Reiki, Nursing, and Health Care



Kathie Lipinski, MSN, RN^{a,*}, Jane Van De Velde, DNP, RN^{b,1}

KEYWORDS

- Reiki and nursing Complementary or integrative therapy Self-care
- Reiki in hospitals
 Reiki research
 Reiki for self-care
 Reiki volunteer programs

KEY POINTS

- Consumer demand is driving the integration of complementary and integrative health services such as Reiki into health care environments.
- Nurses can take leadership roles within their administrative and clinical settings to introduce complementary modalities such as Reiki to colleagues, patients, and families.
- Nurses can use Reiki for a self-care practice to manage the pressures faced in their dayto-day work environments and to prevent burnout and unhealthy coping.
- Reiki is safe, gentle, and easy to use, making it clinically appropriate for many types of patient care situations.
- Systematic reviews of current research report that Reiki shows promise in helping to increase relaxation; reduce pain, anxiety, and depression; and improve general well-being.

INTRODUCTION

The use of complementary and integrative health (CIH) services is increasing with more Americans seeking and using these modalities as an adjunct to routine medical care. These modalities include Reiki, acupuncture, massage, yoga, naturopathy, and meditation. These are health care approaches that have origins outside of customary Western practice and are not usually included in conventional medical care. 2

However, it is possible for these nonmainstream practices to be integrated into standard health care regimens. When such practices are used together with conventional medicine, they are referred to as complementary health care.² When conventional and complementary practices are brought together in a coordinated way with a holistic, patient-focused approach to health care and wellness, it is classified as integrative health care.²

More than 800 hospitals (15%) in the United States currently offer Reiki services for patients.^{3,4} A 2008 American Hospital Association (AHA) survey found that 84% of hospitals reported patient demand as the primary rationale in offering complementary

E-mail address: kathiekaruna95@aol.com

^a Private Practice: Healing from the Heart NY; ^b Private Practice: The Reiki Share Project

¹ Present address: P.O. Box 6983, Villa Park, IL 60181.

^{*} Corresponding author. 224 Village Green Drive, Port Jefferson Station, NY 11776.

therapies, including Reiki.⁵ A survey conducted in 2010 by Health Forum, a subsidiary of the AHA and Samueli Institute, reported similar results with the additional finding that 70% of the hospitals surveyed stated clinical effectiveness as their top reason for offering complementary therapies.⁶ The survey results also reinforce the fact that patients want the best that both conventional medicine and complementary therapies can offer, and hospitals are responding.⁶

Why Nurses Are Important for Reiki

The World Health Organization (WHO) has designated 2020 as the Year of the Nurse and the Midwife in honor of the 200th anniversary of the birth of Florence Nightingale. In an impressive 18-year running streak, Americans have rated nurses as the #1 most ethical and honest profession, according to the most recent annual Gallup poll. 8

With this level of public trust, nurses are well positioned within their clinical settings to introduce complementary or integrative modalities such as Reiki to colleagues, patients, and families. Reiki is an excellent method of expressing compassionate concern for patients and clients through a caring presence, active listening, and gentle touch. Nurses are witness to the pain, suffering, fear, and anxiety that their patients experience. Nurses who already know that Reiki can bring relaxation and healing to patients are in a prime position to weave Reiki into their routine care. Their daily work with patients gives them insight into additional areas of investigation for the use and effectiveness of Reiki. 10

Reiki can maximize patient or client contact time because it makes the most of a few minutes of touch. It can help relieve stress, agitation, and acute or chronic pain. It can provide overall deep relaxation, helping patients to slip into sleep or, conversely, energize them when they are tired and depleted.¹¹

It is important to understand that the use of Reiki is not simply an application of a treatment or intervention. ¹² It is not one more thing that nurses have to do in their already hectic day. When someone offers Reiki, the receiver and the giver often feel as if they were entering a meditative, quiet, introspective state that allows both participants to become centered, relaxed, and fully present. It is a moment in time when nurses can refresh and clear the mind and reconnect with a quiet place within of peace and calmness.

When a nurse is fully present and available for a patient or a colleague in this quiet place, a Reiki treatment becomes a healing moment during which a deep connection with others honors the totality of who they are in body, mind, and spirit.

REIKI FOR SELF-CARE

With the many pressures and challenges that nurses currently face to provide quality nursing care in a complex and demanding health care environment, self-care is of utmost importance in managing stress and expanding coping skills. Many nurses struggle with balancing personal needs and the demands of the workplace and often find it challenging to set aside time for personally restorative practices. ¹³ "Reiki is unique among hands-on therapeutic modalities in its effectiveness in providing care to the caretaker." ¹³ It induces the calmness needed to stay focused and enhances inner resources. ¹⁴

There are a variety of studies that have examined the effects of offering Reiki training to nurses for self-care purposes, in particular as a strategy to help them manage the pressures faced in their day-to-day work environments in order to prevent burnout and the creation of unhealthy coping mechanisms. In a study of nurses and Reiki practice, Cuneo and colleagues¹⁵ found that the more nurses practiced self-Reiki, the more effective it was in supporting stress reduction. In addition, Deible and colleagues¹⁶

found that nurses who practiced self-care techniques, including Reiki, were better able to cope with daily personal and work-related stressors in a healthy manner. Other findings revealed a significant increase in the presence of mindfulness as well as a lessening of job-related exhaustion for study participants.¹⁶

Diaz-Rodrigues and colleagues¹⁷ found that a single 30-minute Reiki treatment could significantly relieve the negative effect of job stress in nurses diagnosed with burnout syndrome. They also suggested that Reiki treatments could be a cost-effective way to manage and prevent job stress for people at risk for burnout.¹⁷

The relationship between self-care and an improved ability to care for others was another important theme that emerged in several studies. ^{14,16,18} Taking the time for self-care with Reiki is an investment in nurses' overall well-being and may contribute to providing a higher quality of patient care. ^{4,15,16}

Caring for Self and Caring for Others

Connecting with Reiki for self-care is like being in a personal quiet space ¹⁴ not shared with anyone. Like meditation, self-Reiki can easily be woven into a nurse's daily life by spending 5 or 10 minutes doing Reiki throughout the day: in the morning on awakening or at bedtime, during a break at work, before or after working with a challenging patient, or in the office between clients. Focus and quiet are not always necessary because nurses can self-treat while sitting at a desk, during change of shift report, at a meeting, or when documenting.

The hectic pace of the health care profession is sometimes hard to avoid, and sharing Reiki in a health care setting is not limited to oneself or to patients. Nurses who practice Reiki can help to create a healing environment where they can support and nourish themselves and their colleagues wherever they work. Simply pausing and offering a few moments of Reiki can calm and relax staff, empowering them to better handle stressful situations and enhancing their ability to meet patient needs.

Code Lavender

Code Lavender is a rapid response tool used to support any person in a Cleveland Clinic hospital when patients, family members, or hospital staff are in crisis and in serious need of emotional support and care.¹⁹ The concept was developed in 2008 as part of a holistic initiative²⁰ and is used "when challenging situations threaten unit stability, personal emotional equilibrium, or professional functioning."¹⁹

The Code Lavender team is an interdisciplinary team usually composed of holistically trained nurses and chaplains but can also include other hospital-based support services and volunteers. Once the code is called, members of the team respond within 30 minutes to offer support and holistic practices such as Reiki, meditation, and acupressure. 19 Johnson 20 reported in 2014 that 99.9% of all Code Lavenders are called to support hospital staff known as caregivers.

This holistic rapid response model weaves care for the caregivers into the workplace setting and sends the message that ongoing support is available.

REIKI IN HEALTH CARE ORGANIZATIONS

As complementary and integrative healing modalities are increasingly being introduced into health care organizations, in both inpatient and outpatient settings, patients and caregivers can receive the benefits of meditation, massage, yoga, acupuncture, biofeedback, and energy healing therapies. Reiki, in particular, is gaining more acceptance as a healing practice. As noted earlier, 15% of the hospitals in the United States (>800 hospitals) offer Reiki services for patients. 4 Offering these

additional healing modalities is an ideal way to emphasize the importance of patient-centered care^{21,22} and an acknowledgment of the importance that institutions place on the patient experience.²³ These types of modalities can positively contribute to patients' and families' experiences across the spectrum of health care

Reiki Volunteer Programs

Reiki is often introduced into patient care areas through volunteer programs, with Reiki practitioners recruited from both in-house staff and the community. Hospitals have offered Reiki training programs to employees with the intent that they will integrate Reiki into their patient care activities. However, Hahn and colleagues²⁴ reported that in-house staff are often not available to offer Reiki sessions because of time constraints and multiple responsibilities in providing patient care. Volunteers can fill that gap for busy health care providers.

Nurses are often the ones who introduce energy-based modalities (EBMs)¹² into their workplaces. A few examples of nurses' involvement in establishing Reiki volunteer programs include the program at the Portsmouth Regional Hospital in New Hampshire,^{25,26} founded in 1995 by Patricia Alandydy, RN; and the program at Hartford Hospital in Connecticut,²⁷ founded in 1998 with guidance from Alice Moore, RN.²⁸ Nurses were also key members of planning teams that founded Reiki volunteer programs at Brigham and Women's Hospital in Boston, Massachusetts,²⁴ and the Mayo Clinic in Minnesota.²⁹

In these institutions, Reiki is being offered to patients throughout the system (eg, presurgical and postsurgical areas²⁵; in intensive care units; medical, surgical, and obstetrics/gynecology floors; and outpatient cancer infusion centers). Staff also receive the benefits of Reiki sessions from volunteers. Hahn and colleagues²⁴ reported that emergency room staff at Brigham and Women's Hospital received Reiki sessions to help them cope with the stress of caring for victims of the 2013 Boston Marathon bombing.

Reiki in Hospitals Training Programs

Several comprehensive training programs have been developed to provide the knowledge and skills to prepare Reiki practitioners for working safely alongside health care professionals in hospitals and other medical settings. These programs are also dedicated to conducting research that examines the efficacy and impact of the use of Reiki in a medical setting. Practitioners are paid for their services once training is completed.

Medical Reiki™ (https://www.ravenkeyesmedicalreiki.com/), a program to train Reiki practitioners to perform Reiki in the operating room or other hospital settings, was developed by Raven Keyes, a Reiki Master and founder of Medical Reiki™ International. Medical Reiki™ is based on the gold standards and best practices Keyes developed after her 20 years of bringing Reiki into the operating rooms of some of America's top surgeons, including Dr Mehmet Oz and Dr Sheldon Marc Feldman.³⁰

Medical Reiki™ training is offered to Reiki Masters in cities throughout the United States. A study that will investigate the use of Reiki in the operating room for women with breast cancer is currently in early developmental stages (Raven Keyes, phone call, February 9, 2020) (see the video: Dr Sheldon Feldman on Reiki and Surgery³¹ at https://www.youtube.com/watch?v=X29PZzrgU4l).

Connecting Reiki with Medicine (https://www.reikiwithmedicine.org/), a program under the banner of Full Circle Fund Therapies in the United Kingdom, provides Reiki for hospitalized patients, both children and adults coping with serious illnesses. It is based at the world-renowned teaching hospital and research center St George's in London. The project's goal is to collect data to support Reiki as an evidence-based practice in diverse and acute medical settings. The program provides an in-depth,

clinically based training and mentoring program for Reiki practitioners (Feona Gray, phone call, March 19, 2020; email March 20, 2020).

Integrative Medicine Programs

Reiki services are frequently part of integrative medicine programs or clinics. These holistic programs focus on patient-centered care by addressing all aspects of a person's body, mind, and spirit. In 2011, a survey was conducted to determine how integrative medicine was being practiced across the United States. The programs studied offered a variety of services, including medical care, nutritional counseling, acupuncture, meditation, massage, and biofeedback. Fifty-five percent of the clinics used a Reiki or healing touch practitioner either full or part time.³²

The Integrative Medicine Clinic at Elmhurst Hospital in Illinois opened in 2016 and includes Reiki sessions in its menu of services (https://www.eehealth.org/services/integrative-medicine/. See video: Integrative Medicine at Edward-Elmhurst Health³³ at https://www.youtube.com/watch?time_continue=4&v=XWSvMrXibgA&feature=emb_logo).

Major Health Care Organizations that Offer Reiki Services

Resources for bringing Reiki into health care and community organizations

Nurses are well positioned within administrative and clinical settings to introduce Reiki to colleagues, patients, and families (Boxes 1 and 2). The following resources offer information and guidance for nurses interested in establishing Reiki programs in health care or community organizations.

Box 1

Major health care organizations that offer Reiki services

- Brigham and Women's Hospital, Boston Massachusetts https://www.brighamandwomens.org/about-bwh/volunteer/reiki-volunteer-program
- Mayo Clinic, Rochester, Minnesota https://www.mayoclinic.org/about-mayo-clinic/volunteers/minnesota/service-areas/ integrative-healing-enhancement
- Hartford Healthcare, Hartford, Connecticut https://hartfordhospital.org/services/integrative-medicine/departments-services/reikitherapy
- Henry Ford Health System, Detroit, Michigan https://www.henryford.com/calendar/wellness/macomb-hospital/healing-therapies-for-cancer-patients
- Cleveland Clinic, Cleveland, Ohio https://my.clevelandclinic.org/departments/patient-experience/depts/spiritual-care/ healing-services
- Abramson Cancer Center, Philadelphia, Pennsylvania https://www.pennmedicine.org/cancer/navigating-cancer-care/treatment-types/ integrative-oncology/reiki-therapy
- Dartmouth-Hitchcock Norris Cotton Cancer Center in New Hampshire and Vermont https://cancer.dartmouth.edu/patients-families/healing-arts-massage-and-reiki
- Aurora Health Care, Milwaukee, Wisconsin https://www.aurorahealthcare.org/services/integrative-medicine/reiki
- Johns Hopkins Integrative Medicine & Digestive Center, Baltimore, Maryland https://www.hopkinsmedicine.org/integrative_medicine_digestive_center/services/reiki. html

Box 2

Resources for bringing Reiki into health care and community organizations

- Building a Reiki and healing touch volunteer program at an academic medical center²⁹
- Development of a hospital Reiki training program, training volunteers to provide Reiki to patients, families, and staff in the acute care setting²⁴
- Integrating a Reiki or complementary and alternative medicine program in health care organization; developing a business plan³⁴
- Building bridges between conventional and complementary medicine²⁷
- Reiki in a cancer center³⁵
- Reiki and its journey into a hospital setting³⁶
- Providing Reiki in hospitals: practicalities⁴

REIKI FOR SPECIFIC PATIENT POPULATIONS

Reiki's efficacy in the areas of relaxation, pain relief, and alleviation of stress and anxiety³⁷ potentially makes it clinically appropriate for many types of patient care situations, both inpatient and outpatient. Reiki is easily learned, safe to use, and simply shared with light touch.

Patients with Cancer

People who receive a cancer diagnosis often seek complementary healing modalities to better cope with illnesses that affect the body, mind, emotions, and spirit. Pischke³⁸ describes the many benefits of providing Reiki to oncology patients in outpatient settings, such as relaxation, pain relief, and a sense of well-being. Reiki research conducted in oncology settings revealed that these patients respond positively to receiving Reiki, showing a lessening of distress, anxiety, depression, and fatigue as well as an improvement in overall quality of life. ^{39–44} There are also many nonprofit, community-based organizations that offer holistic wellness programs for individuals and families coping with cancer. Wellness House in Hinsdale, Illinois (https://wellnesshouse.org/) is one such example and currently has a long-standing Reiki volunteer and training program for participants.³⁵

End-of-Life Care

Reiki has been a part of hospice care since the 1990s. ⁴⁵ Many hospice programs have trained staff to offer Reiki sessions as part of the care they provide. ⁴⁶ Terminally ill patients find Reiki beneficial for relaxation, alleviation of pain and discomfort, and relief from anxiety. ⁴⁷ Reiki treatments are also offered to family members, who often feel helpless as their loved one is dying. Family members who choose to be trained in Reiki can feel empowered and comforted as they share the gentle loving touch of Reiki with loved ones during a sad and challenging time. ⁴⁵

Supporting Surgical Patients

The Reiki volunteer program at Portsmouth Regional Hospital in New Hampshire began offering Reiki to presurgical patients in 1997. Positive patient outcomes included increased relaxation and decreased feelings of stress before surgery. Research studies have examined the effects of Reiki on pain in surgical patients. In each study, the treatment groups who received Reiki experienced a decrease in

postoperative pain compared with the treatment groups who received sham Reiki and/or no Reiki treatment. 48-51

Caring for Children

Reiki can be beneficial for children who are seriously ill. Radziewicz and colleagues⁵² showed that Reiki therapy can be safely used with no adverse reactions for newborns with neonatal abstinence syndrome in a busy neonatal unit. Two pilot studies have been conducted with children diagnosed with cancer⁵³ and children receiving palliative care.⁵⁴ Both studies provided preliminary evidence for Reiki's effectiveness in managing pain and anxiety with seriously ill children. Kundu and colleagues⁵⁵ successfully set up a Reiki training program for caregivers of pediatric medical or oncology inpatients. Participating families reported that Reiki became an effective tool for them to provide comfort, relaxation, and pain relief for their children and helped them feel empowered as active participants in their children's care.

Coping with Depression

A study by Erdogan and Cinar⁵⁶ considered elderly residents of a nursing home who were living with depression. The depression scores of the Reiki group were lower than the same scores for the sham-Reiki and no-Reiki groups. Several other studies found Reiki to be helpful for individuals dealing with depression, stress, and anxiety by lessening these symptoms. Those receiving Reiki showed positive effects that lasted over time. ^{57,58}

Helping Veterans and Others with Posttraumatic Stress Disorder

Studies have been conducted regarding the efficacy of Reiki and other complimentary and integrative health (CIH) modalities in treating veterans, who have a high incidence of pain, anxiety, and depression. ^{59,60} One of the benefits of many CIH practices is that they offer nonpharmacologic treatment options. ⁶¹ The Veterans Health Administration is interested in offering these types of services to veterans.

Reiki has been one of many CIH treatments used specifically for treating posttraumatic stress disorder (PTSD). Reiki services were part of the Fort Hood Texas Reset Program, which treated military personnel for combat-related stress disorders. A study by Church and Brooks reported outcomes for veterans and their spouses participating in a PTSD treatment program that included various complementary therapies, including Reiki. They noted that both veterans and spouses experienced a significant decrease in PTSD symptoms after completing the program.

Many independent Reiki practitioners throughout the United States offer their time and skills to support veterans in the healing process.^{63,64}

PTSD is also prevalent in the general population. Experiencing any unexpected extreme stressor can result in ongoing physical and emotional trauma. Examples include natural disasters, physical assault, mass shootings, sexual abuse, serious accidents, or the unexpected loss of a loved one. Police, fire, and emergency service workers tend to have higher rates of PTSD than the general population. Mealer and colleagues found that nurses working in a hospital setting were also susceptible to PTSD.

In her article "Reiki and Post Traumatic Stress Disorder: Healing the Soul," Lipinski⁶⁷ presents a detailed discussion about the evolution and symptoms of PTSD and describes how Reiki can contribute to the healing process for any individual with this condition.

Living with Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome

People who live with acquired immunodeficiency syndrome (AIDS) can benefit from Reiki programs. Schmehr's⁶⁸ case study described a person with AIDS who received both Reiki sessions and classes to deal with anxiety, depression, substance abuse, and compliance with his medication protocol. This person reported that adhering to his Reiki self-care program helped him relax, maintain his sobriety, and cope with his depression. His health eventually improved, and he was able to return to part-time work. Several studies describe community programs that have offered Reiki services to people living with human immunodeficiency virus or AIDS and report positive outcomes in terms of pain, stress, anxiety, depression, and insomnia.^{69–71}

STATUS OF REIKI RESEARCH

As Reiki is increasingly introduced into health care organizations and more nurses become Reiki practitioners, there is an increased interest and ongoing need for high-quality research that will establish Reiki as an evidence-based practice. Energy-based modalities (EBMs)¹² such as Therapeutic Touch⁷² and Healing Touch⁷³ originated within the nursing profession and have established bodies of research. Reiki training is generic and not specific to nursing practice.^{12,13,74} It began as a touch therapy with Eastern origins and was primarily practiced by individuals outside mainstream health care with little empirical evidence of exactly how it worked.^{13,74}

Formal Reiki research began in the late 1980s. Over the years, the number of studies has steadily increased. Baldwin⁴ reports that, as of June 2019, there are 77 Reiki research articles that have been published in peer-reviewed scientific journals. Systematic reviews of current research report that Reiki shows promise in helping to increase relaxation; reduce pain, anxiety, and depression; and improve general well-being.^{37,75} So far, many of these studies have been preliminary, with small sample sizes and study designs that may lack randomization or adequate control groups to address confounding variables.³⁷ Part of the reason for this is that Reiki investigators have had limited funding and support from research institutions, which subsequently restricts the scope of studies.⁷⁵

To remedy this, investigators have made recommendations for improving design strategies that will better determine the efficacy of Reiki as a complementary therapy in medical care. Some of the major recommendations are:

- Conduct studies with larger numbers of subjects who have been randomized to treatment and control groups, which will limit the risk of bias and error, and contribute to the overall validity of the study.^{37,75–78}
- Design clinical studies with treatment and control groups that include a Reiki intervention, a sham Reiki intervention, and a nonintervention control group. This type of design potentially controls for the effects of human interaction or attention and the placebo effect. 37,75,76,78,79
- 3. Use standardized treatment protocols that include systematic hand placements.^{74–76,79} There needs to be better consistency within and across clinical studies for Reiki hand placements to determine whether certain positions are more clinically useful or effective.
- 4. Design studies that consider both the length and number of Reiki sessions and the overall duration of the treatment protocol. ^{76,78,79} It has been hypothesized that the effects of Reiki are cumulative and further research is necessary to study the effectiveness of Reiki treatments over extended periods of time.

5. Develop mixed methodological studies that include both quantitative and qualitative research methods. Several researchers have suggested that randomized clinical trials are not as effective in adequately capturing the subtle effects of a vibrational healing practice such as Reiki. As a holistic practice, Reiki engages in whole-person healing.^{12,77,80} Mixed designs may be more effective in capturing the more complex, experiential, and balancing aspects of Reiki.^{74,77,78}

The Center for Reiki Research (https://www.centerforreikiresearch.org/) website provides a current list of evidence-based research published in peer-reviewed journals along with summaries of each of these studies. A listing of hospitals, clinics, and hospice programs where Reiki sessions are offered is also provided with a link to a description of services or the program. To gain access to site resources, become a member by filling out a simple form at the above link provided earlier. Membership is free.

IMPLICATIONS FOR NURSING

As Reiki becomes more recognized and even more widely established within the health care environment, more nurses will see firsthand the immensely positive impact this healing modality can have on their personal and professional lives. Most importantly, Reiki is a self-care practice that can be easily incorporated into daily life and can support nurses in becoming more mindful in prioritizing their own health and well-being. In learning and practicing Reiki, nurses gain another tool that supports their active participation in personal self-care. Reiki is a whole-person healing approach that sustains body, mind, and spirit. Nurses can model holistic wellness behaviors for their families and friends as well as for patients and clients to emulate.

Nurses can then take the lead by incorporating Reiki into their professional practices as caregivers, teachers, and innovators. Reiki shared at the bedside or in clinic settings can provide gentle comfort and a release of stress and anxiety for patients and families. Nurses can teach Reiki classes to colleagues, patients, families, and community members, offering participants the opportunity to embrace Reiki as a simple but powerful wellness practice that can positively contribute to both health maintenance and disease prevention. Programs have also been developed specifically for caregivers who are providing care for seriously or chronically ill loved ones. ^{55,81} By learning Reiki, the caregivers can greatly benefit by offering Reiki both to themselves and to those in their care.

Nurses can develop innovative Reiki programs that are beneficial for patients, families, and staff, such as Reiki volunteer programs in outpatient and inpatient areas, ^{24,29} Reiki in preoperative/postoperative areas, ²⁵ Reiki in neonatal and other intensive care areas, ²⁴ Reiki in palliative care and hospice programs, ^{46,47} and community Reiki clinics such as https://www.helenewilliamsreiki.com/reiki-clinic.

In our own 25-plus years of Reiki practice, the authors have organized and participated in a variety of Reiki activities to educate and share the gift of Reiki. Based on our experiences, here are some suggestions:

- Teach Reiki in hospital and hospice settings for nursing staff, other health care providers, volunteers, patients, and families
- Conduct informational presentations with brief Reiki sessions for health care providers in hospitals, patient support groups, colleges and schools of nursing, and other community groups
- Provide complimentary Reiki sessions for hospital staff during both nurse and physician appreciation weeks

- Offer presentations with brief Reiki sessions at community health fairs and nonprofit events; for example, American Cancer Society Relay for Life
- Hold Reiki shares/clinics where students can practice and share Reiki with other practitioners and/or the public

Nurses can also be involved in determining future areas for Reiki research, continue to participate in clinical studies, and even gather basic qualitative data. For example, the Full Circle Fund Therapies Connecting Reiki with Medicine program⁴⁴ used a simple visual analog scale (VAS) of 0 to 10 and asked patients to subjectively rate their levels of pain, anxiety, and other symptoms before and after short Reiki sessions. All patients (N = 129) experienced an average decrease by 32% in VAS scores for their reported symptoms. This finding is instructive information that can support the efficacy of Reiki and can be shared with both clients and other providers. The possibilities for raising the profile and credibility of Reiki within health care are numerous.

SUMMARY

Health care has made outstanding advances in technology and treatment of many illnesses and diseases. However, there is a resurgence of interest in body, mind, and spirit practices and treatments indicating that society is identifying unmet needs. There is a yearning and desire for both high-tech and low-tech healing modalities. Nurses recognize these needs and are taking leadership roles in advocating and introducing CIH services within health care and community-based organizations. Reiki is a holistic healing practice that is safe, gentle, and noninvasive. The research evidence supporting the efficacy of Reiki will continue to strengthen over the next decade. Reiki is already being embraced and adopted by the nursing profession to meet the healing needs of themselves, their families, their patients and their families, other caregivers, and staff members.

DISCLOSURE

The authors have nothing to disclose.

REFERENCES

- Clarke TC, Black LI, Stussman BJ, et al. Trends in the use of complementary health approaches among adults: United States, 2002-2012. Natl Health Stat Report 2015;79:1–16. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/ PMC4573565/pdf/nihms720042.pdf. Accessed March 23, 2020.
- 2. NCCIH National Center for Complementary and Integrative Health. Complementary, Alternative, or Integrative Health: What's in a name?. 2018. Available at: https://nccih.nih.gov/health/integrative-health. Accessed March 23, 2020.
- 3. Dyer N, Baldwin A, Rand WL. A Large-Scale Effectiveness Trial of Reiki for Physical and Psychological Health. J Altern Complement Med 2019;25(12):1156–62. Available at: https://www.liebertpub.com/doi/pdfplus/10.1089/acm.2019.0022.
- 4. Baldwin A. Reiki in clinical practice: a science-based guide. Edinburgh (Scotland): Handspring Publishing; 2020.
- Sacks B. Reiki goes mainstream: Spiritual touch practice now commonplace in hospitals. The Washington Post 2014. Available at: https://www. washingtonpost.com/national/religion/reiki-goes-mainstream-spiritual-touchpractice-now-commonplace-in-hospitals/2014/05/16/9e92223a-dd37-11e3-a837-8835df6c12c4_story.html. Accessed March 17, 2020.

- Fenwick M, Hutcheson D. More Hospitals Offering Complementary and Alternative Medicine Services. American Hospital Association. Available at: https://www.aha.org/system/files/presscenter/pressrel/2011/110907-pr-camsurvey.pdf. Accessed March 17, 2020.
- Brusie C. Nurses Ranked Most Honest Profession 18 Years in a Row. 2020. Available at: https://nurse.org/articles/nursing-ranked-most-honest-profession/. Accessed January 08, 2020.
- 8. Reinhart RJ. Nurses Continue to Rate Highest in Honesty, Ethics. 2020. Available at: https://news.gallup.com/poll/274673/nurses-continue-rate-highest-honesty-ethics.aspx. Accessed January 8, 2020.
- 9. Brill C, Kashurba M. Each moment of touch. Nurs Adm Q 2001;25(3):8–14. https://doi.org/10.1097/00006216-200104000-00004. Available at: https://www.vivernaluz.org/index_htm_files/Each%20moment%20of%20touch.pdf.
- Lipinski K. Reiki and Nursing. Reiki News Magazine 2012;11(2):51–5. Available at: https://kathielipinski.com/wp-content/uploads/2018/10/ReikiAndNursing_1_. pdf. Accessed March 17, 2020.
- 11. Lipinski K. Reiki and the Helping Professions: Caring for yourself first. Reiki News Magazine 2006;5(3):27–9. Available at: https://kathielipinski.com/wp-content/uploads/2018/10/Reiki_and_the_Helping_Professions_Part_I.pdf. Accessed March 17, 2020.
- 12. Frisch N, Howard K, Butcher HK, et al. Holistic nurses' use of energy-based caring modalities. J Holist Nurs 2018;36(3):210–7.
- 13. Gallob R. Reiki: a supportive therapy in nursing practice and self-care for nurses. J N Y State Nurses Assoc 2003;34(1):9–13, p11.
- 14. Vitale AT. Nurses' lived experience of Reiki for self-care. Holist Nurs Pract 2009; 23(3):129–45. Available at: https://www.uclahealth.org/rehab/workfiles/urban% 20zen/nurses_lived_experience_of_reiki.pdf. Accessed February 28, 2020.
- **15.** Cuneo C, Cooper M, Drew C, et al. The Effect of Reiki on Work-Related Stress of the Registered Nurse. J Holist Nurs 2011;29(1):33–43.
- 16. Deible S, Fioravanti M, Tarantino B, et al. Implementation of an Integrative Coping and Resiliency Program for Nurses. Glob Adv Health Med 2015;4(1):28–33. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4311556/pdf/gahmj. 2014.057.pdf. Accessed February 28, 2020.
- 17. Diaz-Rodriguez L, Arroyo-Morales M, Fernandez-de-las-Penas C, et al. Immediate effects of reiki on heart rate variability, cortisol levels, and body temperature in health care professionals with burnout. Biol Res Nurs 2011;13(4):376–82.
- Brathovode A. Teaching Nurses Reiki Energy Therapy for Self-Care. Int J Hum Caring 2017;21(1):22–5. Available at: https://www.rwjbh.org/documents/nursing/ Teaching-Nurses-Reiki-Energy-Therapy-for-Self-Care.pdf. Accessed February 28, 2020.
- Stone S. Code Lavender: A tool for staff support. Nursing 2018;48(4):15–7, p.15.
 Available at: https://my.clevelandclinic.org/-/scassets/files/org/locations/hillcrest-hospital/spiritual-services/code-lavender.ashx?la=en. Accessed March 23, 2020
- Johnson B. Code Lavender: initiating holistic rapid response at the Cleveland Clinic. Beginnings American Holistic Nurses Association (AHNA) 2014; 34(2):10–1.
- 21. Maizes V, Rakel D, Niemiec C. Integrative medicine and patient-centered care. Explore (NY) 2009;5(5):277–89.
- 22. Jayadevappa R, Chhatre S. Patient centered care-a conceptual model and review of the state of the art. Open Health Serv Policy J 2011;4:15–25. Available

- at: https://benthamopen.com/contents/pdf/TOHSPJ/TOHSPJ-4-15.pdf. Accessed March 22, 2020.
- 23. Wolf J, Niederhauser V, Marshburn D, et al. Defining patient experience. Patient Exp J 2014;1(1):7–19. Available at: https://pxjournal.org/cgi/viewcontent.cgi?article=1004&context=journal. Accessed March 20, 2020.
- 24. Hahn J, Reilly P, Buchanan T. Development of a hospital Reiki training program: training volunteers to provide Reiki to patients, families, and staff in the acute care setting. Dimens Crit Care Nurs 2014;33(1):15–21. Available at: https://pdfs.semanticscholar.org/fb29/c453e7dbcf01d72e17f3e18b316e2a489c2c.pdf. Accessed March 24, 2020.
- 25. Alandydy P, Alandydy K. Using Reiki to support surgical patients. J Nurs Care Qual 1999;13(4):89–91.
- 26. Miles P. Reiki at Portsmouth Regional Hospital. Reiki News Magazine 2004;3(1): 26–32.
- Hartford Hospital Department of Integrative Medicine. Building Bridges between Conventional and Complementary Medicine 2013. Available at: https:// hartfordhospital.org/File%20Library/Unassigned/BuildingBridges.pdf. Accessed March 24, 2020.
- 28. Moore A. Reiki energy medicine; enhancing the healing process. Available at: https://equilibrium-e3.com/images/PDF/ReikiEnergyMedicine.pdf. Accessed March 24, 2020.
- 29. Anderson DM, Loth AR, Stuart-Mullen LG, et al. Building a Reiki and Healing Touch volunteer program at an academic medical center. Adv Integr Med 2017;4(2):74–9.
- 30. What is Medical Reiki?. Available at: https://www.ravenkeyesmedicalreiki.com/2017. Accessed March 24, 2020.
- 31. Dr. Sheldon Feldman on Reiki and Surgery (Video). 2013. Available at: https://www.youtube.com/watch?v=X29PZzrgU4l. Accessed March 24, 2020.
- 32. Horrigan B, Lewis S, Abrams D, et al. Integrative medicine in America—how integrative medicine is being practiced in clinical centers across the United States. Glob Adv Health Med 2012;1(3):18–94. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3833660/pdf/gahmj.2012.1.3.006.pdf. Accessed March 24, 2020.
- 33. Integrative Medicine at Edward-Elmhurst Health (Video). 2017. Available at: https://www.youtube.com/watch?time_continue=4&v=XWSvMrXibgA&feature=emb_logo. November 8. Accessed March 24, 2020.
- 34. Vitale A. Initiating a Reiki or CAM Program in a Healthcare Organization-Developing a Business Plan. Holist Nurs Pract 2014;28(6):376–80.
- 35. Van De Velde J. Reiki in a cancer center. Reiki News Magazine 2012;11(1):27-31.
- 36. Kryak E, Vitale A. Reiki and Its Journey Into a Hospital Setting. Holist Nurs Pract 2011;25(5):238–45.
- 37. Baldwin AL, Thompson A. Reiki research: it's time to shift gears. Reiki News Magazine 2019;18(4):19–21. Available at: https://www.centerforreikiresearch.org/timetoshiftgears.aspx. Accessed March 24, 2020.
- 38. Pischke K. Holistic nursing: integrating Reiki in the oncology setting. Beginnings American Holistic Nurses Association (AHNA) 2018;3:6–7, 20-24. Available at: https://www.apre.pt/ficheirosreiki/3.pdf. Accessed March 23, 2020.
- 39. Olson K, Hanson J, Michaud M. A phase II trial for the management of pain in advanced cancer patients. J Pain Symptom Manage 2003;26(5):990–7.

- **40.** Fleisher KA, Mackenzie ER, Frankel ES, et al. Integrative Reiki for cancer patients: a program evaluation. Integr Cancer Ther 2014;13(1):62–7.
- 41. Alarcão Z, Fonseca JRS. The effect of Reiki therapy on quality of life of patients with blood cancer: results from a randomized controlled trial. Eur J Integr Med 2016;8:239–49. Available at: https://www.longdom.org/conference-abstracts-files/2161-0665.C1.025-004.pdf. Accessed March 24, 2020.
- 42. Chirico A, D'Aiuto G, Penon A, et al. Self-efficacy for coping with cancer enhances the effect of Reiki treatments during the pre-surgery phase of breast cancer patients. Anticancer Res 2017;37(7):3657–65.
- 43. Potter PJ. Energy therapies in advanced practice oncology: an evidence-informed practice approach. J Adv Pract Oncol 2013;4(3):139–51. Available at: https://www.ncbi.nlm.nih.gov/pubmed/25031994. Accessed March 23, 2020.
- 44. Martin R, Glanville M, Ball C, et al. Quality Improvement project (QIP) exploring effectiveness of Reiki Therapy on Quality of Life (QoL) outcome measure for Cancer Patients when used in Integrated healthcare (IH). Eur J Surg Oncol 2019; 45(11):2228.
- 45. Barnett L, Babb M, Davidson S. Reiki energy medicine: bringing healing touch into home, hospital and hospice. Rochester (VT): Healing Arts Press; 1996.
- 46. Forbes N. Reiki trained nurses: integrating energy therapy into palliative care for patients, carers and staff. BMJ Support Palliat Care 2018;8(Suppl_2):A60.
- 47. Conner K, Anandarajah G. Reiki for hospice patients and their caregivers: an indepth qualitative study of experiences and effects on symptoms. J Pain Symptom Manage 2017;53(2):420–1.
- **48.** Vitale A, O'Connor P. The effect of Reiki on pain and anxiety in women with abdominal hysterectomies: a quasiexperimental pilot study. Holist Nurs Pract 2006;20(6):263–72.
- 49. Midilli TS, Gunduzoglu NC. Effects of Reiki on pain and vital signs when applied to the incision area of the body after Caesarean section surgery. Holist Nurs Pract 2016;30(6):368–78.
- 50. Baldwin AL, Vitale A, Brownell E, et al. Effects of Reiki on pain, anxiety, and blood pressure in patients undergoing knee replacement: a pilot study. Holist Nurs Pract 2017;31(2):80–9.
- 51. Notte B, Fazzini C, Mooney R. Reiki's effect on patient with total knee arthroplasty: a pilot study. Nursing 2016;46(2):17–23.
- 52. Radziewicz RM, Wright-Esber S, Zupancic J, et al. Safety of Reiki Therapy for Newborns at Risk for Neonatal Abstinence Syndrome. Holist Nurs Pract 2018; 32(2):63–70. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5815638/pdf/honup-32-63.pdf.
- 53. Zucchetti G, Candela F, Bottigelli C, et al. The power of Reiki: feasibility and efficacy of reducing pain in children with cancer undergoing hematopoietic stem cell transplantation. J Pediatr Oncol Nurs 2019;36(5):361–8.
- 54. Thrane SE, Scott H, Maurer SH, et al. Reiki therapy for symptom management in children receiving palliative care: a pilot study. Am J Hosp Palliat Med 2017;34(4): 373–9.
- 55. Kundu A, Dolan-Oves R, Dimmers M, et al. Reiki training for caregivers of hospitalized pediatric patients: A pilot program. Complement Ther Clin Pract 2013; 19(1):50–4. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3712613/pdf/nihms-410691.pdf. Accessed March 8, 2020.
- 56. Erdogan Z, Cinar S. The effect of Reiki on depression in elderly people living in nursing home. Indian J Tradit Know 2016;15(1):35–40.

- 57. Dressin LJ, Singg S. Effects of Reiki on pain and selected affective and personality variables of chronically ill patients. Subtle Energies and Energy Medicine 1998;9(1):53–82.
- 58. Shore AG. Long term effects of energetic healing on symptoms of psychological depression and self-perceived stress. Altern Ther Health Med 2004;10(3):42–8.
- 59. Church D, Brooks AJ. CAM and energy psychology techniques remediate PTSD symptoms in veterans and spouses. Explore (NY) 2014;10(1):24–33.
- 60. Taylor SL, Hoggatt KJ, Kligler B. Complementary and integrated health approaches: what do veterans use and want? J Gen Intern Med 2019;34:1192–9.
- 61. Gantt M, Orina JA. Educate, try, and share: a feasibility study to assess the acceptance and use of Reiki as an adjunct therapy for chronic pain in military health care facilities. Mil Med 2019. https://doi.org/10.1093/milmed/usz271.
- 62. Libretto S, Hilton L, Gordon S, et al. Effects of integrative PTSD treatment in a military health setting. Energy Psychol 2015;7(2):33–44. Available at: https://www.stress.org/wp-content/uploads/2014/02/Integrative-PTSD-Treatment.pdf. Accessed March 15, 2020.
- 63. Dey E, Emanuel M. Reiki for veterans. Reiki News Magazine 2008;7(4):41-3.
- 64. Dey E. Reiki resources for veterans. Reiki News Magazine 2010;9(3):61-3.
- 65. Javidi H, Yadollahie M. Post-traumatic stress disorder. Int J Occup Environ Med 2012;3:2–9. Available at: https://www.theijoem.com/ijoem/index.php/ijoem/article/view/127/247. Accessed March 23, 2020.
- 66. Mealer M, Burnham EL, Goode CJ, et al. The prevalence and impact of post-traumatic stress disorder and burnout syndrome in nurses. Depress Anxiety 2009;26(12):1118–26. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2919801/pdf/nihms211783.pdf. Accessed March 20, 2020.
- 67. Lipinski K. Reiki and Post Traumatic Stress Disorder: Healing the Soul. Reiki News Magazine 2012;11(4):61–7. Available at: https://kathielipinski.com/wp-content/uploads/2018/10/ReikiAndPTSD.pdf. Accessed March 26, 2020.
- 68. Schmehr R. Enhancing the treatment of HIV/AIDS with Reiki training and treatment. Altern Ther Health Med 2003;9(2):120, 118.
- 69. Miles P. Preliminary report on the use of Reiki for HIV-related pain and anxiety. Altern Ther Health Med 2003;9(2):36.
- 70. Mehl-Madrona L, Renfrew NM, Mainguy B. Qualitative assessment of the impact of implementing Reiki training in a supported residence for people older than 50 years with HIV/AIDS. Perm J 2011;15(3):43–50.
- Bremner M, Blake BJ, Wagner D, et al. Effects of Reiki with music compared to music only among people living with HIV. J Assoc Nurses AIDS Care 2016; 27(5):635–47.
- 72. Krieger D. The therapeutic touch. New York: Prentice Hall Press; 1979.
- 73. Hover-Kramer D. Healing Touch: a guidebook for practitioners. 2nd edition. Albany (NY): Delmar Thompson Learning; 2002.
- 74. Vitale A. An integrative review of Reiki touch therapy research. Holist Nurs Pract 2007;21(4):167–79.
- 75. Singg S. Use of Reiki as a biofield therapy: An adjunct to conventional medical care. Clin Case Rep Rev 2015;1(3):54–60. Available at: https://www.oatext.com/pdf/CCRR-1-121.pdf.
- 76. Baldwin AL, Vitale A, Brownell E, et al. The Touchstone Process: an ongoing critical evaluation of Reiki in scientific literature. Holist Nurs Pract 2010;24(5):260–76.
- 77. vanderVaart S, Gijsen VM, de Wildt SN, et al. A systematic review of the therapeutic effects of Reiki. J Altern Complement Med 2009;15(11):1157–69.

- 78. Herron-Marx S, Price-Knol F, Burden B, et al. A systematic review of the use of Reiki in health care. Alternative and Complementary Therapies 2008;14(1):37–42.
- Thrane S, Cohen SM. Effect of Reiki therapy on pain and anxiety in adults: an indepth literature review of randomized trials with effect size calculations. Pain Manag Nurs 2014;15(4):897–908. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4147026/pdf/nihms511785.pdf.
- 80. Verhoef M, Lewith G, Ritenbaugh C, et al. Complementary and alternative medicine whole systems research: beyond identification of inadequacies of the RCT. Complement Ther Med 2005;13(3):206–12.
- 81. McCracken J. Teaching Reiki to Caregivers: Reiki for Caregivers and Those They Care for. Reiki News Magazine 2008;7(4):35–9.