

## Perceptions of nursing professionals from a general hospital about *Reiki* intervention\*

Percepções de profissionais de enfermagem de um hospital geral sobre a intervenção com *Reiki*

Percepciones de los profesionales de enfermería de un hospital general sobre la intervención de *Reiki*

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**Abstract: Objective:** to identify the perceptions of nursing professionals about their participation in an intervention with *Reiki*. **Method:** qualitative research involving intervention consisting of six weekly *Reiki* sessions, conducted between September 2019 and March 2020 with 14 nursing professionals working in a general hospital in northwestern Paraná. Data were collected through semi-structured interviews and submitted to thematic content analysis. **Results:** six nurses and eight nursing technicians participated, who reported a picture of well-being, improvement in sleep pattern and self-esteem, increased tranquility, change of attitudes and reduced symptoms of pain and irritability. **Conclusion:** the nursing professionals realized that the intervention with *Reiki* promoted physical and emotional balance, was effective in reducing pain and emotional disorders, brought benefits for themselves in the individual and family spheres, with positive repercussions on work relationships.

**Descriptors:** Therapeutic touch; Complementary therapies; Nursing; Nurse practitioners; Health promotion; Holistic nursing

**Resumo: Objetivo:** identificar as percepções de profissionais de enfermagem sobre a sua participação em uma intervenção com *Reiki*. **Método:** pesquisa qualitativa que envolveu intervenção constituída por seis sessões semanais de *Reiki*, realizadas entre setembro de 2019 a março de 2020 com 14 profissionais de enfermagem atuantes em um hospital geral no Noroeste do Paraná. Os dados foram coletados mediante entrevista semiestruturada e submetidos à análise de

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conteúdo modalidade temática. **Resultados:** participaram seis enfermeiras e oito técnicas de enfermagem, que relataram um quadro de bem-estar, melhora no padrão de sono e da autoestima, aumento da tranquilidade, mudança de atitudes e redução de sintomas de dor e irritabilidade. **Conclusão:** as profissionais de enfermagem perceberam que a intervenção com *Reiki* promoveu equilíbrio físico e emocional, foi efetiva na redução de dores e distúrbios emocionais, trouxe benefícios para si no âmbito individual e familiar, com repercussões positivas nas relações de trabalho.

**Descritores:** Reiki; Terapias complementares; Enfermagem; Profissionais de enfermagem; Promoção da saúde; Enfermagem holística

**Resumen: Objetivo:** identificar las percepciones de los profesionales de enfermería sobre su participación en una intervención con *Reiki*. **Método:** investigación cualitativa que involucró una intervención consistente en seis sesiones semanales de *Reiki*, realizadas entre septiembre de 2019 y marzo de 2020 con 14 profesionales de enfermería trabajando en un hospital general en el noroeste de Paraná. Los datos fueron recolectados a través de entrevistas semiestructuradas y sometidos a análisis de contenido temático. **Resultados:** participaron seis enfermeros y ocho técnicos de enfermería, quienes relatan un cuadro de bienestar, mejoría en el patrón de sueño y autoestima, aumento de la tranquilidad, cambio de actitudes y reducción de los síntomas de dolor e irritabilidad. **Conclusión:** los profesionales de enfermería se dieron cuenta de que la intervención con *Reiki* promovió el equilibrio físico y emocional, fue efectiva en la reducción del dolor y los trastornos emocionales, trajo beneficios para sí mismos en las esferas individual y familiar, con repercusiones positivas en las relaciones de trabajo.

**Descriptor:** Tacto terapéutico; Terapias complementarias; Enfermería; Enfermeras practicantes; Promoción de la Salud; Enfermería holística

## Introduction

Nursing professionals working in hospitals often experience inadequate and stressful conditions resulting from excessive workload, with high responsibilities, both in direct care and in management issues, repetitive activities and an accelerated pace of care delivery. In addition, they are exposed to the risk of developing musculoskeletal diseases or contracting infectious diseases. All this can predispose to physical, mental and emotional exhaustion, compromising their health, quality of life and professional performance.<sup>1-3</sup>

The vulnerability of these professionals was attested in a study conducted in the state of São Paulo, which found that 61.2% of the 86 professionals who worked in an emergency unit cited at least one lesion or disease with medical diagnosis. In addition, 59.6% had two or more health problems, with predominance of accident injuries and musculoskeletal system diseases.<sup>4</sup>

In addition to physical problems, the presence of those of a psychological nature and related to occupational stress in nursing workers has already been evidenced in several studies.<sup>2,5-6</sup> These

aspects point to the need to evaluate working conditions and reorganize/rethink those that contribute to the illness of these professionals,<sup>6</sup> in order to propose health promotion interventions with an integral approach, through the implementation of institutional prevention measures, focusing mainly on valuing and strengthening social support at work.<sup>2</sup>

It is noteworthy that the nursing diagnosis "Unbalanced Energy Field" is defined by the North American Nursing Diagnosis Association<sup>7</sup> as the rupture in the vital flow of human energy that is usually a continuous, unique, dynamic, creative and nonlinear whole. Thus, there are numerous possibilities for intervention to nursing professionals in the work environment, with emphasis on Integrative and Complementary Health Practices (IChP). In the current context, *Reiki*, as one of these practices, has been suggested to nursing professionals as one of the possible strategies aimed at promoting mental health and coping with COVID-19.<sup>8</sup>

*Reiki* is one of the therapeutic practices institutionalized in the National Policy of Integrative and Complementary Practices (PNPIC) in the Unified Health System (UHS).<sup>9</sup> It is a millenary system of care that uses the imposition of hands — through approximation or touch on the body — by approaching or touch on the body — of a professional trained in Mikao Usui's *Reiki* Method, to channel vital energy in order to stimulate natural health recovery mechanisms and promote the energy balance necessary for physical and mental well-being.<sup>10</sup>

It is worth mentioning that, in relation to the other professions, nursing was a pioneer in establishing and recognizing IChP as a specialty or qualification. Resolution n. 581/2018 is the one that currently recognizes *Reiki* as one of the nursing specialties in the area of Integrative and Complementary Practices.<sup>11</sup> In view of the above, the objective is: to identify the perceptions of nursing professionals about their participation in an intervention with *Reiki*.

## Method

This is a descriptive study, with a qualitative approach, carried out in a teaching hospital in Northwestern Paraná. At the time of the intervention, this institution had 104 beds for

hospitalization in different areas and is a reference for medium and high complexity care for thirty municipalities that are part of the state's 15<sup>th</sup> Regional Health.

The informants were 14 nursing professionals who participated in an intervention consisting of six weekly sessions, with Mikao Usui's *Reiki* method applied by a nurse trained for level 3 A, which enables her to make use of it in large crowds.<sup>10</sup>

The number and duration of the sessions were established based on what the method proposes<sup>10</sup> and the purpose of the research. The literature contained studies that performed from one to eight sessions, with different frequency, usually once to twice a week. The weekly sessions were held on Wednesdays, morning and afternoon, given the availability of the place. It is emphasized that only three sessions per period (six per day) were scheduled, because before the beginning or at the end of them, a time for informal conversations was made, when the participants had the opportunity to talk about their anguish and suffering.

*Reiki* sessions were held from September 2019 to March 2020, with an average duration of 30 minutes, and took place in a private room in the hospital, properly prepared to make the atmosphere comfortable and cozy (stretcher, relaxing music, aromatization, and light only from the flavor diffuser). To receive *Reiki*, the participants were invited to lie on the stretcher, in supine position, and, if they wished, the body was covered by a sheet. Initially, they were instructed to inhale and exhale deeply with their eyes closed to favor relaxation and concentration. Only then the energy application started, by imposing the hands on the positions of the head, *chakras*<sup>41</sup> and in places that presented some complaint of algia.

The participants were informed about the intervention through posters posted in the sectors of the hospital and message sent, by WhatsApp®, by the heads to the working groups, containing the researcher's telephone contact number both to obtain more information related to the practice and to schedule time. The inclusion criteria previously defined were: nursing professionals, of both sexes, active in any sector of the hospital, regardless of time. Exclusion criteria defined the absence

of more than two consecutive *Reiki* sessions or impossibility to participate in the final interview. A total of 35 professionals contacted, by phone and/or Whatsapp®, but only 16 declared availability to attend the institution outside working hours.

Data were collected through two semi-structured, individual interviews recorded in audio after the participants' consent: one before the beginning of the intervention, and another one week after its end. All interviews, with an average duration of 30 minutes, were done by the head researcher and in the same environment where *Reiki* sessions were held. It is noteworthy that, due to the suspension of research activities in the institution because of the Coronavirus Disease Pandemic 2019 (COVID-19), the post-intervention interview with the participants of the last group took place in their homes, respecting security measures, and after the originally planned period (with delay of two months, approximately).

Also in relation to the research data, the records in a field diary, related to informal conversations to know how the participant had felt since the last meeting, also constituted the corpus of analysis. And in the semi-structured interviews conducted before the intervention, a guide consisting of two parts was used: the first included sociodemographic, professional and health issues; in the second, items related to the object under study: "Tell me about your story, how are you at home and at work? What do you know about *Reiki*? Why do you want to participate in the intervention? What do you expect? And the interview after the last session was guided by the following question: "Tell me: how are you feeling at home and at your work?"

The participants composed three groups, which were implemented consecutively, that is, a new group was started only after the end of the previous one. It is emphasized that, of the 16 professionals who participated in *Reiki* sessions, two were excluded from the study analysis because they did not attend the final interview. Both belonged to risk groups and could not receive the researcher in their homes and did not know how to deal with internet (WEB) to conduct an online interview.

The collected data were fully transcribed and submitted to content analysis, thematic modality. For this, initially, a floating reading of the data was performed, followed by in-depth reading to explore the material. The emerging themes identified were grouped by similarity and subsequently organized into categories.<sup>12</sup>

In the development of the study, all ethical precepts recommended by Resolution 466/2012 of the National Health Council were followed. The research project was approved by the Human Research Ethics Committee of the signatory institution (CAAE: 17865719.8.0000.0104) on 09/05/2019. All participants were informed about the research objectives and procedures and signed the Informed Consent Form. To preserve their anonymity, the participants were identified with the letter P, followed by the number indicating the order of participation in the study.

## Results

The 14 participants, all female, were aged 27 to 59 years, 13 of them Catholic. Only one had no partner and one was reikian level I non-practicing. Of the six nurses, all are specialists, two are PhD and one MSc's student. As for the eight nursing techniques, all have higher education: three are graduated in Nursing, three in Health Management, one in Administration and one in Pedagogy. The time of service in the hospital under study ranged from five to 25 years. They worked in several sectors: four in the Neonatal Intensive Care Unit (NICU), two in the Material Center, two in the Human Milk Bank (HMB), two in the Obstetric/Gynecological Clinic (OG) and one in the Emergency Care, Blood Bank, Medical Clinic and Surgical Clinic sectors.

All had some health problem: four reported having Fibromyalgia (FM); two, disabling musculoskeletal pain; one, Diabetes *Mellitus* type 1; and five were overweight. In addition, four had been using antidepressant medications for more than six months, one reported being a compulsive buyer and the other reported high anxiety. It is noteworthy that all presented at least one of the following symptoms: undiagnosed depressive and anxious condition, insomnia or difficulty to sleep.

One participant did not take any continuous medication, and three performed some form of physical activity: running, gym and walking.

Motivations to seek the " *Reiki* Project"

The motivations for participation in the project were diverse and included knowing the therapy and seeking solutions to complaints of physical, emotional, family or even work nature and believing that *Reiki* could contribute to improve their physical and emotional problems and help them deal with such issues in their lives.

*I don't sleep well, I work a lot, and then I also think that stress at work makes me sick, you know, I am always sick. (P3)*

*I came for my history, my conflicts, family conflicts and how they affect me in everything. (P4)*

*Look, I came to meet, what is this [...] Reiki, I knew about the project [...] so I came. (P13)*

*There is a lot of problems in the sector, very much, we see wrong things [...] but who has to act? The leadership, and the leadership [long pause]. (P1)*

*I am the person who is always to bring you know, in the service, I always end up well after [...] sometimes I look [...] I wanted to improve. (P10)*

*I came to meet, [...] I know many therapies, and I came to meet Reiki. (P7)*

Among the participants, six reported having sought the project due to the presence of chronic pain stemming, for example, from FM and herniated disc, which, in addition to limiting their work activities, harmed their social coexistence.

*Tenho muita dor no quadril, ando a base de remédios. (P13)*

*I have many pains, from fibromyalgia, my joints are always swollen, it hurts a lot, usually in the morning, when I wake up earlier because I have to rehearse to get out of bed, I start moving my fingers slowly, then my hands, until I get up and get out of bed. (P10)*

*My back, I feel too much pain, because of fibromyalgia, some days I can hardly walk, move normally, it is a gigantic weight, sometimes I do not think I can bear it. (P7)*

*I have many pains, I have cervical hernia, many aches, I work with strong medication, I cannot stay without it, I barely move the arm without analgesic. (P3)*

*I could not perform the activities in the ICU [...], no more strength, and the pain still hinders a lot [...], so they released me from the sector [sad air], but I do not like it, I really like dealing with the patient [...] for me is terrible, I suffer a lot. (P7)*

However, over time (after two or three sessions), some professionals reported the presence of depressive conditions and the use of controlled medication for this condition, in addition to other emotional dysfunctions.

*I live only with medicine to be able to bear it [...]. I get nervous when I realize people are touching. (P1)*

*I am critical at work, [...] even more critical, more agitated and more teasing with things at home [laughs]. (P10)*

*I realize lack of interest with work, the other day the colleague was 2h 15 at the cafe, the room crowded [...] it makes me feel bad. (P3)*

*I realize this, [...], sometimes there is a problem, which is small, which could be solved, [...] actually. And when I see, it took such a large proportion, which, in the end, everything ends up in large conflicts. (P5)*

The reports of this category show that the search for intervention with *Reiki* was initially motivated by the desire to obtain improvements in physical complaints, especially pain. However, in the informal conversations held during the research, there were reports of conflicts in the work environment and in family life, resulting from fragile emotional conditions.

#### Previous knowledge about *Reiki*

Study participants generally reported having little knowledge about *Reiki*.

*I had worked 18 years in a clinic of integrative therapies, so I know a little about the practices, I have never studied, but I know about it. (P1)*

*I read quickly about it before coming, so I saw the basics about *Reiki* that is not related to religion. It is a neutral energy that many people have prejudice still in receiving and recognizing *Reiki* [...] because it is a therapy that is not palpable. (P2)*

**Reiki* I do not know, I know other therapies, I imagine it is like meditation, [...] I meditate. (P3)*

However, the little they knew about *Reiki* allowed them to have a positive attitude towards it and associate it to promote balance and well-being:

*I do not know exactly what is [...] related to religion? I know it is good, to help balance the body, relax. (P5)*

*I do not know what it is, I know it is good, it is good for health [...] I saw the girls commenting, so I came [...]. Something that messes with the energies, I know it does well, I have never read about it. (P13)*

*I do transcendental meditation and has helped me a lot, so I think it is kind of it. (P11)*

Since the participants are nursing professionals, it allows them to understand that a person's health status is the result of the balance relationship of the organism. And that the unmet demands, at any stage of life, combined with physical and mental exhaustion in the work environment, can result in imbalance and, consequently, physical or emotional illness, with repercussions on the



performance of activities of daily and work life.

*I am very angry in the work environment, I like everything in my way[...] controlling, restless with husband and child [...] arguments, very anxious [emphasis]. I am anxious, very anxious.* (P5)

*The work wears me a lot [...] call me any time and I go, I cannot say no, I go [...] but I suffer, I get nervous, I cry later [intense cry], every time I get more nervous [...] at home, I am annoyed, I still have the master's degree, I can hardly study.* (P3)

*I am having problems to sleep [...] I am very hyperactive, I work a lot, which wears me a lot. I am very hectic and I am very angry too, obviously.* (P13)

*I do not sleep well, I work a lot, and then I also think that stress makes me sick, I am always sick.* (P2)

This category showed that, in general, the study participants did not have previous knowledge about the *Reiki* method, but sought the intervention because they believed that this practice could help them in some way.

### Improvement in life perceived from intervention with *Reiki*

Throughout the intervention with Reiki, after the first sessions, the participants began to report a positive self-perception regarding how to relate to them, family members and work.

*I feel calmer, more alive. I have found myself. I can tell the 'nos' I need, I can speak, people do not mistreat me [crying very excited]. I can speak, take a position. This is wonderful.* (P2)

*Today I know my attitudes are different from before [...]. And I even begin to observe different things in me and in the world.* (P9)

*I am taking care of myself. Did you see that I had my hair painted? I had not looked at me through years, I did not take care of myself. I talked to my colleague on duty: "We will not be able to change the world or change all people, but we need to change us, change here" [crying with hands on the heart]. And [...] we will do our best. And it will be like this will be so we will do it. He even laughed, "Wow, what's happening to you?" [Laughs].* (P3)

After the end of the sessions, important improvements of some symptoms were reported — especially in relation to sleep quality and pain relief - that had been experienced for years, and which did not improve even with allopathic treatments.

*It is a blessing, I am sleeping very well, it was worth a lot, lie down and sleep [...]. Very good, it was good to participate.* (P4)

*It improved a lot, I could barely lie down on the stretcher, so much pain, I lay down today and am able to relax.* (P2)

*It was very good [...] was what sustained me in the course of discovering the diagnosis, sclerosis, was what helped me not to give up [excited].* (P8)

Moreover, two participants mentioned the search and initiation in the *Reiki* method after

participation in the intervention.

*I did the initiation, I did with my friend who is Reiki's master[...] is so strong.* (P12)

*It was very good, I began to do many things like that, integrative, I am using essential oils, I started meditation too and now I did the initiation in Reiki[laughs].* (P8)

However, two participants showed difficulty in accepting the improvement achieved and associating it with the performance of Reiki sessions.

*My pains indeed improved[...] but I also went to the rheumatologist, I went back to follow up, he changed the medication, it may be that, right?*(P10)

*I have improved a bit, I can deal with work, family[...], but I think it is because I have evolved, I do not know, I do not think it was Reiki. I cannot believe it has this power, I believe that it was our conversations, listening, the activities[...].* (P14)

The reports of this category reveal that the main changes perceived by the participants are related to pain reduction and sleep improvement, and this has become deeper and restorative.

## Discussion

Regarding the characterization of the participants, all are women, have some health condition and make continuous or frequent use of medications: for pain, insomnia, antidepressant or muscle relaxant. In addition to the fact that women make up the majority of the nursing workforce, for historical and socially constructed issues, they are still the main responsible for the care of the house and children, even when they work outside and even when they have two employments, which greatly contributes to the emergence of pain and somatic complaints.<sup>2-3</sup>

This scenario contributes to the development and worsening of chronic occupational stress, considered determinant of depressive disorders and which is often expressed in headaches, irritability, sleep disorders, pain and overweight,<sup>13-14</sup> symptoms reported by the participants. It is noteworthy that this same profile of pain complaints and medication use was observed among nursing professionals from a general hospital in São Paulo who participated in an intervention with auriculotherapy to reduce stress and pain.<sup>15</sup>

It is important to point out that the participants of the present study had a positive attitude towards *Reiki*, but little knowledge about *Reiki*. Thus, although Reiki is a millennial practice, it is

still little known and used. In Brazil, for example, it joined the ICHP list in the PNPIC only in 2017.<sup>9</sup>

A study conducted in two municipalities of Goiás and one in Minas Gerais found that of the 118 health professionals of higher education in the UHS, only one stated that they had no knowledge about ICHP. On the other hand, 19 of them, knowledgeable at the PNPIC, considered them important for the profession and the UHS, and that they should be inserted in the undergraduate course.<sup>16</sup> In this direction, a review study on these practices highlighted the need to invest in the training of these health workers since undergraduation. The authors of this study considered that the introduction of this theme in curricula may favor daily action in health, because, although they recognize the contribution of ICHP to health promotion, prevention and treatment, these professionals do not use them and, moreover, feel insecure and with little knowledge to indicate them.<sup>17</sup>

Regarding the reasons for seeking participation in the *Reiki* Project, the participants' complaints, at first, were limited to physical manifestations and were linked to the daily work in which the professional is inserted, which is often full of factors causing stress and suffering, for example, working with an unprepared team.<sup>3</sup> This reality is aggravated by structural limitations in services, lack of human resources, overload and exhaustive working hours, double employment and, often, lack of proper professional recognition.<sup>3</sup>

Thus, the presence of symptoms related to occupational stress is common among health workers, especially nursing workers. In this sense, a study conducted in a hospital in Santa Catarina identified that 71% of them had some sleep disorder,<sup>14</sup> but in a Emergency Medical Care Service (SAMU) this prevalence reached 56%.<sup>18</sup> It is emphasized that sleep deprivation can affect physical and mental health and influence the quality of the work of nursing professionals.<sup>5</sup>

The benefits of *Reiki* for these types of complaints are emphasized in their purposes, namely: to restore and harmonize people's sleep quality, and also their well-being in the physical, emotional, mental, and spiritual spheres.<sup>1</sup> It is noteworthy that, according to the participants' reports, the

presence of chronic pain and the desire to relieve them constituted, at first, the main reason that led them to participate in the intervention. This is consistent with their health condition, because four of them had a diagnosis of FM, one had cervical hernia, and the other had arthrosis in the hip.

In the general population, the prevalence of FM is 5%, and 85% of the affected people are female.<sup>19</sup> In turn, the chronic pain resulting from FM affects the quality of life and work of women, distancing them from social life due to emotional, physical and psychological suffering.<sup>20</sup> This was observed in the participants, and one of them had to be transferred from the sector, a fact that saddened her and caused her psychic suffering.

Interventions with the use of *Reiki* have been performed in different populations, and the purposes and positive results often observed in most participants, either in the reduction of oncologic pain<sup>21</sup> or in the attenuation of symptoms associated with the nervous system: depression,<sup>22</sup> stress, sleep disorders, fatigue and anxiety and increased sensation of relaxation.<sup>15,23</sup>

In relation to health professionals, interventions with *Reiki* are still incipient, but have already shown positive results, for example, in the case of nurses with Burnout Syndrome.<sup>24</sup> In addition, the intervention favored self-care with improvement in the management of daily stress and in the strengthening of self-esteem in nurses<sup>25</sup> and provided relaxation and reduction of irritability in workers from a Family Health Strategy Team.<sup>26</sup>

Thus, *Reiki* can be an alternative for those professionals, as it presents as a complementary technique that acts in the restoration and harmonization of the organism, which, in turn, affects the improvement of the quality of sleep patterns and promotes well-being in the physical, emotional, mental and spiritual spheres.<sup>10</sup> It is emphasized that a literature review study showed evidence that *Reiki* is more effective than placebo to reduce pain, anxiety and depression and to increase the self-esteem and quality of life of people with chronic health problems.<sup>27</sup> In this sense, according to the participants' perception, pain was mitigated with the application of *Reiki*, corroborating the results of other studies, in which improvement in pain complaints and well-being was observed in patients

with generalized chronic pain<sup>28</sup> and also in patients undergoing orthopedic surgeries.<sup>29</sup>

After *Reiki* sessions, the participants reported improvement of symptoms, presented before the beginning of the intervention: difficulty to sleep, physical and mental fatigue, pain, improvement in the relationship with the family, with work and with oneself. Moreover, regarding the perceptions associated with general well-being, self-care and daily motivation, it was observed that they described improvements, which, in general, were related to participation in the *Reiki* intervention.

The results presented are explained by quantum physics, in which its precursor, Albert Einstein, demonstrated and recognized some phenomena related to this therapy that, for some time, was not recognized with a scientific character. The explanation for such benefits is based on the concepts of vibrational frequency.<sup>30</sup>

*Reiki*, through a higher frequency of vibration, dissolves energy blocks when the therapist's energy travels through the person's chakras, providing gradual and constant harmonization.<sup>1</sup> Thus, when it is understood that the human being is an energy field, it is possible to affirm that whenever he or she is consciously and intentionally affected by the therapist, the whole system is positively affected.<sup>30</sup>

A more positive attitude towards oneself, the family, work and life was observed in general throughout the sessions and not only at the end of the intervention. This is because commonly, in the initial or final moments of the meetings, the participants reported everyday situations that demonstrated a change of attitude. It is possible that the fact that the participants are receptive and sensitive to receive *Reiki* is related to the perception and description of positive effects characterized by the feeling of well-being, relief, relaxation and tranquility soon after each session.

In this same direction, at the end of the intervention, the participants reported being able to deal adequately and evenly with the daily conflicts related to self-control, family problems and work, which allowed them to contemplate the positive aspects of life. This is due to the fact that

*Reiki* is an energetic process that acts in harmonizing the human being in an integral way.<sup>10</sup>

It is noted here the importance of understanding that, in the act of caring, it is also necessary to take care of the energy field, because, thus, the professional facilitates the reestablishment of the person in the physical, emotional and spiritual dimensions.<sup>25</sup> This refers us to care combined with the use of *Reiki*, its benefits and possibilities of use, which explains that measures to promote spiritual well-being need to be included in the nursing care plan.<sup>7</sup>

Thus, the present study is in line with the recommendations of the Ministry of Health and the National Health Promotion Policy (PNPS), which advises the use of care practices that serve the human being, and take into account their multidimensionality. It also conforms to the National Policy of Integrative and Complementary Practices in Health (PNPICS), considering that *Reiki* as part of it.<sup>9</sup>

It is worth noting that two participants demonstrated difficulty in accepting and attributing to the *Reiki* method the improvement achieved. This is probably due to the fact that they value allopathic medicine and the unawareness of *Reiki*. On the other hand, two participants mentioned the search and initiation in the *Reiki* method after participation in the project. It is important to emphasize that *Reiki* is easily adaptable to nursing practice in various care environments, and may also provide support to the own practitioners.

It is emphasized the importance of including in undergraduate nursing teaching theoretical and scientific contents about care strategies and methodologies that can favor more comprehensive care, including different modalities of ICHP. In this inclusion, it is important to highlight its indications, benefits and possible limitations for the use in the care of patients and for the professionals themselves.

Finally, the results of this study can serve as an incentive for health services and institutions to create therapeutic spaces for professionals, especially nursing professionals, with the use of ICHP, especially *Reiki*. This action can favor health and self-care, in order to support nurses to face

daily demands in services, which can lead to physical and mental exhaustion with consequent imbalance and illness.

Possible limitations of the study refer to low demand and adherence to the proposal, resulting in a small number of participants, which is believed to be due to work overload and the difficulty of attending sessions outside office hours, as required by the nursing board of the institution to authorize the study. The difficulty was due to the fact that most of nursing workers working in this hospital had more than one employment relationship.

## Conclusion

The participants' reports allowed understanding that they perceived benefits resulting from participation in intervention with Reiki, especially in relation to sleep quality, well-being, improvement of self-esteem, reduction/relief of chronic pain and expansion of awareness about themselves, family, work and life in general.

The results demonstrate improvements in the personal, family and work of the participants, and revealing their mobilization and efforts to continue participating in the intervention and recommend it to other professionals. The findings may broaden the dialogue with the current literature and reinforce the need to continue the exploration of the theme through interventions with a larger number of participants.

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