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SPIRITUAL EMOTIONAL FREEDOM TECHNIQUE FOR ANXIETY IN ASTHMA PATIENTS: IMPLEMENTATION AS A NON-PHARMACOLOGICAL INTERVENTION IN THE EMERGENCY DEPARTMENT

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ABSTRACT
Asthma is a chronic health problem that significantly impacts physical and psychological conditions, especially during emergencies in the emergency department (ER). Anxiety in asthma patients can worsen clinical conditions and prolong recovery time if not promptly addressed. This study aims to assess the effectiveness of Spiritual Emotional Freedom Technique (SEFT) as a non-pharmacological technique to reduce anxiety in asthma patients in the emergency department of Soeradji Tirtonegoro Regional Hospital, Klaten. This study was conducted descriptively through a case study of one asthma patient with anxiety disorders, using the Hamilton Anxiety Rating Scale (HARS) instrument before and after the SEFT intervention. The SEFT implementation was structured for 15 minutes, which included the stages of setup techniques, tune-in, and tapping on the body's energy points. The results of the measurements and assessments were analyzed using a nursing care approach. The measurement results showed a decrease in the patient's anxiety score from 17 (moderate) to 14 (mild) after SEFT, accompanied by clinical improvements such as respiratory rate stability and increased psychological comfort. Family support during therapy plays an important role in accelerating the reduction of anxiety and patient recovery. Based on the results and discussion, it can be concluded that SEFT is effective as a psychological intervention to reduce anxiety in asthma patients in emergencies, and can be integrated with breathing education and oxygen saturation monitoring for optimal results.

Keywords: anxiety; asthma; IGD; SEFT

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INTRODUCTION

Asthma is one of the chronic health problems that not only impacts the physical condition but also significantly affects the psychological aspect of the patient, especially in emergencies, such as in hospital emergency departments (Sholichin et al., 2023). Asthma disorders are often accompanied by shortness of breath, coughing, and wheezing, which can worsen the emotional state and increase the patient's anxiety (Karno & Thalib, 2023). The prevalence of asthma in Indonesia is relatively high, with the incidence rate varying but estimated to remain significant compared to other countries in the Southeast Asian region (Susana et al., 2024). Anxiety in asthma patients in the emergency room is of particular concern because it can trigger more severe asthma episodes and prolong recovery time if not immediately addressed with a comprehensive management strategy (Nurhidayah & Putra, 2025).

According to the World Health Organisation (WHO), anxiety problems in the emergency room globally reach 17.7%, reflecting the high psychological burden experienced by emergency patients, including those who come with asthma complaints (Lainsamputty & Wuisang, 2022). Another study in Indonesia also identified that more than 60% of patients who went to the emergency room experienced anxiety in the moderate to severe range, with a higher tendency in patients of productive age and women (Karno & Thalib, 2023). Poorly managed anxiety can be fatal,

increasing the frequency of breathing and worsening airway resistance, which physiologically worsens the clinical picture of asthma (Sholichin et al., 2023). On the other hand, external factors such as emergency room density, exam waiting time, and uncertainty about predicting the course of the disease add to patients' psychological distress. (Susana et al., 2024).

The psychological aspect in treating asthma in the emergency room can be carried out with a non-pharmacological approach as a complement to conventional therapy based on medicament (Abdullah et al., 2024). One of the non-pharmacological techniques that also plays a role as a psychological intervention is the Spiritual Emotional Freedom Technique (SEFT) (Sholichin et al., 2023). SEFT is a method that combines a spirituality approach, body energy, and tapping techniques at meridian points to lower negative emotions, including anxiety, with a direct effect on the physiological stabilisation of the patient. In recent studies, SEFT has been effective in lowering anxiety in asthma patients and improving respiratory physiological functions, including breathing frequency and airway resistance (Sholichin et al., 2023 ; Kristinawati et al., 2021; Sholichin et al., 2023)

The results of quasi-experimental studies in adult asthma patients showed a significant decrease in respiratory frequency after implementing SEFT, with most patients experiencing improvements in physical and psychological symptoms. (Sholichin et al., 2023). In addition, research examining SEFT interventions in emergency departments confirmed that this technique can be carried out easily, quickly, and safely without significant side effects, making it very suitable for implementation in time-limited emergency services (Karno & Thalib, 2023). The effectiveness of SEFT in lowering anxiety has also been observed in patients with other comorbidities, including cardiovascular disorders and individuals at high risk of pre-operative anxiety. (Sholichin et al., 2023; Karno & Thalib, 2023; Nurhidayah & Putra, 2025)

Family support during the therapy process is an essential variable in accelerating the reduction of anxiety and improving the physiological response of asthma patients. The results of recent statistical tests confirm a significant association between family support and the effectiveness of reducing anxiety through SEFT, where patients with adequate family support show a more consistent reduction in anxiety scores (Karno & Thalib, 2023). The role of nursing staff in education about SEFT and facilitation of family involvement has been proven to improve therapy outcomes, adding value to emergency department-based asthma management protocols (Kristinawati et al., 2021).

Applying SEFT therapy in the emergency room is also a practical solution in the context of the COVID-19 pandemic. There is an increase in visits from asthma patients with higher anxiety due to the uncertainty of their general health conditions (Nurhidayah & Putra, 2025). Literature studies show that, during the pandemic, the need for non-pharmacological psychological interventions increased dramatically, and SEFT was adopted in some emergency units as part of nursing intervention innovations (Lainsamputty & Wuisang, 2022). Field studies conducted on adult patients with a history of asthma and intense anxiety symptoms showed patient satisfaction and increased adherence to asthma therapy after SEFT was performed during treatment in the emergency room (Sholichin et al., 2023).

The structured use of SEFT has been shown to reduce the rate of asthma relapse due to stress, reduce hospitalisation time, and accelerate the return of normal respiratory function in patients with acute asthma complaints (Kristinawati et al., 2021). Case studies and implementations in various primary services also report high success rates, if therapy is done correctly according to protocols and by involving families as the prominent supporters (Karno & Thalib, 2023). The purpose of this case study is to examine the results of applying SEFT in reducing the anxiety of asthma patients in the emergency room and improving clinical outcomes in patients.

METHOD

This application uses a descriptive method in the form of a case study to determine the effectiveness of SEFT in reducing anxiety in asthma patients in the emergency unit and improving patient clinical outcomes at Soeradji Tirtonegoro Regional Hospital, Klaten. Respondents in this study were asthma patients with anxiety disorders in the emergency unit. This implementation involved one respondent who implemented SEFT. The instrument used in this application was the Hamilton Anxiety Rating Scale (HARS) to measure patient anxiety before and after the implementation of SEFT. This instrument uses an observation sheet to record the development of the patient's condition. Then, a case study was conducted using a nursing care approach.

RESULT

The patient Mrs. W is 21 years old female, Islamic religion came to the emergency room on Wednesday, July 3, 2025 at 10.00 WIB with complaints of shortness of breath since last night accompanied by coughing with phlegm, sputum is challenging to express and the patient says dizziness, the patient says he has a history of asthma since childhood the patient said he felt anxious because the shortness of breath did not subside, based on the results of the examination data was obtained: BP: 110/80, HR: 113x/min, RR: 23x/min, Temperature: 36.6 C, SpO2: 97% GCS: E4V5M6. Patients also appeared to be anxious about treatment procedures and showed anxiety supported by HARS scores being in the moderate category. After an anxiety assessment was carried out using the HARS instrument before being given an intervention, an anxiety score of 17 or the category of moderate anxiety was obtained. Nursing problems identified include ineffective breathing patterns associated with bronchial spasms and inflammatory processes, and anxiety related to the uncertainty of treatment outcomes.

The primary interventions provided were SEFT therapy to reduce anxiety, deep breathing education, oxygen saturation monitoring, and facilitation of family involvement in treatment. The implementation of SEFT therapy is carried out in a structured manner with set up stages (setting intentions and goals, inviting patients to focus on feelings of anxiety and hope to be healed), tune in (inviting patients to feel and realize all negative emotions that arise), ending with tapping techniques or light taps at 18 key points along 12 body energy pathways which are carried out for approximately 15 minutes. after the administration of SEFT, the anxiety score decreased to 14 or mild anxiety.

DISCUSSION

The results of this case study show that patients with a medical diagnosis of asthma experience anxiety when undergoing treatment in the emergency room. The anxiety experienced by patients with asthma can worsen clinical asthma and can increase airway resistance through neuroendocrine mechanisms, and accelerate the occurrence of asthma relapse (Sholichin et al., 2023). Predictors of severe exacerbation of asthma in the emergency room include advanced age, history of mechanical ventilation, OSA, overuse of SABA, uncontrolled asthma, moderate-severe depression, eosinophilia, oxygen saturation <90%, as well as low expiratory peak rates, in which psychological factors such as depression significantly contribute to the severity of asthma attacks (Mohamed et al., 2022). Asthma patients in the emergency room often show symptoms of stress and anxiety, which, if left untreated, will trigger an increase in breathing frequency and the need for interdisciplinary interventions, including psychosocial approaches (Susana et al. 2024). . The study by Lainsamputty & Wuisang, (2022) highlights that the proportion of emergency room patients with moderate to severe anxiety in Indonesia is very high, and is influenced by external factors such as waiting time, space density, and uncertain disease prognosis, adding to the psychological burden of patients.

Levels of psychological distress in asthma patients were reported to be associated with the anxiety and stigma felt by patients during treatment in the emergency room, where stigma and lack of social support worsened adaptation to the disease, as well as responses to pharmacological and non-pharmacological therapies (Ashager et al., 2023). The study Karno & Thalib (2023) Also showed that family support during treatment was instrumental in accelerating the reduction of anxiety and improving the physiological response of asthma patients through social-emotional mechanisms that support the patient's coping against physical and psychological threats. Based on research by Kristinawati et al. (2021), SEFT is a complementary therapy that has been proven to improve the quality of life of patients through relaxation effects, blood pressure stabilisation, and strengthening of spiritual aspects, thereby providing a sense of calm and improving the body's response to stress. The SEFT technique combines stimulation of body energy through tapping and a spiritual approach that utilises affirmation and surrender to God (Abdullah et al., 2024).

The effectiveness of SEFT in lowering anxiety in asthma patients has been proven by quasi-experimental studies with a significant decrease in RR and anxiety scores, as well as clinical observation results showing simultaneous improvement in physical and psychological conditions (Sholichin et al., 2023). In emergency room patients, anxiety decreases quickly (Wijianti & Susilo, 2023). SEFT has no side effects, so it is ideal to be applied in emergencies that require efficient intervention time. The study of Kusuma & Eriyanti (2025) emphasises the importance of non-pharmacological relaxation interventions, including SEFT, in lowering the risk of other physiological disorders, including in asthma patients who are at high risk of multiple disorders due to anxiety that is not adequately treated.

Research by Ardiani et al. (2023) shows that SEFT is not only effective in patients with respiratory diseases but also in patients with other comorbidities, such as heart failure, with a more consistent reduction in anxiety if accompanied by a family. The results of a study by Nurhidayah & Putra (2025) that compared the effectiveness between Benson relaxation and SEFT showed that SEFT has the advantage because it combines spiritual aspects and body energy that directly impact the respiratory system's stabilisation. Studies by Sholichin et al. (2023) have also shown that implementing SEFT routinely reduces the rate of asthma relapse due to stress, reduces hospitalisation time, and accelerates the return of normal respiratory function. The SEFT technique can be done easily by the nurse, and the results are more optimal if the family accompanies the therapy process. SEFT interventions can be combined with respiratory education and oxygen saturation monitoring for better clinical outcomes (Wijianti & Susilo, (2023). Training for health workers and families can increase the effectiveness of therapy and facilitate patient adaptation to changing clinical conditions. The role of family support, involvement of health workers in education, and the correct application of SEFT techniques have been proven to improve patients' quality of life, speed up recovery, and reduce the risk of relapse and complications (Kristinawati et al., 2021).

CONCLUSION

The application of structured SEFT therapy in asthma patients with anxiety disorders in the emergency department is effective in reducing anxiety levels from moderate to mild. SEFT interventions have a positive effect not only on the psychological aspects of the patient, but also help improve physiological responses such as breathing frequency and stability of general conditions. The involvement of the family as a support during the therapy process can increase the effectiveness of reducing anxiety and speed up recovery. SEFT is easy for health workers to apply and is safe to use in emergency installations as a non-pharmacological intervention that can support patient recovery. This case study confirms the importance of non-pharmacological psychological interventions to complement medical therapy in managing asthma patients in the emergency room.

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