Spiritual emotional freedom technique increased patient self efficacy

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ABSTRACT

Introduction: Patients with a diagnosis of Diabetes Mellitus (DM) in Sleman Regency in 2020 were 20,097 patients. The treatment of diabetes requires good motivation from patients. Self-confidence or self-efficacy will help shape behaviors that support healing. Spiritual Emotional Freedom Technique (SEFT) was a therapy that can create positive emotional conditions and a calm mind so that the right thoughts emerge to decide attitudes in helping the healing process. This study aims to determine the effect of SEFT for self-efficacy of patients with DM-Type 2 at the working area of public health center Seyegan, Sleman, Yogyakarta, Indonesia.

Methods: This study used a quasi-experiment with pre-test post-test using control group design. Patients were assessed pre-test and post-test with the DM-Self Efficacy Scale. The intervention group was subjected to SEFT therapy. The sample of this study was 40 respondents from the intervention group and 40 respondents from the control group. The sampling technique used the purposive sampling technique. Data collection was carried out between July and August 2020.

Results: The results of the data collected were processed using the Wilcoxon test and the Mann Whitney test. Wilcoxon test results in the intervention group obtained p = 0.000 (p <0.05) and in the control group obtained p = 0.000 (p <0.05). Mann Whitney test results obtained p = 0.003 (p <0.05).

Conclusion: SEFT technique affects the increasing self-efficacy in type II DM patients.

Keywords: self-efficacy, Spiritual Emotional Freedom Technique (SEFT), type II DM.

Cite This Article: Maryana., Dewi, S.C. 2021. Spiritual emotional freedom technique increased patient self efficacy. Bali Medical Journal 10(3) Special Issue ICONURS: 1138-1141. DOI: 10.15562/bmj.v10i3.2830

INTRODUCTION

Diabetes Mellitus (DM) is a degenerative disease with various complications. Diabetics can experience complications such as diabetic retinopathy, neuropathy, nephropathy, ketoacidosis, chronic kidney disease, coronary heart disease and stroke.1,2 DM management is needed to prevent DM complications in patients. The management of DM are education, implementation of dietary principles, exercise, and pharmacology.1,3 Patient compliance in carrying out DM management is needed to prevent complications.

The International Diabetes Federation (IDF) estimates that there were at least 463 million people in the world who suffered from DM in 2019, and it was predicted to continue to increase to reach 578 million in 2030 and 700 million in 2045. The number of people with DM in Indonesia is ranked 7th in the world, namely 10.7 million.3 The number of people with DM in 2019 in Yogyakarta Province ranks 3rd in Indonesia.4 The prevalence rate of DM in the province of Yogyakarta, Indonesia in 2018 was 11.319. DM patients in Sleman Regency ranked first out of 5 regencies in Yogyakarta Province with 3,591 patients. DM patients in Sleman district have not all carried out the management of DM properly. DM patients in Sleman district who have implemented management of DM in the form of eating arrangements as much as 79.14%, doing exercise as much as 58.70%. DM patients who did not take medication were 23.25%, and 74.50% never checked their blood sugar.5

Motivation is a person's behavior that is directed to achieve goals, one of which is recovering or being able to manage DM. Diabetes Mellitus patients who have good motivation have 4.315 times the chance to be recovering or being able to manage DM.6 The prevalence rate of DM is recovering or being able to manage DM.7 The prevalence rate of DM in Indonesian people with good self-effectiveness is 58.70%. DM patients who did not take medication were 23.25%, and 74.50% never checked their blood sugar.7 The prevalence rate of DM in the province of Yogyakarta, Indonesia in 2018 was 11.319. DM patients in Sleman Regency ranked first out of 5 regencies in Yogyakarta Province with 3,591 patients. DM patients in Sleman district have not all carried out the management of DM properly. DM patients in Sleman district who have implemented management of DM in the form of eating arrangements as much as 79.14%, doing exercise as much as 58.70%. DM patients who did not take medication were 23.25%, and 74.50% never checked their blood sugar.7 The prevalence rate of DM in the province of Yogyakarta, Indonesia in 2018 was 11.319. DM patients in Sleman Regency ranked first out of 5 regencies in Yogyakarta Province with 3,591 patients. DM patients in Sleman district have not all carried out the management of DM properly. DM patients in Sleman district who have implemented management of DM in the form of eating arrangements as much as 79.14%, doing exercise as much as 58.70%. DM patients who did not take medication were 23.25%, and 74.50% never checked their blood sugar.7

Motivation is a person's behavior that is directed to achieve goals, one of which is recovering or being able to manage DM. Diabetes Mellitus patients who have good motivation have 4.315 times the chance to have good self-efficacy.8 Self-efficacy is an individual's belief in his ability to regulate and perform behavior. Self-efficacy has a positive impact on health behavior.9 Self-efficacy is a cognitive ability that can affect a person's thoughts, feelings, and self-motivation to act. A study states that there is a positive correlation between self-efficacy with self-management in patients with DM. The higher level of self-efficacy was linked to better self-care behavior and will increase self-management compliance in DM patients which includes controlling blood sugar levels, controlling diet, physical activity, the use of health care and good glycemic control.10,11 Spiritual Emotional Freedom Technique (SEFT) therapy is a therapy that can form a positive emotional state and a calm mind. Through this therapy, it is hoped that patients will get convenience and motivation to act positively in the management of DM. Previous research has found that SEFT therapy can help type 2 diabetes patients lower their blood sugar levels, as well as be effective in reducing client anxiety and depression in type 2 DM patients.12,13,14,15 However, research on the effect of SEFT on self-efficacy in type 2 DM patients is still limited.

Patients with a diagnosis of DM in

10.15562/bmj.v10i3.2830
Sleman Regency in 2020 were 20,097 patients. The objective of this study was to see how SEFT affected self-efficacy in patients with type 2 diabetes at the public health centre Seyegan in Sleman Regency, Yogyakarta, Indonesia.

**METHODS**

This study used quasi-experimental research with pre-test post-test with control group design. This research was carried out in the Seyegan Health Center’s work area from July to September 2020. The number of respondents in the intervention group and the control group were 40 respondents in each group, with criteria of respondent is a muslim, age 25-60 years, patient with type II DM, and willing to participate in this study. Respondents were selected using a consecutive sampling technique.

Respondents in the intervention group were given SEFT treatment. Self-efficacy assessment in patients was carried out before and after given SEFT treatment. Respondents in the control group were given a DM management booklet. Self-efficacy assessment in patients was carried out before and after given DM management booklet.

Instrument assessment of self-efficacy was using the Diabetes Management Self-Efficacy Scale (DM-SES) questionnaire. The interpretation of the self-efficacy score consists of three categories, namely high, moderate, and low. SEFT is given by gently tapping 7-10 times on nine meridian points of the patient’s body according to SEFT operational standards. Univariate data analysis using frequency distribution. Bivariate data analysis used the Wilcoxon and Mann Whitney statistical test because the normality test on self-efficacy data showed that the distribution data were not normal. The alpha set at 0.05. This statistical test used SPSS 16 program.

**RESULTS**

Table 1 shows the results of respondents in the intervention group, the majority were women (70%), more respondents aged 51-60 years as much as 37.5%, 40.0% elementary school graduates, and working as labourers 30%. Respondents in the control group, the majority were women

| Characteristics | Intervention | Control |
|-----------------|--------------|---------|
| Gender          |              |         |
| Male            | 12           | 12      |
| Female          | 28           | 28      |
| Age             |              |         |
| 21 – 30 years old | 5           | 5       |
| 31 – 40 years old | 3           | 2       |
| 41 – 50 years old | 3           | 4       |
| 51 – 60 years old | 15          | 15      |
| 61 – 70 years old | 14          | 14      |
| Level of education |          |         |
| Elementary school | 16          | 15      |
| Junior high school | 11          | 20      |
| Senior high school | 6           | 3       |
| University      | 7            | 2       |
| Occupation      |              |         |
| Farmer          | 4            | 4       |
| Private employee | 3            | 3       |
| Housewife       | 11           | 11      |
| Labor           | 12           | 14      |
| Government employee | 6         | 5       |
| Unemployed      | 4            | 3       |

Table 2. Level of self-efficacy before and after Spiritual Emotional Freedom Technique (SEFT) therapy in the intervention group.

| Self-Efficacy Level | Before f | % | After f | % |
|---------------------|----------|---|---------|---|
| Low                 | 16       | 40.0 | 0       | 0 |
| Moderate            | 15       | 37.5 | 18      | 45.0 |
| High                | 9        | 22.5 | 22      | 55.0 |

Table 3. Level of self-efficacy before and after Spiritual Emotional Freedom Technique (SEFT) therapy in the control group.

| Self-Efficacy Level | Before f | % | After f | % |
|---------------------|----------|---|---------|---|
| Low                 | 16       | 40.0 | 6       | 15.0 |
| Moderate            | 15       | 37.5 | 19      | 47.5 |
| High                | 9        | 22.5 | 15      | 37.5 |

Table 4. The difference in self-efficacy in the intervention group using Wilcoxon signed-rank test.

| | f | Sum of Rank | Sig (2-tailed) |
|-----------------|---|-------------|----------------|
| Negative Ranks  | 0 | 0.00        | 0.000          |
| Positive Ranks  | 38| 741         |                |
| Ties            | 2 |             |                |

Table 5. The difference in self-efficacy in the control group using Wilcoxon signed-rank test.

| | f | Sum of Rank | Sig (2-tailed) |
|-----------------|---|-------------|----------------|
| Negative Ranks  | 0 | 0           | 0.000          |
| Positive Ranks  | 33| 561         |                |
| Ties            | 7 |             |                |

P level of 0.05
(70%), more respondents aged 51–60 years (37.5%), respondents with high school education level as much as 50%, and 35% of respondents who work as labourers.

Table 2 shows the level of self-efficacy of patients with type 2 DM in the intervention group. The respondent's self-efficacy level before being given Spiritual Emotional Freedom Technique (SEFT) therapy was at a low level (40%). Meanwhile, after being given Spiritual Emotional Freedom Technique (SEFT) therapy most of them had a high level of self-efficacy (55%).

Table 3 shows the level of self-efficacy of patients with type 2 DM in the control group. The initial measurement showed that most respondents had low level of self-efficacy (40.0%) and the final measurement showed that the respondents had a moderate level of self-efficacy as much as 47.5%.

Table 4 shows the Wilcoxon statistical test results, with a significance value of p = 0.000. The test results showed that there was a significant difference of self-efficacy in the intervention group before and after being given SEFT therapy.

Table 5 shows the results of the Wilcoxon statistical test with a significance value of p = 0.000. The test results showed that there was a significant difference in the control group at the initial measurement and final measurement.

The Mann Whitney test results in table 6 show a significance value of p-value = 0.003. It indicated that there is a significant difference between the intervention group that received Spiritual Emotional Freedom Technique (SEFT) therapy and the control group.

**DISCUSSION**

This study indicated that there is a significant difference between the intervention group and the control group. Patients with type 2 DM in the intervention group showed increased levels of self-efficacy. This study shows that the provision of SEFT therapy can be used as a technique to increase self-efficacy in Type 2 DM patients.

DM is a lifelong disease that requires behavioural changes. This can be done through education, counseling, skills building, and support offered by health care providers to enable DM patients to carry out self-care activities so that it is very possible for changes in behavior and self-efficacy of DM patients. Self-efficacy is the patient's belief in his ability to perform various self-management behaviors. DM patients who have higher levels of self-efficacy will participate in better diabetes self-management behaviors.

Respondent of this study who have been given SEFT therapy for 10-15 minutes each time, express feelings of calm, relaxed, comfortable and sincere. Spiritual Emotional Freedom Technique is a therapy which is a combination of acupuncture, acupressure, psychological energy and spiritual power that relaxation effect that can create a relaxed, calm, sincere, grateful, and surrendered atmosphere to God when someone is experiencing distrust of an ability or healing himself from illness.

Potter and Perry stated that non-pharmacological techniques can include distraction and relaxation where the main goal is to suppress the sympathetic nervous response and stimulate the parasympathetic nervous system so that a person is able to overcome anxiety with an adaptive response. These techniques can be implemented through spiritual therapy (praying and getting closer to God, meditation, deep breathing, imagination, visualization, progressive, and tapping (tap therapy)).

One technique that combines the concepts of relaxation and distraction is the SEFT. SEFT focuses on giving precise light taps to the body’s meridians, praying specifically to God, and saying “O Allah, I surrender, I am sincere, I leave all this healing to you.” This therapy is very suitable for use in overcoming problems of self-doubt and increasing self-efficacy.

The findings of this study suggest that providing Spiritual Emotional Freedom Technique (SEFT) therapy can be used to promote self-efficacy in Type 2 DM patients. The provision SEFT therapy can improve the quality of life of tuberculosis patients. SEFT therapy can also reduce depression in patients with diabetes mellitus in the West Singkawang Health Center. Administration of SEFT therapy reduces blood sugar levels in type 2 DM patients. The administration of SEFT therapy in type 2 DM patients has been shown to repair the results of the Ankle Brachial Index (ABI) value.

**CONCLUSION**

There is a significant difference between the intervention group and the control group. Patients with type 2 DM in the intervention group showed showed increased levels of self-efficacy. This study showed that the provision of SEFT therapy can be used as a technique to increase self-efficacy in Type 2 DM patients.

**DISCLOSURE**

**Author Contribution**

All authors contributed equally on study conception to manuscript preparation, while manuscript editing and review was done by SCD. All authors serve as guarantor for this study.

**Acknowledgments**

We would like to thank to all respondents at the Seyegan Sleman Health Center who have participated in this study and to the Health Polytechnic Ministry of the Health Yogyakarta Republic of Indonesia.

**Conflict of Interest**

There is no conflict of interest in this study.

**Funding**

This research was funded by the Health Polytechnic Ministry of the Health Yogyakarta Republic of Indonesia.

**Ethical Statement**

Ethical approval was obtained from the ethics committee of The Health Polytechnic Ministry of the Health Yogyakarta Republic of Indonesia.
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