

Reiki therapy as an intervention strategy for pain and stress in nursing students

Terapia Reiki como estratégia de intervenção na dor e no estresse em estudantes de enfermagem

La terapia de Reiki como estrategia de intervención para el dolor y el estrés en estudiantes de enfermería

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RESUMO

Objetivo: Descrever o efeito da Terapia Reiki, enquanto intervenção, na dor musculoesquelética e estresse em estudantes de enfermagem. **Método:** Estudo de intervenção, junto a 10 estudantes de enfermagem, utilizando-se instrumento para a caracterização socio-demográfica, Avaliação de Estresse de Estudantes de Enfermagem (AEEE), Autopercepção de estresse, Questionário Nórdico de Sintomas Osteomusculares (QNSO) e a Terapia Reiki como intervenção. Os dados quantitativos foram analisadas por meio do Pacote Estatístico para Ciências Sociais - SPSS, versão 17.0. E os dados qualitativos analisados por análise de seus conteúdos. **Resultados:** QNSO - A média pré-intervenção de 2,18 pontos, e após a intervenção 1,45 pontos de média; Autopercepção de estresse pré-intervenção média de 7,5 e após média de 5,7; AEEE - pré-intervenção intensidade de estresse Alta/Muito alta e após intervenção intensidade de estresse Média. **Conclusão:** Os resultados demonstram a influencia positiva da terapia reiki sobre a diminuição dos parâmetros alcançados, caracterizando-se como uma possibilidade de intervenção de enfermagem enquanto Prática Integrativa e Complementar em Saúde.

Descritores: Enfermagem; Toque Terapêutico; Dor; Estresse; Estudante de Enfermagem.

ABSTRACT

Objective: Describe the effect of Reiki therapy, as a nursing intervention, on musculoskeletal pain and stress in nursing students. **Method:** Intervention study, with 10 nursing students, using an instrument for socio-demographic characterization, Nursing Student Stress Assessment (AEEE), Stress Self perception, Nordic Musculoskeletal Questionnaire (QNSO) and Reiki Therapy as an intervention. Quantitative data were analyzed using the Statistical Package for Social Sciences - SPSS, version 17.0. Qualitative data was analyzed by analyzing its contents. **Results:** QNSO - The pre-intervention average of 2.18 points, and after the intervention 1.45 points of average; Self perception of pre-intervention stress average of 7.5 and after average of 5.7; AEEE - pre-intervention stress intensity High / Very high and after intervention intensity stress Medium. **Conclusion:** The results demonstrate the positive influence of reiki therapy on the reduction of the parameters reached, being characterized as a possibility for nursing intervention as an Integrative and Complementary Health Practice.

Descriptors: Nursing; Therapeutic Touch; Pain; Stress; Nursing Student.

RESUMEN

Objetivo: Describir el efecto de la terapia de Reiki, como intervención de enfermería, sobre el dolor y el estrés musculoesqueléticos en estudiantes de enfermería. **Método:** Estudio de intervención, con 10 estudiantes de enfermería, utilizando un instrumento para caracterización sociodemográfica, Evaluación de Estrés de Estudiantes de Enfermería (AEEE), Autopercepción de estrés, Cuestionario Musculoesquelético Nórdico (QNSO) y Terapia de Reiki como una intervención. Los datos cuantitativos se analizaron usando el Paquete Estadístico para Ciencias Sociales - SPSS, versión 17.0. Los datos cualitativos se analizaron analizando sus contenidos. **Resultados:** QNSO - El promedio previo a la intervención de 2.18 puntos, y después de la intervención 1.45 puntos de promedio; Autopercepción del estrés previo a la intervención promedio de 7.5 y después del promedio de 5.7; AEEE: intensidad de estrés previa a la intervención Alta / Muy alta y después de la intensidad de estrés de la intervención Media. **Conclusión:** Los resultados demuestran la influencia positiva de la terapia de Reiki en la reducción de los parámetros alcanzados, caracterizando-se como una posibilidad de intervención de enfermería como práctica de salud integral y complementaria.

Descriptor: Enfermería; Tacto Terapéutico; Dolor; Estrés; Estudiante de Enfermería.

ORIGINAL

Introduction

Reiki is a holistic therapy that deals with the biofield. It aims to reestablish the physical, psychological and emotional balance, presenting a significant integral action in health care, especially on the aspects of anxiety, depressive signs, stress, immune system, pain and systolic blood pressure levels.¹

This Complementary Therapy is premised on the idea that a professional trained to apply it has the necessary technique to channel the energy that flows over the environments and transfers it through the laying on of hands to the beneficiary, increasing their flow of body energy, in against departure, it also has the ability to dissolve energies said to be dense that promote obstructions that hinder its affluence.²

Reiki therapy has strong evidence on decreasing pain in various health conditions, shown in studies around the world. For example, a study carried out on cancer patients who underwent routine chemotherapy showed that the therapy was effective for significant pain improvement, with a decrease in the use of drugs and cost of treatment.³

Pain can be a return as a subjective phenomenon originated from a biological source and modifiable by psychological and social factors. This type of form is almost always present amid symptoms of illness, including, but not limited to, migraine, rheumatoid arthritis, cancer, fibromyalgia, herpes zoster and osteoarthritis.⁴

Specifically, persistent pain continues for a long period of time, usually over 3 months and is often associated with musculoskeletal disorders and other chronic conditions.³

Musculoskeletal pain may be associated with stress. One of the factors is the continuous contraction of areas of tension, the muscle fibers do not relax and this becomes a habit of the body itself.⁵

Stress can be defined as any internal or external stimulus that rates or exceeds an individual or group's sources of adaptation. And, in the stress process, the musculature becomes hypertonic and rigid, promoting the pain sensation.⁶

Considering that the academic environment, may incur stressful, threatening or challenging situations.⁷ This stress can be a causal factor or interfere with the appearance of musculoskeletal pain. In addition to what the student needs to deal with emotions and situations often never experienced before.

Stress in students can be associated with perceived stressors and health symptoms, mainly related to headache, depressed mood, difficulty concentrating and sleep disorders. These symptoms are usually triggered by excessive overload of daily activities.³

Nursing is a profession characterized by care and direct contact with people, bringing with it great responsibility for the health status of its patients, which reflects explicitly in the day-to-day work. Areas of activity so close to the population have given rise to several types of psychological disorders, such as Burnout Syndrome and other expressions of work-related mental disorders. It is extremely necessary to think about measures to manage the exacerbated stress produced by the daily service of these professionals, so that these conditions do

not lead to a decrease in their productivity and that there are no relevant rebound effects during the processes of assisting clients in hospitals.⁴

In 2006, the Brazilian Ministry of Health approved a National Policy on Integrative and Complementary Practices (PNPIC) in order to regulate, supervise, promote and report on practical practices adopted by SUS. The Policy cites Reiki as an effective health care practice for strengthening the human energy field, balancing the normal functioning of cells, eliminating toxins inherent to stress and restoring the flow of vital energy.⁸

According to Cofen Resolution No. 581/2018, Nurses have the right to specialize in various Integrative and Complementary Practices, including Reiki, and they can also structure their therapeutic project to a specific client using the practices in which they were trained.⁹

Among the Diagnostics created and structured by the professional category of Nursing, we have the "Imbalanced energy field", according to the nursing diagnosis of the Nursing diagnoses of the North American Nursing Diagnosis Association (NANDA), which presents some defining characteristics: Blocking the energy flow and Energy deficit in the energy flow, which are the main focus of Reiki Therapy.¹⁰ At the international level, we have "Energy Field, Interrupted" according to the International Classification for Nursing Practice (CIPE®).¹¹

Thus, it is possible to understand that, as Nursing diagnoses, the nurse has support for wide performance in this area.

The aim of this study was to describe the effect of Reiki Therapy, as a nursing intervention, on musculoskeletal pain and stress in nursing students.

Method

This is an intervention study, with 10 nursing students from a federal university in the southeastern region of Brazil, according to the inclusion criteria: being regularly enrolled, aged ≥ 18 years, who felt stressed and presenting some musculoskeletal pain. Those who underwent any complementary therapy on a regular basis or for a period of one month prior to data collection were excluded from the study.

The data collection instrument was composed of: a questionnaire for socio-demographic characterization; Nursing Student Stress Assessment (AEEE)¹², an instrument consisting of 30 questions, Likert type, in which zero correspond to "I don't experience", 1 to "I don't feel stressed with the situation", 2 to "I feel little stressed" and 3 correspond to "I feel very stressed with the situation"; Self perception of pain and stress, assessed by a ruler scaled from zero to 10, where the participants indicated when they perceived themselves with pain and stress, where 0 (zero) means no pain and/or stress and 10 is the highest value for the participant's perception of pain and/or stress; Nordic Musculoskeletal Questionnaire (QNSO)¹³, composed of 27 binary choice alternatives (yes or no), identifying the presence of pain or discomfort in body regions; intervention with Reiki Therapy, consisting of four individual sessions (average of 40 minutes each), carried out by the researchers (Reiki Level 3A), with the participants lying on a stretcher for greater comfort, with the measurement of vital signs (Blood Pressure - PA, Heart Rate (HR) pre and post-sessions to ensure the participant's safety. The instruments were applied before and after the intervention. In

addition, before the intervention, the participants received a diary to write down their experiences in front of the sessions. At the end of the study, the diaries were collected.

The participants' characterization variables, as well as the data related to pain and stress, will receive the statistical treatment of the data through the Statistical Package for Social Sciences - SPSS, version 17.0. The annotation diary allowed a better understanding of the evidence of the intervention being analyzed through the content of the responses.

Data were collected between the months of November / 2018 to April / 2019, and the study was duly approved by the Ethics Committee on Research with Human Beings, according to CAAE: 68974817.4.0000.5060.

Results

With regard to sociodemographic characterization, the participants were mostly female (80%); with an average of 20.4 years of age; single and without children (100%); non-sports players (60%); but with leisure practice (90%); living with friends (60%); with an average travel time of 42 minutes to reach the university; with an average workload of 417, 5 hours in the semester; reserving 1.7 hours for study; not participating in a study group (70%); not working (80%), but receiving a scholarship from the university (80%); satisfied with the course (80%), however, they have already considered quitting (80%).

Concerning the results of the QNSO, the average pre-intervention of pain intensity felt and perceived by the students was 2.18 points, and after the four sessions of Reiki Therapy, this score decreased to 1.45 points on average.

About the numerical scale from zero to ten for self-perceived pain and stress, for pain, the participants had a pre-intervention average of 7.85 points, compared to an average of 3.85 points post intervention. As for stress, participants had a pre-intervention average of 7.5 points, and after the intervention, there was a decrease to the average of 5.7.

Regarding the AEEE, Chart 1 shows the participants' stress intensity, considering the instrument's domains.

Chart 1 - Stress intensity by AEEE domains.

Domains (D)	Pre-intervention Score	Stress Intensity	Post-intervention Score	Stress Intensity
D1. Performance of practical activities	12.8	Moderate	12.1	Moderate
D2. Professional communication	7.1	High	6.5	Moderate
D3. Time management	13.2	High	12.3	Moderate
D4. Environment	6.4	Low	6	Moderate
D5. Professional Education	13.3	Very High	10.7	Moderate
D6. Theoretical activities	11.9	Moderate	11.2	Moderate

In Domain 3 - Time management, the question "I3 - Being out of social life brings feelings of loneliness" had the highest score on the instrument, being classified as the most stressful for students, pre-intervention it had a score of 2.8, while after intervention, it decreased to 2.1.

In relation to the annotation diary, the thematic categories emerged from the content analysis: "Sensations related to Reiki" and "Physical and psychic balance related to Reiki".

Regarding the thematic category "Sensations related to Reiki", the reports allow an inference that the therapy promotes sensations such as "relaxation", "tranquility", "comfort" and "well-being", which can be classified as positive feelings for the student, as follows in the excerpts below:

Student 1 - "... I felt calm and peaceful."

Student 2 - "... I felt everything, and I felt very relaxed."

Student 5 - "I confess that during reiki, I felt peace and tranquility, as if I forgot my problems at the moment."

However, in this category there was also a report of feelings of anguish, which has a negative connotation for the student, as follows in the description:

Student 7 - "... Continuing with the session, she put her hands on my neck, I started to feel an inexplicable anguish, as if I was very sad and I started to cry ... I didn't even know why I was crying. "

This speech can be understood as a release of emotions, which for Reiki, suggests a release of energy.² Regarding the thematic category "Physical and psychic balance", the reports described improvement in physical malaise, such as "pain", "nausea" and "indisposition", as exemplified:

Student 5 - "... I had a huge headache, which disappeared with the passing of the minutes."

Student 8 - "Before the session I was a little sick and by the time my nausea had ended. I believe that therapy has had a direct influence on this event.

"Student 3 -" The week after my second therapy was very quiet. I felt more willing than usual, in addition my migraine attacks subsided considerably. Not to mention my back pain. "

With regard to psychic balance, the reports describe the discharge of feelings, positive thoughts about life and yourself, as the examples attest:

Student 4 - "Today I woke up really well, for the first time in a month, I woke up ready to leave the house and make my commitments, something that didn't happen, because I was always unwilling to live that day."

Student 3 - "Today I had my first session and right after I left I felt a great urge to cry and unfortunately it was a cry of sadness, but I got better during the day and at the end of the day it was much better. When I left I felt a certain lightness, it was comforting. "

Student 7 - "After my third day of therapy, I was almost unwell. There were few days when I didn't want to leave the house, before I felt unwell every day. "

Based on these statements, it is possible to consider that Reiki Therapy has a suggestive relationship with the improvement of stress and pain parameters to the participants of this research.

Discussion

Complementary and Integrative Reiki Therapy has an action on pain, promoting its decrease or, in some cases, even eliminating that pain. This phenomenon can be explained by the energetic unblocking performed during a session, where the patient feels more relaxed and with less contracted body muscles.¹⁴

Considering the results obtained, it is possible to infer that Reiki positively affected the pain symptoms experienced by the participants. Chronic pain is any pain that lasts three months or more, and in some cases it can remain for the rest of your life.³ Reiki can be an essential tool for pain management, considering that in four sessions the participants showed improvement in the scores of the instruments used. Thus, if the treatment is with the use of prolonged and / or continuous sessions, it is assumed that there will be a decrease in pain levels, with a more tolerable pain threshold, and less affecting the emotional state and the performance of the individual's daily activities.

The development of stress occurs in two stages: the General Adaptation Syndrome (SAG) which is divided into three phases (Alarm, Resistance and Exhaustion) and the Local Adaptation Syndrome. During GAS, the body causes non-specific hormonal reactions in the search for homeostasis.¹⁵

The individual starts the stress process through SAG. When in the Alarm Phase or as we associate "Low Stress" you may experience headaches, hypertension, insomnia, muscle tension, gastrointestinal disorders, among other symptoms.¹⁵

If the individual is unable to overcome the stressor at this stage, as probably the case of most participants, the Resistance Phase begins or as we associate "Medium Stress", when hair loss, changes in appetite, social isolation and bruxism may occur, for example.¹⁵

When coping is not effective at this stage, the individual enters the Exhaustion Phase or as we associate "High Stress", where the symptoms of the Alarm Phase return as permanent changes and SAL begins, where the body's entire reaction is focused on an organ or system, giving rise to stress-related illnesses.

Considering the results obtained, both in the students' perception of feeling stressed, when the domains with High and Very high intensity of stress allow us to infer that the participants were in the Exhaustion Phase, in the personal limit between survival to the stress and emotional exhaustion incurring the risk of disease and that the intervention was effective in reducing this intensity.

Subsequently, the applications of Reiki Therapies resulted in a decrease of 5.7 in the perception of stress and a decrease in the intensity of stress in all domains, which allows the inference that the student perceived the improvement in his stress levels.

In relation to "Time Management" as a stressor, given the full course load and the need to carry out academic activities, you may incur a lack of time for physical activity, leisure and moments of rest. The hectic life, exhausting pace, lack of time to do something that feels pleasurable and use as an intervention to stress, inadequate nutrition and overcharging are fundamental factors in the development of stress. And the academic is surrounded by all these factors, since

the first contact with the university, with the full-time course, lifestyle and the imposed requirements are other stressors that culminate in the lack of moments of rest, away from socializing familiar and social, which leads to isolation.⁹

The use of the diary allowed the raising of questions related to the effect of Reiki on the increase of willingness and well-being, from which categories emerged that can be explained by the basis of the meaning of Reiki itself, which involves the transfer of energy from the practitioner to the practitioner. promoting healing and balance of the energy field that every living being has. Reiki is mainly used to deal with stress, anxiety and pain reduction, also promoting a sense of well-being, improving quality of life.¹⁶

For the nursing student, having received this opportunity to enhance their self-care and academic performance can be considered a valid and viable intervention, so that the afflictions suffered in the university environment were noticed and led to questioning before the research.

Reiki has a low applicable cost, it does not use materials for its execution, it is only necessary to grant physical space with a calm environment to better provide a successful experience with Therapy.¹⁶

Nursing, whose areas are numerous, has historically sought its autonomy, often seen in a wrong way, and has its own, regulated field, which allows professionals to know their limits and potential caregivers, in addition to reaffirming their technical-scientific knowledge. The Nursing process is an instrument that legitimizes the profession, allows Integrative Practices to be part of the therapeutic project planning process, thus placing nursing as a fundamental part for the client's improvement, further confirming its extremely relevant role for the institutions in which it is inserted.¹⁷

When we address the issue of comprehensive care, we can soon associate it with Nursing, considering it to be a broad-spectrum profession in the sense of caring, and understanding that nursing actions integrate technical and psychological and emotional responsibilities of its client, having enough time for the perception of imbalances in all these fields. It would be important for health services, especially at primary level, to have trained professionals in disease prevention and health promotion through Integrative and Complementary Practices, whose role is potentially fundamental.¹⁸

Regarding the limitations of the study. We pointed out the lack of time as the greatest difficulty for the composition of the sample, which reflects a full-time course. This limitation means that the results presented cannot be representative for other groups. Because of this, we also could not do a longer period of intervention, which we also consider to be limiting. However, they allow us to infer that Reiki is an effective possibility in the face of musculoskeletal pain and stress.

Conclusion

Reiki Therapy is considered a practice that requires minimal resources for its application, requiring only space and a qualified professional, that is, a low-cost therapy. It is effective for several health conditions, bringing more benefits than harm. The inclusion of this therapy in the academic environment can be a strategy for the care of nursing students, reflected in a quality of life superior to this student during the development of the undergraduate course, and may also have repercussions in other areas of life.

The results demonstrate the positive influence of reiki therapy on the reduction of the parameters reached, being characterized as a possibility for nursing intervention as an Integrative and Complementary Health Practice.

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