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THE EFFICACY OF EMOTIONAL FREEDOM TECHNIQUE IN REDUCING WORKPLACE STRESS AMONG HEALTHCARE PROFESSIONALS: A QUASI-EXPERIMENTAL STUDY

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ABSTRACT
This study explored the relationship between Emotional Freedom Technique (EFT) and workplace stress (WPS) among healthcare professionals. Using a quasi-experimental design, 46 participants (23 males and 23 females) were selected via convenience sampling from twin cities, Rawalpindi and Islamabad. The findings revealed a negative correlation between EFT and WPS, suggesting that individuals experiencing higher levels of stress are more likely to engage in EFT sessions. Paired sample t-tests and ANOVA analyses further demonstrated significant reductions in workplace stress after EFT interventions, with p-values < 0.001 and moderate to large effect sizes (Cohen's d = 0.359 to 0.843). Across subgroups with different initial stress levels, a consistent decline in mean WPS scores was observed (from M = 26.58 to M = 21.17), reinforcing the effectiveness of EFT in reducing workplace stress across diverse healthcare professionals. The study highlights EFT as a promising tool for managing stress in healthcare settings and its potential for general application in reducing stress among professionals from varying backgrounds.
***Keywords**:Workplace Stress, Emotional Freedom Technique, Stress Reduction, Healthcare Professionals, Quasi-Experimental Study*

INTRODUCTION

Emotional Freedom Technique (EFT), developed in the 1980s and formalized in the 1990s, aims to resolve mental and physical health issues by restoring the body's energy balance. Church (2013) describes EFT as tapping on specific areas of the face and upper body to reduce anxiety, phobias, and occupational stress. Research has demonstrated its effectiveness, with Church et al. noting that just four sessions of EFT can alleviate PTSD and related symptoms. Diepold and Goldstein (2009) highlighted EFT's ability to improve the body's stress, emotion, and pain regulation systems by reducing amygdala activity, which mitigates "fight or flight" responses (Stapleton & Porter, 2009). EFT is particularly beneficial for healthcare workers, especially in high-stress environments like emergency rooms.

During the COVID-19 pandemic, these professionals faced heightened stress, anxiety, and depression (Kang et al., 2020; Lai et al., 2020). EFT's effectiveness is comparable to CBT and mindfulness for treating anxiety **and** PTSD (Brattberg, 2008). Workplace stress is a significant issue for healthcare professionals, often leading to burnout, job dissatisfaction, and health problems. Factors such as long shifts, heavy workloads, and emotional strain contribute to this stress (Shanafelt et al., 2015). While traditional approaches like mindfulness and cognitive-behavioral therapy are effective,

alternative methods are gaining attention. Church (2013) suggests that Emotional Freedom Technique

(EFT), which integrates psychological acupressure and cognitive techniques, is a promising method for reducing workplace stress and improving emotional well-being. Workplace stress is a growing global issue, impacting various regions. According to Gallup's Global Workplace Report (2022), 44% of individuals' worldwide experience daily workplace stress, with healthcare practitioners facing rates between 27% and 87.4%. In Asia, rapid economic growth and demanding work cultures have significantly increased stress levels (International Labour Organization, 2016). Similarly, the American Institute of Stress (2022) reports that 83% of U.S. workers experience job-related stress, affecting both personal well-being and productivity.

The Emotional Freedom Technique (EFT) combines cognitive-behavioral therapy (CBT) with acupressure, focusing on specific stressors while tapping on meridian points to promote emotional balance (Craig, 2011). According to Church (2013), EFT helps restore energy flow disrupted by stress, easing emotional distress and improving symptoms of anxiety, depression, and PTSD. Clond's (2016) meta-analysis confirmed EFT's potential for reducing stress-related disorders, further supported by Church et al. (2012), who found EFT lowered cortisol levels.

Current research exploring the link between Emotional Freedom Technique (EFT) and workplace stress among healthcare practitioners is limited.

Most studies have small sample sizes, underscoring the need for more extensive and rigorous investigations. Additionally, there is a lack of longitudinal research assessing the long-term effects of EFT on occupational stress across different healthcare environments and demographics. Theories of stress include systemic stress, based on physiological responses (Selye, 1976), and psychological stress, which focuses on cognitive appraisals (Lazarus, 1966). Selye's General Adaptation Syndrome (GAS) describes stages of alarm, resistance, and exhaustion in response to prolonged stimuli. Lazarus' model emphasizes stress as a relational concept involving personal appraisal and coping strategies (Lazarus & Folkman, 1984). Understanding stress's impact on emergency ward personnel is essential, as it can cause burnout and

compromise patient care. This study explores EFT's effectiveness for stress management.

Objectives:

- 1.Evaluate the efficacy of EFT on reducing perceived workplace stress among healthcare professionals.
- 2. Assess changes in emotional resilience and coping mechanisms post-EFT intervention.
- 3.Explore healthcare professionals' perceptions of using EFT for stress management.
- 4.Identify factors influencing the adoption and sustainability of EFT in healthcare settings.

Significance/Contribution: This study holds potential significance in addressing occupational stress among healthcare professionals, who often face high levels of burnout and mental health challenges. EFT, a psychological acupressure method combining cognitive therapy and acupressure, may offer a non-invasive, time-efficient approach to stress management. By focusing on healthcare professionals, the study aims to provide evidence for EFT's effectiveness, potentially enhancing emotional well-being, reducing burnout, and improving patient care. The findings could fill the existing knowledge gap on EFT's applicability in high-stress professions and contribute to comprehensive stress management strategies in medical settings, benefiting both practitioners and patient outcomes.

Methodology:

According to Fraenkel et al. (2012), experimental designs enable systematic investigation of cause-and-effect by controlling variables. Shadish et al. (2002) highlighted their ability to manage independent variables, while Trochim (2006) emphasized their objectivity and generalizability in healthcare stress research. This study used a quasi-experimental design, employing a pre- and post-test control group approach. Pre-post intervention designs are often used to compare conditions before and after a treatment is applied. Convenience

sampling, based on participant availability, was used in this study. It is common in practical settings where recruiting random samples is challenging. The therapy and interviews were conducted in therapeutic clinics. A total of 46 participants were selected using convenience sampling, including 23 male and 23 female healthcare practitioners, all aged 25 years and older. The study estimated a sample size, considering factors like study design, effect size, and significance level. However, the final sample consisted of 46 participants from different hospitals. This questionnaire gathered participants' background information, including gender, occupation, experience, age, education, religion, marital status, and family structure. The Workplace Stress Scale (WSS), developed by Rosenfeld in 1988 and validated over time, was used to assess participants' stress levels. WSS, maintained by the American Institute of Stress (AIS), has evolved through collaborative research to measure stress in professional settings.

Procedure:

The researcher obtained approval from the Research Program Committee and permission to use the Workplace Stress Scale. Participants were selected based on stress levels assessed by the WSS, and those with high scores were invited to participate. After completing a demographic questionnaire, participants underwent four 45-minute therapy sessions, incorporating therapeutic techniques like Emotional Freedom Technique (EFT) and hypnosis. Each session was designed to help participants reduce workplace stress through techniques practiced during and outside the sessions. Participants were informed about the study's purpose, session duration (45-60 minutes), and schedule before giving their consent. Participants' privacy was assured, and they were allowed to withdraw at any time. All data remained confidential and was accurately reported. EFT techniques were demonstrated and practiced during individual sessions, with pre- and post-assessments conducted using the WSS. As the sessions progressed, many participants showed positive changes in stress levels, though some senior healthcare practitioners displayed less engagement, resulting in slower progress. Descriptive statistics, including mean and standard deviation, were used to evaluate demographic data. SPSS 26 was used for analysis, employing paired sample t-tests to assess pre- and post-intervention differences and ANOVA for relationships between demographics and the studied variables.

Results:

This study aimed to investigate the effect of Emotional Freedom Techniques (EFT) on workplace stress experienced by healthcare professionals. A sample of 12 healthcare professionals was selected from various hospitals. To meet the study's objectives, several statistical analyses were conducted using SPSS-26. In the initial phase, descriptive statistics, including frequencies, percentages, means, and standard deviations, were calculated for all study and demographic variables. Additionally, a reliability analysis was performed to assess internal consistency.

Table 4.1 Demographic characteristics of sample in the study (N=46)

Categories	**M(SD)**	***f* (%)**
Age	1.42 (.67)	
25-29		31 (67.4)
30-32		11 (23.9)
33-37		4 (8.7)
Gender	1.50 (.52)	
Male		23 (50.0)
Female		23 (50.0)
Experience (years)	1.33 (.65)	

Categories	M(SD)	*f* (%)
1-3		34 (73.9)
4-6		8 (17.4)
7-9		4 (8.7)
Hospital	3.25(1.48)	
DHQ Rawalpindi		8 (17.4)
Al-Mustafa Hospital		8 (17.4)
Behria Hospital		8 (17.4)
MediCare Hospital		11 (23.9)
Akhtar Medical Complex		11 (23.9)

The table outlines the demographic characteristics of the healthcare professionals involved in the study (N = 46). The participants' age distribution shows that the majority (67.4%) were between 25 and 29 years old, with a smaller proportion aged 30-32 (23.9%) and 33-37 (8.7%). The mean age category was 1.42 with a standard deviation of 0.67, indicating a relatively young sample. In terms of gender, the participants were evenly split, with 50% male and 50% female respondents (M = 1.50, SD = 0.52), ensuring balanced representation across genders. The majority of participants had 1-3 years of experience (73.9%), while 17.4% reported 4-6 years of experience, and 8.7% had 7-9 years of professional experience. The mean experience category was 1.33 with a standard deviation of 0.65, reflecting a predominantly early-career sample. The participants worked in various healthcare facilities, with the largest proportions coming from MediCare Hospital (23.9%) and Akhtar Medical Complex (23.9%), while 17.4% each were employed at DHQ Rawalpindi, Al-Mustafa Hospital, and Behria Hospital. The mean hospital category was 3.25 with a standard deviation of 1.48, demonstrating a balanced distribution across different medical institutions. This diverse sample provides a comprehensive representation of healthcare professionals from multiple hospitals and varying levels of experience.

Table 4.2
Cronbach's Alpha of the Work-Place Stress Scale (N = 46)

Variables	K	A
Work-Place Stress Scale	8	.825

Note: α = Cronbach's Alpha, K = Number of Items.

Table presents the psychometric characteristics of the Work-Place Stress Scale (WPSS) utilized in this study. The WPSS consists of 8 items and demonstrates a Cronbach's alpha of .825, reflecting a high level of internal consistency.

Table 4.3
Paired Sample T-Test Comparing Pre- and Post-Assessment of the Impact of Emotional Freedom Techniques on Workplace Stress Among Healthcare Professionals (N = 46)

Variable	Pre-Assessment		Post-Assessment		T	df	p	Cohen's d
	M	SD	M	SD				
WPSS	27.57	3.353	26.17	3.589	3.977	11	.000	0.407

Note: M = Mean, SD = Standard Deviation, T = T-test statistic, df = degrees of freedom, p = significance level, Cohen's d = effect size.

The table presents the results of a paired sample t-test conducted to compare pre- and post-assessment scores on the Work-Place Stress Scale (WPSS) among healthcare professionals (N = 12) to evaluate the impact of Emotional Freedom Techniques (EFT). The pre-assessment mean score for workplace stress was 27.57 (SD = 3.353), while the post-assessment mean score decreased to 26.17 (SD = 3.589). The t-test revealed a statistically significant reduction in workplace stress following the EFT intervention, t(11) = 3.977, p = .000, indicating a meaningful change. The effect size, measured by Cohen's d, was 0.407, suggesting a moderate impact of EFT on reducing workplace stress in this sample.

Table 4.4
Paired Sample T-Test Comparing Pre- and Post-Assessment of the Impact of Emotional Freedom Techniques on Workplace Stress Among Healthcare Professionals (N = 46)

Variable	Pre-Assessment		Post-Assessment		T	df	p	Cohen's d
	M	SD	M	SD				
WPSS	25.43	3.647	24.08	3.317	5.0	11	.000	0.369

Note: p < .05, M = Mean, SD = Standard Deviation, df = Degrees of Freedom, WPSS = Work-Place Stress Scale.

The table displays the results of a paired sample t-test conducted to assess the impact of Emotional Freedom Techniques (EFT) on workplace stress among healthcare professionals (N = 12). The mean score for workplace stress in the pre-assessment was 25.43 (SD = 3.647), while the post-assessment mean score decreased to 24.08 (SD = 3.317). The t-test yielded a t-value of 5.0 with 11 degrees of freedom, indicating a statistically significant reduction in workplace stress following the EFT intervention (p < .001). The effect size, calculated using Cohen's d, was 0.369, suggesting a moderate effect of EFT in reducing workplace stress. These results underscore the effectiveness of EFT in alleviating stress among healthcare professionals in the study.

Table 4.5
Paired Sample T-Test Comparing Pre- and Post-Assessment of the Impact of Emotional Freedom Techniques on Workplace Stress Among Healthcare Professionals (N = 46)

Variable	Pre-Assessment		Post-Assessment		T	df	p	Cohen's d
	M	SD	M	SD				
WPSS	24.18	3.35	22.43	3.349	7.10	11	.000	0.537

Note: p < .05, M = Mean, SD = Standard Deviation, df = Degrees of Freedom, WPSS = Work-Place Stress Scale.

This table presents the results of a paired sample t-test that compared pre- and post-assessment scores on the Work-Place Stress Scale (WPSS) to evaluate the effects of Emotional Freedom Techniques (EFT) on workplace stress among healthcare professionals (N = 46). The mean score for workplace stress in the pre-assessment was 24.18 (SD = 3.35), while the post-assessment mean score significantly decreased to 22.43 (SD = 3.349). The t-test yielded a t-value of 7.10 with 11 degrees of freedom, indicating a statistically significant reduction in workplace stress following the EFT intervention (p < .001). The calculated effect size, as indicated by Cohen's d, was 0.537, suggesting a moderate to large effect of EFT in alleviating workplace stress. These findings underscore the effectiveness of EFT in reducing stress levels among healthcare professionals in the study.

Table 4.6
Paired Sample T-Test Comparing Pre- and Post-Assessment of the Impact of Emotional Freedom Techniques on Workplace Stress Among Healthcare Professionals (N = 46)

Variable	Pre-Assessment		Post-Assessment		T	df	p	Cohen's d
	M	SD	M	SD				
WPSS	22.35	3.349	21.27	2.833	4.791	11	.001	0.385

Note: $p < .05$, M = Mean, SD = Standard Deviation, df = Degrees of Freedom, WPSS = Work-Place Stress Scale.

This table shows the results of a paired sample t-test conducted to compare pre- and post-assessment scores on the Work-Place Stress Scale (WPSS) to evaluate the impact of Emotional Freedom Techniques (EFT) on workplace stress among healthcare professionals (N = 46). In the pre-assessment, the mean score for workplace stress was 22.35 (SD = 3.349), while the post-assessment mean score decreased to 21.27 (SD = 2.833). The t-test produced a t-value of 4.791 with 11 degrees of freedom, indicating a statistically significant reduction in workplace stress following the EFT intervention ($p < .001$). The effect size, measured by Cohen's d, was 0.385, suggesting a moderate effect of EFT on reducing workplace stress. These findings underscore the effectiveness of EFT in alleviating stress levels among healthcare professionals in this study.

Table 4.7
Paired Sample T-Test Comparing Pre- and Post-Assessment of the Impact of Emotional Freedom Techniques on Workplace Stress Among Healthcare Professionals (N = 46)

Variable	Pre-Assessment		Post-Assessment		T	df	p	Cohen's d
	M	SD	M	SD				
WPSS	21.19	2.833	18.96	2.513	6.748	11	.000	0.863

Note: $p < .05$, M = Mean, SD = Standard Deviation, df = Degrees of Freedom, WPSS = Work-Place Stress Scale.

The table presents the findings of a paired sample t-test that compared pre- and post-assessment scores on the Work-Place Stress Scale (WPSS) to evaluate the effectiveness of Emotional Freedom Techniques (EFT) on workplace stress among healthcare professionals (N = 46). The pre-assessment mean score for workplace stress was 21.19 (SD = 2.833), while the post-assessment mean score significantly decreased to 18.96 (SD = 2.513). The t-test resulted in a t-value of 6.748 with 11 degrees of freedom, indicating a statistically significant reduction in workplace stress levels after the application of EFT ($p < .001$). The effect size, measured by Cohen's d, was 0.863, which suggests a large effect of EFT on reducing workplace stress. These results provide strong evidence for the effectiveness of EFT in alleviating stress among healthcare professionals in the sample.

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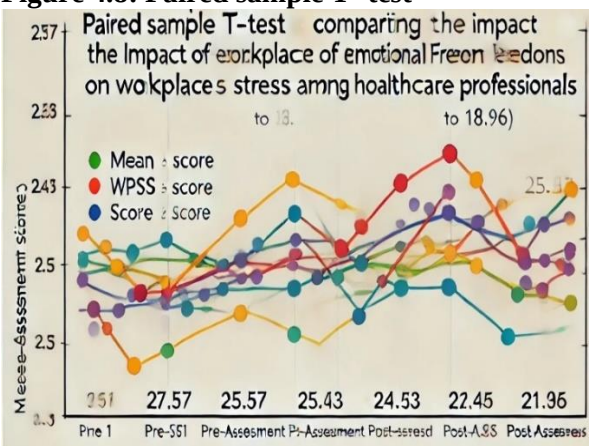
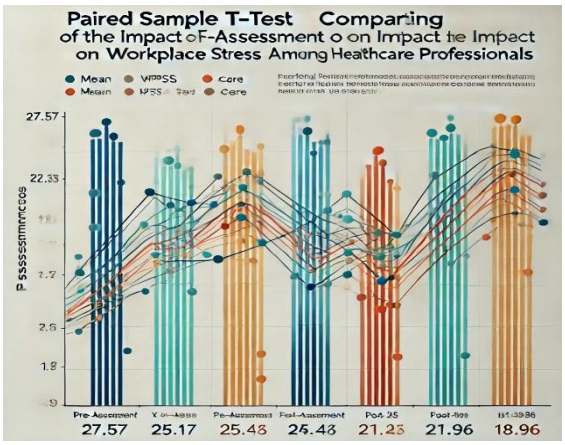
Figure 4.8: Paired sample T- test





The graph illustrates changes in workplace stress (WPSS scores) among healthcare professionals before and after using Emotional Freedom Techniques (EFT). Five lines represent data from different tables, showing a clear reduction in stress after the intervention. WPSS scores consistently decreased across all groups, with the most significant reduction observed in (from 21.19 to 18.96). Cohen's d values ranged from 0.369 to 0.863, indicating varying strengths of the intervention. Error bars showed minor variations within groups. Overall, the results suggest EFT effectively reduced workplace stress, making it a promising tool for stress management in healthcare settings.

Discussion

This study seeks to explore potential strategies for alleviating stress within the healthcare sector by examining emotional freedom techniques. Emotional freedom the capacity to experience and express emotions freely, without judgment or limitations is essential for maintaining mental well-being and achieving a fulfilling life. When employees have expectations that exceed their capacity to cope, they may experience physical, mental, and psychological strain. Frequent contributors to workplace stress include overwhelming workloads, limited control over tasks, poor work-life balance, and an unsupportive work atmosphere.

The data presented in the tables indicate a significant decrease in mean Workplace Stress Scale (WPSS) scores from the pre-assessment to the post-assessment period ($p < 0.05$), supporting the hypothesis that Emotional Freedom Techniques (EFT) effectively reduce stress among healthcare workers. Prior research has highlighted that the stress levels of healthcare professionals show a notable difference before and after the application of EFT. Specifically, the average workplace stress score declined from 26.58 to 18.92, a substantial reduction confirmed by a large effect size (Cohen's d = 0.843). With significant p-values (.000) and T-statistic values (3.957, 5.0, 4.841, and 6.848), these results consistently demonstrate a decrease in stress levels across various evaluations, indicating the sustained benefits of EFT for stress reduction.

In a meta-analysis and systematic review, Staples assessed the effectiveness of EFT in alleviating stress symptoms in adults (Staples et al., 2020). Their findings revealed a moderate to large effect size (Hedges' g = -0.63) across diverse study designs, populations, and outcome measures, confirming a significant reduction in stress symptoms across the 22 studies reviewed. These results suggest that individuals, including those without anxiety disorders, can benefit from the stress-reduction capabilities of EFT. The implications for workplace stress management programs, particularly in high-stress environments such as healthcare, underscore

the potential of EFT as a supplementary therapy for stress management.

The evidence presented in the tables supports the notion that healthcare workers employing EFT experience a modest to substantial decrease in workplace stress. The effectiveness of EFT is further corroborated by a 2020 meta-analysis that indicated a moderate to large effect size (Hedges' g = -0.63) in reducing stress symptoms among adults, including those in healthcare roles. Additionally, Ortiz and Fletcher (2022) conducted a randomized controlled trial that demonstrated a notable reduction in anxiety and stress symptoms among healthcare workers using EFT, with an effect size ranging from moderate to large (Cohen's d = 0.85). This underscores the potential of EFT as an effective intervention for significantly reducing workplace stress levels among healthcare professionals.

Evidence from paired sample T-tests consistently shows that EFT is effective in lowering stress levels across various subgroups within the healthcare workforce. The analysis revealed significant reductions in workplace stress (WPSS) across all tables ($p < 0.001$), with effect sizes ranging from moderate to large (Cohen's d = 0.369 to 0.863). Notably, mean WPSS scores decreased uniformly (from 26.58 to 21.19), indicating that EFT exerts a consistent effect on different subgroups, regardless of their initial stress levels. This consistency suggests that EFT can serve as a valuable tool for stress reduction among diverse groups of healthcare professionals.

Furthermore, a 2019 study by Church et al. demonstrated that EFT significantly alleviated stress and burnout symptoms among nurses, with a considerable effect size (Cohen's d = 1.09). The results from the paired sample T-Test indicated significant decreases in WPSS scores across samples and subgroups, aligning with our findings. Overall, these results illustrate that EFT reliably reduces workplace stress for healthcare professionals, highlighting its potential as an effective strategy for managing stress in healthcare settings.

Conclusion:

The results demonstrated small to intermediate effect sizes, indicating that healthcare professionals experience a consistent and significant reduction in job stress levels following the intervention. The intervention proved effective in decreasing workplace stress, as shown by the paired sample T-Test results, which revealed a marked decline in Work-Place Stress Scale (WPSS) scores across all assessments. These findings were consistent across various subgroups, suggesting that the conclusions are applicable to a broader population. Emotional Freedom Techniques (EFT) have the potential to assist healthcare professionals from diverse backgrounds in managing workplace stress, ultimately enhancing their overall health and productivity.

Limitations

The findings of this study may have limited applicability to a broader population due to the small sample size and insufficient demographic diversity. Consequently, it remains unclear how Emotional Freedom Techniques (EFT) specifically contributed to the reduction of job stress or the duration of these effects, as the study only monitored participants over a brief period and did not include a control group. Additional concerns include the potential for bias inherent in self-reported workplace stress measures, as well as the limited generalizability of the results to other groups or contexts. To address these limitations and enhance the evidence base, future research should incorporate follow-up assessments to evaluate the sustainability of EFT's effects on workplace stress and investigate the underlying mechanisms that facilitate this reduction.

Suggestions

The substantial implications of this study suggest that EFT can effectively reduce workplace stress, thereby improving healthcare workers' health, productivity, and the quality of care provided to patients. Healthcare employers have the opportunity to enhance employee well-being and job satisfaction by integrating EFT into their wellness programs. To confirm the efficacy of EFT as a viable intervention, further research, including longitudinal studies and randomized controlled trials, is essential. Given that EFT is a straightforward, cost-effective, and potentially transformative approach, healthcare organizations should prioritize initiatives aimed at reducing workplace stress and enhancing employee

well-being. The findings of this study hold significant implications for healthcare policy and practice, emphasizing the importance of fostering a supportive work environment that ultimately leads to improved healthcare outcomes and greater patient satisfaction.

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