



The Impact of Psychoeducation and Spiritual Emotional Freedom Technique on Self-Efficacy Among Chemotherapy Patients with Cancer

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ABSTRACT

Cancer and chemotherapy often cause psychological distress, including anxiety, depression, and reduced self-efficacy, which can negatively affect treatment adherence and quality of life. Strengthening self-efficacy is essential to support emotional resilience and adaptive coping during treatment. This study aimed to evaluate the effectiveness of a psychoeducation program integrated with the Spiritual Emotional Freedom Technique in improving self-efficacy among cancer patients. A quasi-experimental study with a one-group pre-test and post-test design was conducted at Dr. M. Yunus Hospital, Bengkulu Province, from March to May 2024. A total of 40 patients undergoing chemotherapy were recruited using purposive sampling. The intervention consisted of five structured psychoeducation sessions combined with the Spiritual Emotional Freedom Technique, delivered using a standardized protocol. Self-efficacy was measured using the General Self-Efficacy Scale developed by Schwarzer and Jerusalem (1995), with higher scores indicating greater perceived self-efficacy. Data were analysed using the Wilcoxon signed-rank test due to non-normality. Self-efficacy significantly improved after the intervention ($Z = -5.44, p < 0.001$). The mean score increased from 198.90 to 220.30, indicating a moderate-to-high improvement in patients' confidence in managing treatment-related challenges. This finding suggests a clinically meaningful enhancement in patients' ability to cope with the psychological demands of chemotherapy. Psychoeducation integrated with the Spiritual Emotional Freedom Technique significantly improves self-efficacy and may serve as a complementary approach to support psychological well-being among patients undergoing chemotherapy.

Keywords: Cancer Patients, Chemotherapy, Psychoeducation, Self-Efficacy, SEFT (Spiritual Emotional Freedom Technique).

ABSTRAK

Kanker dan kemoterapi sering menyebabkan tekanan psikologis, termasuk kecemasan, depresi, dan penurunan efikasi diri, yang dapat berdampak negatif pada kepatuhan pengobatan dan kualitas hidup. Peningkatan efikasi diri sangat penting untuk mendukung ketahanan emosional dan kemampuan koping adaptif selama pengobatan. Penelitian ini bertujuan untuk mengevaluasi efektivitas program psikoedukasi yang diintegrasikan dengan Spiritual Emotional Freedom Technique dalam meningkatkan efikasi diri pada pasien kanker. Penelitian kuasi eksperimental dengan desain one-group pre-test dan post-test dilakukan di RSUD Dr. M. Yunus, Provinsi Bengkulu, pada bulan Maret hingga Mei 2024. Sebanyak 40 pasien yang menjalani kemoterapi direkrut menggunakan teknik purposive sampling. Intervensi terdiri dari lima sesi psikoedukasi terstruktur yang dikombinasikan dengan Spiritual Emotional Freedom Technique, yang diberikan menggunakan protokol terstandar. Efikasi diri diukur menggunakan General Self-Efficacy Scale yang dikembangkan oleh Schwarzer dan Jerusalem (1995), dengan skor yang lebih tinggi menunjukkan tingkat efikasi diri yang lebih baik. Data dianalisis menggunakan uji Wilcoxon signed-rank karena data tidak berdistribusi normal. Efikasi diri meningkat secara signifikan setelah intervensi ($Z = -5,44, p < 0,001$). Nilai rata-rata meningkat dari 198,90 menjadi 220,30, yang menunjukkan peningkatan sedang hingga tinggi dalam kepercayaan diri pasien dalam menghadapi tantangan terkait pengobatan. Temuan ini menunjukkan adanya peningkatan yang bermakna secara klinis dalam kemampuan pasien untuk mengatasi tuntutan psikologis selama kemoterapi. Psikoedukasi yang diintegrasikan dengan Spiritual Emotional Freedom Technique secara signifikan meningkatkan efikasi diri dan dapat menjadi pendekatan komplementer untuk mendukung kesejahteraan psikologis pasien yang menjalani kemoterapi.

Kata Kunci: Pasien Kanker, Kemoterapi, Psikoedukasi, Efikasi Diri, SEFT (Spiritual Emotional Freedom Technique).

INTRODUCTION

Cancer comprises a broad spectrum of diseases characterized by the uncontrolled proliferation of abnormal cells that can invade surrounding tissues and metastasize to distant organs. According to the Global Burden of Cancer Study (GLOBOCAN) reported by the World Health Organization (WHO), Indonesia recorded 396,914 new cancer cases and 234,511 deaths in 2020, highlighting cancer as a major public health concern in the country (Sung et al., 2021). Among available treatment modalities such as surgery, radiotherapy, and chemotherapy chemotherapy remains a primary systemic therapy due to its ability to target both primary and metastatic cancer cells (Omari et al., 2024).

Despite its therapeutic benefits, chemotherapy is associated with a wide range of adverse effects due to its non-selective mechanism of action, affecting both malignant and healthy rapidly dividing cells (Farahani et al., 2025). Common physical side effects include alopecia, bone marrow suppression, gastrointestinal disturbances, and skin disorders (Jan et al., 2022). In addition to these physical complications, chemotherapy often results in significant psychological distress. Patients may experience anxiety, depression, fear of disease progression, and disturbances in body image, all of which can negatively affect treatment adherence and overall quality of life (Rassouli et al., 2025).

In this context, psychological resilience and internal cognitive factors particularly self-efficacy, play a crucial role in patient adaptation and recovery. Self-efficacy refers to an individual's belief in their ability to manage challenging situations, including coping with illness and its treatment (Mohammadi & Poursaberi, 2018). Patients with higher self-efficacy tend to demonstrate better adherence to treatment, more effective coping strategies, and improved psychosocial functioning (Farahani et al., 2025). Therefore, interventions aimed at enhancing self-efficacy are essential components of comprehensive cancer care (Alfaro-Díaz et al., 2022).

Various psychosocial interventions have been developed to improve self-efficacy among cancer patients, including psychoeducation, cognitive-behavioral therapy, and supportive counseling (Mirhosseini et al., 2025). One promising intervention is the integration of psychoeducation with Spiritual Emotional Freedom Technique (SEFT). SEFT combines spiritual practices such as prayer, surrender, and acceptance with the Emotional Freedom Technique (EFT), a method that involves stimulation of acupressure points to address emotional distress (Look et al., 2021).

However, despite its growing use, the scientific evidence supporting SEFT remains limited and, in some cases, debated, particularly regarding its underlying mechanisms and potential placebo effects. Previous studies have reported positive psychological outcomes, yet most lack rigorous experimental designs or are conducted in non-oncology populations, limiting their generalizability to cancer patients undergoing chemotherapy. Furthermore, there is a scarcity of studies examining the combined effect of psychoeducation and SEFT on self-efficacy, especially within the Indonesian healthcare context (Clover et al., 2022).

The SEFT protocol consists of three primary stages: set-up, tune-in, and tapping. In the set-up phase, patients affirm positive intentions and engage in spiritual reflection. The tune-in phase encourages focused awareness of emotional or physical discomfort, while the tapping phase involves rhythmic stimulation of specific points to facilitate emotional release (Lim et al., 2021; Clover et al., 2022). In Indonesia, where spiritual and religious values are deeply embedded in daily life, integrating spiritually oriented interventions such as SEFT into psychosocial care may enhance patient acceptability and engagement. Additionally, in resource-limited settings, low-cost and easily applicable interventions like psychoeducation combined with SEFT may offer practical advantages in supporting patients' psychological well-being.

Given these considerations, this study aims to examine the effectiveness of psychoeducation integrated with SEFT in improving self-efficacy among cancer patients undergoing chemotherapy at Dr. M. Yunus Hospital, Bengkulu Province. By addressing the existing research gap and contextualizing the intervention within a local cultural framework, this study contributes to the development of culturally sensitive and evidence-based psychosocial interventions in oncology care.

RESEARCH METHODS

This study employed a quasi-experimental design using a one-group pre-test and post-test approach without a control group. This design was selected to assess changes in participants' self-efficacy before and after receiving a psychoeducation program integrated with the Spiritual Emotional Freedom Technique (SEFT). Although the absence of a control group may increase the risk of internal validity threats, such as history, maturation, and placebo effects, this design was considered appropriate due to ethical and practical constraints in clinical settings involving patients undergoing chemotherapy, where withholding supportive psychological interventions may not be feasible. The study population consisted of cancer patients receiving chemotherapy at Dr. M. Yunus Hospital, Bengkulu Province, in 2024. A purposive sampling technique was used to recruit participants based on predefined inclusion and exclusion criteria. A total of 40 participants were included in the study. Inclusion criteria were: (1) willingness to participate and provide informed consent, (2) currently undergoing chemotherapy, (3) ability to communicate effectively, and (4) absence of cognitive impairment. Exclusion criteria included uncooperative behavior during the study period and decreased level of consciousness. Participants who were unable to complete the intervention sessions or who died during the study period were considered dropouts. Given the use of a non-probability sampling method, the findings of this study should be interpreted with caution, as they may not be fully generalizable to the broader population of cancer patients.

Data collection was conducted in three phases: (1) pre-test assessment using the General Self-Efficacy Scale (GSE) prior to the intervention, (2) intervention phase consisting of five psychoeducation-SEFT sessions based on a standardized protocol, and (3) post-test assessment using the same instrument immediately after the final session. Observational notes were also recorded during each session to qualitatively capture participants' emotional responses and levels of engagement. Self-efficacy was measured using the General Self-Efficacy Scale (GSE) developed by Schwarzer and Jerusalem (1995), which consists of 10 items rated on a 4-point Likert scale (1 = not at all true to 4 = exactly true). The Indonesian version of the GSE has been previously validated and widely used in similar populations, demonstrating acceptable psychometric properties. Prior studies have reported Cronbach's alpha values ranging from 0.76 to 0.90, indicating good internal consistency. In this study, higher total scores indicate higher levels of perceived self-efficacy; however, no specific cut-off points were applied, as the instrument is primarily used as a continuous measure.

Additionally, the content validity of the psychoeducation-SEFT intervention protocol (Standard Operating Procedure/SOP) was evaluated by a panel of three experts (a clinical psychologist, an oncology nurse, and a SEFT-certified therapist) to ensure cultural relevance and appropriateness. The intervention was delivered by a multidisciplinary team consisting of a clinical psychologist, a SEFT-certified nurse therapist, and an oncology nurse. All facilitators completed a two-day standardization workshop based on the validated SOP to ensure consistency in intervention delivery. The intervention comprised five structured sessions, each lasting 45–60 minutes, conducted over a two-week period. Sessions were scheduled 1–2 days after chemotherapy administration to reduce fatigue and ensure patient stability. Participants attended sessions in small groups (5–6 individuals) to facilitate peer interaction and social support. Individual sessions were provided for participants with physical limitations. The intervention was implemented during the mid-phase of chemotherapy (cycle 2–3), when patients were considered relatively stable. Participants who attended at least four out of five sessions were included in the final analysis.

Data analysis was performed using SPSS version 25. Descriptive statistics (mean, standard deviation, frequency, and percentage) were used to summarize participant characteristics and self-efficacy scores. The normality of the data distribution was assessed prior to analysis and indicated non-normal distribution; therefore, the Wilcoxon signed-rank test was selected as an appropriate non-parametric alternative to compare pre-test and post-test scores. Statistical significance was set at $p < 0.05$. Ethical approval for this study was obtained from the Institutional Review Board (IRB) with approval number KEPK.BKL/210/04/2024. All participants received both verbal and written explanations regarding the study objectives, procedures, potential risks, and benefits prior to participation. Written informed consent was obtained from all participants. This

study adhered to ethical principles, including respect for autonomy (voluntary participation and the right to withdraw), beneficence and non-maleficence (ensuring participant safety), and confidentiality and anonymity of all collected data.

RESULTS

Table 1. Frequency distribution of characteristics of chemotherapy patient respondents.

Variables	n (%) / Value
Age (years)	
Mean $\pm$ 95% CI	48.38 (44.20–52.55)
Median (Min–Max)	48.00 (22–74)
Occupation, n (%)	
Private employees	6 (15.0%)
Housewives	21 (52.5%)
Farmers	12 (30.0%)
Government employees	1 (2.5%)
Education level, n (%)	
Elementary school	11 (27.5%)
Junior high school	5 (12.5%)
Senior high school	20 (50.0%)
Higher education	4 (10.0%)
Family history of cancer, n (%)	
Yes	3 (7.5%)
No	37 (92.5%)

Table 1 shows that the mean age of the respondents was 48.38 years (95% CI: 44.20–52.55), with a range of 22–74 years. The majority of participants were housewives (52.5%), followed by farmers (30.0%). Most respondents had completed senior high school (50.0%), while 27.5% had only elementary education. A large proportion of participants (92.5%) reported no family history of cancer.

Table 2. Distribution of average before and after psychoeducation and Spiritual Emotional Freedom Technique (SEFT) interventions on self efficacy patient cancer following chemotherapy program.

Variables	Mean	Median	Min–Max	95% CI
Pre-test	198.90	200.50	150–269	191.71–206.09
Post-test	220.30	218.50	193–265	216.54–224.06

Table 2 shows that the mean self-efficacy score increased from 198.90 (range: 150–269) before the intervention to 220.30 (range: 193–265) after the intervention. This increase indicates a substantial improvement in patients' perceived self-efficacy following the psychoeducation–SEFT program.

Table 3. Differences average before and after psychoeducation and Spiritual Emotional Freedom Technique (SEFT) interventions on self-efficacy of cancer patients.

Variables	N	Median (Min–Max)	Z	p-value
Pre-test	40	200.50 (150–269)	-5.29	<0.001
Post-test	40	218.50 (193–265)		

Table 3 shows that the Wilcoxon signed-rank test showed a statistically significant difference in self-efficacy scores before and after the intervention ($Z = -5.29$, $p < 0.001$). This result indicates that the psychoeducation program integrated with SEFT was effective in improving self-efficacy among cancer patients undergoing chemotherapy. The increase in mean scores (198.90 to 220.30) suggests a moderate-to-high improvement in patients' confidence in managing both the psychological and physical challenges associated with chemotherapy, which may contribute to better treatment adherence and overall well-being.

DISCUSSION

The present study found that the psychoeducation program integrated with the Spiritual Emotional Freedom Technique (SEFT) was associated with a significant improvement in self-efficacy among cancer patients undergoing chemotherapy. The observed increase in self-efficacy scores suggests that participants experienced enhanced confidence in managing the psychological and physical challenges of treatment. From a clinical perspective, this improvement may reflect better emotional adjustment and coping capacity during chemotherapy. These findings are consistent with previous research demonstrating that psychoeducational interventions can enhance coping skills, psychological resilience, and self-efficacy among cancer patients (Baziliansky & Cohen, 2021). Similarly, spiritually oriented and mind–body interventions have been associated with improved psychological well-being and self-concept (Krisdianto, Dahlia, & Waluyo, 2024). Studies focusing on SEFT have also reported reductions in psychological distress, including anxiety and depression (Chen et al., 2020). However, evidence on the combined application of psychoeducation and SEFT remains limited, particularly in oncology settings. Therefore, this study contributes preliminary evidence supporting the integration of these approaches within a culturally relevant context.

The improvement in self-efficacy may be explained through complementary psychological mechanisms. Psychoeducation enhances patients' understanding of their condition and promotes adaptive coping strategies, thereby strengthening perceived control. SEFT, on the other hand, may facilitate emotional regulation through relaxation responses, focused attention, and cognitive reframing (Petre, Gemescu, & Bulgari, 2021; Putri, & Novieastari, 2024; Umam, et al., 2024; Wijayati, Fitriyanti, & Arwani, 2020; Windyaningrum, & Nashori, 2024). These processes are aligned with self-efficacy theory, which emphasizes the role of cognitive, emotional, and social factors in shaping individuals' beliefs about their capabilities (Abedini et al., 2020). Nevertheless, the mechanisms underlying SEFT remain subject to scientific debate. Its classification as an energy-based therapy is not universally accepted, and some observed benefits may be attributable to non-specific factors such as therapeutic interaction, attention, or expectancy effects. Therefore, the findings should be interpreted cautiously, and further rigorous studies are required to clarify its mechanism of action.

Clinical Implications. From a practical standpoint, the integration of psychoeducation and SEFT may offer a complementary approach to support psychological well-being in patients undergoing chemotherapy. This approach may be particularly relevant in culturally and spiritually oriented healthcare settings, such as Indonesia, where spiritual practices are often integrated into coping strategies. Additionally, the intervention is relatively low-cost, simple to implement, and adaptable within routine oncology care, making it a potentially feasible supportive therapy.

Several limitations should be acknowledged. First, the use of a one-group pre-test–post-test design without a control group limits the ability to draw causal conclusions, as improvements in self-efficacy may be influenced by external factors such as social support, natural psychological adaptation, or placebo effects. Second, the use of purposive sampling and a relatively small sample size from a single site restricts the generalizability of the findings. Third, the reliance on self-reported measures may introduce response bias. Furthermore, clinical variables such as cancer type and stage were not analyzed, although these factors may influence psychological outcomes and act as moderating variables.

Future research should employ randomized controlled trial (RCT) designs with larger and more diverse samples to strengthen causal inference and external validity. Incorporating clinical characteristics, such as cancer type and stage, and conducting long-term follow-up assessments would provide a more comprehensive understanding of the intervention's effectiveness and sustainability. Additionally, further investigation into the specific mechanisms of SEFT is needed to clarify its role within evidence-based psychosocial oncology care.

CONCLUSION

The findings of this study indicate that psychoeducation integrated with the Spiritual Emotional Freedom Technique (SEFT) is associated with improved self-efficacy among cancer patients undergoing chemotherapy. This improvement suggests that the intervention may support patients in understanding their condition, managing emotional stress, and enhancing

confidence in coping with treatment-related challenges. However, given the study design, further research using more rigorous methods is required to confirm these findings. From a clinical perspective, this intervention may serve as a complementary approach in nursing practice by addressing both psychological and spiritual needs as part of holistic care. The integration of psychoeducation and SEFT may help nurses support patients emotionally, potentially enhance treatment adherence, and improve overall well-being. For patients, these interventions may provide simple and non-invasive strategies to reduce anxiety, strengthen coping capacity, and encourage active participation in the treatment process. The authors would like to express their sincere gratitude to all participants and healthcare professionals who contributed to this study. Appreciation is also extended to the supporting institutions and any funding bodies that made this research possible.

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