
Performance Brief:

Using Reiki to Support Surgical Patients

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ALTHOUGH alternative therapies have been available for centuries, it is only recently that health care practitioners have begun to acknowledge that, within the realm of tradition, there is room for previously frowned upon alternatives.¹ Many organizations today are exploring alternative therapies that can be offered in addition to traditional medical intervention. At Columbia/HCA's Portsmouth Regional Hospital (PRH), the therapy of Reiki is being offered to patients as an adjunct to their preoperative regimen.

Reiki (pronounced "ray-key"), meaning "universal life force," is a term used to refer to one's body energy. The underlying philosophy of Reiki is that the body retains the wisdom to improve significantly its own physical, mental, emotional, and spiritual condition. In stressful times, such as before a surgical intervention, if appropriately guided the body can call on that wisdom to support it through the procedure. Reiki is an ancient Buddhist practice dating back approximately 2,500 years. While not a religion, Reiki

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honors the spirituality of the Body-Mind-Spirit connection. In the hospital setting the term is now used to refer to a specific treatment or intervention.

In a Reiki treatment, which involves noninvasive healing touch, energy is transferred to the patient through the hands of the practitioner in a sequence of methodical positions. The goal is to restore the body's energy to a state of balance, thus enhancing the body's natural ability to heal itself. Reiki invokes a profound relaxation response that lowers blood pressure, heart rate, and pulse. It also helps patients reduce their stress levels preoperatively and induces a calming effect that has helped decrease the amount of pain medication required postoperatively at this hospital. In 1998 at PRH, more than 872 patients chose the 15-minute Reiki treatment to settle and center themselves both before and after surgery.

The concept of Reiki was well received by the chief executive officer of PRH when he was initially approached. He was interested in cooperating in the initiation of the proposed community effort to introduce practitioners and laypeople to the concept. With his support for space and time, the assistant director of surgical services, who is also a Reiki Master, set up and conducted more than 1,500 hands-on teaching sessions in the community. She then discussed bringing Reiki treatments into the hospital with the vice president for patient affairs. After a core group of professionals who understood and supported Reiki as a complementary treatment was established, approval from the operating room committee went smoothly. In April 1997 the option of a 15-minute Reiki treatment preoperatively began to be offered to all patients (except those of one physician, who requested that his patients not be involved) who preregistered for surgery.

Since the introduction of Reiki to the surgical population, several other developments

have taken place at PRH. In May 1998, practice guidelines and staff competencies were developed to support staff development and to ensure complete training of staff, consistency of treatments, and appropriate documentation. To meet the ever-growing demand for Reiki, a cadre of volunteers is presently being trained who will become Reiki treatment practitioners within the acute care setting. To preserve patient confidentiality, the volunteers will schedule and administer the treatment and then confer with the assigned nurse, who will document the completed treatment. Plans are also underway to introduce the concept of relaxation and the use of healing statements into the operative experience. Studies are being set up to begin to document the changes in use of pain medication and length of stay for patients who take advantage of these complementary treatments. This work has also resulted in the establishment of the Northern New England Complementary Care Consortium, which is fully supported by the New Hampshire Hospital Association. The consortium's goal is to bring complementary care modalities into the hospital setting with baseline standards and competencies and practice guidelines as well as insurance carriers' support for reimbursement.

Using the key steps of assessing organizational readiness, developing an educational plan, integrating alternative therapies into existing programs, and establishing a credentialing mechanism, this organization is now offering patients a helpful adjunct to their traditional medical regimens. The next step is to design, monitor, and evaluate the clinical outcomes.² Although this organization has anecdotally noted less usage of pain medication, shorter lengths of stay, and increased patient satisfaction, it will now begin documenting these phenomena while continuing to conceptualize additional therapies to introduce.

REFERENCES

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