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Application of SEFT (Spiritual Emotional Freedom Technique) Therapy for Pain Management in Patients After Uterine Myoma Surgery

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ABSTRACT

Myoma uteri namely benign tumors of the uterus, apart from being malignant, benign tumors of the uterus or uterine myomas often appear. Types of surgery on uterine fibroids include hysterectomy and myomectomy. This procedure has the potential to be painful. Nursing care for Mrs. S patients with uterine fibroids with acute pain through the SEFT (Spiritual Emotional Freedom Technique) therapy approach were carried out from assessment, diagnosis, nursing plan, implementation to nursing evaluation. The general intervention given is pain management according to the Indonesian Nursing Intervention Standards with acute pain. The pain management intervention was then associated with SEFT non-pharmacological therapy. The SEFT method is a healing method of doing beats at certain meridian points by using the stages of tune-in, set-up, and tapping. After being given the intervention for 3 days, it showed that giving SEFT could reduce the intensity of the pain scale. SEFT therapy can make patients feel calm, comfortable and relaxed so that it affects the pain response. The results of the application SEFT to nursing care, it is recommended that maternity nurses, families and patients be able to practice SEFT therapy in the pain management of post-operative myoma uteri patients.

Keywords: Uterine myoma, Acute pain, Post Surgery, SEFT therapy

1. INTRODUCTION

One of the issues in women's reproductive health is uterine fibroids, also known as leiomyoma, fibroid, or fibromyoma. Uterine fibroids are composed of benign connective tissue and uterine muscle tissue, making them a benign neoplasm. Uterine fibroids lead to increased mortality, morbidity, and have an impact on the quality of life of affected individuals. Generally, uterine fibroids do not exhibit symptoms and are asymptomatic, making it difficult for patients to recognize the condition in their uterus. Only about 20%-50% of uterine fibroids manifest signs and symptoms (Sparic et al., 2016).

Uterine fibroids take about 3 years to grow to the size of a fist. However, in some cases, they exhibit faster growth. Uterine fibroids can grow to exceed 5 kg in weight. Typically, uterine fibroids are found in patients aged 35-45 years (25%), and they rarely occur in individuals aged 20 years. Uterine fibroids are also frequently found in patients who have not given birth (nulliparous) (Fitriyanti & Machmudah, 2020).

Literature data indicates that between 5.4% to 77% of women have uterine fibroids, depending on the study population or diagnostic techniques used. Studies conducted using ultrasound (USG) have confirmed that the prevalence of fibroids is lower in Europe

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compared to the United States, possibly due to racial differences (Sparic et al., 2016). In Indonesia, the incidence of uterine fibroids stands at 2.39% to 11.7%. Uterine fibroids rank as the second most prevalent disease in women's reproductive health, following cervical cancer (Rudiyanti & Imron, 2017). According to gynecological disease data from RSUD Arifin Achmad in (2021), uterine fibroids are the fourth most common disease in the Teratai ward, with 287 cases.

Surgical options for uterine fibroids include hysterectomy and myomectomy. Hysterectomy can be performed using laparotomy, mini-laparotomy, and laparoscopy methods (Lubis, 2020). Laparotomy involves an incision technique in the abdominal wall, extending into the abdominal cavity, and is performed by digestive and ob/gyn surgeons. Every surgical procedure invariably induces stress and trauma in patients, resulting in various discomforts and symptoms. One of these is post-operative pain, which can cause discomfort for patients (Susanto, 2020).

Post-operative pain that is not properly managed can lead to negative effects such as disturbances in the respiratory, musculoskeletal, cardiac, and patient mobility systems. Therefore, it is essential to have both pharmacological and non-pharmacological pain management strategies. However, pharmacological pain management can lead to dependency, and non-pharmacological approaches are encouraged to induce relaxation through prayer, psychological exploration, and spiritual aspects, all of which are considered important and have a positive impact on patient recovery (Brahmantia & Huriah, 2018).

One of the non-pharmacological therapies for pain management that can be employed is the SEFT (Spiritual Emotional Freedom Technique) therapy. SEFT is a combination of Spiritual Power and Energy Psychology. This technique involves stimulating key points along the body's 12 energy meridians that significantly influence our well-being. SEFT focuses on surrendering to one's belief in God by repeating specific phrases at the same rhythm. The SEFT method helps patients improve their quality of life, even when experiencing pain. SEFT therapy is an easy, safe, simple, and fast technique that can be felt instantly (one-minute wonder) (Susanto, 2020).

The SEFT method is supported by research conducted by Susanto (2020) which demonstrated that SEFT intervention effectively reduces post-laparotomy pain intensity (p=0.0003). Furthermore, in the study by Pitriani et al (2020) it was found that the Spiritual Emotional Freedom Technique has a significant impact on pain levels in patients undergoing a cesarean section (p=0.000). The study by Abidin et al (2020) also revealed the influence of SEFT (Spiritual Emotional Freedom Technique) on reducing pain intensity in patients following major surgical procedures (p=0.017).

Based on this background, the author conducted a case study related to nursing care with a Spiritual Emotional Freedom Technique (SEFT) approach for Mrs. S, who had uterine fibroids in the Teratai ward of RSUD Arifin Achmad. Therefore, this research can be beneficial for both theoretical knowledge and practical application, serving as a source of information for the evaluation of nursing care using the SEFT method for patients with uterine fibroids.

2. RESEARCH METHODS

The research method was conducted using a case study. A case study is a form of descriptive analytical research that focuses on a specific case for in-depth analysis and observation until completion. This case study consists of several stages that align with the nursing process, which are: (1) assessment, (2) nursing diagnosis, (3) nursing interventions, (4) nursing implementation, and (5) nursing evaluation.

This research was conducted in the Teratai inpatient ward of RSUD Arifin Achmad in July 2022. The study sample included patients on postoperative day 1 with uterine fibroids who had consented to participate in the research. Data collection was obtained from observation sheets, medical records, and physical examination results.

Therapy was administered in the Teratai ward of RSUD Arifin Achmad after initially screening the pain scale. The pain scale used was the NRS (Numeric Rating Scale). SEFT therapy was provided for patients experiencing moderate pain with scores ranging from 4 to 7. It was followed by SEFT therapy involving the stages of "tune in," "set up," and "tapping." Therapy was conducted when patients felt pain, typically 4 hours after receiving analgesics. SEFT therapy was administered for a duration of 30 minutes and was also demonstrated to the patient's family. Subsequently, the pain scale was reassessed. SEFT therapy was administered once a day for three days with special monitoring through progress notes.

The therapy was given to respondents who met the inclusion criteria, which were patients on the second day post uterine fibroid surgery. Patients who were still under the influence of anesthesia within the first 12 hours post-operation on day 0 were not eligible for the intervention due to the lingering effects of anesthesia.

3. RESULT AND DISCUSSION

3.1 Results

3.1.1 Assessment

The patient, identified as Ms. S, is a 38-year-old female. Ms. S's pregnancy history includes a miscarriage in 2009 at 12 weeks of gestation and another one in 2010 at 15 weeks of gestation. She has a gynecological issue, uterine fibroids, and has no history of contraceptive use.

The patient complains of localized abdominal pain that does not radiate. She describes the pain as if being twisted, with a pain level of 7 on a scale. The pain is constant and intensifies when she moves. She finds it difficult to move due to the increasing pain and is afraid to do so. She appears to protect her surgical wound area and moves cautiously.

The vital signs assessment revealed the following: BP: 100/60 mmHg, T: 36.6°C, RR: 108 breaths per minute, and HR: 22 beats per minute. In the physical examination, it was observed that the conjunctiva was pale, the lips were dry and chapped, there was a post-operative wound on the abdomen measuring approximately 29x9 cm. A DC (urinary catheter) was in place in the genital area, and an RL intravenous infusion was attached to the upper extremity. The acral (extremity) area felt cold, and CRT (capillary refill time) was greater than 3 seconds. In the assessment of rest and comfort, the patient reported difficulty sleeping, frequent awakenings, and insufficient rest due to abdominal pain.

3.1.2 Nursing Diagnosis

The diagnosis was analyzed based on the assessment results of the patient, Ms. S, according to the Indonesian Nursing Diagnosis Standards (SDKI) (2017a). The primary issue for Ms. S is acute pain related to physiological injury agents, supported by subjective and objective data.

Subjective data were obtained from the patient's complaints of pain, particularly when moving (P), described as a twisting sensation (Q), localized to the abdominal surgical wound area (R), with a pain intensity rating of 7 (S), and it is constant (T). The patient also experiences difficulty sleeping and restlessness due to pain. Objectively, the patient appeared to grimace, protect the surgical wound area, and move cautiously. The patient received medical therapy with ketorolac 3x30 mg, and there was tachycardia with a heart rate of 108 beats per minute (HR: 108x/m).

3.1.3 Nursing Care Plan

The nursing care plan is developed based on the Indonesian Nursing Intervention Standards (SIKI) (PPNI, 2017b). For the diagnosis of acute pain, interventions are formulated, and one of the actions is pain management. Pain management is an intervention that defines and manages sensory experiences or feelings associated with tissue trauma. Subsequently, outcome interventions are established based on the Indonesian Nursing Outcome Standards (SLKI), which include a reduction in pain levels with the expected criteria for outcomes, such as a decrease in grimacing, decreased pain complaints, reduced protective behaviors, and improved sleep quality (PPNI (Persatuan Perawat Nasional Indonesia), 2017).

3.1.4 Implementation

The implementation of nursing care for patient Ms. S is based on the Indonesian Nursing Intervention Standards (SIKI), specifically for acute pain management. The following actions are taken: observing and assessing pain using the PQRST method, identifying factors that exacerbate the pain, monitoring complementary therapies, and keeping an eye on any side effects of pain medication. Non-pharmacological techniques can be applied to alleviate pain.

One non-pharmacological therapy employed is the administration of SEFT (Spiritual Emotional Freedom Technique). This therapy is considered part of therapeutic nursing care and is aimed at reducing pain, mitigating environmental factors that worsen the pain, and assisting the patient in achieving rest. Health education is also provided by explaining how to perform SEFT therapy independently for both the patient and their family, using leaflets as a medium.

3.1.5 Evaluation

After nursing interventions were provided, the evaluation was carried out in accordance with the Indonesian Nursing Outcome Standards (2018). The nursing diagnosis related to acute pain was addressed through pain management. On the first day, the evaluation revealed that the patient, who previously reported a pain level of 7, experienced a reduction in pain to a level of 6 after receiving non-pharmacological SEFT (Spiritual Emotional Freedom Technique) therapy. The patient also reported feeling more relaxed. Other results showed a decrease in protective behaviors, reduced grimacing, and improved sleep quality.

On the second day, the patient stated that their pain had decreased from an initial level of 4 to a level of 3 after SEFT therapy. The patient also felt more relaxed and calm. Protective behaviors, grimacing, and difficulty sleeping also decreased. On the third day, following SEFT therapy, the patient mentioned a reduction in pain from a level of 5 to 4 and reported feeling more relaxed and calm. Furthermore, protective behaviors, grimacing, and difficulty sleeping all decreased.

3.2 Discussion

The general pain management interventions provided in accordance with the Indonesian Nursing Intervention Standards (SIKI) were then associated with SEFT therapy (Spiritual Emotional Freedom Technique). The SEFT method is a healing approach that involves exploring one's emotions, building spiritual awareness, and accepting one's condition, along with light tapping on specific meridian points, following the stages of tune in, set-up, and tapping. The SEFT method helps patients learn techniques and skills that can enhance their quality of life even when experiencing pain (Brahmantia & Huriah, 2018).

In a study conducted by Susanto (2020), the results showed that SEFT intervention effectively reduced the intensity of post-laparotomy pain. This is further supported by Mulianda (2022), which found that SEFT therapy is effective for reducing post-operative pain due to its ease of application. Additionally, Abidin et al.'s study (2020) also demonstrated the impact of SEFT therapy (Spiritual Emotional Freedom Technique) on reducing the intensity of pain in patients after major surgical procedures.

The pain scale measurements for Mrs. S using the NRS during the intervention showed fluctuations (Figure 1). The highest level of pain was recorded on the first day after surgery with a rating of 7. Subsequently, the pain decreased to a level of 6. On the second day, there was a reduction in pain from a rating of 4 to 3. On the final day, there was a slight increase in pain from a rating of 5 to 4.

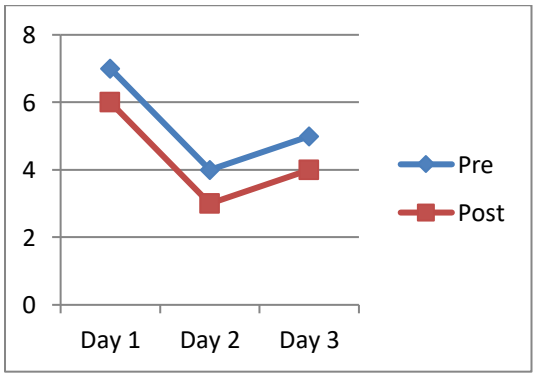

Image 1. Pain scale observation using NRS (Numeric Rating Scale)

The results of this case study indicate a reduction in pain intensity for Mrs. S. These findings suggest that the administration of SEFT (Spiritual Emotional Freedom Technique) can reduce the intensity of the pain scale for Mrs. S, who underwent laparotomy surgery due to uterine fibroid indications. The author's assumption is that SEFT therapy can help the patient feel calm, comfortable, and relaxed, which, in turn, influences the pain response, i.e., the body's response to pain stimuli.

The results of this case study are in line with the theory that states when the defense mechanisms are opened, a pain response occurs. Stimulating β-endorphins is one way to close the defense mechanism, as it inhibits the release of substance P, one of the pain messengers. SEFT therapy supplies the body by stimulating an increase in β-endorphins. This increase in β-endorphins results in the inhibition of synapses when peripheral pain neurons transmit signals to the brain through synapses. Furthermore, substance P originating from sensory neurons is blocked by β-endorphins, reducing the pain response due to inhibited pain impulses in the spinal cord (Abidin et al., 2020).

Scientifically, the points on the human body used for SEFT therapy are critical for regulating the body's energy systems, which can have a pain-reduction and healing effect on various ailments. Gentle tapping closes the gelatinous substance (SG) located in the spinal cord, inhibiting pain impulses from reaching the brain. This is because the diameter of pain nerve fibers is smaller compared to other nerve fibers. A substance can be used for pain treatment if it can affect the gelatinous substance within the gate control system (Potter & Perry, 2017).

In this case study, SEFT (Spiritual Emotional Freedom Technique) therapy was applied for the nursing issue of acute pain in the patient. The pain scale observation chart indicates an increase in pain on the third day for the patient. This is attributed to an elevated level of anxiety due to concerns about her condition, which resulted from an incomplete hysterectomy procedure, leaving the cervix and potentially leading to new health issues. Pain is the transfer of energy originating from anxiety. Therefore, the higher a person's anxiety, the greater the transfer of energy, causing an increase in perceived pain when anxiety is high (Abidin et al., 2020).

The results of applying SEFT therapy for Mrs. S show that the therapy reduced her pain, made her feel calmer, more relaxed, and reduced her anxiety. SEFT therapy helps patients focus on words and phrases related to their condition with a surrendering attitude towards God, repeatedly spoken. SEFT therapy relaxes a person's body and provides a sense of calm, resulting in regular heart rate, stable breathing, and reduced pain, anxiety, and fear. When a person reaches this state, it improves blood circulation throughout the body and makes the patient experience an extraordinary sense of relaxation (Niken et al., 2019).

CONCLUSSION

Mrs. S's uterine fibroids are caused by several factors, including her reproductive age, nulliparous pregnancy history, and family history. The patient has a history of laparotomy and myomectomy due to uterine fibroids at RSUD Arifin Achmad three years ago. Subsequently, the patient was diagnosed with the same condition and underwent a hysterectomy. The main issues that arose after the surgical procedure include ineffective peripheral perfusion, acute pain, impaired physical mobility, and grief. The diagnosis of ineffective peripheral perfusion has been addressed with pharmacological therapy.

The nursing care provided to Mrs. S for the nursing issue of acute pain involved non-pharmacological therapy, specifically SEFT (Spiritual Emotional Freedom Technique). SEFT is a technique that serves to address both physical and psychological issues, helps improve performance and achievement, and promotes feelings of peace and happiness in life through simple movements.

The pain scale measurements for Mrs. S using NRS during the implementation of SEFT therapy showed a decrease. Additionally, SEFT therapy made the patient feel calmer, more relaxed, and reduced her anxiety, which had a positive impact on the grieving process.

Nursing care with the application of SEFT therapy can aid in the treatment process and fulfill the patient's holistic needs, focusing not only on the physical aspect but also on the psychological and spiritual aspects. Based on these evaluation results, it can be analyzed that SEFT therapy can reduce acute pain in patients after uterine fibroid surgery.

RECOMMENDATION

Practical Application: The hospital can use the results of this nursing care implementation as a basis for evaluation and the development of regulations related to services with the SEFT (Spiritual Emotional Freedom Technique) approach. This way, nursing care can be carried out holistically, focusing not only on the physical aspect but also on the psychological, social, and especially the spiritual aspects. Clients and their families can apply and continue the interventions independently to reduce pain.

Education: This nursing thesis provides an overview of the implementation of interventions with the SEFT (Spiritual Emotional Freedom Technique) approach for patients with acute pain nursing issues. The author hopes that this case study can serve as an applicable example in the learning of maternity nursing, especially in the realm of spiritual care.

Further Research: In future research, it is expected that obstacles encountered in this study can be explored further. SEFT therapy can be administered 30 minutes after the anesthesia has worn off, which is one day after the surgery, and given every 4 hours after the effects of pain medication have diminished. This nursing care was conducted in person and faced certain limitations, including limited interaction time, insufficient collection of objective data, and loose monitoring. Therefore, it is hoped that improved nursing care can be implemented in future research.

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