

A study to assess the effectiveness of reiki therapy on pain and anxiety among critically ill women admitted in selected hospital, Tiruvannamalai

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Abstract

Introduction: Reiki therapy is a hands-on healing technique that transmits universal energy from the Reiki practitioner to the person receiving the treatment. The aim of the study was a quasi-experimental study was carried out in government medical college and hospital at Tiruvannamalai to evaluate the effectiveness of reiki therapy on pain and anxiety among critically ill women's. 60 subjects were selected by using non-probability convenience sampling technique and the sample was equally divided into experimental & control group (30 in each group).

Results: In experimental group, pain pretest mean score was 7.13 with SD± 2.01 and post-test mean score was 3.43 with SD± 1.90. The calculated paired 't' test is $t=13.17$. In control group, pre-test mean score was 7.23 with SD±1.81 and post-test mean score was 7.40 with SD± 1.86 the calculated paired 't' test is $t=1.30$. In anxiety, experimental group pre-test mean score was 19.90 with SD± 6.87 and post-test mean score was 11.83 with SD±6.27 and the calculated paired 't' test is $t=13$ where as in control group, pre-test mean score was 20.20 with SD± 5.38 and post-test mean score was 20.83 with SD± 5.45 the calculated paired 't' test is $t=0$. In experimental group, pain pre-test mean score was 7.13 with SD± 2.01 and control group mean score was 7.23 with SD± 1.81. The calculated Unpaired "t" value is $t=0.13$. The post-test mean score was 3.43 with SD± 1.90 and the post mean score was 7.40 with SD± 1.86. The calculated unpaired "t" value was $t=8.14$. Where as in anxiety experimental group pre-test mean score was 19.90 with SD± of 6.82 and the control group mean score was 20.20 with SD±5.38. The calculated Unpaired "t" value is $t=0.02$. In experimental group post-test mean score was 11.83 with the SD± 6.27 and in control group mean score was 20.83 with SD± 5.45.

Conclusion: The findings revealed that, the effectiveness of reiki therapy was statistically tested and found to be statistically significant at $p<0.001$ level then the control group. Therefore reiki therapy is beneficial to reduce the pain and anxiety of critically ill women's.

Keywords: Reiki therapy; Critically ill women; Pain; Anxiety

1. Introduction

Critically illness is the life threatening condition that can be result in significant morbidity and mortality in women's. Critically ill women refers to who are suffering from disease or health problem like severe respiratory, cardiovascular or neurological rearrangement, often in combination, reflected in abnormal observations. People who need immediate and supportive care is called critically ill. Laura C. Robertson (2016)

Uncontrolled pain in the critically ill patient is expressed and experienced in a multitude of ways and can lead to complications. It can be directly associated with the primary pathology, painful procedures, or the psychological distress that comes with being critically ill and undergoing surgery. Uncontrolled painful stimuli have been demonstrated to

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acute stress responses including endocrine secretion and psychological stress. It also increases the incidence of nosocomial infections, the need for mechanical ventilation, and the ICU length of stay. [Michal Czernicki \(2019\)](#)

Anxiety is designating a psychological feeling whereas anguish designates the somatic experience. It was described as the experience of spastic constriction of voluntary or involuntary muscle fibers. Agonizes (anguish) could be experienced as a contraction affecting all muscle system, bronchial spasm, shortness of breath, intestinal cramps, veganism's, urinary urgency, pseudo angina pectoris and head ache. (Joseph levy- valensi , 1879-1943)

Complementary and alternative therapies are used more than conventional therapies by people with self-defined anxiety attacks to improve sense of wellbeing and alternative therapies for the treatment of anxiety is considerably higher than reported by chronic physical conditions.

Reiki therapy is a hands on healing technique that transmits universal energy from the Reiki practitioner to the person receiving the treatment. The practitioner applies hand positions on the body which passes the energy to the Reiki client. The energy enters the body and goes wherever it is needed. Reiki healers believe that Reiki opens the blocks which are present in the energy field or chakra. Reiki treats the whole body, emotions, mind and spirit. It involves physically, emotionally, mentally, spiritually gives relaxation, feeling of peace and wellbeing. Medical news today (2021).

Patients and health care professionals alike have become increasingly interested in complementary and alternative therapies that do not rely on expensive, invasive technology, and are holistic in focus. Reiki is cost-effective, non-invasive and can easily be incorporated into patient care. So researcher had interest on reiki therapy to reduce pain and anxiety among critically ill women's.

1.1. Statement of the problem

A study to Assess the Effectiveness of Reiki Therapy on Pain and Anxiety among Critically Ill Women's Admitted in Selected Hospital, Tiruvannamalai.

1.2. Objectives

- To assess the pre and post-test level of pain and anxiety in experimental and control group of critically ill women's.
- To compare the pre and post-test level of pain and anxiety within experimental and control group of critically ill women's.
- To compare the pre and post-test level of pain and anxiety between experimental and control group of critically ill women's.
- To correlate the pain and anxiety in experimental and control group of critically ill women's.
- To associate the posttest mean difference score of pain and anxiety in experimental and control group of critically ill women's with their selected demographic variables.

1.3. Null hypothesis

- NH₁-There is no significant difference in pre and posttest level of pain and anxiety within experimental and control group of critically ill women's at p<0.05 level.
- NH₂-There is no significant difference in pre ad posttest level of pain and anxiety between experimental and control group of critically ill women's at p<0.05 level.
- NH₃- There is no significant correlation of pain and anxiety in experimental and control group of critically ill women's at p <0.05 level.
- NH₄- There is no significant association of post-test mean difference score of pain and anxiety in experimental and control group of critically ill women's with their selected demographic variables at p <0.05 level.

1.4. Conceptual framework

Conceptual frame work was adapted for this study is based on Orlando's theory of deliberative nursing process model.

2. Research methodology

2.1. Research approach

Quantitative research approach

2.2. Research design

Non equivalent control group pre-test and posttest design which comes under quasi experimental design.

2.3. Variables

- Independent variable - Reiki therapy
- Dependent variable –pain and anxiety

2.4. Setting of the study

The study was conducted in Government Tiruvannamalai Medical College and Hospital, Tiruvannamalai district.

- Sample: Critically ill women's
- Sample size: 60 critically ill women's (30 in experimental & 30 in control group)
- Sampling technique: Convenience sampling technique

2.5. Criteria for the selection of sample

2.5.1. Inclusion criteria

- The women who were, between the age group of 20 to 60 years.
- able to speak and understand Tamil or English.
- willing to participate in the study.
- conscious
- admitted more than 1 week

2.5.2. Exclusion criteria

- The women who were,
- having fracture
- under ventilator
- having physical and mental disabled
- having severe neurological problem
- with unsound mind

2.6. Data collection procedure

The formal permission for conducting study was obtained from competent authorities. Reliability was established by using inter-rater method ($r = 0.92$ for pain and $r = 0.87$ for anxiety). The investigator collected the data related to demographic variables and conducted the pre-test to assess the level of pain by using pain rating scale and anxiety by using four point likert scale among critically ill women's in experimental and control group. In experimental group the researcher administered the reiki therapy for 20-30 mts daily 2 times (morning and evening) for 7 days. Control group was followed the hospital routine. Post-test was conducted on 8th day for both the group.

2.7. Data analysis

Both descriptive and inferential statistics were used to analyze the data.

3. Results and discussion

The major findings of demographic variables

In experimental group, 10(33.4%) were above the age group of 41-50, concerning their religion 21(70%) were fall in Hindu and 10(33.3%) were completed primary education, concerning their occupation 10(33.3%) were comes under daily wages, 13(43.3%) were in the monthly income is below 10000 rs, 21(70%) were married and 15(50%) were belongs to nuclear family.

In control group, 9(30%) were above the age group of 41-50, 11(36.6%) had illiterate, concerning religion majority 20(66.6%) belongs to Hindu, 12(40%) were comes under daily wages, 12(40%) were falls in family monthly income below 10000rs, 23(76.7%) were married, and 16(53.3%) were belongs to nuclear family.

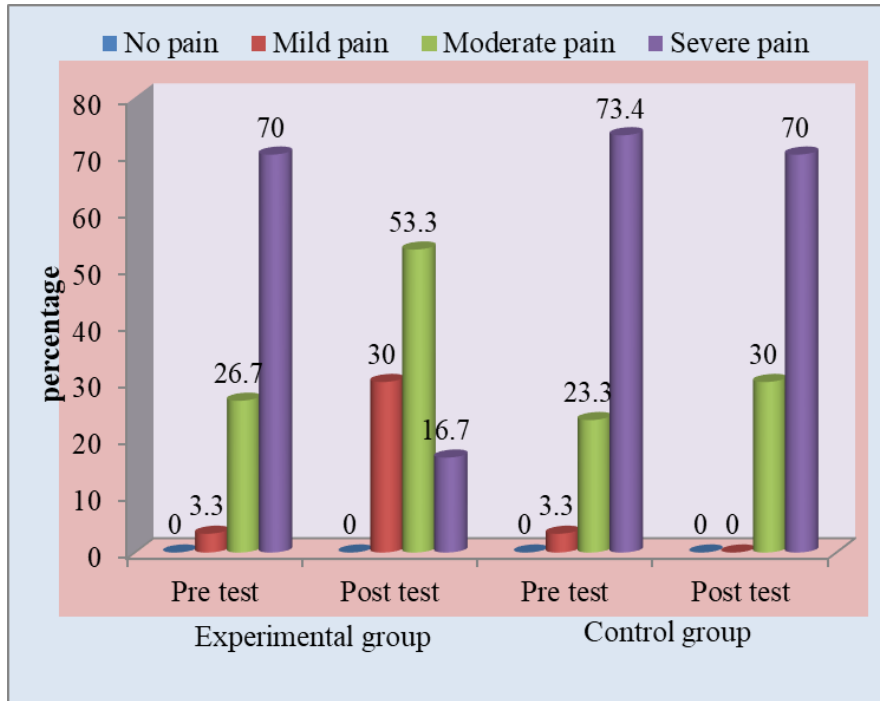


Figure 1 Percentage distribution of pre and post-test level of pain among critically ill women's in experimental and control group. N=60

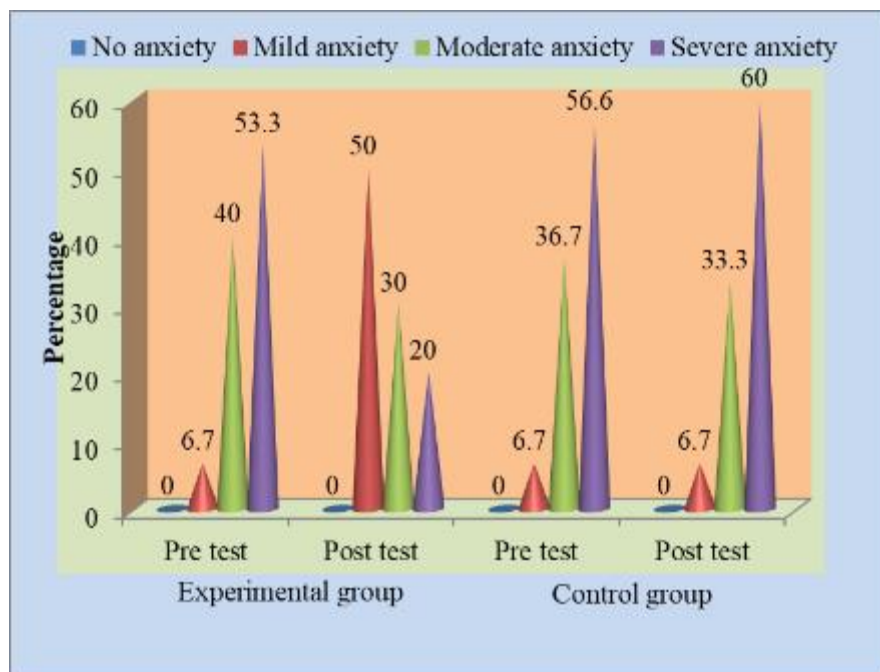


Figure 2 Comparison of pre and post-test level of pain within experimental and control group of critically ill women's.

Table 1 Comparison of pre and post-test level of pain within experimental and control group of critically ill women's.

Group	Assessment	Mean	S.D	Paired 't' value
Experimental group	Pre-test	7.13	2.01	t =13.17 S*** P<0.001
	Post-test	3.43	1.90	
Control group	Pre-test	7.23	1.81	t = 1.30 NS
	Post-test	7.40	1.86	

S***-significant at p<0.001, NS- Non significant

Table 2 Comparison of pre and post-test level of anxiety between experimental and control group of critically ill women's.

Group	Assessment	Mean	S.D	Paired 't' value
Experimental group	Pre-test	19.90	6.82	t =13.07 S*** P<0.001
	Post-test	11.83	6.27	
Control group	Pre-test	20.20	5.38	t =0.71 NS
	Post-test	20.83	5.45	

S***-significant at p<0.001, NS- Non significant

Table 3 Comparison of pre and post-test level of pain between experimental and control group of critically ill women's

Assessment	Group	Mean	SD	Unpaired "t"test
Pre-test	Experimental group	7.13	2.01	t=0.13 NS
	Control group	7.23	1.81	
Post-test	Experimental group	3.43	1.90	t=8.14 S*** P<0.001
	Control group	7.40	1.86	

S***-significant at p<0.001, NS- Non significant

Melike Demir Doğan (2018) a meta-analysis study was conducted to investigate the effect of Reiki on pain level. Reiki was observed to cause a statistically significant in decrease the VAS score. Consequently this meta-analysis revealed that Reiki was an effective approach in relieving the pain.

Table 4 Comparison of pre and post-test level of anxiety between experimental and control group of critically ill women's

Assessment	Group	Mean	SD	Unpaired "t"test
Pre-test	Experimental group	19.90	6.82	t=0.02 NS
	Control group	20.20	5.38	
Post-test	Experimental group	11.83	6.27	t=5.92 S*** P<0.001
	Control group	20.83	5.45	

S***-significant at p<0.001, NS- Non significant

Demira (2019) conducted a randomized control trial to determine the effect of distant Reiki on pain, anxiety and fatigue in oncology patients. The Reiki group pain score (p <0.0001), stress score (p <0.001) and fatigue score (p=0.001) were also significantly lower. This study concluded that Reiki may decrease pain, anxiety and fatigue in oncology patients.

Table 5 Coefficient correlation of level of pain and anxiety in experimental and control group among critically ill women's.

Group	Assessment	Variables	Mean	SD	Correlation (r)
Experimental group	Pre-test	Pain	7.13	2.01	r= +0.09
		Anxiety	19.90	6.82	
Control group	Pre-test	Pain	7.23	1.81	r= -0.15
		Anxiety	20.20	5.38	
Experimental group	Post-test	Pain	3.43	1.90	r= +0.02
		Anxiety	11.83	6.27	
Control group	Post-test	Pain	7.40	1.86	r= -0.06
		Anxiety	20.83	5.45	

Association of post-test mean difference score of pain and anxiety among critically ill women's with their selected demographic variables.

The findings related to association of post-test mean difference score of pain in experimental group was, age in years ($\chi^2=6.28$), religion ($\chi^2=1.82$), educational status ($\chi^2=2.44$), occupation ($\chi^2=3.44$) and family monthly income ($\chi^2=5.80$) and in anxiety, age in years ($\chi^2=0.67$), religion ($\chi^2=2.28$), educational status ($\chi^2=7.79$), occupation ($\chi^2=3.0$) and family monthly income ($\chi^2=1.12$) clearly shows that "there is no significant association of post-test mean difference score of pain and anxiety among critically ill women's was accepted at $p<0.05$ level.

4. Conclusion

The study findings revealed that reiki therapy to the women in the experimental group had significant reduced in their post-test level of pain and anxiety than the control group. Hence reiki therapy application can be used as a safe and alternative therapy for critically ill women's. The reiki therapy is a simple and easily learned technique, which is cost effective, noninvasive, non-pharmacological alternate therapy. Reiki therapy can be used as a part of nursing intervention in order to reduce the pain and anxiety.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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