

Development of a Hospital Reiki Training Program

Training Volunteers to Provide Reiki to Patients, Families, and Staff in the Acute Care Setting

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Creating a healing and healthy environment for patients, families, and staff is an ongoing challenge. As part of our hospital's Integrative Care Program, a Reiki Volunteer Program has helped to foster a caring and healing environment, providing a means for patients, family, and staff to reduce pain and anxiety and improve their ability to relax and be present. Because direct care providers manage multiple and competing needs at any given time, they may not be available to provide Reiki when it is needed. This program demonstrates that a volunteer-based program can successfully support nurses in meeting patient, family, and staff demand for Reiki services.

Keywords: Acute care setting, Reiki, Volunteer program

[DIMENS CRIT CARE NURS. 2014;33(1):15-21]

Creating a care environment for patients and their families that promotes healing and relaxation while reducing stress is an ongoing challenge in the acute care setting. To accomplish this, nurses need access to a range of options that will help each individual find his/her own optimal space in which to heal. To quote Florence Nightingale, "Nature alone cures... And what nursing has to do... is to put the patient in the best condition for nature to act upon him."¹

To achieve this goal, we often find that all providers must move beyond traditional practices and offer alternative treatment options.

Nurses working in our hospital have come to understand and value the contributions of integrative care therapies such as Reiki, an intentional process that calls in the healing powers of nature. Reiki is easily adaptable to nursing practice in a variety of settings within a large academic medical center. However, it is necessary to train additional staff as Reiki providers to meet the growing demand for these services.

Recently, the Volunteer Reiki Program was instituted as part of a larger nursing integrative care effort. We believe this program provides a model that would be adaptable to many acute care settings.

■ BACKGROUND

Reiki is a complementary, energy-based, noninvasive healing modality. The word *Reiki* is derived from 2 Japanese words, *Rei*, meaning "spirit," and *Ki*, meaning "life-force energy."² Reiki training teaches providers to deliver hands-on therapy using a precise technique for accessing healing energy, or *ki*. Although the technique and utility have ancient roots, it is uniquely suited to modern nursing practice.

Classified as a biofield or energy therapy by the National Institutes of Health's National Center for Complementary and Alternative Medicine,³ energy flows through the Reiki practitioner allowing healing of the spirit, mind, and body. Relaxation, pain relief, physical healing, reduced emotional

distress, and a deepened awareness of spiritual connection are among the benefits attributed to Reiki in anecdotes, case studies, and exploratory research.⁴ Reiki provides a “moment of quiet,” helping patients to be less overwhelmed, sleep better, and participate more actively in decisions surrounding their care. Reiki also is beneficial for the influence it exerts on the care environment. Focusing on presence and physical touch, it brings purposeful human caring to the forefront in an increasingly “high-tech” hospital setting, thereby contributing to the creation of a healing environment.⁵

LITERATURE REVIEW

Literature suggests that Reiki reduces pain,⁶⁻¹² promotes relaxation,¹²⁻¹⁴ reduces fatigue,¹¹ improves perception of quality of life,¹²⁻¹⁴ and has a positive effect on stress and anxiety.^{2,6-8,11,12,14} Studies conducted have associated Reiki treatments with various physiological changes including increased salivary immunoglobulin A levels,¹⁴ hematocrit and hemoglobin changes,¹⁵ and alterations in heart rate, respiratory rate, and/or blood pressure.^{2,10,14,16,17} Systematic literature reviews of the use of Reiki in health care conclude that although research indicates desirable results particularly in the areas of pain and anxiety, further high-quality research utilizing rigorous methodologies needs to be conducted to determine effectiveness.¹⁸⁻²²

Reiki Programs in Acute Care Settings

A 2007 survey conducted by the National Center for Complementary and Alternative Medicine and the National Center for Health Statistics reports that about 1 in 4 adults report use of some form of complementary and alternative medicine.²³ In the same survey, it was noted that approximately 1.2 million American adults had an energy healing therapy (such as Reiki) in the previous year. The American Hospital Association also conducted a 2010 survey indicating that 42% of responding hospitals (up from 37% in 2007) offer at least 1 type of complementary or alternative therapy in addition to traditional services.²⁴

Use of Reiki in health care venues is growing. The Center for Reiki Research Web site lists 74 hospitals, clinics, and hospices where Reiki is offered as a standard of care, including organizations in South Africa, England, Belgium, Canada, and Argentina.²⁵ Reiki is provided by trained staff (in 25 of these programs), volunteers (in another 25 programs), and a mix of both staff and volunteers in the remaining 24. Training requirements for those performing Reiki vary from Reiki level I (self-administration) and level II (providing Reiki to others) to the master practitioner (most advanced level).

Multiple cancer centers as well as many hospice and palliative care programs are offering Reiki as part of care provided to the “whole” patient.^{25,26} Reiki has been given to patients throughout the acute care setting including endoscopy,^{2,27} oncology infusion,⁶ and perioperative areas.²⁸⁻³⁰

Pilot Studies for Training Programs of Patients and Their Caregivers

Kundu et al³¹ studied the results of a training program with 18 families and demonstrated that a hospital-based Reiki training program for caregivers of hospitalized pediatric patients is feasible and can have a positive impact on patients and their families. Miles⁸ reported on a program where outpatients with HIV/AIDS were taught Reiki to help manage pain and anxiety. Preprogram and postprogram assessments demonstrated that these patients had decreased pain and anxiety.

As more research supporting the benefits of Reiki becomes available and demand increases, creative and sustainable strategies will need to be developed and implemented. Our solution has been the development of a well-structured and robust Reiki program that incorporates a large cadre of unit-based volunteers to provide services to an inpatient population.

Reiki as Part of an Acute Care Integrative Care Program

Boston’s Brigham and Women’s Hospital (BWH) is a 793-bed, Harvard-affiliated academic medical center serving patients from all over New England. The hospital’s Integrative Care Program was developed in 2002 with administrative support from both medicine and nursing. The program operates through patient care services, with a nurse director reporting to the vice president of nursing. The goals of the program are to (1) promote the inclusion of healing and integrative care therapies into practice, (2) meet the demand of patients and families to have access to complementary and alternative options as an adjuvant to conventional treatment, and (3) support a caring, healing environment for patients and a healthy work environment for staff. Offerings within the BWH Integrative Care program include Reiki, therapeutic touch, pet therapy, guided imagery, meditation, and music therapy, all of which benefit patients, families, and staff alike.

Jean Watson’s^{32,33} Theory of Human Caring provides a theoretical framework for the program, emphasizing caring relationships as the foundation of healing practices while honoring the whole human being. The model recognizes that the “practitioner’s caring-healing consciousness” affects the whole energy field and has the potential to aid the patient in accessing their ability to self-heal. Watson^{32,33} notes that hospitals guided by a philosophy of human caring will have the means to transform both staff and culture.

BWH REIKI VOLUNTEER PROGRAM

Reiki and other energy modalities are included in the Massachusetts Nursing Practice Act³⁴ and are encompassed in the scope of nursing standards in many states.³⁵ In 2005, Reiki classes began to be offered to hospital staff through the hospital’s Integrative Care Program, and 200 nurses

and chaplains attended levels I and II classes over a 3-year period. The intent was to train enough staff to make Reiki available to patients, families, and staff members 7 days a week, 24 hours a day. In a hospital of more than 3000 nurses, it was found that this number of trained staff was insufficient to meet demand, particularly in the perioperative areas. In addition, Reiki-trained nurses did not always incorporate its use into their practice, sometimes because of time constraints, conflicting responsibilities and in some cases uncertainty over its value and their own expertise.

Strategies for meeting the demand were examined, and a decision was made to enhance our ability to provide Reiki services through a Reiki Volunteer Program (RVP). These volunteers would be used as an “extension” of the nurses’ hands. Although volunteers would provide the actual treatment, the nurse would consent patients and document the outcomes of the sessions. Therefore, the program would need to consider not only the training, education, and support of volunteers, but also the preparation, instruction, and buy-in of staff in utilizing these volunteers.

CREATING THE PROGRAM

As a first step, the existing Hospital Reiki Policy was amended to include the use of trained volunteers in providing Reiki to patients, families, and staff. Volunteers were initially recruited through the Office for Sponsored Staff and Volunteer Services, but over time, the majority came through word of mouth and referrals from Reiki practitioners in the community. In addition to being screened by the Office for Sponsored Staff and Volunteer Services, each volunteer was interviewed by the Integrative Care Program director to evaluate whether that person could acclimate to the hospital environment, withstand the emotional strain generated by exposure to the pain and suffering of patients, and make a minimal 1-year, 2-hours-per-week commitment to the RVP.

In the first round of recruitment,²⁷ volunteers were accepted into the program, with 33 more recruited over the next several months. Primarily women, the volunteers were highly educated, with 90% having master’s or doctoral degrees. Volunteers came from many countries and all walks of life. The group included secondary school teachers, college professors, authors, researchers, nursing and medical students, chaplains, psychologists, artists, business owners, an architect, and a physical therapist. In the original group, 25% were already Reiki masters, and the remaining participants required Reiki training.

Funding was provided by the vice president for nursing to hire a part-time coordinator for the RVP. This position was filled by a graduating chaplain resident who had been using Reiki in her interactions with patients and had a strong belief in the positive effects of Reiki on patients, staff, and the environment. Working with the Integrative Care Program director and a nurse educator, she created the

structure, processes, and educational materials required to get the program up and running. A Reiki Volunteer Handbook was created, as well as a brochure to be used by staff in speaking with patients about Reiki. A response card was included in this brochure so that recipients could share their feedback about the session provided by the Reiki volunteer.

VOLUNTEER AND STAFF PREPARATION

Each volunteer underwent a standard hospital orientation, followed by 26 hours of in-depth training and review before being placed on one of the participating inpatient units. This included Reiki levels I and II classes taught by a Reiki master. Additional considerations were given to training and practices regarding volunteers. Nonmedical Reiki providers were instructed to limit physical contact to areas above the shoulders and below the groin to ensure privacy and protection for both the patient and the provider. Once classes were completed, hands-on orientation to an empty patient room, instruction on how to create a treatment environment (using music, therapeutic suggestion, and breathing techniques), and the opportunity to practice Reiki on other volunteers were conducted by the RVP coordinator. When orientation was completed, each volunteer was accompanied by the coordinator to their assigned unit and provided with unit orientation and mentoring for 4 hours. The volunteer was introduced to the nurse manager and staff, and the process for obtaining names of patients and staff interested in having sessions was discussed. Successful completion of the orientation program required the coordinator to be present for the first 3 patient sessions provided by the volunteer and to evaluate their performance (Figure) before Reiki sessions could be given independently.

The RVP was piloted on 13 clinical inpatient units including hematology/oncology, surgery, and medical/cardiology specialty areas. Prior to the placement of volunteers on the units, the Integrative Care Program director met with the nursing directors and staff nurses from the pilot units. The RVP was explained, and the role/responsibilities of the nurse discussed. This included how to consent a patient, document results, and work with the Reiki volunteer. An opportunity for answering any questions and concerns was provided, the Reiki brochure reviewed, and a start date provided.

Patient Care Unit Implementation

Volunteers were consistently assigned to the same unit and scheduled for the same day and time each week. Staff were asked to create a list of patients who might benefit from Reiki and were invited to add their own names if they were interested in receiving a treatment. Initially, volunteers arrived on the unit, finding that a list had not been prepared and therefore had to solicit referrals from the staff. This “resistance” appeared to be a combination of lack of

Competency Tool: Providing Reiki to Patients on Inpatient units		Meets: Y/N
1	Volunteer is able to locate list of patients, families and staff requesting Reiki	
2	Explains Reiki in simple, understandable language	
3	Creates a calm, quiet treatment environment <ul style="list-style-type: none"> • Places "do not disturb, Reiki session in progress" on patient door • Chooses and plays calming music with patient permission • Acts and speaks in calm & hospitable manner 	
4	Adheres to the BWH Reiki Protocol <ul style="list-style-type: none"> • Utilizes therapeutic suggestion that invites patient to envision a peaceful place that is relevant for that person • Teaches the patient breathing techniques as described in protocol • Keeps hands above shoulders and below groin • Sessions are no more than 30 minutes in length 	
5	Maintains patient safety as demonstrated by: <p>Before entering room-</p> <ul style="list-style-type: none"> • Uses "Purell" on hands • Checks signs on/near door indicating precautions, and follows instructions on sign (e.g. don gloves, gown, mask) <p>Before leaving room-</p> <ul style="list-style-type: none"> • Bed is placed in low position • Upper side rails are in upright position 	
6	At completion of Reiki session, informs nurse of outcome (e.g. sleeping, more relaxed, etc.)	
7	Completes and submits the Reiki follow-up sheet indicating: <ul style="list-style-type: none"> • Date, location of session • Whether Reiki provided to patient, family or staff member • Reason Reiki given and outcome 	

Figure. Reiki volunteer competency evaluation tool.

awareness of a new (and unfamiliar) program, discomfort talking to patients about Reiki, and uncertainty about the benefits of a treatment as several units did not have unit-based staff members who were Reiki practitioners. In the first week or two, the volunteers found that with encouragement, staff either agreed to undergo a Reiki treatment themselves or provided the name of a patient who might like a treatment. In these cases, if the patient was willing, the volunteer would accompany the nurse to the bedside to explain Reiki and offer a treatment.

Over a few weeks, as staff saw the positive effects experienced by their patients or underwent Reiki themselves, referrals started to increase. One oncology nurse shared that when the volunteer program first started, it seemed like just 1 more thing to do, and she was not comfortable explaining Reiki to her patients. Now, she looks forward to the volunteer coming in. To quote this nurse, "A patient may be having a tough day, but after Reiki, they have a sense of calm and peace." Regarding the volunteer, she added, "I find I take a deep breath and feel good as soon as she arrives on the floor. She has a quiet presence that makes

a big impact on the unit." Nurses appreciate the fact that providing Reiki is the sole focus of the volunteer, removing the frustration nurses feel when competing priorities make it difficult to administer Reiki as often as desired.

Reiki has been found to be beneficial for both practitioner and recipient.³⁶ One of our volunteers described her experience providing Reiki to patients this way: "It's a sacred experience to be able to enter a stranger's room and have a connection (with that patient). You see how you help a patient and make a difference just by being who you are. You go into the room with the intention of wanting to help, to bring peace and calm."

Program Success

Since its introduction in 2009, the RVP has been embraced by hospital leadership and is recognized as a valuable component of a caring and healing environment. The number of sessions provided by volunteers has increased from 4969 in 2010 to 6122 in 2012, representing more than a 20% increase. To support this growth, the chief nursing officer has increased funding to provide for a

coordinator 32 hours per week, as well as 8 hours of weekly administrative support. Table 1 illustrates the breakdown of those who have received Reiki treatment from the volunteers and where the sessions were provided (Table 2). Noteworthy is the growth in the number of treatments provided to staff members, many of them as part of unit-based wellness days conducted for staff renewal and stress reduction. Some units such as the neonatal intensive care unit (NICU) have started to invite the Reiki volunteers routinely to work with staff, where others will do so when a particularly difficult situation arises. For example, the emergency department nursing director recently asked the RVP coordinator to arrange for staff Reiki sessions to help them deal with the stress resulting from caring for victims of the 2013 Boston Marathon bombing. In total, volunteers provided Reiki to 289 staff members who tended those wounded by the bombing.

The RVP is now hospital-wide and encompasses all inpatient areas with the exception of the NICU and obstetrical units. Reiki volunteers remain unit based, allowing for the development of trust relationships with unit staff members and a sense of belonging for the Reiki volunteers. However, as the program has evolved, there are a growing number of requests for Reiki coming in hospital-wide from doctors, nurses, and social workers via the Reiki beeper. In addition, appeals for providing Reiki at special events promoting well-being and self-care are steadily growing. One strategy for meeting this need is through monthly Reiki Shares. Conducted in a busy common area, 4 to 6 Reiki practitioners (staff and volunteers) are available to give sessions to interested patients, family members, visitors, and staff. During a Reiki Share, as many as 30 people may receive Reiki.

Since 2009, 131 volunteers have participated in the program, undergoing training and orientation. At any given time, approximately 50 to 60 volunteers are actively providing Reiki to patients, families, and staff members, supplementing the Reiki provided by trained staff members.

Key Components of a Successful Program

One key factor to the program's success is the use of simple and consistent language in describing Reiki. Initially, many

TABLE 2 No. of Reiki Sessions Provided by Volunteers by Area

	2009	2010	2011	2012
Inpatient units	1588	4523	4772	4968
Cardiology	367	726	573	601
Hematology/oncology	469	1314	1358	1383
Thoracic	15	220	339	308
Surgical	346	861	1265	893
Medicine	24	107	323	594
Neurology	0	142	349	392
Intensive care unit	2	21	41	126
Gynecology	185	146	208	344
Postanesthesia care recovery room/cardiovascular recovery room	180	986	313	327
Other	0	0	3	0
Family library	0	234	133	0
Reiki share	21	212	372	291
Miscellaneous ^a	90	0	317	284
Referrals	18	0	0	293
Wellness days	0	0	0	286
Total	1717	4969	5594	6122

^aNeonatal intensive care unit, preoperative, fertility clinic, Reiki dinner, patient care assistant education.

staff members were not familiar with this modality and therefore uncomfortable in explaining it to their patients. Volunteers helped them understand and articulate that Reiki is a relaxation technique supporting the body's ability to balance itself. Another important program aspect is providing a tight protocol specifically for the volunteers, recognizing that Reiki practitioners have varying practices, depending on where they acquired certification. Providing Reiki at the bedside with 20- to 30-minute sessions is also significant, making it possible for patients to have sessions despite heavily scheduled days. Finally, the mentoring and ongoing support provided to the volunteers by the RVP coordinator are essential. Regularly scheduled meetings, quarterly dinners, and off-site seminars provide opportunities for volunteers to process their personal experiences with patients, cope with the pain and suffering they have witnessed, and receive additional education to advance their Reiki practice.

Reactions to the Reiki Volunteer Program

The responses of our patients to Reiki sessions are consistent with those observed in the literature and other hospital-based programs. That is, after a treatment, patients feel less stress and anxiety, are more relaxed, and are able to fall asleep. In some cases, patients experience pain relief. After their initial

TABLE 1 No. of Reiki Sessions Provided by Volunteers by Recipient Type

Year	Patients	Staff	Family	Total
2009	1523	139	55	1717
2010	4243	393	333	4969
2011	4503	757	334	5594
2012	4797	1157	168	6122
Total	15,066	2446	890	18,402

treatment, the majority of patients desire additional sessions, appreciating the uplifting feeling Reiki provides.

Staff nurses report that having the Reiki volunteers on the floors seems to bring a feeling of tranquility and quiet. When nurses witness the positive reaction of patients after Reiki as well as experience it themselves, their awareness is heightened about the importance of creating a healing environment and the profound impact caring practices have on patients.

Commenting on a Reiki treatment she recently received, a nurse in the NICU offered the following observation: "Reiki is an excellent support for nurses, especially those working in high-stress environments like the NICU. The effects are powerful even with a short 10- to 15-minute session. Quieting of the sympathetic nervous system is one major response to Reiki that I experience. I am able to enter a relaxed state that enables me to have a greater sense of well-being and often insight into the day's challenges. It refreshes me. I have also experienced decreased headache and muscle and joint pain from the treatment."

CONCLUSIONS AND FUTURE PLANS

The RVP has been invaluable in meeting the demand for Reiki. Staff members recognize that Reiki contributes to the creation of an optimal caring and healing environment, offering special moments of caring and peace in a fast-paced and high-tech setting. It is reigniting interest in those nurses already Reiki trained, and more of these nurses are beginning to incorporate Reiki into their everyday practice. Anecdotally patients, families, and staff have provided feedback indicating the benefits of Reiki in reducing pain, anxiety, and stress. The simple, consistent language and approach utilized by the Reiki volunteers, coupled with a strong mentoring program, have helped to make this a widely accepted and trusted program within the hospital.

Moving forward the goal is to collect more specific data on when and where sessions are requested and utilize focus groups and other measurement techniques to capture patient and staff experiences. We foresee continued growth of the RVP to support patient demand for Reiki, contribute to the healing environment, and promote self-care of all team members who care for patients and families.

Acknowledgments

The authors wish to acknowledge Jacqueline Somerville, RN, PhD, for her unfailing support of the Reiki Volunteer Program, and Yoli Harmuth for her help in creating educational materials for the Reiki orientation program and training of the volunteers.

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The authors have disclosed that they have no significant relationship with, or financial interest in, any commercial companies pertaining to this article.

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