&printsec=frontcover&hl=id&source=gbs_ge_summary_r&cad=0#v=onepage&q&f=false

Widya Hanifah Lutfianti, W. (2024). Efektivitas Penerapan Standar Operasional Prosedur Pelayanan Pada Klinik Pratama Sehat Budi Luhur Cimahi Selatan. 6681(7).

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