

Case Study

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Application of Seft (Spiritual Emotional Freedom Technique) to Reduce Blood Pressure in Elderly with Hypertension in Nursing Homes, West Sumatera: Case Study



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Abstract

Background: One of the most common diseases in the elderly is hypertension. The main complaints are headaches (pain) and stiff neck, which disturb the comfort of the elderly. Non-pharmacological therapy can be done by applying SEFT therapy, which can relax by tapping on the body and accompanied by words that teach a person to be sincere and surrender to God. This writing aims to describe nursing care for hypertensive elderly using the SEFT (Spiritual Emotional Freedom Technique) method to reduce blood pressure at the Tresna Werda Sabai Nan Aluih Sicincin Social Home. This writing method is by using case studies. The nursing diagnosis found was a disturbance of comfort related to symptoms of illness. The nursing intervention is pain management (SEFT technique). The implementation results showed that the criteria for complaints of pain decreased, grimaces decreased, anxiety decreased, and difficulty sleeping decreased. It is recommended to use the SEFT technique as an alternative implementation of lowering blood pressure in older people with hypertension.

Keywords: Hypertension; Headache; SEFT (Spiritual Emotional Freedom Technique)

Introduction

The elderly population is expected to continue to increase. WHO estimates that the elderly population will reach 2 billion, and 80% of the elderly in the world are in low and middle-income countries. This increase occurs because we are starting to enter the *ageing* population period, where there is a shift in population structure from more young people to more older people. Indonesia had 31.3 million older people in 2022, which is expected to continue to increase yearly [1].

The Elderly are a continuous ageing process characterised by decreased endurance and susceptibility to disease. In this condition, the elderly experience an ageing process and reduced body strength, making them susceptible to disease. Most older people who reduce their daily activities tend to have their health affected and are susceptible to disease [2].

Changes in body function in the elderly are a natural process often accompanied by physical health problems Sabri et al. 2019.

Increasing age will have an impact on organ function, as well as the elderly, where organ function will decrease. Some factors can be influenced, including natural factors and degenerative diseases experienced by the elderly. One of the degenerative diseases with high morbidity and mortality rates is hypertension [3].

Hypertension is among the top 5 diseases in Indonesia and is ranked first. Hypertension is the leading cause of premature death worldwide. The *World Health Organisation* (WHO) [3] estimates that the current global prevalence of hypertension is 22% of the world's total population. The prevalence of hypertension is highest in Africa at 27%. Southeast Asia ranks third highest, with a prevalence of 25% of the total population [4]. According to data from the West Sumatra Provincial Health Office in 2022, hypertension is among the top ten diseases in West Sumatra Province. Hypertension ranks third, with a case prevalence of 13.8% after ARI and gastritis [5].

The increasing incidence of high blood pressure results in several deaths, and the risk of complications will increase every year. Hypertension that occurs over a long period can increase the incidence of stroke, heart attack and kidney failure, which requires much money for treatment [6]. In addition to these problems, hypertension in the elderly will also cause a decrease in activeness and productivity in the elderly themselves [7].

To control blood pressure in patients with hypertension, non-pharmacological and pharmacological therapies can be used. Non-pharmacological therapy is therapy without using medicinal agents in the therapy process, while pharmacological therapy uses drugs or compounds that can reduce the patient's blood pressure [8]. Maryatun [9] explains that relaxation techniques have the same effect as antihypertensive drugs in lowering blood pressure. One example of non-pharmacological therapy that can be done is *Spiritual Emotional Freedom Technique* (SEFT).

SEFT therapy combines the body's energy system and spiritual therapy using tapping at critical points on the energy pathway [10]. SEFT therapy can control hypertension because it relaxes the smooth muscles of arteries, veins, and other muscles in the body. Relaxing these muscles causes norepinephrine levels in the blood to decrease. Decreased levels of norepinephrine and epinephrine in the blood cause a decrease in cardiac output, resulting in a decrease in blood pressure [11].

The SEFT technique at the setup, tune-in, and tapping stages teaches a person to be sincere and surrender to God when facing every problem based on faith. This suggestion can signal the neocortex so that the amygdala-hippocampus can respond to stimuli with a normal response and a positive perception of psychological conditions [12].

Based on data obtained from the Tresna Werdha Sabai Nan Aluih Sicincin Social Home, there is an increase in older people with hypertension from year to year, namely in 2016, as many as 98 people increased again in 2017, 105 people and in 2023 as many as 125 older people. Based on this data, the authors are interested in examining how nursing care for the elderly with hypertension with the application of the *SEFT (Spiritual Emotional Freedom Technique)* method in lowering blood pressure at the Sabai Nan Aluih Nursing Home in Sicincin Padang Pariaman Regency West Sumatra.

Research Methods

The method used is a case study on one elderly client aged 70 years of male gender who suffers from hypertension. The research was conducted at Sabai Nan Aluih Tresna Werdha Social Home in Sicincin on April 3-5, 2023. The author provides nursing care starting from assessment, diagnosis, intervention, implementation and nursing evaluation. Nursing diagnoses enforced are disorders of comfort (pain), disturbances in sleep patterns and the risk of decreased cardiac output. The planned intervention is pain

management with pain techniques that can complete all nursing diagnoses.

Implementation is carried out by introducing themselves and fostering a trusting relationship, taking blood pressure measurements before and after the intervention, explaining the *SEFT* technique (*Spiritual Emotional Freedom Technique*), doing the technique together and leaving media for the elderly to repeat the *SEFT* technique (*Spiritual Emotional Freedom Technique*) if experiencing symptoms of headache due to hypertension. The intervention was carried out three times a meeting, and blood pressure on days one and three were compared. The evaluation results were a decrease in blood pressure on day 3, complaints of pain decreased grimacing, anxiety decreased, and difficulty sleeping.

Results and Discussion

Mr H has been suffering from hypertension for ten years and has been taking hypertension medication every day for the past five years. At the time of the examination, the client's blood pressure was 160/100mmHg. According to Musakkar [13], hypertension is a disorder of the circulatory system that causes an increase in blood pressure above average values where the systolic blood pressure is above 140 and the diastolic pressure is above 90mmHg.

Risk factors for hypertension can be divided into 2: risk factors that cannot be changed and those that can be changed. Based on the assessment results, the risk factors for hypertension that cannot be changed in Mr H besides genetic factors are age factors. Mr H's client is currently 70 years old and has suffered from hypertension for the past ten years. According to Manurung (2018), the age factor is very influential on hypertension because, at this age, there is an increase in systolic blood pressure accompanied by a decrease in diastolic blood pressure. After the age of 45 years and above, there is an increase in systolic blood pressure due to stiffness of the arteries due to arteriosclerosis and reduced elasticity of the aorta.

Based on the results of the assessment, the risk factors for hypertension that can be changed in Mr H are lack of sports activity. According to Manurung (2018), this is the theory that lack of physical activity increases the risk of cardiovascular disease. Exercise can lower blood pressure within a few hours afterwards. Increased oxygen demand during activity will increase blood pressure. Insufficient exercise can lead to increased body weight and obesity, a factor in hypertension [14]. According to Putriastuti [15] not doing exercise is one of the risk factors for hypertension.

From the assessment results obtained, other risk factors for hypertension that can be changed in Mr H are stress and unstable emotions. Mr H mentioned that he gets emotional quickly when his diet is related to his family and his friends undermine him. According to Nuraini [16], a state of stress or pressure can

increase blood pressure at any time; the adrenaline hormone will increase when we are stressed so that the heart pumps blood faster, resulting in increased blood pressure. In addition, another thing that caused Mr H's hypertension to be uncontrolled was the absence of family support, which, according to research by Sutini [17]. Sutini [17] found a positive relationship between family support and hypertension control behaviour in the elderly.

Initial assessment data, according to the PPNI DPP SDKI Working Group Team (2016), patients usually complain of weakness, fatigue, shortness of breath, dizziness/dizziness, headaches, visual disturbances (diplopia, blurred vision), and impaired coordination/walking. In Mr H's case, data were found during the assessment: pain in the head (headache) and heaviness in the neck. Of the six signs and symptoms of hypertension according to theory, three signs and symptoms were found to be the same for Mr H. A study conducted by Kulsum [10] found that hypertensive clients also complain of frequent dizziness and pain that radiates to the nape of the neck.

After conducting an assessment and analysing the data, a nursing diagnosis was made based on the Indonesian Nursing Diagnosis Standards (SDKI), namely, "Disorders of pain comfort: headaches associated with disease symptoms as evidenced by complaining of pain, grimacing, difficulty sleeping, increased blood pressure, and anxiety". The diagnosis was raised based on the data obtained during the assessment. Data obtained in the form of subjective significant symptoms and signs: complaining of pain in the head and neck feeling heavy, Mr H said that the pain was on a scale of 4, the pain was only in the head and neck, did not spread, the pain felt like stabbing and disappeared. Mr H said the pain made it difficult for him to sleep, and he was often awake at night. Mr H also mentioned that the attacks he felt when he had hypertension disrupted his daily activities.

1.1. Objective significant symptoms and signs: Mr H appears to be grimacing and holding his head where it hurts. At the time of assessment, Mr H's blood pressure was 160/100mmHg. Based on the data obtained during the assessment, a nursing diagnosis of acute pain associated with physiological injury agents was raised, as evidenced by complaints of pain, grimacing, difficulty sleeping, increased blood pressure, and anxiety.

The primary nursing diagnosis in the author's research differs from that of Kulsum [10] who raised the diagnosis in his research, namely the risk of ineffective cerebral perfusion. According to researchers, if the diagnosis is raised, pain management is not the primary intervention. The central intervention for the risk of ineffective cerebral perfusion is managing increased intracranial pressure. Supported by research, Suraya [18] also raised discomfort as the primary diagnosis in his research. If this is raised as the primary diagnosis, all problems will be resolved, and it is suitable to make SEFT an applied intervention [19].

Pain discomfort is a lack of pleasure, relief and completion in the physical, psychospiritual, environmental and social dimensions. This diagnosis is made when discomfort occurs without tissue injury. If discomfort arises due to tissue damage, the recommended diagnosis is acute pain (SDKI Working Group Team DPP PPNI, 2016).

The following subjective data obtained was Mr H complaining of difficulty sleeping due to pain, often waking up at night and not satisfied with his sleep. Mr H also said that the attacks he felt during hypertension made him disturbed in carrying out his daily activities. From the results of the assessment obtained, a nursing diagnosis of sleep pattern disorders related to pain was obtained, as evidenced by complaining of difficulty sleeping, complaining that he was often awake, complaining that he was dissatisfied with sleep and complaining that his activities were disrupted.

Sleep disorders in the elderly can be in the form of difficulty falling asleep or maintaining deep sleep. Headaches can directly affect the sleep of the elderly. The discomfort in the entire head area makes the elderly experience inadequate sleep both in quantity and quality. Older people who experience sleep disturbances and experience headaches are caused by symptoms of hypertension itself [13]. Based on the results of research Madeira [20] revealed that older people with hypertension experience sleep disturbances, namely difficulty starting sleep at night and dissatisfaction with sleep in the morning.

From the results of the assessment, obtained data that Mr H has hypertension, which changes blood vessel contractility and is at risk for a decrease in cardiac output, which causes complications; therefore, the third diagnosis is the risk of decreased cardiac output associated with changes in contractility (SDKI Working Team DPP PPNI, (2016)). A high increase in blood pressure raises the risk of decreased cardiac output to the primary nursing diagnosis [21]. According to Suryaningsih & Armiyati [22] hypertension is a disorder that occurs in blood vessels, which results in what is carried by the blood (oxygen and nutrients) being obstructed by the body tissues that need it so that the body will react to being hungry. The heart will work harder to be able to meet these needs. The older the age, the worse the contractility of blood vessels [6].

The diagnosis in the literature review but does not appear in the case review is activity intolerance. To establish this diagnosis, it is necessary to have data complaining of fatigue, increased heart frequency, and dyspnea after and during activity; in Mr H's case, there is no such data, so there is a gap between the literature review and the case review. Activity intolerance is the inadequacy of energy to perform daily activities. In hypertension, the cause of activity intolerance is due to an imbalance between oxygen supply and demand (SDKI Working Group Team, 2016).

According to the PPNI DPP SLKI Working Group Team (2017), nursing outcomes for diagnoses of impaired comfort are comfort status, with outcome criteria: complaints of discomfort decrease, restlessness decreases, complaints of sleeplessness decrease, whimpering decreases, and sleep patterns improve.

After determining nursing outcomes, nursing interventions are developed to achieve these outcomes [23]. From the diagnosis that is established, several action plans can be prepared: Pain management with actions: identify the location, characteristics, duration, frequency, quality and intensity of pain; identify pain scales; identify non-verbal pain responses; identify factors that aggravate and alleviate pain, provide non-pharmacological therapy to reduce pain and control the environment that aggravates pain. The method that can be applied by Mr H is non-pharmacological therapy SEFT (*Spiritual Emotional Freedom Technique*).

According to research by Eryanti & Sugiharto [24] the SEFT (*Spiritual Emotional Freedom Technique*) lowers blood pressure in hypertensive older people. Likewise, according to Maryatun, (2017) through the meridian points of the body's positive energy centre, SEFT can stimulate the release of the endocrine hormone and reduce cortisol. Decreased cortisol levels reduce cardiac output, which impacts blood pressure lowering [21]. Apart from being proven to reduce blood pressure, SEFT is also safe for the elderly because it does not require more energy and does not endanger the elderly.

The implementation of SEFT was carried out for 3 meetings for 1 week and suggested to carry out the exercise when symptoms of high blood pressure. Then every day before and after doing the exercise, blood pressure checks are always carried out as evaluation material. According to research Maryatun [9] it was found that there were changes in blood pressure between before and after the SEFT technique was implemented.

In research conducted by Rachmanto & Pohan [21] the same study was implemented for three days and could reduce blood pressure in hypertensive subjects. According to Kulsum [10] the implementation carried out to reduce blood pressure is by using SEFT therapy, which is given for 15-30 minutes for three meetings with elderly clients over 60 in cases. SEFT therapy can reduce blood pressure in clients with hypertension, provide a relaxing effect where circulation or blood flow can flow without obstacles and supply nutrients and oxygen to body cells so that the body's organs will return to normal function. In addition, SEFT therapy can reduce blood pressure because it is relaxation that suppresses the production of stress hormones such as epinephrine and cortisol, which will decrease heart work and cardiac output [6]. This is based on research by Kulsum [10] and Rachmanto & Pohan [21] regarding SEFT therapy's effect on reducing blood pressure in older people with hypertension cases, with the results of blood pressure decreasing daily.

After implementation for three days, there were changes

in blood pressure before and after SEFT (*Spiritual Emotional Freedom Technique*). At the beginning of the assessment, Mr H's blood pressure was 160/100mmHg. On day 3, it was measured again and found that Mr H's blood pressure was 130/90mmHg. This result is supported by the results of research Kristinawati [25]. The effect of SEFT therapy on the blood pressure status of hypertensive patients is significant with changes in systolic and diastolic numbers, which tend to decrease, so the blood pressure status is improving.

In the author's evaluation using the SOAP method, subjective data obtained by Mr H said the headache and bending pain had decreased. Objective data obtained that Mr H is no longer grimacing, for problem analysis is partially resolved. The follow-up plan is that Mr H can practice SEFT daily by leaving SEFT guidelines to Mr H. Musakkar & Tanwir Djafar [13] mentioned that the elderly have decreased memory, so leaflets must be given guidelines for doing SEFT.

Based on the results of the evaluation of nursing care in Mr H with hypertension, the problem was partially resolved, so the plan to visit was stopped with modification of interventions and suggested applying SEFT therapy independently. All nursing care processes are documented in the nursing care report [23]. Based on the outcome of comfort status, the evaluation found that according to the SLKI Working Group Team (2017), the criteria for complaining are decreased pain, grimacing, anxiety, and difficulty sleeping. The results obtained explain that the target of the expected outcome is achieved [26-38].

Conclusion

Based on the results of the assessment that has been carried out on the client, the nursing diagnosis raised is a disturbance of comfort (pain), disturbance of sleep patterns and the risk of decreased cardiac output. Nursing interventions are pain management. Nursing interventions carry out nursing implementation for three days for all nursing diagnoses. The patient evaluation results revealed that the disturbance of comfort (pain) was partially resolved, and the intervention continued independently.

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References

1. Ministry of Health R1. (2019) Indonesia Health Profile 2019. In Ministry of Health of the Republic of Indonesia.
2. Kusumawardani D, Andanawarih P (2018) The role of posyandu for the elderly on the health of the elderly in bina griya indah housing in pekalongan city. Cycle: Journal Research Midwifery Politeknik Tegal 7(1): 273-277.

3. WHO (2022) Commemorating world hypertension day 2022, What we can do as Health Practitioners.
4. Nissa K, Maria L, KAS (2023) Effectiveness of SEFT therapy (spiritual emotional freedom technique) on hypertension in the elderly: Literature Review 4(2).
5. Padang City Health Office (2022) Health department annual report.
6. Patriyani REH, Sulistyowati D (2020) Lowering blood pressure in elderly with hypertension through SEFT. *Journalempathy Com* 1(1): 9-17.
7. Aryatika K, Antika RB, Wicaksono DB (2021) The effectiveness of the tricky card game educational method in increasing elderly knowledge of hypertension prevention at eyang-eyang school, Jember Regency. *Ikesma* 17(1): 33.
8. Ilham M, Armina A, Kadri H (2019) The effectiveness of progressive muscle relaxation therapy in reducing hypertension in the elderly. *Journal Akademika Baiturrahim Jambi* 8(1): 58.
9. Maryatun S (2019) Application of the supportive model in spiritual emotional freedom technique (SEFT) intervention on changes in blood pressure in hypertensive elderly at the teratai nursing home. *National Nursing Workshop Seminar* 3(1): 12-16.
10. Kulsum AU, Priyo P, Purborini N (2022) Application of spiritual emotional freedom technique (SEFT) therapy in elderly with hypertension in the family. *Indonesian Journal of Health Research* 5(2): 63-79.
11. Warni M (2020) The effect of the success of spiritual emotional technique (Seft) therapy on lowering blood pressure in pandau jaya village, siak hulu kab kampar. *Abdurrah Nursing Journal* 4(1): 54-59.
12. Salwa A, Rahayu DA (2022) The application of spiritual emotional freedom technique (SEFT) to reduce blood pressure of hypertensive patients in the working area of gayamsari health centre. *Holistic Nursing Care Approach* 2(2): 71.
13. Musakkar SMHK, Tanwir Djafar SMK (2020) Health promotion: causes of hypertension. *Health Education and Promotion* 20.
14. Kadek N, Purnamayanti D, Gayatri G (2022) Spiritual emotional freedom technique in the midst of the development of the disruption era, the trend of holistic health approaches is one of the solutions to deal with uncertainty (Chowdhury Chakraborty, 2017). *The holistic approach views man* 11: 24-31.
15. Putriastuti L (2017) The association between exercise habit and incidence of hypertension among patients over 45 years old. *Journal of Epidemiological Periodicals* 4(2): 225.
16. Nuraini B (2015) Risk factors of hypertension. *J Majority* 4(5): 10-19.
17. Sutini S, Winahyu KM, Rayanti L (2022) Elderly hypertension control behaviour in terms of family appreciation and emotional support. *Indonesian Nursing Scientific Journal* 5(2):134-144.
18. Suraya LT, Margono M, Masithoh RF (2022) Acupressure application (thaicong acupoint) with the risk of ineffective cerebral tissue perfusion in hypertension. *Borobudur Nursing Review* 2(1): 1-8.
19. Orizani CM (2019) The effect of spiritual emotional freedom technique (SEFT) on hypertension in the elderly. *Adi Husada Nursing Journal* 5(2): 39-45.
20. Madeira A, Wiyono J, Ariani NL (2019) The relationship between sleep pattern disturbances and hypertension in the elderly. *Nursing News* 4(1): 29-39.
21. Rachmanto TA, Pohan VY (2021) Spiritual emotional freedom technique (SEFT) therapy on blood pressure in hypertensive elderly. *Ners Muda* 2(3): 100.
22. Suryaningsih M, Armiyati Y (2021) Blood pressure reduction in elderly patients using music therapy. *Ners Muda* 2(2): 53.
23. Koerniawan D, Daeli NE, Srimiyati S (2020) Application of nursing process standards: diagnosis, outcome, and intervention in nursing care. *Silampari Nursing Journal* 3(2): 739-751.
24. Eryanti N, Sugiharto S (2021) SEFT (Spiritual Emotional Freedom Technique) therapy as an effort to reduce hypertension in the elderly: Literature Review. *Proceedings of the National Seminar on Health* 1: 1801-1808.
25. Kristinawati B, Rahmawati S, Fadhila AN, Fadhila RAN (2021) Spiritual emotional freedom technique (Seft) training to improve sleep quality and blood pressure stability in hypertensive patients. *Journal of EMPATI (Community Education, Service and Devotion)* 2(2): 134.
26. Muhammad Pany AA, Boy E (2020) Prevalence of pain in the elderly. *Magna Medika: Scientific Periodical of Medicine and Health* 6(2): 138.
27. Abdelkader FA, Othman WNE (2017) Factors affecting implementation of nursing process: nurses' perspective. *IOSR Journal of Nursing and Health Science* 06(03): 76-82.
28. Ali W, Nathan S, Funaki B, Eggenner S, Bakris G (2020) An unusual case of resistant hypertension secondary to fibromuscular dysplasia. *JACC: Case Reports* 2(15): 2460-2464.
29. Barao (2022) Analysis of the intervention of soaking feet with warm water and classical music on reducing blood pressure in pregnant women with preeclampsia at Pelni Hospital Jakarta. Jakarta: Pelni Academy.
30. Evan RM, Sari NP (2019) Pathophysiology of pain and pain assessment. *American Medical Association*. pp. 1-12.
31. Fitri, (2020) Correlation between duration of hypertension and anxiety level of hypertensive patients. Klaten: Cendikia Kudus Nursing Journal.
32. Hidayati N, Darfika I (2022) Education on the benefits of vital signs of the human body to mothers of sitirejo I sub-district, medan kota - Medan City. *Journal of Implementa Husada* 3(2): 105-109.
33. Nurleny, Hidayatul hasni, Yazia Velga, Meriakontesa, Ulfa suryani (2021) Journal of abdimas saintika cognitive training through puzzle therapy on the level of dementia of the elderly at sabai nan aluih tresna werdha social home (PSTW) sicincin padang pariaman in 2021. *Abdimas Saintika*, pp. 1-10.
34. Rizkiana RE, Mulianda D (2021) The application of spiritual emotional freedom technique (SFET) therapy to reduce blood pressure in hypertensive patients at the ungaran regional general hospital. *Sisthana Nursing Journal* 6(1).
35. Rohmatul Fitri (2020) The effectiveness of EFT to reduce anxiety in facing degenerative diseases in the elderly in terms of social support. *Al Ulya: Journal of Islamic Education* 5(1): 52-66.
36. Safitri AR, Ismawati R (2018) The effectiveness of noni fruit tea in reducing blood pressure in the elderly with hypertension (study at UPTD. Griya werdha Surabaya city in 2018). *Amerta Nutr* 2(2): 163-171.
37. Sapra A, Malik A, Bhandari P (2019) Vital sign assessment.
38. Warijan W, Wahyudi T, Astuti Y, Rahayu RD (2021) Nursing care of hypertension in the elderly with a focus on the study of activity intolerance in Dr. R. Soetijono Blora Hospital. *Journal of Nursing Studies* 2(1): 14-23.



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