

Nurse-Led Spiritual Emotional Freedom Technique (SEFT) to Reduce Anxiety in Patients with Stable Angina Pectoris Undergoing Cardiac Catheterization

Ahmad Nirwan^{1,2} , Husin² , Aris Citra Wisuda³ , Meta Nurbaiti² , Citra Suraya² 

¹ Dr. Mohammad Hoesin Central General Hospital Palembang, Indonesia

² Nursing Study Program, Sekolah Tinggi Ilmu Kesehatan Bina Husada Palembang 30131, Indonesia

³ Nursing Profession Study Program, Sekolah Tinggi Ilmu Kesehatan Bina Husada Palembang 30131, Indonesia

Email: ahmadnirwan2271@gmail.com, husinkarmin80@gmail.com, ariscitrawisuda.edu@gmail.com,

Meta.nurbaiti@gmail.com, citrasuraya.edu@gmail.com

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ABSTRACT

Cardiovascular disease (CVD) remains the leading cause of death globally, with an estimated 19.8 million deaths or 32% of total deaths worldwide in 2022. Cardiac catheterization is the best and most reliable technique for detecting and diagnosing blockages in the coronary arteries. Patients undergoing cardiac catheterization may experience anxiety due to the procedure. This study aims to determine the effect of SEFT (Spiritual Emotional Freedom Technique) on reducing anxiety in patients with stable angina pectoris undergoing cardiac catheterization. This study uses a quantitative method with a pre-experimental approach. The samples in this study consisted of 55 patients with stable angina pectoris who underwent cardiac catheterization in the Cathlab of Dr. Mohammad Hoesin General Hospital in Palembang within one month using accidental sampling technique. This study was conducted from January 21 to February 6, 2026. The SEFT therapy intervention was then conducted by a researcher certified in SEFT Total Solution Training, assisted by one facilitator. The therapy was conducted using tapping techniques on 9 body points for 5–25 minutes per respondent in a single session over one day. In the Wilcoxon test between the SEFT technique and the anxiety of patients with stable angina pectoris, a p-value of $0.000 < 0.05$ was obtained. It can be concluded that SEFT has an effect on reducing the anxiety of patients with stable angina pectoris undergoing cardiac catheterization. Based on the findings of this study, it is hoped that these results can serve as an additional reference for nurses and hospital staff, particularly those in the cardiovascular unit, and that Standard Operating Procedures (SOPs) for SEFT therapy will be developed so that they can be studied and utilized as a nonpharmacological intervention in the provision of nursing care to reduce anxiety, particularly among cardiac catheterization patients.

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Corresponding Author:

Ahmad Nirwan

Dr. Mohammad Hoesin Central General Hospital Palembang, Indonesia

Nursing Study Program, Sekolah Tinggi Ilmu Kesehatan Bina Husada Palembang 30131, Indonesia

Email: ahmadnirwan2271@gmail.com

1. INTRODUCTION

Cardiovascular disease (CVD) is the leading cause of death globally, accounting for 19.8 million deaths in 2022 or 32% of all deaths worldwide [1]. In developing countries, CVD accounts for more than 75% of deaths, including 38% of the 18 million deaths from noncommunicable diseases in 2021. In Indonesia, heart disease is the leading cause of death (Global Burden of Disease & IHME, 2014–2019) [2], with a rise in prevalence from 0.5%

(2013) to 1.5% (2018). In South Sumatra, 3,861 cases of coronary heart disease were recorded in 2024 [3], while cardiac arrest ranked third among causes of death in Palembang with 95 cases [4].

The primary complaint of CAD patients is angina pectoris, chest pain caused by myocardial ischemia around the sternum, epigastrium, lower jaw, shoulder blades, and left arm [5]. Cardiac catheterization is the best diagnostic technique for detecting coronary artery blockages [6], but this procedure triggers anxiety, fear, stress, sleep disturbances, and uncertainty in patients [7]-[8]. The prevalence of anxiety among cardiac catheterization patients ranges from 20% to 55%, and that of depression from 20% to 40% [9], with 79.36% experiencing anxiety, 72.49% experiencing depression, and 32.95% experiencing stress among elective patients [10]. Up to 90% of patients experience severe preoperative anxiety [11]-[12], including 50% with moderate-to-severe anxiety prior to invasive procedures [13].

Anxiety activates the sympathetic nervous system, increasing blood pressure and heart rate, which strains the heart and increases the risk of complications [14]. Triggering factors include fear of invasive procedures and uncertainty about outcomes, which affect physical and psychological well-being as well as recovery if left unaddressed [15]. Nurses play a crucial role through pre-procedure education, psychosocial support, relaxation, and family involvement to reduce anxiety [16]-[17]. Non-pharmacological interventions such as anxiety reduction and relaxation are recommended in SIKI [18].

Spiritual Emotional Freedom Technique (SEFT) integrates spiritual affirmations, prayer, and meridian tapping to reduce stress by activating the parasympathetic nervous system [19]-[20]. Research demonstrates the effectiveness of SEFT ($p < 0.05$) for pre-catheterization anxiety [21], PCI [22], pre-cardiac surgery [23], and chemotherapy [24]. At Dr. Mohammad Hoesin General Hospital in Palembang, cases of cardiac catheterization increased (August–October 2025: 227–239 cases, 116–131 stable angina), with 80% of patients experiencing mild-to-moderate anxiety without specific SEFT intervention due to the lack of an SOP (preliminary study, October 22, 2025). This study examined the effect of SEFT on reducing anxiety in patients with stable angina pectoris prior to catheterization in the Cathlab.

2. METHOD

2.1. Study Design

This study is a quantitative pre-experimental study with a one-group pre-posttest design in the field of medical-surgical nursing, aimed at measuring the effect of the Spiritual Emotional Freedom Technique (SEFT) a combination of EFT tapping and simple yet effective spiritual elements on reducing anxiety in patients with stable angina pectoris prior to cardiac catheterization in the Cathlab at Dr. Mohammad Hoesin General Hospital in Palembang, using the Hamilton Anxiety Rating Scale (HARS). The population consisted of patients with stable angina pectoris undergoing catheterization; univariate and bivariate analyses evaluated changes in anxiety before and after the intervention.

2.2. Eligibility Criteria

Inclusion and exclusion criteria for respondents were established to ensure participant eligibility, so that the study could generate relevant, valid, and high-quality data in line with the research objectives.

2.2.1. Inclusion Criteria

- a. Patients with stable angina pectoris scheduled for elective cardiac catheterization
- b. Alert and cooperative
- c. Able to read and write
- d. Willing to participate as a study subject
- e. Willing to complete a questionnaire

2.2.2. Exclusion Criteria

- a. Patients in an emergency condition
- b. Hemodynamically unstable
- c. Restless patients
- d. Scheduled for urgent/immediate procedures
- e. Taking sedatives prior to the procedure.

2.3. Study Setting and Duration

This study was conducted in the Cathlab at Dr. Mohammad Hoesin General Hospital in Palembang, one of the primary referral hospitals in Palembang, South Sumatra, Indonesia. This location was chosen due to the availability of cardiac catheterization facilities and the high number of patients with stable angina pectoris undergoing cardiac catheterization procedures. The study was conducted from January 21, 2026, to February 6, 2026, and involved data collection from patients with stable angina pectoris who underwent cardiac catheterization during the study period.

2.4. Population and Sample

The study population consisted of patients with stable angina pectoris who underwent cardiac catheterization in the Cathlab at Dr. Mohammad Hoesin General Hospital in Palembang during the study period. Participants were recruited based on inclusion criteria, namely patients diagnosed with stable angina pectoris, undergoing cardiac catheterization procedures, being conscious and cooperative, and willing to participate by signing the informed consent form. Patients were excluded if they were experiencing a medical emergency, had communication difficulties or impaired consciousness that could hinder the data collection process, or refused to participate in the study. The study sample was selected using accidental sampling, which involved including patients encountered who met the study criteria during the data collection period. Through this recruitment process, a total of 55 participants who met the criteria and participated in this study were identified.

2.5. Intervention Procedures

The research process began by identifying respondents who met the inclusion criteria; the researcher then selected those eligible to participate in the study. Next, the researcher introduced themselves to the respondents and provided a clear and detailed explanation of the study's objectives, benefits, and procedures. After the participants understood the information provided, the researcher obtained informed consent by asking the participants to sign a consent form as a sign of their willingness to participate in the study. The researcher also gave the participants the opportunity to ask questions if there were any unclear aspects regarding the study to be conducted.

In the next stage, the researcher assisted the participants in completing the Hamilton Anxiety Rating Scale (HARS) questionnaire prior to administering the Spiritual Emotional Freedom Technique (SEFT) therapy as a baseline measurement (pretest). The SEFT therapy intervention was then conducted by a researcher certified in SEFT Total Solution Training, assisted by one facilitator. The therapy was conducted using tapping techniques on 9 body points for 5–25 minutes per respondent in a single session over one day. After the intervention was completed, the researcher again assisted the respondents in completing the HARS questionnaire following the SEFT therapy as a post-test. Next, the researcher collected all the questionnaire forms that had been filled out by the participants before and after the intervention. At the end of the research activity, the researcher thanked the participants and provided a reward or compensation for their participation in this study.

2.6. Outcome Measures

The outcome measures in this study included a questionnaire comprising respondent identification numbers, sociodemographic data such as age, gender, educational level, and history of cardiac catheterization, as well as the Hamilton Anxiety Rating Scale (HARS). The HARS questionnaire has been proven to have good validity and reliability in measuring an individual's anxiety level and consists of 14 symptoms, namely feelings of anxiety, tension, fear, sleep disturbances, intellectual disturbances, feelings of depression, somatic (muscle) symptoms, somatic (sensory) symptoms, cardiovascular symptoms, respiratory symptoms, gastrointestinal symptoms, genitourinary symptoms, autonomic symptoms, and observed behavior during the interview. This instrument covers two main categories: psychological and physical anxiety symptoms, as well as the respondent's behavior during the interview. Each item is rated based on the intensity of symptoms experienced by the patient on a 0–4 scale: 0 (no symptoms), 1 (mild symptoms), 2 (moderate symptoms), 3 (severe symptoms), and 4 (very severe symptoms). The total score is then calculated

to determine the patient's anxiety level, which is categorized into five groups: no anxiety (score <14), mild anxiety (14–20), moderate anxiety (21–27), severe anxiety (28–41), and very severe anxiety/panic (42–56) (Chrisnawati & Aldino, 2019).

2.7. Data Analysis

All collected data were coded and analyzed using IBM SPSS Statistics version 25. Descriptive statistics, including mean, standard deviation, frequency, and percentage, were used to describe the respondents' demographic characteristics as well as their anxiety scores before and after the intervention. Bivariate analysis was performed using the Wilcoxon Signed Rank Test to evaluate changes in respondents' anxiety levels between pre-intervention (pretest) and post-intervention (posttest) measurements. The Wilcoxon test was used because the research data was on a ratio scale and aimed to assess differences between two paired measurements within the same group. All statistical analysis results were considered significant if a p-value of < 0.05 was obtained.

2.8. Ethical Considerations

This study has received ethical approval from the Health Research Ethics Committee of Dr. Mohammad Hoesin General Hospital in Palembang, under Ethical Clearance No. DP.04.03/D.XVIII.06.08/ETIK/007/2026, dated January 9, 2026

3. RESULTS AND DISCUSSION

3.1 Result

3.1.1 Sociodemographic Characteristics

This study yielded sociodemographic data from 55 respondents, including their age, gender, educational level, and history of catheterization, as follows:

Table 1. Frequency Distribution of Respondents' Sociodemographic Characteristics

Socio-demographic	Frequency	Perentase
Age		
Early adulthood (19–35 years)	1	1,8%
Late adulthood (36–45 years)	8	14,5%
Pre-elderly (46–59 years)	19	34,5%
Young elderly (60–69 years)	21	38,2%
Middle elderly (70–79 years)	6	10,9%
Total	55	100%
Gender		
Male	35	63,6%
Female	20	36,4%
Total	55	100%
Education Level		
Elementary School	16	29,1%
Junior High School	10	18,2%
Senior High School	17	30,9%
Associate's Degree	4	7,3%
Bachelor's Degree	8	14,5%
Total	55	100%
History of Catheterization		
Yes	18	32,7%
No	37	67,3%
Total	55	100%

Based on Table 1. above, out of a total of 55 respondents, it was found that less than half (38.2%) were young older adults (aged 60–69), while more than half (63.6%) were men; furthermore, less than half (30.9%) had a high school education, while more than half (67.3%) had no history of cardiac catheterization.

3.1.2 Results of the Univariate Analysis

Table 2. Average HARS scores before and after SEFT

HARS Score	Mean $\pm$ SD	Median	Minimum	Maximum
Before SEFT therapy	20.98	21.00	14	31
After SEFT therapy	15.20	15.00	7	25

According to Table 2. the median HARS anxiety score before SEFT therapy was 21.00 and 15.00 after SEFT therapy. Meanwhile, the mean score before SEFT therapy was 20.98 and after therapy, 15.20. The HARS score range before therapy was a minimum of 14 and a maximum of 31, while the HARS score range after therapy was a minimum of 7 and a maximum of 25.

Table 3. Frequency Distribution of Anxiety Before SEFT

Anxiety Level Before SEFT	Frequency	Percent
Mild anxiety (14- 20)	25	45,5%
Moderate anxiety (21- 27)	23	41,8%
Severe anxiety (28- 41)	7	12,7%
Total	55	100%

As shown in Table 3. above, of the total 55 respondents, less than half specifically 45.5% reported mild anxiety prior to SEFT therapy.

Table 4. Frequency Distribution of Anxiety after SEFT

Anxiety Levels After SEFT	Frequency	Percentage
No anxiety (less than 14)	21	38,2%
Mild anxiety (14–20)	27	49,1%
Moderate anxiety (21–27)	7	12,7%
Total	55	100%

According to Table 4. above, out of a total of 55 respondents, less than half specifically 38.2% reported no anxiety.

3.1.3 Results of the bivariate data analysis

Table 5. Results of the Data Normality Test

Variable	Kolmogorov-Smirnov Statistic	df	p-value
HARS score before SEFT therapy	0.121	55	0.043
HARS score after SEFT therapy	0.093	55	0.200*

The normality test results showed that the HARS scores before SEFT therapy were not normally distributed ($p = 0.043$; $p < 0.05$), while the HARS scores after SEFT therapy showed a normal distribution ($p = 0.200$; $p > 0.05$). Since one of the variables did not meet the normality assumption, a non-parametric test was considered for further analysis.

Table 6. Wilcoxon Signed-Rank Test of HARS Scores Before and After SEFT Therapy

Variable Comparison	n	Z-value	p-value
HARS score after SEFT therapy vs before SEFT therapy	55	-6.489	<0.001

The Wilcoxon Signed-Rank Test showed a significant difference in HARS scores before and after SEFT therapy ($Z = -6.489$; $p < 0.001$). This indicates that SEFT therapy significantly affected the reduction of anxiety levels based on HARS scores among respondents.

3.2 Discussion

Based on the research findings, the characteristics of respondents with stable angina pectoris who underwent cardiac catheterization in the Cathlab at Dr. Mohammad Hoesin General Hospital in Palembang were predominantly pre-elderly and young elderly individuals, particularly those aged 46–69 years. This condition is associated with an increased risk of coronary artery disease due to atherosclerosis, hypertension, diabetes mellitus, dyslipidemia, and unhealthy lifestyles, which become more prevalent with advancing age. In this age group, symptoms of stable angina pectoris begin to appear more frequently, leading to a greater need for further evaluation through cardiac catheterization.

The majority of respondents were male, consistent with the higher prevalence of coronary heart disease in men compared to women. Risk factors such as smoking, unhealthy dietary habits, alcohol consumption, lack of physical activity, and unmanaged stress are believed to contribute to the high incidence of cardiovascular disease in men. Additionally, the majority of respondents had a high school education, indicating that the ability to understand health information and medical procedures may vary among individuals. This situation can influence patients' perceptions of cardiac catheterization and increase anxiety prior to the procedure.

Most respondents had also never undergone cardiac catheterization before. The first experience with an invasive procedure often causes fear, uncertainty about the outcome, and concerns about complications, which can increase patient anxiety. Anxiety prior to cardiac catheterization is a common psychological response, characterized by tension, fear, difficulty sleeping, palpitations, and difficulty concentrating due to a perceived threat to personal safety.

The study results indicate that prior to receiving Spiritual Emotional Freedom Technique (SEFT) therapy, the majority of respondents experienced mild to moderate anxiety. This high level of anxiety was influenced by the invasive nature of the catheterization procedure, the Cathlab environment, and uncertainty regarding the procedure's outcomes. Anxiety can trigger increased activity in the sympathetic nervous system, leading to elevated blood pressure, heart rate, and myocardial oxygen demand, which may potentially worsen the patient's condition. Therefore, non-pharmacological interventions are needed to help reduce patients' anxiety prior to the procedure.

After undergoing SEFT therapy, the respondents' anxiety levels decreased, with the majority of patients falling into the "no anxiety" and "mild anxiety" categories. This indicates that SEFT therapy can help patients manage negative emotions and increase their sense of calm before undergoing cardiac catheterization. SEFT works through a combination of tapping on the body's energy points, relaxation, mental focus, and a spiritual approach that helps patients manage negative emotions and enhance their sense of calm. Additionally, this therapy is believed to reduce physiological tension by stimulating the parasympathetic nervous system and lowering stress hormones, thereby making patients more relaxed and better prepared to undergo cardiac catheterization procedures.

These findings align with the study by Mardika et al. (2024), which demonstrated a reduction in anxiety levels following SEFT therapy. Furthermore, Agustina's (2024) study reinforces these results, with a p-value of 0.000 ($p < 0.05$), concluding that SEFT therapy has a significant effect on anxiety. Furthermore, Dewi et al. (2024) stated that both the short and long versions of SEFT are equally effective in reducing anxiety with a p-value < 0.001 .

Based on these results, a bivariate analysis using the Wilcoxon test revealed a significant effect of SEFT therapy in reducing anxiety in patients with stable angina pectoris prior to cardiac catheterization, with a p-value of < 0.05 . Thus, these findings suggest that SEFT is effective as a non-pharmacological intervention in helping to regulate emotions, reduce the perceived threat of invasive procedures, and improve patients' psychological readiness prior to undergoing cardiac catheterization.

The implications of this study for nursing practice are to enhance nurses' understanding and competence in the use of Spiritual Emotional Freedom Technique (SEFT) as a nonpharmacological intervention to reduce anxiety in patients with stable angina pectoris undergoing cardiac catheterization. The application of SEFT helps nurses develop skills in performing tapping techniques, providing spiritual and emotional affirmations, assessing patients' anxiety levels, and building better therapeutic relationships. Furthermore, the results of this study support the development of Standard Operating Procedures (SOPs) for SEFT therapy that can be integrated into structured cardiovascular nursing care to improve the quality of service, comfort, and patient safety in hospitals

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This study has limitations, such as a small sample size and a restricted research setting; specifically, this study remains within the scope of a pre-experimental design, as it was conducted in the cath lab rather than in an inpatient ward, and only one intervention was performed per day, with a relatively short duration for both the intervention and the study. To improve upon this, future research could be conducted in an inpatient ward with a larger sample size and a quasi-experimental approach using a time series design

4. CONCLUSION

Based on the research findings, the respondents patients with stable angina pectoris who underwent cardiac catheterization in the Cathlab at Dr. Mohammad Hoesin General Hospital in Palembang—were predominantly young elderly men with a high school education, and the majority had never undergone cardiac catheterization before. Before receiving SEFT therapy, some respondents experienced moderate to severe anxiety, whereas after the intervention, there was a decrease in anxiety levels, and no severe anxiety was found. The Wilcoxon test results showed a p-value of 0.000 ($p < 0.05$), so it can be concluded that SEFT therapy has a significant effect on reducing anxiety in patients with stable angina pectoris before undergoing cardiac catheterization.

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CONFLICT OF INTEREST

The authors declare that they have no competing interest

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