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**Validity and Reliability of AH-EFT Module Among Breast Cancer Patients**Sofyan Hadi Hasibuan^{1*}, Faridah Binti Mohd Said², Norhashima Binti Abd. Rashid³, Akhmad Huda⁴,
Fidrotin Azizah⁵, Dwi Agung Susanti⁶^{1,4,5,6} Health Sciences College of Rajekwesi Bojonegoro, Indonesia^{2,3} Faculty of Nursing, Lincoln University College, Malaysia**ABSTRACT**

Breast cancer, a heterogeneous disease, often metastasises, impacting prognosis. In Indonesia, adjuvant hormonal therapy (AHT) is the standard for hormone receptor-positive cancer, reducing recurrence and mortality. However, patients often face anxiety and depression during treatment. Emotional Freedom Techniques (EFT) are known to alleviate psychological stress. This study aims to evaluate the validity and reliability of the Adjuvant Hormonal Therapy with Emotional Freedom Technique (AH-EFT) module for breast cancer patients. A quantitative survey with a descriptive design assessed the content validity and reliability of the AH-EFT module. Six breast cancer care experts reviewed the module using a validity questionnaire and qualitative feedback. The result found that the content validity percentage reached 97%, with session suitability at 95%. The module's reliability value was 0.934, indicating excellent consistency. The AH-EFT module is highly valid and reliable, making it suitable for guiding counselling and treatment for breast cancer patients in Indonesia and beyond.

Keywords: Adjuvant Hormonal Therapy; Emotional Freedom Technique; Breast Cancer

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Breast cancer (BC) is a heterogeneous disease characterized by various pathological entities and clinical behaviors, which are underpinned by a complex array of genetic alterations affecting cellular processes (1, 2). Advanced stages of breast cancer commonly metastasize to distant organs such as the bones, liver, lungs, and brain, contributing significantly to its incurability. However, early diagnosis remains crucial, as it can lead to improved prognoses and higher survival rates [3].

BC accounted for over 2.3 million new cases and 685,000 deaths worldwide in 2020, with significant geographic variations in incidence rates. These rates vary from fewer than 40 per 100,000 females in certain Asian and African countries to over 80 per 100,000 in Australia, New Zealand, Northern America, and parts of Europe [4]. Although mortality rates exhibit smaller geographic variations, countries undergoing transitions still report a disproportionate number of breast cancer deaths compared to more developed nations. Projections indicate that by 2040, the global burden of breast cancer could rise to over 3 million new cases and 1 million deaths annually due to population growth and aging alone [4].

According to the results of research conducted by The Global Cancer Observatory in 2018, it is known that in 2018 the number of new breast cancer patients in Indonesia was 58,256 women (18% of population), while the new cervical cancer patients were 32,469 women [5]. According to the Indonesian Ministry of Health's Directorate of Prevention and Control of Non-Communicable Diseases in 2020, breast cancer has the greatest incidence rate in women, the number of new cases of breast cancer reached 68,858 cases (16.6%) of a total of 396,914 new cases of cancer in Indonesia. Meanwhile, the number of deaths reached more than 22 thousand cases [6]. From the total number of cancer sufferers in North Sumatra in 2019, breast cancer ranks first with 856 cases [7].

Approximately two-thirds of all breast cancer cases have hormone receptor-positive breast cancer [estrogen receptors positive (ER+) or estrogen receptors positive plus progesterone receptors positive (ER+ plus PR+)]. After primary treatment (surgery, radiation, and chemotherapy), adjuvant hormonal therapy (AHT) is a standard therapy prescribed for most hormone receptor positive breast cancer. The most common two types of AHT used are selective estrogen receptor modulators (SERM) such as tamoxifen





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and aromatase inhibitors (AI) that inhibit estrogen production such as anastrozole [8]. Long-term management by AHT for five years or more is highly effective in reducing recurrence, mortality rates and improve overall survival [9, 10].

Being diagnosed with breast cancer and the various treatment approaches present several challenges to the women which impact on their overall health and wellbeing [11]. Many women undergoing treatment for recently diagnosed breast cancer report clinically relevant symptoms of anxiety and/or depression [12]. Evidence suggests the prevalence of comorbid mental health problems such as anxiety and depression which are linked to decreased quality of life of breast cancer patients [11]. Longitudinal studies have shown that mental health symptoms tend to improve over time, with many breast cancer survivors reaching similar levels to those of the general population around 1 year after the diagnosis [13].

These common mental health problems exacerbate the health outcomes of the patients due to their interference with illness management as some of the symptoms may include a loss of interest, lack of concentration, loss of appetite, restlessness, hopelessness and, in some cases, suicidal ideation [11]. Factors that have been associated with poorer mental health and quality of life include younger age at diagnosis, lower socio-economic status, persistent fatigue, lymphedema or arm symptoms, and having had chemotherapy [13].

A promising innovation for addressing psychological distress is called The Emotional Freedom Techniques (EFT) [14]. Emotional freedom technique combines elements of established methods such as exposure and cognitive therapies with somatic stimulation in the form of acupressure (fingertip pressure on acupuncture points). It is described in a treatment manual that has been available since the inception of the method [15]. EFT has been proven by more than 100 studies that prove its effectiveness in treating physiological and psychological symptoms [16]. Previous studies have also proven that EFT is statistically significant in dealing with psychological distress based on more than 98% of related studies [17]. In addition, it is also significant in reducing anxiety, depression, fatigue, stress management, and fear [14, 18, 19]. And EFT is an effective clinical technique for managing students' mental health issues [20].





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Breast cancer treatments prompt changes in a person's physical appearance, sexuality, and fertility that interfere with their identity, attractiveness, self-esteem, social relationships, and sexual functioning. Patients also report more fatigue and sleep disturbances. Treatment side effects, together with prognostic uncertainty cause the woman to suffer negative experiences, such as stress in significant relationships, and emotions, like anxiety, sadness, guilt, and/or fear of death with negative consequences on breast cancer patients' [21].

Both the hormonal therapy and emotional freedom technique is important to increase the speed recovery of patients. However, there is limited research yet that address those two treatments at the same time to treat the patients specifically on geographically or cultural base of such as Indonesia. Most treatment in hospital only focuses on treatment the cancer only or treat the psychological only. When in fact, both treatments can go hand in hand to faster the patient's recovery. According to Church & David (2019), clinical EFT (Emotional Freedom Techniques) offers a promising technique to improve both the physical and psychological dimensions of well-being [22].

This research aims to explore the validity and reliability of the adjuvant hormonal therapy with emotional freedom technique (AH-EFT) module among breast cancer patients. By integrating adjuvant hormonal therapy with EFT, this study seeks to provide a comprehensive treatment approach tailored to the unique cultural and geographical context of Indonesia, ultimately enhancing patient recovery and quality of life.

2. Research Method

This research is a quantitative survey study with a descriptive design aimed at analysing the content validity and reliability of the AH-EFT module. The descriptive design, as explained by Arip and Tamizi (2024), allows the researcher to provide a systematic depiction of the situation and characteristics of specific phenomena, which in this study relates to the validity and reliability of the AH-EFT module [23].

The research follows several main stages in its development process. The first stage involves constructing the module, supported by an in-depth literature review, referencing previous studies and works by key figures in the fields of hormonal therapy and emotional techniques, such as Elwood V. Jensen, V. Craig Jordan and Gary Craig, as





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well as relevant theories from Sari et al. (2021) [24] and Ordu et al. (2018) [25]. This review is intended to ensure that the AH-EFT module developed has a solid and relevant theoretical foundation.

In the second stage, content validity testing is conducted by a panel consisting of 6 experts experienced in the construction and implementation of modules for breast cancer care. The panel includes 2 breast cancer specialists, 2 nurse practitioners experienced in breast cancer care, and 2 therapy experts in adjuvant hormonal therapy and emotional freedom technique. Validity is analysed quantitatively by calculating the cumulative score from the module validity questionnaire completed by the experts. In addition, the views and critiques offered by the experts are analysed to provide deeper insights into the module's development.

The third stage of the research is reliability testing, aimed at evaluating the consistency and stability of the AH-EFT module in delivering reliable outcomes. Thus, this study combines descriptive and quantitative methods to ensure that the AH-EFT module developed meets high standards of validity and reliability and can be effectively implemented in guidance and counselling services within the context of breast cancer care.

3. Results and Discussions

The first phase is module development. In the first phase of the research, the investigator successfully developed the AH-EFT module, including sub-modules and self-directed activities, for doctors or counsellors in Indonesia and other countries. This phase involved the creation of the module, sub-modules, and self-directed activities, which encompass:

- a. Assessment: This initial stage of the therapy focuses on establishing a baseline for each patient, aiding in the identification and documentation of their specific emotional and psychological challenges related to breast cancer and hormonal therapy. The key steps include: 1) identification of specific problems; 2) recording the problem on the patient progress sheet; 3) listing and noting the scale/intensity of the perceived problem.
- b. AH-EFT Steps: The AH-EFT steps commence with the administration of tamoxifen





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or aromatase inhibitor (AI) medications. This is followed by the setup, then the tune-in, the 9-gamut procedure, and finally, the tapping.

- c. Evaluation: The patient is able to identify the mental health scale/health after the AH-EFT steps. The therapist and patient evaluate the implementation process of the AH-EFT.

The second phase of the study focuses on content validity testing, where a total of six experts were appointed to evaluate the validity of the AH-EFT module, as well as the suitability of its sessions and activities. During this expert validation phase, the initial draft of the AH-EFT module was presented to a panel comprising specialists in oncology, psychology, and complementary therapies. These experts assessed the module using validation instruments specifically designed for this study, focusing on key aspects such as the clarity of the content, relevance to patient needs, effectiveness of the teaching methods, and the integration of Emotional Freedom Technique with hormonal therapy.

For this study, two methods of expert validation were used: a) Overall content validity based on Russell's method, which includes five statements regarding module validity, and b) Session and activity suitability validity of sub-modules based on Arip and Tamizi (2024) [23]. According to Arip and Tamizi (2024), three expert panelists are sufficient to evaluate the validity of a questionnaire [23]. Arip & Tamizi (2024) suggested that six to nine experts are adequate to assess the module and its items [23]. Following the external critique method, the researcher selected 6 expert panelists to evaluate the AH-EFT module for doctors or counsellors in Indonesia and other countries. These experts were chosen for their expertise in guidance and counseling, module development, and extensive experience as academic psychologists and counselors.

Quantitative data was collected through validation questionnaires completed by the subject matter experts. The experts rated the module on a scale from 1 to 10, where 1 indicated "strongly disagree" and 10 indicated "strongly agree." To determine the content validity, the total score provided by the experts (x) was divided by the maximum possible score (y) and multiplied by one hundred. A module achieving a score of 70% or higher is deemed to have a high level of validity, indicating a strong degree of acceptance and feasibility [26, 27].





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Table 1.

Validity according to the Russel model (1974)

The AH-EFT Module is based on the evaluation of expert panel

No	Item	Percentage	Expert consent
1	The content if this module meets its target population	98%	Accepted
2	The content of this module can be implemented perfectly	97%	Accepted
3	The content of this module corresponds to the time allotted	97%	Accepted
4	The content of this module can improve the level of clinical outcome and mental health	97%	Accepted
5	The content of this module can transform an individual's behavior into a healthy physical and mental health	97%	Accepted
Overall Content Validity of AH-EFT		97%	Accepted

Table 1 shows the minimum percentage value for each statement as recommended. the highest content validity percentage of 98% for the item “The content of this module meets its target population.” Meanwhile, the content validity percentage of 97% was consistent across several items, including “The content of this module can be implemented perfectly,” “The content of this module corresponds to the time allotted,” “The content of this module can improve the level of clinical outcome and mental health,” and “The content of this module can transform an individual's behaviour into healthy physical and mental health.” However, overall validity value provided by these external experts is high and this indicates that the five statements are compatible with one another. The validity values which are about the same among these 6 panels indicate that difference in opinion between the experts did not arise. Overall, validity value according to Russel's statement is 97%.

In addition to assessing module validity according to Russel, the researcher also conducted validity assessments based on Arip and Tamizi (2024) by examining the adjuvant hormonal therapy with emotional freedom technique and assignments within the module [23]. Table 2 elucidates the expert validity of the suitability of adjuvant hormonal therapy with emotional freedom technique and assignments in the AH-EFT module.

Table 2.





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Validity values and activities of AH-EFT module based on expert panel evaluation

Activity	Item	Percentage	Expert consent
	Sub Modules and Activities		
	Take tamoxifen or AI medication (letrozole, anastrozole, or exemestane)	95%	Accepted
Activity	Patient is able to take tamoxifen or AI medication (letrozole, anastrozole, or exemestane)	97%	Accepted
	The Set Up	95%	Accepted
Activity	The patient is able to make a set up sentence that has been modeled or demonstrated by the therapist at the previous meeting while rubbing or tapping the chest (afternoon point) and the back of the hand (karate chop point)	95%	Accepted
	The Tune- In	95%	Accepted
Activity	The patient is able to do tune- in or round tapping	95%	Accepted
	The 9 Gamut Procedure	93%	Accepted
Activity	The patient is able to perform the 9 Gamut Procedure	93%	Accepted
	The Tapping	93%	Accepted
Activity	Patient is able to do back round tapping	93%	Accepted
	TOTAL	95%	Accepted

The table above presents the results of the expert consensus evaluation for the sub-modules and activities of the AH-EFT module. The percentage of expert agreement indicates the content validity level of each item within the modul. In the evaluation of the AH-EFT module's sub-modules and activities, the highest expert agreement percentage was recorded for the sub-module “Patient is able to take tamoxifen or AI medication (letrozole, anastrozole, or exemestane),” which achieved an impressive 97% agreement. Conversely, the lowest expert agreement was observed in the sub-module “The 9 Gamut Procedure” and its corresponding activity, both of which received a 93% agreement rating. Overall, the content validity for the AH-EFT module was rated at 95% more than 70%. This means that the level of AH-EFT validity is high and has a strong consistency.

Phase three is study findings. The findings of the study in phase three pertain to the reliability values of the AH-EFT module among breast cancer. Russell states that the reliability of a module can be assessed by how well participants can follow its content. Arip and Tamizi (2024) explains that there are two methods for testing a module's reliability: through the steps in each activity or through the objectives within





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the module [23]. In this study, the researcher developed a questionnaire to assess the module's reliability and administered it to doctors or counsellors in Indonesia and other countries.

After collecting data from the study subjects, the data was analyzed using the alpha Cronbach (α) method with The Statistical Package for Social Science (SPSS). The reliability coefficient obtained through this method is also known as the alpha Cronbach coefficient [28]. According to Arip and Tamizi (2024), a questionnaire with an α (alpha) value exceeding 0.6 at a significance level of .05 is considered a good assessment [23]. Arip and Tamizi (2024) states that a reliability value less than 0.6 is considered low and unacceptable, while a value between 0.6 and 0.8 is considered moderate and acceptable, and a value above 0.8 is considered high and excellent [23]. This is because each step in the module's activities determines whether participants have mastered the module's objectives. According to Arip and Tamizi (2024), a measurement tool is considered high if it accurately measures what it is intended to measure [23]. The reliability findings of the study are presented in Table 3.

Table 3.
Reliability coefficient values of techniques and tasks in the AH-EFT module among breast cancer patients (N = 30)

Activity	Item	α	Expert consent
Sub Modules and Activities			
	Take tamoxifen or AI medication (letrozole, anastrozole, or exemestane)	.667	Accepted
Activity	Patient is able to take tamoxifen or AI medication (letrozole, anastrozole, or exemestane)	.712	Accepted
	The Set Up	.946	Accepted
Activity	The patient is able to make a set up sentence that has been modeled or demonstrated by the therapist at the previous meeting while rubbing or tapping the chest (afternoon point) and the back of the hand (karate chop point)	.776	Accepted
	The Tune- In	.930	Accepted
Activity	The patient is able to do tune- in or round tapping	.654	Accepted
	The 9 Gamut Procedure	.724	Accepted
Activity	The patient is able to perform the 9 Gamut Procedure	.792	Accepted
	The Tapping	.822	Accepted
Activity	Patient is able to do back round tapping	.712	Accepted
TOTAL		.0934	Accepted

Based on Table 3, the reliability coefficient value of the AH-EFT Module





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shows that the overall reliability coefficient for the module, as assessed among breast cancer patients, is high at .946. The lowest reliability coefficient is observed in the patient is able to do tune-in or round tapping, with a value of .654, the highest reliability coefficient for the Set Up, with a reliability coefficient of .946. The overall reliability value of the AH-EFT module is 0.934. Therefore, the high alpha value indicates that the AH-EFT Module is both acceptable and reliable for use by doctors and counsellors in Indonesia and other countries.

The process of obtaining this reliability value is in line with what previous researchers have done on their modules by Fuad et al. (2019) [26], Mohaiyuddin et al. (2019) [29], and Arip & Tamizi (2024) [23]. The use of the AH-EFT Module can have various impacts on breast cancer patients. The literature review also highlighted a growing body of research on the effectiveness of integrating psychological interventions, such as EFT, into cancer care. Studies have shown that EFT, a method involving tapping on acupressure points while focusing on negative emotions, can reduce emotional distress, anxiety, and improve overall mental health [30]. Similarly, adjuvant hormonal therapy is known to be crucial for improving survival rates in breast cancer patients but is often accompanied by severe emotional side effects [31].

4. Conclusion

This study successfully developed the adjuvant hormonal therapy with emotional freedom technique (AH-EFT) among breast cancer patients based on theoretical frameworks and previous research. The study benefits the development of other modules by highlighting the need for high validity and reliability assessments. Consequently, this module can be applied in the future and contributes to the field of research. High-quality research results following appropriate procedures can serve as a guide and reference for future researchers to produce quality studies. Ultimately, it is hoped that the findings of this study will benefit the community, particularly psychologists and counselors, in maintaining mental well-being. The researcher hopes that this module will enlighten module developers and lead to higher quality innovations. This module helps the community in terms of clinical outcome and mental wellness.

5. Compliance with ethical standards





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Disclosure of conflict of interest

This research collaboration is a positive thing for all researchers so that conflicts, problems and others are absolutely no problem for all writers.

Statement of informed consent

Every action we take as authors is a mutual agreement or consent.

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