



Original Article

Building a Reiki and Healing Touch volunteer program at an Academic Medical Center

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ABSTRACT

As the patient experience gains more attention, hospitals are responding by offering a broader range of options to support patient health and healing. One type of integrative therapy is biofield therapy or energy-based therapy and includes practices of Reiki and Healing Touch. At 1 large Midwest medical center, a small group of care providers came together to address increasing patient interest and requests for Reiki and Healing Touch. The group developed a volunteer program in response. The purpose of this article is to outline the background, development process, and experiences with establishing a medical center's Reiki and Healing Touch volunteer program.

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1. Background

The patient experience is gaining much attention in health care today. However, creation of caring environments for patients and families to provide the best medical care and promote healing can be a challenge. Many hospitals are looking at a broader range of options to help support the patient experience, health, and healing, including integrative medicine therapies. In the latest American Hospital Association survey in 2010 [1], approximately 42% of the 714 responding hospitals were incorporating integrative medicine therapies into the hospital setting. The top modalities offered included pet therapy, massage, music/art, guided imagery/relaxation training, and Reiki/Healing Touch (HT). A national survey conducted in 2007 by the National Center for Complementary and Alternative Medicine showed that approximately 1.2 million persons in the United States had received an energy-based healing therapy in the previous year [2]. Both Reiki and HT provide a caring presence, quiet time, and gentle touch in an otherwise busy and technical health care environment. The purpose of the article is to outline the process for development of a Reiki/HT volunteer program at our institution (Figs. 1 and 2).

Abbreviations: CPC, Clinical Practice Committee; HALT, Hospital Administrative Leadership Team; HT, Healing Touch; IMOG, Integrative Medicine Oversight Group.

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Reiki and HT are energy-based healing modalities and classified as *biofield energy* therapies by the National Institutes of Health's National Center for Complementary and Integrative Health. *Reiki* comes from the Japanese words *rei* and *ki*, which mean spirit and life force energy. Reiki training involves teaching practitioners to provide techniques of hands on or slightly off the body for accessing energy fields in and around the body. HT is rooted in nursing practice. Through this therapy, practitioners use their hands or light touch along with caring, intentional presence to support and facilitate the patient's own health and healing. Both Reiki and HT influence the human energy system that surrounds the body and the energy centers associated with the physical body. These noninvasive techniques use the hands and techniques to clear, energize, and balance the human and environmental energy fields. The goal of Reiki and HT is to restore balance in the energy system and promote relaxation, thus providing the patient the opportunity to heal. Reiki and HT have roots in ancient medicine and often are discussed in education for modern medical practices, such as nursing and massage therapy. Reiki and HT benefits mentioned in the literature include relaxation, pain relief, physical healing, reduced emotional stress, and greater spiritual awareness [3–6]. At our institution, the impetus for initiating a Reiki/HT volunteer program was largely to meet the increasing patient demand and interest in the therapy. This medical institution is a large academic tertiary medical center in the US Midwest. There are 2 main hospital sites in the Midwest with more than 1200 hospital beds and an outpatient clinic at its main campus. This

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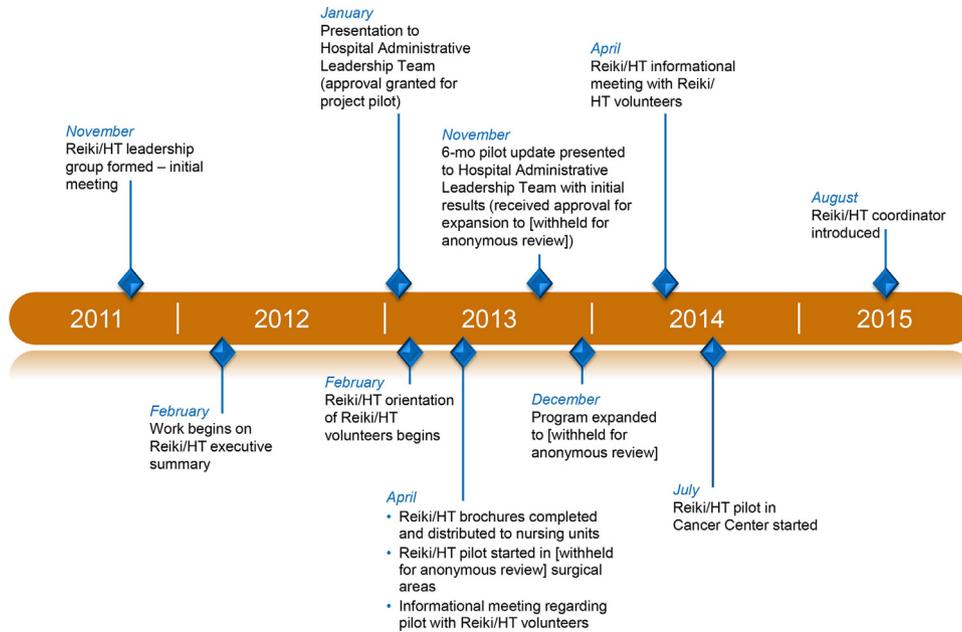


Fig. 1. Reiki/HT Program Development Timeline. HT indicates Healing Touch.

medical institution has 2 other main campuses in 2 other states and smaller facilities that make up the health system.

2. Identifying the need

For several years, a small group of nurses trained in either HT or Reiki offered to see patients who occasionally requested these services across the medical center. In the past 5 years, requests for these energy-based therapies have increased as patients have become more knowledgeable about them. A separate group of trained practitioners and program leaders in integrative medicine discussed options to address the increasing patient requests. A literature review and a benchmarking with various external medical facilities found that other medical centers were able to successfully develop volunteer programs as a means to provide Reiki and HT to patients and their families and, potentially, to

health care staff [7]. According to research listing with the Center for Reiki, research findings show promise toward the alleviation of pain, depression, and anxiety management in patient care [8]. A literature review of randomized trials of the effect of Reiki on pain and anxiety in adults found that in the 7 articles that met the inclusion criteria, evidence showed that Reiki therapy was effective for pain and anxiety but that continued research with larger samples is recommended [9]. The HT program also has a research site that summarized the research and evidence based for HT [10]. There is a growing base of evidence for both Reiki and HT that includes research studies and clinical observation. There is also recognition that patient preference for these services is growing.

3. The plan

The first step in developing a Reiki/HT volunteer program was to bring together champions from the Complementary and Integrative Medicine program, from Volunteer Services, and among nursing staff with training in either modality. These persons made up the executive planning team. The team consisted of a clinical nurse specialist for integrative medicine, an integrative medicine coordinator, 2 volunteer program coordinators, a physician with Reiki training, a Reiki master trainer, a volunteer certified in HT, an HT educator, and 2 other clinical nurse specialists with training in Reiki or HT, or both. The executive planning team members met to develop the vision for the Reiki/HT volunteer program that would respond to all patient, family, and staff requests. The volunteer coordinators were interested in partnering with the executive planning team to help provide the initial entry point for volunteers in a program. The hospital volunteer program within Volunteer Services already had a well-established process for developing programs that accessed volunteers to provide services to patients [11]. This established program would create a central home base and oversight for persons trained in either Reiki or HT who were interested in becoming a volunteer. The program also had an established process that included a background check, verification of immunizations, and a review of hospital policies and requirements of a volunteer.

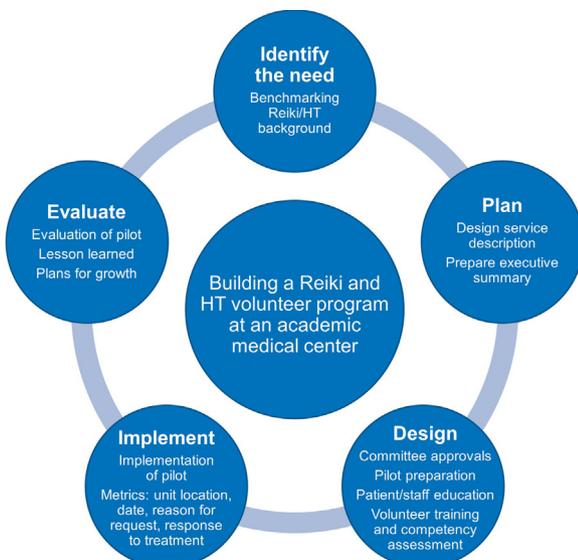


Fig. 2. Building a Reiki and Healing Touch (HT) Volunteer Program at an Academic Medical Center.

The next step was to develop a service description containing program details that would be reviewed and approved by the volunteer coordinators, the executive planning team, and hospital leadership. The service description covered requirements for training, requirements to become a volunteer, and details for oversight of the program. Other documents that were developed included forms for volunteers to record patient visit and volunteer hours. The team developed additional flyers describing Reiki and HT that were shared with patients and staff and a flyer describing the process to become a Reiki/HT hospital volunteer.

When the executive planning team identified Reiki and HT as additional therapies to offer through the Hospital-Based Healing Enhancement Program, it decided to create an executive summary. The summary was necessary to identify the opportunities, competitive advantages, proposed model, benefits to patients, and tracking mechanisms for various practice and leadership committees to review and approve. The summary outlined the mission statement; the program coordination and supervision through collaboration between the institution's Volunteer Services and the Complementary and Integrative Medicine program; service requirements; standardized levels of training and process for providing these services; data collection for services provided and patient satisfaction outcomes; and costs of program implementation.

4. The design

The first committee to review the completed executive summary was the Integrative Medicine Oversight Group (IMOG). The IMOG is a multidisciplinary group with expertise in integrative medicine designed to ensure uniformity of practice across the institution, review new practice projects, and submit recommendations to the Clinical Practice Committee (CPC) for final consideration. On review of the executive summary, the IMOG enthusiastically supported and approved offering Reiki and HT. The CPC also endorsed this offering and recommended final approval from the Hospital Administrative Leadership Team (HALT). The HALT reviewed and endorsed the program and recommended beginning a Reiki/HT pilot program at our institution. The HALT also asked for a 6-month update after the pilot's launch.

To facilitate the success of the program, pilot inpatient nursing units were identified and education was planned for the team members aligned with these nursing units. Units were chosen on the basis of past patient requests for energy-based healing modalities; nursing leadership support at the local nursing unit also assisted in determining the pilot sites (Box 1).

Clear and concise education and communication regarding Reiki/HT practice was recognized as an instrumental step in the pilot. The executive planning committee developed an educational module for nursing staff, for presentation at unit team meetings (Box 2). Communication was provided to each of the medical directors of the various nursing units in the pilot. This communication included standard written information to the medical directors, as well as presentations to various physician practice committees (Box 3).

5. Implementation of the pilot

The pilot began in spring 2013 with 12 Reiki and HT volunteers. All volunteers needed certificate proof of Reiki or Healing Touch Level 1 and Level 2 training. The volunteers were interviewed by the volunteer program coordinator and members of the executive planning team who were trained in either Reiki or HT. Volunteers were required to go through the volunteer onboarding process. This included Health Insurance Portability and Accountability Act and infection control training and other requirement such as vaccination verification. These requirements are reviewed and updated annually. The volunteers were also required to demonstrate how they would approach a patient and offer the services. An assessment of the Reiki and HT skills checklist was also completed and signed by trained members of the executive planning team. Ten volunteers were nurses, 1 was a physician, and 1 was a previous patient.

A Reiki/HT volunteer tracking tool was used to assess and track the patients' level of pain, anxiety, fatigue, nausea and vomiting, and relaxation before and after the treatment. This tool did not include any patient identifiers but was used to collect data on

- Patient location during pilot care
- Date of visit
- Reason for request
- Patient response to treatment

Verbal consent was obtained from the patient or the patient's family, or both. Staff consultation occurred to ensure that this process did not interrupt patient schedules. Since this was a volunteer service, precautions were taken to keep patient data de-identified. Patients who participated in this pilot shared their comments, some of which are featured in Box 4.

6. Evaluation of the pilot

After completion of the pilot offering Reiki or HT services to a few surgical units, the data were reviewed and evaluated. The requests came from nursing staff, primary service, and patients. Over the 6-month pilot, 133 unique patients were seen, with several patients receiving multiple treatments, for a total of 144 Reiki/HT visits. The primary indications for treatment requests were pain, anxiety, nausea, and sleeplessness (Table 1).

These data were then presented to the HALT, which supported program growth to other units and other associated hospital settings. The program then needed to be advertised to all nursing units. Several strategies were used to provide this information, including an online nursing newsletter, flyer distribution, and inclusion of the Reiki/HT volunteer program information in a brochure that highlighted all offerings of the Complementary and Integrative Medicine Program and the Volunteer Services' healing enhancement program.

To make this new healing enhancement service visible to the health care staff for continuous awareness, several strategies were used in addition to those mentioned earlier. Additional educational

Box 1. Nursing Units in the Pilot of Reiki and Healing Touch Therapy.

General surgery
Colon and rectal surgery
Plastic and regenerative surgery
Hematology
Kidney and liver transplant

Box 2. Educational Content on Reiki/HT Therapy for Nurses at Point of Care.

- Definition of Reiki/HT therapy
- When Reiki/HT therapy might be useful for a nursing unit's patient population
- How to request the therapy for a specific patient in a pilot medical unit
- Role of the Reiki/HT volunteer
- Nursing role during pilot for documenting in electronic health record the patient's response to treatment

Abbreviation: HT, healing touch.

Box 3. Communication to Physician Practice Committees About Reiki/HT Therapy.

- Definition of Reiki/HT therapy
- Potential benefits for patients
- Other prestigious hospitals and clinics that offer Reiki/HT treatments
- Proposed process to bring Reiki/HT therapy to patients at point of care
- Abbreviation: HT, healing touch.

Box 4. Patient Comments of Reiki and Healing Touch Pilot Program.

Relaxation comments

- "I am so relaxed."
- "This is very relaxing. I can feel the heat from your hands."

Pain comments

- "Pain is way down."
- "I could feel the pain beginning to relieve in my neck."

General comments about the experience

- "I am so happy that someone sent me an angel."
- "It's wonderful—I feel so good."
- "I am amazed, and it was so easy to work with you."

materials included expanded descriptions of Reiki and HT. An overview of these therapies' descriptions and the program was published on the Department of Nursing intranet page, as well as the Volunteer Services Web page. Nursing staff on inpatient units who were not included in the initial pilot were introduced to both therapies through presentations and hands-on demonstrations, with positive results.

The volunteers are passionate about their work with the patients. They have a sense of gratitude for witnessing the patients' journeys and of helping others through their volunteer services. This passion was reflected in their follow-up comments (Box 5).

Table 1
Primary Indications for Treatment Requests of Reiki/Healing Touch Therapy in the Pilot Program.

Indication	Patients, No. (N = 133)
Pain	83
Anxiety	31
Nausea	11
Restlessness/sleep	8

7. Lessons learned

Soon after program implementation, the team realized the need to recruit additional volunteers to meet the growing demand for the therapies. An announcement about the Reiki/HT services offered to patients and a call for volunteers was shared in a weekly informational email that went to all nursing staff. Additional volunteers were recruited through word of mouth and through referrals from Reiki and HT practitioners and teachers locally. Many of the volunteers were health care professionals employed by our institution, but persons from other lines of work were represented as well. The volunteers included nurses, clinical nurse specialists, pharmacists, education specialists, informational technology, and lay persons. Within 16 months, 15 volunteers had logged more than 300 treatments.

As the Reiki/HT volunteer program progressed, success was gained through several avenues. In the process, a dedicated team of champions was involved and included several clinical nurse specialists, a coordinator in the Complementary and Integrative Medicine program, the coordinator for the auxiliary and Volunteer

Box 5. Comments of Reiki and Healing Touch Volunteers in Pilot Program.

- “The reasons I volunteer include I want to be of service to others, especially those who are experiencing pain, anxiety, nausea, or just general unrest. There is a level of self-satisfaction to see the pain number decrease, the anxiety number decrease, or just see someone relaxing and falling asleep.”
- “As a Reiki volunteer, I am humbled as I enter another person’s life journey. I am thankful that I am able to contribute to the journey.”
- “Being a Reiki volunteer gives me a sense of purpose. It is very humbling to witness the amazing healing journey so many of our patients are experiencing. Their strength and positivity in the face of adversity and anguish are nothing short of miraculous. To be able to offer them my time, compassion, and a few moments of quiet serenity is a gift for which I am truly grateful.”

Services, and employees and volunteers who had a vested interest in the use and practice of Reiki and HT. This team met monthly to evaluate several program aspects, including the progress of enrolling qualified volunteers into the program, modifying the patient charting tool, and reviewing obstacles or concerns occurring within the practice. These meetings led to a discussion about the current and future practice of Reiki and HT in the academic setting (Box 6). One lesson learned from the discussion was that family members and other caregivers may also benefit from this program.

As the program further progressed, the team identified a need for consistent practice guidelines surrounding Reiki and HT. Thus, the team decided to meet with the volunteers on a semiannual basis to ensure that consistent language and proper standard precautions were being used. The volunteers were encouraged to limit discussions of the treatment to the patients’ goals, language, and belief systems regarding these therapies and to use the written materials to help explain the background and benefits of the therapies, to help alleviate any misunderstanding.

There is a need to continually recruit volunteers and have local training programs to ensure adequate volunteers to meet a growing demand for these services. Having regular recruitment meetings with potential volunteers to provide information regarding the process for becoming a volunteer and to guide them to training options is important. Those volunteers who are not familiar with a medical environment may need guidance and assurance with how to offer these services in the hospital environment. This may include more shadowing time with persons that have more experience providing the service.

Through volunteers’ engagement with this program, patient requests revealed the need for Reiki and HT in the outpatient chemotherapy unit. Patients were requesting these therapies before, during, and after chemotherapy treatments. Patient feedback and comments were positive, with many patients sharing their gratitude with the volunteers and their clinic services for helping to reduce their anxiety and enabling them to relax during treatments.

In addition to the outpatient chemotherapy unit, the Cancer Center for patient education inquired about additional opportunities to offer treatments to patients on a walk-in basis. Patients visiting the center were provided informational brochures on Reiki and HT and were able to schedule sessions directly through the Cancer Center. Sessions were offered 1 morning per week for a trial period of 3 months. The positive patient and family response has facilitated this arm of the program to continue its sessions on an ongoing basis.

As the program developed, awareness grew that other institution locations were offering Reiki and HT as a complementary service to all inpatients (medical, surgical, and obstetrics and gynecology patients; pre- and postsurgical patients; and infusion patients). At 1 location, staff members with training in Reiki or HT, or both, offer services to home care and hospice patients within their community. This program has had an excellent response from patients and volunteers. This continued awareness offered an opportunity to collaborate and share processes and to explore mechanisms to evaluate all programs.

Envisioning the future state of the volunteer Reiki/HT program, the team identified the importance of maintaining the oversight leadership group, as well as the potential research opportunities.

Box 6. Initial Program Challenges and Team Response.

Program development challenges

- Staff knowledge of Reiki and Healing Touch (HT)
- Volunteer initial training and skill variability
- Increasing requests for Reiki and HT

Executive planning team response

- Provided education for staff on the background and research for Reiki and HT, with demonstrations
- Organized meetings with volunteers to develop a standard process to provide Reiki and HT developed a skills assessment process
- Developed a flyer to advertise the process for becoming a Reiki or HT volunteer program
- Created a coordinator position to help support the process of onboarding volunteers and to respond to the increasing request for Reiki and HT volunteer visits

The oversight leadership group's focus is to address practice concerns and to assess skill level of incoming volunteers.

8. Future directions

With the growth of the program, including increased requests and the possible expanse of the services, the need for a Reiki/HT coordinator became apparent. In reviewing the experience of other volunteer programs within the institution, the executive planning team determined that the coordination of requests and volunteers for Reiki/HT treatments might fit well with the structure of the Caring Canines program, which oversees the training of dogs used for patient therapy. This existing program is managed under the Complementary and Integrative Medicine program in the Division of General Internal Medicine. Combining these 2 holistic modalities under 1 program and 1 coordinator allows for following a similar process. The addition of a coordinator for the expanding Reiki/HT program allows support for 1) managing patient requests for the treatments, 2) overseeing orientation and training, 3) coordinating the mentorship for new volunteers, 4) sharing updates on policies and procedures, 5) holding periodic informational and recognition meetings, 6) communicating patient feedback, 7) record keeping, and 8) tracking statistics and outcomes for research.

With the existing locations of our institution, expanding the program would require a coordinated effort for implementation and recruitment of volunteers. More reasonably, the next phase may be for expansion to 2 main locations. The long-term goal is to eventually offer Reiki/HT therapy at all locations, for a uniform patient experience.

Continued evaluation of the program and research will be needed to evaluate the effectiveness of Reiki/HT therapy on patient physical, mental, emotional, and spiritual healing across a wide range of health conditions. Potential research opportunities include efficacy in managing patient anxiety and sleeplessness, evaluation of outcomes in different patient populations, potential to evaluate wound healing, and comparison with other, more traditional treatments. This future research will contribute substantially to the knowledge base and evidence for these healing modalities in clinical practice.

Several factors need to be considered for future research and expansion of the program:

- The methods to standardize treatments and documentation
- The appropriate dose and length of treatment
- Specific medical conditions that may receive the greatest benefit from Reiki/HT therapy

9. Conclusions

Our institution's mission is "to inspire hope and contribute to health and well-being by providing the best care to every patient through integrated clinical practice, education, and research" [12]; its strategic goal is "creating a caring service environment while ensuring that individual differences are valued at every level of the organization" [13]. The dedicated team of champions found that the practice of Reiki and HT was able to help achieve the mission

and strategic goal through Volunteer Services, thereby contributing to the health and well-being of patients and to their experience at the health care center. Having these volunteer capabilities available for all patients has helped to create an environment where individual preferences are valued.

Promoting a caring patient experience remains an important objective in today's health care. Consumers of health care are using energy-healing therapies. As patients requested energy-based therapies, development of a Reiki/HT volunteer program promoted not only the chance to meet these patient requests but also an intentional caring presence with the goal of enhancing patient experiences within the hospital and clinic settings.

Conflict of interest statement

The authors have no conflict of interest related to this program.

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