

A Study to Assess the Effect of Reiki Therapy on Old Age Home Inmate's Level of Comfort and Quality of Life

Jasmeet Kaur¹, Dr. Preksha Maheshwari²

¹Professor, Gian Sagar College of Nursing, Ram Nagar, Rajpura, Punjab, India

²Associate Professor, University College of Nursing, Faridkot, Punjab, India

ABSTRACT

The Reiki method of healing was founded on the revelation and understanding of the body's energy system. Reiki Practitioners strive to improve health and quality of life by offering Reiki energy and restoring balance. This quasi-experimental study was conducted at selected old age homes in Chandigarh and Punjab. Convenience sampling technique used for enrolling 50 subjects in study. First 25 subjects were enrolled in experimental group. Later 25 subjects in control group were taken as a wait list control group with delayed treatment. Data was collected by using comfort behavior checklist to assess general comfort and quality of life by using OPQOL-35. The subjects in experimental group were engaged in the Reiki for 36 minutes. Changes in level of comfort and quality of life were assessed after providing Reiki session. Findings revealed that mean comfort score among the inmates residing in old age homes was significantly high in experimental group received Reiki therapy, in comparison to control/conventional group (111.84 ± 11.242 vs 101.32 ± 9.227 , $p < 0.05$). Similarly, Quality of life among the inmates residing in old age homes was significantly high in experimental group after receiving Reiki therapy in comparison to control/conventional group (105.04 ± 12.269 vs 91.56 ± 11.529 , $p < 0.05$).

KEYWORDS: Reiki therapy, level of comfort, quality of life, inmates, old age homes

Introduction and need-

The world's population is rapidly aging and developing countries are more involved with such issue.¹ People worldwide are living longer. By 2050, the world's population aged 60 years and older is expected to total two billion, today, 125 million people are above 80 years. By 2050, 80% of all older people will live in low- and middle-income countries.²

Health complaints such as pain, fatigue and mobility impairment significantly predicted low overall and health-related quality life.³ Women had significantly lower overall and health-related quality of life than men, and a significantly higher degree of health complaints.⁴

The elderly often experience chronic pain in the joints, back, legs, and feet; they appear to suffer less visceral pain and headache than younger people.⁵

Health complaints weakness, problems with walking/standing, visual limitations, cognitive problems, dyspnea and back complaints were associated with poorer scores on the number of domains with problems.⁶

Early detection of health complaints which negatively affecting quality of life is an important aspect⁷. There are evidences of under treatment among elderly people. The association of non-pharmacologic resources with the pharmacological treatment can help reduce the use of analgesics minimizing the side effects of long-term medication.⁸

Reiki is a complementary health approach in which practitioners place their hands lightly on or just above a person, with the goal of facilitating the person's own healing response.⁹ Reiki is based on an Eastern belief in an energy that supports the body's innate or natural healing abilities. Reiki has been studied for a

How to cite this paper: Jasmeet Kaur | Dr. Preksha Maheshwari "A Study to Assess the Effect of Reiki Therapy on Old Age Home Inmate's Level of Comfort and Quality of Life" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-8 | Issue-3, June 2024, pp.296-301, URL: www.ijtsrd.com/papers/ijtsrd64854.pdf



Copyright © 2024 by author (s) and International Journal of Trend in Scientific Research and Development Journal. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (CC BY 4.0) (<http://creativecommons.org/licenses/by/4.0>)



variety of conditions, including pain, anxiety, fatigue, and depression.¹⁰

Statement of problem

A quasi experimental study to assess the effectiveness of Reiki therapy on level of comfort and quality of life among the inmates residing in selected old age homes in Chandigarh and Punjab.

Objectives

1. To assess level of comfort and quality of life before giving Reiki therapy among the inmates residing in selected old age homes in experimental and control (conventional) group.
2. To implement protocol of Reiki therapy among the inmates residing in selected old age homes in Chandigarh and Punjab in experimental group.
3. To assess level of comfort and quality of life after giving Reiki therapy among the inmates residing in selected old age homes in experimental and conventional group.
4. To evaluate the effectiveness of Reiki therapy on level of comfort and quality of life among the inmates residing in selected old age homes in

Section A: Sample characteristics

This section deals with the description of sample characteristics of the subjects.

Table 1: Socio Demographic profile of the subjects N=50

	Variables	Control Group	Experimental Group	χ^2	df	P value
		f (%)	f (%)			
1	Age			3.688	3	.297
	a. 60-65	07 (14)	10(20)			
	b. >65-70	10 (20)	11 (22)			
	c. >70-75	05 (10)	04(08)			
	d. >75	03 (6)	00 (00)			
2	Gender			1.299	1	.254
	a) Male	13 (26)	09(18)			
	b) Female	12 (24)	16 (32)			
3	Education of inmate			3.273	3	.351
	a) Illiterate	3(6.0)	11 (22)			
	b) Primary school	12 (24)	22 (44)			
	c) Secondary	07 (14)	11 (22)			
	d) College	3 (6.0)	6 (12.0)			
	e) Professional	0 (0)	0 (0)			
4	Marital status			2.738	3	.438
	a) Married	3 (6)	3 (6)			
	b) Unmarried	9 (18)	4 (8)			
	c) Widow	11 (22)	15 (30)			
	d) Divorced	02 (14)	03 (6)			
5	Religion			2.358	3	.502
	a) Hindu	08 (16)	10 (20)			
	b) Muslim	07 (14)	06 (12)			
	c) Sikh	08 (16)	09 (18)			
	d) Christian	04 (25)	00 (00)			
	e) Other	00 (00)	0 (00)			

Chandigarh and Punjab by comparing pre-test and post-test findings in experimental and conventional group

Methodology: Pretest and posttest control group design was used in present study. This was quasi-experimental research design in which one characteristic of experimental design; random assignment was not used by researcher for assigning subjects in experimental and conventional group.

Quasi-experimental study was conducted at selected old age homes in Chandigarh and Punjab. Ethical permission was taken from institutional ethical committee. Convenience sampling technique was used for enrolling 50 subjects in study. First 25 subjects were enrolled in experimental group. Later 25 subjects in control group were taken as a wait list control group with delayed treatment. Data was collected by using comfort behavior checklist to assess general comfort and Quality of Life assessed by using OPQOL-35. The subjects in experimental group were engaged in the Reiki for 36 minutes. Changes in level of comfort and quality of life were assessed after providing Reiki session.

6	Duration of stay in old age home			5.943	3	.114
	a) 0-3 Years	11(22)	06 (12)			
	b) >3 Years-6 Years	11(22)	09 (18)			
	c) >6-9 Years	03 (6)	08 (16)			
	d) >9 Years	00(00)	02 (4)			
7	Having meeting with family members			1.029	02	0.598
	a) Daily	00(00)	00(00)			
	b) Weekly	00(00)	1 (2)			
	c) Monthly	07 (14)	07 (14)			
	d) Never	18 (36)	17 (34)			
8	Occupation before coming to old age home			0.155	02	0.926
	a) Unemployed	11 (22)	12 (24)			
	b) Business /self employed	05 (10)	04 (08)			
	c) Government Job	0 (0)	0 (0)			
	d) Private job	09 (18)	09 (18)			
9	Having any health issues.			.758	1	.384
	a) No	02 (4.0)	4 (8.0)			
	b) Yes	23 (46)	21 (42)			

Table 1 depicted that most of the inmates 21(42%) were in the age group of > 65-70 followed by 17(34%) inmates were in 60-65 years age category. Majority of inmates were female 28(56%) and nearly half of enrolled inmates were widow 26 (52%). Majority of inmates 20(40%) were living in old age home since >3-6 Years. Almost all inmates 44(88%) were having health issues.

Section B: Assessment of comfort and QOL among the inmates residing in old age homes

This section dealt with the analysis and interpretation of the data of comfort and QOL among the inmates residing in old age homes in experimental and control group.

Following hypotheses were framed in order to see effectiveness of Reiki therapy -

H₁-Level of comfort among the inmates residing in old age homes will be significantly high in experimental group receiving Reiki therapy, in comparison to control/conventional group as assessed by appropriate tools at 0.05 level of significance.

H₂-Quality of life among the inmates residing in old age homes will be significantly high in experimental group receiving Reiki therapy, in comparison to control/ conventional group as assessed by appropriate tools at 0.05 level of significance.

Table 2: Comparison of post scores of comfort and QOL between experimental and control group

N=50

	Group	Mean Score	SD	't' value	Df	p-value
Comfort	Control (n=25)	101.32	9.227	-3.617	48	0.001***
	Experimental (n=25)	111.84	11.242			
QOL	Control (n=25)	91.56	11.529	-4.003	48	<0.001***
	Experimental (n=25)	105.04	12.269			

Table 2 depicted the comparison of post score of comfort and QOL between experimental and control group, Findings showed that mean comfort score among the inmates residing in old age homes was significantly high in experimental group received Reiki therapy, in comparison to control/conventional group (111.84±11.242vs101.32±9.227,p<0.05). Similarly Quality of life among the inmates residing in old age homes was significantly high in experimental group after receiving Reiki therapy in comparison to control/conventional group (105.04±12.269vs91.56±11.529, p<0.05).

Comparison of comfort and QOL in experimental group and control group

In order to compare the pretest and posttest comfort and QOL in experimental group following hypotheses were frame in order to see effectiveness of Reiki therapy.

H₁-level of comfort among the inmates residing in old age homes will be significantly high in experimental group after receiving Reiki therapy as assessed by appropriate tools at 0.05 level of significance.

H₂-Quality of life among the inmates residing in old age homes will be significantly high in experimental group after receiving Reiki therapy as assessed by appropriate tools at 0.05 level of significance.

Table 3: Comparison of comfort and QOL in experimental group and control group N=50

	Group	PSS score	Mean Score	SD	't' value	Df	p-value
Comfort	Control (n=25)	Pre-test	103.44	7.763	2.497	24	0.051
		Post-test	101.32	9.227			
	Experimental (n=25)	Pre-test	104.80	8.005	-3.537	24	0.002**
		Post-test	111.84	11.242			
QOL	Control (n=25)	Pre-test	91.28	11.585	-1.429	24	0.166
		Post-test	91.56	11.529			
	Experimental (n=25)	Pre-test	93.56	10.373	-7.499	24	<0.001**
		Post-test	105.04	12.269			

Table 3 depicted the pretest and posttest comparison of comfort and QOL in experimental group and control group. Findings revealed that mean comfort score among the inmates residing in old age homes is significantly high in experimental group after receiving Reiki therapy (111.84 ± 11.242 vs 104.80 ± 8.005 , $p < 0.05$). Similarly Quality of life among the inmates residing in old age homes was significantly high in experimental group after receiving Reiki therapy (105.04 ± 12.269 vs 93.56 ± 10.373 , $p < 0.05$).

Discussion –

These findings suggested that Reiki therapy has a significant positive impact on the comfort and quality of life of elderly individuals residing in old age homes. The mean comfort score (111.84 ± 11.242 vs 101.32 ± 9.227 , $p < 0.05$) was notably higher among participants who received Reiki therapy compared to those in the control or conventional group, indicating that Reiki therapy contributes to increased feelings of comfort and well-being. Similarly, the quality of life scores (105.04 ± 12.269 vs 91.56 ± 11.529 , $p < 0.05$) were significantly higher in the experimental group after receiving Reiki therapy, highlighting the potential of Reiki to enhance various aspects of elderly individuals' lives, including physical, emotional and social wellbeing.

These results aligned with previous research by Yaser Khaje-Bishaket al¹², SPS Bhatia and HM Swami¹³ Van Blijswijk et al¹⁴ Vitale and O'Connor¹⁵ indicating the beneficial effects of Reiki therapy on pain management, stress reduction, and emotional well-being. By promoting relaxation, reducing anxiety, and fostering a sense of connection and support, Reiki therapy may address some of the unique challenges faced by elderly individuals living in institutional settings. Moreover, these findings underscore the importance of integrating complementary and alternative therapies like Reiki into geriatric care practices to improve the overall quality of life for elderly population.

The study findings are also supported by a similar study conducted by Bayulgen Y, Gun M. 2023 on effect of Reiki therapy on fatigue and comfort in hemodialysis patients. A randomized clinical trial was

conducted on 62 patients. Results revealed that distant Reiki as one of the non pharmacological method, positively affects the fatigue severity and comfort level of patients receiving hemodialysis treatment.¹⁶

However, it's essential to consider potential limitations of the study, such as sample size, duration of intervention, and the possibility of placebo effects. Future research could further explore the mechanisms underlying the observed benefits of Reiki therapy in elderly populations and investigate its long-term effects on various health outcomes. Overall, these findings contribute to the growing body of evidence supporting the integration of Reiki therapy into holistic approach to geriatric.

Implications –

Reiki therapy holds profound implications for holistic well-being, weaving together elements of physical, emotional, and spiritual healing. Reiki therapy can be used as palliative measure for elderly. Reiki offers a gentle companion on the path to healing, providing solace and support to the elderly.

Recommendation –

Further research on Reiki therapy for the elderly holds promise for enriching our understanding of its potential benefits and applications within geriatric care. Studies could delve into its efficacy in managing common age-related ailments such as chronic pain, mobility issues, and cognitive decline. By conducting randomized controlled trials and longitudinal studies, researchers can assess the impact of Reiki therapy on physical function, pain levels, and quality of life among elderly individuals. Moreover, investigations into its effects on mental health outcomes, including anxiety, depression, and cognitive function, could

provide valuable insights into its holistic benefits for the elderly population. Additionally, exploring the role of Reiki therapy as a complementary intervention in palliative care settings may shed light on its potential to enhance end-of-life comfort and spiritual well-being for elderly patients with terminal illnesses. Furthermore, research focusing on the safety, acceptability, and feasibility of integrating Reiki therapy into geriatric care settings can inform evidence-based practices and guidelines for its use in addressing the unique healthcare needs of aging populations. Through rigorous scientific inquiry, we can unlock the full potential of Reiki therapy as a valuable adjunctive therapy for promoting the health and wellbeing of elderly

References

- [1] "Ageing and Health." World Health Organization, World Health Organization, www.who.int/news-room/fact-sheets/detail/ageing-and-health. [Accessed 20 April 2024].
- [2] Borglin G, Jakobsson U, Edberg A-K, Hallberg IR. Self-reported health complaints and their prediction of overall and health-related quality of life among elderly people [Internet]. International journal of nursing studies. U.S. National Library of Medicine; 2005 [cited 20 April 2024]. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/15680613>
- [3] Lewis Mehl-Madrona, B. (2019). Qualitative Assessment of the Impact of Implementing Reiki Training in a Supported Residence for People Older Than 50 Years with HIV/AIDS. [online] PubMed Central (PMC). Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3200100/> [Accessed 30 May 2019].
- [4] Vitale, Anne T, and Priscilla C O'Connor. "The Effect of Reiki on Pain and Anxiety in Women with Abdominal Hysterectomies: a Quasi-Experimental Pilot Study." Holistic Nursing Practice, U.S. National Library of Medicine, 2006, www.ncbi.nlm.nih.gov/pubmed/17099413. [Accessed 18 September 2018].
- [5] "Ageing and Health." World Health Organization, World Health Organization, www.who.int/news-room/fact-sheets/detail/ageing-and-health. [Accessed 25 September 2018].
- [6] Angra SK, Murthy GV, Gupta SK, Angra V. Cataract related blindness in India & its social implications [Internet]. The Indian journal of medical research. U.S. National Library of Medicine; 1997 [cited 20 April 2024]. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/9361464>
- [7] Van Blijswijk, Sophie C E, et al. "Self-Reported Hinder Health Complaints of Community-Dwelling Older Persons: A Cross-Sectional Study." PloS One, Public Library of Science, 16 Nov. 2015, [cited 20 April 2024] www.ncbi.nlm.nih.gov/pmc/articles/PMC4646486.
- [8] Dalacorte, Roberta Rigo, et al. "Pain Management in the Elderly at the End of Life." North American Journal of Medical Sciences, Medknow Publications Pvt Ltd, Aug. 2011, [cited 20 April 2024] www.ncbi.nlm.nih.gov/pmc/articles/PMC3234146/.
- [9] "Reiki." National Center for Complementary and Integrative Health, U.S. Department of Health and Human Services, 27 Dec. 2018, nccih.nih.gov/health/Reiki-info [cited 20 April 2024].
- [10] Khaje-Bishak, Yaser, et al. "Assessing the Quality of Life in Elderly People and Related Factors in Tabriz, Iran." Journal of Caring Sciences, Tabriz University of Medical Sciences, 1 Dec. 2014, [cited 2019 June 18] www.ncbi.nlm.nih.gov/pmc/articles/PMC4334177/.
- [11] Bhatia S, Swami H M, Thakur J S, Bhatia V. A study of health problems and loneliness among the elderly in Chandigarh. Indian J Community Med [serial online] 2007 [cited 2019 June 23]; 32:255-8. Available from: <http://www.ijcm.org.in/text.asp?2007/32/4/255/37689>
- [12] Van Blijswijk, Sophie C E, et al. "Self-Reported Hinder Health Complaints of Community-Dwelling Older Persons: A Cross-Sectional Study." PloS One, Public Library of Science, 16 Nov. 2015, [cited 2019 June 18] www.ncbi.nlm.nih.gov/pmc/articles/PMC4646486
- [13] Demir M, Can G, Celek E. Effect of Reiki on Symptom Management in Oncology. Asian Pacific Journal of Cancer Prevention. 2013; 14(8): 4931-3.
- [14] Dureja, Gur Prasad, et al. "Prevalence of Chronic Pain, Impact on Daily Life, and Treatment Practices in India." Pain Practice: the

Official Journal of World Institute of Pain, U.S. National Library of Medicine, Feb. 2014,). [cited 2018 September 28]. www.ncbi.nlm.nih.gov/pubmed/24304963.

- [15] Vitale, Anne T, and Priscilla C O'Connor. "The Effect of Reiki on Pain and Anxiety in Women with Abdominal Hysterectomies: a Quasi-Experimental Pilot Study." *Holistic Nursing Practice*, U.S. National Library of Medicine,

2006, www.ncbi.nlm.nih.gov/pubmed/17099413. [Accessed 18 September 2018].

- [16] Melek Yesil Bayulgen and Meral Gun. "Effect of Reiki on fatigue and comfort in hemodialysis patients: A Randomized clinical trial. vol. 19 issue 4 Pp 553-60. Available at <http://doi.org/10.216/j.explore.2022.12.009>.

