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THE DIFFERENCE BETWEEN WORK STRESS BEFORE AND AFTER SPIRITUAL EMOTIONAL FREEDOM TECHNIQUE (SEFT) THERAPY

PERBEDAAN STRES KERJA SEBELUM DAN SESUDAH TERAPI SPIRITUAL EMOTIONAL FREEDOM TECHNIQUE (SEFT)

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ABSTRACT

Background: *Nurses are susceptible to work stress caused by conflicts with coworkers and superiors, as well as uncertainty about the effects of therapy on patients. The preliminary study results on 15 nurses showed that 11 nurses (73%) experienced moderate stress, while four nurses (27%) experienced severe stress.* **Purpose:** *This research aims to analyze the differences before and after Spiritual Emotional Freedom Technique (SEFT) therapy in reducing nurses' stress.* **Method:** *This study applied a quantitative approach, utilizing a pre-experimental design with a one-group pre-post test design involving 36 nurses before and after SEFT therapy. Sampling was conducted using a total sampling technique. The study was carried out from July to August 2021, using the Occupational Stress Inventory-Revised Edition (OSI-R) questionnaire. A Paired Sample T test was utilized as the statistical test.* **Result:** *The univariate test results for work stress before and after SEFT therapy were 77.75 and 71.11, respectively. The bivariate test, with p-value of 0.001, revealed differences in work stress scores before and after SEFT therapy for nurses.* **Conclusion:** *SEFT therapy can reduce the stress of nurses at Hospital A. Therefore, the hospital management needs to implement SEFT therapy to reduce work-related stress for the nurses.*

ABSTRAK

Latar belakang: Perawat rentan mengalami stres kerja yang disebabkan oleh konflik dengan rekan kerja dan atasan, serta ketidakpastian mengenai efek pengobatan pada pasien. Hasil studi pendahuluan terhadap 15 perawat menunjukkan bahwa 11 perawat (73%) mengalami stres sedang, sedangkan 4 perawat (27%) mengalami stres berat. **Tujuan:** Penelitian ini bertujuan untuk menganalisis perbedaan stres perawat sebelum dan sesudah terapi *Spiritual Emotional Freedom Technique* (SEFT). **Metode:** Penelitian ini menggunakan pendekatan kuantitatif pre-eksperimental dengan desain one group *pre-post test* kepada 36 perawat sebelum dan sesudah terapi SEFT. Teknik pengambilan sampel dilakukan dengan total sampling. Penelitian dilaksanakan pada bulan Juli hingga Agustus 2021, dengan menggunakan kuesioner *Occupational Stres Inventory-Revised Edition* (OSI-R). T *test* sampel digunakan sebagai uji statistik. **Hasil:** Hasil uji univariat stres kerja sebelum dan sesudah terapi SEFT masing-masing sebesar 77,75 dan 71,11. Uji bivariat dengan *p-value* 0.001 menunjukkan terdapat perbedaan skor stres kerja sebelum dan sesudah terapi SEFT pada perawat. **Kesimpulan:** Terapi SEFT dapat menurunkan stres kerja pada perawat di Rumah Sakit A. Oleh karena itu, pihak manajemen rumah sakit diharapkan dapat menerapkan terapi SEFT ini sebagai program intervensi untuk mengurangi risiko stres kerja pada perawat.

INTRODUCTION

An average of 400.000 workers annually experiences work stress, lasting for one year or more. *Health Safety Environment* (HSE) estimates that approximately 534.000 workers experiencing stress cause the industry to lose 12.8 million work hours and incur a loss of 8 billion USD (Hughes and Ferrett, 2015). In 2020-2021, 822.000 workers in the UK experienced work-related stress, depression, and anxiety, marking an increase compared to 2018-2019. Workers at risk of work-related stress, depression, and anxiety include those in the health, education, security, and service sectors (HSE, 2022).

Work-related stress is a physiological and psychological response of workers to work demands and pressures that are either greater than or beyond the capacity of workers (Kurniawidjadja *et al.*, 2002). The primary causes of work-related stress, depression, and anxiety are job demands such as deadlines for completing tasks, lack of leadership, relationships between workers and management, individual factors, and working conditions (Hughes and Ferrett, 2015; HSE, 2022).

The results of a study by Gu *et al.* (2019) revealed that 68.3% of nurses experienced high work stress. Based on a cross-sectional study conducted at a government hospital in Harar, East Ethiopia, 66% of nurses experienced work stress (Baye *et al.*, 2020). Even in a densely populated city, the study results showed that nurses working in public hospitals were more stressed, namely as much as 51.6% compared to nurses in private hospitals as much as 46.4% (Tsegaw *et al.*, 2022).

The causes of work-related stress experienced by nurses include conflicts with co-workers, conflicts with superiors, and uncertainty about the effects of therapy on patients. These factors result in low job satisfaction, negative work attitudes, and poor service quality (Mariana *et al.*, 2021). Johnson *et al.* (2020) stated that low self-esteem poses a risk of causing stress and leading to burnout, occurring three times more often (Johnson *et al.*, 2020). Moreover, during the COVID-19 pandemic, nurses' work stress levels increased. This is caused by role conflict and the work environment, marital status, having children, community stigma regarding COVID-19, fear of nurses being infected with the COVID-19 virus, fear of transmitting COVID-19 to families, the availability of *Personal Protective Equipment* (PPE), and the ratio of nurses and patients (Sarafis *et al.*, 2016; Alkautsar *et al.*, 2021; Hendy *et al.*, 2021; Siswadi *et al.*, 2021). Leadership can also contribute to work stress among nurses (Raesi *et al.*, 2021). It impacts the quality of life for nurses, encouraging them to leave their jobs, causing fatigue, and decreasing work performance (Jalilian *et al.*, 2019; Rivai, 2019; Hakman *et al.*, 2021; Raesi *et al.*, 2021; Rudyarti, 2021; Siswadi *et al.*, 2021;Tumarni *et al.*, 2022).

Spiritual Emotional Freedom Technique, abbreviated as SEFT, is the development of *Emotional Freedom Technique* (EFT) therapy, designed to overcome emotions by stimulating specific meridian points on the body through light tapping on the fingertips (Ardan, 2020). SEFT is commonly used to manage body weight. It has been found effective in reducing stress and anxiety among patients, workers, and students. Additionally, it has demonstrated stress reduction benefits for patients with kidney failure and hypertension (Risfinda *et al.*, 2018; Wati *et al.*, 2019; Krisnawardhani and Noviekayati, 2021). A study by Sakinah showed that SEFT was significantly effective in reducing work stress among nurses at PKU Muhammadiyah Yogyakarta Hospital (Sakinah, 2018).

Hospital A is a private hospital that serves general patients and patients using the Social Health Insurance Administration Body (BPJS healthcare program), a social security agency in Indonesia aimed at providing universal healthcare to its citizens. The hospital provides services for outpatients, inpatients, and patients undergoing eye surgery. The operational schedule is divided into morning shifts (08:00 to 16:00 WIB), afternoon shifts (12:30 to 20:00 WIB), and night shifts/special inpatients (20:00 to 07:00 WIB). The preliminary results of the *Occupational Stress Inventory-Revised* Edition (OSI-R) questionnaire showed that 11 nurses (73%) experienced moderate stress, and four nurses (27%) experienced severe stress. Therefore, the authors conducted this study to analyze the differences in nurses' stress levels before and after SEFT therapy. SEFT therapy is widely practiced on patients, students and nurses. However, in this study it was guided by a psychologist. The results of this study will be valuable for implementing mental health strategies for healthcare workers, especially nurses.

MATERIAL AND METHOD

This research received ethical approval with the number 0315-21.315/DPKE-KEP/Last EA/UEU/IX/2021. A pre-experimental study employing a one group pre-post test design, where the dependent variable was stress and the independent variable was SEFT therapy, was conducted. This measurement method uses stress using the *Occupational Stress Inventory- Revised* Edition (OSI-R) questionnaire. The OSI-R questionnaire is based on 25 questions that are very potential in hospitals, whereby these dimensions are measured using the categories of (1) Never, (2) Rarely, (3) Sometimes, (4) Often, and (5) Always. Then the total score will be classified according to the stress category, namely mild stress (score = 40 - 59), moderate stress (score = 60 - 69) and severe stress (score = >70).

This study took place at Hospital A from July to August 2021, involving 36 nurses from BPJS outpatient polyclinics, general polyclinics, inpatients, and operating rooms, selected through a total sampling technique. The instrument used to collect information in this study was the work-related pressure stock modified version (OSI-R) survey, consisting of 25 questions. The survey covered three aspects: 15 questions for work-related pressure, and 10 questions for mental strain and adapting assets. It was a standardized questionnaire, thus no validation and reliability tests were conducted. The collected data underwent normality testing with the *Kolmogorov-Smirnov* test. If the data were normally distributed, the analysis was performed using the *Paired T* test; if not, the *Wilcoxon* test was applied.

RESULT

Nurses' stress before and after *Spiritual Emotional Freedom Technique* (SEFT)

The authors analyzed the data using the normality test to determine, after the data were collected, whether they were normally distributed or not and to determine the minimum and maximum stress scores before and after SEFT therapy. Table 1 shows that out of 36 nurses, the average (mean) stress level before therapy was 77.75 where the standard deviation value is 7.886. Based on normality test before therapy, the minimum stress level

value is 64 and the maximum stress level value is 102. The average (mean) stress level of nurses after therapy was 71.11 where the standard deviation value was 5.258. The minimum stress level value after therapy was 62 and the maximum value was 85.

Table 2 shows that of the 36 respondents, the stress level of nurses before SEFT therapy is obtained the results of severe stress as many as 27 (75%), the moderate stress as many as 9 people (25%), and the stress level of nurses after being given SEFT therapy was found to be moderate stress as many as 14 people (38.9%), while severe stress was 22 people (61.1%).

Normality of stress

The normality test of stress, conducted using *Kolmogorov-Smirnov* as shown in Table 3, yielded a *p-value* of 0.200. This indicates that the data were normally distributed.

Differences stress level for nurses before and after *Spiritual Emotional Freedom Technique* (SEFT) therapy

Based on the results of the statistical test can be sseen in Table 4, it is indicated that among the 36 nurses at Hospital A in 2021, the difference in the average stress level before SEFT therapy was 77.75, and after SEFT therapy was 71.11, with a standard deviation of 5.47 with 95 CI of 4.785 to 8.492. The *p-value* of 0.001 shows that there is a statistically significant difference between nurses' stress levels before and after SEFT therapy.

Table 1. Nurses' stress at Hospital A

Variable	N	Mean	SD	Min	Max
Before therapy	36	77.75	7.89	64	102
After therapy		71.11	5.26	62	85

Table 2. Distribution of nurses' stress level before *Spiritual Emotional Freedom Technique* (SEFT) therapy at Hospital A

Stress level	Before SEFT therapy		After SEFT therapy	
	n	%	n	%
Mild stress	0	0	0	0
Moderate stress	9	25	14	38.9
Severe stress	27	75	22	61.1
Total	**36**	**100**	**36**	**100**

Table 3. Normality test of stress

Variable	*Kolmogorov-Smirnov*		
	N	*p-value*	Conclusion
Range	36	0.2	Normal

Table 4. The differences of stress before and after *Spiritual Emotional Freedom Technique* (SEFT) therapy

Variable	N	Mean		Mean different	SD	95% CI		*p-value*
		Pre	Post			Low	Up	
Before - after therapy	36	77.75	71.11	6.64	5.47	4.78	8.49	0.001

DISCUSSION

The intervention carried out in the study was *Spiritual Emotional Freedom Technique* (SEFT). SEFT consists of three stages, including (1) Set-up, (2) Tune-in, and (3) Tapping. In the set-up stage, the psychologist first asked participants about their feelings and physical condition during the session, then directed them to pray. After that, participants entered the tune-in stage, where they remembered or imagined things that could cause an uneasy feeling to let go. The third stage, tapping, involved the psychologist lightly tapping on several meridian points of the participant's body, starting from the top of the head and moving to the last point on the fingers. A tune-in accompanied this tapping process, followed by the psychologist directing participants to take a deep breath and express gratitude (Chodijah *et al.*, 2020).

The average stress level of nurses before and after SEFT therapy was 6.64, with a standard deviation of 5.47, 95% CI of 4.78 - 8.49, with a *p-value* of 0.001. This indicates a significant difference in nurses' stress levels before and after SEFT therapy. Based on the interviews, nurses experienced stress due to their dual roles. They were required to be doctor's assistants during patient examinations and conduct diagnostic examinations using various tools such as eye ultrasound, eye OCT, IOL master, fundus photo, tonometry, ARK, laser, etc. In addition, hospital management demanded that they always be punctual, provide full service to patients, and maintain a presentable appearance.

This is in line with Sakinah's (2018) findings that SEFT effectively reduced work stress among nurses at Muhammadiyah Yogyakarta Hospital, although it proved ineffective in increasing their motivation. Before the intervention, 75% of nurses experienced severe work stress, while 25% experienced moderate work stress. After the intervention, 22% of nurses still experienced heavy work stress, while 14% experienced moderate work stress. However, none of the nurses experienced a decrease from severe or moderate to light work stress. This occurred because the intervention was given only once. Rachmawati and Aristina (2019) also emphasized the significant role of SEFT therapy in reducing stress.

Spiritual Emotional Freedom Technique is a spiritual healing model developed based on individuals' beliefs and religions. If the individual is Muslim, then, in this therapy, the individual uses dhikr in its practice. During the pandemic, several researchers found SEFT therapy to be highly effective in providing relaxation and replacing negative thoughts with positive ones through seeking God's help, thereby promoting inner peace within the individual (Astuti and Ediyono, 2021).

During the study, clinicians welcomed participants to enter the set-up phase to guarantee the proper redirection of their body's energy progression. Some participants expressed feeling that, after the treatment, their bodies became lighter, more relaxed, and more excited. Moreover, their minds and emotions became calmer. However, if a participant approached the set-up phase with less seriousness, it could result in SEFT being less effective. In some cases, the effect obtained was the opposite of what was expected. Furthermore, participants entered the tune-in stage, where they sincerely expressed and resigned themselves to the problem they repeatedly experienced. This process aimed to help them accept the events they had gone through, erasing memories at the subconscious level or addressing the causes of negative energy. Some participants acknowledged becoming more relaxed during this stage, with their bodies feeling less tense, allowing them to forget the problems they had experienced.

In the last stage, the tapping, the psychologist lightly tapped on several meridian points of the body, starting from the top of the head to the fingers. Simultaneously with this process, the participant also performed a tune-in. In the final step, the participant took a deep breath and exhaled with gratitude. This activity helps neutralize emotional disturbances, allowing the body's energy to return to normal and achieve balance. Several participants admitted that, during the tapping process, their bodies felt lighter. Therefore, researchers suggest that Hospital A should implement SEFT therapy to reduce the risk of stress among nurses.

CONCLUSION

The description of stress before the *Spiritual Emotional Freedom Technique* (SEFT) therapy was conducted on 36 nurses in Hospital A in 2021, resulting in a mean of 77.75. At the same time, the description of stress after the SEFT therapy was carried out on nurses in Hospital A in 2021, resulting in a mean of 71.11. SEFT therapy has proven effective in reducing work stress among nurses in Hospital A in 2021. Therefore, the management of Hospital A can consider applying SEFT therapy as an intervention program to mitigate the risk of work stress on nurses.

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