

The Efforts to Reduce Anxiety Levels in Critical Patient Families in the ICU Room Through Spiritual Emotional Freedom Technique (SEFT) Therapy

Harun Al Rasid¹, Nining Fitriyaningsih², Tri Diani Agustuti³, Sri Redjeki⁴, Yuni Sharoh⁵,
Tisna Yanti⁶, Bustomi⁷

^{1,2,3,4,5,6,7}Wijaya Husada Institute, Bogor, West Java, Indonesia, 16117

Email: ¹wijayahusada@gmail.com

Abstract— Risk factors related to anxiety of family members in the intensive care room are the type of relationship with the patient, level of education, type of patient care, patient's medical condition, family encounters with care, coping methods, and family needs. The SEFT technique aims to overcome emotional problems and reduce anxiety levels, especially in families of critical patients. This type of research is pre-experimental research using the One-Group Pretest-Posttest design method. Samples were taken using Quota Sampling with a sample size of 30 respondents. The research instrument was obtained through distributing the Visual Analog Scale for Anxiety (VAS-A) questionnaire. The data analysis technique uses the Normality Test and the Non-Parametric Wilcoxon Signed Rank Test. The results of the research obtained a P value of $0.001 < 0.05$, whereas H_0 rejected and H_a accepted and there was an influence of Spiritual Emotional Freedom Technique (SEFT) Therapy on the Anxiety Level of Families of Critical Patient Families in the ICU. This study concluded that the level of anxiety in families of critical patients in the ICU before Spiritual Emotional Freedom Technique Therapy (SEFT) was 50% in the moderate anxiety category and after Spiritual Emotional Freedom Technique Therapy (SEFT) decreased to 33.3% with moderate anxiety. The majority of respondents experienced mild anxiety 63.3% at the time of the posttest. Therefore, the importance of Spiritual Emotional Freedom Technique (SEFT) therapy for the families of patients in the ICU is to reduce anxiety in the families of critical patients.

Keywords— Anxiety; Spiritual Emotional Freedom Technique (SEFT); Family; Critical.

I. INTRODUCTION

Families of patients who have family members in critical Intensive Care Unit (ICU) experience// high level of anxiety. If the patient's family is anxious, the family as the person responsible for making decisions about patient care will not function properly. In addition, family anxiety can be felt by patients, resulting in exacerbating the disease and hindering the healing process.¹ Risk factors that are closely related to the anxiety of family members in the intensive care unit are kinship with the patient, level of education, type of care for the patient, medical conditions for the patient, family meetings with the medical team, coping methods, and family needs.²

Anxiety occurs as one of the effects that comes from the process of emotional response when the patient or family feels fear, then several indications and signs of symptoms will appear such as tension, fear, anxiety, alertness.³ This critical illness situation exposes the patient's family to a high level of psychological pressure.⁴ Indications of psychological pressure affect some family members experiencing severe psychological pressure stemming from the patient's critical illness. The ratio of family members experiencing severe psychological distress from critical illness will continue to increase, along with the increasing number of patients being treated in intensive care units.⁵

The World Health Organization (WHO) states that the prevalence of critical patients in the ICU is increasing every year. It was recorded that 9.8-24.6% of them were critically ill

patients were treated in ICU per 100,000 population, and deaths due to critical to chronic illnesses in the world increased by 1.1-7.4 million people. Based on the data from the World Health Organization (WHO), critical illnesses which are generally non-contagious are still the cause of 73% of deaths in Indonesia.⁶

In Indonesia the mortality rate in the ICU reached 27.6% which is caused by critical patients.⁷ The increase in critical patients resulted in an increase in anxiety levels. The prevalence of mental emotional disorders such as anxiety disorders is 11.6% in adult population. West Java has the highest prevalence of anxiety levels around 20%.⁸ West Java itself has a severe prevalence of 0.22% and this figure increases to 0.40% in Bogor City.⁹

One of the causes of anxiety for the patient and his family while the patient is being treated at the hospital is the possibility that the patient's condition will get worse or even become life-threatening which will cause death.¹⁰ Conditions in a restricted room where the family is not allowed to accompany the patient at any time and cannot monitor the patient's progress directly will cause the patient's family to worry, this has a direct impact on the anxiety experienced by the patient's family.²

Anxiety experienced in families of critical patients will cause new problems, namely the family is unable to make decisions quickly and cause delays in providing nursing care to patients. In order that anxiety does not increase and interfere with daily activities, especially in caring for family members who are sick, we need a therapy that can reduce

anxiety in the family of critical patients.¹¹ One of recommended therapies is Spiritual Emotional Freedom Technique (SEFT) therapy. SEFT can be done alone and without the need of special tools. Thus, SEFT therapy can be done at any time.²

SEFT is one of the therapies that combines mind-body which is one of the complementary nursing care. SEFT uses the body's energy system and aims to improve one's state of mind, emotion and behavior. SEFT is a combination form of the body's energy system (energy medicine) and spiritual therapy which uses the tapping method at certain points at key points in 12 energy pathways (energy medicine). The SEFT technique adds a spiritual element to its method.² SEFT can get rid of all kinds of negative emotions by means of the tapping technique, namely tapping lightly on certain parts of the body, while saying a sentence of prayer.¹²

The results of a preliminary study on July 23, 2023 which was conducted at the Bogor PMI Hospital located on Jl. Raya Pajajaran No. 80, Tegallega, Central Bogor District, Bogor City, West Java 16143, obtained data from 30 ICU patients who were admitted at PMI Bogor Hospital during last month. Based on interviews and filled out questionnaires with 5 patients' families including 3 women and 2 men, it was found that the entire patient's family experienced anxiety, 2 people from the patient's family experienced mild anxiety and 3 people experienced moderate anxiety which was marked by always feeling worried, feeling tense, having trouble sleeping, and finding it difficult to concentrate. The entire patient's family said they had never done the Spiritual Emotional Freedom Technique (SEFT) to reduce anxiety.

II. MATERIAL AND METHODS

Research design:

This type of research is pre-experimental research with the One-Group Pretest-Posttest design method. The research instrument was obtained by distributing the Visual Analog Scale for Anxiety (VAS-A) questionnaire. The research was conducted in the ICU room of the PMI Hospital, Bogor City.

The total sample in this study was 30 critical patients in the ICU who were treated in the last month. The sampling technique used quota sampling, namely as many as 30 families of critical patients treated in the ICU. The inclusion criteria in this study were the families of patients who were treated in the ICU, willing to be respondents, able to read and write. The inclusion criteria were families who were not willing to participate in the study and were not present when the study was conducted. The data in this study is quantitative data, namely in the form of values obtained from the results of the pretest and posttest, then the results are compared. Respondents will be given a Visual Analog Scale for Anxiety (VAS-A) questionnaire before and after the SEFT technique intervention. Data analysis techniques used the Normality Test and Non-Parametric Wilcoxon Signed Rank Test.

III. OBSERVATION AND RESULT

Based on table 1, it is known that the pretest results of 30 respondents showed that 8 respondents had mild anxiety with

a percentage of 26.7%, moderate anxiety was found in 15 respondents with a percentage of 50%, severe anxiety existed in 4 respondents with a percentage of 13.3%, and panic condition was found in 3 respondents with a percentage of 10%.

TABLE 1. Frequency Distribution of Anxiety Levels Among Critical Patient Families in the ICU Before Intervention

No.	Anxiety Level	Frequency	Percentage (%)
1	Mild Anxiety	8	26,7
2	Moderate Anxiety	15	50
3	Severe Anxiety	4	13,3
4	Panic	3	10

TABLE 2. Frequency Distribution of Anxiety Levels Among Critical Patient Families in the ICU After Intervention

No.	Anxiety Level	Frequency	Percentage (%)
1	Mild Anxiety	19	63,37
2	Moderate Anxiety	10	33,3
3	Severe Anxiety	1	3,33
4	Panic	0	0

Based on table 2, it is known that the posttest results of 30 respondents showed that 19 respondents had mild anxiety with a percentage of 63.37%, moderate anxiety were 10 respondents with a percentage of 33.3%, severe anxiety was 1 respondent with a percentage of 3.33%, and none of the respondents experienced panic.

Statistical analysis data was collected by distributing questionnaires: analyzed. The collected data were then analyzed, where the P-value <0.05 was considered to show statistical significance.

TABLE 3. The Effect of Spiritual Emotional Freedom Technique (SEFT) Therapy on Anxiety Levels Among Critical Patient Families in the ICU

Anxiety Levels Before and After Intervention	Mean Rank
Z	-3,317 ^b
Asymp Sig (2-tailed)	0,001

Based on Table 3, it can be seen that the value of Sig. (2-tailed) is 0.001 which means Ho is rejected and Ha is accepted with the significance value <0.05. It can be concluded that there was an influence of Spiritual Emotional Freedom Technique (SEFT) Therapy on the Level of Anxiety among the Families of Critical Patients in the ICU Room.

IV. DISCUSSION

a. The level of anxiety in the families of critical patients before Spiritual Emotional Freedom Technique (SEFT) Intervention in the ICU

Based on frequency distribution of anxiety levels among families of critical patients before Spiritual Emotional Freedom Technique (SEFT) Intervention in the ICU Room of PMI Bogor Hospital, out of 30 respondents, most of them experienced moderate anxiety, namely 15 respondents (50%).

The results is supported by the research of Wa Ode Rahmadania and Wa Ode Aisa whereas anxiety level of the patient's family before SEFT therapy, the average respondents experienced moderate anxiety (85.77) and then the level

changed to low anxiety level (65.27) after receiving SEFT therapy.¹³

Anxiety is a vague uneasy feeling due to discomfort or fear that is accompanied by a response (the cause is not specific or unknown to the individual).¹⁴ The feeling of fear is uncertain as a signal that makes people aware that a warning about danger will come and strengthens the individual to take action to face the threat.¹⁵ Events in life that face demands, competition, and disasters can have an impact on physical and psychological health,¹⁶ which have psychological impact and causes anxiety.¹⁷ The anxiety level of the family of critical patients in the intensive care unit is influenced by several factors including: age, gender, experience, education level, nurse communication, economy.¹⁸

It was concluded that the majority of respondents had moderate levels of anxiety prior to therapy Spiritual Emotional Freedom Technique (SEFT) to the level of anxiety of the families of critical patients in the ICU room that were obtained by researchers at PMI Bogor Hospital. This condition might be contributed by a threatening situation involving one of the patient's families.

b. The level of anxiety in the families of critical patients after Spiritual Emotional Freedom Technique (SEFT) Intervention in the ICU

In regards to the frequency Distribution of Anxiety Levels among Critical Patient Families after Spiritual Emotional Freedom Technique (SEFT) Therapy in the ICU Room, most of the 30 respondents experienced mild anxiety, with a total of 19 respondents (63.37%).

This is supported by the results of research conducted by Muhammad Gufron, Wahyudi Widada, Fitriana Putri with the title "The effect of spiritual well-being provision on the anxiety level of the patient's family in the Intensive Care Unit (ICU)RSD DR. Soebandi Jember", in which it showed that the respondents experienced severe anxiety, namely with a frequency of 11 respondents (36.7%) while the results showed decrease of anxiety level to 9 respondents (30.0%).¹⁹

Spiritual freedom emotional technique (SEFT) is the first psychological therapy, to complement existing psychotherapy tools. SEFT is a new branch of knowledge called Energy psychology. There is a spiritual meaning that gives sincerity, surrender, gratitude to God, ability to accept and let go of problems comfortably, builds hope and a sense of optimism in the mind.

The factors that affect the decrease in anxiety levels are: kinship with the patient, a person's education level, type of care for the patient, and the patient's medical condition.

c. Analysis of Efforts to Reduce Anxiety Levels Among Critical Patient Families in the ICU Room Through Spiritual Emotional Freedom Technique (SEFT) Intervention

Based on non-parametric hypothesis test Wilcoxon Signed Rank Test in the table above, the sig value. (Significant) = 0.001, while p-value <0.05 (Ha is accepted, and Ho is rejected) and there was an influence of Spiritual Emotional Freedom Technique (SEFT) Therapy on the anxiety level among families of critical patients in the ICU.

This result is supported by Sakiyan's and Mugiharti's research with the title "The Effect of Spiritual Emotional Freedom Technique (SEFT) Therapy on Reducing Anxiety Levels in the Elderly during the Covid-19 Pandemic".¹⁹ The results of this study revealed that the results of the pretest and the average posttest results showed that there was a change in the two interventions: before Spiritual Emotional Freedom Technique (SEFT) Therapy and after Spiritual Emotional Freedom Technique (SEFT) Therapy. The results of the analysis on sig.(2-tailed) obtained 0.000 which is significantly smaller than $\alpha = 0.05$, so it can be concluded that H_a is accepted and H_o is rejected. Thus, there was a very significant influence in the effect of Spiritual Therapy Emotional Freedom Technique (SEFT) on the level anxiety in the elderly during the Covid-19 pandemic.¹⁹

Spiritual Emotional Freedom Technique (SEFT) is a therapeutic technique that combines the body's energy system (Energy Medicine) and spiritual therapy used to overcome emotional and physical problems, particularly by tapping gently on certain points of the body.²⁰ Factors related to Spiritual Emotional Freedom Technique (SEFT) for anxiety level of family members in the intensive care unit, namely: kinship with the patient, a person's education level, type of care for critical patients, medical conditions for critical patients, family meetings with the medical team, control methods, critical patient family needs.²

It was concluded that the majority of respondents had moderate levels of anxiety prior to Spiritual Emotional Freedom Technique (SEFT) intervention and this was due to a threatening situation involving one of the patient's families. Meanwhile, factors that affect the decrease in anxiety levels are: kinship with the patient, a person's educational level, type of care for the patient, and the patient's medical condition. Based on the results of the pretest and posttest studies, it can be concluded that Spiritual Emotional Freedom Technique (SEFT) is a very effective therapeutic method for reducing anxiety among families of critical patients in the ICU.

V. LIMITATION OF STUDY

1. SEFT intervention cannot be given to all respondents at one time due to the limited number of respondents in the ICU.
2. The process of collecting respondent data in this study used a questionnaire. When filling out the questionnaire sheet, some of the respondents had to be accompanied in filling out the questionnaire.
3. The collection of the questionnaire was hampered due to waiting period during replacement of patient period.

VI. CONCLUSION

Based on the results of research conducted in the ICU of PMI Hospital Bogor City on 30 families of critical patients, it can be concluded that there was an effect of giving the Spiritual Emotional Freedom Technique (SEFT) to the patient's family in the ICU room.

Conflict of Interest: None

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