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The Effectiveness of SEFT Complementary Therapy (*Spiritual Emotional Freedom Technique)* In Assist of Hypertension Treatment Program at Elderly

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Abstract. Hypertension is a silent disease that causes of unexpected death for sufferers. They do not know that they have hypertension before checking their blood pressure. Various methods can be used to manage hypertension is using SEFT (Spiritual Emotional Freedom Technique). SEFT is a combination of spirituality such as prayer, sincerity, surrender with psychology energy. The purpose of this research is to determine the level of effectiveness of SEFT complementary therapy in assist of hypertension treatment programs at elderly.
Method: The method of this research is a quantitative using Quasy Experiment Approach with pre-post test control group design. The statistic analyzed descriptive and statistical test using Wilcoxon Signed Ranks Test.
Results: The results of the statistical test on the blood pressure of the experimental group showed that there was a significant difference in the systolic and diastolic blood pressure of hypertension sufferers (experimental group), before and after the SEFT complementary and the result of the statistical test on the blood pressure of the control group concluded that there was no significant difference on the blood pressure of hypertension sufferers without being given SEFT complementary therapy at the beginning of the treatment and at the end of the treatment.
The finding of this study is the use of SEFT therapy that given together with hypertension therapy program can help to control the blood pressure of hypertension sufferers.

Keywords: SEFT, Hypertension, Elderly.

BACKGROUND

Hypertension or commonly we called high blood pressure is currently a health problem throughout the world and one of the main risk factors for cardiovascular disease. Hypertension is a silent disease that causes of unexpected death for sufferers. The death occurs cause of the impact of hypertension itself or the other diseases initiated by hypertension. Apart from that, hypertension is also a silent disease because people do not know they have hypertension before checking their blood pressure. (Septianingsih, Dea Gita 2018).

Data released by WHO (2018) shows that around 26.4% of hypertension suffers population, with a ratio of 26.6% of men and 26.1% of women.

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Approximately 60% of hypertension sufferers are in developing countries, including Indonesia. According to Riskesdas (2018), the prevalence of hypertension in Indonesia is 34.1%, the highest in South Kalimantan (44.1%) (Indonesian Ministry of Health, 2018). Based on data released by the West Java Provincial Government in 2021, the number of hypertension sufferers was 13.563.311 people, while the prevalence of hypertension in West Java was 9.67% and Indramayu Regency was 6.05%, while the highest percentage of hypertension sufferers was 55-64 years old (55.2%) (West Java Provincial Government, 2021).

There are many factors that can influence of hypertension, such as changeable factors caused by unhealthy habit such as smoking, excessive salt consumption, obesity, lack of physical activity, and stress. Meanwhile, unchangeable factors inherent in sufferers such as age, gender, and genetics. This is accordance with research by Pitriani, Yanti, and Afni (2018) stated that gender, obesity, and smoking habit have a significant relationship with hypertension cases.

According to Nuraini (2015), the high blood pressure generally increases the risk of these complications. Untreated hypertension will affect all of organ systems and ultimately shorten life expectancy as long as 10-20 years. Mortality or number of dead of hypertension sufferers is faster if the disease is not controlled and has caused of complications to several vital organs. The most common cause of death is heart disease with or without stroke and renal failure. According to Nair & Peate (2015), the management of hypertension sufferers can be used in various ways, such as pharmacological methods and non-pharmacological methods. One non-pharmacological method is SEFT *(Spiritual Emotional Freedom Technique).*

SEFT *(Spiritual Emotional Freedom Technique)* is a combination of spirituality such as prayer, sincerity, and surrender with psychology energy. In SEFT includes spiritual aspects through prayer as a part of the therapy process from starts to ends (Zainuddin, 2012), so that hypertension sufferers can reduce and control their blood pressure. This is accordance with research by Huda and Alvita (2018) stated that there is an effect of SEFT therapy on reducing blood pressure in hypertension sufferers and supported by Sarweni and Sari research (2020) stated that there is a decrease before the BP therapy in subject I is 170/110 mmHg to 120/80 mmHg and before BP therapy in subject II is 160/100 mmHg to 140/80 mmHg.

Based on the previous research that conducted by researchers on January 18 2023 at Kertasmaya Health Center, Indramayu Regency, the number of elderly in

December 2022 was 651 and suffering from hypertension was 263 (Kertasmaya Health Center, 2022). The results of interviews conducted with 10 hypertension sufferers showed that data from 10 elderly who received hypertension treatment was not receive complementary therapy such as SEFT *(Spiritual Emotional Freedom Technique).* Considering the importance of complementary therapy in reducing blood pressure of hypertensive sufferers, in this applied research, the researchers interested to knowing the level of effectiveness of SEFT complementary therapy in assist of hypertension treatment programs at elderly.

THEORETICAL STUDY

Complementary Therapy

Definition of Complementary Therapy

According to the Indonesian Dictionary (KBBI), therapy is an effort to recover of unhealth people and treat the disease. Meanwhile, complementary is complement. Complementary treatment is carried out to complementing conventional medical treatment which rational characterized and not contradictory with values and laws of health in Indonesia. Complementary treatment standards have been regulated in the Regulation of the Ministry of Health in Indonesia.

According to the Indonesian Ministry of Health (2018), complementary therapy is the application of traditional health that utilizes biomedical and biocultural science in its explanation and its benefits and safety are scientifically guaranteed.

Based on the definition above, it can be concluded that complementary therapy is an effort to recover an individual health by complementing existing medical treatment and not contradictory with existing values and laws of health.

The Purpose of Complementary Therapy

The purpose of complementary therapy is to improve the body systems, especially to increasing the immune system, because of our body actually has the ability to heal by itself, as long as we can respond with adequate nutrition, proper maintenance.

The Types of Complementary Therapy

The types of complementary therapy are:

1. Nutrition (nutritional therapy);
2. Herbal therapy;
3. Psycho therapy – somatic (mind – body therapy)

4. Spiritual therapy based on prayer such as SEFT.

SEFT (Spiritual Emotional Freedom Technique)

Definition of SEFT

SEFT is a psychological therapy technique that originates from EFT. The main theory that references of SEFT is psychological energy. Psychological energy is a theoretical concept based on acupuncture theory but in the application of techniques without using needles. There isn't different with acupuncture theory, psychological theory assumes that every human being has an energy system that regulates all human physical and psychological systems. If in the movement of life energy through this special meridian pathway is hampered or there is blocking, so complaints or bodily discomfort will arise. Blocking energy is generally the result of physical and psychological stress, all of them are centered on the state of mind. The negative thoughts can block the energy and give rise to feelings such as worry, fear, anger.

Spiritual Emotional Freedom Technique (SEFT) is a technique that combines the body's energy system and spiritual therapy using a tapping method at certain points of the body (Hakam, Yetti, & Hariyati, 2009).

Based on the two definitions above, it can be concluded that SEFT therapy is a non-pharmacological treatment technique that is carried out by combining the energy system in the body with spiritual therapy by tapping at certain points of the body.

The Benefit of SEFT

The benefit of SEFT is reduce the production of the stress hormone, namely cortisol. The effect of tapping has been proven by a study at Harvard Medical School. The results of the research showed that when someone state of fear then taps the acupoint, there is a decrease in amygdala activity, it means that there is a decrease in brain wave activity, this also stops the participant's fight or flight response, then create a relaxation effect which neutralize all emotional tension experienced. This effect is the same as the response that occurs when someone is stimulated with acupuncture needles at their meridian points.

The Method of SEFT

The methods of SEFT are:

1. The set – up is neutralize the negative energy,
2. The tune in is directing the mind to the pain, and
3. The tapping is tapping with two fingertips on certain points of the body.

There are three important things for the therapist and patient to do such as humility, sincerity, and surrender. These three things are the key SEFT therapy

successful. Spiritual is the component of the differences between SEFT and EFT. One of the spiritual components of SEFT is pray to the God. Pray to God has a positive effect on your psychological state and teaches to be sincere and surrender in facing every problem. The meaning of spirituality is as follows: 1) God is the one who direct the course of our life; 2) If the God gives difficulties, just believe at the same time the God will give a relief; 3) Every difficulty that arise is a best decision from the God; 4) God and humans are different, the humans task is to trying, and the God determine the results. Thus, by SEFT therapy, every human can deal with a psychology problem and got a happiness and good life.

The Advantages of SEFT Therapy

The advantages of SEFT therapy are:

1. Easy to learn and practice by anyone.
2. Work quickly
3. Cheap (everlasting skills for every problem)
4. Permanent effectivity
5. There's no side effect and safe to practice by anyone.

Blood Pressure

Definition of Blood Pressure

Blood pressure is the pressure measured in the pulse, which is expressed in millimeters (mm) of mercury (Hg), and consists of two values: the one above position is the systolic pressure, and the below position is the diastolic pressure. Systolic blood pressure occurs when heart contractions push the blood at high pressure. This is achieved when the heart chambers close, at the same time the pressure achieved a high pressure. Diastolic blood pressure is the minimum pressure pressing against the artery walls at any time. This is achieved when the heart chambers stretch, at the same time the pressure achieved in the lowest pressure (Maryunani, 2017). Blood pressure is the force or power used by blood against the walls of arteries and usually measured in millimeters of mercury (mmHg). In other words, blood pressure is the amount of energy needed to circulate blood throughout the body. The blood pressure value 7 is expressed in two numbers, such as the systolic and diastolic blood numbers. Systolic blood pressure is the blood pressure value during the heart's contraction phase, while diastolic blood pressure is the blood pressure during the heart's relaxation phase (Bertalina & Suryani, 2017).

The Factors that Influence Blood Pressure

There are many factors that influence the blood pressure are:

1. Peripheral stage: When blood vessels dilate and resistance falls, blood pressure will decrease.
2. Blood volume: If the volume increases, blood pressure will increase.
3. Blood viscosity: The thicker the blood, the higher the blood pressure.
4. Elasticity of blood vessel walls/Pliability of artery walls: decreasing the elasticity of blood vessels will increase blood pressure.

General Indications of Blood Pressure

The general indication for checking blood pressure is to assess lifestyle and identify other cardiovascular risk factors.

1. A high blood pressure or hypertension is if the results of blood measurement are above normal.
2. Hypertension can lead to damage a various target organ such as the brain, heart, kidneys, aorta, peripheral blood vessels and retina. (Maryunani, 2017).

Hypertension

Definition of Hypertension

Hypertension is a condition when systolic blood pressure is more than 140 mmHg and diastolic blood pressure is more than 90 mmHg (Dafriani, 2019). According to the American Society of Hypertension (ASH), hypertension is a syndrome or collection of progressive cardiovascular symptoms as a result of other complex and interconnected conditions. Hypertension is a disease resulting from the interaction of genetic factors and environmental factors. Hypertension itself is classified into two types, namely primary (essential) hypertension for which the exact due to unknown secondary hypertension which can be caused by diseases such as kidney, heart, endocrine and adrenal gland disorders (Nuraini, 2015).

Hypertension is the type of serious non-communicable disease. Hypertension can attack anyone, both young and old humans. Hypertension is the type of degenerative disease, with increasing age there will be a gradual increase in blood pressure. Hypertension is often referred to as the *"silent killer"*, because of people with hypertension often go for years without experiencing any problems or symptoms. Without realizing it, sufferers experience complications in vital organs such as the heart, brain or kidneys. The symptoms that can arise the hypertension include dizziness, visual disturbances and headaches. Hypertension often occurs when it is

advanced, where blood pressure has reached a certain significant number (Triyanto, 2014).

Based on the definitions above, it can be concluded that hypertension is a condition where blood pressure increases above normal.

The Classification of Hypertension

The classification of hypertension is:

1. Primary Hypertension

A primary hypertension occurs due to the combination between genetic with environmental factors that have an effect on kidney and vascular function. One possible cause of primary hypertension is a deficiency in the kidney ability to excrete sodium which increases extracellular fluid volume and cardiac output, resulting in increased blood flow to the tissues. Increased blood flow to tissues causes arteriolar constriction and increases in peripheral vascular resistance (PVR) and blood pressure (Nair & Peate, 2015).

2. Secondary Hypertension

Secondary hypertension is caused by the disease in organs which increased Peripheral Vascular Resistance (PVR) and increased cardiac output. Secondary hypertension focuses on kidney disease or excess levels of hormones such as aldosterone and cortisol, both of which stimulate sodium and water retention which results in increased blood volume and blood pressure (Nair & Peate, 2015).

Table 1. The Classification of Hypertension

Category	Systole Blood Pressure (mmHg)	Diastole Blood Pressure (mmHg)
Optimal	<120	<80
Normal	120-129	80-84
High – Normal	130-139	85-89
Hypertension grade 1	140-159	90-99
Hypertension grade 2	160-179	100-109
Hypertension grade 3	≥180	≥110
Isolated Systolic Hypertension	≥140	<90

Source: Association of Indonesian Hypertension Doctors, 2019

Etiology

According to Nair and Peate (2015), the primary hypertension is not clearly known, but there are several risk factors which are known to develop such as: obesity, stress, smoking, alcohol, consumption, excessive sodium intake which can fluid retention, history of family. Meanwhile, secondary hypertension can occur due to every factor such as: renal disease, cushing syndrome, oral contraceptives, coarctation (narrowing) of the aorta.

The Risk of Hypertension

According to the directorate for control non-communicable disease of the Indonesian Ministry of Health (2021), risk factor of hypertension that are not handled properly are divided into two groups, such as risk factor that unchanged and risk factor that can be changed.

1. **Unchanged Risk Factor**

Age

Blood pressure will increase by age, reaching a peak at puberty and then tends to decrease slightly. Elderly, arterial elasticity decreases and the arteries become stiff. This systolic increase the pressure because the blood vessel walls are unable to retract, so the diastolic pressure becomes higher (Mufarokhah, 2019).

Gender

Gender factors influence the occurrence of hypertension, there are men suffer of hypertension than women, with a risk of around 2.29 for increased cystyl blood pressure. Men have unhealthy lifestyles such as smoking and alcohol consumption which tend to have higher blood pressure compared to women (Ministry of Health, 2006) in (Iin Ernawati, et al, 2020).

Genetic Factor

The hypertension history of family influences the tendency to suffer of hypertension is also greater compared with family that does not have hypertension history in individuals who are monozygotic twins if one of them is hypertension sufferers. It is possible that the other one suffers of hypertension (Kurnia Anih, 2020).

2. **Changed Risk Factor**

Obesity

The obesity is the abnormal percentage of fat expressed in the Body Mass Index (BMI), which is the ratio of body weight squared in meters. A close link between excess weight and increased blood pressure has been reported by several studies. Body weight and BMI are directly correlated with blood pressure, especially systolic blood pressure. Based on research, it is known that around 20-33% of hypertension sufferers are overweight (Iin Ernawati, et al, 2020).

Psychology and Stress

Stress is a condition caused by interactions between individuals and their environment which encourages a person to perceive a difference between the

demands of the situation and the resources (biological, psychological and social) that exist in a person (Iin Ernawati, et al, 2020).

Smoking

Toxic chemicals such as nicotine and carbon monoxide inhaled through cigarettes that enter the bloodstream can damage the endothelial lining of arteries and cause of atherosclerosis and high blood pressure. Autopsy results prove a close link between smoking habits and the presence of atherosclerosis in the blood vessels. Smoking can increase heart rate and the need for oxygen to be supplied to the heart muscle. Smoking in hypertension sufferers further increases the risk of damage to arteries (Iin Ernawati, et al, 2020).

Physical Exercise

Regular exercise can help lower blood pressure and is beneficial for people with mild hypertension. In certain people, doing regular aerobic exercise can lower blood pressure without needing to lose weight (Iin Ernawati, et al, 2020).

Alcohol Consumption

Excessive alcohol consumption influences the occurrence of hypertension. 10% of hypertension in America is caused by excessive alcohol intake. As a result, the habit of drinking alcohol causes secondary hypertension (Iin Ernawati, et al, 2020).

Excessive Salt Consumption

WHO recommends limiting salt to less than 5 grams every day. Excessive nutritional intake, especially in the form of sodium chloride, can cause disturbances in body fluid balance, thereby causing a hypertension (Iin Ernawati, et al, 2020).

Hypertension Management

According to Nair & Peate (2015), management of hypertension sufferers can be used in various ways, such as pharmacological methods and non-pharmacological methods:

1. Treatment of hypertension with pharmacological methods prescribed by doctors, such as diuretics to reduce fluid load which causes a decrease in cardiac output, thereby helping to lower blood pressure.
2. Treatment of hypertension with non-pharmacological methods with manual control such as limiting sodium intake because it can trigger water retention which causes an increase in circulating volume and an increase in cardiac output

so that hypertension can occur, diet regulation (a diet high in vegetables and fruit and low in saturated fat), regulation stress (relaxation techniques reduce blood pressure and heart workload).

RESEARCH METHOD

The method of this research is a quantitative using Quasy Experiment Approach with pre-post test control group design. A pre-test will be carried out before the treatment, and a post-test held after the treatment is carried out and there is a treatment group and a control group. The experimental group was given SEFT *(Spiritual Emotional Freedom Technique)*, while the control group was given intervention according to standard hypertension treatment.

The research was conducted from May to August 2023 at Kertasmaya Health Center, Indramayu Regency. The location is adjusted to the level public health center, the commitment of the head of public health center and the number of elderly who visit. The Kertasmaya Health Center, Indramayu Regency was chosen as the research object for any reasons: there is a health center with strata I (Good) and the committed leadership in this case to receiving input from stakeholders, including through the research held and the number of hypertension sufferers is greater than 3 (three) surrounding the other health centers, such as Sukagumiwang Health Center, Jatibarang Health Center and Widasari Health Center.

The population in this research was 263 hypertension sufferers at the Kertasemaya Health Center, Indramayu Regency. The sample according to Nursalam (2016), is determined using the following formula:

$$n = \boxed{\frac{N.z^2 .p.q}{d\,(N-1) + z2 .p.q}}$$

$$n = \frac{263\,(1{,}96)^2 .0{,}5.0{,}5}{(0{,}05)\,(263-1) + (1{,}96)2 .0{,}5.0{,}5}$$

$$n = \frac{252{,}59}{13{,}1 + 0{,}96}$$

$$n = \frac{252{,}59}{14{,}06}$$

n = 17,97 (rounded up to 18)

Explanation:

n : Estimated of sample in each group

N : Estimated of population

Z : Normal standard value for $\alpha = 0,05$ (1,96)

p : Estimated of roportion (if unknown it is asumed 50%)

q : 1 - p (100% - p)

d : selected error level (d=0,05)

So, based on the calculating using the formula above, the number of samples in each group is 18. In anticipation of Drop Out (DO), 10% is added and to make the analysis easier, the same number of patients in the treatment group meanwhile the control group is 20. The total sample required 40 respondents. Technique sampling in this research used a random technique sampling. To achieve this sampling, each element is selected randomly (Nursalam, 2016).

The instrument used in this research is the Standard Operating Procedure (SOP). Standard Operating Procedures (SOP) are used as a reference in carrying out the SEFT *(Spiritual Emotional Freedom Technique)* intervention. The SOP contains the meaning, objectives, tools and materials.

The data analysis was carried out using the t-test to determine normality with the results of the research analysis finding $p \leq 0.05$, but if the results were not normal the *Wilcoxon Test* and *Mann-Whitney* test were used. This statistical test was used to determine the difference in blood pressure levels at elderly before and after being given SEFT *(Spiritual Emotional Freedom Technique)*, in the treatment and control groups with a significance level of $p \leq 0.05$. In this study, the *Wilcoxon Signed Ranks Test* was used.

RESULTS AND DISSCUSSION

The Results of Research

Experiment Group

1. A Systolic Blood Pressure Before and After the Treatment

Table 3
The Effectiveness of SEFT (Spiritual Emotional Freedom Technique) on Systolic Blood Pressure

Blood Pressure Systolic	**N**	***Mean***		***p Value***
		TD Systolic Pre	***TD Systolic Post***	
Before and After SEFT Treatment	20	184.50	160	0,000

Based on the table 3, it can be seen that the average systolic blood pressure of respondents (experimental group) before being given SEFT treatment is: 184.50 mmHg and after being given SEFT treatment is: 160 mmHg and the results of statistical tests using the Wilcoxon Signed Ranks Test on blood pressure systolic before and after receiving SEFT therapy, the p value was 0.000 < 0.05, it means that Ho was rejected and Ha was accepted, so it can be concluded that there is a significant difference in the systolic blood pressure of hypertension sufferers (experimental group) before SEFT complementary therapy and after SEFT complementary therapy.

2. Diastolic Blood Pressure Before and After the Treatment

Tabel 4
The Effectiveness of SEFT (*Spiritual Emotional Freedom Technique)* on Diastolic Blood Pressure

Diastolic Blood Pressure	**N**	***Mean***		***p Value***
		TD Diastolic Pre	***TD Diastolic Post***	
Before and After SEFT Treatment	20	95	76	0,000

Based on table 4 above, it can be seen that the average diastolic blood pressure of respondents (experimental group) before being given SEFT treatment is 95 mmHg and after being given SEFT treatment is 76 mmHg and the results of statistical tests using the *Wilcoxon Signed Ranks Test* on diastolic blood pressure before and after receiving SEFT therapy, the p value was 0.000 < 0.05, it means that Ho was rejected and Ha was accepted, so it can be concluded that there is a significant difference in diastolic blood pressure of hypertensive sufferers before SEFT complementary therapy and after SEFT complementary therapy.

Control Group

Table 5
Systolic Blood Pressure at the Beginning of Taking Medication and After 3 Days of Taking Medication

Systolic Blood Pressure	**N**	**Mean**		***p Value***
		TD Initial Systolic	**TD End Systolic**	
Beginning of Taking Medication and After 3 Days of Taking Medication	20	178.50	177	0,083

Based on table 5, it can be seen that the average initial systolic blood pressure of respondents of the control group is 178.50 mmHg and at the end is 177 mmHg, and the results of statistical tests using the *Wilcoxon Signed Ranks Test* on

the systolic blood pressure of the control group at the beginning and at the end without receiving SEFT therapy, the p value is 0.083 > 0.05, it means that Ho was accepted, so it can be concluded that there is no significant difference in systolic blood pressure of hypertension sufferers without being given SEFT complementary therapy at the beginning of treatment and at the end of treatment.

Table 6
Diastolic Blood Pressure at the Beginning
of Taking Medication and After 3 Days of Taking Medication

Diastolic Blood Pressure	N	Mean		*p Value*
		TD Initial Diastolic	TD End Diastolic	
Beginning of Taking Medication and After 3 Days of Taking Medication	20	86,5	85	0,317

Based on table 6, it can be seen that the average of initial diastolic blood pressure of control group is 86.5 mmHg and at the end is 85 mmHg, and statistical tests using the *Wilcoxon Signed Ranks Test* on the diastolic blood pressure of the control group at the beginning and at the end, without receiving SEFT therapy, the p value is 0.317 > 0.05, it means that Ho was accepted, so it can be concluded that there is no significant difference in the diastolic blood pressure of hypertensive sufferers without being given complementary SEFT therapy at the beginning of treatment and at the end of treatment.

DISCUSSION

The hypertension treatment with pharmacological therapy has side effects such as worsening of the patient's physical condition. SEFT *(Spiritual Emotional Freedom Technique)* is an alternative therapy which theoretically complementary therapy that is quick to implement, safe and effective for psychological problem sufferers. Hypertension sufferers are greatly influenced by the patient's psychological state. The purpose of this research is to find empirical evidence of the effectiveness of SEFT therapy in reducing blood pressure in hypertensive patients.

Based on the results of statistical tests using the *Wilcoxon Signed Ranks Test* on hypertension sufferers blood pressure (experimental group) who received SEFT therapy, it was found that the p value was 0.000 < 0.05, it means that Ho was rejected and Ha was accepted, so it can be concluded that there is a significant difference in systolic blood pressure. and diastolic blood pressure of hypertension sufferers before

SEFT complementary therapy and after SEFT complementary therapy, while statistical tests using the *Wilcoxon Signed Ranks Test* on hypertension sufferers blood pressure (control group) who did not receive SEFT therapy obtained p value for systolic pressure is 0.083 and diastolic blood pressure is 0.317 > 0.05, it means that Ho is accepted and Ha is rejected, so it can be concluded that there is no significant difference in systolic and diastolic blood pressure in hypertension sufferers who do not receive SEFT complementary therapy.

Giving SEFT complementary therapy and pharmacological therapy on hypertension sufferers is more effective than using only pharmacological therapy. This is in accordance with research conducted by Vera Kurnia et al in (2023) which stated that the average pretest blood pressure is 141.32/93.42 mmHg after being given SEFT therapy once a day for three consecutive days indicating a decrease in blood pressure. to 136.58/88.58 mmHg (Kurnia et al., 2023). Supported by the results of the research conducted by Maswarni and Hayana (2020) which stated that SEFT was carried out in the treatment group of 32 respondents, by stimulating the body's meridian points for a period of 10-15 minutes and at the same tempo, it could secrete endorphin hormones and support the respondents control the hormone cortisol (Maswarni & Hayana, 2020). And this is reinforced by the results of research by Pratama et al (2022) which stated that tapping stimulation is given to 18 meridian points in the area of the head, face, chest, hands and fingers, each point is 7 taps by affirming the mind and heart in the area that feels pain accompanied by prayer. It carried out once for 3 consecutive days independently by hypertension sufferers at the Tigo Bukit Tinggi Community Health Center showed that it is effective in reducing hypertension sufferers blood pressure accompanied by anxiety, so it was recommended for nurses to be able to implement the SEFT intervention (Pratama et al., 2022).

Based on the research above, the researchers assume that hypertension sufferers who receive treatment from a doctor will be more effective if accompanied by complementary therapy, especially SEFT, so that it will support hypertension treatment programs carried out in health facilities. Therefore, the researchers provide a solution, nurses should not only be equipped with nursing care skills, but also be equipped with the skills to carry out complementary therapies, especially SEFT, so that the impact is that the patients are responsible for receive optimal service from health workers.

CONCLUSION AND SUGESTION

Conclusion

The results of statistical tests using the *Wilcoxon Signed Ranks Test* on systolic blood pressure before and after receiving SEFT therapy showed that p value is 0.000 < 0.05, it means that Ho was rejected and Ha was accepted, so it can be concluded that there is a significant difference in the systolic blood pressure of hypertension sufferers (experimental group) before SEFT complementary therapy and after SEFT complementary therapy.

The results of statistical tests on diastolic blood pressure before and after receiving SEFT therapy showed that the p value is 0.000 < 0.05, it means that Ho was rejected and Ha was accepted, so it can be concluded that there is a significant difference in diastolic blood pressure of hypertension sufferers before and after SEFT complementary therapy.

The results of statistical tests on systolic blood pressure of control group at the beginning and at the end without receiving SEFT therapy showed that p value is 0.083 > 0.05. It means that Ho was accepted, so it can be concluded that there is no significant difference in the systolic blood pressure of hypertension sufferers without being given SEFT complementary therapy at the beginning and at the end of treatment.

The results of statistical tests on diastolic blood pressure of control group at the beginning and at the end without receiving SEFT therapy showed that p value is 0.317 > 0.05. It means that Ho was accepted, so it can be concluded that there is no significant difference in the diastolic blood pressure of hypertension sufferers without being given SEFT complementary therapy at the beginning and at the end of treatment.

Sugestion

The families and the hypertension sufferers should continue to take the medication given by the doctor and carry out SEFT complementary therapy independently according to what was taught during data collection.

Kertasmaya Health Center officer should equip themselves with SEFT skills, in order to they can support hypertension treatment programs, especially for the elderly.

The head of Health Center should create a special strategy so that every hypertension patient, apart from receiving pharmacological treatment, is also given complementary therapy which is SEFT to support the hypertension treatment program.

Considering that SEFT complementary therapy is very important in supporting the treatment of hypertension, the Indramayu District Health Service should in its NCD (Non-Communicable Disease) eradication program, especially hypertension, provide special training for PTM Health Center officers about SEFT and its benefits.

Polindra should add reading material related to SEFT complementary therapy so it is easier to find references related to SEFT and its benefits.

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