Reiki therapy in Family Health Strategy: perceptions of nurses

A terapia do reiki na Estratégia de Saúde da Família: percepção dos enfermeiros

La terapia de reiki en la Estrategia de Salud de la Familia: percepción de los enfermeros

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ABSTRACT

Objective: The research aimed to identify the feelings experienced by nurses working at the Family Health Strategies after receiving reiki application. Methods: This is an exploratory qualitative study. The subjects were eight nurses working at the Family Health Strategy in northern Rio Grande do Sul, submitted to three sessions of reiki and thereafter interviewed using a semi structured questionnaire containing open and closed questions. The study was conducted between the months of August and November 2013. The analysis considered the proposal of Bardin. Results: It was found that reiki improves the quality of life of these professionals by balancing physical, mental, emotional and spiritual states. Conclusion: It reflects the importance of the nursing professional to have this tool to care for the service user, acting in an integrative manner.

Descriptors: Reiki, Complementary Therapies, Nursing, Care, Family Health Program.

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RESUMO

Objetivo: A pesquisa teve como objetivo conhecer os sentimentos vivenciados por enfermeiras que atuam junto a Estratégias de Saúde da Família após receberem aplicação de reiki. Método: Trata-se de um estudo qualitativo exploratório. Os sujeitos investigados foram oito enfermeiras atuantes em Estratégias de Saúde da Família do norte do Rio Grande do Sul, submetidas a três sessões de reiki e posteriormente entrevistadas utilizando-se a técnica da entrevista semi-estruturada contendo questões abertas e fechadas. O estudo foi realizado entre os meses de agosto a novembro de 2013. A análise dos resultados considerou a proposta de Bardin. Resultados: Constatou-se que o reiki melhora a qualidade de vida destes profissionais, equilibrando o físico, o mental, o emocional e o espiritual. Conclusão: Reflete a importância do profissional enfermeiro, dispor desta ferramenta de cuidado para tratar o usuário do serviço, atuando de forma integral.

Descritores: Reiki, Terapias Complementares, Enfermagem, Cuidado, Programa Saúde da Família.

RESUMEN

Objetivo: El objetivo del estudio fue identificar los sentimientos experimentados por las enfermeras que trabajan en las Estrategias de Salud de la familia después de recibir aplicación de reiki. Método: Se trata de un estudio cualitativo exploratorio. Los sujetos del estudio fueron ocho enfermeras que trabajan en estrategias de salud del norte de Rio Grande do Sul, se someten a aplicación de tres sesiones de reiki y posteriormente son entrevistadas utilizando la técnica de entrevistas semiestructuradas con preguntas abiertas y cerradas. El estudio se realizó entre los meses de agosto a noviembre de 2013. El análisis consideró la propuesta de Bardin. Resultados: Se encontró que el reiki mejora la calidad de vida de estos profesionales, equilibra el bienestar físico, mental, emocional y espiritual. Conclusión: Se refleja la importancia que la enfermera profesional tenga esta herramienta de cuidado para tratar con el usuario del servicio, actuando en su totalidad.

Descritores: Reiki, Terapias Complementares, Enfermería, Cuidado, Programa de Salud Familiar.

INTRODUCTION

Alternative health care therapies are increasingly widespread since they seek to stimulate the body's healing forces in order to promote humanized care, promoting health recovery while supporting practices that have been simultaneously occurring.¹

In Brazil, the Ministry of Health approved in 2006 the National Policy on Integrative and Complementary Practices (NPICP) in the UHS, which includes Homeopathy, Traditional Chinese Medicine/Acupuncture, Phytotherapy, Anthroposophic Medicine and Thermalism, however, it does not contemplate reiki as an integrated care therapy in the system yet. Nevertheless, it opens up room for the performance of experiences, as well corroborates the need to investigate and support practices that are already occurring in some hospitals and health units, in the states and municipalities.¹

Resolution No. 695/13 - CIB/RS of November 20, 2013, approves the State Policy on Integrative and Complementary Practices (PEPIC/RS), in which Reiki is specifically mentioned in the Guideline No. 13, which recommends: the insertion of reiki and therapies of superposition of hands, without religious bonds; to promote reiki courses, in conjunction with the organization of specialists directed to professionals already hired and working in health care networks, with priority to Basic Care.²

Reiki is a care therapy originated in Japanese oriental culture that aims to potentiate the life force and to balance the energies of the body physically, mentally and spiritually in a perspective of integrative holistic care.³ This therapy operates through the interrelationship between the chakras (from the Sanskrit “wheel”) and the endocrine glands in a manner that involves the physical, energetic and mental planes in the process of healing and/or improvement of well-being.⁴

During a reiki session, the chakras are located and focused, they are the centers of energy in the human being that collect subtle energy transforming it and giving it to the body. Each chakra is connected to a certain organ and anatomical region, influencing it in its function. The hormones produced by the glands flow directly into the bloodstream, bringing vital energy to the body. In this way, the endocrine system supplies energy to the chakras and at the same time gives back the subtle energies to the body.⁵

Reiki as care therapy, once inserted in the Family Health Strategies (FHS), as professed by the Ministry of Health, works as a proposal to restructure primary health care, overcoming the idea of care for the disease and implementing health-promoting, quality of life and integral care actions. This care decentralizes the focus of the action of the physician and advocates for the care with the participation of a multi professional team enabled to develop the activities of promotion, protection and recovery of health.⁶

In this context, nurses need to exercise comprehensive care aimed towards a holistic perspective, associated with the various care therapies that are part of the subjects' lives. Currently, reiki is considered a specialty of care in which nurses can qualify as long as they complete and are approved in a course recognized by a teaching institution or a related entity with a formation of a minimum of 360 hours.⁷

According to some authors, in the process of integrating FHS to their work, nurses have been progressively questioned regarding integrative care,⁸ which exposes the professional to other care therapies. It is believed that reiki can be an interesting perspective of care, since studies⁹ performed with nurses and in hospital settings show positive results after the application of this therapy.

In this perspective, the objective of the study was to know the feelings experienced by nurses who work with Family Health Strategies after receiving a reiki application.

METHODS

This is an exploratory study with a qualitative approach¹⁰ carried out in two municipalities intentionally chosen in the northern region of RS, where ten Family Health Strategies and
a total of 10 nurses add up. The subjects of the research were eight nurses working in Family Health Strategies, since two subjects did not show interest in participating in the research. The inclusion criteria respected for the study were: to be a nurse working in some Family Health Strategy for at least six months; to accept to participate voluntarily receiving three reiki sessions, and also to respond to an interview after the last session. The exclusion criteria were: being on vacation or on health leave. Data collection was performed between the months of August and November of 2013 at the nurses’ workplaces, and the interviews were applied after the 3rd reiki session at an appointment previously scheduled with the participants.

Initially, a contact was made with the Secretaries of Health of the two municipalities and once the authorization was granted, one proceeded to reach out to each professional via telephone in order to schedule an appointment. In the first contact, the objectives of the research were explained and if there was a willingness to participate, the Informed Consent Term was presented. In order to maintain the participants’ anonymity, they were identified by colors (yellow, lilac, white, red, green, pink, orange and blue). The data were collected after the approval of the Research Ethics Committee of UFSM, with CAAE (Presentation Certificate for Ethical Appreciation) number 15036913.3.0000.5346, on 17/06/2013.

On the scheduled dates the nurses headed to the office of two Therapists (a Grand Master and a Master in Reiki), receiving the first and the subsequent two sessions of reiki until the exposure to the therapy was concluded as previously scheduled according to their availability. Then, in the nurses’ workspace, the semi-structured interview was performed, being recorded and later transcribed in its entirety.

The theoretical/methodological support used to analyze and interpret the data followed the analysis of content proposed by Bardin.11 This technique is composed of three stages: pre-analysis, material exploration and finally the treatment of results, inference and interpretations.

RESULTS AND DISCUSSION

From the analysis of the participants’ statements, two thematic categories emerged: Reiki as a supporting tool that could benefit the work process; the importance of access to Integrative and Complementary Therapies in the care of the user.

Reiki as a supporting tool that could benefit the work process

This category was identified and constructed from the moment that it was observed that the majority of the researched professionals reported the benefits of reiki therapy, as can be verified in the following testimonies:

 Well, reiki for me was a moment of meeting with myself, a moment where I managed to rethink some things, both professionally and personally, a moment of relaxation, mainly of rest. We leave here on that rushed daily routine, we accumulate many responsibilities and assimilate much of what the patient brings to us at the Health Unit, I think it was a way I found to be able to get rid of these concerns, of these insecurities, of anxieties. (Orange)

This experience felt very relaxing, it brought me calm, peace, [...] I rested. I am a very electric person, I can hardly sit for ten minutes in a chair so to lie down for an hour receiving reiki was for me something different, and so for me the feeling experienced was really of relaxation, of self-control, of really directing the thoughts towards my body, towards myself, coming from me towards helping myself. (Blue)

In reiki sessions, people are disconnected from the world, they think of themselves, they become calmer, more relaxed, more peaceful, more reflective, they live their feelings, they become more balanced by lying there just thinking of themselves, concentrating, that is very good, because in the daily routine one does not stop to think about the self, there is a lot of rush, and to do a reflection exercise, a meditation, is very good. (Red)

The testimonies demonstrate that nurses experienced a range of feelings during and after reiki sessions. The participants reported that they felt relaxed, calmer, more balanced, self-controlled, self-helped and that it was a moment of meditation and reflection about themselves.

Salomé, when investigating the feelings experienced by the nursing professionals who worked in an Intensive Care Unit after the application of reiki, observed reports such as improvement of anxiety, stress and a reclaim of the stimulus to practice the profession.

A state of relaxation combined with a general state of well-being is one of the visible effects after the applying of reiki, although there may be emotional releases12. Reiki therapy is related to sharing and caring, caring for oneself, and caring for the other and in this way to serve as a necessary precursor to the care offered. With the tool in hands, one can bring back the balance so that the receiver can enjoy a better quality of life.13

Another feeling experienced by nurses was that of meditation, characterized as the training of mindfulness to present-day consciousness, it has been associated with greater mental, emotional, and physical well-being. It reflects in many ways with a predominance of cognitive and emotional benefits considering that this practice can constitute a tool for healthy psychological development.14

The professional nurse uses care as a tool to treat the user, but often forgets and does not take time to take care of itself; in this sense, reiki appears as a differential in care, since it is a moment for the professional to be cared for and, in this way, re-establish the balance to develop their work. Other feelings that emerged were that of safety, tranquility,
personal relaxation and improved thinking, which as the nurses reported, have influenced in refining the performance related to patient care:

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\begin{align*}
\text{ [...] I felt more security, more tranquility when I saw the problem of people and thought, this is what I have to do, it was very important because it gave me a lot of security, I was able to calm my worries and try to help the patient in the best way possible. (Orange)}
\end{align*}
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\begin{align*}
\text{ [...] this therapy was absolutely important, it helped us look inside, to get energized again, helped us to calm down, so I felt calmer, quieter, with better reasoning, my reasoning got faster [...] that is the difference that I noticed, my work yielded more. (Blue)}
\end{align*}
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It is observed in the literature that there are studies concerned with proving the beneficial effects of reiki; a study by Cuneo and collaborators\(^\text{15}\) aimed to identify the effects of reiki on stress in the work of seventeen nurses working in an urban medical center. The tool applied was the Stress Scale, before and after three weeks of reiki application. Research suggests that work-related stress is an influential factor in nurses’ work, and reiki could reduce stress levels in the work of these professionals.

In the study, reiki as complementary therapy benefits healthcare professionals minimizing stress, improving the quality of life and consequently the assistance provided to users. The present study is in line with these results, since the nursing professionals reported experiencing feelings of tranquility, serenity, security, calmness, improvement of reasoning, balance, moment of reflection, rest and relaxation.

Reiki appears as an important device for the physical, mental and spiritual balance of these professionals, improving the immune system in general. There is a need to develop more and more mechanisms that reinforce the method as complementary therapy, in order to guarantee and promote the health of these professionals.

The importance of access to Integrative and Complementary Therapies in the care of the user

This category arose from the reports of nurses who when asked about the importance of having the reiki resource to maintain their own health and the healthcare of the service user reported positively on the use of the therapy, as can be seen in the following speeches:

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\begin{align*}
\text{ [...] sometimes the patient, [...] it needs to be reunited with itself, not only by making use of the medication [...] it must seek for the lacking part of itself. So that's why I find it very interesting that the nurse participates, that it does sessions together along with the user. (White)}
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\text{ [...] it is very necessary to use complementary therapy in the unit, we have many patients, a reiki therapy could reduce or take away the medicalization. It would be interesting for another practitioner to do reiki in our patients through scheduling. [...] the nurse ends up conflicting with its own balance, body and mind are very conflicted daily, one should have this self-care, but not only the nurse, all health professionals. (Red)}
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\text{ [...] it was very important because it gave me a lot of security, I was able to calm my worries and try to help the patient in the best way possible. (Orange)}
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\text{ [...] this therapy was absolutely important, it helped us look inside, to get energized again, helped us to calm down, so I felt calmer, quieter, with better reasoning, my reasoning got faster [...] that is the difference that I noticed, my work yielded more. (Blue)}
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In this context, the use of integrative and complementary therapies is being increasingly suggested, they consist of a system involving mechanisms for prevention, promotion and recovery of health. Such methods can, through practice, contribute to the change of care models, as a possibility of improving health without the use of medicalization.  

As already mentioned, the State Policy for Integrative and Complementary Practices of Rio Grande do Sul (PEPIC/RS) of 2013 recommends the insertion of reiki and superposition of hands therapy, without religious ties, as well as promoting reiki courses, provided by organizations of specialists directed at professionals already hired and working in health care networks, with priority for Basic Care. The institution of this policy came as a response to the demands of the population about changes in the models of care instituted, based on the integrality of care.

However, there is a need to strengthen policies, to implement them and to provide these practices in municipalities, since they offer autonomy of care to the user in interface with the care offered by the professional, whether it is a nurse or a doctor, both professionals fundamental for the care in the praxis of the Family Health Strategy (FHS) and important social actors in care, with broad responsibility for diagnostic actions and preventive and therapeutic guidelines.

Specifically focusing on complementary reiki therapy, one can observe, in the report of the nurse, lack of knowledge regarding the therapy, nevertheless it considers it important in Basic Attention:

\[\text{[...] For me it is a new therapy [...]. [...] I want to study more to learn about it, the sessions were good, because I got to know it a little, and I was able to talk about it specifically. Because we have to explain it to the patient. (Green)}\]

The search for complementary therapies is increasing, but the practice in nursing is still little known, being underutilized professionally by the primary care systems, causing the population to find treatment with professionals who are often not from the health area.

A study by the same author published in 2011 aimed to investigate who are the nurses of Rio Grande do Sul currently specialized in any integrative therapy, and which are those used by them in their professional and/or personal practices. The research was carried out with five nurses who had some involvement with the Brazilian Association of Natural Therapies in Nursing (BANTN). The results demonstrated a variety of complementary practices used by these professionals in the team, the patient and the community. They also point out the lack of classes that address this area in the curricula of the Nursing Courses and the lack of dissemination of the positive experiences in the scientific environment.

This discussion is in line with what was observed in this study as presented in the following report:

\[\text{think it would be very interesting and we already know that the Ministry of Health is already encouraging the Strategies to have Alternative Therapies, so I think it would be very interesting to have them [...]. (Orange)}\]

Brazil adopted a political position to associate complementary care to biomedical care in order to form a Unified Health System (UHS), without opening a wide discussion with the professionals and the training entities of how this process would be constituted in practice. There are many discussions about the therapeutic efficacy of these methods (biomedicine) that are completely opposed as a philosophy of care, and which are present in the context of basic care.

The realization of studies that contemplate the perspective of care in the holistic sense and that brings well-being with quality of life for the subjects who participate in the process needs to include reiki to strengthen this therapy as a science of care and subsequently obtain its recognition in the health field.  

In this study, it is observed that despite the lack of knowledge about Complementary Therapies, the subjects were encouraged to study about the theme, specifically about the reiki method, which in a way expanded their knowledge about the therapy and thus opened paths creating opportunities for the achievement of well-being and a more humanized health.

**CONCLUSION**

The nurses who experienced reiki manifested feelings related to a therapeutic experience that contributed to relaxation, rest, reflection, etc., while caring for themselves. In addition, they reported having improved in terms of concentration, enhancing the provision of care for the other.

Reiki therapy increases the capacity of concentration, improves the memory and induces a moment of reflection, which induces the subject to think about the “self”. In the process, it was essential for the recipients to be open-minded to receiving the reiki energy and consequently to enjoy its results.

In addition, through this study, it can be seen that the participants were unaware of Reiki, and therefore do not use it in their work process or personal care. However, they consider that reiki can be an important tool in caring for users and taking care of themselves.

As limiting aspects of this study, we point out the reduced number of professionals included in the face of obstacles such as financial resources, lack of professionals qualified to apply reiki therapy and time to complete the study. In this sense, we propose the need for new research that considers these factors.
REFERENCES


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