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CHANGES IN GENERALIZED AND STATE ANXIETY ASSOCIATED WITH ONE-DAY EMOTIONAL FREEDOM TECHNIQUE TRAINING AMONG MIDWIFERY STUDENTS: A ONE-GROUP PRETEST–POSTTEST STUDY

Riswahyuni Widhawati[1]*, Rani Sumarni[2], Mega Dewi Lestari[3], Noviyanti[4], Jeri Nobia Purnama[5], Beata Rivani[6]
[1, 6]Undergraduate Nursing Program, Faculty of Health Sciences, Universitas Ichsan Satya, Indonesia
[2, 3, 4] Midwifery Study Program, Faculty of Health Sciences and Technology, Universitas Jenderal Achmad Yani, Indonesia
[5]Biotechnology Study Program, Postgraduate School, Universitas Padjadjaran, Indonesia

***Corresponding author :** riswahyuniwidhawati@gmai.com
ORCID iD : https://orcid.org/0009-0001-2082-7879

Abstract

Anxiety is common among midwifery students and may impair academic performance, clinical competence, and well-being, yet scalable, low-cost interventions in educational settings remain limited. Evidence on Emotional Freedom Technique (EFT), a brief, group-based mind–body approach, among midwifery students is scarce, and generalized and state anxiety have rarely been examined together. This study aimed to evaluate changes in generalized and state anxiety associated with a one-day EFT training and explore the role of self-practice frequency. A quasi-experimental one-group pretest–posttest study was conducted among 114 seventh-semester midwifery students at Universitas Jenderal Achmad Yani, Indonesia. Participants attended a one-day group EFT training and were encouraged to self-practice for one week. Generalized anxiety (primary outcome) was assessed with the Indonesian GAD-7 at baseline (T0) and one-week follow-up (T2), and state anxiety (secondary outcome) with the Indonesian STAI-State at T0 and immediately post-training (T1). Data were analysed using paired-samples t-tests and an exploratory one-way ANOVA. At baseline, most students reported mild to moderate generalized anxiety and moderate state anxiety. Mean GAD-7 scores decreased significantly from T0 to T2, and mean STAI-State scores decreased significantly from T0 to T1. Students who practiced EFT one to four times during follow-up showed numerically larger GAD-7 reductions than non-practitioners, but between-group differences were not significant. A one-day EFT workshop was associated with lower generalized and state anxiety scores; however, without a control group, these changes cannot be attributed to EFT alone. The workshop may be a feasible, low-cost option worth testing in controlled trials with longer follow-up.

Keywords: Emotional Freedom Technique; Generalized Anxiety; Midwifery Students; State Anxiety.

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1. INTRODUCTION

Anxiety is highly prevalent among university students and tends to be even more frequent in health-related programmes, where heavy academic demands and frequent clinical assessments place students under sustained stress (1,2). Midwifery students must cope with challenging coursework, high-stakes clinical responsibilities, and exposure to obstetric emergencies, which can intensify worry and emotional distress (3). Elevated anxiety has been linked to impaired concentration, reduced academic performance, and an increased risk of burnout. It may also compromise clinical performance and patient safety when students are required to act under pressure (4).

In senior semesters, midwifery students often experience rising levels of both generalized and state anxiety as they prepare for examinations and intensive clinical placements (5). Generalized anxiety reflects persistent, excessive worry about multiple domains, whereas state anxiety denotes transient tension and apprehension in response to specific situations such as practical exams or clinical evaluations. Previous studies using instruments like the Generalized Anxiety Disorder-7 (GAD-7) and the State-Trait Anxiety Inventory (STAI) have reported that a considerable proportion of health professions students score above cut-off values indicative of clinically relevant anxiety (6,7)

A variety of interventions have been used to address anxiety in student populations, including psychoeducation, relaxation, mindfulness-based programmes, and counselling. Although these approaches can be practical, they often require substantial time, specialised personnel, or individual therapy, which limits their scalability in resource-constrained educational settings (8). Consequently, there is a need for brief, low-cost techniques that can be delivered to groups and easily practiced independently by students to regulate their emotional responses to academic and clinical stressors. Cross-sectional surveys among nursing and midwifery students have reported moderate to severe anxiety levels in 30–50% of respondents based on GAD-7 or similar screening tools, with higher scores frequently observed in senior students facing clinical examinations and internships (9). Elevated anxiety has been associated with poorer academic performance and reduced well-being among midwifery students (10).

Emotional Freedom Technique (EFT) is a brief intervention that combines focused attention on a distressing emotion with tapping on specific acupressure points, using self-acceptance statements (11). Standard EFT protocols guide participants to identify a target emotion, rate its intensity, perform a setup phrase while tapping the side of the hand, and tap a sequence of points on the face and upper

body while repeating a reminder phrase (12). Research in diverse populations, including students, has shown that even short EFT workshops can produce rapid reductions in self-reported anxiety, with effects sometimes persisting at short-term follow-up, and the method is generally perceived as acceptable and straightforward (13,14). However, evidence for EFT specifically among midwifery students is still sparse, and few studies have simultaneously examined both generalized and state anxiety in this group. EFT was selected for its brevity, suitability for group delivery, absence of equipment requirements, and ease of independent practice, which suit resource-constrained educational settings. This study did not compare EFT with relaxation, mindfulness, or counselling, and no claim of superiority over these approaches is made. Therefore, this study aimed to evaluate changes in generalized anxiety (GAD-7) and state anxiety (STAI-State) associated with a one-day EFT training among midwifery students, and to explore whether the frequency of EFT self-practice during the week after training is associated with the magnitude of anxiety reduction. The novelty of this study lies in (i) its focus on midwifery students, (ii) the simultaneous assessment of generalized and state anxiety in the same cohort, and (iii) the exploration of self-practice frequency after a one-day training.

2. METHOD

This quasi-experimental study employed a one-group pretest–posttest design with repeated measurements at three time points (T0, T1, T2). Anxiety was assessed before the intervention (T0), immediately after a one-day Emotional Freedom Technique (EFT) training (T1), and one week after the intervention (T2). GAD-7 (referring to the preceding two weeks) was administered at T0 and T2, whereas STAI-State (referring to the present moment) was administered at T0 and T1; the two outcomes therefore capture different constructs and time frames and are not directly comparable. The study was conducted in November 2025 among 114 seventh-semester students enrolled in the Midwifery Study Program at the Faculty of Health Science and Technology, Universitas Jenderal Achmad Yani, Indonesia. All eligible students were invited using a total sampling approach. Inclusion criteria were: (1) active enrollment in the Midwifery Study Program; (2) willingness to attend the EFT training and complete all assessments; and (3) provision of complete questionnaire data. Students who did not complete the EFT session or who missed any assessment time point were excluded.

The intervention consisted of a one-day group EFT training following the standard “basic recipe” protocol. The training was delivered in a group format by two facilitators who were faculty members and practicing health professionals,

who guided participants through each step. Participants were guided to: (1) identify a specific anxiety-provoking situation and rate its intensity on a 0–10 Numeric Rating Scale; (2) repeat a self-acceptance setup statement three times while tapping the side of the hand; and (3) perform 7–10 taps with the fingertips on the eyebrow, side of the eye, under the eye, under the nose, chin, collarbone, under the arm, and top of the head while using a brief reminder phrase. After each round, they re-rated their anxiety and repeated the sequence for two to three rounds or until they perceived a reduction in intensity. Students were then encouraged to use EFT independently for one week, especially when experiencing study-related anxiety. The number of self-initiated EFT sessions in the follow-up week was recorded and categorized.

Anxiety was assessed with two widely used self-report scales. The Generalized Anxiety Disorder-7 (GAD-7) was used as the primary outcome to measure generalized anxiety over the previous two weeks at T0 and T2, using an Indonesian version previously adapted for Indonesian populations (15). The State subscale of the State–Trait Anxiety Inventory (STAI-State) was used as the secondary outcome to measure situational (state) anxiety at T0 and T1, using an Indonesian version. Psychometric properties were not re-evaluated in the present sample. EFT practice frequency during the follow-up week was assessed using a single closed-ended question asking the number of EFT sessions performed in the last seven days, and then recategorized into the three frequency groups.

Data were analyzed using IBM SPSS Statistics version 25. Descriptive statistics summarized participant characteristics and anxiety scores. The Shapiro–Wilk test was applied to assess the normality of the GAD-7 and STAI-State scores. Changes in GAD-7 (T0 vs T2) and STAI-State (T0 vs T1) were examined with paired-samples t-tests for normally distributed data or Wilcoxon signed-rank tests otherwise. Associations between change scores (ΔGAD-7) and EFT practice frequency were explored using a one-way ANOVA as an exploratory analysis. Formal checks of ANOVA assumptions for ΔGAD-7 were not reported, and a non-parametric alternative was not performed.

The study protocol was approved by the institutional ethics committee (080/KEPK/FITKes-Unjani/VI/2025). All participants provided written informed consent after receiving detailed information about the study aims, procedures, and minimal anticipated risks. Confidentiality and anonymity were maintained by assigning coded identifiers to participants and limiting access to the de-identified dataset to the research team.

3. RESULTS AND DISCUSSION

Results

According to Table 1, the majority of participants were seventh-semester midwifery students who were not employed while studying,

with a median age of 21 years (range 20–24 years). Most students reported no history of anxiety disorders and no use of anti-anxiety medication. These characteristics were described but were not adjusted for in the analysis. More than half of the respondents reported an average night-time sleep duration of 5–6 hours, whereas smaller proportions slept less than 5 hours or more than 7 hours per night. Almost half did not consume caffeine, and most of the remaining students reported consuming only about one portion per day, suggesting relatively low caffeine exposure in this population. At baseline, generalized anxiety according to the GAD-7 was predominantly in the mild to moderate range, with a smaller proportion in the severe category. In contrast, situational anxiety measured with the STAI-State at pretest was mainly in the moderate category (50.9%), with approximately one quarter of students classified as having high anxiety (25.4%) and another quarter as having low anxiety (23.7%).

Table 1. Respondent Characteristics (Age (years), median (range) 21 (20–24))

Characteristic	n	%
Employment status while studying		
Unemployed	111	97.4
Part-time	3	2.6
History of anxiety disorder		
Yes	13	11.4
No	101	88.6
Use of anti-anxiety medication		
Yes	3	2.6
No	111	97.4
Average sleep duration per night		
< 5 hours	27	23.7
5–6 hours	50	43.9
6–7 hours	25	21.9
> 7 hours	12	10.5
Caffeine consumption		
> 2 portions/day	1	0.9
2 portions/day	10	8.8
1 portion/day	49	43.0
No consumption	54	47.4
Anxiety (GAD-7) at pretest		
Severe	14	12.3
Moderate	30	26.3
Mild	41	36.0
Minimal	29	25.4
Anxiety (STAI-State) at pretest		
High	29	25.4
Moderate	58	50.9
Low	27	23.7

Sources: Primary Data, 2025. GAD-7 = Generalized Anxiety Disorder-7; STAI = State–Trait Anxiety Inventory.

Figure 1 shows that generalized anxiety levels decreased significantly one week after the EFT intervention. Mean GAD-7 scores declined from the baseline measurement at T0 to the

follow-up at T2, indicating an overall reduction in generalized anxiety symptoms among the students. A similar pattern was observed for situational anxiety. Mean STAI-State scores dropped significantly from T0 to immediately after the EFT training at T1, suggesting lower state anxiety levels immediately after the training.

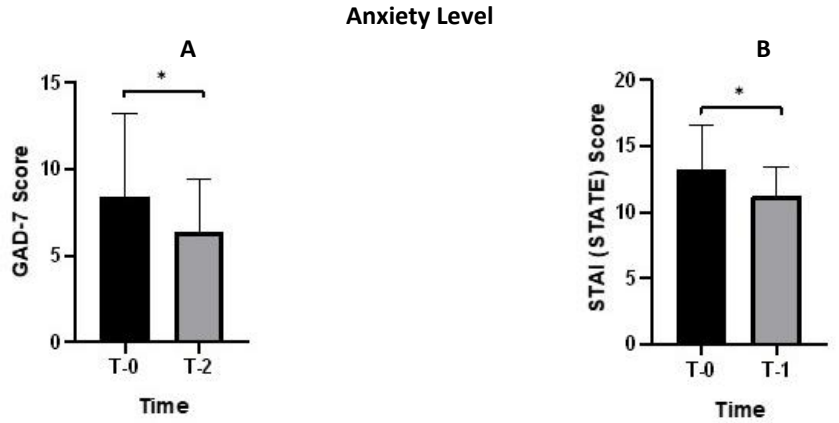

Figure 1. Changes in Anxiety Levels Before and After the Intervention as Measured by GAD-7 and STAI-State
Sources: Primary Data, 2025. (A) GAD-7 scores at baseline (T0) and one week after the intervention (T2). (B) STAI-State scores at baseline (T0) and after the EFT training (T1). Data are presented as mean ± standard deviation; * indicates a statistically significant difference between time points ($p < 0.05$). GAD-7 = Generalized Anxiety Disorder-7; STAI = State–Trait Anxiety Inventory; EFT = Emotional Freedom Technique.

During the follow-up period (Figure 2), mean GAD-7 scores decreased from baseline to the one-week follow-up in all three groups. The reduction was numerically larger among participants who practiced EFT 1–2 times and 3–4 times than among those who did not practice. However, differences in ΔGAD-7 among the groups were not statistically significant in the one-way ANOVA. This analysis was exploratory, and the pattern should not be interpreted as evidence of a dose–response relationship.

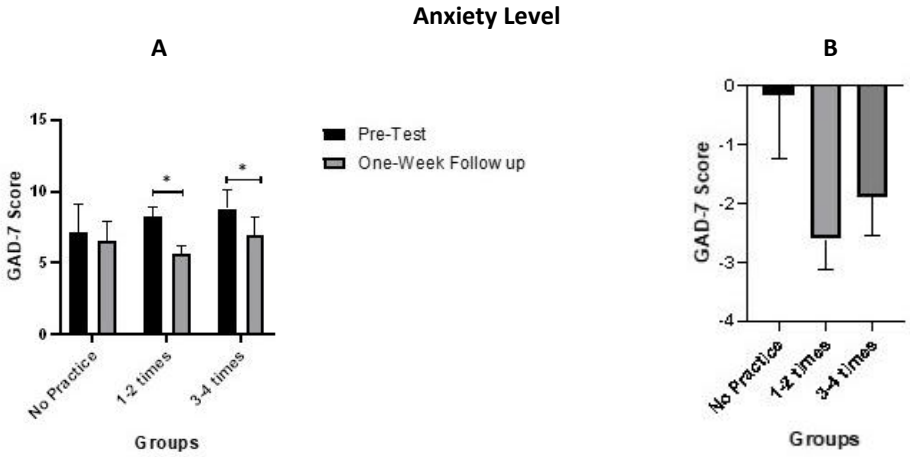

Figure 2. Changes in GAD-7 Scores According to the Frequency of EFT Practice During the Follow-Up Period
Sources: Primary Data, 2025. (A) Mean GAD-7 scores at baseline (pretest) and at one-week follow-up in three groups: no practice, 1–2 times per week, and 3–4 times per week. (B) Mean change in GAD-7 scores (ΔGAD-7),

calculated as follow-up minus baseline. Data are presented as mean ± standard deviation; * indicates a statistically significant difference between time points or groups ($p < 0.05$). GAD-7 = Generalized Anxiety Disorder-7; EFT = Emotional Freedom Technique.

Discussion

In this one-group pretest–posttest study, a brief one-day EFT training was associated with lower generalized anxiety scores one week later and lower state anxiety scores immediately after the training. Mean GAD-7 scores decreased one week after the intervention. In contrast, STAI-State scores declined immediately after the training, and all three practice-frequency groups demonstrated numerical improvement, although between-group differences in GAD-7 change were not statistically significant. These findings suggest that a single EFT workshop, combined with optional self-practice, may be a feasible option, to be tested in controlled studies, for midwifery students to manage anxiety during their academic and clinical training (16,17).

The pattern of results is compatible with two complementary processes: rapid modulation of situational arousal and more gradual relief of generalized anxiety symptoms (18). However, because the two outcomes were measured at different time points with different recall frames, this interpretation is speculative and requires confirmation in controlled studies. The immediate drop in STAI-State scores may point to a fast-acting change in momentary tension and worry, which would be relevant to acute stressors such as skills assessments or patient encounters. The one-week reduction in GAD-7 scores, although modest, may reflect broader emotional regulation processes that extend beyond the training session, possibly through repeated cognitive somatic pairing as students continue to tap in daily life (19).

When viewed in the context of existing evidence, these findings are broadly consistent with systematic reviews and trials reporting reductions in anxiety following EFT in both clinical and nonclinical populations (12,17). Studies in university and health-science students have documented improvements in test anxiety and state anxiety after EFT sessions, using relatively brief protocols (20,21). The present study extends this literature by focusing specifically on midwifery students and by simultaneously assessing generalized and state anxiety, suggesting that the observed changes were not limited to acute situational anxiety but also involved generalized anxiety symptoms, although causality cannot be inferred.

The results carry several scientific and practical implications for midwifery education. Scientifically, they add to the growing body of evidence that mind–body approaches such as EFT may be considered for integration into training programs as adjunct strategies for psychological support, complementing traditional counseling or stress management curricula (22,23). In practice, a one-day group workshop is relatively low-cost

and easy to schedule within an academic calendar. It can equip students with a self-administered tool that does not require specialized equipment, which is particularly valuable in settings with limited mental health resources (24). Although the absence of statistically significant differences between practice-frequency groups suggests that more intensive or structured follow-up may be needed, the overall pattern suggests that EFT could be considered, with caution, as an optional element of broader student well-being initiatives, pending controlled evidence (11).

This study has notable strengths, including the use of widely used, previously adapted Indonesian versions of the GAD-7 and STAI-State scales (15), repeated measurements at clearly defined time points, and a relatively homogeneous cohort of midwifery students that reduces heterogeneity in academic and clinical exposure. However, several limitations should be considered when interpreting these findings. (i) There was no control group and no randomization; regression to the mean, spontaneous fluctuation of symptoms, expectancy effects, and non-specific effects of a group session cannot be excluded, so the changes cannot be attributed to EFT alone. (ii) The intervention was a single one-day session with a one-week follow-up; no minimal effective dose has been established and durability beyond one week is unknown. (iii) GAD-7 (preceding two weeks) was measured at T0 and T2, and STAI-State (present moment) at T0 and T1; the outcomes are therefore not directly comparable, the persistence of the change in state anxiety and the onset of the change in generalized anxiety could not be examined, and the T2 GAD-7 recall window partly covered the period before the intervention. The Indonesian versions of both scales were used as previously adapted, without re-evaluating their psychometric properties or internal consistency in this sample. (iv) The training was delivered by two facilitators who were faculty members and practicing health professionals, without formally reported EFT certification; fidelity monitoring and session-level details were not systematically documented. (v) The one-way ANOVA on practice frequency was exploratory; assumptions for ΔGAD-7 (normality within groups, homogeneity of variance) were not formally reported, and a non-parametric alternative (Kruskal–Wallis test) was not performed owing to time constraints. (vi) Potential confounders (history of anxiety disorder, anti-anxiety medication, sleep duration, caffeine consumption) were described but not tested or adjusted for. (vii) Follow-up took place during a regular academic month, and academic workload, examinations, clinical practice, and other life events were not measured. (viii) Practice frequency was self-reported with a single item and is subject to recall bias, and all outcomes were self-reported, without objective

indicators of stress or longer-term academic outcomes. (ix) Only students who completed all assessments were analyzed, and the sample came from a single institution, which limits generalizability.

Future research should address these limitations by employing randomized controlled designs that compare EFT with active control conditions, such as relaxation training or psychoeducation, and by extending follow-up to examine the durability of anxiety reduction over several months. It would also be valuable to test structured practice schedules, digital delivery formats, and different numbers and spacing of EFT sessions to determine whether more frequent and guided use of EFT produces stronger or more sustained improvements in generalized anxiety among midwifery students. In addition, incorporating objective measures such as physiological stress markers or academic performance indicators could clarify the broader impact of EFT on students' functioning and help build a more comprehensive evidence base for integrating this technique into midwifery curricula.

4. CONCLUSIONS

In this one-group pretest–posttest study, a brief one-day EFT training was associated with lower generalized and state anxiety scores among midwifery students, measured at one week and immediately after the training, respectively. Differences in GAD-7 change between self-practice frequency groups were not statistically significant, so no inference about the role of self-practice can be drawn. Given the absence of a control group, the short follow-up, and reliance on self-report, these findings are preliminary: they do not establish that EFT caused the changes and support, at most, consideration of EFT as an optional, low-cost complementary activity within student well-being initiatives, to be evaluated in controlled trials with longer follow-up before wider adoption in midwifery curricula.

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Conflict of Interest

The authors declare no conflict of interest.

Ethics Clearence

The study protocol was approved by the Health Research Ethics Committee (KEPK), Faculty of Health Sciences and Technology, Universitas Jenderal Achmad Yani (approval number 080/KEPK/FITKes-Unjani/VI/2025; June 2025).

Author Contributions

Conceptualization: RW, RS; Intervention and data collection: MDL, N; Data analysis: RW, RS, JNP; Writing – original draft: RW, JNP; Writing – review & editing: RS, N, BR. All authors approved the final version of the manuscript.

Artificial Intelligence (AI) Use Disclosure

No generative AI tools were used in the preparation of this manuscript.

Data Availability

The data supporting the findings of this study are available from the corresponding author upon reasonable request.

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