
Each Moment of Touch

Cheryl Brill and Mary Kashurba

Transitioning hospitals from cold, detached, clinical institutions to centers of warmth, light, and healing begins with small purposeful steps. Embracing concepts and methods designed to reconnect the care provider with the patient on a humanitarian level is an excellent start. Reiki (pronounced Ray-Kee), a type of touch therapy, is an excellent method to purposefully reestablish caring as a critical factor in a medical system overwhelmed with machines and technology. Reiki is easy to learn and can be performed by any health care practitioner in any health care setting. It is an excellent method of expressing a caring concern for patients by encompassing presence, listening techniques, and touch. Key words: *benefits of Reiki, Reiki, starting a Reiki Program*

One of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is caring for the patient.

F.W. Peabody^{1(p.877)}

TRANSITIONING HOSPITALS from cold, detached, clinical institutions to centers of warmth, light, and healing begins with small, purposeful steps. Embracing concepts and methods designed to reconnect the care provider with the patient on a humanitarian level is an excellent start. Health care providers can develop, nurture, and sustain a healing relationship with patients by purposefully expressing genuine human caring. Caring can be expressed using many diverse and unique approaches including presence, listening, and touch.

A fundamental method of expressing a caring attitude is through presence. A willingness to simply be with a patient—not being there to perform a specific medical function but just to be present—transcends language, religious, and cultural barriers. Sitting at a patient's bedside or being present

during a painful procedure can provide immense comfort.

Another basic way of expressing caring is by listening—not just asking patients for their medical history but truly listening to what they have to say. A deep sense of caring is expressed in listening nonjudgmentally to a patients' beliefs, fears, and hopes.

Touch is another method for expressing caring. In a medical setting most patients come to associate touch with fear and pain, since touch is used in the performance of painful or uncomfortable medical procedures. A simple touch, offered in a compassionate manner by a health care professional and not in the context of any medical procedure, is experienced as an act of deep caring

Cheryl Brill, RN, MPM, Reiki Level II, is Vice President of Operations and Planning, Somerset Hospital, Somerset, Pennsylvania.

Mary Kashurba, MD, Reiki Master, is Medical Director of Skilled Nursing and Rehabilitation Services, Somerset Hospital, Somerset, Pennsylvania.

*Nurs Admin Q. 2001, 25(3):8-14
© 2001 Aspen Publishers, Inc.*

An institution that can assist its staff in developing these key elements of caring can truly put the care back into health care.

by the recipient. An institution that can assist its staff in developing these key elements of caring can truly put the care back into health care.^{2(p.95)}

As a type of touch therapy, Reiki (pronounced Ray-Kee) is an excellent method to purposefully reestablish caring as a critical factor in a medical system overwhelmed with machines and technology. Reiki is easy to learn and can be performed by any health care practitioner in any health care setting. It is an excellent method of expressing a caring concern for patients by encompassing presence, listening techniques, and touch.

Defining Reiki

The concept of a life force energy is recognized in many cultures throughout the world. It is known in Islamic countries as *Barraka*, in China as *Ch'i*, and in Japan as *Ki*. The word *Reiki* is derived from the Japanese *Ki*.^{3(p.16)}

Ancient civilizations understood that this life force energy flowed through the body supporting optimal development and fulfillment.^{2(p.1)} Not having an equivalent word for this energy in our culture creates a challenge to measure and validate this energetic phenomenon.^{2(p.2)}

According to Barnett and Chambers, "Reiki is a precise method for connecting this universal energy with the body's innate powers of healing. Rediscovered in the mid-

1800s by Dr. Mikao Usui, a Japanese monk educator, Reiki's origins are found in the Tibetan sutras, ancient records of cosmology and philosophy. This hands-on healing art, a powerful adjunct to conventional therapeutic modalities, fuels the body's homeostatic mechanisms and thereby assists in the restoration of balance on the physical, mental and emotional levels."^{2(p.2)} Reiki has also been defined by Stein as "a laying on of hands touch healing system of incomparable ease and power."^{3(p.8)}

Most individuals can recall an experience involving a touch offered and received in a therapeutic manner. Perhaps it was your mother's hand lying gently on your forehead when you were sick or someone holding your hand during an emotional crisis as a comfort measure. Reiki can reawaken our natural tendency to offer a physical gesture of comfort or calming to someone in passing or to someone in great distress.

The essential vehicle of Reiki is touch applied wherever and whenever appropriate.^{2(p.3)} Once an individual is attuned as a Reiki healer, she becomes a channel for the universal healing energy.^{3(p.17)}

Benefits of Reiki

Benefits from developing and implementing a Reiki program begin with the inception of the program. Individuals involved at the start are energized and motivated by the program's intent of focusing on caring and healing. Reiki acts as a vehicle to return caregivers to their roots of caring. Implementing a program in a planned fashion enables developers and participants to consciously build a system of communication through touch.

Reiki is a planned departure from the isolation of technology and a return to therapeutic, physical contact. Employees participating in the training begin to immediately recognize the broad application of Reiki techniques within their job parameters and on a personal level.

There are various techniques for applying Reiki. Barnett describes self-Reiki as "an effective method for centering yourself. If you find yourself feeling upset, angry, or afraid, a few minutes of Reiki helps you feel calm, confident and strong. Reiki helps you take care of yourself in order that you can take care of others."^{2(p. 36)}

Co-workers can offer Reiki to one another as a coping mechanism during a busy day. Pausing for a few minutes during the frantic pace to exchange a moment of Reiki can calm and relax the staff, thus enhancing their ability to meet patient needs.

If you have been a patient in a hospital or had a family member that was hospitalized, you understand firsthand the isolation and vulnerability a patient experiences. Incorporating Reiki into the typical roster of patient-related tasks results in a positive outcome for the patient and the caregiver. According to Barnett, "Reiki induces the relaxation response and a deep state of relaxation acts through the autonomic nervous system to lower blood pressure, lower heart rate, and to relieve tension."^{2(p. 5)}

Benefits observed by co-author Dr. Mary Kashurba include promoting wound healing, decreasing fracture healing time, and decreasing pain. Studies conducted on the use of Reiki in reducing anxiety in adults and children and in reducing pain in burn patients indicated positive results.^{4(p. 70)} Also, in citing the results of a study on 20 volunteers

experiencing pain at 55 sites for a variety of reasons, including cancer, Petry found that Reiki treatments resulted in a highly significant ($p < .0001$) reduction in pain.^{4(p. 70)}

Application and Integration of Reiki in the Clinical Setting

Integrating Reiki into a clinical setting is simple and easy. Reiki is performed using a very light touch to the patient and a full treatment session involves the placement of the hands systematically over multiple areas of the body. Alternatively, a short, mini-session involving touch to any easily accessible part of the body can also be administered with positive results. The relaxation benefits of Reiki can be directed simply by holding the patient's hand or by offering a reassuring touch on the patient's shoulder. If it is not possible to directly touch the patient, Reiki can be done with the hand several inches above the body. This is suitable in patients who are not able to tolerate a touch, as in the case of severe burns, tender intravenous catheter sites, or if the patient has a cast. A practitioner can offer Reiki during any examination or treatment procedure, for example, while taking a blood pressure, inserting an intravenous catheter, changing a dressing, or giving a bath. Reiki has been done in preoperative and postoperative areas to decrease anxiety and in postoperative areas to decrease pain.

In an obstetrical setting, Reiki can help decrease anxiety and therefore discomfort during labor. Reiki is well received when offered to children and can be used to reduce anxiety, pain, and fever in pediatric settings. Reiki is particularly useful in the hospice setting. By helping to calm the patient it can reduce the

need for pain medication. Reiki can also be used to treat family members who are coping with the stress of having a loved one suffering from the effects of a cancer diagnosis. Reiki can also be taught to family members so they can offer the patient a treatment and thereby more actively participate in the care of the patient. Reiki provides the family with a tangible method to actively express their care and concern for the patient.

The Patient Experience

Let's follow a patient through a typical hospital admission experience, first without the influence of Reiki and then with a look at how the hospital experience would be enhanced if the patient encountered staff trained in Reiki.

Mrs. Walker's family physician sent her to General Hospital to be admitted to evaluate and manage her increased difficulty in breathing and to evaluate her elevated temperature. Mrs. Walker presented to the Admissions Office and provided all the necessary information to the admissions clerk. The admissions clerk was efficient and professional and entered the details of Mrs. Walker's demographics into the computer. Mrs. Walker was taken to her room, in a wheelchair, by an escort. She waited 15 to 20 minutes and a nurse entered the room and asked her to change into a patient gown. The nurse returned and completed a series of tasks on Mrs. Walker, including taking her blood pressure and temperature and asking Mrs. Walker about her past medical history. The nurse was professional, efficient, and pleasant.

Mrs. Walker was hospitalized for four days and during the course of her stay encountered staff from radiology, laboratory, housekeeping, dietary, nursing, the business office, social service, pastoral care, respiratory, and physical rehabilitation. General Hospital is a small community facility, so Mrs.

Walker did not encounter any medical residents. She was visited by her attending physician and the pulmonary specialist who was consulted. Upon discharge, Mrs. Walker's breathing had improved and her temperature was near normal.

Sounds like a reasonable hospital experience with positive clinical outcomes, right? Well, let's take another look at Mrs. Walker's admission to see how Reiki could enhance the experience.

Mrs. Walker presents to the Admissions Office and Sally, the admissions clerk on duty who has been trained in Reiki, welcomes Mrs. Walker by gently taking her hand and explaining what they need to accomplish together to complete the admission process. Sally holds Mrs. Walker's hand for a few minutes, offering comfort and reassurance through touch. Once the information is compiled, Sally calls the escort to transfer Mrs. Walker to her room.

Dorothy, also trained in Reiki, arrives a few minutes later with a wheelchair. She helps Mrs. Walker into the chair, asks her if she's comfortable, and explains where they are going. Dorothy allows one hand to touch Mrs. Walker's shoulder while she is pushing the wheelchair, a purposeful moment of touch. Dorothy helps Mrs. Walker sit on the side of the bed and proceeds to the nurses' station to inform the assigned nurse, Mary, of Mrs. Walker's arrival.

Mary, who (you guessed it) has also been trained in Reiki, enters Mrs. Walker's room, introduces herself, and touches Mrs. Walker gently on the shoulder and offers to help her to change into her pajamas or hospital gown. Mary asks Mrs. Walker if she has any questions and proceeds to explain the events forthcoming.

Throughout the assessment and admission process, Mary performs her duties focused on creating a positive and caring environment for Mrs. Walker. By using each moment of touch to demonstrate compassion and concern, Mary completes her actual tasks but also leaves Mrs. Walker feeling

less alone and less vulnerable. Mary also takes the time to sit for a few minutes and listen to concerns or questions Mrs. Walker may have. Part of the admission process in the patient's room includes carrying out the physician's orders. Mary explains the orders to Mrs. Walker and addresses her difficulty breathing as a top priority by connecting her to oxygen. By offering touch in a therapeutic manner, Mary also helps reduce Mrs. Walker's anxiety level, which also helps slow her somewhat labored breathing.

Imagine the experience from the patients' perspective, if everyone encountered during a hospitalization approached them not only with the usual roster of important medical tasks but also with the intent to understand and allay concerns, fears, or anxieties they may be experiencing. Of course there will always be crises and emergencies that take clinical priority, but if we as providers increased our focus on the nurturing and caring aspects of providing care, the benefit to the patient and to the caregiver would be a richer, more rewarding clinical experience.

Clinical Case Examples

The following case examples are presented based on the practice of Dr. Mary Kashurba, the co-author of this article.

Mr. P. is a 68-year-old man with a diagnosis of metastatic lung cancer. He presented with significant spinal metastasis in the thoracic area requiring spinal stabilization with Harrington rods. Mr. P. was suffering from back pain and was bothered by a cold sensation in his legs and feet. Mr. P. received his first Reiki treatment as an inpatient during his first round of chemotherapy. He later received five additional Reiki treatments, at home, during the course of his chemotherapy.

Throughout the chemotherapy treatment period, Mr. P. had no nausea and no hair loss. He reported with each Reiki treatment a profound sense of relaxation and he slept restfully for portions of each session. Mr. P's lung nodules responded much more quickly and more completely than his physicians had expected with the chemotherapy alone. Mr. P. was very pleased with the sensation of warmth that he had in his legs and feet with each Reiki session. He reported that this warmth continued for the rest of the day after each Reiki session. Mr. P's wife was also treated on one occasion at her request with Reiki. Both Mr. P. and his wife reported a sense of decreased anxiety following Reiki, and Mr. P related an overall sense that the Reiki treatments helped to support him throughout the cancer treatment process.

Mr. D. is a 54-year-old man who suffered a traumatic work-related amputation of the distal portion of his left thumb. This involved a distal phalanx fracture. The distal portion of the thumb was surgically reattached. He was seen for follow-up treatment in the occupational medicine department. On the first visit, the distal portion of the thumb appeared to be necrotic and the entire reattached portion was black. Mr. D. was seen every other day in the clinic and his dressing was changed. He also received Reiki during these sessions, throughout the examination and dressing change. Over time, the reattached portion became pink and there was total success in salvaging the distal portion of Mr. D's thumb.

Mr. W. is a 36-year-old man with a traumatic amputation right below the knee. Mr. W. presented with difficulty with prosthetic training due to severe phantom pain. Mr. W. was treated on several occasions with Reiki, for very short periods of time during the examination of the stump and during prosthetic training. Mr. W. was given instructions in using Reiki to treat himself for the phantom pain. He reported excellent success in using Reiki to relieve his phantom pain and has since progressed to have functional use of the prosthesis.

Starting a Reiki Program

The first step in beginning a Reiki program in your organization is to find an individual trained as a Reiki master. If you do not already have a Reiki contact, sources to consider include the Internet or a holistic or alternative medicine center in the community. In addition, the books cited in the reference list of this article provide a good source of information.

Once you identify a Reiki master, meet, discuss, and develop the objectives of the program. The specific objectives will be shaped by the culture within your organization. Questions to ask and answer include:

- What aspect of Reiki has the greatest likelihood of being accepted?
- What aspect of Reiki, if any, would be a barrier in implementation?
- What department or group within the organization is the most likely to embrace the concept?
- What is the perspective of the medical staff leadership on Reiki?
- Can you identify a representative from administration and from the medical staff to serve as a champion for Reiki?

Once you have established your program objective and targeted a starting group or department, you should then develop an introductory flyer describing the process and benefits of Reiki. Use the brochure to invite employees in the target department to attend a Reiki training session. Hold the first session and provide the participants with a formal mechanism for feedback on the experience. The information obtained from the participants will help you modify and enhance the program for future classes.

At the end of the training session, spend time with the participants discussing how to apply and utilize Reiki in their particular work setting. After a two- to four-week period, conduct the second-level session with the original group. As soon as a core group of employees has been trained, develop a brochure for patients inviting them to ask for a Reiki session. Identify a location or an individual in the hospital to serve as a contact for the staff to call to access a staff member trained in Reiki. The internal contact needs to maintain a current list of Reiki-trained employees interested and willing to visit patients upon request.

The final step in implementing the program is to track and report outcomes. Expected outcomes could include but are not limited to the following:

- Increased patient satisfaction
- Increased staff satisfaction
- Increased physician satisfaction
- Decreased length of stay

A process for monitoring and measuring outcomes needs to be organization specific and tied to the program objectives. It is important to present the outcome information to the appropriate forums in your organization, including the executive committee of the medical staff, members of department leadership meetings, and the hospital board, under clinical program enhancements.

Summary

Nurse leaders are positioned to guide their organizations in taking the first small step toward the creation of a healing environment. Reiki is an excellent vehicle to utilize in beginning the journey. The patient experience

today is accelerated, efficient, and often emotionally and spiritually unsatisfying. As care providers we can maximize each literal moment with the patient by engaging in purposeful acts of caring. In the words of Deepak Chopra, "We are travelers on a cosmic journey—stardust, swirling and dancing in the eddies and whirlpools of infinity. Life is eternal. But the expressions of

life are ephemeral, momentary, transient. We have stopped for a moment to encounter each other, to meet, to love to share. This is a precious moment, but it is transient. It is a little parenthesis in eternity. If we share with caring, lightheartedness, and love, we will create abundance and joy for each other. And then this moment will have been worthwhile."^{5(p. 11)}

REFERENCES

1. F.W. Peabody, A medical classic: the care of the patient. *Journal of the American Medical Association* 88 (1927): 877-882.
2. L. Barnett and M. Chambers, *Reiki Energy Medicine* (Rochester, VT: Healing Arts Press, 1996).
3. D. Stein, *Essential Reiki: A Complete Guide to an Ancient Healing Art* (Freedom, CA: The Crossing Press Inc., 1995).
4. J.J. Petry, "Surgery and Complementary Therapies: A Review," *Alternative Therapies in Health and Medicine* 6, no. 5 (2000): 64-76.
5. Deepak Chopra, *The Seven Spiritual Laws of Success* (San Rafael, CA: Amber-Allen Publishing, 1994).