

Spiritual Emotional Freedom Technique and Lavender Aromatherapy in Hypertensive Elderly: A Quasy-Experimental Study

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ABSTRACT

Introduction: Hypertensive elderly are one of the vulnerable groups because they have the potential to experience catastrophic disease complications and even death. Efforts to control blood pressure and pain perception in elderly hypertension require a drug companion approach. The purpose of this study was to determine the combination of Spiritual Emotion Freedom Technique (SEFT) and lavender aromatherapy on blood pressure and pain scale of hypertensive elderly.

Methods: A quasi-experimental design with control group pre post-test was used in this study. The population in this study were all elderly people with hypertension who visited the Geriatric Poly of Mangusada General Hospital, which were then selected using purposive sampling technique. The sample size obtained after calculation using a two-group unpaired approach was 70 people. A calibrated sphygmomanometer was used to measure blood pressure, while the Numeric Rating Scale (NRS) was used to measure the pain scale. The analysis test used in paired data is Wilcoxon sign rank and in unpaired data is Mann-Whitney because it is not normally distributed. This study was approved by the Ethics Committee for Health Research at Mangusada General Hospital, Badung Regency, Bali (Approval Number: 070/6857/RSDM/2024). All respondents provided informed consent before participating in the study.

Results: There is a significant difference between the intervention group and the control group on systolic (mean difference = 9,914), diastolic (mean difference = 3,714), and the pain scale (mean difference = 1,057) of hypertensive elderly before and after the intervention. So, there is an effect of the combination of Spiritual Emotion Freedom Technique (SEFT) and lavender aromatherapy on blood pressure and pain scale of hypertensive elderly.

Conclusion: These results can be used as a reference in providing interventions for hypertensive elderly to control blood pressure and reduce pain scale.

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INTRODUCTION

Hypertension is a non-communicable disease that is still prevalent among the elderly. Previous research even stated that the global prevalence of hypertension is around 60% (1). A preliminary study conducted at the Geriatric Clinic of Mangusada Regional Hospital on May 15, 2024, found that there had been fluctuations in visits by elderly people with hypertension over the past three months. Visits in February 2024 were recorded at 176, which increased to 250 visits in March 2024, and 250 visits in April 2024. Interviews with 10 elderly people with hypertension who visited revealed that they reported their blood pressure remained high despite regularly taking antihypertensive medication. The above data indicate that the number of elderly people with hypertension in Badung Regency is quite high and that efforts to control blood pressure are not yet fully optimal with pharmacological efforts.

Fluctuations in blood pressure levels in elderly people with hypertension are influenced by many factors, one of which is pain levels. Pain is the most common symptom experienced by elderly people with hypertension. As many as 56,21% of elderly people with hypertension report experiencing back pain in the United States (2). Other research also states that the higher the pain scale in the elderly, the higher the correlation between uncontrolled blood pressure (3). So, interventions to reduce blood pressure should work together to reduce pain complaints.

Elder people with hypertension may require prolonged administration periods of antihypertensive medications, often in combination with other medications, based on their other symptoms. Several studies have shown that interactions between antihypertensive medications can cause side effects (4). Previous research stated that the drug interaction mechanism of Candesartan and Ramipril as well as Lisinopril and Spironolactone has the potential to cause severe levels of major (5). In addition, several classes of antihypertensive drugs cause side effects such as insomnia, dizziness, fatigue, visual hallucinations, and even delirium (6). Therefore, efforts are needed in addition to medication to control the blood pressure of elderly hypertensives.

Therapeutic efforts in addition to medication are called complementary therapies. These interventions have been applied as adjuncts to medication to reduce the symptoms of several diseases (7,8). The previous study affirms that integrative medicine holds substantial promise in advancing renal care through a balanced and evidence-based integration of conventional and complementary therapies, ultimately improving patient outcomes and overall well-being (9). Independent interventions in the nursing field that can be done to control blood pressure and reduce pain levels are a combination of Spiritual Emotion Freedom Technique (SEFT) and lavender aromatherapy.

Several studies have shown that these two interventions can control blood pressure and reduce pain levels. The Spiritual Emotional Freedom Technique (SEFT) is a therapeutic approach that integrates energy psychology and spiritual elements by stimulating specific body points through tapping accompanied by prayer, aiming to promote emotional healing and holistic well-being (10). Additionally, lavender aromatherapy implicates tryptophan which directly triggers a relaxation response (11). The combination of these two interventions is expected to synergize in controlling blood pressure in elderly hypertensive patients.

Based on the facts and phenomena mentioned above, the research team was interested in determining whether the combination of Spiritual Emotion Freedom Technique (SEFT) and lavender aromatherapy has an effect on blood pressure and pain levels in elderly hypertensive patients. The purpose of this study was to determine the effect of the combination of Spiritual Emotion Freedom Technique (SEFT) and lavender aromatherapy on blood pressure and pain levels in elderly hypertensive patients.

METHOD

Research Type

This study used a quantitative approach with a quasi-experimental design and a control group pre- and post-test. The selection of the intervention and control groups was carried out by first collecting data from the intervention group. Once the required number of participants in the intervention group was fulfilled, data collection continued for the control group. The approach was conducted randomly; however, the researcher ensured that there was no duplication of respondents between the two groups. Data were collected over a one-month period at the Geriatric Poly at Mangusada General Hospital.

Population and Participants

The population in this study was all elderly people with hypertension who visited the Geriatric Poly of Mangusada General Hospital. They were then selected using a purposive sampling technique to obtain a representative sample. The inclusion criteria were elderly people receiving and consuming antihypertensive medication, experiencing pain with a maximum scale of 5, and elderly people who were able to communicate in Balinese and/or Indonesian. Meanwhile, the exclusion criteria in this study were elderly people with cognitive, mental, and hearing impairments. The sample size in this study was calculated using the average calculation of two paired samples, with the final result obtained as many as 70 people (35 people per each group).

Research Location

The research was conducted at Mangusada General Hospital, Badung Regency, Bali Province because there was a consistent increase in the number of visits for treatment in elderly people with hypertension.

Instrumentation or Tools

The instrument used in this study was an observation sheet. Blood pressure was measured using a calibrated digital tensiometer, and pain was assessed using the Numeric Rating Scale (NRS).

Data Collection Procedures

Research data collection was conducted through several stages, including the administrative process, which involved conducting an ethical feasibility test, obtaining a research permit, and obtaining an apperception and coordinating with the head of the clinic. Next, preliminary data collection (pre-test) was conducted on the pain scale and blood pressure variables. The intervention group was selected first. The control group was selected after the target sample size in the intervention group was met. The intervention group received SEFT and lavender aromatherapy simultaneously in a single session lasting 25 minutes, as guided by previous studies. The intervention tested in this study was complementary in nature; therefore, respondents continued taking antihypertensive medication as part of the standard treatment. The SEFT intervention was delivered with audio instructions, while aromatherapy was administered directly by the research team by dripping five drops of lavender essential oil onto cotton wool and inhaling it from a distance of 7-10 centimeters in front of the nose. Meanwhile, the control group received standard intervention, namely education about hypertension. Post-test data were collected after each intervention was completed in both groups.

Data Analysis

Univariate tests were conducted to present data on family history, age, gender, smoking habits, pain scale, and blood pressure in frequency distribution, average, and percentage. Furthermore, the bivariate test chosen was the Wilcoxon signed-rank test because the paired data were not normally distributed after all variables were tested with the Kolmogorov-Smirnov test (p value $<0,05$). The specified degree of error (α) in this study was 0,05.

Ethical Approval

This research has been declared ethically sound by the Health Research Ethics Committee of Mangusada Regional Hospital, Badung Regency, with Ethics Approval Letter Number 070/6857/RSDM/2024 dated July 3, 2024. All participants provided informed consent prior to their involvement in the study. The confidentiality of respondents' identities in this study was strictly maintained. The research team ensured that there was no potential physical or psychological harm experienced by respondents during the research process.

RESULTS

Characteristic of Participants

Table 1 describes the univariate characteristics of the study respondents, using categorical data. Most were male, had a family history of smoking, and were not active smokers. Furthermore, the mean age between the groups was relatively similar, at 66.14 years in the intervention group and 67.23 years in the control group.

Table 1. Description of Respondent Characteristics (n=70)

Variable	Intervention Group		Control Group	
	f	%	f	%
Gender				
Male	26	74,3	26	74,3
Female	9	25,7	9	25,7
Family History				
There isn't any	2	5,7	8	22,9
There is	33	94,3	27	77,1
Smoking History				
Not an active smoker	28	80,0	23	65,7
Was once an active smoker	7	20,0	12	34,3
Until now as an active smoker	0	0	0	0

Source: Primary Data

Table 2 shows the minimum, maximum, and median values for systolic blood pressure, diastolic blood pressure, and pain scale.

Table 2. Description of Respondents' Blood Pressure (n=70)

Variable	Median	Min	Max
Intervention Group			
<i>Pre-Test</i>			
Systolic	150	130	165
Diastolic	90	80	100
Pain Scale	5	3	6
<i>Post-Test</i>			
Systolic	140	100	155
Diastolic	90	70	100
Pain Scale	4	2	5
Control Group			
<i>Pre-Test</i>			
Systolic	150	130	165
Diastolic	90	80	100
Pain Scale	5	3	6
<i>Post-Test</i>			
Systolic	150	125	165
Diastolic	90	80	100
Pain Scale	5	3	6

Source: Primary Data

All three variables showed a decrease of median in the intervention group and remained relatively the same in the control group, as illustrated in Figure 1 and Figure 2.

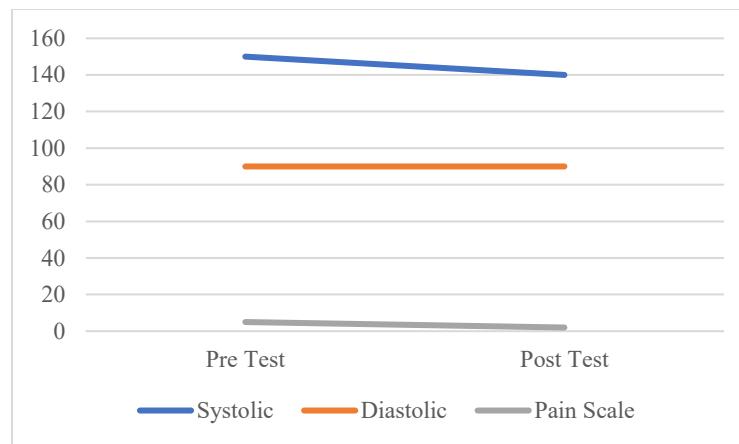


Figure 1. The Median Values of The Variables in The Intervention Group

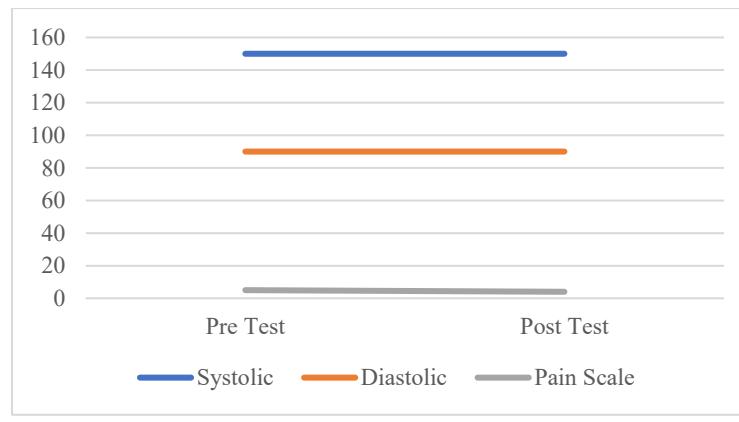


Figure 2. The Median Values of The Variables in The Control Group

The Combination of Spiritual Emotion Freedom Technique (SEFT) and Lavender Aromatherapy Affects Blood Pressure and Pain Scales in Hypertensive Elderly

Table 3 shows the results of bivariate tests on systolic blood pressure, diastolic blood pressure, and pain scales in each group. There were significant differences in systolic blood pressure, diastolic blood pressure, and pain scales before and after the intervention in the intervention group. In addition, there were significant differences in systolic blood pressure and diastolic blood pressure before and after the intervention in the control group. However, there were no significant differences in pain scales.

Table 3. Bivariate Test Results for Each Group (n=69)

	Variabel	Z	p value
Intervention Group			
Systolic		-5,115	0,000*
Diastolic		-4,025	0,000*
Pain Scale		-5,708	0,000*
Control Group			
Systolic		-2,060	0,039*
Diastolic		-2,121	0,034*
Pain Scale		-1,000	0,217

Source: Primary Data

*p value<0,05

Table 4 shows the results of bivariate tests on systolic blood pressure, diastolic blood pressure, and pain scale between groups. There were significant differences in systolic blood pressure, diastolic blood pressure, and pain scale before and after the intervention between the intervention and control groups.

Table 4. Bivariate Test Results Between Groups (n=70)

Variable	Z	p value
Systolic Difference	-6,255	0,000*
Diastolic Difference	-2,969	0,003*
Pain Scale Difference	-7,930	0,000*

Source: Primary Data

*p value<0,05

DISCUSSION

Respondent Characteristics Data

Functional changes caused by aging contribute to a decline in cardiovascular function. Therefore, the older a person is, the higher the risk of developing cardiovascular disorders, one of which is hypertension (12). Furthermore, gender also influences a person's tendency to develop hypertension. Previous research also found that elderly men are more likely to experience hypertension than elderly women. Other research suggests that elderly men are at greater risk due to their smoking habits (13).

The majority of respondents reported having a family history of hypertension. Previous research has shown that the incidence of hypertension in a person is influenced by, among other factors, family history (14). This is supported by other research which states that someone who has a family history of hypertension tends to experience a decrease in cardiovagal baroreflex sensitivity (15). This condition causes a high potential for hypertension in someone who has a family history of the same disease.

Smoking habits were also examined descriptively in this study. The majority of respondents in this study did not smoke. However, oxidative stress can occur in both active and passive smokers. Cardiovascular dysfunction occurs in passive smokers through impaired endothelial function and decreased nitric oxide (16). Exposure to cigarette smoke can increase blood pressure through vasoconstriction mechanisms, deactivating baroreceptors or damaging the function of the arterial walls in passive smokers as well (17). Thus, someone who is a passive smoker is also susceptible to hypertension.

The Combination of Spiritual Emotional Freedom Technique (SEFT) and Lavender Aromatherapy Affects Blood Pressure and Pain Scale in Hypertensive Elderly

The results of this study indicate a significant difference in blood pressure and pain scale in elderly hypertensive patients before and after the intervention. Furthermore, there was a significant difference in blood pressure and pain scale in elderly hypertensive patients between the intervention and control groups. These results align with several previous studies. The present study combines SEFT and lavender aromatherapy with the aim of comprehensively influencing various aspects of the body among hypertensive elderly individuals, including physical, psychological, and spiritual dimensions. Several previous studies have targeted samples within a broader age range that did not specifically focus on the elderly population. In contrast, this study exclusively focuses on the elderly group. Furthermore, in terms of data collection settings, the current study was conducted in a hospital environment, whereas some previous studies were carried out in community settings. This finding indicates that the combination of these two interventions can be effectively implemented in various settings.

Previous studies conducted a systematic review that found the SEFT intervention to be highly effective as a non-pharmacological measure to control blood pressure in hypertensive patients (18). In addition, other research states that SEFT intervention is able to reduce blood pressure in elderly hypertensive patients by up to 11.45 mmHg in systolic blood pressure and 6.95 mmHg in diastolic blood pressure (19). Lavender aromatherapy can also effectively lower blood pressure in hypertensive patients. Other research has shown an average decrease in blood pressure from 147/91 mmHg to 138/80 mmHg (20). There are also previous research results which state that lavender aromatherapy is effective as a relaxation intervention which has implications for reducing blood pressure (21).

Previous research stated that there was a significant difference in the pain intensity of cancer patients before and after the SEFT intervention was given (22). The perceived pain intensity changed from severe to moderate. Other research examining pain scales in cancer patients also found a decrease in subjective and objective pain levels after SEFT intervention (23). Another study mentioned that lavender aromatherapy as beneficial for pain management, and most expressed willingness to continue its use after hospital discharge of total hip arthroplasty patients (24).

SEFT therapy works by stimulating key points along the 12 pathways of the body's system (25). Previous research has shown that administering this intervention for 25 minutes per day can reduce sympathetic nerve activity and epinephrine and increase parasympathetic nerve activity. This results in decreased heart rate, stroke volume (CO), and arteriolar and venular vasodilation. Cardiac output and total peripheral resistance also decrease, resulting in lower blood pressure (26). Lavender aromatherapy can synergize with SEFT interventions in reducing pain levels and controlling blood pressure because it contains Linalool and Linalool Acetate compounds which stimulate a state of relaxation (27).

Orem's self-care theory is felt to be capable of representing the phenomena in this study (28). The SEFT and lavender aromatherapy interventions can be performed independently by patients, provided that they have been trained by nurses beforehand. In addition, the nurses prepared an audio recording to facilitate patients in following the steps of the SEFT intervention. The justification is because it is hoped that elderly people with hypertension will be able to become independent in managing chronic diseases so that they can minimize complications according to the results of previous research (29). Nurses act as an educational support system by teaching a combination of SEFT and lavender aromatherapy. The hope is that this will lead to optimal health outcomes for elderly hypertensive patients, characterized by controlled blood pressure and reduced pain levels, consistent with previous research that also aims to empower patients in the context of fulfilling their self-management needs (30).

Recommendations for Future Research

Future research is expected to develop multivariate analyses. Furthermore, trials of this combination of interventions are expected to be conducted on other dependent variables frequently experienced by elderly people with hypertension, such as psychological complaints.

CONCLUSION

There were significant differences in systolic and diastolic blood pressure, as well as pain scores, between the control and intervention groups. These results indicate that the combination of Spiritual Emotion Freedom Technique (SEFT) and lavender aromatherapy has an effect on blood pressure and pain scores in elderly hypertensive patients. These results are expected to provide a basis for developing non-pharmacological interventions in hospital and community settings.

AUTHOR'S CONTRIBUTION STATEMENT

All authors contributed to the research process and the preparation of this manuscript. The proposal was prepared by all two authors (NLPDYS and IKP). The data collection process was carried out by all researcher (NLPDYS and IKP). The research data processing was carried out by the one author (NLPDYS). Then, the preparation of the manuscript was carried out by the two authors with the division of introduction and method and results (IKP), discussion and conclusion (NLPDYS). All authors read the entire manuscript and gave feedback before the submission process was carried out.

CONFLICTS OF INTEREST

The authors have declared there is no any potential conflicts that could influence the impartiality of the research. The authors state that we have no financial or personal relationships with entities that might unduly affect our objectivity. There is no conflict of interest in this study.

DECLARATION OF GENERATIVE AI AND AI-ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

We hereby declare that in the preparation and writing of this work, we have used generative artificial intelligence (AI) and/or AI-assisted (ChatGPT) to support language refinement, enhance clarity, or improve the overall readability and structure of the manuscript.

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