Reiki Reduces Burnout Among Community Mental Health Clinicians

Reference

Purpose of Study
The purpose of this study was to determine if Reiki treatment could reduce the burnout among mental health clinicians, a community at high risk for professional burnout.

Objective/goals/hypotheses
To create a randomized, controlled study to determine if Reiki treatment has a positive effect on reducing a mental health clinician’s experience of burnout. Designers of the study mentioned the importance of a control because results from other studies lacking controls are generally criticized.

Methods
A convenience sampling of 45 volunteer participants (33 women and 12 men) were selected and randomly assigned to either a Reiki or a sham-Reiki group in this crossover study. All were at least master’s level clinicians, working 30 or more hours per week with at least 50% of their time spent working directly with clients. Sixteen Reiki practitioners (level 2 through Reiki masters) with a minimum of 5 years of practice participated over the duration of the study. Sham practitioner’s with no Reiki experience also were selected and taught to mimic the identical hand positions so all participants were blinded as to their group assignment. Each group received a weekly 30-minute hands-on, seated treatment for a period of 6 weeks and, after at least a 6-week washout period, the groups were reversed and the same treatment protocol repeated. Outcomes were measured using the Maslach Burnout Inventory-Human Services Survey and the Measure Your Medical Outcome Profile Version 2.

Results
Results showed that weekly 30-minute Reiki treatments for a period of 6 weeks reduced burnout symptoms among mental health clinicians, reported as reductions in emotional exhaustion and depersonalization symptoms and increases in sense of personal accomplishment. Older participants did not experience as much improvement as younger participants and singles showed greater improvement than partnered participants. In addition, clinicians working more hours each week saw lower rates of improvement. The study found Reiki worked even better when it was received during the second phase (after the sham Reiki treatment) and both groups when receiving sham Reiki perceived a “worsening quality of life.”

Strengths
This randomized, controlled study, using well-validated outcome measures was the first to show that Reiki reduced the experience of burnout in mental health clinicians and confirmed the initial hypothesis. It also was designed with a washout period of 6 weeks before the second phase to protect against a carryover effect.

Weaknesses
This is a well designed study, however, it could have benefited from including a third panel of either a non-touch therapy or no treatment as a control group to distinguish any benefits resulting derived simply from touch. A no-treatment control group could also help reveal any possible Hawthorne effect (experiencing ameliorated symptoms simply by knowing one is participating in a study to reduce symptoms.)

Additional comments
This study lays a strong foundation for larger similar trials and additional positive outcomes in larger studies could lead to Reiki being offered as a regular burn-out prevention option for healthcare workers. It may also provide future research direction comparing the effectiveness of Reiki on partnered versus non-partnered individuals.

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