

## Application of Spiritual Emotional Freedom Technique (SEFT) to Reduce Anxiety Levels in Patients Pre-Operating Trans Urethral Resection of The Prostate (TURP)

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### Abstract:

Anxiety in patients undergoing Transurethral Resection of the Prostate (TURP) surgery can have a significant impact on the physiological and psychological aspects of the patient. Anxiety in preoperative patients can result in surgery being postponed or canceled. One effort that can be made to reduce anxiety levels in preoperative TURP patients is to provide SEFT therapy. During tapping, there is an increase in the process of neurotransmitter signal travel, which reduces the regulation of the hypothalamic-pituitary-adrenal Axis (HPA axis), thereby reducing the production of stress hormones. This research method uses a case study, and pre-and post-implementation measurements are carried out. The sample used was one person. The research sample was given treatment, namely SEFT therapy, to reduce anxiety levels. The results of SEFT therapy were observed using the State-Trait Anxiety Inventory (STAI) measuring instrument. There was a decrease in anxiety levels before and after treatment; namely, the STAI score decreased to 31 (moderate anxiety). SEFT therapy can reduce anxiety because the tapping mechanism in SEFT therapy has the function of releasing endorphin hormones. Endorphin hormones help reduce psychological symptoms such as anxiety.

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## INTRODUCTION

Benign Prostatic Hyperplasia (BPH), commonly referred to as benign prostatic enlargement, is the non-cancerous growth of the prostate gland and represents one of the most prevalent conditions affecting men, particularly as they age (Oseni et al., 2022). This condition often causes urinary symptoms such as frequent urination, difficulty initiating urination, or a weak urine stream, significantly impacting the quality of life (Yurtseven et al., 2023). One of the primary treatment options for BPH is Transurethral Resection of the Prostate (TURP), a surgical procedure that involves removing part of the prostate gland to alleviate urinary obstruction (Franco et al., 2023). While TURP is considered a safe and effective intervention, the preoperative period can be emotionally challenging for patients due to anxiety related to surgery (An et al., 2025).

Preoperative anxiety is a typical psychological response among patients awaiting surgery, including those undergoing TURP (Li et al., 2021). This anxiety often stems from fears of postoperative pain, concerns about mortality, and worries about changes in body image or functionality (Grocott et al., 2023; Uysal et al., 2023). Such emotional distress can negatively affect patients' overall well-being and may even influence surgical outcomes and recovery (Alzahrani,

2021). Therefore, addressing preoperative anxiety is crucial to ensure patients are mentally prepared and feel supported during this critical phase (Cheng et al., 2021). Non-pharmacological interventions, such as complementary therapies, have gained attention as practical approaches to mitigate anxiety without relying solely on medication (Wang et al., 2022).

One promising non-pharmacological intervention is the Spiritual Emotional Freedom Technique (SEFT), which combines principles of energy psychology with spiritual practices (Rumambi et al., 2024). SEFT involves light tapping on specific body meridian points while using affirmations and calming statements (Gayatri & Purnamayanti, 2024). This technique aims to balance the body's energy system and promote emotional healing by reducing feelings of fear, stress, trauma, or sadness (Cholilah, 2023). The mechanism of action behind SEFT includes stimulating acupressure points, which are believed to release endorphins and other neurotransmitters associated with relaxation and comfort (Rismayanti et al., 2023). As a result, patients may experience reduced anxiety levels and an improved sense of well-being (Rachmawardany et al., 2024).

The application of SEFT therapy has been explored in various contexts to address emotional and psychological challenges (Astuti & Ediyono, 2021). Its holistic approach makes it particularly suitable for managing preoperative anxiety, as it not only targets physiological responses but also incorporates elements of spirituality and self-acceptance (Dewi et al., 2024). By addressing both the mind and body, SEFT offers a comprehensive method for alleviating anxiety. SEFT effectively reduces stress and improves emotional resilience, making it a valuable tool in healthcare settings (Okyay & Uçar, 2023). However, there remains a need to investigate its specific impact on preoperative anxiety in patients undergoing TURP (Menevşe & Yayla, 2024).

Transurethral Resection of the Prostate (TURP) is a widely performed procedure for treating BPH, yet many patients face significant psychological hurdles before the surgery (Ottaiano et al., 2022). Anxiety during the preoperative period can lead to increased stress levels, potentially affecting surgical outcomes and prolonging recovery times (Atay & Sayilan, 2021). Healthcare providers must explore innovative strategies to support patients emotionally and psychologically (Kato, 2024). Incorporating therapies like SEFT into preoperative care could provide a practical solution to help patients manage their anxiety effectively, thereby enhancing their overall experience and readiness for surgery (Agu et al., 2024).

Given the potential benefits of SEFT, this study focuses on evaluating its efficacy in reducing preoperative anxiety among TURP patients at RSD dr. Soebandi Jember. The hospital is an ideal setting for conducting this research due to its high volume of urological cases and commitment to advancing patient-centered care. By implementing SEFT therapy in this context, the study seeks to determine whether this intervention can serve as a viable option for addressing preoperative anxiety in clinical practice. The findings could pave the way for integrating SEFT into standard preoperative protocols, benefiting patients and healthcare providers (Menevşe & Yayla, 2024).

This research aligns with the growing emphasis on holistic and patient-centered approaches in modern healthcare. Non-pharmacological interventions like SEFT complement traditional medical treatments by addressing health's emotional and spiritual dimensions (Rismayanti et al., 2023). Such integrative methods acknowledge the interconnectedness of physical, mental, and spiritual well-being, offering a more comprehensive framework for patient care (Rachmawardany et al., 2024). By exploring the role of SEFT in reducing preoperative anxiety, this study contributes to the broader understanding of how complementary therapies can enhance patient outcomes and satisfaction (Zhou et al., 2025).

The significance of this study extends beyond the immediate context of TURP patients. If SEFT proves effective in reducing preoperative anxiety, it could be adapted for use in other surgical

procedures or medical settings where patients experience similar emotional challenges (Okay & Uçar, 2023). Furthermore, the findings may encourage healthcare institutions to incorporate SEFT into their preoperative care programs, promoting a culture of empathy and support. This would benefit individual patients and improve healthcare systems' overall quality of care (Rumambi et al., 2024).

This study aims to investigate the impact of SEFT therapy on preoperative anxiety among TURP patients at RSD dr. Soebandi Jember. By examining the therapeutic effects of SEFT, the research seeks to validate its use as a non-pharmacological intervention for anxiety management. The results could offer valuable insights into the potential of SEFT as a complementary therapy, highlighting its role in fostering emotional resilience and enhancing patient well-being. Ultimately, this study underscores the importance of addressing psychological needs alongside physical health in pursuing holistic patient care (Girdhar & Bhatt, 2025).

## STUDY DESIGN

This study was conducted in the Mawar Ward of dr. Soebandi Hospital Jember was chosen for its relevance to the research objectives and accessibility to patients undergoing transurethral resection of the prostate (TURP). The research methodology employed in this final Ners' scientific work is a case study design, which involves an in-depth exploration of one or more cases to gain comprehensive insights into the phenomenon being studied. Specifically, this research utilized an experimental approach, focusing on the implementation and evaluation of the Spiritual Emotional Freedom Technique (SEFT) therapy to assess its impact on reducing preoperative anxiety among TURP patients. The experimental nature of the study allowed for the systematic observation of changes in anxiety levels before and after the intervention.

The sampling process adhered to predefined inclusion and exclusion criteria to ensure the selection of appropriate participants who met the study's requirements. These criteria were established to align with the research objectives and maintain the findings' validity. For instance, patients included in the study were those diagnosed with Benign Prostatic Hyperplasia (BPH) and scheduled for TURP surgery, while individuals with severe cognitive impairments or other conditions that could interfere with the study were excluded. This rigorous selection process ensured that the sample represented the target population accurately, enhancing the reliability of the results.

The research timeline was structured to encompass all stages of the nursing care process, including assessment, diagnosis, intervention, implementation, and evaluation. These activities were carried out throughout January 2025, with specific observations and interventions conducted between January 9 and 11, 2025. This concentrated timeframe allowed for consistent data collection and immediate evaluation of the effects of SEFT therapy on the participants' anxiety levels. The structured schedule also facilitated close monitoring of the patient's responses to the therapy, ensuring that any changes could be promptly documented and analyzed.

Ethical considerations were a priority throughout the research process, and the study received ethical approval from the Faculty of Nursing at the University of Jember. This approval underscores the adherence to ethical principles, including informed consent, confidentiality, and the welfare of the participants. Before their involvement, all participants were provided with detailed information about the study, including its purpose, procedures, and potential risks and benefits. Their voluntary participation and consent were obtained, ensuring their rights were respected throughout the study.

The combination of a well-defined methodology, careful participant selection, and ethical compliance strengthens the credibility of this research. By employing a case study design with an experimental approach, the study aims to provide valuable insights into the effectiveness of SEFT

therapy in managing preoperative anxiety among TURP patients. The findings are expected to contribute to the body of knowledge on non-pharmacological interventions and offer practical recommendations for healthcare providers seeking to enhance patient-centered care in surgical settings.

### **PATIENT INFORMATION**

The patient managed in this scientific work is Mr. B, a 69-year-old man from the Madurese tribe. The patient was first diagnosed with Benign Prostatic Hyperplasia (BPH) while undergoing treatment at dr. Soebandi Hospital Jember.

### **CLINICAL FINDINGS**

The patient has a history of diabetes mellitus (DM) and hypertension. The patient complained of pain in the lower abdomen and an anxious facial expression, as evidenced by subjective data obtained; the patient said he was afraid to undergo TURP surgery. State Anxiety Inventory (S-AI) score: 55 (moderate anxiety).

Based on these results, the nursing diagnosis that can be established is anxiety (D.0080). Research conducted states that preoperative often causes anxiety in patients and postoperative pain, anxiety about death, fear of damaging body image, changing shape, and fear of failure of the anesthesia process; in addition, other assessment data show that the client-patient appears weak, the client sometimes grimaces in pain, client's vital signs: BP: 153/78 mmHg, N: 97x/minute, RR: 20x/minute, S: 36.3 C, SPO2: 98%.

### **THERAPEUTIC INTERVENTION**

Spiritual Emotional Freedom Technique (SEFT) is an alternative and complementary nursing therapy that combines the body's energy system and spirituality with tapping at specific points along the body's meridian lines, accompanied by acceptance and calming sentences. SEFT therapy aims to eliminate or remove negative energy from the body so that a person will be physically and mentally healthy. This negative energy can be in the form of anxiety, fear, physical pain, phobias, trauma, and sadness.

The mechanism of SEFT therapy is to stimulate the body's meridian points, accompanied by the use of acceptance and calming sentences to trigger the release of endorphin hormones, thus making feelings calmer and more comfortable. SEFT therapy consists of 3 stages, namely Set Up, Tune In, and Tapping, which are done 2 times for 10-15 minutes within two consecutive days

The first stage, Set Up, is a relaxation technique with elements of meditation involving factors of surrender and belief. This stage is done by saying sentences of acceptance 3 times solemnly, sincerely, and with surrender. The sentences are like, "O Allah, even though I have to undergo this surgery, I sincerely accept the pain; I surrender this healing to You with peace of mind." Simultaneously with saying the sentence Set Up, place your hand and press it on the sore spot (pain point around the chest tatas), which feels painful when pressed.

The second stage is tune-in, part of self-hypnotherapy so that during relaxation, it can release endorphin hormones, reduce muscle tension, and make the mind calmer and more peaceful. This stage is done simultaneously by focusing the mind on "negative events" that may trigger emotional disturbances. Next, place your hand on the "painful place," feel the "pain," and make it "more painful," and say, "I am sincere and surrender to You."

The last stage is Taping, which is done with the right or left hand or both on the right and left sides of the body. Tapping is done on both sides of the body to align the existing energy flow. Use two fingers, namely the index and middle fingers, to make a tapping motion for a particular duration at each point. The points to be tapped consist of the head, hands, and chest at 18 points along the 12 meridian lines of the body and a combination of spiritual therapy and prayers. While saying the sentence "I am sincere and surrender to Allah" ( $\pm 9X$ ), end the tapping by taking a deep breath and saying with gratitude, "Alhamdulillah."

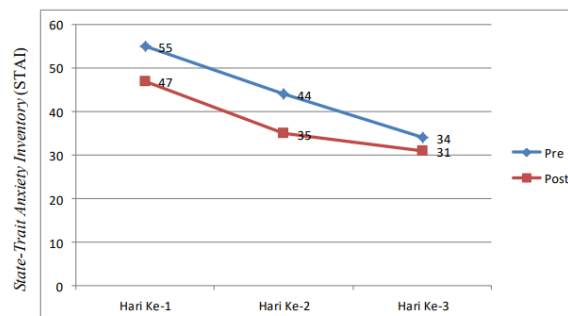


Diagram 1. Evaluation of anxiety level

Based on the image above, the results of the implementation of SEFT therapy in preoperative TURP patients who experience anxiety show a decrease in anxiety levels. This is indicated by using the STAI measuring tool before and after the implementation of SEFT therapy on the first day, showing an STAI score of 55 (moderate anxiety) before the implementation of SEFT therapy and after the implementation of SEFT therapy, showing a decrease in the STAI score to 47 (moderate anxiety), the second day decreased to 35 (mild anxiety), and the third day also decreased to 31 (mild anxiety).

## DISCUSSION

The results of this study demonstrate that the implementation of the Spiritual Emotional Freedom Technique (SEFT) therapy effectively reduces preoperative anxiety in patients undergoing Transurethral Resection of the Prostate (TURP). Preoperative anxiety is a significant concern as it can profoundly impact surgical outcomes. Anxiety triggers physiological responses such as elevated blood pressure, increased heart rate, and an increased risk of intraoperative bleeding (Imam et al., 2024). These effects are primarily driven by the activation of the sympathetic nervous system, which stimulates the adrenal glands to release stress hormones such as cortisol, epinephrine, catecholamines, and norepinephrine. These hormones prepare the body for a "fight or flight" response, leading to symptoms like rapid breathing, increased pulse rate, fatigue, and pale skin, all of which can be detrimental during surgery (Dewi et al., 2024; Deviantony et al., 2024).

The observed reduction in anxiety levels following SEFT therapy can be attributed to its unique mechanism of action. The tapping technique employed in SEFT stimulates the release of endorphins, neurotransmitters that function similarly to morphine, inducing relaxation and reducing pain perception. Endorphins also play a critical role in alleviating psychological symptoms, including anxiety. By promoting a sense of calm and well-being, SEFT helps counteract the adverse effects of stress hormones, preparing patients for a more stable surgical experience. This highlights SEFT as a valuable non-pharmacological intervention for managing preoperative anxiety, offering a holistic approach to patient care (Mulianda & Ropyanto, 2024; Abidin et al., 2022).



SEFT therapy combines psychological energy systems with spiritual practices, incorporating elements such as prayer and mindfulness. This integration enhances its effectiveness in addressing emotional distress. The therapy's foundation lies in balancing the body's energy system through light tapping on specific meridian points. These points, known as "The Major Energy Meridians," are believed to regulate emotional and physical well-being when stimulated. By neutralizing emotional disturbances and pain, SEFT restores the body's natural energy flow, fostering a state of equilibrium. This dual focus on physical and spiritual healing distinguishes SEFT from other therapeutic approaches (Gayatri & Purnamayanti, 2024; Nabila et al., 2024).

The tapping process in SEFT also influences the hypothalamic-pituitary-adrenal (HPA) axis, a key regulator of the body's stress response. By downregulating the HPA axis, SEFT reduces the production of cortisol, the primary hormone associated with stress. Elevated cortisol levels can suppress immune function by inhibiting protein synthesis, reducing immunoglobulin production, and decreasing the population of basophils, eosinophils, macrophages, and lymphocytes in the blood. Prolonged exposure to high cortisol levels may lead to thymic atrophy and lymphoid tissue degeneration, compromising the body's immune defenses. By mitigating cortisol production, SEFT alleviates anxiety and supports overall immune health, which is crucial for postoperative recovery (Gayatri & Purnamayanti, 2024).

One of the notable advantages of SEFT is its accessibility and ease of implementation. As a non-pharmacological intervention, SEFT can be performed independently by patients and their families, making it a practical and cost-effective solution for managing anxiety. This empowers patients to take an active role in their care, fostering a sense of autonomy and self-efficacy. Additionally, the simplicity of the technique allows it to be integrated seamlessly into routine nursing interventions, enhancing its applicability in clinical settings. By providing patients with a tool they can use beyond the hospital environment, SEFT contributes to long-term emotional resilience and well-being (Church et al., 2022).

The findings of this study align with previous research highlighting the efficacy of SEFT in reducing anxiety across various populations. Its ability to address both physiological and psychological aspects of anxiety makes it particularly suitable for preoperative care. Furthermore, the adaptability of SEFT means it can be applied to other medical contexts where anxiety management is critical, such as chronic illness or palliative care. This versatility underscores the potential of SEFT as a complementary therapy in modern healthcare, bridging the gap between conventional treatments and holistic approaches (Gayatri & Purnamayanti, 2024).

SEFT therapy represents a promising alternative for reducing preoperative anxiety in TURP patients. Its mechanism of action, which involves the release of endorphins and the regulation of the HPA axis, effectively mitigates the adverse effects of stress hormones while promoting relaxation and emotional balance. By integrating physical, psychological, and spiritual dimensions, SEFT offers a comprehensive approach to anxiety management that aligns with the principles of patient-centered care. The study's findings validate the use of SEFT in clinical practice and pave the way for further exploration of its applications in diverse healthcare settings. Ultimately, SEFT is a testament to the value of combining traditional wisdom with modern science to enhance patient outcomes.

## CONCLUSION

The case study on the administration of SEFT therapy in preoperative TURP patients with anxiety demonstrated a significant reduction in anxiety levels. The therapy, conducted over three consecutive days with two sessions per day, proved effective, as evidenced by the State-Trait Anxiety Inventory (STAI) measurements. A consistent decline in anxiety scores was observed

throughout the treatment period, reflecting the therapy's efficacy. These findings are further supported by prior studies that reported similar outcomes using the same measurement tool. SEFT therapy, which integrates body energy with spirituality, employs a tapping technique for specific points on the patient's body. This approach highlights the potential of combining physical and spiritual modalities to address psychological distress effectively. Therefore, SEFT therapy can be considered a valuable non-pharmacological intervention for reducing preoperative anxiety in clinical settings.

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### REFERENCES

- Abidin, Yunita, R., & Aini Tika Rachmad, S. (2022). The Relationship between Anxiety Levels and Pain Degrees in Postoperative Caesarean Patients at Pasirian Hospital. *Nursing and Health Sciences Journal (NHSJ)*, 2(2), 159-166. <https://doi.org/10.53713/nhs.v2i2.125>
- Agu, P. C., Tusubira, D., & Aja, P. M. (2024). Innovative approaches to benign prostatic hyperplasia management: Options beyond conventional treatment strategies. *F1000Research*, 13, 1555. <https://doi.org/10.12688/f1000research.160099.1>
- Alzahrani, N. (2021). The effect of hospitalization on patients' emotional and psychological well-being among adult patients: An integrative review. *Applied Nursing Research*, 61, 151488. <https://doi.org/10.1016/j.apnr.2021.151488>
- An, S., Yang, H., & Meng, Q. (2025). Effect of ERAS-Based Rapid Bladder Irrigation on TURP and HoLEP in the Treatment of Benign Prostatic Hyperplasia. *Pakistan Journal of Medical Sciences*, 41(3), 693. <https://doi.org/10.12669/pjms.41.3.9751>
- Astuti, R. T., & Ediyono, S. (2021). Spiritual Emotional Freedom Technique (SEFT) Therapy in Stress and Traumatic During the Pandemic Covid-19: A Literature Review. *European Alliance for Innovation*, (2021). <http://dx.doi.org/10.4108/eai.18-11-2020.2311619>
- Atay, S., & Sayilan, A. A. (2021). Pre-transurethral prostate resection anxiety on postoperative pain and sleep quality: A correlational study. *International Journal of Urological Nursing*, 15(2), 70-76. <https://doi.org/10.1111/ijun.12257>
- Cheng, J. Y. J., Wong, B. W. Z., Chin, Y. H., Ong, Z. H., Ng, C. H., Tham, H. Y., Samarasekera, D. D., Devi, K. M., & Chong, C. S. (2021). Preoperative concerns of patients undergoing general surgery. *Patient Education and Counseling*, 104(6), 1467-1473. <https://doi.org/10.1016/j.pec.2020.11.010>
- Cholilah, I. R. (2023). Spiritual Emotional Freedom Technique (SEFT) Therapy in Reducing Student Anxiety Levels. *Al-Hikmah: Jurnal Ilmu Dakwah dan Pengembangan Masyarakat*, 21(2), 161-174. <https://doi.org/10.35719/k55dpx92>
- Church, D., Stapleton, P., & Vasudevan, A. (2022). Clinical EFT as an evidence-based practice for the treatment of psychological and physiological conditions: A systematic review. *Frontiers in Psychology*, 13, 951451. <https://doi.org/10.3389/fpsyg.2022.951451>
- Deviantony, F., Kurniyawan, E. H., Alifia Marcheilla Yulfansha, Aura Najwa Salasabila, Adhelia Reisa Zalsabilla, Dewi, E. I., & Fitria, Y. (2024). The Effect Of Therapeutic Communication On The Anxiety Level Of The Elderly. *International Health Sciences Journal*, 2(1), 1-12. <https://doi.org/10.61777/ihsj.v2i1.46>

- Dewi, I. P., Purwanti, I., & Yualita, P. (2024). Spiritual emotional freedom technique and level anxiety among people with pre-percutaneous coronary intervention. *Jurnal Keperawatan*, 15(01). <https://doi.org/10.22219/jk.v15i01.31077>
- Franco, J. V., Tesolin, P., & Jung, J. H. (2023). Update on the management of benign prostatic hyperplasia and the role of minimally invasive procedures. *Prostate International*, 11(1), 1-7. <https://doi.org/10.1016/j.pnrl.2023.01.002>
- Gayatri, G., & Purnamayanti, N. K. D. (2024). Intervention with the wellness therapy spiritual emotional freedom technique (SEFT) in cancer patients and with chemotherapy: A scoping review. *Svāsthya: Trends in General Medicine and Public Health*, 1(2), e2-e2. <https://doi.org/10.70347/svsthya.v1i2.2>
- Girdhar, V., & Bhatt, S. (2025). Integrative management of generalized anxiety disorder: A case study on subconscious energy healing therapy with emotional freedom techniques. <https://doi.org/10.30574/wjarr.2025.25.1.0039>
- Grocott, B., Reynolds, K., Logan, G., Hebbard, P., & El-Gabalawy, R. (2023). Breast cancer patient experiences of perioperative distress and anxiety: A qualitative study. *European Journal of Oncology Nursing*, 63, 102299. <https://doi.org/10.1016/j.ejon.2023.102299>
- Imam, Citra Darmawan, T., Alfid Tri Affandi, & Pradita Ayu Fernanda. (2024). Music Therapy and Aromatherapy Intervention on Anxiety in Preoperative Laparotomy Digestive Surgery Patients: A Systematic Review. *Health and Technology Journal (HTechJ)*, 2(1), 34–41. <https://doi.org/10.53713/htechj.v2i1.140>
- Kato Jumba K. (2024). The Psychological Impact of Chronic Prostate Disorders: Addressing Mental Health in BPH Patients. *IDOSR Journal Of Scientific Research*, 9(3), 27-32. <https://doi.org/10.59298/IDOSRJSR/2024/9.3.273200>
- Li, L., Li, S., Sun, Y., Zhang, S., Zhang, X., & Qu, H. (2021). Personalized preoperative education reduces perioperative anxiety in old men with benign prostatic hyperplasia: a retrospective cohort study. *Gerontology*, 67(2), 177-183. <https://doi.org/10.1159/000511913>
- Menevşe, Ş., & Yayla, A. (2024). Effect of Emotional Freedom Technique Applied to Patients Before Laparoscopic Cholecystectomy on Surgical Fear and Anxiety: A Randomized Controlled Trial. *Journal of PeriAnesthesia Nursing*, 39(1), 93-100. <https://doi.org/10.1016/j.jopan.2023.07.006>
- Mulianda, D., & Ropyanto, C. B. (2024). Effect of spiritual emotional freedom technique (SEFT) on pain during the COVID-19 pandemic. *Scripta Medica*, 55(5), 583-589. <https://doi.org/10.5937/scriptamed55-49743>
- Nabila, N. I., Hadi Kurniyawan, E., Deviantony, F., & Kusumaningsih, A. (2024). The Application of Dhikr Spiritual Therapy to Reduce Signs of Risk of Violent Behavior in the Mawar Room at dr. Radjiman Wediodiningrat Hospital. *Health and Technology Journal (HTechJ)*, 2(5), 440–444. <https://doi.org/10.53713/htechj.v2i5.238>
- Okyay, E. K., & Uçar, T. (2023). The effect of emotional freedom technique and music applied to pregnant women who experienced prenatal loss on psychological growth, well-being, and cortisol level: A randomized controlled trial. *Archives of Psychiatric Nursing*, 45, 101-112. <https://doi.org/10.1016/j.apnu.2023.04.027>
- Oseni, S. O., Naar, C., Pavlović, M., Asghar, W., Hartmann, J. X., Fields, G. B., & Esiobu, N. (2022). The Molecular Basis and Clinical Consequences of Chronic Inflammation in Prostatic Diseases: Prostatitis, Benign Prostatic Hyperplasia, and Prostate Cancer. *Cancers*, 15(12), 3110. <https://doi.org/10.3390/cancers15123110>
- Ottiano, N., Shelton, T., Sanekommu, G., & Benson, C. R. (2022). Surgical complications in the management of benign prostatic hyperplasia treatment. *Current Urology Reports*, 23(5), 83-92. <https://doi.org/10.1007/s11934-022-01091-z>
- Rachmawardany, D. W., Mustikawati, I. F., Septianawati, P., & Immanuel, G. (2024). Analysing the Spiritual Effects of Emotional Freedom Technology (SEFT) in Building Psychological Well-being:



Systematic Literature Review. *Journal Health Sains*, 5(4), 293-298.  
<https://doi.org/10.46799/jhs.v5i4.1260>

- Rismayanti, I., Sundayana, I., Pamela, F., Supriati, L., & Wulandari, Y. (2023). Spiritual Emotional Freedom Technique (SEFT) to Reduce Blood Pressure Among Senior Citizen. *Jurnal Aisyah : Jurnal Ilmu Kesehatan*, 8(2). doi:<https://doi.org/10.30604/jika.v8i2.1810>
- Rumambi, M. F., Suprpti, F., & Susilo, W. H. (2024). The Effect of Spiritual Emotional Freedom Technique (SEFT) on Pain Intensity of Advanced Breast Cancer Patients in X Hospital Tangerang. *Journal of Holistic Nursing*. <https://doi.org/10.1177/08980101231204754>
- Uysal, D., SUKUT, Özge, & Demirgil, B. T. (2023). The Effects of Progressive Muscle Relaxation on Preoperative Anxiety and Blood Pressure in Patient with Aneurysm. *Nursing and Health Sciences Journal (NHSJ)*, 3(4), 392-398. <https://doi.org/10.53713/nhsj.v3i4.274>
- Wang, R., Huang, X., Wang, Y., & Akbari, M. (2022). Non-pharmacologic Approaches in Preoperative Anxiety, a Comprehensive Review. *Frontiers in Public Health*, 10, 854673. <https://doi.org/10.3389/fpubh.2022.854673>
- Yurtseven, Ş., Doğan, S. D., & Arslan, S. (2023). Difficulties experienced by patients with benign prostatic hyperplasia regarding their physical symptoms. *International Journal of Urological Nursing*, 17(3), 272-277. <https://doi.org/10.1111/ijun.12376>
- Zhou, X., Zhang, G., Chen, D., Yao, H., & Wang, Q. (2025). The efficacy of auricular acupressure combined with emotional freedom techniques on the postoperative pain and anxiety state of patients with lower limb fractures: A randomized clinical controlled trial. *Medicine*, 104(5), e41401. <https://doi.org/10.1097/md.0000000000041401>