

ORIGINAL ARTICLE

Spiritual emotional freedom technique and level anxiety among people with pre-percutaneous coronary intervention

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ABSTRACT

Introduction: Percutaneous Coronary Intervention is a diagnostic procedure that is generally considered to have a low risk. Nevertheless, a significant number of patients often experience elevated levels of anxiety. The use of SEFT has been shown to alleviate anxiety in such cases. **Objective:** The purpose of the study was to determine the effect of SEFT on the anxiety level among people with Pre-Percutaneous Coronary Intervention. **Methods:** The research design used a quasi-experiment with a pretest-posttest design and a control group design. The number of samples using G-Power with nonprobability sampling was 18 in each group (36 people in total). The inclusion criteria were elective inpatients, patients diagnosed with CAD who had anxiety and could communicate, patients indicated as primary care, and patients with complications and panic. The SEFT consisted of set-up, tune-in, and tapping given one hour before cardiac catheterization for 15–25 min with two repetitions. Questionnaires were used to measure anxiety levels before and after therapy using the Hamilton Scale for Anxiety (HARS), with validity (r count 0.57–0.97) and reliability (0.93–0.97). The analysis used Mann-Whitney. **Results:** The results of the study demonstrated that both the short version of the State-Trait Anxiety Inventory (SEFT) administered to the control group ($p = 0.001$) and the long version of the SEFT administered to the intervention group ($p < 0.001$) were effective in reducing anxiety scores. However, there was no statistically significant difference in the mean anxiety scores between the two groups when comparing the long and short versions of the SEFT ($p = 0.053$). **Conclusion:** The outcomes of the study demonstrated the impact of SEFT therapy on anxiety levels in cardiac pre-catheterization patients. These findings suggest that SEFT can be an effective complementary nursing intervention to alleviate anxiety in this patient population.

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1. Introduction

The prevalence of heart disease in Indonesia is 1.5% or the equivalent of 1,017,290 people. West Java Province has the highest number of heart disease patients in Indonesia with 186,809 cases (Kementerian Kesehatan RI, 2018). CHD, or coronary heart disease, is a fatal condition that requires prompt and precise diagnosis to reduce mortality rates. The detection of CHD can be accomplished through a combination of noninvasive and invasive diagnostic procedures. Non-invasive tests, such as ECG, treadmill testing, and MSCT scans, are among the procedures used, while invasive examinations include Percutaneous Coronary Intervention (PCI) (Chacko et al., 2020).

Santosa Hospital in Bandung Central is a private hospital that offers cardiac catheterization. It is worth noting that there has been a significant increase in the number of patients undergoing this procedure at the hospital over the past two years. Records show that 1,647 patients received cardiac catheterization in 2021, while the number increased to 2,278 in

2022 (RS Santosa, 2022). The present study involved ten individuals who underwent cardiac catheterization. Before the procedure, each patient was interviewed, and it was found that eight of the ten patients experienced anxiety, fear of failure, and apprehension about potential complications that might arise during catheterization. Interestingly, no specific measures were recommended to alleviate anxiety; only prayer was suggested.

Percutaneous intervention (PCI) is a widely used low-risk medical procedure for diagnosis and treatment. Nevertheless, data show that up to 50% of patients experience severe anxiety and 60% experience depression in the 24 hours leading up to cardiac catheterization. This is a significant concern, as these mental health issues can have a significant impact on the patient's well-being and the success of the procedure (Vlastra et al., 2018). Anxiety is a condition that has an impact on the autonomic nervous system, leading to both specific and generalized anxiety and stress responses. Various hemodynamic changes occur because of anxiety, including changes in blood pressure, breathing frequency, cold sweats, increased heart rate, and urinary issues. According to one study, the day before surgery, the average patient's heart rate, blood pressure, and respiration rate all increased as their anxiety about the upcoming procedure increased (Kassahun et al., 2022).

Common interventions to alleviate anxiety include the use of pharmaceuticals and psychotherapy. In cases where it is not possible to use Cognitive Behavioral Therapy (CBT) to treat anxiety, other forms of psychotherapy such as relaxation therapy, supportive psychotherapy, or mindfulness therapy may be utilized instead (Ibad & Napik, 2021). Nurses need to help reduce anxiety in patients undergoing PCI procedures with complementary therapies. Previous studies have found the effectiveness of the Emotional Freedom Technique (EFT) on the anxiety of Pre-PCI patients with a value of ($p < 0.001$) (Isnadiya et al., 2019), however, this research has not involved spiritual elements in the intervention. A healing method called Spiritual Emotional Freedom Technique (SEFT) combines spiritual power with psychological energy, SEFT is Craig's EFT adaptation (Zainuddin, 2014), consists of a short version of SEFT and a long version. The studies on SEFT reducing anxiety in narcotic drug abuse, conducted by (Asmawati et al., 2020; Dewi et al., 2018), participants in the study reported a reduction in anxiety levels following the administration of the SEFT intervention; however, the study did not specify whether they received a brief or extended version of the process.

The advantage of SEFT therapy is that it is a safer and more straightforward approach, as it involves only gentle touch. This therapy is accessible and affordable to anyone, and it utilizes prayer, a powerful healing force, as part of its technique. However, research on SEFT therapy in Indonesia, particularly its effect on anxiety levels in pre-PCI patients, is limited. This study aimed to determine whether SEFT therapy has an impact on the anxiety levels of pre-PCI patients and to compare the effectiveness of the two versions of the SEFT.

The primary objective of this study was to evaluate the influence of Spiritual-Emotional Freedom Technique (SEFT) on the level of anxiety experienced by individuals before undergoing percutaneous coronary interventions. The findings from this study have the potential to make a valuable contribution to holistic nursing care, as they involve incorporating spiritual elements into nursing interventions. As highlighted by (Asmawati et al., 2020), spirituality is closely linked to enhanced psychological well-being and is associated with coping mechanisms for both positive and negative events. Spirituality helps alleviate and neutralize negative emotions by promoting civility, honesty, forgiveness, gratitude, and patience (Weathers, 2018), Spirituality and health-related activities can significantly influence psychological well-being. psychological well-being can also be affected by a person's emphasis on their own physical and spiritual health (Bożek et al., 2020).



2. Methods

The current study employed a quasi-experimental, pretest-posttest control group design to investigate the effectiveness of a short version of SEFT therapy compared with the full version of the therapy. The control group received SEFT without the gamut procedure, whereas the intervention group received complete SEFT therapy, which included the gamut procedure (see Table 1). SEFT intervention nurses administered by trained nurses.

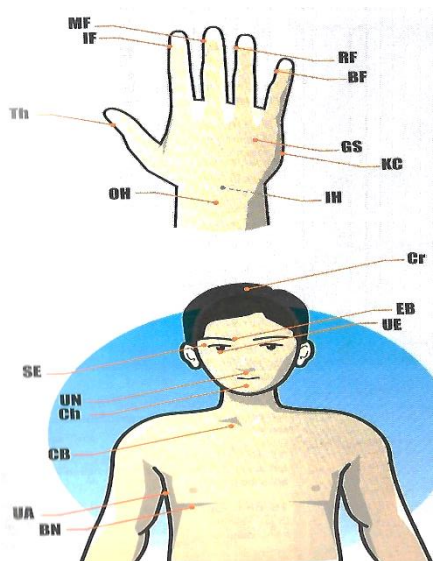
The research instrument utilized in this study to evaluate the level of anxiety employed the Hamilton Scale for Anxiety questionnaire, comprising 14 symptoms commonly experienced by individuals suffering from anxiety. The Jakarta Biology Psychiatry Group conducted a validation test on this questionnaire, yielding a calculated r correlation of 0.57-0.84. The reliability test results of the questionnaire revealed anxiety measurements of 0.93 and 0.97 at the trial clinic, indicating that the HARS questionnaire was both valid and reliable (Nursalam, 2020). Each symptom was evaluated on a scale of 0–4, with 0 indicating no symptoms, 1 indicating mild symptoms, 3 indicating moderate symptoms, and 4 indicating severe symptoms. The anxiety level will be assessed using a score range of <14 to >27, with the following classifications: score <14, no anxiety; 14 to 20, mild anxiety; 21 to 27, moderate anxiety; and >27, severe anxiety.

This research was conducted in June 2023 on a sample of 36 individuals, which was determined using G-power. The study participants were divided into control and treatment groups, each consisting of 18 individuals, and the study was conducted in the intermediate room at Bandung Kiwari Hospital. A purposive sampling technique was employed, and the research included participants who met specific criteria. To be included in the study, the participants were willing to participate and undergo cardiac catheterization. However, those who experienced panic anxiety were excluded from the study.

Table 1 Procedure intervention Spiritual Emotional Freedom Technique (Zainuddin, 2014)

Steps	Short version	Long version
Set-Up (concentrates body energy) Place two fingers in the sore spot area or karate chop, circular motion, while pressing the sore spot area and say a set-up sentence such as, " <i>Oh my God, even though I am currently worried because of heart catheterization, I sincerely accept my situation, I surrender to healing I am with you, O my God</i> "	√	√
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p>Picture 1. Sore spot</p> </div> <div style="text-align: center;">  <p>Picture 2. Karate chop</p> </div> </div>		
Tune In (the stage of imagining negative emotions, events that accompany negative emotions and their impacts) Still pressing the afternoon spot area, guide participants to imagine negative emotions and events, repeat 3 times then help say, " <i>Oh my God, I am sincere, I surrender</i> "	√	√
Tapping tapping on the meridian points of the body, 3 to 5 times while saying I am sincere and surrender (see picture 3)	√	√
Gamut procedure: The gamut point is between the bones of the little finger and ring finger. perform nine movements while tapping the gamut point, namely: 1) close your eyes firmly, 2) open your eyes/glare, 3) move your eyeballs strongly to the lower right, 4) move your eyes firmly to the lower left, 5) rotate your eyeballs clockwise, 6) roll your eyes	-	√

counterclockwise, 7) sing and mumble for three seconds, 8) count 1,2,3,4,5, 9) mumble again for three seconds



Picture 3 the Meridien points of the body (Zainuddin, 2014)

Data analysis used the Wilcoxon test in paired data groups, while the difference test in two unpaired groups used Mann-Whitney because the data distribution was not normal.

3. Results and Discussion

Participant characteristics and their relationship with anxiety levels in this study can be seen in table 2 below.

Table 2. Characteristic participants and correlation with anxiety

Characteristics	Control Group		p-value*	Intervention Group		p-value*
	f	%		f	%	
Gender						
Male	11	61,1%	0,638	15	83,3%	0,009
female	7	38,9%		3	16,7%	
Education						
Elementary	1	5,6%	0,894	0	0%	0,940
Junior high school	1	5,6%		3	16,7%	
Senior high school	8	44,4%		8	44,4%	
Colledge	8	44,4%		7	38,9%	
Age						
Pre-Elderly (46-59 years)	7	38,9%	1,000	9	50 %	0,587
Elderly (> 60 years old)	11	61,1%		9	50%	

*Spearman-correlation mean age:

The data presented in Table 2 indicate that both the control and intervention groups shared similar educational and gender characteristics, yet there was a small discrepancy in age. Interestingly, the control group had a larger percentage of older individuals, whereas the intervention group consisted of both pre-elderly and elderly people. In addition, it was discovered that 50% of all participant characteristics, including age, in the intervention group had a positive

correlation with anxiety scores. However, no such correlation was observed for any other participant characteristic in either the control or intervention groups.

Table 3. Level of anxiety in control and intervention group

Level of anxiety	Control group		Intervention group	
	Before intervention f (%)	After intervention f (%)	Before intervention f (%)	After intervention f (%)
No anxiety	0(0)	5(28)	0(0)	8(44)
mild	3(16)	6(33)	7(39)	8(44)
moderate	7(39)	7(39)	6(33)	2(33)
severe	8(44)	0(0)	5(28)	0(0)

The data presented in Table 3 illustrates the differences in anxiety levels before and after the implementation of the SEFT intervention in both groups. In the group experiencing severe anxiety, the pre-intervention anxiety level was 44%, but following the shorter version of the SEFT intervention, this decreased to a moderate level, with some individuals reporting no anxiety at all (28%). Similarly, in the intervention group that received the complete version of the SEFT, a change in anxiety level was observed, with individuals reporting a decrease from severe anxiety before the intervention to a moderate level or no anxiety after the intervention.

Table 4. Normality test with Shapiro Wilk

Groups	n	p-value
Control		
Score anxiety before SEFT	18	0,041
Score anxiety after SEFT	18	0,239
Intervention		
Score anxiety before SEFT	18	0,395
Score anxiety after SEFT	18	0,075

Table 4 displays the results of the normality test using the Shapiro-Wilk method. The analysis revealed that the anxiety scores in both the intervention and control groups after SEFT administration were not normally distributed. Consequently, the bivariate test for the paired groups employed the Wilcoxon test, whereas the Mann-Whitney test was used for unpaired groups.

Table 5. Wilcoxon test for mean differences between paired groups

Groups	n	Median (minimum-maximum)	Mean ± SD	p-value
Control				
Before SEFT	18	25(14-32)	25,28±6,07	<0,001
After SEFT	18	18(11-25)	18,06±4,71	
Intervention				
Before SEFT	18	23(15-34)	23,72±6,01	<0,001
After SEFT	18	16(11-24)	15,56±3,929	

The results of additional statistical tests are presented in Table 5, demonstrating that both the short and long versions of the SEFT were effective in reducing anxiety scores in the control and intervention groups, with p-values of 0.001 and < 0.001.

Table 6. Mann-Whitney test for mean differences between unpaired groups

Groups	n	Median (minimum-maximum)	Mean ± SD	p-value
Control	18	18(11-25)	18,06±4,71	0,053
Intervention	18	16(11-24)	15,56±3,93	

The results of the comparison revealed that there was no significant difference in the average anxiety scores between individuals who received either extended or brief SEFT interventions. This finding suggests that the longer SEFT version is comparable to the shorter version (refer to Table 6).

4. Discussion

The current study found that the short and long versions of the SEFT reduced the anxiety scores of people undergoing pre-percutaneous coronary intervention. Anxiety is frequently characterized as an affective reaction to perilous circumstance (Johnston, 1980). Precipitation factors trigger the emergence of stressors, becoming stimuli that threaten individuals and require large amounts of energy to deal with these stressors. These factors include the situation in which the person is located. These factors can cause a response, such as anxiety (Arfianto et al., 2023). Anxiety can affect a person's spiritual well-being (Hamka et al., 2022), therefore, one intervention to reduce anxiety is the SEFT. The results of this study are in line with those of previous studies (Asmawati et al., 2020; Dewi et al., 2018), SEFT is effective in reducing anxiety in narcotic addicts, and other studies have shown that it can reduce anxiety in patients undergoing heart surgery (Prabowo, 2019). No other studies have found that SEFT does not affect anxiety levels.

Ahmad Faiz Zainuddin formulated the concept of EFT within the confines of Indonesia to establish the Spiritual Emotional Freedom Technique (SEFT). SEFT, an amalgamation of spiritual abilities and energy psychology, encompasses a healing approach. The persistent spiritual element present throughout the entire process of SEFT, from the initial configuration to the act of tapping, distinguishes it from EFT. Nonetheless, it is important to note that 90% of SEFT is an adaptation of EFT, as devised by Crai (Zainuddin, 2014). Spirituality is intricately connected to mechanisms of coping with positive, negative, and stressful circumstances, and is strongly associated with enhanced psychological well-being (Asmawati et al., 2020). Spirituality serves as a source of inspiration for individuals, instilling within them a sense of an improved emotional state. Spirituality diminishes and neutralizes the influence of negative emotions, thereby fostering qualities such as human decency, honesty, forgiveness, gratitude, and patience.

Prayer and worship conducted by individuals represent a means to implore God, thereby ensuring the fruition of their endeavors (Sholicha & Wijayanti, 2021), including prayers of surrender as said by participants during the SEFT intervention process. Strengthening the spiritual component during the initial phase of therapy contributes to its success. The set-up words used in this phase, such as prayer and resignation, serve to channel spiritual energy into an individual's body. This is accomplished by directing energy towards appropriate guidance and overcoming psychological resistance. According to previous research, a change in the level of anxiety occurs subsequent to SEFT therapy. This transformation is attributed to the utilization of affirmative statements during the initial stage of therapy, which effectively mitigates personal difficulties, exhaustion, tension, and anxiety, and enhances one's ability to exercise self-regulation. Previous studies have emphasized the significance of this stage in helping regulate emotions and entrust problems to a higher power. During the tuning phase, prayer is performed in conjunction with tapping to counteract negative emotions and physical discomfort (Dewi & Fauziah, 2017).

During the phase of tune-in, prayer is performed in conjunction with tapping to counteract negative emotions and physical discomfort. This harmonizes the body's energy flow, restoring it to a state of equilibrium. Tuning in to SEFT helps focus the mind on current anxiety or stress. It is also accompanied by self-acceptance of events or challenges encountered, and forgiveness, and can reduce exhaustion in this mindfulness state.

Mild tapping can cause the brain to relax by releasing the endorphins and neurotransmitters. Despite the HIV-positive status, the words "*O God, I am sincere, I surrender*" during the taping gives the housewife the strength to be more grateful and enthusiastic about the role. According to the aforementioned theory, the activation of the body's meridian points engenders the secretion of endorphins and monoamines, which are two chemicals that facilitate the alleviation of pain and the induction of relaxation. By eliminating the impediments that impede the flow of energy and facilitate the transmission of kinetic energy to the energy system, tapping removes the obstructions. Furthermore, tapping can elicit alterations in the regulation of the amygdala, which serves as the fear center of the brain. Furthermore, it leads to an augmentation in theta frequencies, which are associated with relaxation, as well as substantial relaxation of the trapezius muscle. After curing, serotonin, γ -aminobutyric acid, and beta-endorphins are released, while cortisol levels experience a significant decrease. Moreover, the

tapping technique stimulates the hypothalamus-pituitary-adrenal axis, which in turn regulates stress response.

Previous studies have found that the assessment of cortisol revealed a central inverse relationship with cognitive anxiety, a central relationship with emotional anxieties, and a strong negative relationship with self-confidence (Ferreira et al., 2018). Therefore, SEFT lowers cortisol levels in individuals who are stressed. Tapping acupoints generates electrical signals via a well-established mechanism known as "mechanosensory transduction". This was done by gently tapping with two fingers on specific points of the body while tuning in as a result of stimuli applied to the major energy meridians. Owing to the SEFT, the subjects felt more relaxed and calmer. Utilizing the tactile sensation of one's fingertips, a technique was employed wherein specific acupoints located predominantly on the head and upper chest along the meridians were strategically tapped upon while focusing one's attention on a singular concern. By stimulating particular acupoints in this manner, it is possible to alleviate the effects of trauma, fear, rage, and other emotional states. The subsequent signal transduction causes the pituitary and limbic systems to release endorphins.

The results of this study also found no significant difference between the short and long versions of the SEFT in reducing anxiety scores. This probably occurred because before arriving at the procedural gamut, participants had already felt the effects of SEFT, as described previously, so even from the univariate results, we can see a significant reduction in anxiety levels in both the control and intervention groups. One of the limitations of this study was the minimum sample in each group.

5. Conclusion

These findings suggest that SEFT has a significant impact on reducing anxiety scores. Moreover, there was no discernible difference in the effects of the short and long versions of the SEFT on anxiety scores. These results have important implications for nursing practice, as they support the use of complementary therapies to help patients overcome their anxiety. Future studies should incorporate a randomized controlled design with participants assigned to either the SEFT or an active control treatment. Additionally, examining the effects of SEFT on cortisol levels could provide further insight into its mechanisms. Furthermore, broadening the scope of the psychological and spiritual evaluations used in these studies could help mitigate potential biases.

Ethics approval and consent to participate

The ethics committee at Aisiyiah University Bandung approved the investigation (526/KEP.01/UNISA-BANDUNG/VI/2023) to protect the well-being of the participants and to maintain the confidentiality and voluntary nature of their participation. Participants' autonomy was respected through informed consent documents and the right to withdraw from the study at any time. This study upheld the principles of beneficence by advancing comprehensive nursing science through the participants' contributions. Justice was upheld by administering the survey uniformly, assisting when needed, and offering tokens of appreciation to all participants. To preserve the veracity of the study, codes were used to identify the participants instead of their actual names. Finally, non-maleficence was achieved by administering a 10-minute questionnaire on anxiety levels using the HARS instrument, avoiding unnecessary time expenditure.

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