

The Effectiveness of Spiritual Emotional Freedom Technique in Reducing Postoperative Pain Among Fracture Patients at RSUD Palembang Bari

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ABSTRACT

Fracture is a common musculoskeletal injury that frequently requires surgical intervention, often leading to significant postoperative pain. Effective pain management is essential to support early mobilization, shorten hospital stays, and improve patient comfort. Conventional pharmacological therapy, while effective, carries risks such as nausea, constipation, sedation, and opioid dependence. Therefore, complementary non-pharmacological interventions are increasingly recommended. Spiritual Emotional Freedom Technique (SEFT) integrates tapping on specific meridian points with spiritual practices, including prayer, surrender, and positive affirmations, to promote relaxation and reduce pain perception. This study aimed to evaluate the effectiveness of SEFT in reducing postoperative pain intensity among fracture patients at Palembang Bari Hospital. A pre-experimental one-group pretest–posttest design was conducted with 20 participants recruited through consecutive sampling. Pain intensity was measured using the Numeric Rating Scale (NRS) before and after SEFT therapy. Statistical analysis using paired-samples t-test revealed a significant reduction in mean pain scores, from 6.95 ± 1.20 before intervention to 3.45 ± 1.82 after therapy ($p = 0.000$; $p < 0.05$). These findings demonstrate that SEFT effectively decreases postoperative pain, supporting its role as a complementary nursing intervention. Physiologically, tapping on meridian points may stimulate endogenous opioid release, while the spiritual component reduces anxiety and enhances emotional calmness. Together, these mechanisms contribute to improved patient comfort and recovery. In conclusion, SEFT can be integrated into multimodal pain management strategies to optimize postoperative care, reduce reliance on pharmacological agents, and enhance holistic patient outcomes.

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1. INTRODUCTION

Fracture is a musculoskeletal injury characterized by the disruption of bone continuity caused by trauma, traffic accidents, sports injuries, or certain pathological conditions. It remains a major public health concern because it often requires surgical intervention, prolonged rehabilitation, and optimal pain management. According to the World Health Organization (WHO), approximately 178 million new fracture cases were reported worldwide in 2023, with an estimated 455 million people living with fractures requiring ongoing treatment. This number is expected to continue increasing as the global population ages. Fractures occur more frequently among older adults and women and contribute substantially to disability and healthcare costs [1].

Most fracture cases require surgical intervention to restore bone stability, preserve limb function, and accelerate the healing process. Although surgery is considered the primary treatment, the procedure inevitably causes tissue damage, triggering the release of inflammatory mediators such as prostaglandins, histamine, and bradykinin. These mediators activate nociceptors, resulting in postoperative pain. Poorly managed postoperative pain may delay early mobilization, impair sleep quality, increase anxiety, slow wound healing, and prolong

hospital stays. Therefore, effective pain management is regarded as one of the key indicators of successful postoperative care for fracture patients [2].

Postoperative pain is generally managed with analgesic medications. However, pharmacological therapy has several limitations, including the risk of nausea, vomiting, constipation, sedation, allergic reactions, and long-term opioid dependence. A multimodal pain management strategy, combining pharmacological and non-pharmacological interventions, is increasingly recommended to enhance pain control while reducing drug-related side effects. The Spiritual Emotional Freedom Technique (SEFT) is recognized as a complementary non-pharmacological intervention frequently utilized in nursing practice. Derived from the Emotional Freedom Technique (EFT), SEFT combines tapping-based therapy with spiritual principles, creating a holistic approach that addresses both psychological and physiological aspects of patient care. The therapy involves three stages: set-up, tune-in, and tapping on specific meridian points, accompanied by prayer, surrender to God, and positive affirmations. This combination of physical stimulation and spiritual intervention is believed to promote relaxation, reduce stress responses, stimulate endorphin release, and decrease pain perception, thereby enhancing patient comfort during the recovery period [3].

A growing body of evidence has demonstrated that both the Emotional Freedom Technique (EFT) and the Spiritual Emotional Freedom Technique (SEFT) are effective in alleviating pain while contributing to improvements in patients' physiological responses. Church et al. reported that EFT promotes relaxation, reduces stress, and improves various health indicators, suggesting its potential as a complementary therapy for postoperative pain management [4]. Nevertheless, studies investigating the implementation of SEFT among postoperative fracture patients at RSUD Palembang Bari remain limited. Differences in patient characteristics, clinical conditions, cultural backgrounds, and healthcare settings may influence the effectiveness of this therapy. To date, no scientific evidence has specifically examined the effect of SEFT on pain intensity among postoperative fracture patients treated at this hospital.

This study is intended to provide scientific support for the use of safe, effective, and practical non-pharmacological nursing interventions to enhance care quality for postoperative fracture patients. The research specifically examined the impact of the Spiritual Emotional Freedom Technique (SEFT) on pain intensity among postoperative fracture patients at Palembang Bari Hospital.

2. RESEARCH METHOD

The study employed a quantitative pre-experimental method with a one-group pretest–posttest design. The selected design facilitated the assessment of differences in pain intensity by measuring participants prior to and following the SEFT intervention. Pain levels were measured twice in the same group of participants, once prior to the intervention and again after the SEFT therapy [5].

The study was carried out in the Surgical Inpatient Ward of Palembang Bari Hospital from April 20 to April 26, 2026. The population included all postoperative fracture patients admitted during this period. A total sampling method was applied, and all patients meeting the inclusion criteria were recruited as participants. The final sample comprised 20 respondents. The inclusion criteria included postoperative fracture patients aged ≥ 18 years, fully conscious (*compos mentis*), able to communicate effectively, receiving standard analgesic therapy according to hospital protocols, and willing to participate by signing an informed consent form.

The independent variable was SEFT, while postoperative pain intensity was the dependent outcome. Pain was evaluated using the Numeric Rating Scale (NRS), where scores range from 0 (no pain) to 10 (worst possible pain), and higher values reflect more severe pain. Data were collected through repeated assessments of the same participants before the initiation of SEFT and again after the intervention was completed.

The SEFT intervention was administered according to a standardized operating procedure consisting of three sequential stages: *set-up*, *tune-in*, and *tapping*. During the *set-up* stage, participants were guided to focus on God through prayer and positive affirmations as a form of acceptance of their current condition. In the *tune-in* stage, participants were instructed to concentrate on the location of their pain while maintaining positive affirmations. This was followed by the *tapping* stage, in which gentle tapping was performed on specific body meridian points using the fingertips according to the standardized SEFT protocol until the therapy session was completed. The intervention was delivered by the researcher with the same duration for each participant to ensure consistency throughout the study [6].

IBM SPSS Statistics was used for data analysis. Descriptive statistics summarized participants' demographic characteristics and pain scores before and after SEFT. Data normality was evaluated using the Shapiro–Wilk test because the sample size was below 50 participants. As the normality assumption was satisfied ($p > 0.05$), a paired-samples t-test was applied to determine differences in pain intensity before and after the intervention at a 95% confidence level ($\alpha = 0.05$). This study obtained ethical clearance from the Ethics Committee of RSUD Palembang Bari under approval number: [DP.04.03/F.XXXII.10/3948/2026]. Throughout the study, all ethical principles governing human research were strictly observed, including respect for participants' autonomy, beneficence, non-maleficence, and justice. Prior to enrollment, each participant was informed about the study

objectives, procedures, potential benefits, and their right to discontinue participation at any stage without any consequences for the medical care they received.

3. RESULTS AND DISCUSSION

3.1. Result

3.1.1. Respondent Characteristics

A total of 20 postoperative fracture patients participated in this study. The respondents' characteristics were described based on age and sex and are presented in Table 1.

Table 1. Respondent Characteristics

Characteristic	Frequency	Percentage (%)
Ages		
26 – 35 Years	1	5.0
36 – 45 Years	5	25.0
46 – 55 Years	3	15.0
56 – 65 Years	6	30.0
66 – 80 Years	5	25.0
Gender		
Female	11	55.0
Male	9	45.0
Total	20	100.0

As shown in Table 1, the majority of respondents were aged 56–65 years, comprising 6 respondents (30.0%), while the 26–35-year age group had the smallest proportion, with 1 respondent (5.0%). Based on sex, the respondents were predominantly female.

3.1.2. Pain Intensity Before and After SEFT Therapy

Baseline pain intensity was assessed before participants received the Spiritual Emotional Freedom Technique (SEFT). The findings obtained from the pre-intervention assessment are summarized in Table 2.

Table 2. Pain Intensity Before SEFT Therapy

Variabel	Mean	Min	Max	Std. dev
Pain Scale Before Therapy	6.95	5	9	1.19
Pain Scale After Therapy	3.45	1	7	1.82

The findings showed that before receiving SEFT therapy, the respondents had a mean pain intensity score of 6.95 ± 1.20 , with a minimum score of 5 and a maximum score of 9. These results indicate that most respondents experienced moderate to severe pain, reflecting the inflammatory response associated with postoperative tissue injury. Following the SEFT intervention, the mean pain intensity decreased to 3.45 ± 1.82 , with scores ranging from 1 to 7. These results demonstrate a notable reduction in pain intensity after the application of this complementary therapy.

4. Normality Test Results

The Shapiro–Wilk test was conducted as an initial step to evaluate the normality of pain intensity data before analyzing the effect of the Spiritual Emotional Freedom Technique (SEFT). The outcomes of this assessment are shown in Table 3.

Table 3. Shapiro–Wilk Normality Test Results

Variable	P – Value	Result
Pain Scale Before Therapy	0.112	Normal
Pain Scale After Therapy	0.171	Normal

Normality testing using the Shapiro–Wilk method demonstrated that both pre-intervention and post-intervention pain scores followed a normal distribution ($p > 0.05$). Based on this finding, changes in pain intensity associated

with the Spiritual Emotional Freedom Technique (SEFT) were analyzed using a paired-samples *t*-test with a 95% confidence level ($\alpha = 0.05$).

5. Effect of Spiritual Emotional Freedom Technique (SEFT) Therapy on Pain Intensity

The effectiveness of the Spiritual Emotional Freedom Technique (SEFT) in reducing postoperative pain was assessed through bivariate analysis. As the data were normally distributed, a paired-samples *t*-test was applied to compare pain intensity before and after the intervention. The findings are summarized in Table 4.

Table 4. Paired Samples *t*-Test Results

Variabel	Mean	Min	Max	Std Dev	P - value
Before Therapy	6.95	5	9	1.19	0.000
After Therapy	3.45	1	7	1.82	

The paired-samples *t*-test revealed that SEFT produced a significant reduction in postoperative pain intensity. The average pain score decreased from 6.95 before the intervention to 3.45 after treatment, representing a mean reduction of 3.50 points. The analysis yielded a *p*-value of 0.000 ($p < 0.05$), indicating a statistically significant difference between pain scores measured before and after the intervention. These results confirm the study hypothesis and suggest that SEFT is an effective complementary nursing intervention for alleviating postoperative pain among fracture patients at Palembang Bari Hospital.

3.2. Discussion

3.2.1. Characteristics of Respondents by Age

The findings of this study showed that the majority of respondents were aged 56–65 years, accounting for 6 respondents (30.0%). This finding indicates that fractures requiring surgical intervention were more common among older adults. Advancing age is associated with a gradual decline in physiological function, particularly within the musculoskeletal system, resulting in reduced bone mineral density and increased bone fragility. Consequently, older individuals are at greater risk of sustaining fractures, even following low-energy trauma.

According to Brunner and Suddarth (2022), the aging process is characterized by decreased osteoblastic activity and increased bone resorption, leading to reduced bone strength and a higher risk of osteoporosis. In addition, tissue regeneration occurs more slowly in older adults, resulting in a prolonged postoperative recovery period compared with younger individuals [7].

The present findings are consistent with those of Qin et al. (2022), who reported that most fracture surgery patients were older adults. This trend is attributed to their higher susceptibility to osteoporosis, which markedly increases the risk of fractures [8].

The findings of this study are in line with guidance issued by the American Academy of Orthopaedic Surgeons (AAOS), which recognizes advancing age as a major factor contributing to fracture risk. Age-related declines in bone mineral density, muscle function, and balance increase the vulnerability of older adults to fractures, even after relatively minor trauma. Furthermore, the National Institute for Health and Care Excellence (NICE) recommends comprehensive postoperative management for older patients with fractures to facilitate recovery, enhance rehabilitation, and minimize the risk of complications during the healing process [9].

Based on these findings, it can be inferred that the predominance of respondents aged 56–65 years was influenced not only by age-related degenerative changes but also by reduced balance and muscle strength, which increase the likelihood of falls and subsequent fractures. Therefore, optimal pain management is essential in older adults to facilitate rehabilitation, improve functional recovery, and enhance overall postoperative outcomes.

3.2.2. Characteristics of Respondents by Sex

The findings showed that most respondents were female, reflecting the higher fracture risk among women, particularly after menopause due to reduced estrogen levels and declining bone density.

According to Potter and Perry (2021), women have lower bone mass than men, and the decline in estrogen after menopause accelerates bone loss, increasing the risk of osteoporosis and fractures [10].

These findings are consistent with Pulungan et al. (2024), who found that femoral neck and trochanteric fractures predominantly occurred in women aged over 60 years, likely due to age-related bone loss and the increased prevalence of osteoporosis [11].

These findings are reinforced by the *International Osteoporosis Foundation* (2023), which notes that women face a greater risk of osteoporosis than men due to declining estrogen levels after menopause. Reduced estrogen leads to lower bone mineral density, greater fragility, and higher fracture susceptibility. Consequently, older women represent the group most frequently requiring surgical treatment for fractures [12].

Based on these findings, it can be inferred that the predominance of female respondents in this study was influenced by a combination of hormonal changes, aging, and decreased bone strength. These factors place women at a greater risk of sustaining fractures and highlight the importance of comprehensive postoperative care that focuses not only on surgical wound healing but also on effective pain management to support optimal recovery.

3.2.3. Pain Intensity Before SEFT Therapy

The findings of this study showed that the mean pain intensity before the administration of the Spiritual Emotional Freedom Technique (SEFT) was 6.95, indicating moderate to severe pain. This high level of pain suggests that the inflammatory process resulting from surgical tissue injury was still ongoing, causing considerable discomfort among postoperative fracture patients.

As described by Hinkle, Cheever, and Overbaugh (2022), tissue damage caused by surgery initiates an inflammatory response characterized by the release of mediators such as prostaglandins, histamine, serotonin, and bradykinin. These chemical mediators activate peripheral nociceptors, enabling pain signals to travel to the central nervous system, where they are processed and perceived as pain [13].

The results of this study are consistent with the International Association for the Study of Pain (IASP), which explains that acute pain following surgery is primarily triggered by the activation of nociceptors due to the release of inflammatory mediators. This type of pain typically reaches its greatest intensity during the first 24–48 hours after the surgical procedure [14].

Raja et al. (2020) describe pain as a complex sensory and emotional phenomenon that occurs in association with actual or threatened tissue injury. Following surgery, the inflammatory response increases nociceptor sensitivity, resulting in greater pain perception. Consequently, early and effective pain management is essential to prevent impaired mobility, sleep disturbances, and delayed wound healing [15].

Based on these findings, it can be inferred that the high pain intensity observed before the intervention was influenced not only by surgical tissue damage but also by psychological factors, such as anxiety, fear of pain, and concerns regarding the recovery process. These factors may amplify pain perception, causing patients to experience pain more intensely than would be expected from physiological tissue injury alone.

3.2.4. Pain Intensity After SEFT Therapy

Following the administration of the Spiritual Emotional Freedom Technique (SEFT), the mean pain intensity decreased to 3.45, which falls within the mild pain category. This reduction indicates that SEFT was effective in promoting relaxation and improving patients' comfort following the intervention. SEFT combines stimulation of specific body meridian points through the *tapping* technique with a spiritual approach involving prayer, surrender to God, and positive affirmations. As described in the theoretical framework of this study, SEFT is a development of the Emotional Freedom Technique (EFT) integrated with spiritual principles and based on the concept of Energy Psychology. This approach aims to restore the body's energy balance while simultaneously addressing emotional and physical disturbances.

According to Sebastian and Nelms (2017), pain management can be achieved not only through pharmacological interventions but also through non-pharmacological therapies that promote relaxation, reduce anxiety, and stimulate the release of endorphins, the body's natural analgesics. This state of relaxation may decrease pain perception through pain modulation mechanisms within the central nervous system [16]. Furthermore, relaxation-based non-pharmacological interventions are recommended as part of a multimodal pain management strategy because they improve patient comfort while reducing the need for analgesic medications [17].

The findings of this study are supported by the systematic review conducted by Hernández-Padilla et al. (2022), which concluded that Emotional Freedom Techniques (EFT), including the spiritual components applied in SEFT, can effectively reduce pain, anxiety, and psychological stress. Similar evidence was reported by Church et al., who found that EFT enhances relaxation by decreasing stress hormone secretion and improving physiological well-being. These findings reinforce the potential of SEFT as a complementary intervention for reducing postoperative pain in patients recovering from fracture surgery [19].

In addition, de Hoogd et al. (2023) found that effective postoperative pain management is associated with improved patient comfort, reduced anxiety, and earlier mobilization. They recommended combining pharmacological and non-pharmacological interventions as part of a multimodal pain management strategy to achieve superior pain control compared with pharmacological treatment alone [20].

Based on these findings, it can be inferred that the reduction in pain intensity following SEFT therapy resulted from the synergistic effects of physical relaxation and psychological well-being. As patients became more relaxed and emotionally stable, their attention to pain decreased, leading to a lower perception of pain and greater overall comfort during the postoperative recovery period.

3.2.5. The Effect of Spiritual Emotional Freedom Technique (SEFT) on Pain Intensity Among Postoperative Fracture Patients

Results of the paired-samples *t*-test confirmed that SEFT produced a significant reduction in postoperative pain intensity ($p = 0.000$; $p < 0.05$). Participants showed a decrease in the mean pain score from 6.95 before the intervention to 3.45 after treatment. This significant improvement supports the use of SEFT as an effective complementary nursing intervention to reduce pain among postoperative fracture patients.

From a physiological standpoint, gentle tapping on selected meridian points is thought to activate neural pathways that enhance the production of endogenous opioids, particularly endorphins and enkephalins. These naturally occurring neurochemicals act as intrinsic pain-relieving agents, helping to suppress pain transmission and reduce pain perception. In addition, the spiritual components of SEFT, including prayer and positive affirmations, help reduce anxiety, promote emotional calmness, and suppress sympathetic nervous system activity. The combination of these physiological and psychological mechanisms contributes to a reduction in pain perception experienced by patients.

The present findings are consistent with previous studies showing that both SEFT and EFT effectively reduce pain intensity. Hernández-Padilla et al. (2022) reported that EFT alleviates pain, anxiety, and stress by combining acupressure-point tapping with relaxation techniques. This relaxation response helps reduce physiological reactions to pain, resulting in lower pain perception [21].

Similarly, Church et al. (2018) found that EFT promotes physical and psychological well-being by reducing stress hormone levels and enhancing relaxation. These findings support the use of SEFT as a complementary non-pharmacological therapy to help relieve postoperative pain and improve patient comfort during recovery [22].

Current pain management guidelines recommend a multimodal strategy that integrates pharmacological and non-pharmacological interventions to achieve optimal postoperative pain control [23]. Non-pharmacological strategies, including relaxation techniques, distraction, and psychological or spiritual interventions, have been shown to improve patient comfort while reducing the need for analgesic medications. Therefore, SEFT may be considered an effective complementary nursing intervention to support successful postoperative pain management [24].

Based on these findings, it can be inferred that the effectiveness of SEFT observed in this study was attributable not only to stimulation of the body's energy meridian points but also to its spiritual component, which promotes emotional comfort and inner peace. The integration of physical and spiritual components enables patients to better regulate emotional responses to pain, leading to a marked reduction in pain intensity. Therefore, SEFT holds potential for incorporation into nursing practice as a complementary intervention for postoperative fracture patients.

4. CONCLUSION

The study found that most respondents were aged 56–65 years and predominantly female. Prior to the administration of Spiritual Emotional Freedom Technique (SEFT), the mean pain intensity among postoperative fracture patients was 6.95 ± 1.20 , indicating moderate to severe pain. Following SEFT intervention, the mean pain score decreased to 3.45 ± 1.82 , reflecting a clinically significant reduction in pain.

Statistical analysis using the paired-samples *t*-test demonstrated a significant reduction in pain intensity after the SEFT intervention, with a *p*-value of 0.000 ($p < 0.05$). This finding indicates that SEFT effectively decreased postoperative pain among fracture patients treated at Palembang Bari Hospital. These findings suggest that SEFT is an effective complementary therapy that can be integrated with pharmacological pain management to improve patient comfort and facilitate postoperative recovery.

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