

The Application of Reiki Therapy on Stress, Anxiety, and Well-Being in Healthcare Workers During the COVID-19 Pandemic: An Integrative Review

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Objective: The objective of this review was to investigate Reiki's impact on stress, anxiety, and well-being in healthcare workers during the COVID-19 pandemic. This impact was assessed both for statistical and clinical significance by including both quantitative and qualitative studies.

Methods: Included studies were found in databases such as PubMed, EMBASE, CINAHL, MEDLINE, and Academic Search Complete from the Dartmouth College library website that were relevant to the targeted question. Included articles were written in English, peer reviewed, focused on variables of stress, anxiety, and/or well-being, targeted the population of healthcare workers, and were published between the years 2020-present. Risk for bias was assessed by carefully reviewing each article findings and grading them against the CASP systematic review checklist.

Results: Total number of included studies were 7 studies, with 1 study being qualitative and 6 being quantitative. In the quantitative studies, 3 were classified as a quasi-experimental, feasibility and cross-sectional study (1 had randomization, 2 did not have randomization); 1 study was classified as a quasi-experimental, crossover design; and 2 studies were classified as an experimental design (1 with randomization and single blinded and one without randomization and blinding). All articles targeted healthcare professionals, with much of the population including nurses, and were employed and working during the COVID-19 pandemic in healthcare settings. Results suggest that Reiki can be a preliminary effective intervention to combat the stress ($p < 0.05$) and anxiety ($p < 0.05$) and improve well-being ($p < 0.05$) in healthcare workers during the COVID-19 pandemic. Themes of "calm," "appreciation," "stress relief," "relaxation," "improved work/life balance," and "pain relief" were identified.

Discussion: Two potentially eligible studies were not included in this review because they asserted to be conducted on healthcare workers during the COVID-19 pandemic, but data collection occurred months preceding COVID-19's first wave in March 2020. All articles were also varying in Reiki delivery (e.g., in-person, distant, and self-administered) which can confound isolating one Reiki administration over another. Many studies were not blinded or randomized, creating more bias in the review. However, findings were positive preliminarily which supports future research investigating Reiki therapy in large-scale trials, across multiple sites, and on its long-term impact.