A Quasi Experimental Research to Assess the Effectiveness of Reiki Treatment on Depression Among Geriatrics in Selected Old Age Homes at Gwalior

Arjun Jatav[1], Arvind Kumar Shekhar[2]

[1]MSc Student, Jai Institute of Nursing and Research, Gwalior, Madhya Pradesh, India
[2]Assistant Professor, BSM College of Nursing, Lucknow, Uttar Pradesh, India

ABSTRACT

"a quasi experimental research to assess the effectiveness of reiki therapy on depression among geriatrics in chose old age homes at Gwalior". The objective of the study was to survey the pretest and post - test level of depression among geriatrics in control group and experimental group, the aim of the study was to survey the adequacy of Reiki treatment on depression among geriatrics by looking at post test score among control and experimental group, to analyse the pretest and post-test level of level of depression among geriatrics in experimental and control group, to discover the relationship between the pretest scores of despondency with selected demographic variables among geriatrics of control group. In order to accomplish the objectives of the study, quasi experimental pre test and post test control group design was adopted. the sample consists of 60 geriatrics from selected old age homes at Gwalior who fulfilled the inclusion criteria for the study. The simple random sampling technique was used for this study. The instrument comprise of was utilized to survey the degree of depression in geriatrics inhabitants (organized meeting plan). It comprises of 2 areas. Section I: Demographic variables Section II: Structured survey to evaluate the degree of depression utilizing the Structured Interview plan (Beck's Depression stock) Data collected on January 2017 from geriatric person who fulfilled the inclusion criteria. The collected data was tabulated according to various parameters and the complete analysis was done with descriptive and inferential statistics. Interpretation and conclusion: revealed that In control group 3(10%) had borderline depression, and 27 (90%) had moderate depression in pre-test, and in post test 3 (10%) had borderline depression, 27(90%) had moderate depression. In experimental group pre-test level of depression 11(36.7%) had borderline depression and 19 (63.3%) had moderate depression and in post-test 9 (30%) had mild depression 12 (40%) had borderline depression and 9(30%) had moderate level of depression and nobody had serious depression. The mean post-test score (23.33±4.52) was higher in control bunch than the mean post-test score (19.06±4.05) in experimental group among geriatrics. The mean difference was 4.27. The t test score was 3.846 which was higher than table value at p<0.001 level. Hence It was proved that the Reiki treatment was effective in reducing the depression level among geriatric in experimental group. The mean pretest level of depression score (22.50±4.07) was higher than the post test square of depression score (19.06±4.05) among experimental group geriatrics. The mean difference in degree of depression was 3.44. There was no association between depression level of experimental group with their selected demographic variables.

KEYWORDS: quasi experimental research reiki therapy on depression in geriatrics old age home

NEED FOR THE STUDY

An elderly person is brimming with experience are a monstrous assistance to the more youthful age, he is taken as an undesirable weight. Considering advanced age dreams horrible forlornness and disregard arise as a main priority. A feeling of depression anguishes over the entirety of his charming sentiments.

Globally 10% to 30% of has the issue of depression and in India 13% - 15% of advanced age are influenced with depression.

In Madhya Pradesh 47% to 49.5% of depression and in Gwalior 25% to 27% of advanced age are influenced with depression.

During the investigator visit to old age home, every one of the residents communicated their sensations of depression from their family and felt their burdensome state. To dispose of their sensations of depression, the researcher chose to accomplish his examination work for the health of geriatric.

The investigator saw that depression will lead an individual's life to a disastrous state and absence of harmony and furthermore it must be diminished through elective treatment So the analyst has picked Reiki treatment to dispose of the depression.

STATEMENT OF PROBLEM
A quasi experimental research to assess the effectiveness of Reiki treatment on depression among geriatrics in selected old age homes at Gwalior.

OBJECTIVES
➢ To assess the pretest and post - test level of depression among geriatrics in control group and experimental group.
➢ To assess the effectiveness of Reiki treatment on depression among geriatrics by looking at posttest score of experiemtnal group and control group.
➢ To analyze the pretest and post-test level of level of depression among geriatrics in experimental and control group.
➢ To find out the relationship between the pretest scores of depression with selected demographic variables among geriatrics of experimental group.

Research Hypothesis
H1 - The mean post-test scores of control group is essentially higher than the mean post score of experiemental group.

H2-The mean pre-test scores of is essentially higher than the mean post-test depression score of experimental group.

H3-There is a significant relationship between pre-test level of depression with selected demographic variables.

Material and method:-
Research approach and design:- Quantitative approach with quasi experimental research design used.

Setting of the study:- Old age homes in particular Christian Seva trust old age home, Alagappan nagar and C.S.I Christian mission old age home Gwalior.

Study population:- Geriatrics who living in selected old age homes.

Accessible population:- Geriatric persons staying in particular Christian Seva trust old age home, Alagappan nagar and C.S.I Christian mission old age home Gwalior

Sample size:- 60

Sampling technique
Simple random sampling technique

Criteria for sample selection
Inclusion criteria
1. Those who present during the study.
2. Elders who are between 60-80 years.
3. Those who can read and write Hindi.
4. Both male and female geriatric present at old age home.

Exclusion criteria
1. Those who are truly sick during the data collection.
2. Who present in old age home during Reiki therapy.
3. Geriatric who are in severe depression

Variables
1. In the current study, Depression is the dependent variable.
2. In this study Independent variable is Reiki Therapy.

Description of the Tool
The instrument consist of two parts
Section I: Demographic variables and
Section II: Structured survey to evaluate the degree of depression utilizing the Structured Interview plan (Beck's Depression stock)

Section-I
It consist of age, sex, religion, educational status, Marital status, source of income, religion, past occupation, instructive status, past kind of family, number of children, clinical disease, duration of old age home stay.

Section-II
It manages an organized survey which is utilized to evaluate the degree of depression among the geriatrics occupants Beck's Depression Inventory utilized. This scale comprises of 21 inquiries different decision self-report stock, quite possibly the most generally utilized psychometric test for estimating the seriousness of depression component (Psychological issues, Physical issues).

Data collection procedure:-
Data collection is the most important part of research. The information gathered for a long time in the period

of January 01 february 15 2017 . Earlier consent from the authority was obtained. A helpful time and date was fixed for data collection. 60 geriatrics of Christian seva trust and Christian Mission medical clinic geriatric home, Gwalior were chosen for this study. The targets and the motivation behind the study were clarified and classification was kept up with. Information were gathered from the participant for a time of about a month and a half. The reason for the study was disclosed to the participants. Pre-test on depression was done among 60 geriatrics of Christian Seva Trust and Christian Mission medical clinic geriatric home at Gwalior. The researcher took consent from the experimental group before conduct Reiki therapy on them Then, Reiki therapy was conducted among the experimental group, The span

of Reiki therapy is 5 hours each day for a time of 2weeks. The post test was conducted on the experimental group after 14 days of reiki therapy. All the geriatrics were exceptionally helpful and supportive for conducting the study. The investigator given thanks to the in control group and experimental group of Christian Seva Trust and Christian Mission emergency clinic geriatric home at Gwalior for their co-activity during the whole study.

Limitations of the study
1. The setting of the study is restricted to the geriatric occupants of chose old age homes in Gwalior.
2. The test size is restricted to 60 subjects.
3. The study period is restricted to about a month

Analysis and interpretations
Section I:- Base line characteristics of participants.

Table 1:- Baseline characteristics of the participants

Sl.no	Demographic variables	Control group		Experimental group	
		frequency	percentage	frequency	percentage
1.	**Age in years** 60-65 years	6	20	6	20
	66-70 years	9	30	9	30
	71-75 years	10	33.33	10	33.33
	76-80 years	5	16.67	5	16.67
2.	**Gender** Male	18	60	12	40
	Female	12	40	18	60
3.	**Religion** Hindu	8	26.67	1	36.67
	Muslim	6	20	3	10
	Christian	14	46.67	16	53.33
	Others	2	6.67	0	0
4.	**Educational status** No formal education	5	16.67	5	16.67
	Primary education	9	30	8	30
	Secondary education	12	40	12	40
	Higher secondary	4	13.33	5	13.33
5.	**Marital status** Married	13	43.33	11	36.7
	Unmarried	5	16.67	5	16.67
	Widow	10	33.33	12	40
	Divorced	2	6.67	2	6.67
6.	**Sources of income** Pension	9	30	9	30
	Government aid	6	20	5	16.67
	Property	12	40	12	40
	Interest from saving	3	10	4	13.13
	Others	0	0	0	0

7.	**Number of children**				
	No children	5	16.67	4	13.33
	one	9	30	8	26,67
	Two	10	33.33	11	36.67
	More than two	6	20	7	23.33
8.	**Duration of stay in old age home**				
	Less than 12 months	4	13.33	5	16.67
	1-3 years	10	33.33	13	43.33
	More than 3 years	16	53.33	12	40
9.	**Any medical illness:-**				
	Diabetes mellitus	6	20	6	20
	Hypertension	9	30	9	30
	Respiratory problem	10	33.33	10	33.33
	Cataract	5	16.67	5	16.67
	Nil	0	0	0	0
10.	**History of taking medication for major illness**				
	Yes	25	83.33	25	83.33
	No	5	16.67	5	16.67

Section II:- Comparison on pretest and post test mean score level of depression among geriatrics in control and experimental group.

Table no 2:- comparison on pretest and post test mean score level of depression among geriatrics in control and experimental group.

Level of depression	Control group		Experimental group	
	pretest	Post test	Pre test	Post test
Normal	0	0	0	0
Mild	0	0	0	9
Borderline	3	3	11	12
Moderate	27	27	19	9
Total	30	30	30	30

In control group, 27 (90%) had moderate degree of depression, 3 (10%) had mild degree of depression in pre-test, and similar score was found in post-test too. While seeing pre-test level of depression in experimental group 19 (63.3%) had moderate depression, 11 (36.7%) had borderline degree of depression. While in post-test 12 (40%) had borderline degree of depression and 9 (30%) had mild and moderate degree of depression.

It prove that reiki therapy was effective to reduce depression among geriatrics.

Section III:- Mean, standard deviation and mean percentage score difference of pretest and post test on depression among geriatric in experimental and control group.

Table 3:- Mean, standard deviation and mean percentage score difference of pretest and post test on depression among geriatric in experimental and control group.

Level of depression	Maximum score	pretest			Post test			Difference in mean %
		mean	SD	Mean %	mean	SD	Mean %	
Experimental group	63	22.50	4.07	35.7	19.06	4.05	30.1	5.6
Control group	63	23.03	4.48	36.5	23.33	4,52	37	0.5

In control group the general mean rate pre-test score is (23.03±4.48) and over all post - test score (23.33±4.52) and the general mean distinction is 0.5. and in experimental group It reveals that general mean rate pre-test score was (22.50±4.07)and post-test score (19.06±4.05) and the general mean difference is 5.6 which was a significant difference.

Section IV:-Unpaired t test on post test level of depression score among geriatrics between control and experimental group

Table 4:- Unpaired t test on post test level of depression score among geriatrics between control and experimental group

Level of depression	Control post test		Experimental post test score		Mean difference	t value	P value
	mean	SD	Mean	SD			
	23.33	4.52	19.06	4.05	4.27	3.84	P<0.001

The acquired 't' esteem was 3.846 which showed a measurable importance at p<0.001 level. It was surmised that the Reiki treatment was effective in reducing depression level among experimental group hence Consequently H2 is accepted.

Section V:- Paired 't'test on depression score among geriatrics with the control group

Table 5:- Paired 't'test on depression score among geriatrics with the control group

(n=30)

Level of depression	Control pre test		Control post test		Mean difference	't'-value	P-value
	Mean	SD	Mean	SD			
Overall	23.03	4.48	23.33	4.52	0.3	0.258	0.797

Table reveals that the matched 't' test score on depression inside the control group was 0.258 and p=0.797 at p< 0.001 level. This shows that there was no significant difference in depression level among pretest and post test control group, ie depression level are same

Paired 't'test on depression among geriatrics within the experimental group.

Table 6:- Paired 't'test on depression among geriatrics within the experimental group.

(n=30)

Level of depression	Experimental pre test		Experimental post test		Mean difference	't'-value	P-value
	Mean	SD	Mean	SD			
Overall	22.50	4.07	19.06	4.05	3.44	3.28	0.001**

Table shows the pre-test and post-test mean, SD, mean % mean contrast and 't' esteem fair and square of wretchedness in experimental group. The mean pretest level depression score (22.50±4.07) was lower than the mean post test score and square of depression score (19.06±4.05) among geriatrics. The mean contrast in degree of depression was 3.44. Utilizing the combined 't' test, the acquired pre-test and post-test score of level of depression among geriatrics in test bunch uncovered that 't' esteem was 3.28 which showed a factual importance at p<0.001 level. It was surmised that the Reiki treatment was altogether effective in diminishing depression level among geriatrics. Hence H3 was accepted.

Section IV:- Association between Pretest level of depression among geriatrics of experimental group with their selected demographic variables.

Table:-7 chi square showing Association between Pretest level of depression among geriatrics of experimental group with their selected demographic variables.

Sl. no	Demographic variables	Level of depression			Obtained value	Table value	Interference
		Mild	Borderline	Moderate			
1.	**Age in years**						
	60-65 years	3	3	0	8.62	12.59	NS
	66-70 years	0	5	4			
	71-75 years	4	2	4			
	76-80 years	2	2	1			
2.	**Gender**						
	Male	4	5	4	0.25	5.99	NS
	Female	5	7	1			
3.	**Religion**						
	Hindu	2	5	4	1.25	9.48	NS
	Muslim	1	1	1			
	Christian	6	6	6			
	Others	0	0	0			

4.	**Educational status**				4.72	12.59	NS
	No formal education	1	3	1			
	Primary education	2	4	2			
	Secondary education	5	2	5			
	Higher secondary	1	3	1			
5.	**Marital status**				9.63	12.59	NS
	Married	2	5	5			
	Unmarried	3	2	0			
	Widow	2	5	4			
	Divorced	2	0	0			
6.	**Sources of income**				1.72	12.59	NS
	Pension	3	3	3			
	Government aid	1	2	2			
	Property	3	6	3			
	Interest from saving	2	1	1			
	Others	0	0	0			
7.	**Number of children**				12.99	12.59	S
	No children	1	0	3			
	one	0	4	4			
	Two	6	4	1			
	More than two	2	4	1			
8.	**Duration of stay in old age home**				1.43	9.48	NS
	Less than 12 months	2	2	1			
	1-3 years	4	4	5			
	More than 3 years	3	6	3			
9.	**Any medical illness:-**				4.39	15.50	NS
	Diabetes mellitus	1	3	2			
	Hypertension	4	2	3			
	Respiratory problem	2	6	2			
	Cataract	2	1	2			
	Nil	0	0	0			
10.	**History of taking medication for major illness**				4.40	5.99	NS
	Yes	8	8	9			
	No	1	4	0			

S= significant, NS=not significant
2=5.99, 4=9.48, 6=12.59, 8=15.50

The chi-square calculation explains that there was no significant association between pre test depression level among experimental group and the sociodemographic variables regarding as the obtained value was less than the table value at 0.05 level of significance, except number of children.

Conclusion:-
The findings of the study suggest that the Reiki therapy was effective to reduce depression level among geriatrics stating at geriatric homes.

Bibliography:-
[1] Birchwood M, Trower P, Brunet K, Gilbert P, Iqbal Z and Jackson C (2006) Social anxiety and the shame of psychosis: a study in first episode psychosis. Behaviour Research and Therapy, 45, 1025-1037

[2] Birchwood, M., Iqbal, Z., Chadwick, P et al (2000) Cognitive approach to depression and suicidal thinking in psychosis. I: Ontogeny of post-psychotic depression. 177, 516-528

[3] Bjelland, I. Dahl, A.A., Haug, T.T.& Neckelmann, D. (2002). The validity of the Hospital Anxiety and Depression Scale: An updated literature review, 52, 69-77.

[4] Gerfo, M.L. 1980. Three Ways of Reiki in Theory and Practice. The International Journal of Aging and Human Development, 39-48.

[5] Hayes, S. C. & Smith, S. (2005). Get out of your mind and into your life: The new Reiki Therapy.

[6] Hill, Andrew; Brettle, Alison (1 December 2005).The effectiveness of counseling with older people: Results of a systematic review Counseling and Psychotherapy Research 5 (4): 265–272.

[7] Iqbal, Z., Birchwood, M., Chadwick, P., et al (2000) Cognitive approach to depression and suicidal thinking in psychosis: 2. Testing the validity of a social ranking model. British Journal of Psychiatry, 177, 522-528.

[8] Jacobson, N. S. & Truax, P. (1991) Clinical significance: A statistical approach to defining meaningful change in psychotherapy research. Journal of Consulting and ClinicalPsychology,12-19.

[9] Jacobson, N. S., Foilette, W C., & Revenstorf, D. (1984). Psychotherapy outcome research: Methods for reporting variability and evaluating clinical significance. Behavior Therapy, 15, 336-352.

[10] Lin, Y.C., Dai, Y.T., & Hwang, S.L. August, 2003. The Effect of Reiki therapy on the Elderly Population: A systematic Review. Public Health Nursing. 20,