



# Application of Relaxation Therapy on Chronic Pain in the Elderly with Hypertension at UPT PSTW Jember: A Case Study

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### ABSTRACT

The elderly are over 60 and experience physical, mental, and social changes. A decrease in physical strength, endurance, and appearance indicates physical changes in the elderly. The elderly are at risk of experiencing hypertension due to several factors, decreased elasticity and accumulation of collagen in the aortic wall, neurotransmitter imbalance due to depression, and an unhealthy lifestyle during youth. This study aims to determine the impact of applying relaxation therapy to chronic pain problems in the elderly. The design of this case study is descriptive qualitative with a nursing care process approach. This study took a sample of Mr. M, who has chronic pain problems with hypertension at UPT PSTW Jember. This research was carried out for seven days with the application of therapy for six days on December 4-10 2022. Data collection was carried out using interviews and observation. The evaluation of this intervention therapy action uses the NRS pain scale, blood pressure measurement, and pulse count. Relaxation therapy using the spiritual-emotional freedom technique (SEFT) has made a difference in chronic pain problems in the elderly with hypertension. This is evidenced by decreased pain scale and blood pressure after therapy.

**Keywords:** elderly, chronic pain, hypertension, relaxation therapy, SEFT

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## 1. BACKGROUND

Aging is the process of the final stage of the human life cycle which experiences a physical, mental and social decline. The aging process is characterized by physical changes caused by degenerative processes in the integumentary tissue, bones, heart,

blood vessel structures, and other body parts (Huda et al, 2022). Age is one of the main characteristics of cardiovascular disease that causes the risk of death in the elderly aged  $\geq 65$  years. The most common cardiovascular disease and risk factor is hypertension followed by coronary

atherosclerosis (Kathryn et al, 2019). Hypertension can increase the risk of cardiovascular morbidity in stroke, coronary artery disease, congestive heart failure, atrial fibrillation, and peripheral vascular disease (Angeli et al, 2020). Based on the guidelines of the American College of Cardiology (ACC) and the American Heart Association (AHA), it is explained that individuals experience hypertension, namely with a systolic or diastolic blood pressure of more than or equal to 140/90 mmHg to more than or equal to 130/80 mmHg and pressure systolic blood 130 mmHg is the standard limit for all ages.

According to WHO estimates around the world, around 1.28 billion people aged 30 to 79 years have hypertension, and the majority of two-thirds live in countries with low and middle income (WHO, 2021). Research conducted by Muli et al (2020) in Germany found that the prevalence of hypertension in the elderly aged 65-94 years was 73.8%, meaning that 3 out of 4 elderly suffer from hypertension. This study also showed the highest systolic hypertension in individuals aged 85-94. According to the results of Basic Health Research data, the prevalence in Indonesia states that hypertension rate around 2018 was 34.1%, an increase from 25.8% in 2013 (Ministry of Health, 2018). Based on the results of the

primary screening on September 26-October 2022 at the UPT Tresna Werdha Jember Social Services, it showed that the most health problems were in the elderly who experienced hypertension, as many as 37 (37.0%), 16 (16.0%) elderly experienced prehypertension, and 47 (47%) did not have hypertension.

The increase in the prevalence of hypertension proves to be in line with increasing age over 65 years. Physiological changes in the elderly indicate changes in cardiovascular performance, including myocardial and vascular stiffness, neurogenic control of vascular tone, increased risk of atrial fibrillation, and loss of exercise capacity, plus left ventricular hypertrophy and fibrosis (Kathryn et al, 2019). Based on a study conducted by Hari et al. (2021) showed that several other factors influence the elderly to suffer from hypertension besides its relation to age in the form of a family history of hypertension, smoking habits, alcohol consumption, lack of physical activity and anthropometric measurements such as obesity, waist circumference, and waist-to-hip ratio. They were identified as risk factors for hypertension. Another factor that can cause hypertension in the elderly is depression due to an imbalance of neurotransmitters (Hartini et al, 2015; Yim, 2016; Wulanningsih et al, 2022).

Management was performed on the elderly with hypertension, namely pharmacological and non-pharmacological therapy. Pharmacological therapy can be carried out by administering antihypertensive drugs to hypertensive patients. Compliance with taking antihypertensive medication in the elderly is a determining factor for controlling blood pressure. However, prolonged treatment can cause boredom and boredom, especially in the elderly, who tend to have memory loss problems, so assistance by health workers is needed (Afina, 2018; Massa et al, 2021). Non-pharmacological therapy is a supportive therapy to treat hypertension in several ways: changing a healthy lifestyle, losing weight, reducing or limiting sodium intake, low-fat diet, reducing or limiting alcohol and caffeine, stopping smoking habits, and controlling stress (Ainurrafiq , 2019). One of the non-pharmacological techniques that can be performed independently by patients with persistent or chronic pain complaints is relaxation therapy. Relaxation therapy is divided into various types, such as progressive muscle relaxation, diaphragmatic breathing, attention-focusing exercise, and behavioral relaxation training (Faisol, 2022). Relaxation can put individuals in a relaxed and calm state with an autoregulation

mechanism (Saputra et al, 2020). The previous research conducted by Novitasari et al. (2018) related to autogenic relaxation, which focuses its clients on physiology with a feeling of warmth and proves that there is a decrease in blood pressure and research conducted by Faradhila et al. (2022) regarding reflexology therapy is also able to provide a relaxing effect and reduce pain and blood pressure.

Relaxation therapy that can be done in accordance with the conditions of the elderly is Spiritual Emotional Freedom Technique (SEFT) therapy (Patriyani, 2020). SEFT therapy can relax the smooth muscles of the arteries and veins. The impact of relaxing the muscles gives signals to the sympathetic and parasympathetic nerves which affect the decrease in the production of epinephrine and norepinephrine levels, causing a decrease in cardiac output and lower blood pressure (Sarweni, 2020). The involvement of spiritual techniques in the elderly shows that it is associated with better physical health and well-being. Therapy with a spiritual approach can also have positive health impacts and meaningful lives, especially for the elderly (Peteet et al, 2019). Research conducted by Kirnawati et al. (2021) showed that there is a relationship between spiritual level and blood pressure in elderly hypertensives and

recommended that they be able to use SEFT therapy to deal with physical, emotional, thought and feeling problems in order to become calmer. SEFT therapy will also help clients spiritually and psychologically accept their condition with chronic pain. Self-acceptance emphasizes that the individual understands his condition, then the individual will accept the condition and be able to change negative thoughts into positive ones. This was explained in a study conducted by Widayati et al. (2014) that acceptance of chronic pain would go hand in hand with an increase in the ability to adapt to pain and reduce attention in optimizing daily functioning. So the difference between SEFT therapy and other therapies is that SEFT focuses on its impact on chronic pain conditions to help improve the quality of life of the elderly.

The health problem taken by the researchers was one of the elderly at the UPT Tresna Werdha Social Services, namely hypertension, with complaints of severe headaches. Some elderly also experience the loss of their closest people and neglect from their family or closest relatives. So that researchers are interested in taking patients managed by the elderly Mr. M, who has chronic hypertension. The client complains of severe headaches in the nape of the neck. The client has also lost his

wife and cannot find his next of kin. Because of this, researchers will provide relaxation therapy interventions using the spiritual, emotional freedom technique (SEFT) in dealing with chronic pain problems in an older adult with hypertension at UPT PSTW Jember.

## 2. METHODS

The method used is descriptive qualitative with a case study design using a nursing care process approach. The problem focuses on the elderly with chronic hypertension. Nursing care was implemented on December 4-10 2022 at Wisma Cempaka UPT Social Services Tresna Werdha Jember. Subjects in this case study used one of the patients who was adjusted according to the inclusion and exclusion criteria. The inclusion criteria in this case study were patients with chronic pain problems with persistent or chronic hypertension, cooperative patients, and able to carry out daily activities. At the same time, the exclusion criteria are patients who refuse to be treated as patients with severe psychological problems such as dementia. Data collection was done by way of interviews and observation.

This case study uses primary analysis by interviewing and direct patient observation and secondary data analysis,

namely from patient medical records at Wisma Cempaka UPT Social Services Tresna Werdha Jember. Researchers use therapeutic communication during interviews, observations, and assessments in the nursing process. This research is a gerontic nursing care case study at Wisma Cempaka UPT Social Services Tresna Werdha Jember and has obtained permission to serve as a managed patient. After that, the nursing care process is carried out for managed patients by asking about the patient's general health condition to identify the problems experienced by the patient.

Researchers create a comfortable environment and build a trusting relationship with patients during the gerontic nursing assessment stage. After

that the researchers chose non-pharmacological therapy that could be performed on patients but based on evidence-based practice and adapted to the Indonesian Nursing Diagnosis Standards (IDHS), Indonesian Nursing Outcomes Standards (SLKI), and Indonesian Nursing Intervention Standards (SIKI). Non-pharmacological therapy agreed upon with managed patients is relaxation therapy with the spiritual, emotional freedom technique (SEFT). Therapy is carried out once daily in the morning for ± 30 minutes. Before and after therapy, blood pressure, pulse frequency, and pain scale observations were checked with a numerical rating scale (NRS) to determine changes in the patient's condition after being given relaxation therapy.

Table 1. Results of Evaluation of Nursing Care (Continue to page 64)

Intervention	Pre	Post
First Tuesday, 06 December 2022 09.00 am	Subjective : Complaints of pain (+), difficulty sleeping (+) Objective : Vital Sign: Pulse: 98 x/minute, RR : 21 x/minute, temperature : 36.4°C, BP : 170/90 mmHg, NRS scale : 4, grimacing (+), anxious (+), protective attitude (+)	subjective : Complaints of pain (+), difficulty sleeping (+) Objective : Vital Sign : Pulse: 94 x/minute, RR : 20 x/minute, temperature : 36.5°C, BP : 165/90 mmHg, NRS scale : 4, grimacing (+), anxious (+), protective attitude (+)
Second Wednesday, 07 December 2022 10.00 am	Subjective : Complaints of pain (+), difficulty sleeping (+) Objective : Vital Sign : Pulse: 101 x/minute, RR : 20 x/minute, temperature : 36.6°C, BP : 160/90 mmHg, NRS scale : 4, grimacing (+), anxious (+), protective attitude (+)	subjective : Complaints of pain (+), difficulty sleeping (+) Objective : Vital Sign : Pulse : 96 x/minute, RR : 20 x/minute, temperature : 36.6°C, BP : 160/80 mmHg, NRS scale : 4, grimacing (+), anxious (+), protective attitude (+)
Third Thursday, 08 December 2022 10.00 am	Subjective : Complaints of pain (+), difficulty sleeping (+) Objective : Vital Sign : Pulse : 67 x/minute, RR : 19 x/minute, temperature : 36.8°C, BP : 140/90 mmHg, NRS scale : 4, grimacing (+), anxious (+), protective attitude (+)	Subjective : Complaints of pain (+), difficulty sleeping (+) Objective : Vital Sign : Pulse : 72 x/minute, RR : 19 x/minute, temperature : 36.8°C, BP : 140/80 mmHg, NRS scale : 3, grimacing (-), anxious (-), protective attitude (-)

Fourth Friday, 09 December 2022 09.00 am	subjective : Complaints of pain (+), difficulty sleeping (+) Objective : Vital Sign : Pulse : 86 x/minute, RR : 20 x/minute, temperature : 36,7°C, BP : 160/80 mmHg, NRS scale : 3, grimacing (-), restless (+), protective attitude (-)	Subjective : Complaints of pain (-), difficulty sleeping (+) Objective : Vital Sign : Pulse : 82 x/minute, RR : 20 x/minute, temperature : 36.5°C, BP : 150/80 mmHg, NRS scale : 3, grimacing (-), anxious (+), protective attitude (-)
Fifth Saturday, December 10, 2022 09.00 am	Subjective : Complaints of pain (-), difficulty sleeping (+) Objective : Vital Sign : Pulse : 76 x/minute, RR : 19 x/minute, temperature : 36.9°C, BP : 150/80 mmHg, NRS scale : 3, grimacing (-), anxious (+), protective attitude (-)	Subjective : Complaints of pain (-), difficulty sleeping (+) Objective : Vital Sign : Pulse : 76 x/minute, RR : 19 x/minute, temperature : 36.9°C, BP : 140/70 mmHg, NRS scale : 2, grimacing (-), anxious (-), protective attitude (-)

### 3. RESULTS

#### Analysis of Client characteristic

Clients managed are older adults aged 78 years according to the guidelines of the Ministry of Health of the Indonesian Ministry of Health if the elderly are over 60 years old (Ministry of Health RI, 2019). Based on the classification of the elderly according to WHO, the client is included in the old (old) group in the age range of 75 to 90 years. WHO estimates that between 2015 and 2050, the population aged over 60 years will increase from 12% to 22%, and the elderly in 2020 will have exceeded the population under five. WHO estimates that in 2050 related to, the elderly population is estimated to reach 2 billion people, and 80% of the worlds elderly live in countries that have low and moderate income. Data from the Central Statistics Agency (BPS) show that the number of older adults increased in 2010, starting with 18 million people (7.6%) to 27 million people (10%) in 2020. It is estimated that

this number will continue to increase in 2035 to 40 million people (13.8%). The Central Statistics Agency (BPS) disclosed data on the number of elderly according to the results of the inter-census population survey in 2016; the estimated number of elderly aged over 60 in Indonesia was 22,630,882 people, and estimates will increase in 2022 to 31,320,066 people. The aging process is an accumulation of cellular and molecular damage that occurs over a long period and is associated with the incidence of non-communicable diseases (RI Ministry of Health, 2022). The research results by the Indonesian Ministry of Health in 2018 indicate an increase in hypertension prevalence associated with increasing age. The elderly age group has the highest prevalence of non-communicable diseases, namely hypertension, which is 32.5%.

In this case, study, the client is one of the elderly who lives in Wisma Cempaka. The client is 78 years old with male sex, and

the client's health problem is grade 2 hypertension. The client's blood pressure is 170/90 mmHg. The client has been known to have hypertension since two years ago when he first entered PSTW. This shows that the client's age is related to the incidence of hypertension and is the same as the results of the prevalence of Riskesdas in 2018; older adults aged more than 75 years experienced a hypertension incidence of 69.5%. Oliveros et al. (2020) stated that many conditions increase the incidence of hypertension with age, with the prevalence increasing from 27% in patients aged less than 60 years to 74% in individuals over 80 years. Research conducted by the Framingham Heart showed that more than 90% of respondents had normal blood pressure at 55, which increased with age and eventually became hypertension. An estimated 60% of the population has hypertension at the age of 60 years, with 65% of males sex and around 75% of females having high blood pressure at the age of 70 years (Oliveros et al., 2020). Some of the survey results are the same as that experienced by the client, proving that he is over 60 years old and has chronic hypertension.

On the other hand, the client also has a habit of smoking and says he can spend three cigarettes a day. This condition is in line with the results of research conducted

by Sutriyawan et al. (2019) stated that there is a relationship between smoking behavior and the incidence of hypertension and showed that individuals who smoke have a 3.4 times chance of experiencing hypertension compared to individuals who do not have smoking habits. Smoking can increase blood pressure caused by the nicotine content in cigarette tobacco, which can trigger the hormone adrenaline. Nicotine will be absorbed in the lungs' blood vessels and circulated throughout the body systemically. At the same time, the brain will receive stimulation from nicotine in the adrenal glands, which release epinephrine, causing the blood vessels to narrow. This will result in increased heart work in pumping blood to all parts of the body. The nicotine and carbon monoxide content in cigarettes will damage the endothelial lining of the arteries, causing atherosclerosis, causing vasoconstriction resulting in high blood pressure (Sutriyawan et al., 2019; Arsad et al., 2022).

#### **Analysis of the main nursing problem:**

##### **Chronic pain**

After further studies, a problem analysis was carried out on the patient and found a nursing problem, namely chronic search. Chronic pain is related to an imbalance of neurotransmitters,

neuromodulators, and receptors as evidenced by the PQRST pain assessment, namely P: The client has a history of hypertension and headaches (dizziness) since the beginning of entering PSTW ± 2 years ago, Q: like being hit by a heavy object, R: part nape of the back of the neck, S: NRS scale 5, T: intermittent and heavy when waking up, the client looks grimacing, the client looks restless, the client's GDS score is 11 (mild depression). Besides that, Mr. M sometimes says that he often experiences sleep pattern disturbances and has difficulty remembering in the short term. The client's condition is in accordance with nursing guidelines for establishing nursing diagnoses, namely chronic pain (D. 0078) can be retrieved with major and minor data. After the analysis was carried out according to the client's condition, the results were in the form of subjective major symptoms and signs, evidenced by the client complaining of pain in the back of the neck, when a subjective assessment was carried out using the geriatric depression scale (GDS) questionnaire, a score of 11 was obtained, namely mild depression (the client felt depressed). The major symptoms and signs objectively found that the client looked restless and grimaced during the assessment. Subjectively there are no minor symptoms

or signs, while objectively, the client looks protective (position to avoid pain), as evidenced by the client turning his head every time his body turns. The client also says he never takes a nap and often wakes up at night (sleep pattern changes) when invited. When talking, the client is often out of focus, averts his eyes, and often forgets (the focus narrows).

The research conducted by Putra et al. (2022) with a case study of a 79 year old client suffering from hypertension since three years ago, often complaining of dizziness, and difficulty sleeping due to headaches so that he wakes up during sleep. Pain or dizziness experienced by clients sometimes appears not too often, blood pressure is 150/80 mmHg. Many researchers have not been able to explain with certainty the pathophysiological mechanisms of chronic headaches in people with hypertension. However, several researchers are linking endothelial dysfunction with the incidence of migraine in people with hypertension. Another study demonstrated evidence of endothelial dysfunction by demonstrating carotid intimal thickening and decreased peripheral vascular reactivity in chronic migraine.

On the other hand, several studies link endothelial dysfunction with posterior and intracranial circulation. Moreover,



other researchers have many other opinions, but they still cannot conclude with certainty regarding headaches in hypertension. According to Arca et al. (2019), the pathophysiology of headaches in patients with hypertension is irregular cerebral autoregulation, which causes headaches in clients when blood pressure is not controlled. Pain occurs because the proximal portion of the large intracerebral vessels is innervated by neurons projecting from the trigeminal ganglion. When stimulated, the signal goes to the medulla's trigeminal nucleus caudal (TNC). The TNC communicates with the hypothalamus and cortical structures in complex pain pathways. Recent research suggests that the autonomic nervous system may play an essential role in the pathogenesis of migraine. The role of sympathetic hypo-activation, hyper-activation, and parasympathetic dysfunction is possible but is still not further known regarding this condition. However, according to Arca et al. (2019), migraines or headaches could be associated with the development of chronic hypertension due to complex vascular dysfunction at the cellular level. However, the pathophysiological mechanisms cannot be clearly explained. Migraines can also cause mismatched blood vessels associated

with increased diastolic blood (Arca et al, 2019).

### **Analysis of the nursing implementation**

The implementation carried out in this case study is in accordance with the intervention, namely relaxation therapy. The relaxation therapy used is a modification of deep breathing techniques, guided imagery techniques, and meditation, namely the Spiritual Emotional Freedom Technique (SEFT) therapy. Therapy is carried out for five days with a duration of ± 30 minutes. According to the schedule planned with the client, therapy is carried out every day in the morning, so this therapy is carried out once a day. This therapy is used to reduce headaches and chronic hypertension experienced by clients. SEFT therapy can reduce sympathetic nerve activation, which results in decreased respiratory rate, blood pressure, and heart rate. Tapping in EFT can stimulate peripheral nervous tissue, and the stimulation is passed on to the central nervous system through neurotransmitters. Stimulation is carried out manually at acupuncture points which will control cortisol, relieve pain, decrease heart rate, overcome anxiety, and regulate the autonomic nervous system, resulting in calm and relaxation (Rachmanto et al, 2021).

SEFT therapy uses a technique that combines the body's energy system (energy medicine) and spiritual therapy to treat emotional and physical disturbances, namely touching and tapping with light force (tapping) on the body's meridian nerve points. Spirituality in SEFT therapy is positive affirmations carried out by the client, starting from the beginning to the end of the session, in the form of set-up, tune-in, and tapping phases. During the set-up phase, the client is asked to solemnly accept, surrender, and pray to God Almighty in healing, followed by saying three times in his heart, saying it with feeling while tapping with light strength on the chest, to be precise in the "Afternoon Spot" (pain point) or by tapping with two tips of the index and middle fingers on the "Karate Chop" section. Next is the tune-in phase. The client is asked to be able to feel the pain, then focus his mind on the part where the pain is, and simultaneously say a prayer in his heart. In the tune-in phase, this is done simultaneously with tapping, generating feelings and thoughts in the offering, removing, and eliminating negative emotional or physical pain. Clients are also asked to pray using specific sentences when each meridian point is tapped lightly (Zainuddin, 2012; Zakiyah, 2013; Rofacky et al, 2015). Before or during therapy, the

client can be asked to perform deep breathing techniques to be able to focus more on SEFT therapy.

The tapping points made during the tune-in phase are at the key point of "The Major Energy Meridians", tapping several times will neutralize emotional problems or pain that are felt (Zainuddin, 2012; Zakiyah, 2013). The following are the points that are carried out when tapping:

### Analysis of nursing intervention

Nursing interventions in solving health problems in managed clients are in accordance with the Indonesian Nursing Intervention Standards (SIKI) (PPNI, 2018a) with code I. 09326, namely relaxation therapy. Based on the SIKI book, relaxation therapy is a stretching technique for reducing, eliminating, and controlling feelings of discomfort, including pain, muscle tension, or anxiety. Some action components that will be carried out according to the guidelines are observation, therapeutic, education, and collaboration. Self-relaxation therapy, according to the guidelines, only has three actions in the form of observation, namely the identification of decreased energy levels, impaired ability to concentrate or the possibility of other symptoms such as impaired cognitive abilities, checking the client's vital parts such as the possibility of

tense muscles, pulse frequency, blood pressure, and temperature before and after therapeutic exercises, followed by monitoring the client's response to relaxation therapy, including after being given therapy. The next component of nursing action is the therapeutic plan which is carried out by creating a calm environment, without distractions, both lighting and comfortable room temperature; written information can be conveyed regarding preparation and procedures for relaxation techniques, encouraging clients to wear comfortable clothes, when interacting with a soft tone of voice with rhythm slow, exercise therapy according to the client's condition as a supporting strategy in addition to analgesics. The next action component is education according to the interventions taken by relaxation therapy in the form of explanations regarding the goals, benefits, limitations, and types of relaxation used in detail, advising the client to be in the most comfortable position, relaxed, and able to feel the sensation of relaxation, advising the client to repeat the technique frequently therapy used, demonstrations and joint exercises with clients regarding the chosen relaxation technique. According to the client's condition and modified relaxation therapy with deep breathing techniques, guided imagination,

and meditation, namely SEFT (Spiritual Emotional Freedom Technique) therapy. SEFT therapy is an alternative that can be used as therapy for elderly hypertensive patients by prioritizing spiritual and emotional techniques. Research conducted by Lismayanti et al. (2018) with the application of SEFT therapy in the elderly with hypertension showed changes in systolic and diastolic blood pressure.

This research aligns with the concept carried out by Rachmanto (2021), which explains a non-pharmacological therapy that can be carried out to reduce blood pressure and pain in hypertensive patients, namely SEFT. SEFT is a relaxation therapy in the form of mind-body therapy from complementary therapy that uses the same principles as acupuncture and acupressure, emotional freedom (EFT), and is combined with spiritual concepts (Patriyani, 2020; Rachmanto et al., 2021). The technique is carried out by stimulating acupuncture points on the body's surface. SEFT therapy is a combination of the body's energy system and spirituality in the form of a sentence of prayer or sincerity by tapping the body's 18 meridian points, which are activated and stimulated by 12 of the body's energy pathways which will cause relaxation in the body (Rachmanto et al., 2021). SEFT therapy can relax muscles and smooth arteries and veins. The impact of

relaxing the muscles gives signals to the sympathetic and parasympathetic nerves which affect the decrease in the production of epinephrine and norepinephrine levels, causing a decrease in cardiac output and lower blood pressure (Sarweni, 2020). The involvement of spiritual techniques in the elderly shows that it is associated with better physical health and well-being. Therapy with a spiritual approach can also have positive health impacts and meaningful lives, especially for the elderly (Peteet et al, 2019). SEFT therapy is a relaxation therapy that combines several techniques, namely deep breathing techniques, guided imagery, and meditation which are expected to reduce blood pressure, improve positive physical health, and promote better well-being in the elderly.

### Analysis of nursing implementation

The implementation carried out in this case study is in accordance with the intervention, namely relaxation therapy. The relaxation therapy used is a modification of deep breathing techniques, guided imagery techniques, and meditation, namely the Spiritual Emotional Freedom Technique (SEFT) therapy. Therapy is carried out for five days with a duration of ± 30 minutes. According to the schedule planned with the client, therapy

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with feeling while tapping with light strength on the chest, to be precise in the "Afternoon Spot" (pain point) or by tapping with two tips of the index and middle fingers on the "Karate Chop" section. Next is the tune-in phase. The client is asked to be able to feel the pain, then focus his mind on the part where the pain is, and simultaneously say a prayer in his heart. In the tune-in phase, this is done simultaneously with tapping, generating feelings and thoughts in the offering, removing, and eliminating negative emotional or physical pain. Clients are also asked to pray using specific sentences when each meridian point is tapped lightly (Zainuddin, 2012; Zakiyah, 2013; Rofacky et al, 2015). Before or during therapy, the client can be asked to perform deep breathing techniques to be able to focus more on SEFT therapy.

The tapping points made during the tune-in phase are at the key point of "The Major Energy Meridians", tapping several times will neutralize emotional problems or pain that are felt (Zainuddin, 2012; Zakiyah, 2013). The following are the points that are carried out when tapping:

- 1) Cr : Crown, tapping the top of the head
- 2) EB : Eye Brow, tapping the eyebrows
- 3) SE : Side of the Eye, tapping on the bone side of both eyes

- 4) UE : Under the Eye, tapping the bottom of the eyelid with a distance of 2 cm
- 5) UN : Under the Nose, tapping on the bottom of the nose or on the top of the lips
- 6) Ch : Chin, tapping the part between the chin and the lower lip
- 7) CB : Collar Bone, tapping the end where the sternum, collar bone and first rib meet
- 8) UA: Under the Arm, tapping the bottom of the armpit parallel to the nipple (men) or right in the middle of the bra strap (women)
- 9) BN: Bellow Nipple, tapping the bottom 2.5 cm of the nipple (men) or the border between the sternum and the bottom of the breast
- 10) IH : Inside of Hand, tapping the inside of the hand that borders the palm
- 11) OH : Outside of Hand, tapping the outside of the hand that borders the palm
- 12) Th : Thumb, tapping the thumb outside the bottom of the nail
- 13) IF : Index Finger, tapping the index finger on the outer side of the bottom of the nail
- 14) MF : Middle Finger, tapping the middle finger on the outer side under the nail

- 15) RF : Ring Finger, tapping on the ring finger on the outer side of the lower nail
- 16) BF : Baby Finger, tapping the little finger on the outer side under the nail
- 17) KC : Karate Chop, tapping the side of the palm, the part used to break blocks when karate
- 18) GS : Gamut Spot, tapping the part between the extension of the ring finger bone and the little finger bone.

The following 9 gamut spot procedures are useful movements in stimulating the brain, as follows:

- 1) The client is asked to close his eyes
- 2) The client is asked to open his eyes
- 3) The client is asked to move the eye firmly down the right side
- 4) The client is asked to move the eye firmly down the left side
- 5) The client is asked to rotate the eyeball clockwise to the right
- 6) The client is asked to rotate the eyeball anticlockwise to the left
- 7) The client is asked to mumble rhythmically for 3 seconds
- 8) The client is asked to count 1,2,3,4,5
- 9) The client is asked to mumble again for 3 seconds

After performing the gamut spot procedure, the next step is to repeat the tapping from the first point to the point for the karate chop. The technique can end

with a deep breathing technique, exhaling a long breath while giving thanks (Zainuddin, 2012; Zakiyah, 2013).

### Analysis of nursing evaluation

After being given nursing actions in the form of SEFT relaxation therapy with deep breathing techniques, guided imagination, and meditation, the evaluation results proved a significant change from the first day to the fifth day. However, these results were not spared by the provision of medical therapy in the form of captopril the client gave. On the other hand, the client stated that after the therapy, they became calmer and relaxed, and their pain could be reduced. Similar to the research conducted by Rizkiana et al. (2021), there was a change in blood pressure which fell from 140/100 mmHg to 130/90 mmHg in subject one, and in subject two, it decreased from 150/110 mmHg to 140/100 mmHg. The results of the same study were also carried out by Rachmanto et al. (2021), showed the results of subject 1 with a blood pressure of 163/101 mmHg after intervention once a day for three consecutive days the blood pressure became 152/92 mmHg and subject 2 with a blood pressure of 162/95 mmHg after intervention once a day in a row for three days there was a change in blood pressure to 147/85 mmHg.

#### 4. CONCLUSION

Factors affecting the client Mr. M has chronic hypertension because the client is 78 years old. The aging process is an accumulation of cellular and molecular damage that occurs over a long period and is associated with the incidence of non-communicable diseases. Moreover, many studies explain that you have a risk of hypertension if you are over 60 years old. Another risk factor is the behavior pattern of clients who have had smoking habits since they were young. Other research explains a connection between smoking behavior and the incidence of hypertension. It shows that individuals who smoke have a 3.4 times chance of experiencing hypertension compared to respondents who do not smoke. The client also experiences mild depression, which causes an imbalance of neurotransmitters and results in hypertension. The assessment data results showed that the client experienced chronic pain nursing problems. Nursing actions were carried out for five days on managed clients. SEFT therapy is carried out every day according to the planned schedule, with clients carried out every morning. This therapy is used to reduce headaches and chronic hypertension experienced by clients. SEFT therapy is a relaxation therapy that can divert pain and anxiety to clients and

provide a sense of comfort and relaxation. Nursing evaluation that has been carried out for five days, such as health education, demonstrating SEFT therapy exercises, and accompanying clients while taking medication that is in accordance with standard operating procedures to reduce client discomfort, namely headaches and being able to lower blood pressure. It was proven that they had become better during the five days the client's nursing actions were carried out. The client felt a decrease in blood pressure and pain scale.

#### AUTHOR CONTRIBUTIONS

Substantial contributions to conception, data collection, and analysis: Daniela Andrena and Fahrudin Kurdi. Writing: Daniela Andrena. Manuscript revisions: Daniela Andrena.

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#### CONFLICT OF INTEREST

The authors declare no conflict of interest.

#### DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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