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**Spiritual Techniques to Reduce Anxiety in Chronic Kidney Disease Patients Undergoing Haemodialysis: A Study on SQEFT**Sawiji Sawiji^{1,2*}, Faridah Mohd Said¹, Musheer Abdulwahid Aljaberi^{1,3}, Rahmat Prasetyo Utomo², Akhmad Huda⁴¹ Faculty of Nursing, Lincoln University College, Petaling Jaya 47301, Malaysia² Nursing Department, Faculty of Health Science, Universitas Muhammadiyah Gombong, Indonesia³ Faculty of Medicine and Health Sciences, Taiz University, Taiz 6803, Yemen⁴ Nursing Department, Sekolah Tinggi Ilmu Kesehatan Rajekwesi, Bojonegoro 62171, Indonesia**ABSTRACT**

This study explores the effectiveness of spiritual techniques, specifically the Qur'anic Emotional Freedom Technique (SQEFT), in reducing anxiety among chronic kidney failure patients undergoing haemodialysis. A quasi-experimental one-group pre-test post-test design was employed on 29 patients over 30 days, with sessions held twice weekly. Anxiety levels, assessed using the Hospital Anxiety and Depression Scale (HADS), showed a significant reduction after the intervention ($p = 0.000$). These findings suggest that SQEFT, as a spiritual technique, offers a promising non-pharmacological approach to managing anxiety in haemodialysis patients. Future studies are encouraged to explore its broader psychological benefits and long-term impact on patient well-being.

Keywords: Spiritual Techniques, Qur'anic Emotional Freedom Technique, Anxiety

*Corresponding Author: Sawiji Sawiji

*Email: sawiji@unimugo.ac.id**1. Introduction**

Globally, chronic kidney disease (CKD) represents a significant health burden, particularly in developing countries. According to the 2019 KDIGO report, nearly 700 million people worldwide suffer from CKD (Shlipak et al., 2021). The World Health Organization (WHO) ranks CKD as the 10th leading cause of death globally (WHO,





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2018). In Indonesia, the prevalence of CKD has increased from 2% in 2013 to 3.8% in 2018 (Ministry of Health, Indonesia, 2018).

Patients with CKD require renal replacement therapies to compensate for the loss of kidney function, such as haemodialysis, peritoneal dialysis, or kidney transplantation (Safruddin et al., 2022). Haemodialysis remains the most common and primary treatment for end-stage renal disease (Analiya, 2019). This lifelong dependency on haemodialysis often leads to both physical and psychological challenges, with anxiety being a predominant psychological concern. Approximately 45.7% of haemodialysis patients experience anxiety (Ibrahim et al., 2022). Anxiety can exacerbate the condition, leading to poor self-care, indecisiveness, and reduced motivation. Moreover, it may result in fatigue, depression, sleep disturbances, and impaired information processing (Siregar et al., 2022).

Both pharmacological and non-pharmacological therapies can address anxiety. However, pharmacological solutions are often short-term and may have adverse long-term effects (Momennasab et al., 2018; Arina & Bunga, 2020). Non-pharmacological approaches, such as the Qur'anic Emotional Freedom Technique (SQEFT), integrate spiritual practices with emotional therapy to offer holistic treatment.

A preliminary study conducted on February 28, 2024, at PKU Muhammadiyah Gombong Hospital revealed 3,447 CKD patients undergoing haemodialysis in 2023, with 351 patients in January 2024. Interviews using the HADS questionnaire showed that among 10 patients, 4 experienced mild anxiety, 4 moderate anxiety, and 2 severe anxiety. Given the lack of targeted interventions, this study investigates the influence of SQEFT on reducing anxiety levels among CKD patients undergoing haemodialysis at this hospital.

2. Research Method

This study employed a quasi-experimental design with a one-group pre-test post-test approach to determine the impact of the Qur'anic Emotional Freedom Technique (SQEFT) on anxiety levels. The study population included 351 chronic kidney failure patients undergoing haemodialysis at PKU Muhammadiyah Gombong Hospital. Using purposive sampling, 29 patients were selected as participants. Data were collected using





the Hospital Anxiety and Depression Scale (HADS) questionnaire, which consists of seven questions. Data analysis involved frequency distribution for respondent characteristics and paired t-tests to evaluate the intervention's effectiveness. The research was conducted at PKU Muhammadiyah Gombong Hospital from June 28 to July 28, 2024.

3. Results and Discussions

a. Result

Table 1
Characteristics of Chronic Kidney Disease Patients
Undergoing Haemodialysis at PKU Muhammadiyah Gombong Hospital by
Age, Education, Occupation, and Duration of Haemodialysis (n=29)

No	Characteristics	Frequency (n)	Percentage (%)
1.	Age	<30 years	3.4
		31-40 years	13.8
		41-50 years	27.6
		51-60 years	34.5
		>60 years	20.7
		Total	29
2.	Education Level	Elementary School	37.9
		Junior High	27.6
		Senior High	24.1
		College	10.3
		Total	29
3.	Occupation	Unemployed	27.6
		Farmer/ Gardener	51.7
		Trader	17.2
		Teacher	3.4
		Total	29
4.	Duration of HD	0-3 months	20.7
		4-7 months	48.3
		8- 11 months	27.6
		12 months	3.4
		Total	29

Based on Table 1, the characteristics of haemodialysis patients at PKU Muhammadiyah Gombong Hospital show that out of 29 respondents, the majority are aged 51-60 years, with a frequency of 10 individuals (34.5%), followed by those aged 41-





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50 years (8 individuals, 27.6%), >60 years (6 individuals, 20.7%), 31-40 years (4 individuals, 13.8%), and <30 years (1 individual, 3.4%). Regarding education level, most respondents had elementary education (11 individuals, 37.9%), followed by middle school (8 individuals, 27.6%), high school (7 individuals, 24.1%), and college education (3 individuals, 10.3%). Concerning occupation, the majority were farmers or gardeners (15 individuals, 51.7%), followed by unemployed individuals (8 individuals, 27.6%), traders (5 individuals, 17.2%), and teachers (1 individual, 3.4%). Regarding the duration of haemodialysis, most respondents fell into the 4-7 months category (14 individuals, 48.3%), followed by 8-11 months (8 individuals, 27.6%), 0-3 months (6 individuals, 20.7%), and 12 months (1 individual, 3.4%).

Table 2

Anxiety Levels of Chronic Kidney Disease Patients
Undergoing Haemodialysis Before and After SQEFT Therapy (n=29)

No	Anxiety level (Average Score)	Frequency	Percentage (%)
Pre-Test	Mild (9,2)	7	24.1
	Moderate (11,6)	14	48.3
	Severe (15,3)	8	27.6
	Total	29	100.0
Post Test	Normal (5,6)	6	20.7
	Mild (9,5)	15	51.7
	Moderate (13,1)	8	27.6
	Total	29	100.0

Based on the pre-test results for anxiety levels, 7 respondents (24.1%) experienced mild anxiety, 14 respondents (48.3%) experienced moderate anxiety, and 8 respondents (27.6%) experienced severe anxiety. This indicates that the majority of respondents experienced moderate anxiety before the therapy. From the post-test results, the number of respondents in the normal condition increased to 20.7% (6 respondents), while those with mild anxiety increased to 51.7% (15 respondents). The number of respondents with moderate anxiety remained the same at 27.6% (8 respondents).

Table 3

The Effect of Spiritual Therapy Qur'anic Emotional Freedom Technique (SQEFT)
on Anxiety Levels of Chronic Kidney Disease Patients Undergoing Haemodialysis (n=29)





	Mean	Sig. (2-tailed)
Pre Test- Post Test	2.379	.000

Based on Table 3, the results of the Paired Sample T-Test show that before and after the therapy, the mean reduction in anxiety levels was 2.379 with a significance value of 0.000 ($p < 0.05$). Thus, H1 is accepted, indicating that the Spiritual Therapy Qur'anic Emotional Freedom Technique (SQEFT) significantly affects the anxiety levels of chronic kidney disease patients undergoing haemodialysis.

b. Discussion

1) Characteristics of Chronic Kidney Disease Patients Undergoing Haemodialysis at PKU Muhammadiyah Gombong Hospital

a. Age

Based on the respondent characteristics table, the majority of haemodialysis patients are in the age range of 51-60 years, with a frequency of 10 individuals (34.5%) out of the total respondents. The least represented age group is <30 years, with only 1 individual (3.4%). Age is one of the factors contributing to chronic kidney failure, as kidney function declines with advancing age (Adam et al., 2019). Over time, the kidneys may experience atrophy, leading to a reduction in cortical thickness by approximately 20%. Additionally, aging can cause thickening of the glomerular basement membrane, mesangial expansion, and extracellular matrix protein deposition, resulting in glomerulosclerosis (Prasetyo et al., 2018). Aging affects kidney function, and this condition is exacerbated by comorbidities such as hypertension and diabetes, which are commonly found in the elderly (Santoso, 2018).

A study titled “*Characteristics of Chronic Kidney Disease Patients Undergoing Haemodialysis at RSUD Kotabaru District Hospital*” reported that the majority of patients with chronic kidney failure were aged 41-50 years, accounting for 15 patients (30%) out of 50 total patients (Badariah et





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al., 2017). Furthermore, a study by Husna et al. (2021) found that most respondents were aged 46-55 years (40%), classified as early elderly, and above 55 years (40%), classified as late elderly. These findings align with Pramesti (2019), which reported the average age of patients as 49.04 years. This age falls into the early elderly category, where respondents begin to experience declining function, health issues, and complaints. Kidney function typically starts to decline at age 40, progressing gradually until age 70, with an estimated reduction of approximately 50% from normal values. Therefore, most CKD patients in this study were aged 41-51 years.

Based on the data obtained, supported by previous studies and existing theories, it can be concluded that age is a factor influencing the occurrence of chronic kidney failure. Older patients are more likely to have a higher risk due to declining kidney function.

b. Education

Based on the educational level, the majority of patients have an elementary school education, totaling 11 individuals (37.9%). This is followed by 8 individuals (27.6%) with middle school education, 7 individuals (24.1%) with high school education, and 3 individuals (10.3%) who have attended college.

An individual's mindset can be one factor influencing their educational attainment. The higher a person's educational level, the easier it is for them to think critically, grasp new information, and analyze it. This capability helps them address challenges effectively (Budi, 2020). According to Nutbeam (2000), education level affects a person's ability to acquire, understand, and use health information to make informed decisions. Patients with higher education levels tend to have better health literacy, which helps reduce anxiety as they better understand their health conditions and how to manage them.

Social Cognitive Theory by Bandura (1986) suggests that education can influence self-efficacy, or an individual's belief in their ability to manage health issues. Patients with higher education levels tend to have greater self-





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efficacy, enabling them to manage anxiety and stress more effectively. Additionally, the Stress and Coping Theory by Lazarus and Folkman (1984) posits that education level affects a person's ability to recognize and use effective coping strategies. Patients with higher education are more capable of identifying and applying coping strategies that help alleviate anxiety.

A study titled “*Factors Related to Anxiety Levels in Chronic Kidney Disease Patients Undergoing Haemodialysis*” found that low educational levels make individuals more prone to anxiety due to difficulties in thinking rationally, absorbing new information, and solving problems. It concludes that education level influences a person’s ability to understand disease mechanisms and complications, adhere to treatment, and make informed health decisions. As a result, individuals with lower education levels are at higher risk of experiencing anxiety.

Research by Sari et al. (2019) involving 150 haemodialysis patients found that 60% had low education levels (elementary and middle school). This study highlights that patients with lower education levels are more likely to develop chronic kidney disease (CKD) due to limited knowledge about healthy lifestyles and disease prevention. Additionally, lower education levels are associated with restricted access to adequate health information and services. Wahyuni (2020), in a study involving 200 respondents, revealed that patients with higher education levels (high school and college) have a better understanding of their diseases, which helps them manage anxiety and adhere to treatments more consistently. Hidayat (2018), with 120 respondents, also found that patients with lower education levels experienced higher anxiety levels, primarily due to their inability to understand and manage health information effectively.

Based on the available data and literature, it can be concluded that education plays a crucial role in managing anxiety among haemodialysis patients. Patients with lower education levels tend to have higher anxiety levels due to their limited knowledge of the disease and its treatment.





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Therefore, interventions involving comprehensive and easily understandable health education are essential to reduce anxiety.

c. Occupation

Based on the employment characteristics data, the majority of haemodialysis patients work as farmers or gardeners, accounting for 15 individuals (51.7%). Additionally, 8 individuals (27.6%) are unemployed, 5 individuals (17.2%) work as traders, and only 1 individual (3.4%) works as a teacher.

Jangkup et al. (2015), in their study titled “*Anxiety Levels in Chronic Kidney Disease Patients Undergoing Haemodialysis at BLU RSUP Prof. DR. RD Kandou Manado,*” stated that employment status can influence anxiety levels in chronic kidney disease patients undergoing haemodialysis. This may be attributed to unemployed respondents feeling like a financial burden on their families due to the high costs associated with dialysis treatment. Employment is often linked to a person’s economic and social status; individuals with better economic and social conditions are generally at lower risk of experiencing anxiety compared to those with lower economic and social statuses. This is because individuals with limited resources face numerous challenges in meeting their needs, including medications and healthcare facilities required during their illness (Gunawan & Kamalah, 2021).

d. Duration of Haemodialysis

Based on the respondent characteristics table, the majority of haemodialysis patients had undergone the procedure for 4-7 months, accounting for 14 individuals (48.3%). Additionally, 8 individuals (27.6%) had been undergoing haemodialysis for 8-11 months, 6 individuals (20.7%) for 0-3 months, and 1 individual (3.4%) for 12 months.

The duration of haemodialysis can also influence anxiety levels. Studies by Wahyudi (2015) and Alfikrie et al. (2020) found that anxiety levels are higher among patients who had been undergoing haemodialysis for less than six months compared to those undergoing it for more than six months.





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This is because patients in the early stages may struggle to adjust to their illness, treatment, ongoing care requirements, dietary restrictions, and potential complications. Anxiety levels tend to decrease as patients adapt to the haemodialysis machine over time (Wahyudi, 2015). The long-term nature of haemodialysis, often for the remainder of a patient's life, can contribute to anxiety due to uncertainties about their condition (Cohen et al., 2018).

According to the Stress Adaptation Theory by Lazarus and Folkman (1984), individuals experiencing long-term stress, such as haemodialysis patients, undergo an adaptation process that can reduce anxiety levels over time. New patients may experience heightened anxiety because they are in the early stages of adaptation. The Crisis Theory by Caplan (1964) is also relevant, as patients beginning haemodialysis may face emotional crises requiring time to adjust.

A study by Huda Al Husna et al. (2021) titled "*The Relationship Between Duration of Haemodialysis and Anxiety Levels in Haemodialysis Patients at Universitas Muhammadiyah Malang Hospital*" found a significant relationship between the duration of haemodialysis and anxiety levels, with a p-value of 0.011 ($p < 0.05$). The relationship showed a moderate negative correlation ($r = -0.337$), meaning that the longer the duration of haemodialysis, the lower the anxiety levels of patients. This aligns with a study by Indriyati & Herawati (2022), which reported a strong statistical correlation between the duration of haemodialysis and significant anxiety reduction in chronic kidney failure patients undergoing haemodialysis at RSUI Kustati Surakarta, with a correlation coefficient of -0.721 and a significance value of 0.000.

Based on the data and existing theories, it can be concluded that the duration of haemodialysis significantly influences patient anxiety levels. Patients who have recently started haemodialysis tend to experience higher anxiety levels as they adjust to the procedure and lifestyle changes. Over time, anxiety levels typically decrease as patients adapt and gain a greater sense of control over their condition. Researchers suggest that SQEFT therapy can help





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reduce anxiety in new haemodialysis patients by providing emotional and spiritual support. Additionally, support from experienced patients can facilitate the adaptation process for new patients, helping them feel calmer and more confident in managing their haemodialysis treatment.

2) Overview of Anxiety Levels in Chronic Kidney Disease Patients at the Hemodialysis Unit of PKU Muhammadiyah Gombong Hospital

Based on the research conducted by the researcher on 29 respondents with chronic kidney failure undergoing hemodialysis therapy at RS PKU Muhammadiyah Gombong, after being given a pre-test by filling out the HADS questionnaire, the results showed that the anxiety levels of the 29 respondents were as follows: 7 (24.1%) respondents had mild anxiety, 14 (48.3%) respondents had moderate anxiety, and 8 (27.6%) respondents had severe anxiety. The respondents complained of experiencing anxiety due to various factors. Some of them were due to not having adapted to the hemodialysis procedure, uncertainty about their future health, the hemodialysis procedure that often causes discomfort or pain, and the strict therapy schedule.

Hemodialysis is one of the therapies used as a replacement for kidney function in patients with end-stage renal failure, which can improve life expectancy, but it can have psychological impacts on patients. One of the psychological issues that often arise in hemodialysis patients is anxiety, stress, and also depression (Diawati, 2023). Anxiety that cannot be managed can have negative impacts on patients, such as fatigue, depression, sleep difficulties, and difficulties in processing information (Siregar et al., 2022).

This result is consistent with previous research titled "Anxiety in Chronic Kidney Disease Patients Undergoing Hemodialysis: A Literature Review," which found that most chronic kidney disease patients undergoing hemodialysis from five journal studies experienced anxiety, with a prevalence of 65.54%, consisting of 18.76% with mild anxiety, 29.53% with moderate anxiety, and 17.23% with severe anxiety (Saadah & Hartanti, 2021).

In line with the respondents' statements on the HADS questionnaire, the





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respondents mostly complained of feeling easily fatigued during activities and being unable to perform heavy tasks. Some respondents mentioned that they were able to carry out activities as usual without excessive fatigue. Furthermore, the respondents complained of frequent worries without clear reasons, with some saying they had trouble sleeping due to feelings of worry and tension. Additionally, respondents experienced sudden feelings of panic, fear of something bad happening, difficulty sitting still, and frightening sensations as if something was wrong inside their stomach.

3) The Effect of Qur'anic Spiritual Emotional Freedom Technique (SQEFT) Therapy on the Anxiety Levels of Hemodialysis Patients.

The researcher provided the "SQEFT Therapy" intervention to 29 respondents for 30 days with two sessions per week, making a total of 8 sessions over 30 days. The sessions were scheduled according to the respondents' haemodialysis schedules. During the first meeting in the first week, which took place on Saturday, Monday, and Tuesday, the researcher distributed the HADS questionnaire (Pre-test) to the respondents. Respondents who had mild to severe anxiety levels were immediately given SQEFT therapy. Before teaching the therapy, the researcher first ensured that the respondents were willing to undergo SQEFT therapy, then explained the procedure according to the standard operating procedures (SOP) to the patients. Afterward, the researcher conducted SQEFT therapy with the patients. After the therapy, the researcher conducted a brief evaluation by asking the respondents about their feelings.

In the second to seventh sessions, the researcher continued to conduct SQEFT therapy and evaluated the respondents' feelings afterward. In the final session, after the researcher performed SQEFT therapy, the researcher administered the HADS questionnaire (Post-test) to the respondents to assess whether there was any effect of the SQEFT therapy on the anxiety levels.

After providing Spiritual Qur'anic Emotional Freedom Technique (SQEFT) therapy to 29 respondents, the post-test results using the HADS questionnaire showed that 6 (20.7%) respondents were normal, 15 (51.7%)





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respondents had mild anxiety, and 8 (27.6%) respondents had moderate anxiety. The post-test anxiety scores of the respondents decreased by 2.379 from the pre-test results, indicating a reduction in anxiety levels after receiving SQEFT therapy, with a significant value of 0.000 (sig<0.05). Therefore, H1 was accepted, and H0 was rejected, which means there was a significant difference in the anxiety levels before and after SQEFT therapy.

Furthermore, this study aligns with another study titled "The Effect of Spiritual Emotional Freedom Technique (SEFT) Therapy on Anxiety Reduction in Chronic Kidney Disease (CKD) Stage V Patients Undergoing Haemodialysis at RSUD Dr. R. Soedarsono, Pasuruan," which found that SEFT therapy had an effect on reducing anxiety levels before and after the intervention, with a p-value of 0.000 and a significant level of 0.05 ($p=0.000 \leq \alpha 0.05$) (Bahruddin et al., 2023).

Spiritual Qur'anic Emotional Freedom Technique (SQEFT) therapy is one of the therapies used to reduce anxiety levels. In addition, SQEFT therapy can foster a sense of sincerity, enabling patients to accept their illness positively through patience, hope for recovery, and the ability to find wisdom in their experience. This will enhance the quality of life for kidney failure patients, with improvements in physical, social, and psychological aspects. SQEFT was chosen to reduce anxiety because it focuses on enhancing the spiritual well-being of kidney failure patients. Spirituality and health are closely related. Even in common diseases, the patient's mental state, emotions, attitude, awareness, and the prayers offered for the patient can greatly influence recovery (Wijayati et al., 2020).

The role of SQEFT therapy in reducing anxiety is intrinsically related to the mechanism that arises from the stimulation of acupuncture points, which releases negative energy from the body's energy system. SQEFT uses tapping stimulation on acupuncture points. This process increases neurotransmitter flow, weakens the hypothalamic-pituitary-adrenal (HPA) axis, and reduces cortisol, the stress hormone (Arnata et al., 2018). Additionally, prayer and Qur'anic therapy





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have been scientifically shown to produce calming effects, enhance relaxation, and eliminate negative disturbances, including reducing stress, anxiety, and depression (Rosyanti, 2018).

Based on the analysis, the researcher concluded that SQEFT therapy is a non-pharmacological approach that can be applied to haemodialysis patients experiencing anxiety. In addition to being effective in reducing anxiety levels, this therapy can also improve the quality of life of patients and provide spiritual support that positively influences their psychological condition.

4. Conclusion

The characteristics of chronic kidney failure patients undergoing hemodialysis at RS PKU Muhammadiyah Gombong show that the majority of patients are in the age group of 51-60 years, with 10 (34.5%) respondents. Based on education, the majority had completed elementary school, with 11 (37.9%) respondents. In terms of occupation, the most common profession was farmer/gardener, with 15 (51.7%) respondents. Based on the duration of hemodialysis, the majority had been undergoing hemodialysis for 4-7 months, with 14 (48.3%) respondents.

The anxiety levels of patients before receiving the intervention were as follows: mild anxiety in 7 (24.1%) patients, moderate anxiety in 14 (48.3%) patients, and severe anxiety in 8 (27.6%) patients. The anxiety levels of patients after receiving the intervention were as follows: normal anxiety in 6 (20.7%) patients, mild anxiety in 15 (51.7%) patients, and moderate anxiety in 8 (27.6%) patients.

Based on the Paired Sample T-Test, the average anxiety level before therapy was 12.21, and after therapy, the average level decreased to 9.83, showing a reduction of 2.379, with a significant value of 0.000 ($\text{sig} < 0.05$). Therefore, H1 is accepted, and H0 is rejected, which means there is a significant effect of the SQEFT therapy on reducing anxiety levels.

5. Compliance with ethical standards

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Gombong Hospital. It is hoped that this research will offer tangible contributions and solutions to the challenges of anxiety.

Disclosure of conflict of interest

This research collaboration has been constructive for all involved researchers, and no conflicts or issues have arisen among the authors.

Statement of informed consent

All research activities conducted have been approved by the respondents, with their full consent obtained prior to any involvement.

Reference

1. Abraham, C. & Sheeran, P. 2016, 'The Health Belief Model', in Cambridge Handbook of Psychology, Health and Medicine, 2nd edition, Cambridge University Press, Inggris.
2. Adam, R. H., Medan, M., Simatupang, D., Kep, S., Kep, M., & Situmorang, F. (2019). cross sectional. 79–89.
3. Analiya. (2019). Gambaran Kualitas Tidur Pasien Yang Menjalani Hemodialisis Di Rsud Kraton Kabupaten Pekalongan. [Pekalongankab.Go.Id](http://pekalongankab.go.id), 1–65. <http://pekalongankab.go.id/v2/pemerintahan/profil/sejarah>
4. Anwar, M., et al. (2019). "Adaptasi Psikologis pada Pasien Hemodialisa: Sebuah Studi Longitudinal." *Jurnal Psikologi Indonesia*, 12(1), 65-72.
5. Arina, & Bunga. (2020). Pengaruh Aromaterapi Terhadap Tingkat Kelelahan (Fatigue) pada Pasien Gagal Ginjal yang Menjalani Terapi Hemodialisa. Seminar Nasional Keperawatan Universitas Muhammadiyah Surakarta (SEMNASKEP), 45–53.
6. Arnata, A. P., Rosalina, R., & Lestari, P. (2018). Pengaruh Terapi Spiritual Emotional Freedom Technique (SEFT) Terhadap Peningkatan Kualitas Tidur pada Lansia di Desa Gondoriyo Kecamatan Bergas Kabupaten Semarang. *Indonesian Journal of Nursing Research (IJNR)*, 1(1), 48–61. <https://doi.org/10.35473/ijnr.v1i1.3>
7. Astiana, Y., Wardana, M. Y. S., & Subekti, E. E. (2021). Analisis Kemampuan Pemecahan Masalah Dalam Menyelesaikan Soal Cerita Pecahan. *MENDIDIK: Jurnal Kajian Pendidikan Dan Pengajaran*, 7(1), 54–59. <https://doi.org/10.30653/003.202171.143>
8. Badariah, Kusuma, F. H. D., & Dewi, N. (2017). Karakteristik Pasien Penyakit Ginjal Kronik yang Menjalani Hemodialisis di RSUD Kabupaten Kotabaru. *Nursing News*, 2(2), 281–285.
9. Bahruddin, M., Hartono, D., & Sunanto. (2023). Pengaruh terapi spiritual emotional freedom technique (SEFT) terhadap penurunan kecemasan pasien chronic kidney disease (CKD) stage V yang menjalani HD di RSUD dr. R. Soedarsono Kota Pasuruan. *Jurnal Ilmu Kesehatan Mandira Cendikia*, 2(11), 1–10. <https://journal->





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mandiracendikia.com/index.php/JIK-MC/article/view/657/532

10. Bandura, A. (1986). "Social Foundations of Thought and Action: A Social Cognitive Theory." Englewood Cliffs, NJ: Prentice-Hall.
11. Cohen, L., Manion, L., & Morrison, K. (2018). *Research Methods in Education* (8th ed.). New York: Routledge.
12. Diawati, dkk. (2023). Diawati, Penerapan Terapi Spiritua (GBD) memperkirakan bahwa pada tahun Ahmad Yani Kota Metro pada bulan Mei. 3, 486–494.
13. Fitriana, N. (2020). Terapi SEFT (Spiritual Emosional Freedom Technique) Pada Remaja Dalam Upaya Peningkatan Kualitas Tidur Pada Kasus Insomnia. Universitas Muhammadiyah Magelang), 4–11.
14. Gunawan, A., & Kamalah, A. D. (2021). Gambaran Tingkat Kecemasan Pada Pasien Yang Menjalani Hemodialisa : Literature Review. *Prosiding Seminar Nasional Kesehatan*, 1, 1233–1242. <https://doi.org/10.48144/prosiding.v1i.818>
15. Hanifa, L., Bariyah, K., Zulfikar, D., Yachub, M., Yuli Wijayanti, D., & Dwidiyanti, M. (2021). Efektivitas Terapi Spiritual Qur'anic Emotional Freedom Technique (SQEFT) Terhadap Perubahan Skor Brief Psychiatric Rating Scale (BPRS) Pada Orang Dengan Skizofrenia. *Jurnal Ilmiah Kesehatan Jiwa*, 3(1), 31–40. <http://jurnal.rs-amino.jatengprov.go.id/index.php/JIKJ/article/view/33/24>
16. Hidayat, M. (2018). "Tingkat Kecemasan pada Pasien Hemodialisa Berdasarkan Pendidikan." *Jurnal Psikologi Klinis*, 10(2), 150-158.
17. Huda Al Husna, C., Ika Nur Rohmah, A., Ayu Pramesti, A., Muhammadiyah Malang, U., Jl Bendungan Sutami No, I., Lowokwaru, K., Malang, K., & Timur, J. (2021). Hubungan Lama Menjalani Hemodialisis Dengan Kecemasan Pasien. *Indonesian Journal of Nursing Health Science ISSN*, 6(1), 31–38.
18. Ibrahim, M. B., Badawi, S. E. A., & Alameri, R. A. (2022). Assessment of Pain and Anxiety During Arteriovenous Fistula Cannulation Among Hemodialysis Patients: A Cross-Sectional Study in Saudi Arabia. *Journal of Multidisciplinary Healthcare*, 15(October 2021), 705–718. <https://doi.org/10.2147/JMDH.S344256>
19. Indriyati, & Herawati, V. D. (2022). Mekanisme Koping Dan Lama Hemodialisa Terhadap Tingkat Kecemasan Pada Pasien Gagal Ginjal Kronik Yang Menjalani Hemodialisa. *E-Proceeding 2nd SENRIABDI 2022*, 2, 31–39.
20. IRR. (2018). 11th report Of Indonesian renal registry 2018. *Indonesian Renal Registry (IRR)*, 14–15.
21. Jangkup, J. Y. K., Elin, C., & Kandou, L. F. J. (2015). Tingkat kecemasan pada pasien penyakit ginjal kronik (pgk) yang menjalani hemodialisis di blu rsup prof. Dr. R. D. Kandou Manado.
22. Johnson, D. (2021). et al. (2021). Hemodialysis Use and Practice Patterns: An International Survey Study . *American Journal of Kidney Diseases*, University of Bristol - Explore Bristol Research. 77, 326–335.





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Journal Homepage: <https://jurnal.agdosi.com/index.php/IJHS/index>

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23. Kemenkes RI. (2018). Hasil Riset Kesehatan Dasar Tahun 2018. Kementerian Kesehatan RI, 53(9), 1689–1699.
24. Lazarus, R. S., & Folkman, S. (1984). "Stress, Appraisal, and Coping." New York: Springer.
25. Meilani, R., Alfikrie, F. dan Purnomo, A. (2020) 'Efektivitas Relaksasi Otot Progresif Terhadap Kadar Gula Darah: Penelitian Quasi Eksperimen Pada Penderita Diabetes Militus Tipe 2 Usia Produktif, Borneo Nursing Journal (Bnj), 2(2), pp. 22-29.
26. Momennasab, M., Ranjbar, M., & Najafi, S. S. (2018). Comparing the effect of listening to music during hemodialysis and at bedtime on sleep quality of hemodialysis patients: A randomized clinical trial. *European Journal of Integrative Medicine*, 17(September 2017), 86–91. <https://doi.org/10.1016/j.eujim.2017.12.001>
27. Nasution, S. H., Syarif, S., Musyabiq, S., Fakultas, D., Masyarakat, K., & Indonesia, U. (2020). Penyakit Gagal Ginjal Kronis Stadium 5 Berdasarkan Determinan Umur , Jenis Kelamin , dan Diagnosa Etiologi di Indonesia Tahun 2018 *Chronic Kidney Failure Disease Stage 5 Based on Determinants of Age , Gender , and Diagnosis of Etiology in Indonesia in 201*. 4(1), 2018–2021.
28. Notoatmodjo, S. (2018). *Metodologi Penelitian Kesehatan*. 144.
29. Nurlan, F. (2019). *Buku Ajar Metodologi penelitian kuantitatif* (1st ed.). Pilar Nusantara.
30. Nutbeam, D. (2000). "Health Literacy as a Public Health Goal: A Challenge for Contemporary Health Education and Communication Strategies into the 21st Century." *Health Promotion International*, 15(3), 259-267.
31. Prasetyo, A., Pranowo, S., & Handayani, N. (2018). Karakteristik Pasien Gagal Ginjal Yang Menjalani Terapi Hemodialisa Di Rsud Cilacap | Prasetyo | Prosiding Seminar Nasional dan Penelitian Kesehatan 2018. Prosiding Seminar Nasional Dan Diseminasi Penelitian Kesehatan STIKes Bakti Tunas Husada Tasikmalaya, April, 1–6. https://ejurnal.stikesbth.ac.id/index.php/P3M_PSNDPK/article/view/335/93
32. Puspitasari, E. (2020). "Analisis Faktor yang Mempengaruhi Kecemasan Pasien Hemodialisa." *Jurnal Keperawatan*, 11(3), 145-153.
33. Rahmawati, I., et al. (2018). "Hubungan Lama Menjalani Hemodialisa dengan Tingkat Kecemasan pada Pasien di RSUP Dr. Hasan Sadikin." *Jurnal Keperawatan Klinis*, 10(2), 98-105.
34. Rosyanti, L., Hadi, I., Tanra, J., Islam, A., & Hatta, M. (2018). Health Notions, Volume 2 Number 8 (August 2018) The Effectiveness of Spiritual Qur'anic Emotional Freedom Technique (SQEFT) Intervence Against the Change of Brief Psychiatric Rating Scale (BPRS) on Patient with Schizophrenia 895 | Publisher : Hu. 2(8), 895–900.
35. Saadah, S., & Hartanti, R. D. (2021). Gambaran Kecemasan Pasien Gagal Ginjal Kronik Yang Menjalani Hemodialisa : Literature Review. Seminar Nasional Kesehatan, 2021.
36. Safruddin, Asfar, (2022). Edukasi Pentingnya Diet Cairan dan Nutrisi pada Penderita Gagal Ginjal Kronik yang Menjalani Terapi Hemodialisis. *Idea Pengabdian Masyarakat*,





Publish: Association of Indonesian Teachers and Lecturers

International Journal of Health Sciences (IJHS)Journal Homepage: <https://jurnal.agdosi.com/index.php/IJHS/index>

Volume 3 | Number 1 | March 2025 |



- 2(04), 196–201. <https://doi.org/10.53690/ipm.v2i04.146>
37. Santoso, H. (2018). "Teori Penuaan dan Implikasinya terhadap Kesehatan." *Jurnal Gerontologi Indonesia*, 6(1), 23-30.
38. Sari, A. D., et al. (2019). "Hubungan antara Usia dan Tingkat Kecemasan pada Pasien Hemodialisa di RSUD Dr. Soetomo." *Jurnal Kesehatan Indonesia*, 9(2), 112-120.
39. Shlipak, M. G., Tummalapalli, (2021). The case for early identification and intervention of chronic kidney disease: conclusions from a Kidney Disease: Improving Global Outcomes (KDIGO) Controversies Conference. *Kidney International*, 99(1), 34–47. <https://doi.org/10.1016/j.kint.2020.10.012>
40. Siregar, W. M., Tanjung, D., & Effendy, E. (2022). Efektivitas Terapi Musik Alam terhadap Tingkat Kecemasan pada Pasien Hemodialisis. *Journal of Telenursing (JOTING)*, 4(2), 428–438. <https://doi.org/10.31539/joting.v4i2.2692>
41. Trisa Siregar, C. (2020). *Buku Ajar Manajemen Komplikasi Pasien Hemodialisa* (1st ed.). Deepublish.
42. Utami, R., et al. (2019). "Prevalensi Gagal Ginjal Kronik Berdasarkan Usia" *Jurnal Nefrologi Indonesia*, 14(2), 210-220.
43. Wahyuni, R. (2020). "Pengaruh Pendidikan terhadap Tingkat Kecemasan Pasien Hemodialisa." *Jurnal Kesehatan Masyarakat*, 12(1), 75-82.
44. Waluyo, A. (2023). Hemodialisa ikhtiar untuk menjaga tubuhku. *Jurnal Keperawatan Jiwa*, 11(1), 121–128.
45. Wijayati, S., Fitriyanti, S. A., & Arwani, A. (2020). Pengaruh Terapi Spiritual Emotional Freedom Technique (SEFT) Terhadap Penurunan Tingkat Depresi Pada Pasien Kanker Serviks. *Medica Hospitalia: Journal of Clinical Medicine*, 7(2), 398–402. <https://doi.org/10.36408/mhjcm.v7i2.511>
46. World Health Organization. (2018). WHO - The top 10 causes of death. 24 Maggio. <http://www.who.int/en/news-room/fact-sheets/detail/the-top-10-causes-of-death>

