

**Research Article**

**The effect of Emotional Freedom Technique on fear and anxiety level among health professionals working in the selected hospital, Kanpur U.P.**

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**ABSTRACT**

**BACKGROUND:** Anxiety is an uncomfortable sensation that is generally linked to feelings of unease, fear, or concern. It is a normal human emotion that everyone encounters at various times; many individuals experience anxiety or nervousness when confronted with a challenge at work or prior to making a significant decision.

**AIM:** The present study aimed to assess the effectiveness of Emotional Freedom Technique on the level of fear and anxiety among health professionals.

**METHODS:** A quasi-experimental study with a pre-test and post-test design was adopted. The researcher used non-probability convenience sampling technique and select 60 sample from the Mariampur hospital, Kanpur. Data was analysed by use of descriptive and inferential statistics.

**RESULTS:** The pre-test findings showed that 20 participants (33.33%) experienced mild fear and anxiety, 33 participants (55%) experienced moderate fear and anxiety, and 7 participants (11.67%) experienced severe fear and anxiety. Following the intervention, the post-test findings revealed that 39 participants (65%) had mild fear and anxiety, 21 participants (35%) had moderate fear and anxiety, and none of the participants (0%) experienced severe fear and anxiety. The mean pre-test score was  $21.00 \pm 4.17$ , whereas the mean post-test score decreased to  $16.15 \pm 4.01$ . The calculated paired *t*-value was **6.55**, which was greater than the table value of **2.00** at 59 degrees of freedom, indicating a statistically significant difference between the pre-test and post-test scores. Research hypothesis H1 was accepted and Null hypothesis H01 was rejected.

**CONCLUSION:**The study concluded that Emotional Freedom Technique was effective in reducing the level of fear and anxiety among health professionals. The significant reduction in the mean anxiety score following the intervention suggests that EFT may be a useful complementary technique for managing fear and anxiety among health professionals.

**KEYWORDS:** Emotional Freedom Technique, Fear, Anxiety, Health Professionals.

## **INTRODUCTION**

Hospitals are establishments dedicated to health services. At present, health services encompass not only the infrastructure of hospitals but also the quality of care delivered by health professionals. The presence of health workers is a crucial factor in health services, as they play a vital role in aiding the community. The varied duties and responsibilities of health workers, as outlined by hospital regulations, can lead to a significant workload stemming from numerous tasks and pressures. This workload may induce stress that impacts the performance of health workers. Work-related stress can also arise when the demands exceed the limits of one's capabilities, ultimately resulting in pressure on health workers and affecting their health, including an increased risk of chronic illnesses. Since its establishment in 1995, Emotional Freedom Techniques (EFT) has been a structured approach, leading to structured clinical practice, training, and research applications. Each element of EFT, a concise intervention, encompasses exposure, cognitive therapy, and the physical stimulation of acupuncture points located on the face and body.

## **BACKGROUND OF THE STUDY**

Anxiety is an uncomfortable sensation that is generally linked to feelings of unease, fear, or concern. It is a normal human emotion that everyone encounters at various times; many individuals experience fear and anxiety when confronted with a challenge at work or prior to making a significant decision. EFT a somatic-cognitive therapy activating acupuncture points through tapping while focusing on specific stressors. EFT is based on various alternative medicine theories, including acupuncture, neuro-linguistic programming, energy medicine, and Thought Field Therapy (TFT). Additionally, EFT incorporates aspects of exposure therapy, cognitive behavioural therapy, and somatic stimulation.

## **NEED FOR THE STUDY**

Healthcare workers (nurses, doctors, allied health staff) operate under intense physical and psychological strain due to long shifts, life-or-death decisions, high workloads, and exposure to patient suffering. Anxious or fearful healthcare workers experience impaired decision-

making, reduced attention to detail, decreased job satisfaction, and increased absenteeism, which compromises patient safety and overall healthcare delivery. EFT is a brief, low cost, non-pharmacological intervention that can be practiced with minimal training. Reducing healthcare worker fear and anxiety is directly linked to higher clinical outcomes and patient safety. This study is expected to provide innovation in alternative methods to overcome the risk of work fear and anxiety in health professionals, considering that health professionals play an important role in patient care.

## **STATEMENT OF THE PROBLEM**

**“TheeffectofEmotionalfreedomtechniqueonfearandanxietylevelamonghealth professionals working in the selected hospital, Kanpur U.P.”**

## **OBJECTIVE OF THE STUDY**

Research objectives are specific accomplishment the researcher hopes to achieve by conducting study.

- To assess the pre-test level of fear and anxiety among health professionals working in the selected hospital, Kanpur U.P.
- To evaluate the effectiveness of emotional freedom technique on fear and anxiety level among health professionals working in the selected hospital, Kanpur U.P.
- To find out the association between pre-test score of fear and anxiety level among health professionals working in the selected hospital with their selected socio demographic variables.

## **HYPOTHESIS**

Hypothesis was tested at 0.05 level of significance.

## **RESEARCH HYPOTHESIS**

- **H1:** There is significant difference between the pre-test and post-test level of fear and anxiety among health professionals working in the selected hospital.
- **H2:** There is significant association between the pre-test and post-test level of fear and anxiety among health professionals working in the selected hospital with their selected demographic variables.

## **NULL HYPOTHESIS**

- **H01:** There is no significant difference between the pre-test and post-test level of fear and anxiety among health professionals working in the selected hospital.
- **H02:** There is no significant association between the pre-test level of fear and anxiety among health professionals with their selected demographic variables.

## **METHODOLOGY**

### **RESEARCH APPROACH**

The Research approach used for this study was Quantitative evaluative research approach.

### **RESEARCH DESIGN**

The research design that was used in this study was Quasi-experimental, One group pre- test post-test research design.

## **VARIABLES**

### **INDEPENDENT VARIABLES**

In the present study, the independent variable is Emotional Freedom Technique on fear and anxiety.

### **DEPENDENT VARIABLES**

In the present study, the dependent variables are fear and anxiety level among health professionals.

### **SOCIO DEMOGRAPHIC VARIABLES**

In this present study demographic variables were age in year, Gender, Religion, experience, qualification, occupation, monthly income, average working hours per day.

## **POPULATION**

In this study the population was all health professionals working in selected Hospitals.

### **TARGET POPULATION**

The target population of present study consisted of health professionals working in hospitals, Kanpur, U.P.

### **ACCESSIBLE POPULATION**

Accessible population of present study consisted of health professionals working at Mariampur hospital, Kanpur, U.P.

## **SAMPLE**

The samples used for this study was health professionals who are met the inclusion criteria.

## **SAMPLE SIZE**

Sample size for the study consisted of 60 health professionals who are working in Mariampur hospital Kanpur Uttar Pradesh.

## **SAMPLING TECHNIQUE**

In this study, Non-probability convenience sampling technique was used to select the sample.

## **SAMPLE CRITERIA**

### **Inclusion criteria:**

Thehealthprofessionalswhowere-

1. Workingat selectedhospital.
2. Health professionals with profound fear and anxiety

### **Exclusion criteria:**

Thehealthprofessionalswhowere-

1. Notavailableatthetime ofdatacollection.
2. Notwillingtoparticipateinthestudy.

## **DEVELOPMENT OF THE TOOL**

Data gathering tools are methods or apparatus that a researcher uses to evaluate or observe significant variables in a study.

### **The tool consisted of two section:**

**SECTION A:** It consisted of the socio-demographic variables Age in \_\_\_\_\_ years, Gender, religion, experience, occupation, qualification, monthly income and average working hours per day.

**SECTION B:** It consisted of self-structured questionnaire Modified Hamilton Fear and Anxiety rating scale.

## RESULTS AND FINDINGS

### SECTIONI-DISSEMITIONANDCOMPARISONOFPRE-TESTANDPOST-TESTLEVELOFFEARAND ANXIETY LEVEL AMONG HEALTH PROFESSIONALS.

**Table 1:** Table showing dissemitionandcomparisonofpre-testandpost-testleveloffearand anxiety level among health professionals.

| n=60                                                  |           |             |           |             |  |
|-------------------------------------------------------|-----------|-------------|-----------|-------------|--|
| Emotional Freedom Technique on Fear and Anxiety level | Pre-test  |             | Post-test |             |  |
|                                                       | Frequency | Percentage  | Frequency | Percentage  |  |
| Mild                                                  | 20        | 33.33%      | 39        | 65%         |  |
| Moderate                                              | 30        | 55%         | 21        | 35%         |  |
| Severe                                                | 7         | 11.67%      | 00        | 00%         |  |
| <b>Total</b>                                          | <b>60</b> | <b>100%</b> | <b>60</b> | <b>100%</b> |  |

### SECTIONII-COMPARING THE PRE-TEST AND POST-TEST LEVELS OF ANXIETY AND FEAR AMONG HEALTH PROFESSIONALS SELECTED HOSPITAL KANPUR.

**Table 2:** Comparison of pre-test and post-test levels of fear and anxiety among health professionals selected hospital Kanpur

| n= 60 |                           |         |                 |                 |                    |
|-------|---------------------------|---------|-----------------|-----------------|--------------------|
| S.no. | Level of fear and anxiety | of mean | Mean difference | Mean percentage | Standard deviation |
| 1.    | Pre-test                  | 21      | 4.85            | 35%             | 4.17               |
| 2.    | Post-test                 | 16.15   |                 | 26.15%          | 4.01               |

### SECTIONIII-EVALUATE THE EFFECT OFEMOTIONAL FREEDOM TECHNIQUE ON FEAR AND ANXIETY LEVEL AMONG HEALTH PROFESSIONALS WORKING IN THE SELECTED HOSPITAL, KANPUR

**Table 3:** Table showing mean difference, paired “t” test of structured frequency

**n=60**

| S.NO. | Level of fear and anxiety | mean  | Mean difference | Standard deviation | Paired “t” Test | Level of significance |
|-------|---------------------------|-------|-----------------|--------------------|-----------------|-----------------------|
| 1.    | Pre-test                  | 21    |                 |                    | 6.55            | 0.05                  |
|       |                           |       | 4.85            | 4.17               |                 | significant           |
| 2.    | Post-test                 | 16.15 |                 | 4.01               |                 |                       |

**SECTION IV-**Association between thelevel ofpre-test Modified Hamilton fear and anxietyscale of health professional with their selected demographic variables.

The result show that theassociationbetweenpre-testscorewithselecteddemographicvariables. Here, At the 0.05 level of significance, the computed chi-square value was lower than the table figure. Thus, there were significant association with age in yrs, experience but there is no significant with other selected demographic variables. HenceResearch hypothesis(H2)wasaccepted andnullhypothesis(H02)was rejected.

### CONCLUSION

Thefindingsofthestudyrevealedthattherewas significant associationbetween pre-test level score with their selected demographic variables like age in years, religions, working experience, on the other hand there were no significant association between, gender,qualification, occupation, monthly income, average working hours.

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