

The Effect of Spiritual Emotional Freedom Technique (SEFT) on Anxiety in Preoperative Patients with Spinal Anesthesia in Sleman Hospital Yogyakarta

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ABSTRACT

Background: Anxiety is an unpleasant feeling that generally causes physiological symptoms such as trembling, sweating, increased heart rate and psychological symptoms. Preoperative anxiety causes an increase in postoperative pain, postoperative infections, progression of malignant tumors, and worsen postoperative conditions. The types of media used in learning can shape tangible experiences on the aimed learning.

Purpose: To determine the effect of Spiritual Emotional Freedom Technique (SEFT) on the level of anxiety of spinal preanesthesia in Sleman Hospital Yogyakarta.

Method: The study was conducted with quasi-experimental one group pre-test and post-test design with control design. The treatment was giving video testimonials, using purposive sampling with a total of 42 respondents divided into intervention groups and comparison groups undergoing spinal anesthesia at Sleman Hospital Yogyakarta .

Result: Anxiety level testing was done by paired t-test to determine the differences in groups in pairs obtaining significance value p value = 0,000 (p <0.05).

Conclusion: The treatment of the Spiritual Emotional Freedom Technique (SEFT) affects the level of anxiety of spinal pre-anesthesia patients in Sleman Hospital Yogyakarta .

Keywords: Anxiety, SEFT, Spinal Anesthesia

INTRODUCTION

Psychosocial problems, especially feelings of fear and anxiety are always experienced by everyone in the face of anesthesia and surgery. Fear and anxiety that the patient may experience can be detected by physical changes such as increased blood pressure, pulse and breathing, uncontrolled hand movements, moist palms, restlessness, asking the same question repeatedly, difficulty in sleeping, and frequent urination.¹

Undergoing treatment at the hospital can make patients feel confused, anxious and alienated, especially patients who will undergo anesthesia and surgery. Because surgery and anesthesia are often regarded as threats, both actual and potential for the integrity of one's body. This condition often causes stress or anxiety, both physical stress, and psychological stress, where each person is different in responding to it, so the response that arises will not be the same. Patients who cannot adjust to their anxiety often experience difficulties during pre-operation. They tend not only to be much angry, upset, confused or depressed but also to be more easily offended compared to people who can express anxiety.²

Anxiety in pre-operative patients with spinal anesthesia if not handled properly will result in increased body response to excess such as an increase in blood pressure and pulse that will continue in the Durante operation phase. Moreover, when the patients who remained

conscious during the operation allows them to increase anxiety due to listening to unusual sounds such as pulse rhythms, operator conversations, and various other noisy sounds so that sometimes it is still necessary to provide sedation to calm the patient. Based on the study entitled "differences in anxiety levels of preoperative SC patients according to regional anesthesia and generation of anesthesia in IBS Wates Hospital", the results proved an 85% increase in anxiety in regional anesthesia and 42% in general anesthesia. Therefore, it can be concluded that there is a significant difference in anxiety levels between regional anesthesia with general anesthesia of 0.043 ($p < 0.05$).³

Some efforts to reduce anxiety of pre-operative patients have been done both pharmacologically and non-pharmacologically. Pharmacological actions besides having a positive function also have adverse effects on the body. As a nurse, the efforts developed have focused on aspects of non-pharmacological actions in reducing patient anxiety, including dhikr therapy, music therapy, acupuncture therapy, SEFT (Spiritual Emotional Freedom Technique) therapy and other therapies.

Research with the title of "Case Study of Cognitive Therapy Management with the EFT Method on the Adjustment of Mothers with Autistic Children." has been conducted in qualitative method with a case study approach and conducted with in-depth interviews, action research and observation. The research sample was 2 participants who experienced adjustment problems in Boyolali. The results of the study stated that psychological problems or stress in mothers with children with autism stem were a lack of family support, economic problems especially for the cost of education and care for children with autism, relationships with other family members, difficulties in caring for children with autism and maternal concerns about the future of autistic children; stress responses felt by mothers with autistic children including confusion, anger, and sadness. While the physical response due to stress was indicated by heart palpitations, cold sweat, head feels heavy and dizzy; Mother's response to the adjustment of children with autism after cognitive therapy with the EFT method included mothers smiling easily, increased eye contact, feeling not alone in dealing with problems, feeling more relieved and calm and when measuring vital signs it will approach normal.⁴

From the medical records that the author obtained at Sleman District Hospital, the number of patients who underwent surgery with Spinal anesthesia in the past one year i.e. from January to December 2018 amounted to 882 people, while the average operating patient with spinal anesthesia was 73 people each month.

Based on the above reasons, the author would like to conduct a study "The Effect of Spiritual Emotional Freedom Technique (SEFT) on Anxiety in Preoperative Patients with Spinal Anesthesia in Sleman Yogyakarta Hospital".

The purpose of this study is to determine the effect of Spiritual Emotional Freedom Technique (SEFT) on anxiety in preoperative patients with spinal anesthesia in Sleman Yogyakarta Hospital, while the benefits of this research can make a positive contribution to the institutions of Sleman Hospital as a material to recommend for anxiety management in patients, especially nursing actions dealing with anxiety preoperative patients with spinal anesthesia.

METHOD OF THE STUDY

This was quantitative research i.e. quasi-experimental with a non-randomized pre-test-post-test design involving a control group research design. The following is the research design:

<i>Pre test</i>	<i>Treatment</i>	<i>Post Test</i>
	A ₁ -----X1-----	A ₂
	B ₁ -----X2-----	B ₂

Where:

A1: the range of anxiety before SEFT therapy in the intervention group

A2: the range of anxiety after SEFT therapy in the intervention group

B1: the range of anxiety before music therapy was carried out in the control group

B2: the range of anxiety after Music therapy was done in the control group

X1: treatment with SEFT therapy in the intervention group

X2: treatment with music therapy in the control group

The sampling was conducted using purposive sampling and the number of samples was calculated using the formula from Notoadmojo (2008). The results obtained 42 respondents which then were divided into 2 groups where 21 respondents were in the intervention group and 21 respondents were in the control group.

The inclusion criteria in this study were Islamic, cooperative, 25-60 years old, ASA I-II physical status, indications for spinal anesthesia, and the type of elective surgery.

The research was conducted in the treatment room of Sleman Yogyakarta Public Hospital from April to May 2019. This research consisted of two variables i.e. independent variable namely SEFT and dependent variable namely anxiety levels.

Data management included editing, coding, tabulating and entry, while the data analysis was conducted using univariate analysis to see the characteristics of respondents and bivariate analysis using statistical tests Paired T-test. This research paid attention to research ethics namely the principle of benefits, respect for human dignity, respect for privacy, confidentiality and fairness, and honesty aspects.

RESULTS

Sleman District Hospital is one of the type B public hospitals which was inaugurated with the number: 163 / Menkes / XII / 2003. Services provided at Sleman District Hospital are Administration and Management Services, Medical Services, Emergency Services, Nursing Services, Medical Records, Pharmacy Services, Occupational Health and Safety, Radiology Services, Laboratory Services, Operating Room Services, Hospital Infection Control Services, High Risk Perinatal Services, Medical Rehabilitation Services, Nutrition Services, Intensive Services, Blood Services, and Inpatient services.

Alamanda Room 1, 2 and 3 are non-infectious surgical, neurological and non-surgical inpatient rooms with 45 nurses. Alamanda Rooms 1, 2 and 3 have several rooms, among others: a nurse's room, a doctor's room, a nurse's dressing room, a bathroom or toilet, a coal room where 63 beds are in class 3 rooms and a warehouse. Alamanda rooms 1, 2 and 3 have a sink and its accessories as well as alcohol gel that is placed in a strategic place to use.

Respondent Characteristics

Table 2 Frequency Distribution

The Characteristics of the Respondents in Sleman District Hospital in 2019 (n=42)

Characteristic	Intervention Group		Control Group	
	f	%	f	%
Age				
17-25	3	14.3	1	4.8
26-35	1	4.8	1	4.8
36-45	3	14.3	1	4.8
46-55	3	14.3	4	19.0
>55	11	52.4	14	66.7
Operation History				
Ever	9	42.9	7	33.3
Never	12	57.1	14	66.7
Education Level				
No School	1	4.8	5	23.8
Elementary	11	52.4	7	33.3
Junior High School	2	9.5	3	14.3
Senior High School	6	28.6	6	28.6
Higher Education	1	4.8	5	23.8
Information Access				
Non Medical Personnel	0	0	0	0
Medical Personnel	2	100.	21	100.
Personnel	1	0		0
Income Level				
<IDR 1.5jt	1	81.0	17	81.0
IDR 1.5jt - IDR 2.5jt	4	19.0	4	19.0

Table 2 shows the characteristics of respondents by age. Most of them aged > 55 years i.e. 11 people (52.4%) in the intervention group and 14 people in the control group (66.7%).

The characteristics of the respondents based on the history of operations in the intervention group were obtained amount of 12 people (57.1%) had experienced surgery and 9 (42.9%) had never had surgery. Whereas in the control group, 14 people had surgery (66.7%) and 7 (33.3%) had never had surgery.

The characteristics of the respondents based on the educational level in the intervention group show that the majority of respondents with an elementary education

level were 11 people (52.4%). Whereas in the control group the majority of respondents with elementary educational level were 7 people (33.3%).

The characteristics of the respondents based on information sources obtained in the majority of the intervention group received the information from medical staff as many as 21 people (100%) as well as the control group with a total of 21 people (100%).

The respondent characteristics based on the level of income obtained in the intervention group resulted the majority of income as much as <1.5 million per month as many as 17 people (81.4%) as well as the control group with a total of 17 people (81.4%).

Distribution of Anxiety Level Before and After Treatment on the Intervention Group with SEFT

Table 3 Anxiety Levels of Preoperative Patients with Spinal Anesthesia on the Intervention Group at Sleman District Hospital 2019 (n=21)

Anxiety Level	Pre		Post	
	f	%	f	%
No Anxiety	0	0	5	23.8
Mild Anxiety	1	4.8	15	71.4
Moderate Anxiety	5	23.8	0	0
Severe Anxiety	8	38.1	1	4.8
Panic	7	33.3	0	0

Table 3 shows that in the intervention group before the intervention was given the respondents stated mild anxiety by 1 person (4.8%), moderate anxiety by 5 people (23.8%), severe anxiety by 8 people (38.1%) and panic by 7 people (33.3%), whereas after being given the intervention, the majority of respondents stated anxiety dropped with mild anxiety as many as 15 people (71.4%) and moderate anxiety 5 people (23.8%) and severe anxiety 1 person (4.8%).

Distribution of Anxiety Level before and after the Treatment on Control Group

Table 4 Anxiety Levels of Preoperative Patients with Spinal Anesthesia in the Control Group at Sleman District Hospital 2019 (n=21)

Anxiety Level	Pre		Post	
	f	%	f	%
No Anxiety	0	0	8	38.1
Mild Anxiety	7	33.3	10	47.6
Moderate Anxiety	7	33.3	3	14.3
Severe Anxiety	6	28.6	0	0
Panic	1	4.8	0	0

Table 4 shows that in the control group before treatment, the majority of respondents were stated mild and moderate anxiety as many as 7 people (33.3%), severe anxiety 6 people (28.6%) and panic 1 person (4.8%) then after the treatment as many as 10 people (47.6%) experienced mild anxiety. The table shows that the majority of respondents in the control group did not experience a significant decrease in anxiety.

Difference of Respondents' Anxiety Level before and after the SEFT treatment on the Intervention Group

		Pair 1
Mean		12.80952
Std. Deviation		5.09528
Std. Error Mean		1.11188
95% Confidence Interval of the Difference	Lower	10.49018
	Upper	15.12887
T		11.521
Df		20
Sig. (2-tailed)		.000

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Table 5 Different Test on Anxiety Level before and after SEFT Therapy was given to Preoperative Patients in Sleman District Hospital 2019 (n=21)

Table 5 shows the pre and post anxiety levels in the intervention group using paired t-test to find out the differences in the paired groups that it was obtained significance values at p value = 0.000 ($p < 0.05$) meaning that there were differences in anxiety levels in the intervention group.

Differences in Respondents' Anxiety Levels before and after Treatment in the Control Group

Table 9 Different Test on Anxiety Level before and after Natural Sound Therapy to Preoperative Patients in Sleman District Hospital 2019 (n=21)

Table 6 shows that the results of testing the pre and post anxiety levels in the control group performed using the paired t-test to determine differences in the paired groups were found that the significance value p value = 0.002 ($p < 0.05$) meaning that there was a difference in anxiety levels in the control group which was not given SEFT treatment.

DISCUSSION

Anxiety Level before and after Treatment in the Control Group

Table 6 shows the significant value of p value = 0.002 ($p < 0.05$) which means that there is a difference in the level of anxiety in the control group without SEFT treatment.

The control group was given treatment by listening to natural sound music to 21 respondents. Factors such as education, income level, sources of information and history of surgery did not influence the level of anxiety both pre and post-intervention. While the age factor has a lot of influence on the voting of nature on 21 respondents. This is in accordance with the results of the bivariate analysis using the Chi-Square statistical test, where the p value = 0.003 < ($\alpha = 0.05$). Thus, H_0 is rejected and H_a is accepted, which means there is a significant correlation between the age of workers and complaints of workers' hearing problem. As for the value of the prevalence ratio / RP = 2.04 (RP > 1), it shows that the age of workers is a risk factor for complaints of hearing loss.⁵

The findings are in line with the previous studies by other researchers in which the studies found that the variables have a significant relationship with the incidence of workers' hearing loss due to their age.⁶

Anxiety Level before and after Treatment in the Intervention Group

Table 5 shows the significant value at p value = 0,000 ($p < 0.05$) which means that there were differences in anxiety levels in the intervention group which was treated using SEFT treatment, i.e. a decrease in anxiety level between before giving SEFT and after giving SEFT to the intervention group. The anxiety that causes unpleasant feelings generally causes physiological symptoms such as shaking, sweating, increased heart rate and psychological symptoms including panic, tension, shortness of breath, confusion, unable to concentrate, panic appearance, fear, and anxiety simultaneously or in turn.⁷

This illustrates that patients who will undergo surgery may experience feelings of discomfort or fear that is not clear and agitated with an autonomous response.⁸

In a study conducted in Ethiopia, it is stated that the anxiety value in preoperative patients reached 62% of the 44 patients observed. The cause of this anxiety is due to an error during surgery (64%), fear of not getting enough care from health workers (63.2%), fear of not waking up after surgery (58.4%), fear of experiencing nausea, and vomiting after surgery (8%). Associated with complications or as a result of anxiety that occurs in perioperatively, Ghoenim (2016) observed that there can be an increase in postoperative pain, postoperative infections, progression of malignant tumors, and worsen postoperative conditions.⁹

The level of education has a significant correlation with the level of anxiety. This is because high levels of education can help prepare oneself for better operations and coping systems. In addition, the high amount of anxiety at a low educational level is due to lack of awareness of anesthesia and surgery.¹⁰

One of the causes of anxiety is irrational thoughts, in which there is a catastrophic failure, namely the assumption of the individual that something bad will happen to him. Individuals may experience anxiety and feelings of inability to overcome the problem.¹¹ So that in this case, education becomes an important individual characteristic in influencing the ability of individuals to receive information so that they are able to overcome their problems, in this case, is anxiety itself. Research on differences in GDS before and after the administration of SEFT therapy in the elderly concluded that SEFT has the effect of reducing depression in the elderly (p value < 0.05). Therefore, SEFT can be used as a complementary therapy for nursing to reduce the level of depression in the elderly.¹²

The Effect of SEFT on Anxiety Level

The concept of SEFT technique is part of the Self Care theory proposed by Orem. This theory explains that caring for oneself and dependence on self-care is something that individuals learn to maintain life, health and a better life. In the nursing system developed by Orem, a person caring for a patient can act as supportive-educative so that patients can use this technique optimally. In this case, it is expected that providing interventions in the form of SEFT can help patients deal with anxiety.¹³

SEFT is a combination of several therapeutic techniques namely meditation so that it can be referred to as simple meditation. When we do SEFT, we are encouraged to do it in a meditative condition that is solemn, sincere and resigned, which may lead to more effective SEFT effect.¹⁴

SEFT is almost 90% the same as EFT (Emotional Freedom Technique), especially at the points that are tapped. The thing which differs them fundamentally is the process carried out while tapping. In SEFT, the process carried out by involving God in the process of energy. This psychology makes SEFT experience an amplifying effect so that the spectrum of problems that can be overcome is also much broader including physical and emotional, self-success, the happiness of the heart and making the path to personal greatness/self-glory.¹⁴

SEFT which has an amplifying effect is expected to be able to overcome a much broader spectrum of problems as migraine management which certainly aims at not only reducing pain, frequency, duration, and severity but also improving the quality of life of sufferers from disease and social burden.¹³

Other research states that the administration of SEFT interventions can reduce levels of depression, anxiety, and stress in patients with Acute Coronary Syndrome. The influence is because the SEFT intervention has a spiritual value so that it can provide a calming effect.¹⁵

Spiritual guidance, especially with Islam, has a strong impact on reducing the scale of depression.¹⁶ Electroacupuncture at the point of acupuncture with 2 Hz can increase expenditure on enkephalin, beta-endorphin, and endomorphins, which giving 100 Hz stimulates the release of dynorphin. The basis of the theory is the three mechanisms that contribute to acupuncture analgesia: 1) Acupuncture stimulates type I and type II afferent nerves or A-delta fibers in the muscles that will send impulses to the anterolateral tract in the spinal cord. In the spinal cord, pain is inhibited in the presynaptic by the release of enkephalin and dynorphin, preventing pain messages up the spinothalamic tract.¹⁷ This makes dynorphin has the effect of reducing anxiety in individuals who in this case have preoperative anxiety.

The intervention group that was given EFT therapy showed a significant decrease in the level of anxiety, depression, and cortisol levels in the saliva of respondents. In addition to the above at the end of SEFT therapy, respondents were asked to take a deep breath while giving thanks, and it was suggested that when inhaling, they would enter positive energy and when exhaling, the suggestion was given that the respondent took negative things out of the body.¹⁸

CONCLUSION AND SUGGESTIONS

Conclusion

There is an effect of Spiritual Emotion Freedom Technique (SEFT) on anxiety level in spinal anesthesia pre-surgery in Sleman District Hospital with the result of p value = 0,000 (p value <0.05).

Suggestions

1. Anesthesia nursing

In the implementation of perianesthesiology nursing care especially in the preanesthesia stage, SEFT becomes an alternative complementary therapy to reduce patients' anxiety in preanesthesia.

2. Patients in Sleman District Hospital

Patients who will undergo surgery can be educated about how to perform SEFT independently so that it can be done anytime and anywhere when they wait for a queue call on the ward.

3. Nurses in Sleman District Hospital

This study is expected to add input in creating a policy for making SOP for independent nursing interventions in reducing the anxiety of preoperative patients with Sub Arachnoid Block (SAB). Nurses can provide information to patients about how to do SEFT independently.

4. Students of Yogyakarta Health Polytechnic of Ministry of Health

This study is expected to broaden students' insights and knowledge about nonpharmacological therapy, especially SEFT. In addition, it is expected that students will be able to develop further research on handling non-pharmacological diseases.

REFERENCES

- ¹ Carpenito, Lynda Juall. (2000). *Buku Saku Diagnosa Keperawatan. Alih Bahasa Tim Penerjemah PSIK UNPAD*. Editor Monica Ester, Edisi 8. Jakarta: EGC
- ² Efendi. (2003). *Meditasi : Jalan Meningkatkan Kehidupan Anda*. Jakarta: PT Elek Kompotindo Kelompok Gramedia.
- ³ Hakam, Mulia. (2009). Pengaruh Intervensi Spiritual Emotional Freedom Technique (SEFT) Dalam Mengurangi Rasa Nyeri Pasien Kanker di Rumah Sakit Umum Dr. Soetomo Surabaya. Program Pasca Sarjana Ilmu Fakultas Keperawatan Universitas Indonesia : *Thesis*
- ⁴ Wulandari. (2010). *Study Kasus Penatalaksanaan terapi Kognitif dengan Metode EFT pada Penyesuaian ibu dengan Anak Autis*, diunduh tanggal 30 mei 2011 dari <http://eprints.undip.ac.id/14949/2/cover-abstrak.pdf>.
- ⁵ Ibrahim, Hasbi. (2016). Faktor-Faktor yang berhubungan dengan keluhan gangguan pendengaran pada tenaga kerja bagian produksi PT.JAPFA COMFEEDD INDONESIA , Tbk. Unit Makasar. *Al-Sihah : Public Health Journal Vol VIII, No.2*.

- ⁶Amira, (2012). “Analisis Faktor Risiko yang Berhubungan dengan Penurunan Pendengaran pada pekerja di PT. Pertamina Geothermal Energy Area Kamajong. *Skripsi Universitas Indonesia Depok*
- ⁷Taylor, et al. (2009). *Social Psychology*. Peson Education.
- ⁸Herdman.T. H. (2010). *Nursing Diagnosis : Difinitions and Clasification 2009 2011*, Jakarta : Penerbit Buku Kedokteran ECG
- ⁹Nigussie, Seifu. Belachew, Tefera. Wolancho, Wadu. (2014). *Predictors of preoperative anxiety among surgical patients in Jimma University Specialized Teaching Hospital, South Western Ethiopia. BMC Surgery* 2014;14: 67
- ¹⁰Mulugeta, Henok. (2018). *Preoperative Anxiety And Associated Factors AmongAdult Surgical Patients InDebre Markos And FelegeHiwot Referral Hospitals,Northwest Ethiopia. BMCAnesthesiology* Vol . 18:155
- ¹¹Annisa, Dona Fitri. (2016). *Konsep Kecemasan (Anxiety) pada Lanjut Usia (Lansia). KONSELOR* Volume 5 No 2.
- ¹²Etika, Arif Nurma. (2016). *Intervensi Spiritual Emotional Freedom Tehnique (SEFT) Menurunkan Depresi Pada Lansia. NurseLine Journal*.Vol 1 No 1 Mei 2016.
- ¹³Budianto, Zulfikri. (2015). *Efektivitas Spiritual Emotional Freedom Tehnique (SEFT) untuk mengurangi frekuensi kekambuhan pada pasien penyakit migrain. Jurnal Ilmiah Psikologi Terapan*. Vol 03 No 02 Januari 2015
- ¹⁴Zainuddin, Ahmad Faiz. (2009). *Spiritual Emotional Freedom Technique (SEFT) for Healing+ Success+ Happiness+ Greatness*. Jakarta: Afzan Publishing.
- ¹⁵Bakara, D.M., et al. (2013). *Efek Spiritual Emotional Freedom Technique terhadap Cemas dan Depresi, Sindrom Koroner Akut*. <http://jkip.fkep.unpad.ac.id/index.php/jkip/article/view/51>
- ¹⁶Vangsapalo. (2010). *Emotional Freedom Technigue Terapi Modern Yang Mengubah Hidup Anda*. Tangerang : Quantum Success Training dan Coaching.
- ¹⁷Kurniyawan, Enggal Hadi. (2016). *Narrative Review : Terapi Komplementer Alternatife Akupresur Dalam Menurunkan Tingkat Nyeri. NurseLine Journal*. Vol 1 No 2 November 2016

- ¹⁸ Church, Yount, & Brooks. (2012). *The effect of Emotional Freedom Techniques (EFT) on Stress Biochemistry: A Randomized Controlled Trial. Journal of Nervous and Mental Disease*, 200(10): 891-896. Doi: 10.1097/ NMD.0b013e31826b9fc1.