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The effects of Reiki treatment on mental health professionals who are at risk of burnout

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Abstract

Objective: The study was conducted to see efficacy of reiki reducing the burnout of the staff working with autism.

Methods: For the present study a Correlational Research Design was used. Recruitment for the study started in November 2019 and ended in March 2020. Purposive sampling was used. Total Participants of the study were 450 out of which 346 completed the training. These included Behavior Therapists (n=146), Speech Therapists (n=104) and Special Educationists (n=96) from 51 Autism centers in a province. Hierarchical Multiple Regression Analyses was conducted. The Teacher Burnout Scale was utilized. The Ethics Review Committee (ERC) of Ijaz Psychiatric Institute, Lahore, Pakistan approved the study.

Results: Total Participants of the study were 450 out of which 346 completed the training. These included Behavior Therapists (n=146), Speech Therapist s(n=104) and Special Educationists (n=96) from 51 Autism centers in Punjab, Pakistan. A total of (18%) were interested in sufi reiki while others did Ushi reiki healing system. Attunement of 37%

was done in LISCA and other 62% on skype. A total of (76%) participants reported that Reiki had benefitted improving their comfort level by pain relief in (7/17 or 41%) and providing relaxation to (15/17 or 88%). It is highlighted that the burnout is more likely among Autism therapist when they have unsatisfied working environment.

A paired t-test showed that the difference in the scores of professional's burnouts was statistically significant ($t=1.89$, $df=24$, $p<.000$). There is a significant difference in mean score of Burnout of professionals working in autism centers after implementing reiki.

Discussion: The present study aimed to determine the efficacy of reiki as alternative treatment in reducing Burnout among the Professionals of Autism. It was a series of study carried on causes and treatment of burnout. Reiki has shown 80% decrease in pain and 91% decrease in stress [9]. Around (76%) responded of improvement in their comfort level, (88%) responded relaxation and pain relief was responded by (41%) of caregivers was observed in our study.

Keywords: Reiki, Mental Health Professionals, Autism Staff, Pakistan, ABA Therapist, Speech Therapist

1. Introduction

Staff working in local area psychological departments are at very much risk of getting burnout as it induces immense fatigue leading to diminished individual's achievements. reiki is biofield energy treatment useful for lessening pressure on certain points of the body.

Burnout seems to be common in the professionals who have no change in workplace environment or people [1]. They follow the structured and scientifically designed program for the completion of the task which is time allotted. The children with autism have severe behavioral problem which are a challenging task. The dealing of these behaviors requires lot of physical output and mental effort. The staff of autism keeps changing due to these above factors and the load of the absent or new colleagues falls on others leading causes to burnout [2]. Those individuals with poor psychological capital when work with ASD children face psychological distress which led to burnout such as anxiety, depression, and psycho-physiological problems. Intervention is needed for employed therapists who are faced by burnout [3]. Reducing job burnout is an important factor for increasing the psychological capital which can positively enhance mental health [4]. It is found that the untrained and inexperienced staff encountered lot of dissatisfaction in working with these children thus resulting in burnout [5]. In autism services, stressful factors include work overload, conflicts and indecisiveness, and high expectations of the parents. They offer their services for the challenging problems which are of great concern for the parent. They follow the structured and scientifically designed program for the completion of the task which are time allotted. The children with autism have severe behavioral problem which is a challenging task. The dealing of these behaviors requires lot of physical output and mental effort. Completing

task in allocated time period is a very stressful task as it varies from child to child and depends on the severity of each child. The staff of autism keeps changing due to these above factors and the load of the absent or new colleagues falls on others leading causes to burnout [6]. Higher positive qualities in the workplace should result in lower burnout, which represents the higher degrees of psychological well-being (PWB) in the staff of ASD [7].

Reiki is a form of energy therapy whose popularity is increasing among the American public and its effectiveness has been associated with STS symptoms. This non-directional, non-invasive technique can be a new tool for self-care for mental health workers to address issues of burnout. Reiki is an energy therapy modality acknowledged by the National Center for Complementary and Alternative Medicine. Energy therapies are defined by the NCCAM (2007) as a method of healing involving the conduction of healing energy through the hands of a practitioner into the client's body with the purpose of restoring homeostasis in the system to induce health. Energy therapies are classified by NCCAM as putative energy fields. Examples of energy therapies are Reiki, healing touch, Qigong, and homeopathy. Reiki is presently used in many hospitals throughout the country as an adjunct therapy to treat physical illness and facilitate well-being [8]. Dr. John Zimmerman measured a biomagnetic field coming from a healing practitioner's hands with a device called a superconducting quantum interference device (SQUID) and Oschman measured electromagnetic signal pulses varied from 0.3 to 30 Hertz (cycles per second) through Pulsed electromagnetic fields [9].

Reiki may be an effective intervention for a variety of problems which are listed in the DSM IV and have associated descriptive features characteristic of individuals affected by STS. One review of touch therapies looked at studies with outcomes such as pain, mood, anxiety, relaxation, functional status, health status, wellbeing, wound healing, blood pressure and immune function. The author found the studies were of mixed quality, providing a variable degree of evidence in support of the effectiveness of touch therapies on these outcomes [10].

However, to date, no research has been conducted specifically on the effect of Reiki on Burnout in mental health professionals. In this study it is aimed to find that mental health professionals at risk for burnout will be positively influenced by Reiki treatment.

The purpose of this research was to examine the effects of Reiki, on burnout among mental health professionals working with ASD children. The outcome will be measured in terms of change of burnout.

Research Question was Does Reiki have an effect on mental health professionals at risk for burnout? Outcomes will be measured in changes in symptoms that research has identified as common in persons affected by burnout, (including (1) anxiety, (2) depression, (3) anger-hostility, (4) somatic symptoms (5) hopelessness.)

2. Methods

Research design

For the present study a Correlational Research Design was used. Recruitment for the study started in November 2019 and ended in March 2020. Purposive sampling was used. Total Participants of the study were 450 out of which 346 completed the training. These included Behavior Therapist

(n=146), Speech Therapist (n=104) and Special Educationist (n=96) from 51 Autism centers in Punjab, Pakistan. The inclusion criteria had participants dealing with children diagnosed with ASD with minimum 12 months experience, and a minimum age of 25 years or more. The exclusion criteria were professionals doing multiple jobs, who had any physical disability or had experienced a significant stressor/death of a closed one within past 6 months, or providing care, special attention to their own child diagnosed with any mental disorder. The participants who had any other treatment for burnout were not included in the study. Reiki was new to all the participants. Hierarchical Multiple Regression Analyses was conducted for predicting demographic characteristics, mental health burnout of professionals working with autism spectrum disorder.

Demographics

The study comprised of different demographic variables which included severity level of autism, type of setting for session, working environment, and their relationship with colleagues.

Demographics description

Table 1: Percentages of Severity level of Autism, Type of Setting for Session, Working Environment, Relationship with Colleagues of Professionals (N=346)

Variables	%
Severity level of Autism	
Mild	(3.3 %)
Moderate	(70.7 %)
Severe	(26.0%)
Type of setting for session	
One to One	(66.0%)
Group sessions	(34.0%)
Working environment	
Highly unsatisfactory	(.7%)
Un-satisfactory	(6.0%)
Moderate	(39.3%)
Satisfactory	(46.7%)
Highly Satisfactory	(7.3%)
Relationship with colleagues	
Highly unsatisfactory	(3.3%)
Un-satisfactory	(12.0%)
Moderate	(46.0%)
Satisfactory	(34.0%)
Highly satisfactory	(5.3%)

Note: (N=346), % = percentage

Instruments

One instrument Teacher Burnout Scale (TBS) was utilized in the study to assess instructor burnout.

Teacher Burnout Scale (TBS) [11]

The Teacher Burnout Scale, created by Seidman and Zager in 1987, was utilized to assess instructor burnout. It contains 21 self-report things on a six-point Likert scale. It takes around 10 minutes to finish the scale. It evaluates four factors of burnout: coping with job related stress, career satisfaction, perceived administrative support and attitudes toward students. Test-retest reliability was accounted for as .82. The Cronbach alpha of this scale in this study is .75 which accounted that this scale is highly reliable.

Procedure

The Ethics Review Committee (ERC) of Ijaz Psychiatric Institute, Lahore, Pakistan approved the study. Permission was taken from different concerned authorities and from authors of scales. participants were contacted through whatsapp and emails collected during previous study.

The researchers approached the caregivers interested in participation in Reiki training to assess their eligibility, obtain consent, and answer questions about the study. Demographic information about the participant was also obtained. Participants were assured that their identity will not be disclosed to anyone. The Reiki Master was responsible for the content of the Reiki training, and for following the code of ethics and standards of practice defined by the International Center for Reiki Training. Training consisted of 3 hours held at LISCA and online on skype. Upon completion the training program an interview with the caregiver to capture perceived benefits of the Reiki training program and total number of training sessions completed were recorded. The material was provided in English and Urdu version to the caregivers. the caregivers feedback about the perceived benefits of the Reiki program are listed in results. For assessment of the participants' feelings of competence and confidence regarding their use of Reiki following the training 0–10 Likert-type scale (0 = not at all competent/confident, and 10 = extremely competent/confident) was utilized.

3. Results

Total Participants of the study were 450 out of which 346 completed the training. These included Behavior Therapist (n=146), Speech Therapist (n=104) and Special Educationist (n=96) from 51 Autism centers in Punjab, Pakistan. Out of these (18%) were interested in sufi reiki and others did Ushi reiki healing system. A total of 37% was done in LISCA and other 62% on skype.

While rating their feelings of competence and confidence with Reiki following the training, participants indicated more confidence about using Reiki therapy after 10 days of training sessions (70%, Likert scale score ≥6), and rest after more than 2 weeks of training (52%, Likert scale ≥6), and when instructions were provided in their primary language (100%, Likert scale ≥6).

Thirteen of the 17 (76%) participating caregivers reported that Reiki had benefitted improving their comfort, and providing relaxation (15/17 or 88%), and pain relief (7/17 or 41%). One caregiver reported cessation of her throat itching. Most caregivers (82%) reported built up energy level. Following this training, 10 caregivers (59%) reported regular use of the Reiki therapy at home. Six of these 10 caregivers directly observed providing therapy to children. An interest to learn further in Reiki was expressed by the majority of the caregivers (10/17), including a specific request for an advanced level Reiki training. All caregivers reported a feeling of becoming an active participant at their job place, after this training.

Table 2: Correlation matrix for Burnout and demographics characteristics of professionals

S. No	Variables	I	II	III	IV	VII	M	SD
I	WE Unsatisfactory	-	-.8	-.6*	.08*	.08	.43	
II	Relationship		-	.60	.20*	.07	.52	
III	Mild ASD			-	-.10**	.03	.8	
IV	CR Unsatisfactory				-.08**	.12	.02	
V	Total TBS					144.2		0.2

Note: -WE- Working Environment-ASD-Autism Spectrum Disorder-CR-colleague Relationship-PCQ-Psychological Capital Questionnaire-GHQ-General Health Care-TBS-Teacher Burnout Scale*p<.05, **p<.01

Results of table 2 show that unsatisfactory working environment has significant correlation with burnout. Ultimately, the unsatisfactory relationship of professionals with colleagues has significant negative correlation with burnout. Thus, it is highlighted that the burnout is more likely among Autism therapist when they have unsatisfied working environment. Results of the present study also show that disability of spectrum is not a major cause of burnout; the proper environment and training of therapist are prerequisite for eliminating the burnout among ASD therapist.

Table 3: Paired sample T test was carried out to compare the mean score of Burnout of professionals working in Autism centers before reiki and after reiki

Mean, Standard Deviation, and t value on Teacher burnout scale of professionals working in Autism centers (N=346)

Variable	M(SD)	Pre and Post Ratings		t (34)	p	95% CI	
		Pre	Post			LL	UL
Burnout		36.58(0.66)	12.13(0.86)	1.89	.000	0.20	0.94

Note: M = mean; SD = standard deviation; CI = confidence interval; LL = lower limit; UL = upper limit. ns p> .05

A paired t-test showed that the difference in the scores of professionals burnout was statistically significant (t=1.89, df=24, p<.000). Table show that there is a significant difference in mean score of Burnout of professionals working in autism centers after implementing reiki.

4. Discussion

Our study found out the importance of reiki to reduce burnout in staff working with children on spectrum. Reiki has proved 70% decrease in pain and stress [9]. Staff report seventy percent improvement in their symptoms after doing reiki.

Another study revealed positive effects of Reiki on Nurses. It reduced stress and they were felt more comfortable in their work place [12]. Reiki also lessened major symptoms of anxiety [2]. The results revealed burnout effects individual achievement and depersonalization. This treatment recharges the body's vivacious framework which helps in fast healing [3].

A research study provided evidence of Reiki's effect on the PNS. It showed the levels of blood pressure maintaining itself [5, 13] and reducing elevated anger after doing reiki [14]. Energy therapy benefits both practitioner and recipient in assisting the body to heal [4]. The staff had more compassionate care towards their patients as it enhanced their mindfulness.

5. Conclusion

The present study reviewed the authenticity of reiki in lessening burnout among experts dealing with patients on spectrum. A tremendous rise in the mean score of was observed after carrying out reiki.

The short coming of the study is that only one assessment tool of burnout was utilized to check the validity of reiki.

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