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EFT (Emotional Freedom Technique) Method Intervention in Reducing the Risk of Work Stress in Female Health Workers

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ABSTRACT

Background: Work stress is still one of the problems in the workplace. Survey results show that 55.2% of health workers in hospitals experience work stress. Health workers, especially female nurses and midwives, are more susceptible to stress and anxiety because of their dual roles as housewives and workers along with the work pressures that must be carried out. This study aims to determine the effectiveness of EFT in reducing work stress in female health workers (nakes) in hospitals.
Method: The research design used was Quasi Experimental. The sample was health workers, namely nurses and inpatient midwives who worked with a shift work mechanism of 25 people and were measured twice. Intervention method in this study was EFT treatment which was carried out for 7 consecutive days with 3 repetitions in each treatment. ENSS questionnaire was used to assess work stress. Data that had been collected was processed and analyzed using the Paired Sample T-Test.
Result: The research findings show that the difference in work stress reduction is 31.76. Analysis test shows p-value = 0.000 (≤0.05) which means there is a significant difference between work stress before and after the intervention. This study proves that EFT treatment is effective in reducing the risk of work stress in health workers, especially nurses and midwives who work with irregular shift work mechanisms. The main implication of the results of this study is the innovation of work stress interventions in a way that is fun and easy for workers to do.
Conclusion: EFT can be used as one of the efforts to reduce the risk of work stress in health workers in hospitals. This treatment can be adopted as a routine work program in controlling work stress in hospitals, so that it can be applied sustainably both at work and at home independently.

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INTRODUCTION

Hospitals are institutions engaged in health services. Currently, health services are not only related to hospital infrastructure, but also to the quality of services provided by health workers. The availability of health workers is a key element in health services, because they have a significant role in providing services to the community (1,2). Nurses and midwives play an important role in hospitals because they interact more directly with patients than doctors (3). The diverse duties and responsibilities of health workers, according to hospital regulations, can cause a high workload due to the many tasks and pressures (4). This workload can trigger stress that affects the performance of health workers (5–7). Work stress can also occur if the work exceeds the limits of ability, which ultimately causes pressure on health workers and has an impact on health, including the risk of chronic diseases (8).

Job stress generally appears as an emotional and physical response to pressures originating from the work environment. This stress occurs when the demands of the job exceed the individual's ability to cope, thus triggering physiological, psychological, and behavioral reactions (9). The main factors causing work stress are a workload that is not balanced with abilities or skills, desires that cannot be fulfilled, and dissatisfaction with work (10).

WHO states that stress has become a global epidemic. Data shows that in England and Wales, workplace stress is in the top three categories of illness caused by the work environment (11). The results of the PPNI survey in 2018 also revealed that 50.9% of nurses in Indonesia experienced work stress. Nurses and midwives in four provinces in Indonesia experienced distress and showed negative responses, such as often feeling dizzy, tired, and having difficulty resting due to excessive workload, low salaries, and inadequate incentives (12). Excessive stress can interfere with an individual's ability to adapt to their environment, which then gives rise to various stress symptoms that have a negative impact on their work. Workers who experience stress tend to feel nervous and experience prolonged worry. They are also more easily angered, exhibit aggressive behavior, and have difficulty being cooperative (13)

According to the American National Institutes of Health (NIH), among 130 types of stressful jobs, the nursing profession is ranked 27th (14). The National Institute for Occupational Safety and Health (NIOSH) also placeshealth workersas a profession with a very high risk of stress. Nurses and midwives are at high risk of experiencing work stress because of their very high duties and responsibilities related to the safety of human life (15). Excessive workload, as well as long shift work systems, especially at night, can trigger stress and burnout in nurses. The demand to continuously improve skills can also cause stress if done continuously. Initial research in several general and special/mental hospitals showed that 55.2% of health workers in hospitals were identified as experiencing work stress, with 26.4% experiencing mild stress, 23.0% moderate stress, and 5.7% experiencing severe stress. This condition has the potential to affect the performance and productivity of health workers. Several factors that cause work stress include interpersonal conflict, social support in the workplace, workload, superior support, and work environment conditions.

Various factors contribute to the emergence of work stress, including fatigue, changes in work schedules (shifts), lack of motivation, and workloads that do not match the individual's abilities (16). Gender factors also significantly affect stress levels. Research shows that women are more prone to stress and anxiety than men.men, because of the dual roles they play, namely as housewives and workers (17).

To reduce stress levels in workers, especially female health workers in health care facilities, effective therapy or intervention is needed. Emotional Freedom Technique (EFT) has been proven effective in overcoming mental health problems such as anxiety, depression, and stress (18). Previous studies support this, showing that 98% of cases showed a significant relationship in managing and overcoming stress or psychological disorders experienced by individuals (19). Emotional Freedom Techniques (EFT) has also been proven to help with emotional challenges such as anxiety, depression, burnout, stress management, and fear (20).

EFT is a psychological version of acupuncture therapy that does not use needles, but rather aligns the body's energy system by pressing meridian points by tapping with the fingertips (21). EFT is done by tapping two fingers on several areas of the body to balance the meridian energy when someone is experiencing disturbing physical and emotional symptoms (22). A meta-analysis of 14 randomized controlled trials of EFT for anxiety disorders reported significant therapeutic effects (23). This study is expected to provide innovation in alternative methods to overcome the risk of work stress in female nurses, considering that nurses play an important role in patient care. The results of this study can be used as additional therapy to improve nurses' readiness to work more comfortably, which ultimately increases their productivity and performance.

METHOD

This type of research is Quasi Experimental, to determine the effectiveness of an intervention method. Respondents in this study were health workers, namely nurses and midwives who work with a shift work mechanism. The number of samples was 25 intervention groups which were measured 2 times (before and after). Samples were taken from 5 inpatient rooms that had been screened, namely in the Ruai Room, Camar Room, Meranti Room, Ramin Room and PPT Room. All treatment rooms selected in this study were inpatient rooms with various types of services. Samples were taken by purposive sampling. Ethical aspects in this study include maintaining confidentiality, providing freedom of exploration, and respecting the rights of participants to accept or reject involvement, which was confirmed through informed consent. The researchers ensured the privacy of respondents by replacing names with

codes and maintaining the confidentiality of all data obtained. This study has obtained ethical approval with the number: 76/RSUD/KEPK/VIII/2024. The intervention method used is the Emotional Freedom Technique (EFT) which aims to relax individuals by regulating the flow of energy through stimulation of the meridian system using tapping, touching, and massaging techniques, while individuals focus on inhibiting thoughts, disturbing emotions, and certain memories. EFT is a meridian-based psychological therapy that relieves psychological and psychosomatic conditions. EFT is in the form of tapping stimulation at certain meridian points. Intervention through EFT is carried out for 7 consecutive days and guided by an EFT expert. The sequence of the EFT implementation protocol begins with tapping from: (1) karate chop ooint; (2) top point of the head; (3) eyebrows; (4) side of the eyes; (5) under the eyes; (6) collarbone; (7) under the arms; and (8) gamut point. In EFT, tapping is done by gently tapping at these points while voicing affirmations related to stress or negative emotions experienced, with the aim of releasing emotional tension. A video tutorial tool is used so that respondents can carry out the treatment independently. Repetition is carried out 3 times per 1 intervention. Data were collected on the first day before the intervention was carried out and the 7th day after the intervention period. The data collection instrument used the ENSS (Expended Nursing Stress Scale) questionnaire consisting of 57 questions. The ENSS questionnaire was chosen because it specifically measures stress experienced by nurses, covering various aspects such as workload, conflict, and working conditions. This tool has high validity and reliability, so the results are reliable. The use of ENSS helps identify relevant sources of work stress, including the influence of irregular work shifts, in accordance with the purpose of the study to understand nurses' anxiety in the work environment.Data were analyzed using the Paired Sample T-Test (pvalue = 0.05).

RESULTS

Respondent Characteristics

Respondents involved in this study were female health workers at Dr. Soedarso Regional General Hospital. Respondents involved in this study amounted to 25 people who were measured twice. The characteristics of the respondents are presented in table 1.

Table 1. Characteristics of Respondents Based on Dr. Soedarso Regional Hospital

No	Variables	N	%
1	**Age (years)**		
	Average age of respondents	36.16	
	Youngest age	22	
	Oldest age	55	
2	**Ethnic group**		
	a. Malay	11	44
	b. Dayak	2	8
	c. Java	9	36
	d. Bugis	2	8
	e. Batak	1	4
3	**Education**		
	a. D3	13	52
	b. D4	6	24
	c. S1	6	24
4	**Marital status**		
	a. Marry	19	76
	b. Single	6	24
5	**Work Section**		
	a. Ramin	8	32
	b. Meranti	3	12
	c. Ruai	3	12
	d. Seagull	3	12
	e. PPT Class 1	8	32
6	**Years of service**		
	Average length of service of respondents	9.55 years	
	Youngest working period	2 months	

No	Variables	N	%
	Longest working period	33 years old	
7	**Revenue (million)**		
	Average income of respondents	4.4	
	Smallest income	2	
	Biggest income	11	
8	**Double Duty**		
	a. There is	2	8
	b. There isn't any	23	92
9	**Shift Work**		
	a. Irregular	18	72
	b. Regular	7	28

Source: Primary Data, 2024

The average age of respondents in this study was 36.16 years with the youngest age being 22 years and the oldest age being 55 years. This fact provides an illustration that respondents are in a fairly varied productive age, where there is the potential for different work experiences and challenges at each age range. In the context of health and work anxiety, this age is relevant for further analysis, considering that young people tend to have different challenges than older people, including in terms of adapting to irregular work shifts. The majority of ethnic groups are Malay (44%) and as many as 52% of respondents have a D3 education. Most respondents are married (76%). The largest number of respondents were taken from the Ramin Room and PPT Class 1 (32%). The Ramin Room is a midwifery service room, while the PPT Room is a class 1 inpatient room which is a general service room. The average length of service of respondents is 9.55 years, and the average income level of respondents is IDR 4,400,000, - with the smallest income of IDR 2,000,000.00 and the largest income of IDR. 11,000,000.00. As many as 92% of respondents do not have dual duties and many (72%) respondents still have irregular shift work. Regarding this shift rotation information, the expected shift work rotation with a pattern of 2 days in the morning, 2 days in the afternoon, and 2 days at night, but almost all sections do not follow the standard shift work rotation rules. This is because the number of health workers, both nurses and midwives, is not evenly distributed in each section and the average number of patients is uncertain, which is one of the factors that causes shift work arrangements to not be implemented regularly. The fact that 72% of respondents have irregular shift work and 92% do not have dual duties provides important information that the challenges of shift rotation are mostly caused by an imbalance in the workforce and an uncertain number of patients. In other words, the existence of irregular shifts tends to have an impact on anxiety, stress, and work fatigue which can affect the performance and well-being of health workers as a whole. This phenomenon is relevant to be studied further, especially regarding how shift planning can be optimized to better suit the needs of the workforce and conditions in the field.

Table 2. Frequency Distribution of ENSS Items that are Potential Causes of Work Stress in Health Workers

No	Variables	n	%
1.	Health workers perform medical procedures that are perceived as painful by patients.	12	48
2.	Health workers feel inadequately prepared to help the emotional needs of patients' families	13	52
3.	There is a conflict with the supervisor/superior/leader	11	44
4.	Insufficient information from the doctor regarding the patient's medical condition	12	48
5.	The patient made an unreasonable request	11	44
6.	Health workers feel helpless when the patients they are treating do not improve.	14	56
7.	Health workers cannot provide satisfactory answers to patients	15	60
8.	Unpredictable shift scheduling and staffing arrangements	13	52
9.	Listening and talking to patients about their near-death condition	15	60
10.	Health workers are afraid of making mistakes in caring for patients	14	56
11.	Not enough time to provide emotional support to patients	13	52
12.	Doctors are not available when a medical emergency occurs	20	80
13.	Feeling not enoughtrained for the tasks that health workers must perform	15	60
14.	Not enough time to complete nursing/midwifery tasks	15	60

No	Variables	n	%
15.	Health workers texposure to occupational health and safety risks	14	56
16.	Health workers haveresponsibility for a task without adequate experience	13	52
17.	Health workers hcurrent dealing with abusive patients	14	56
18.	Health workers hcurrent dealing with abusive patient families	14	56
19.	Health workers are concerned that patients' families will report inadequate care.	13	52
20.	Health workers must make decisions under pressure	13	52

Source: Primary Data, 2024

Table 2 shows that several variables are potential work stressors, including health workers feeling unprepared to help the emotional needs of patient families (52%). As many as 56% of health workers feel helpless when the patient they are treating does not improve. Health workers cannot provide satisfactory answers to patients (60%). As many as 52% of health workers feel that unpredictable shift schedules and staffing arrangements are potential work stressors. When listening and talking to patients about their condition, they are close to death (60%). Health workers are afraid of making mistakes in caring for patients (56%). As many as 52% do not have enough time to provide emotional support to patients. As many as 80% of doctors are not present when a medical emergency occurs. Most feel that they are not sufficiently trained for the tasks that health workers must do (60%). Most do not have enough time to complete nursing/midwifery tasks (60%). Health workers are exposed to occupational safety and health risks (56%). As many as 52% of health workers have responsibility for a task without adequate experience. Most of the thealth workers hcurrent dealing with abusive patients (56%). As many as 56% thealth workers hcurrent dealing with abusive patient families. Health workers are worried that the patient's family will report inadequate care (52%). Most health workers have to make decisions under pressure (52%).

Changes in Average Pre-Test and Post-Test Values

Table 3. Changes in the Average Value of Work Stress Pre-Test and Post-Test in Respondents at Dr. Soedarso Regional Hospital

Job Stress	Average	Difference	p-value
Pre	88.56	31.76	0.000
Post	56.80		

Source: Primary Data, 2024

Based on table 3, the difference in work stress reduction was 31.76 with a p-value ≤0.05 (0.000), which means that there is a significant difference between the average pre and post work stress in respondents.

Review Articles

Job stress is one of the serious problems in health workers who are under pressure. Heavy workloads, poor communication and even irregular shifts are some of the factors that cause work stress for health workers.

Table 4. Data Extraction of Scientific Articles

Researcher, Year	Article Title	Journal	Research Methods	Results
Nicola Konig et al, (2019)	How Therapeutic Tapping Can Alter Neural Correlates of Emotional Prosody Processing in Anxiety	Journal of Brain Sciences	Design Experiments	For the time windows 150–250 ms, 250–350 ms, 350–650 ms, and 650–1050 ms, no significant results were obtained (all ps > 0.050). Post-hoc t-tests revealed a reduced positivity for posttest compared to pretest for the angry emotional condition in the Tapping group (t (8) = 2.003, p = 0.040). PMR group showed a reduced positivity for the processing of fearful stimuli at the

Researcher, Year	Article Title	Journal	Research Methods	Results
				time of the posttest (t(20) = 1.842, p = 0.040)
Susan Librizzi Patterson (2016)	The effect of Emotional Freedom Technique on stress and anxiety in nursing students: A pilot study	Nurse Education Today	Qualitative	Decreases in anxiety as measured on both the STAI and PSS were statistically significant (p = .05). For PSS, STAI state and trait data, the reduction in self-reported stress was statistically significant with a mean difference baseline to week 4. Qualitative data suggested that nursing students experienced a decrease in feelings of stress and anxiety including a decrease in somatic symptoms.
Jerrod A. Nelms, Liana Castel (2016)	A Systematic Review and Meta-Analysis of Randomized and Nonrandomized Trials of Clinical Emotional Freedom Techniques (Eft) For The Treatment Of Depression	Journal Explore	Quantitative	The number of participants treated with EFT included N=416 in outcome studies and N=398 in RCTs. At posttest, Cohen's d for RCTs was 1.85 and for outcome studies was 0.70. Effect sizes for follow-up less than 90 days were 1.21, and for ≥90 days were 1.11. EFT was more effective than diaphragmatic breathing (DB) and supportive interview (SI) in posttest measurements (P=.06 versus DB, P<.001 versus SI), and sleep hygiene education (SHE) at follow-up (P=. 036). The mean of symptom reductions across all studies was -41%.

DISCUSSION

Health workers are, by nature, a group of workers under stress (24). The work is often stressful both physically and emotionally, due to long hours, shift work, understaffing, heavy workloads, dealing with death and dying, conflicts between management and staff, and poor communication that can lead to fatigue, anxiety and even work stress (25). Supported in a study that increasing stress levels among health workers, especially nurses and midwives who carry out nursing and midwifery care activities, can increase fatigue and psychological stress.

The demands of tasks that must be completed if they exceed physical capacity, expertise, and time available can be a trigger for stress. This excessive workload greatly affects the productivity of health workers and has an impact on the productivity of health workers. The health workers who were respondents in the study were nurses and midwives who worked with a shift work mechanism. The results of the study showed information that the number of officers was not comparable to the volume of work that had to be completed. Both nurses and midwives complained about the lack of officers in each shift. The average score of the respondents' stress level was 88.56. This figure is quite high, one of which is caused by exposure to a workload that exceeds their capabilities and the health workers are unable to carry out their duties.

Unpreparedness in helping the patient's family emotionally has the potential to cause stress among health workers. Conflicts with supervisors or superiors, unreasonable patient requests, insufficient information from doctors regarding medical conditions so that they cannot provide satisfactory answers, unexpected schedule regulations, listening to or talking to patients about their conditions near death, fear of making mistakes in caring for patients, not

enough time to provide emotional support to patients, doctors not being present during medical emergencies, not having enough time to complete nursing/midwifery tasks are potential causes of work stress among health workers.

Work stress problems if not controlled can have an impact on the health of workers and also work productivity. So there needs to be an effort to reduce the potential for stress in health workers. One of the treatments chosen as a form of intervention to reduce work stress is through the Emotional Freedom Technique (EFT).

Intervention through EFT is a practice based on an integrative approach in energy psychology that combines elements of cognitive behavioral therapy, exposure therapy, and physical stimulation of acupressure points on the face and body (26). EFT aims to relax the individual by regulating the flow of energy through stimulation of the meridian system using tapping, touching, and massage techniques, while the individual focuses on inhibiting thoughts, disturbing emotions, and specific memories (27). The format used is: "Although I have problems (eg. stress, anxiety, etc.), I accept myself completely and deeply." This sentence combines aspects of exposure and cognitive components of self-acceptance, which are repeated while tapping on acupressure points, which are eight main points on the face and upper body to reduce stress (20).

This study showed that EFT intervention was able to reduce work stress significantly, with a decrease of 31.76%. The average work stress score of respondents before the intervention was 88.56, which decreased to 56.80 after the intervention for seven consecutive days, repeated three times per session. The significant difference between the scores before and after the intervention (p-value = 0.000) indicates the effectiveness of this method in reducing work stress in health workers, especially nurses and midwives who were the targets of the study.

Several studies have shown that EFT can significantly reduce anxiety, even with just one application session (28). Because this method can be applied independently, individuals have the ability to manage their own conditions (29). Most of these studies have shown that EFT is effective as a self-help tool and can be applied in healthcare settings by professionals and students in the field. It is important for healthcare professionals to find efficient ways to reduce symptoms of work stress. EFT tapping is a holistic practice that is easy to learn and apply to yourself and can relieve symptoms in minutes (30). Hospitals and other health care facilities are expected to implement EFT treatment on every worker, especially for health workers who work with high stress levels, such as nurses, midwives and other health workers who work with shift mechanisms because the EFT method is effective in reducing work stress quickly and effectively so that it has a positive impact on the quality of health services and patient satisfaction. The advantage of this treatment is that it can be done independently by the respondents.

Recommendations for Future Research

It is expected that the results of this study can be one of the references in the program of efforts to reduce the risk of work stress in health workers in hospitals. EFT treatment is part of the PKRS (Hospital Health Promotion) program and other Occupational Health and Safety promotion programs run by the Hospital K3 team. For health workers, both medical and paramedical personnel who specifically work with shift work mechanisms, they can apply EFT treatment independently, so it is expected to help improve the quality of their health because the risk of work stress can be reduced if this treatment is carried out regularly.

CONCLUSION

In this study, there was a significant decrease in the risk of work stress in health workers after intervention using the Emotional Freedom Technique (EFT) method. The difference in work stress reduction was 31.76 with a p-value ≤ 0.05 (0.000), which means that there was a significant difference between the average work stress before and after in respondents. Efforts to reduce the risk of work stress in health workers through the Emotional Freedom Technique (EFT) method showed significant results, which means that EFT treatment is one of the effective efforts in reducing work stress. EFT is more effective than other stress reduction methods because it combines physical aspects (tapping on acupressure points) and cognitive (affirmation), which can provide quick results in reducing stress. Unlike mindfulness or meditation which require high concentration, EFT is more active and easier to apply in stressful situations. Compared to cognitive-behavioural therapy (CBT), EFT is more flexible, can be done independently, and does not require long therapy times, making it a practical choice for health workers who experience high work pressure.

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