



THE EFFECT OF SPIRITUAL EMOTIONAL FREEDOM TECHNIQUE AND MUSIC THERAPY ON REDUCING ANXIETY IN CARDIOVASCULAR PATIENTS IN THE EMERGENCY DEPARTMENT

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ABSTRACT

Patients and crowded procedures have the potential to increase discomfort and cause patient anxiety in the emergency room. SEFT therapy is a spiritual therapy that can reduce anxiety without risk. The development of music therapy has a therapeutic effect in overcoming anxiety disorders. Objective: This study aims to determine the effect of SEFT therapy and music therapy on reducing anxiety in cardiovascular patients in the emergency room at Prembun Regional Hospital. Method: The design in this research uses a pre-experiment with a one group pre-post test design approach. The total sample of 25 people was taken using purposive sampling technique. The data analysis used was a paired sample t-test. Results: Cardiovascular patient anxiety before being given SEFT therapy and music therapy was in the category of moderate anxiety disorder (40.0%). Most of the patient anxiety after being given SEFT therapy and music therapy was at a non-anxious level, namely 14 people (56%). Conclusion: Based on the results of the study, it was found that there was a decrease in the level of anxiety in patients after being given SEFT therapy and music therapy with a p-value of 0.000.

Keywords: anxiety; cardiovascular; music therapy; seft

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INTRODUCTION

According to Savarese, G., & Lund, 2017, Heart failure (HF) is a major public health problem affecting 26 million people worldwide. (Hajar, 2019). Based on the results of WHO (World Health Organization) cardiovascular disease (CVD) is the leading cause of death globally, claiming approximately 17.9 million lives each year. Cardiovascular Disease (CVD) is a group of blood vessel and heart disorders that include cerebrovascular disease, rheumatic heart disease, to coronary heart disease, and other conditions. In addition, four out of five deaths due to CVD are caused by heart attacks and strokes, and people under the age of 70 are one third of premature deaths (Quinn Mattingly, 2023). According to WHO (World Health Organization) statistical data in 2020, the prevalence of adults with a standard age of 30-70 years with a mortality rate due to cardiovascular disease based on per 100,000 population has a minimum prevalence of 59 per 100,000 mortality in Switzerland. Then the Marshall Island country in Oceania has a maximum prevalence of 1427 per 100,000 mortality. Meanwhile, according to WHO statistical data, Indonesia itself reaches 308 per 100,000 population mortality due to cardiovascular disease. (World Health Organization, 2020).

In contrast, the WHO South-East Asia Region is home to a quarter of the world's population. The region experiences a very high burden of non-communicable diseases (NCDs), and cardiovascular diseases (CVDs) are responsible for 3.9 million deaths annually, accounting for 30% of all deaths. Nearly half (48%) of these CVD deaths occur prematurely, affecting

individuals aged 30 to 70 years and placing a significant socioeconomic burden on families, communities and countries. (SEARO, 2023).

In addition to the Southeast Asian region itself, Indonesia is a region that is one of the countries that contributes to the problem of heart failure. In 2013, Indonesia had a prevalence of 0.13% of its population suffering from heart failure. The position with the highest prevalence is in the province of DI Yogyakarta at 0.25% and North Maluku is the province with the lowest prevalence at 0.02%, while for the Central Java region, the prevalence is 0.18% whose population experiences heart failure based on a doctor's diagnosis. In addition, the male population has a higher prevalence of 0.2% than the female population at 0.1% (Risikesdas, 2020). Then this figure increased by 1.37% in Indonesia, the prevalence in 2018 was recorded at 1.5% of the population experiencing heart failure based on a doctor's diagnosis. Other areas such as North Kalimantan became the province with the highest prevalence of 2.2%. Different for the provinces of DI Yogyakarta and Gorontalo have the second highest prevalence after North Kalimantan at 2.0%. On the other hand, the province of East Nusa Tenggara became the region with the lowest prevalence of 0.7% of its population experiencing heart failure based on a doctor's diagnosis. Then in 2018 it was also recorded that women became the population with a higher prevalence of heart failure with a prevalence of 1.6% while men were recorded at 1.3% of the population (Risikesdas, 2018).

On the other hand, the Central Java region itself has a prevalence of 1.56% of its population having heart disease based on a doctor's diagnosis. Then the population experiencing the highest heart disease was recorded at the age of 75 years and over with a prevalence of 4.26%. In addition, the female population has a higher prevalence of 1.83% compared to men with a prevalence of 1.27% of their population having heart disease (Risikesdas Jawa Tengah, 2018). Anatomically and physiologically, the cardiovascular system is equipped with various compensation mechanisms to adjust to changes that occur. Changes due to system disorders or imbalances will trigger the compensation system. When the heart experiences a decrease in heart function (cardiac decompensation) in the early phase, the cardiac compensation system will produce a clinical condition of increased heart rate (tachycardia), increased ventricular volume (ventricular dilation), and increased myocardial muscle mass (myocardial hypertrophy). If the compensation mechanism fails to maintain heart function, homeostatic compensation will occur at the organ, vascular system and kidney levels. The occurrence of this disorder is a form of the body's inability to change a physiological condition that is too severe (Pranata, A. E., & Prabowo, E., 2017).

A person with heart disease can also bring psychological problems. One of the psychological problems such as anxiety is the most common thing in the world. Handling for this anxiety problem is not yet adequate and requires a lot of money (Prabowo et al., 2018). GAD (Generalized Anxiety Disorder) is an anxiety disorder characterized by general feelings of anxiety in addition to that something bad will happen and a state of increased bodily arousal. This disorder occurs twice as little in men as in women. Other associated symptoms include feeling tense, anxious, or worried, easily tired, difficulty concentrating or having a blank mind, irritability, muscle tension, and sleep disturbances. (Krisnawardhani, K. K., 2021). This anxiety usually occurs due to financial problems, problems with disease symptoms, concerns about recovery, concerns that cannot function optimally as a human, and can affect the prognosis of the disease which should be good, but becomes bad. In addition, the process of disease and long treatment often causes anxiety. Pain and anxiety that affect the healing process can affect physiological and psychological conditions. (Setiyowati & Hidayatur Rahman, 2020; Dewi Musfira Hasal et al., 2021; Isneini et al., 2023).

In addition, in fulfilling the basic needs of patients related to spiritual aspects, it is often not a concern. The role of nurses as service providers needs to have an understanding of responding to the spiritual needs of patients that is sufficient. Fulfilling spiritual needs in Indonesia is quite complicated due to the diversity of religions, customs, and cultures (Purnamayanti & Gayatri, 2023). Therefore, nurses need to have the ability to treat themselves through Self Spiritual Therapy in accordance with the principles of counseling and Emotional - Spiritual Intelligence (ESQ) (Sudarmanto, 2022). Spiritual Emotional Freedom Technique (SEFT) therapy is given to reduce the level of anxiety felt by patients (Nurrohmah, F. I., & Rinaldi, 2022). The dense number of patients and the procedure has the potential to increase pain, discomfort and threaten the integrity of the body resulting in patient anxiety in the ER. Anxiety in ER patients that is not handled properly can contribute to morbidity and death of patients during critical times. Therapy that uses spiritual elements is fast, easy, safe and simple, and without risk because it does not use needles to reduce anxiety, one of which is the Spiritual Emotional Freedom Technique (SEFT) (Wijianti, A. S. S., & Susilo, E., 2023).

Spiritual Emotional Freedom Technique (SEFT) therapy can help patients reduce anxiety, making them more comfortable and less worried about negative things during the procedure (Bahruddin, M. A., Hartono, D., 2023). Spiritual Emotional Freedom Technique (SEFT) is one technique that has been proven effective in dealing with anxiety and increasing motivation (Rantesigi et al., 2023). Interventions using non-pharmacological strategies, one of which is SEFT therapy, which combines the body's energy system with spiritual therapy, namely using simple movements by tapping on meridian points on the body (Rahayu et al., 2023). The SEFT process is a combination of spiritual and biological aspects. Many previous studies on acupressure, acupuncture, EFT or SEFT explain and support how physical and emotional conditions can be influenced by the body's energy system (Faridah 2014 dalam Pratama et al., 2022). SEFT is included in the criteria of relaxation therapy. This makes the patient calmer and more comfortable so that when the relaxation occurs, it can release hormones more stably, the mind becomes calmer and more peaceful, the body will reduce muscle tension, and reduce the patient's anxiety so that they do not feel it again (Pratama et al., 2022).

Patient anxiety is generally like concern about surgical procedures, anesthesia procedures, information deficits, and concerns about family financial problems, concerns about themselves. Anxiety that is not handled properly can cause physical and psychological changes that can ultimately increase the work of the sympathetic nerves and will increase heart rate, breathing rate, blood pressure, cold sweats, heartburn, urinary disorders, and generally reduce the patient's energy level so that it is detrimental to the patient himself. Music is applied as therapy, because it can restore and maintain physical, mental, emotional, social and spiritual health. The development of music has a therapeutic effect in overcoming mood disorders, such as anxiety. In addition, the provision of music therapy interventions can reduce pain and reduce stress levels, so that it can reduce anxiety (Keumalahayati, & Supriyanti, 2018; Basri, & Lingga, D. L., 2019). Music has psychological, social, physical and spiritual effects that can increase support for patient care, improve mood and improve the quality of life of patients, so that it can be applied in providing nursing interventions to reduce anxiety. Music therapy is one of the effective non-pharmacological therapies to reduce anxiety from children, adults to the elderly. Music has the power to cure diseases and improve a person's mental abilities (Nurlina, et al., 2021; Yuniartika, W., et al., 2019). Based on the background description above, this study aims to analyze the effect of Spiritual Emotional Freedom Technique Therapy and Music Therapy on Reducing Anxiety in Cardiovascular Patients in the Emergency Room of Prembun Regional Hospital.

METHOD

This research method uses experiments with pre-experimental designs (nondesigns) type one-group pretest-posttest design. The population in this study were X patients who had a cardiovascular medical diagnosis with anxiety in the ER. The sampling technique used purposive sampling criteria for cardiovascular disease patients with IDG RSUD Prembun, experiencing mild-severe anxiety disorders, Compos Mentis (CM) level of consciousness, able to communicate well and willing to be research patients and follow the therapy that will be given. The research instrument used a questionnaire to measure the level of anxiety (State-Trait Anxiety Inventory 5 State-Anxiety [STAIS-5]) of respondents in a structured manner. The questionnaire has been tested for validity with the Pearson Product Moment STAIS-5 correlation: CFI = 0.998, TLI = 0.996, RMSEA = 0.037 [90% CI: 0.00 - 0.10], SRMR = 0.011; STAIT-5: CFI = 0.988, TLI = 0.961, RMSEA = 0.08 [90% CI: = 0.01 – 0.15], SRMR = 0.025. Reliability test with Alpha formula 0.90. The value for the shortened version is comparable to the original scale (STAI-20) (Zsido et al., 2020). The test used Paired Sample T-Test to determine whether or not there was an effect of Spiritual Emotional Freedom Technique (SEFT) therapy and music therapy on reducing anxiety.

RESULT

Table 1.
Cross Tabulation of Gender Characteristics and Pre-test Anxiety Levels

Information			Anxiety Level (Pre Test)			Total
			Light	Medium	Heavy	
Gender	Male	Count	5	6	1	12
		% within Gender	41.7%	50.0%	8.3%	100.0%
	Female	Count	4	4	5	13
		% within Gender	30.8%	30.8%	38.5%	100.0%

Table 2.
Cross Tabulation of Gender Characteristics and Post-test Anxiety Levels

Information			Anxiety Level (Post Test)				Total
			No Anxiety	Light	Medium	Heavy	
Gender	Male	Count	7	3	1	1	12
		% within Gender	58.3%	25.0%	8.3%	8.3%	100.0%
	Female	Count	7	3	3	0	13
		% within Gender	53.8%	23.1%	23.1%	0.0%	100.0%

Based on data from the cross-tabulation table 2, it shows that the majority of respondents are female, 13 people (52% of the total sample of respondents). The cross-tabulation table indicates that the majority of male respondents experience moderate levels of anxiety. Meanwhile, the majority of female respondents experience severe levels of anxiety. In addition, the table shows that the majority of respondents, both male and female, experienced a decrease in anxiety levels, and most of them decreased to a non-anxious level of anxiety.

Table 3.
Cross Tabulation of Age Characteristics and Pre-Test Anxiety Levels

Information			Anxiety Level (Pre Test)			Total
			Light	Medium	Heavy	
Age	≤35	Count	1	0	0	1
		% within Age	100.0%	0.0%	0.0%	100.0%
	36-45	Count	0	0	2	2
		% within Age	0.0%	0.0%	100.0%	100.0%
	46-55	Count	0	3	0	3
		% within Age	0.0%	100.0%	0.0%	100.0%
	56-65	Count	2	3	3	8
		% within Age	25.0%	37.5%	37.5%	100.0%
	66-75	Count	3	3	0	6
		% within Age	50.0%	50.0%	0.0%	100.0%
	≥76	Count	3	1	1	5
		% within Age	60.0%	20.0%	20.0%	100.0%

Table 4.
Cross Tabulation of Age Characteristics and Post Test Anxiety Level

Information			Anxiety Level (Post Test)				Total
			No Anxiety	Light	Medium	Heavy	
Age	≤35	Count	1	0	0	0	1
		% within Age	100.0%	0.0%	0.0%	0.0%	100.0%
	36-45	Count	2	0	0	0	2
		% within Age	100.0%	0.0%	0.0%	0.0%	100.0%
	46-55	Count	0	2	1	0	3
		% within Age	0.0%	66.7%	33.0%	0.0%	100.0%
	56-65	Count	3	3	2	0	8
		% within Age	37.5%	37.5%	25.0%	0.0%	100.0%
	66-75	Count	5	1	0	0	6
		% within Age	83.3%	16.7%	0.0%	0.0%	100.0%
	≥76	Count	3	0	1	1	5
		% within Age	60.0%	0.0%	20.0%	20.0%	100.0%

DISCUSSION

Anxiety Level of Cardiovascular Patients

Based on this study, before being given spiritual emotional freedom technique therapy and music therapy, cardiovascular patients in the Prembun Hospital Emergency Room experienced anxiety at varying levels. Most cardiovascular patients in the Prembun Hospital Emergency Room from 25 samples taken experienced moderate anxiety disorders with a score of 38-44, namely 10 respondents (40.0%), as shown in table 4.2. Most of the other patients were at a mild anxiety level with a score of 30-37, namely 9 patients (36%) and experienced severe anxiety (severe anxiety) with a score of 45-80, namely 6 patients (24%). Moderate anxiety levels cause a person to be in selective attention, making a person focus on things that are felt to be important and ignore other things, but can do things more focused (Sutejo, 2019).

In a study conducted in the emergency room of Dr. Gondo Suwarno Hospital, most patients before being given spiritual emotional freedom technique therapy were in the severe anxiety category, namely 7 respondents (70.0%) from 10 samples of people taken. Anxiety is experienced when individuals believe that there will be a threat or something different. Anxiety can affect individual perception, which tends to focus on something more specific,

detailed, and cannot think about other things (Wijianti, A. S. S., & Susilo, E., 2023). Spiritual emotional freedom technique therapy is included in relaxation therapy and is a spiritual and body energy therapy system with tapping techniques or light tapping on certain points in the body. SEFT therapy uses a safer, easier, simpler, and faster method without risk because it does not use tools and needles. This method uses a short version with the index finger and middle finger to give light tapping on 9 meridian points of the body in a short time (3-10 minutes) to release energy in the body. SEFT is not only useful for overcoming emotional problems, but is also useful for overcoming physical problems, the focus of this method is the emotional imbalance that disrupts the body's energy system. Energy Psychology combined with spiritual power will produce The Amplifying Effect or what is called the multiplication effect or powerful effect (Prabowo et al., 2018; Maryana, 2019).

The use of music therapy is determined by musical interventions with the intention of restoring, improving emotions, maintaining, psychological, physical, and spiritual health and well-being. Music therapy is also an audio-analgesic or sedative and vice versa to create positive biomedical or psychosocial influences. Music therapy is used as part of medical or psychological therapy that is being undergone by the client to overcome physical, mental, or emotional obstacles. Music is used to foster trusting relationships, develop physical and mental functions of the client through regular, programmed activities. The limit is the use of music that is monitored in the process of treatment, rehabilitation, education, or training for children or adults who experience physical, mental, or emotional disorders (Basri, & Lingga, D. L., 2019; Widiyono, 2021). Based on this study, the anxiety of patients from 25 samples after being given spiritual emotional freedom technique therapy and music therapy in the Prembun Hospital Emergency Room, most of them were at the non-anxious level with a score of 20-29, namely 14 people (56%), as shown in table 4.2. Most of the other patients were at the mild anxiety level with a score of 30-37, namely 6 people (24%), experienced moderate anxiety with a score of 38-44, namely 4 people (16%) and experienced severe anxiety (servere anxiety) with a score of 45-80, namely 1 person (4%).

The Effect of Spiritual Emotional Freedom Technique Therapy and Music Therapy on Reducing Anxiety

The results of the paired samples test obtained a p-value of $0.000 < 0.05$, so it can be concluded that there is an effect of spiritual emotional freedom technique therapy and music therapy on reducing anxiety in cardiovascular patients in the Prembun Hospital Emergency Room. The average value of the paired sample pre-test and post-test statistics is $2.88 > 1.68$, which means that there is a difference in the average level of anxiety between the pre-test and post-test results. The results of the paired sample correlation test are $0.002 < 0.005$, indicating that there is a relationship between the pre-test and post-test. The results of the paired sample correlation test with a value of 0.595 indicate that there is a strong positive correlation between the pre-test and post-test. In addition, the results of the calculation data show that 22 respondents experienced a decrease in anxiety levels after being given spiritual emotional freedom technique therapy and music therapy. However, 3 respondents did not experience a change in anxiety levels after being given spiritual emotional freedom technique therapy and music therapy. The results of the study showed that the average anxiety of cardiovascular patients before being given spiritual emotional freedom technique therapy and music therapy in the Prembun Hospital Emergency Room was 2.88 with a standard deviation of 0.781, while the average anxiety level of cardiovascular patients before being given spiritual emotional freedom technique therapy and music therapy in the Prembun Hospital Emergency Room was 1.68 with a standard deviation of 0.900.

Based on this study, male patients mostly experienced moderate anxiety, namely 6 people (50%) out of 12 male respondents. Meanwhile, female patients mostly experienced severe anxiety, namely 5 people (38.5%) out of 13 female respondents, as shown in table 4.4. In addition, most patients, both male and female, experienced a decrease in anxiety levels, and most decreased to a non-anxious level of anxiety, namely 7 people (58.3%) male and 7 people (53.8%) female. Women have higher levels of anxiety compared to men. Men tend to be explorative, more active, and have a broader level of knowledge and insight, while women are more sensitive. In addition, the mentality of adult men is stronger against something that is considered dangerous or threatening to them compared to women (Kusumawati, Farida and Hartono, 2018). Young age factors are more easily stressed than older ages, where more problems are experienced by someone of a young age. Generally, older ages are better at dealing with anxiety, because older ages tend to have more experience and have good coping mechanisms in dealing with anxiety (Stuart, G., 2014). Based on this study, the gender and age characteristics of the data found have similarities in theoretical relationships with previous studies. However, the results of this study still cannot support the evidence from previous studies due to limited capabilities and research time.

CONCLUSION

Cardiovascular patient anxiety before being given spiritual emotional freedom technique therapy and music therapy in the Prembun Hospital Emergency Room Most of the 25 samples taken experienced moderate anxiety disorders with a score of 38-44, namely 10 respondents (40.0%). After being given spiritual emotional freedom technique therapy and music therapy in the Prembun Hospital Emergency Room, most cardiovascular patients were at a non-anxious level with a score of 20-29, namely 14 people (56%). A total of 22 respondents experienced a decrease in anxiety levels after being given spiritual emotional freedom technique therapy and music therapy. However, 3 respondents did not experience a change in anxiety levels after being given spiritual emotional freedom technique therapy and music therapy. There is an effect of Spiritual Emotional Freedom Technique therapy and music therapy on reducing anxiety in cardiovascular patients in the Prembun Hospital Emergency Room, with a p-value of $0.000 < 0.05 (\alpha)$.

REFERENCES

- Bahrudin, M. A., Hartono, D., & S. (2023). Pengaruh Terapi Spiritual Emotional Freedom Technique (SEFT) Terhadap Penurunan Kecemasan Pada Pasien Chronic Kidney Disease (CKD) Stage V Yang Menjalani HD Di RSUD Dr. R. Soedarsono Kota Pasuruan. *Jurnal Ilmu Kesehatan Mandira Cendikia*, 2(11), 1–10.
- Basri, & Lingga, D. L. (2019). Pengaruh Terapi Musik Klasik Terhadap Kecemasan Pasien Pre Operasi Di Instalasi Bedah Pusat Rsup H. Adam Malik Medan. *Jurnal Keperawatan Priority*, 2(2), 41–50. <https://doi.org/https://doi.org/10.34012/jukep.v2i2.539>
- Dewi Musfira Hasal, Muriyati, & Alfira, N. (2021). Effect Of Spiritual Emotional Freedom Technique (SEFT) On The Decrease In Anxiety Levels In Cancer Patients. *Comprehensive Health Care*, 5(2), 73–80. <https://doi.org/10.37362/jch.v5i2.596>
- Hajar, R. (2019). Congestive Heart Failure: A History. *Heart Views*, 20(3), 129. https://doi.org/10.4103/heartviews.heartviews_77_19

- Isneini, Nurleli, & Hermansyah. (2023). The Effect of Spiritual Emotional Freedom Technique (Seft) on Anxiety and Pain in Post-Operative Fracture Patient. *Jurnal Mutiara Ners*, 6(1), 1–9. <https://doi.org/10.51544/jmn.v6i1.3353>
- Keumalahayati, & Supriyanti. (2018). Pengaruh Terapi Musik Klasik Beethoven untuk Mengurangi Kecemasan pada Ibu Bersalin Pre Operasi Sectio Caesar. *JKEP (Jurnal Keperawatan)*, 3(2), 96–107.
- Krisnawardhani, K. K., & N. (2021). Terapi Seft (Spiritual Emotional Freedom Technique) Untuk Meredakan Gangguan Cemas Menyeluruh Pada Subjek Dewasa. *Jurnal Ilmiah Indonesia*, 6(5), 2251–2264.
- Maryana. (2019). *Spiritual Emotional Freedom Technique (SEFT) for Healing, Success, Happiness, Greatness*. In *Keperawatan (1st ed.)*. Poltekkes Jogja Press.
- Nurlina, Syam, Y., & Saleh, A. (2021). Terapi Musik Efektif Terhadap Penurunan Kecemasan Pada Pasien Kanker. *Jurnal Keperawatan Silampari*, 4(2), 634–642. <https://doi.org/https://doi.org/10.31539/jks.v4i2.1938>
- Nurrohmah, F. I., & Rinaldi, M. R. (2022). Terapi Spiritual Emotional Freedom Technique (Seft) Untuk Menurunkan Kecemasan Pada Lansia. *Jurnal Psikologi TALENTA*, 8(1), 17. <https://doi.org/10.26858/talenta.v8i1.35382>
- Prabowo, R. K., Nurachmah, E., & Dahlia, D. (2018). Pengaruh Terapi Spiritual Emotional Freedom Technique (Seft) Terhadap Tingkat Kecemasan Pada Pasien Congestive Heart Failure (Chf). *Jurnal Kesehatan Indra Husada*, 6(2), 8. <https://doi.org/10.36973/jkih.v6i2.138>
- Pranata, A. E., & Prabowo, E. (2017). *Keperawatan Medikal Bedah Dengan Gangguan Sistem Kardiovaskuler (1st ed.)*. Nuha Medika.
- Pratama, E. R., Suri, S. I., & Damaiyanti, S. (2022). Pengaruh Terapi Spiritual Emotional Freedom Technique (Seft) terhadap Penurunan Kecemasan pada Penderita Hipertensi di Wilayah Kerja Puskesmas Tigo Baleh Kota Bukittinggi. *Malahayati Nursing Journal*, 4(8), 1983–1994. <https://doi.org/10.33024/mnj.v4i8.6738>
- Purnamayanti, N. K. D., & Gayatri, G. (2023). Spiritual Emotional Freedom Technique Di Indonesia. *Coping: Community of Publishing in Nursing*, 11(1), 24. <https://doi.org/10.24843/coping.2023.v11.i01.p04>
- Quinn Mattingly. (2023). *Cardiovascular Diseases*. Word Health Organization.
- Rahayu, D. A., Widya, U., & Semarang, H. (2023). Penerapan Terapi Spiritual Emotional Freedom Technique untuk Menurunkan Kecemasan pada Pasien Gagal Ginjal Kronik dengan Hemodialisa. 5(1), 56–67.
- Rantesigi, N., Agusrianto, A., Supriadi, S., & Sufyaningsih, U. (2023). Pemberian Terapi Spiritual Emotional Freedom Technique (SEFT) bagi Pasien Terkonfirmasi Covid-19. *Poltekita: Jurnal Pengabdian Masyarakat*, 4(2), 586–593. <https://doi.org/10.33860/pjpm.v4i2.1655>

- Riskesdas Jawa Tengah. (2018). Riskesdas provinsi jawa tengah. In Kementerian Kesehatan RI.
- Riskesdas, T. (2013). Riset Kesehatan Dasar (RISKESDAS) 2013. In Laporan Nasional 2013.
- Riskesdas, T. (2018). Laporan Nasional RISKESDAS 2018. Lembaga Penerbit Badan Penelitian dan Pengembangan Kesehatan (LPB).
- Savarese, G., & Lund, L. H. (2017). Global Public Health Burden of Heart Failure. *Current Cardiology Reports*, 4(3), 185. <https://doi.org/10.1007/s11886-002-0048-y>
- SEARO. (2023). World Heart Day. World Health Organization.
- Setiyowati, E., & Hidayatur Rahman, A. (2020). Penerapan terapi spiritual emotional freedom technique (SEFT) pada penderita tuberculosis dengan masalah keperawatan di Puskesmas Sawahan. *Journal of Health Sciences*, 13(01), 74–80. <https://doi.org/10.33086/jhs.v13i01.1287>
- Sudarmanto, G. (2022). "Self Spiritual Therapy" Kristen Suatu Kajian Integratif Teologi Sistematis, Pastoral Konseling Dan Emotional Spiritual Quotient (Esq). *Jurnal Misioner*, 2(1), 20–66. <https://doi.org/10.51770/jm.v2i1.46>
- Sutejo. (2019). Keperawatan Jiwa Konsep dan Praktik Asuhan KePerawatan Kesehatan Jiwa: Gangguan Jiwa dan Psikososial (1st ed.). Pustaka Baru Press.
- Widiyono. (2021). *Betapa Menakjubkannya Terapi Musik Bagi Kesehatan* (E. Munastiwi (ed.)). Lima Aksara.
- Wijianti, A. S. S., & Susilo, E. (2023). Perbedaan Kecemasan Pasien Sebelum dan Sesudah Diberikan Spiritual Emotional Freedom Technique di Ruang IGD RSUD dr Gondo Suwarno. 5(2), 395–405. <https://doi.org/10.35473/jhhs>
- World Health Organization. (2013). World Health Statistics 2013. In W. Graphics (Ed.), *Integration of Climate Protection and Cultural Heritage: Aspects in Policy and Development Plans. Free and Hanseatic City of Hamburg* (Vol. 26, Issue 4). World Health Organization.
- Yuniartika, W., Santi, C, N., & Azizah, N. (2019). Pernurunan Kecemasan Pada Pasien Skizofrenia Di Rumah Sakit Jiwa Menggunakan Terapi Musik. *Jurnal Penelitian Dan Pengabdian Kepada Masyarakat (Ppkm)*, 6(1), 26–30. <https://doi.org/https://doi.org/10.32699/ppkm.v6i1.496>
- Zsido, A. N., Teleki, S. A., Csokasi, K., Rozsa, S., & Bandi, S. A. (2020). Development of the short version of the spielberger state—trait anxiety inventory. *Psychiatry Research*, 291(March 2023), 113223. <https://doi.org/10.1016/j.psychres.2020.113223>.

