

# Reiki Distance Treatment to Health Care Professionals in 19 Hospitals in Switzerland and France

Geneva, April 2024, SwissReiki the association for Reiki practitioners and professionals of Switzerland is pleased to announce the completion of the Reiki distance treatment project for health care professionals in 19 hospitals in Switzerland and France.

**Background:** Nurses and care workers play a vital role in our society, providing care to those in need. However, they are often exposed to high levels of stress, which can have a negative impact on their physical and mental health. While we all take it for granted to be cared for with dedication, attention and professionalism by nurses and carers, few are asking who takes care of them.

**Objective:** The project aimed to investigate the effects of Reiki on the chronic stress and pain conditions of health care professionals in hospitals, and to identify and document any tangible benefits."

**Method:** Over the period of seven consecutive days, 16 Reiki practitioners (providers) conducted 20-minute distance treatments to 36 health care professionals (receivers). The selection and pairing of provider and receiver were entirely random. Only the first name, age, city, and a brief summary of current conditions (emotional, mental, and medical) were given to the providers. Both providers and receivers completed questionnaires before and after the treatment to document their perceptions and experiences.

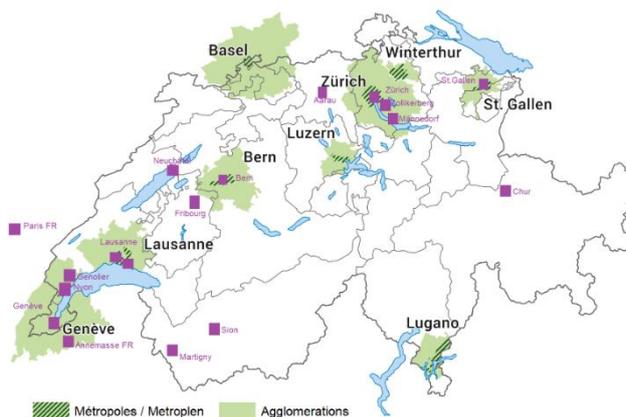
**Results:** The results showed that Reiki was effective in significantly decreasing pain and significantly improving sleep, energy levels, and general well-being.

	Before Reiki Treatment Summary			After Reiki Treatment Summary		
	bad	neutral	better	bad	neutral	better
<b>Wellbeing</b>	18	16	3	3	6	27
<b>Sleep</b>	23	8	6	2	8	26
<b>Pain</b>	28	3	5	3	6	28
<b>Energy Levels</b>	24	10	2	7	7	22

**Conclusion:** The study findings suggest that Reiki can be a valuable tool for managing pain, improving sleep, increasing energy levels, and relieving a variety of stress-associated symptoms for health care professionals.

This project was a collaboration between SwissReiki Geneva, Usui Reiki Association Bern and nursing professionals in 19 hospitals in Switzerland and France.

Citation: C.Robin, S.Stadelmann et all „Reiki Distance Treatment to Health Care Professionals in 19 Hospitals in Switzerland and France” 2024.04 [www.reiki.swiss/science/doc/Reiki-Distance-Treatment-2023](http://www.reiki.swiss/science/doc/Reiki-Distance-Treatment-2023)



## Care for the Carer: Distance Reiki Treatments 2023.05

In SwissReiki, we are deeply aware of the continuous and relentless challenges Health Care professionals are exposed to.

How can they maintain an emotional, mental, physical balance? After all, the patients are bravely facing difficult diseases, undergoing operations, and hoping of recovery from injuries and more, while receiving all the care, curing and attentions from the nurses, whose quality of care depends directly on the nurse's health, in all aspects.

We have members which are health care professionals themselves and know from first-hand what that means.

Our Vice President Christine Robin, started with the first distant Reiki treatment project in 2019 to 20 health care professionals and offered it every year since.

In 2023, we decided to expand it and increase the number of nursing professionals and Reiki Practitioners and make it the beginning of a series of research projects.

In this project, with nearly twice as much receiving participants, the Usui Reiki Verein participated and supported the project with its Reiki practitioners.

Stress in the health care environment is a common problem that can have a significant impact on the physical and mental health of nurses and other healthcare workers. It can also lead to decreased job satisfaction, burnout, and errors in patient care.

There are many factors that can contribute to stress in the health care environment, including:

- High workload and demanding patients: health care professionals are often responsible for caring for a large number of patients, many of whom are critically ill or injured. This can lead to feelings of being overwhelmed and exhausted.
- Shift work and long hours: Many health care professionals work rotating shifts and long hours, which can disrupt their sleep patterns and personal lives. This can lead to fatigue, irritability, and difficulty concentrating.
- Lack of resources: Health care professionals often feel that they do not have the resources they need to provide quality care, such as enough staff, supplies, or equipment. This can lead to feelings of frustration and anxiety.
- Unsupportive work environment: A negative or unsupportive work environment can also contribute to stress. This can include bullying, harassment, or a lack of teamwork.
- Uncertainty: Health care professionals may often feel uncertain about their work, such as when they are dealing with new medical procedures or changes in hospital policies. This can lead to feelings of anxiety and stress.
- Personal problems: Health care professionals are also human and can experience stress from personal problems, such as financial difficulties, family problems, or health problems.

These are just some of the most common stress-related issues for health care professionals in hospitals and care centres. The effects of stress in the nursing and care environment can be far-reaching.

Health care professionals who are stressed are more likely to experience physical health problems, such as headaches, stomach problems, and sleep disturbances. They are also more likely to suffer from mental health problems, such as anxiety and depression. Stress can also lead to burnout, which is a state of physical, emotional, and mental exhaustion. Burnout can make it difficult for nurses to provide quality care and can lead to them leaving the profession.

While it is important to remember that stress is a normal part of life, however, when stress becomes excessive and / or constant, it can have a negative impact on health and well-being.

## Study Objective

The project aimed to investigate the effects of Reiki on the stress conditions of health care professionals in hospitals, and to identify and document any tangible benefits and improvements, by applying Reiki distance treatments.

## Study Method

Over the period of 7 consecutive days, 16 Reiki practitioners (providers) conducted 20-minute distance treatments to 36 health care professionals (receivers). The selection and pairing of provider and receiver were entirely random. Only the first name, age, city, and a summary of current conditions (emotional, mental, and medical) were given to the providers. Both receivers and providers were handed a specifically designed questionnaire to document their perceptions and experiences before and after the treatment.

## Comparison to other similar Studies

The SwissReiki study, confirmed the results of several similar research and scientific studies during the COVID Period which were performed in the UK, USA, Turkey, and Brazil with the similar methods and results (see [Reference Studies](#)).

However, the set ups of the study were significantly different in participation and durations.

One of the most recent study by [N.Dyer et al "Evaluation of a Remote Reiki Program for Frontline Healthcare Workers in the UK"](#) set up was by 8 Reiki practitioners (providers) per 1 health care professional (receiver) for the period of 4 consecutive days with a 20-minutes distance treatment session day.

While the SwissReiki study set up was by one Reiki practitioner (provider) per two to three health care professionals (receivers) for the period of 7 consecutive days with a 20-minutes distance treatment session per day per one health care professional (receiver).

The relevant implication for the Reiki practitioners and health care professionals and treatments itself, has been reviewed further, as described below.

## Results

The results showed that Reiki was effective in significantly decreasing pain and significantly improving sleep, energy levels, and general wellbeing and significant reduction in receivers perceived symptoms.

The questionnaires ([Likert Scale](#)) were sent to both Reiki provider and Reiki receiver contained question on their experiences in a scale of 1 to 5. Where 1 was the worst and 5 the best qualification for a perceived experience or change in perceived symptoms.

The error bars in the graphic, reflect the uncertainty or error in the reported measurements and are the standard deviation.

In the 1st part, the main objective, we focused on the general change in experience of a) wellbeing, b) pain, c) sleep and d) energy level.

P- values<sup>1</sup> are computed using the "Wilcoxon rank-sum test". The results for all 4 outcomes where  $p < 0.001$  meaning that there is a 99.9% certainty that the evidenced results below are a result of the Reiki treatments.

## Main Objective

When analysing the average questionnaire scores of before and after the treatment, it was found that there was a statistically significant difference between before and after the Reiki treatment across the receiver group.

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<sup>1</sup> The p value is a measure of statistical significance that tells you how likely it is that your data could have occurred under the null hypothesis. The null hypothesis is the assumption that there is no effect or difference between the groups or variables you are testing. The p value is calculated by a statistical test using the appropriate statistical test. The smaller the p value, the more evidence you have to reject the null hypothesis and conclude that there is an effect or difference.

A p-value less than or equal to a predetermined significance level (often 0.05 or 0.01) indicates a statistically significant result, meaning the observed data provide strong evidence against the null hypothesis (meaning less like the Reiki treatments results are random or coincidence). It indicates strong evidence against the null hypothesis, in our case the p-value was  $p < 0.001$ , meaning that there is less than a 0.1 % probability the null hypothesis is correct (and the results are random). This suggests the before and after results of the Reiki treatment are likely a real relationship, rather than just random chance or coincidence.

## Receiving Participants Responses

All 36 receiving participants answered the questionnaires before the treatment and after the treatment. The post-treatment responses showed significant change for the better.

### Paired Samples T-Test

Paired Samples T-Test

Measure 1		Measure 2	W	z	p
WELL_BEING-1	-	WELL_BEING-2	6.5	-4.648	< .001
PAIN-1	-	PAIN-2	9	-4.768	< .001
SLEEP-1	-	SLEEP-2	54.5	-4.154	< .001
ENERGY-1	-	ENERGY-2	19.5	-4.179	< .001

Note. Wilcoxon signed-rank test.

### Assumption Checks

Test of Normality (Shapiro-Wilk)

			W	p
WELL_BEING-1	-	WELL_BEING-2	0.907	0.005
PAIN-1	-	PAIN-2	0.913	0.008
SLEEP-1	-	SLEEP-2	0.904	0.004
ENERGY-1	-	ENERGY-2	0.905	0.005

Note. Significant results suggest a deviation from normality.

### Descriptives

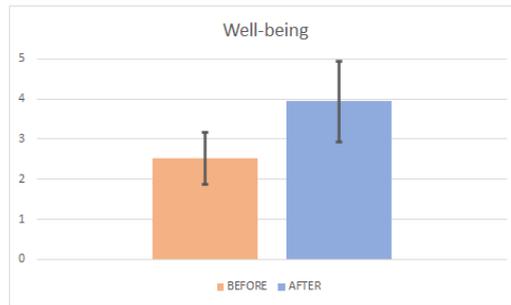
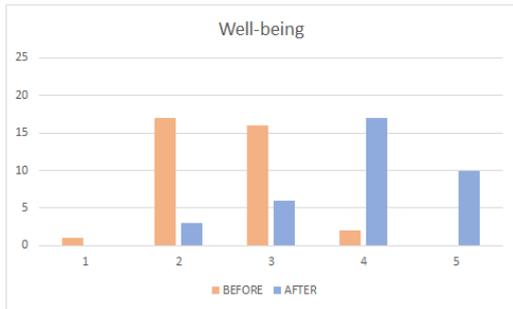
Descriptives

	N	Mean	SD	SE	Coefficient of variation
WELL_BEING-1	36	2.528	0.654	0.109	0.259
WELL_BEING-2	36	3.944	0.893	0.149	0.226
PAIN-1	36	2.194	0.856	0.143	0.39
PAIN-2	36	4.056	0.955	0.159	0.235
SLEEP-1	36	2.444	0.998	0.166	0.408
SLEEP-2	36	4.056	0.924	0.154	0.228
ENERGY-1	36	2.278	0.741	0.124	0.325
ENERGY-2	36	3.694	1.238	0.206	0.335

Rating	WELL-BEING		PAIN		SLEEP		ENERGY		
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	
Worst	1	1	0	5	1	5	0	4	2
	2	17	3	23	1	17	2	20	5
	3	16	6	5	6	8	8	10	7
	4	2	17	2	15	5	12	2	10
Best	5	0	10	1	13	1	14	0	12
		36	36	36	36	36	36	36	36

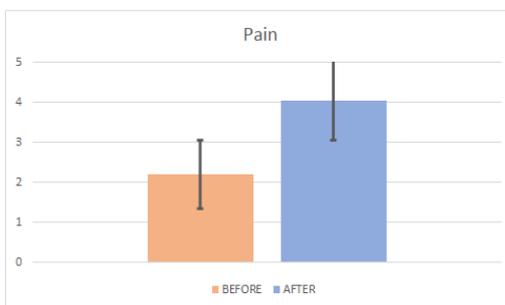
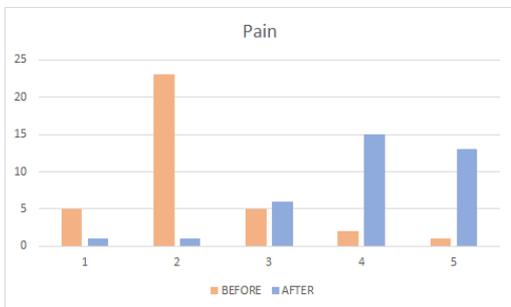
### A. Overall Well-being

The questionnaire asked about the overall WELL BEING regarding the physical and emotional state of the receiver before and after the treatments.



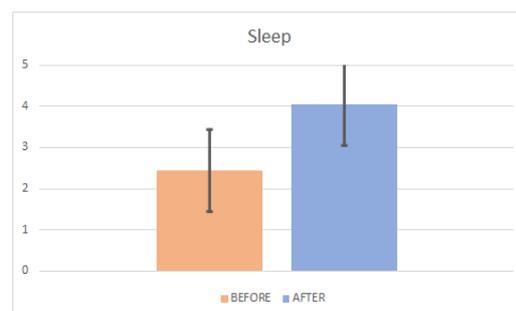
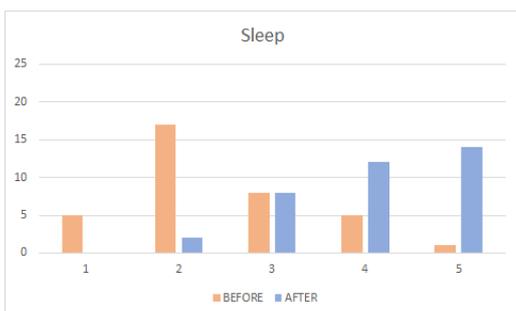
### B. Pain

The questionnaire asked about the experiences physical PAIN of the receiver before and after the treatments.



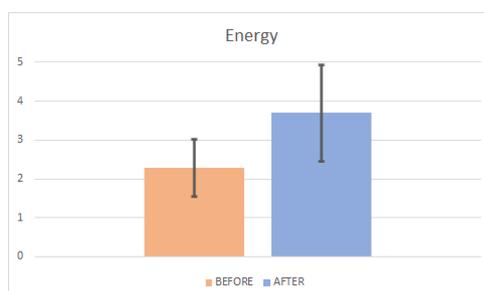
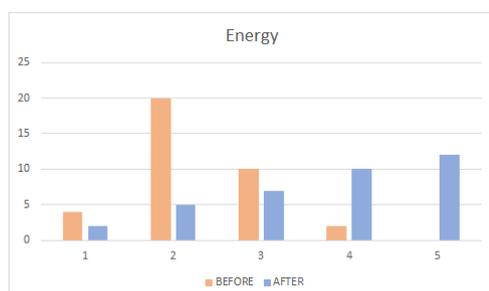
### C. Sleep

The questionnaire asked about the receiver experiences SLEEP or insomnia before and after the treatments.



### D. Energy Levels

The questionnaire asked about the recipient's experiences with ENERGIE (feeling more vigour, drive) before and after the treatments.

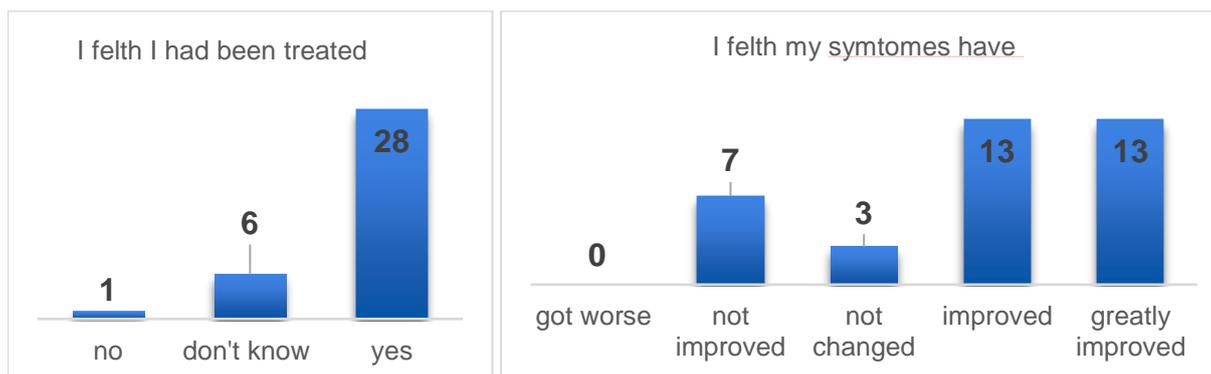


## Results Secondary Objectives

In the 2nd part, we looked at less tangible and subjective perceptions, but relevant to the Reiki experience, namely if e) the receiver perceived to be treated and f) how the receiver perceived the overall changes in its symptoms.

Due to the complexity of the symptoms experience and expectations by the receivers, the questions were asked at the end of the treatments. Hence there was no before and after data available.

Of the receiver 78% (28) confirmed they sensed to receive a treatment, 72 % (26) stated that their symptoms had improved or improved significantly ("not changed" refers to not perceiving any changes, where as "not improve" refers to expectation of improvements).



## Conclusion

The study findings by SwissReiki shows that Reiki can be a valuable tool for managing pain, improving sleep, increasing energy levels, and relieving a variety of stress-associated symptoms for health care professionals.

In future studies we will consider larger sample size, along with a control group. Sham Reiki applications is ethically and morally controversial topic and is excluded for the time being (there are ethical/moral questions in performing sham treatment and the impact on trust and confidence for the receiver. These questions must be address, possibly with a least real Reiki follow up treatments, with the effect to be measured and re-considered as part of the studies.)

There were also significant positive effects on the Reiki provider themselves which need to be further investigated and documented.

The research project has opened many new questions. For example, how open are recipients to Reiki experiences? Does this receptiveness impact the results? How do the different levels of the receiver's health condition before the start of the project, impact the results? What are the receivers' expectations during and after the project trial, and how do they interact with the providers?

We hope that you will join us in our mission to bring Reiki to a wider audience and increase its reputation. Together, we can positively influence the lives of many people.

## Future Research

Swiss Reiki plans to extent the sample sizes of the next projects and include a control group to confirm this and previous trial studies. Future studies will also explore the long-term effects of Reiki on nurses and care professionals, along with the effects on the Reiki providers. The future questionnaires will be extended beyond the mere physical refined to include mental and emotional.

## Gratitude and Recognition

We are grateful to the participating health care professionals and Reiki practitioners for their participation and collaboration.

We believe that this project has made a significant contribution to demonstrate the effects of Reiki on pain and stress related symptoms, and we hope that the results of the project will help to make Reiki more widely available to health care professionals who are suffering from chronic pain and health problems.

We would like to thank the following Reiki Practitioners, in alphabetical order of the family name:

Roland Arnold, Tania Balahoczik, Gérald Billod-Morel, Ursulai Frauchiger, Jorge Guarda, Anna Hofer, Bettina Hüsser, Natalia Kovalenko-Villa, Aurélie Lara, Elena Michel, Christine Robin, Markus Roth, Dominique Sauvain-Petoletti, Stephan Stadelmann, Stephany Terribilini-Ricci and Bernadette Wütrich.

And a special thanks to the organizer and coordinators Christine Robin and Stephan Stadelmann, and Bernadette Wüthrich and for the statistical analytics to Francis Vendrell

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**Conflict of Interests:** None

**Funding:** Project was entirely based on voluntary participation

## Reference Studies

\*RRID refers to Reiki Research ID in the Reiki Research & Science Database at <https://www.reiki.swiss/science>

RRID: 202141

Scopel Abreu; Kovalski; Maeda; Pagno; Takahashi; "Reiki: Terapia alternativa auxiliar em período de pandemia", XI Seminário de Extensão e Inovação da UTFPR (SEI); 08-12.11.2021 ; <https://eventos.utfpr.edu.br/sei/sei2021>

RRID: 202146

Fatma Abdurahman, Nicola Payne; Reiki practitioners' perceptions of the impact of the COVID-19 pandemic on the experience, practice and future of Reiki; *Complementary Therapies in Clinical Practice*, Volume 46, 2022, 101530, ISSN 1744-3881, <https://doi.org/10.1016/j.ctcp.2021.101530>;  
<https://www.sciencedirect.com/science/article/pii/S1744388121002292>

RRID: 202201

DiBenedetto J. (2022). Experiences with Exposure to a Distant Reiki Intervention during the COVID-19 Pandemic. Tan Chingfen Graduate School of Nursing Dissertations. <https://doi.org/10.13028/ney2-qa97>.  
[https://escholarship.umassmed.edu/gsn\\_diss/69](https://escholarship.umassmed.edu/gsn_diss/69)

RRID: 202242

Bektaş Akpınar, Nilay; Özcan Yüce, Ulviye; Yurtsever, Sabire; "The Effect of Distant Reiki on the Stress and Fatigue Levels of Nurses Working in COVID-19 Clinics", *Holistic Nursing Practice*: April 07, 2022  
[https://journals.lww.com/hnpjjournal/Abstract/9900/The\\_Effect\\_of\\_Distant\\_Reiki\\_on\\_the\\_Stress\\_and.5.aspx](https://journals.lww.com/hnpjjournal/Abstract/9900/The_Effect_of_Distant_Reiki_on_the_Stress_and.5.aspx)

RR: 202241

N.Dyer; A.Baldwin; R.Pharo; F.Gray; Evaluation of a Remote Reiki Program for Frontline Healthcare Workers in the UK ; *Global Advances in Health and Medicine* ; 11:6-7, 2023.  
<https://journals.sagepub.com/doi/pdf/10.1177/27536130231187368>