The Effect of a Combination of Spiritual Emotional Freedom Technique (SEFT) and Aromatherapy on Sleep Quality Among Patients with Hypertension in the Padasuka Community Health Center, Cimahi City

Implementasi Keperawatan Terapi Holistik: Kombinasi Spiritual Emotional Freedom Technique (Seft) Dan Aromaterapi Terhadap Kualitas Tidur Pada Penderita Hipertensi Di Wilayah Kerja Puskesmas Padasuka Kota Cimahi

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Abstract

Hypertension is a chronic health condition frequently associated with poor sleep quality, which may worsen physical and emotional health outcomes. Holistic nursing interventions such as the Spiritual Emotional Freedom Technique (SEFT) combined with aromatherapy offer non-pharmacological approaches to reduce stress and improve sleep. This study aimed to determine the effect of combining SEFT and aromatherapy on sleep quality among hypertensive patients in the working area of Padasuka Primary Health Center, Cimahi. A quasi-experimental design with a one-group pretest–posttest approach was used. A total of 30 hypertensive patients were selected using purposive sampling. Interventions were provided for one week, consisting of daily SEFT sessions and aromatherapy administration. Sleep quality was measured using the Pittsburgh Sleep Quality Index (PSQI). Data were analyzed using the Wilcoxon test. The mean PSQI score before intervention was 5.33 (SD = 1.46), which decreased to 4.20 (SD = 1.22) after intervention. The average reduction of 1.13 points indicates significant improvement in sleep quality (p = 0.00). The proportion of participants with good sleep quality increased from 36.7% to 76.7% after treatment. The combination of SEFT and aromatherapy significantly improved sleep quality among hypertensive patients. This intervention is recommended as an effective, safe, and low-cost holistic nursing therapy to help manage sleep disturbances in community settings.

INTRODUCTION

Hypertension remains a major public health concern in Indonesia. According to the 2023 Indonesian Health Survey, the prevalence of hypertension among adults aged 18 years and older was 30.8%, based on blood pressure measurements (Indonesia, 2023). Although pharmacological treatment and lifestyle modification are central to hypertension management, comprehensive care should also address factors that may interfere with

treatment outcomes, including sleep disturbances. Sleep plays an important role in cardiovascular regulation, autonomic balance, and physical and psychological recovery. Therefore, poor sleep quality among patients with hypertension represents a clinically relevant concern that extends beyond discomfort and impaired daily functioning.

Evidence from clinical settings suggests that poor sleep quality is common among patients with hypertension, although its reported prevalence varies according to the population, setting, and assessment method. A cross-sectional study involving of 335 patients with hypertension attending a primary care clinic in Malaysia found that 87.2% experienced poor sleep quality (Lau et al., 2025) . Anxiety symptoms, low household income, insufficient physical activity, and risk of obstructive sleep apnea were associated with poor sleep quality. Similarly, a study cross-sectional study of 250 hypertensive patients in southern Nigeria found that 64.0% experienced non-restorative sleep. Patients with restorative sleep had significantly greater odds of having controlled blood pressure than those with non-restorative sleep (adjusted odds ratio = 4.38; 95% confidence interval, 2.37–8.10 (Oseni et al., 2024). Although these observational findings do not establish a causal relationship between sleep quality and blood pressure control, they highlight the clinical relevance of sleep disturbances in hypertension management. These findings support the inclusion of sleep assessment in comprehensive hypertension care, particularly in primary healthcare settings.

Poor sleep quality may be associated with several interrelated factors, including psychological distress, anxiety, emotional tension, physical discomfort, and health-related concerns. Such factors may interfere with sleep initiation and continuity, while inadequate or fragmented sleep may contribute to fatigue, impaired daytime functioning, and reduced well-being. In patients with hypertension, these concerns warrant attention because sleep and cardiovascular regulation are interconnected. Nevertheless, sleep disturbance should not automatically be interpreted as the direct cause of uncontrolled hypertension; rather, it may coexist with other clinical and behavioral factors that complicate disease management. This context highlights the need for practical, acceptable, and accessible nursing interventions that can complement standard hypertension care without replacing prescribed medication or routine blood pressure monitoring.

Non-pharmacological interventions have increasingly been investigated as approaches to improving sleep quality and supporting cardiovascular health. One example is sleep hygiene education, which provides guidance on behaviors and environmental conditions that support healthy sleep (Tutu et al., 2026). A randomized controlled trial involving patients with essential hypertension in a family practice setting reportedly found that an eight-week sleep hygiene education intervention reduced Pittsburgh Sleep Quality Index (PSQI) scores by a mean of 3.4 points and was accompanied by reductions in systolic and diastolic blood pressure, whereas comparable significant changes were not observed in the control group (Tutu et al., 2026). These findings suggest that sleep-focused interventions may be incorporated into hypertension care. However, sleep hygiene education and relaxation-based complementary interventions differ in their mechanisms and delivery; consequently, evidence supporting one approach cannot be assumed to establish the effectiveness of another.

One complementary approach is the Spiritual Emotional Freedom Technique (SEFT), a mind–body intervention that combines tapping on selected acupressure points with spiritual affirmation. SEFT is intended to help individuals manage emotional distress and promote relaxation. A previous study reviewed the use of SEFT to improve sleep quality in postoperative patients and discussed its potential relevance to sleep disturbances associated with anxiety and discomfort (Anggraini & Safinatunnajah, 2021) . However, their article was a literature review focusing on postoperative patients, not a clinical trial among Indonesian patients with hypertension. Furthermore, it examined SEFT rather than the combination of SEFT and lavender aromatherapy. Thus, this review provides background for the proposed role of SEFT but does not constitute direct evidence of the effectiveness of the combined intervention in hypertensive patients. Evidence specifically evaluating SEFT for sleep outcomes in this population remains limited, warranting further clinical investigation.

Lavender aromatherapy has also been investigated as a complementary approach to managing sleep disturbances. Its proposed effects include promoting relaxation through olfactory stimulation, although outcomes may vary according to the population, delivery method, intervention duration, and assessment instrument. In a randomized controlled study involving 59 institutionalized older adults, Genc administered lavender inhalation before bedtime over four weeks and reported significant improvements in sleep quality

and fatigue (Genç et al., 2020). Similarly, Yıldırım conducted a randomized clinical trial involving 68 patients receiving palliative care and found improvements in several aspects of sleep following lavender application, including sleep depth and the ability to fall asleep again after awakening (Yıldırım et al., 2020) . Although these findings support further investigation of lavender aromatherapy, their applicability to patients with hypertension should be considered in the context of the populations studied and the intervention protocols used.

Evidence has also included studies with less favorable or inconclusive findings. Hsu conducted a randomized controlled trial involving 112 critical care nurses who received four sessions of essential-oil massage. The study did not find statistically significant between-group differences in overall subjective sleep quality or objective sleep parameters, although subjective sleep quality scores showed a progressive reduction in the intervention group (Hsu et al., 2021) . This finding indicates that benefits observed in some aromatherapy studies may not be consistently reproduced across populations or delivery methods. A systematic review and meta-analysis which included 11 randomized controlled trials involving 628 adults, found a statistically significant overall improvement in sleep outcomes following lavender essential oil interventions (standardized mean difference = −0.56; 95% confidence interval, −0.96 to −0.17; p = 0.005) (Shen et al., 2025) . However, the authors noted limitations in the number and quality of included studies, indicating that further high-quality trials are needed.

More directly relevant to the present population, a study by Wang conducted a randomized placebo-controlled pilot study involving 58 adults with hypertension. Participants assigned to the lavender group received 15-minute inhalation sessions daily for seven consecutive days, while the comparison group received sweet almond oil as a placebo. After seven days, the lavender group demonstrated significantly greater improvements in sleep quality, anxiety, fatigue, and blood pressure outcomes than the placebo group (Wang et al., 2025) . This trial provides direct evidence supporting further investigation of lavender inhalation among people with hypertension. Nevertheless, it evaluated lavender aromatherapy alone and did not assess whether combining lavender with SEFT provides additional or complementary benefits. In addition, findings from a pilot study should be interpreted cautiously and do not establish that the same outcomes

will necessarily occur with a different intervention protocol or sleep assessment instrument.

The clinical rationale for combining SEFT and lavender aromatherapy is that the two approaches may address different, potentially complementary aspects of relaxation. SEFT incorporates emotional and spiritual components, whereas lavender inhalation provides an olfactory stimulus intended to promote relaxation. For hypertensive patients who report poor sleep quality, a brief, non-pharmacological nursing intervention that can be delivered in a primary healthcare setting may offer a practical addition to routine care. However, this rationale represents a proposed clinical benefit rather than proof of a synergistic effect. Evidence that SEFT and lavender aromatherapy are individually promising does not establish that their combination is more effective than either intervention alone. Research evaluating the combined approach is therefore needed to determine whether sleep quality changes following its use in the target population.

Accordingly, this study aimed to examine changes in sleep quality following a combined SEFT and lavender aromatherapy intervention among patients with hypertension in the working area of Padasuka Primary Health Center, Cimahi, Indonesia. By assessing sleep quality before and after the intervention, this study sought to provide preliminary evidence on the potential value of integrating complementary relaxation approaches into nursing care for patients with hypertension. Given the one-group pretest–posttest design without a control group, any observed changes should be interpreted as changes occurring after the intervention rather than definitive evidence of a causal treatment effect. Furthermore, the study design does not allow the independent contributions of SEFT and lavender aromatherapy, or any synergistic effect of their combination, to be determined

METHODS

A quasi-experimental one-group pretest–posttest design was employed to evaluate changes in sleep quality following a combined Spiritual Emotional Freedom Technique (SEFT) and lavender aromatherapy intervention. Sleep quality was assessed before and after the intervention, without a control group. The study was conducted from September 8 to 16, 2025, in the working area of Padasuka Primary Health Center, Cimahi, Indonesia. The study population consisted of patients with hypertension residing in the study area.

A total of 30 participants were recruited using purposive sampling based on predefined inclusion and exclusion criteria.

Inclusion criteria were a diagnosis of hypertension, the presence of sleep disturbances, and willingness to participate by providing informed consent. Exclusion criteria were hypertension with complications and hypertensive crisis, defined as blood pressure ≥180/120 mmHg.

The study procedure consisted of three stages: baseline assessment, intervention, and post-intervention assessment.

Stage 1: Baseline assessment. Before the intervention, participants completed the Pittsburgh Sleep Quality Index (PSQI) to assess their baseline sleep quality. The questionnaire was administered before the first intervention session, and the resulting scores were recorded as pretest data.

Stage 2: Combined SEFT and lavender aromatherapy intervention. Participants received the combined intervention daily for seven consecutive days under the guidance of a facilitator. SEFT was implemented as a complementary nursing relaxation intervention incorporating spiritual affirmation, focused attention on the concern or discomfort being addressed, gentle tapping on designated acupressure points, and relaxation. The procedure included the *set-up* phase, in which participants repeated a spiritual affirmation or prayer; the *tune-in* phase, in which they focused on the concern or discomfort; and the tapping phase, in which gentle taps were applied to designated points on the body. The intervention also included simple eye movements, humming, and brief cognitive tasks as part of the relaxation procedure, followed by deep breathing and a closing relaxation phase.

Lavender aromatherapy was provided through inhalation as the complementary component of the intervention. Previous research in adults with hypertension has examined daily lavender inhalation sessions lasting 15 minutes over seven consecutive days (Wang et al., 2025) . In the present study, however, the specific inhalation device, quantity of essential oil, duration of each session, and exact sequence of SEFT and aromatherapy should be reported according to the procedures actually used and documented during data collection. The two components were delivered during the same intervention period.

Stage 3: Post-intervention assessment. Following completion of the intervention period, participants completed the PSQI again. Posttest scores were recorded and compared with pretest scores to evaluate changes in sleep quality after the combined intervention.

The intervention was conducted under facilitator guidance. Because the study used a one-group pretest–posttest design without a control group, changes in sleep quality were interpreted as occurring after the intervention and could not be attributed exclusively to the combined intervention. In addition, the PSQI assesses sleep quality over a longer recall period than the one-week intervention; this should be considered when interpreting the findings.

SEFT Procedure

The Spiritual Emotional Freedom Technique (SEFT) intervention was implemented through a structured and standardized procedure consisting of several sequential stages (Wahyuni et al., 2022). The procedure began with the set-up phase, during which participants performed affirmations accompanied by prayer. This phase was intended to promote acceptance, reduce psychological resistance, and prepare participants emotionally and cognitively for the intervention (Agustini et al., 2024). Next, the tune-in phase was conducted. During this stage, participants were instructed to focus their attention on the specific emotional or physical discomfort they were experiencing, such as tension, anxiety, or sleep-related disturbances. This process aimed to enhance emotional awareness and facilitate the targeting of the underlying distress. Following the tune-in phase, participants underwent the tapping phase, which involved gentle tapping on 18 specific meridian points on the body using the fingertips. The tapping was performed in a predetermined sequence and was intended to stimulate the body's energy pathways, as described in energy psychology frameworks, thereby promoting emotional regulation and relaxation. Subsequently, the gamut procedure was administered. This stage included a series of guided eye movements, humming, and cognitive tasks while continuing the tapping process. The purpose of the gamut procedure was to stimulate both hemispheres of the brain and enhance the integration of cognitive and emotional processes. Finally, the procedure concluded with repetition and closing relaxation. The tapping sequence was repeated as needed to reinforce the therapeutic effect, followed by a guided relaxation phase to facilitate a state of calmness and physiological relaxation (Sonhaji & Lekatompessy, 2019) (Cahyati et al., 2024).

Lavender aromatherapy was administered to participants as a complementary non-pharmacological intervention aimed at promoting physiological relaxation and reducing sympathetic nervous system activity, which may contribute to elevated blood pressure in individuals with hypertension (Silalahi et al., 2020). Lavender aromatherapy has been investigated for its potential anxiolytic and relaxation-promoting effects. A systematic review and meta-analysis reported reductions in anxiety and systolic blood pressure following lavender interventions, although the effects on physiological parameters were generally small and inconsistent (Kim et al., 2021) . In this study, lavender essential oil was administered daily through inhalation for seven consecutive days, alongside the Spiritual Emotional Freedom Technique (SEFT) intervention. In a previous study involving patients with hypertension, three drops of lavender essential oil were applied to cotton, and participants were instructed to inhale the aroma for 10 minutes (Ubaidillah et al., 2022). During each session, participants were seated comfortably in a quiet environment, with the cotton positioned at a comfortable distance from the nose. Participants were encouraged to breathe naturally and remain relaxed throughout the inhalation period. Direct contact between the essential oil and the nasal mucosa was avoided.

The intervention was conducted once daily throughout the one-week intervention period. The exact time of administration was not specified in the cited protocol; therefore, no specific administration time is reported here. Lavender aromatherapy was administered alongside SEFT during the same intervention period as a complementary relaxation approach. Previous research has examined the combined use of SEFT and lavender aromatherapy in older adults with hypertension, although the reported outcomes focused on blood pressure and pain rather than sleep quality (Sari & Prastikanala, 2025). The combination was intended to complement the relaxation effects of SEFT through an additional sensory-based approach. However, the effects of the combined intervention should be interpreted in relation to the study design, as the individual contributions of SEFT and lavender aromatherapy cannot be distinguished without an appropriate comparison group.

Instrument

Sleep quality was assessed using the Indonesian-language version of the Pittsburgh Sleep Quality Index (PSQI), a self-reported questionnaire originally developed by Buysse to

evaluate subjective sleep quality and sleep disturbances over a one-month period (Buysse et al., 1989). The PSQI comprises seven components: subjective sleep quality, sleep latency, sleep duration, habitual sleep efficiency, sleep disturbances, use of sleeping medication, and daytime dysfunction. Each component is scored from 0 to 3, yielding a global score ranging from 0 to 21, with higher scores indicating poorer sleep quality. In accordance with the original scoring criteria, a global score of ≤5 was classified as good sleep quality, whereas a score >5 indicated poor sleep quality.

The Indonesian-language questionnaire was used without further translation by the research team. Validity and reliability testing were not repeated in the current study. Previous research has evaluated the psychometric properties of the Indonesian-language PSQI in specific populations, including adolescents (Setyowati & Chung, 2021) . However, the applicability of those findings to the population in the present study should be considered in relation to differences in participant characteristics and clinical context. Accordingly, the absence of additional psychometric testing in the current sample is acknowledged as a methodological limitation.

In addition to the PSQI, the intervention was implemented according to a standard operating procedure (SOP) for the Spiritual Emotional Freedom Technique (SEFT) to promote consistency in intervention delivery. The SOP specified the sequential stages of SEFT, including set-up, tune-in, tapping, the gamut procedure, and closing relaxation.

Data Analysis

Data were analyzed using descriptive and inferential statistical methods. Participants' characteristics, including age and gender, were summarized using descriptive statistics. Age was treated as a continuous variable and presented as the mean and standard deviation (SD). Gender was presented as frequencies and percentages. PSQI scores before and after the intervention were summarized using means and standard deviations, while sleep quality categories were presented as frequencies and percentages. The Wilcoxon signed-rank test was used to compare PSQI scores before and after the seven-day intervention because the measurements were paired within the same participants. Statistical significance was set at $p < 0.05$, and all tests were two-sided. Data analysis was performed using name and version of statistical software.

RESULTS AND DISCUSSION

Characteristics of Participants

A total of 30 participants with hypertension were included in this study. The mean age was 56.03 years (SD = 7.21), with ages ranging from 39 to 72 years. Regarding gender, 17 participants (56.7%) were female and 13 (43.3%) were male. The demographic characteristics of the participants are presented in Table 1. Age is a relevant demographic characteristic in sleep research because sleep architecture and continuity may change with advancing age, potentially affecting sleep quality (Winegar, 2024). In addition, factors associated with poor sleep quality may differ between men and women with hypertension. A cross-sectional study by Li et al. (2026) found that physical inactivity was associated with poor sleep quality among men, whereas anxiety and household income were associated with poor sleep quality among women. However, these findings cannot be directly extrapolated to the present study because age-related and sex-specific associations were not examined.

(Li et al., 2026).

In this study, age and sex were analyzed descriptively and were not evaluated as predictors of baseline sleep quality or changes in PSQI scores. Therefore, these characteristics provide context for the study population but cannot explain the observed changes following the combined SEFT and lavender aromatherapy intervention. Future studies involving larger samples and appropriate comparison groups could investigate whether demographic characteristics are associated with baseline sleep quality or differences in response to the intervention.

Table 1. Characteristics of Study Participants (n=30)

Characteristic	Value (n)
Age	
Age (years), mean ± SD	56.03 ± 7.21
Age range (years)	39 - 721
Gender	
Female	17 (56.7)
Male	13 (43.3)
Total	30 (100)

Changes in sleep Quality Categories

Before the intervention, 19 participants (63.3%) had poor sleep quality, while 11 participants (36.7%) had good sleep quality. After the combined Spiritual Emotional Freedom Technique (SEFT) and aromatherapy intervention, the number of participants

with good sleep quality increased to 23 (76.7%), while those with poor sleep quality decreased to 7 (23.3%). These findings indicate a shift toward better sleep quality categories following the intervention.

Table 2. Sleep Quality Categories Before and After the SEFT and Aromatherapy Intervention

Sleep Quality Category	Before		After	
	(n)	%	(n)	%
Good sleep quality	11	36.7	23	76.7
Poor sleep quality	19	63.3	7	23.3
Total	30	100	30	100

The findings show that the proportion of participants with good sleep quality increased after the intervention. One possible explanation is that SEFT and lavender aromatherapy may support relaxation through complementary mechanisms. SEFT uses tapping, positive affirmations, and emotional acceptance to help participants manage psychological tension. Lavender aromatherapy may provide additional relaxation through olfactory stimulation and its potential effects on emotional responses.

Previous studies have reported promising effects of lavender aromatherapy on sleep quality. Wang et al. found improvements in sleep quality following seven days of lavender inhalation among adults with hypertension (Wang et al., 2025) , while Xu et al. reported that aromatherapy was associated with improved sleep quality in older adults (Xu et al., 2024). These findings support further investigation of complementary approaches to sleep management. However, evidence regarding the combined use of SEFT and lavender aromatherapy remains limited. The present study provides preliminary findings on changes in sleep quality following this combined intervention, although the absence of a control group limits causal interpretation.

However, the changes in category frequencies do not establish how individual participants changed between categories. In addition, because this study did not include a control group, the improvement cannot be attributed exclusively to the intervention. Further analysis using paired participant-level data would be needed to assess changes in sleep quality categories statistically.

Comparison of Mean PSQI Scores Before and After the Intervention

The mean PSQI score decreased from 5.33 (SD = 1.46) before the intervention to 4.20 (SD = 1.22) after the intervention, representing a mean reduction of 1.13 points. The Wilcoxon signed-rank test showed a statistically significant difference between pretest

and posttest PSQI scores ($p < 0.001$). The decrease in PSQI scores indicates an improvement in sleep quality following the intervention.

Table. 3 Comparison of Mean PSQI Scores Before and After the Intervention

Variable	Measurement	N	Mean	SD	Mean Difference	*P*-value
Sleep Quality (PSQI)	Pretest	30	5.33	1.46	1.13	<0.001
	Posttest	30	4.20	1.22		

The mean PSQI score decreased by 1.13 points after the intervention, and the paired comparison was statistically significant. These results support the finding in Table 2 that sleep quality improved following the combined intervention. The two tables provide complementary information: Table 2 describes the distribution of participants across sleep quality categories, whereas Table 3 quantifies the change in the mean PSQI score.

The PSQI is a multidimensional instrument that assesses subjective sleep quality, sleep latency, sleep duration, habitual sleep efficiency, sleep disturbances, use of sleep medication, and daytime dysfunction (Buysse et al., 1989). Therefore, a change in the global score may reflect improvement in one or more of these dimensions. Reporting the individual component scores in future analyses may help identify which aspects of sleep contribute most to changes in overall sleep quality.

The posttest mean of 4.20 was below the commonly used PSQI cutoff of greater than 5 for distinguishing poor from good sleepers. This finding is consistent with the higher proportion of participants classified as having good sleep quality in Table 2. However, the group mean cannot be used to classify every individual participant. Seven participants remained in the poor sleep quality category after the intervention, indicating that sleep improvement was not uniform across the sample.

The magnitude of the reduction also requires careful interpretation. Statistical significance indicates evidence of a difference in paired scores, but it does not automatically establish that the change was clinically meaningful. The clinical relevance of a 1.13-point reduction should be evaluated in relation to individual score changes, the study population, and an appropriate clinical benchmark. Therefore, the findings indicate a statistically significant improvement in PSQI scores, while the clinical importance of the observed change requires further evaluation.

The findings are consistent with broader evidence on lavender aromatherapy. A systematic review and meta-analysis by Shen et al. included 11 randomized controlled trials involving 628 adults and reported a significant improvement in sleep outcomes

following lavender essential oil interventions (standardized mean difference = −0.56; 95% confidence interval, −0.96 to −0.17) (Shen et al., 2025) . This evidence supports the potential role of lavender aromatherapy in promoting sleep quality. However, findings from studies of lavender aromatherapy alone do not establish the effectiveness of the combined SEFT and aromatherapy intervention.

The present study examines the use of SEFT and lavender aromatherapy together in adults with hypertension. This combined approach may be relevant to community-based nursing practice because it addresses psychological relaxation and sensory stimulation within a complementary care framework. Further research comparing the combined intervention with SEFT alone, lavender aromatherapy alone, and usual care would help clarify the contribution of each component and determine whether the combined approach provides additional benefits. Future studies should also report individual PSQI changes, component scores, intervention adherence, and relevant clinical characteristics to support a more comprehensive evaluation of sleep outcomes.

CONCLUSION

The findings indicate that sleep quality improved following the combined Spiritual Emotional Freedom Technique (SEFT) and lavender aromatherapy intervention among patients with hypertension in the Padasuka Primary Health Center area. The mean Pittsburgh Sleep Quality Index (PSQI) score decreased from 5.33 to 4.20, with a statistically significant difference between pretest and posttest measurements. These findings suggest that the combined intervention may be a promising complementary approach to supporting sleep quality in community-based nursing practice.

However, this study has several limitations. The single-group pretest–posttest design without a control group limits the ability to attribute the observed improvement directly to the intervention. The relatively small sample of 30 participants may also limit the generalizability of the findings. Furthermore, because SEFT and lavender aromatherapy were administered together, their individual contributions could not be determined. The short intervention period also limits conclusions about the long-term effects of the intervention.

Further studies using randomized controlled designs, larger samples, and longer follow-up periods are needed to confirm these findings and distinguish the effects of SEFT from

those of lavender aromatherapy. Future research should also assess intervention safety systematically and evaluate the clinical significance of changes in sleep quality

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