Introduction

Public speaking anxiety (PSA) is a form of social anxiety and is the most frequently feared condition in the population [1]. Public speaking has been identified as one of the most frequently feared objects or situations in both university and community samples, with prevalence estimates varying from 21% to 33% [2], [3]. Several learning processes and courses, especially at the university level, are intended to accommodate and prepare students to deal with such psychological symptoms. The majority of these programs are designed to help students become qualified and skilled communicators who can effectively interact, convey, and advocate ideas [4]. The ability of an individual to communicate orally is often measured, especially in academia and in our professional life in general, where persons who speak public fear often weak [5].

PSA is easily recognized by several identifiable physical and psychological criteria but some of which are easily demonstrated by the audience [6]. PSA can be caused by a number of psychological factors, including gender, self-perception or self-esteem, social context, cultural differences, social standing, formal classroom atmosphere, classroom presentation, and fear of making mistakes [6]. PSA has a physiological impact on the speaker, such as dry mouth, elevated blood pressure, blushing, sweating, and rapid breathing, as well as an emotional effect, such as trembling or shaking hands, mind going blank, trouble speaking, or performing because they are afraid of being embarrassed and appearing stupid [7]. As shown in a meta-analysis of studies that have examined strategies to alleviate PSA, psychosocial interventions by health-care providers are successful in reducing the occurrence of PSA such as breathing therapy and emotional freedom technique (EFT) [1].

EFT, also known as tapping therapy, is a psychophysiological technique that uses acupressure points that incorporate components of cognitive behavior therapy, exposure therapy, and somatic stimulation. EFT, which was first proposed in 1995 [8], has evolved into a four-stage instruction or a “basic recipe” [9]. EFT is a way to stimulate and restore meridian and stabilize its activities by taping predetermined finger acupoints if the meridian system’s blockage results in negative feelings [9]. It is assumed
that acupoint tapping induces regulatory signals and changes kinds of conflicts psychological learning by triggering mechanisms that integrate memory [10]. EFT may also cause significant changes in biomarkers including saliva immunoglobulin (Ig)A and a significant decline in cortisol levels [11], [12].

Over the past decades, several randomized controlled trials have been conducted to investigate EFTs as a treatment for emotional distress in different setting and populations [13], [14]. A systematic review of the literature identified 18 randomized control trials has significant effect of reducing psychological distress [15]. A meta-analysis by Clon (2016) that did include the dismantling studies found a large effect size in the remission of anxiety symptoms after EFT treatment [16]. Although several reviews exist [16], [17], no previous work has presented a provide summarize evidence of the effect of EFT treatment on PSA. The aim of this integrative review of the literature was to examine the effectiveness of EFT programs on PSA in university students.

Methods

Design

This study was conducted using a was carried out using the framework developed by Whitemore [17]. This method was chosen because it allows for the study and criticism of both quantitative and qualitative research papers, resulting in a detailed analysis of the subject [17].

Searching strategies

Databases were searched in March 2020 to identify primary research articles that explored the effectiveness of EFT programs on PSA for university students. A search of Google Scholar, PsycINFO, and PubMed was undertaken using combinations of the following terms: “EFTs,” “tapping,” “public speaking,” “anxiety,” “stress,” and “student.” Hand searching of reference list of included studies was also conducted. The search was limited to human-related research that had been published in either Bahasa Indonesia or English. The search was not limited to specific publishing dates.

Articles were included when reporting primary studies on the efficacy of EFT programs on public speaking anxiety for university students in Bahasa Indonesia and English. The articles were excluded if they were not reported in primary study on the effectiveness of EFT programs relating to university students in a PSA, written in language other languages or systematic or literature reviews, or discussions papers.

Quality appraisal

The McMaster critical review form for quantitative studies was used to critically assess quantitative papers [18]. The form contains objectives, literature, design, samples, results, interventions, results, conclusions, and implications. We took a different approach to McMaster’s evaluation in that we scored the papers. We assigned 1 point to each element, with a maximum score of 15. The quality of the studies included in the review was low satisfactory in terms of methodology. Small sample sizes, a lack of follow-up, and the absence of control groups were the most common limitations, limiting statistical power and generalizability.

Data abstraction

AS and FM were in charge of data abstraction. Every study was read and re-read in detail, followed by abstraction and review of relevant data in an iterative process. The details of each article included are shown in Table 1.

Data synthesis

The findings were organized and synthesized using a descriptive coding technique [17]. The first author (NLW) grouped the initial codes into preliminary themes, which were then verified by the other authors (TBS, DR, and AS). To improve the rigor of the review, this transparent process was initiated.

Results

Searching results

The first search yielded 733 articles. Two additional records were identified through other sources and 115
Table 1: Methodology characteristics of included studies

<table>
<thead>
<tr>
<th>Author, years/country</th>
<th>Aim</th>
<th>Study design</th>
<th>Sample</th>
<th>Instrument</th>
<th>Quality appraisal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boath et al., 2017/UK</td>
<td>To evaluate the impact of group EFT on performance anxiety with a cohort of social work students’ communication in the Skills Lab</td>
<td>Mixed method study</td>
<td>- 1st year undergraduate students undertaking a Social Work Degree; - Convenience sample (n = 45 (response rate: 73%)); - 3rd year students undertaking a Foundation Degree in complementary therapies; - A convenience sample (n = 46 (response rate: 86%))</td>
<td>- Subjective Units of Distress Scale; - Hospital Anxiety and Depression Scale</td>
<td>8/15 (McMaster)</td>
</tr>
<tr>
<td>Boath et al., 2013/UK</td>
<td>To assess the impact on EFT on a cohort of students’ public speaking anxiety and to assess whether EFT had an impact on their grades</td>
<td>Mixed method study</td>
<td></td>
<td></td>
<td>7/15 (McMaster)</td>
</tr>
<tr>
<td>Dincer et al., 2020/Turkey</td>
<td>To determine the effects of Breathing Therapy and Emotional Freedom Techniques (EFT) on public speaking anxiety in Turkish nursing students</td>
<td>Randomized controlled study</td>
<td>- Nursing students; - Second grade student; - Computer-based random number generator (n = 75)</td>
<td>- Subjective Units of Disturbance Scale; - The State Trait Anxiety Inventory; - The Speech Anxiety Scale</td>
<td>13/15 (McMaster)</td>
</tr>
<tr>
<td>Jones et al., 2011/Australia</td>
<td>To determine the effects of Emotional Freedom Techniques (EFT) on public speaking anxiety</td>
<td>Randomized controlled study</td>
<td>- Thirty-six volunteers with Public Speaking Anxiety (PSA)</td>
<td>- Subjective Units of Discomfort</td>
<td>13/15 (McMaster)</td>
</tr>
<tr>
<td>Madoni et al., 2018/Indonesia</td>
<td>Examining the effectiveness of a group counseling with desensitization technique and emotional freedom technique in reducing students’ public speaking anxiety</td>
<td>Experimental design</td>
<td>- Purposive technique (n = 16 students)</td>
<td>- Personal Report of Public Speaking Anxiety (PRPSA) developed by McCroskey</td>
<td>6/15 (McMaster)</td>
</tr>
</tbody>
</table>

Characteristics of included studies

Two of the studies were undertaken in the United Kingdom, and one each in Australia, Turkey, and Indonesia (Table 1). Two of the studies were randomized controlled, two used mixed methods, and one queasy experiment design. The dominant protocol used followed the “basic recipe” [8] (n = 5), including four stages: (1) “Set-up” involves the repetition of an affirmation. (2) The gentle “tapping” of 13 energy meridian points (acupressure points) on the head, torso, and hands. (3) “9 Gamut Procedure.” (4) Repetition of the sequence of tapping. The duration of the programs was only reported in one study (8 weeks) [19]. All studies provide an education program first to be introduced FFT.

Participant characteristics

All participants in the included studies were university student (n = 5) and social work degree (n = 2); two of the studies were nursing student. Sample sizes were generally small; in four of the studies, the sample size was less 50; study had 75 participants. Three studies used non-probability sampling and only two studies applied randomization.

Outcome measures

The included papers reported the outcomes with the most common being anxiety reduction (n = 5). Table 2. A wide range of instruments was used to measure outcomes; most had evidence of psychometric integrity but a number were developed for the purpose of the study and reliability and validity were not reported. The instrument including subjective units of discomfort, personal report of PSA developed by McCroskey, subjective units of disturbance scale, the state trait anxiety inventory, the speech anxiety scale, hospital anxiety and depression scale, and subjective units of distress scale.

The five studies that utilized EFT demonstrated positive outcomes pre- and post-intervention [19], [20]. It should be noted that EFT is generally conducted as an 8-week intensive training program. In addition, EFT has potential impact on enhancing academic performance in university student [19]. Compare to other intervention systematic desensitization technique and breathing exercise [21], EFT had greater effect on reducing PSA. Moreover, in qualitative findings, the theme was reported EFT helpful in reducing anxiety and staying calm, relaxes, and focused [19], [22]. Transferability of EFT and its potential for future use and the need of proposed mechanisms of EFT also addressed in qualitative study [22]. The participants talked of the practical application of EFT. It appears that this is a process that can be used in various settings with little disruption to everyday life [19].

Discussion

Specifically, the purpose of this integrative literature was to determine whether or not EFT is beneficial for reducing PSA in university students. Several benefits of EFT have been established in research that has lasted more than a 10-year period. Moreover, the research reveals that participation in EFT programs, particularly when combined with frequent practice, has a considerable influence on PSA. This finding is significant in terms of the learning experiences of university students.
students. The findings of the study are consistent with those that have been reported in the relevant literature. A meta-analysis also supported the effectiveness of EFT in lowering levels of anxiety associated with public speaking [16]. Study on nursing students also indicated that EFT reduced stress and anxiety level [23]. Emotional freedom strategy may be a highly efficient, low-risk, and cost-effective supplement to current practice.

EFT has been used in a variety of settings where individual psychotherapy would be impractical, including the aftermath of earthquakes and other natural catastrophes, in the aftermath of terrorist attacks, and in refugee camps [24]. EFT uses meridian tapping to desensitize anxiety by focusing on the feared target or unpleasant emotion. The EFT can help in three ways: (1) EFT reduces recovery time by requiring fewer sessions; (2) it is self-administered and does not require a highly qualified professional; and (3) It removes the stigma associated with obtaining mental treatment. Traditional psychotherapies like cognitive behavioral therapy frequently require more than 10 sessions to be effective [25]. Moreover, acupuncture stimulation in EFT procedures breaks the sympathetic hyperarousal nervous system cycle more quickly than other methods of stimulation, resulting in a faster resolution of symptoms. As a result, EFT may also benefit physical health [24].

These points correlate to the acupressure sites that are believed to be responsible for regulating the flow of the body’s energies in Traditional Chinese Medicine. Their activity is triggered by tapping or other forms of physical contact. It is believed that balancing and harmonizing the client’s energies will relax and maximize the client’s body, mind, and emotions. Acupoint stimulation releases opioids and serotonin (GABA), stops combat/flight/ freeze reactions, lowers pain, reduces cardiovascular rates, and decreases the anxiety [25], [26].

Although complete reduction of public speaking fear is not achievable, enhancing emotional regulation may improve students’ psychological well-being and ability to manage effective performance at both academic and non-academic levels. EFT has been shown to protect emotionally, resulting in enhanced resilience and self-control, as well as a reduction in anxiety [19], [20]. EFT is an effective method for dealing with acute stress since it may be utilized in a short amount of time and produces long-term results. This method has the potential to significantly reduce stress and anxiety among undergraduate students. Learning and practicing EFT can help students enhance essential skill sets that will help them in their academic and non-academic activities, as well as in their future professional positions. Despite the potential benefits for both university students and nursing students, EFT is underutilized among nursing and other medical students.

**Limitations**

The small sample sizes in each study limit generalizability and representativeness. Furthermore,
the requirement for unmonitored autonomous EFT practice may be restricted. Finally, only studies published in Bahasa Indonesia and English were considered; this may have excluded studies from other countries where EFT is widespread.

Conclusion

Modern health care is dynamic and complex, highlighting the need for therapies like EFT to assist professionals build resilience and improve their well-being. EFT programs should be introduced early in the 1st year of a bachelor program. This review indicates that even with little resources, EFT can be implemented successfully. While the data suggest that EFT may help reduce PSA in university students, more research is required. This review’s finding should encourage greater adoption of this low-cost method backed by a robust corpus of qualitative and quantitative research. A study on the impact of EFT services on nursing or medical students’ ability to give person-centered and compassionate therapy would also be valuable.

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Authors’ Statement

Data collection: Nenden Lesmana Wati, Tukimin bin Sansuwito, Dwiang Rianto, Agus Sustiyono, and Fifi Musfirowati; data analysis and interpretation: Nenden Lesmana Wati, Agus Sustiyono, and Fifi Musfirowati; drafting of the article: Nenden Lesmana Wati, Tukimin bin Sansuwito, and Dwiang Rianto; and critical revision of the article: Nenden Lesmana Wati, and Tukimin bin Sansuwito.

References


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