

Nurses' Lived Experience of Reiki for Self-care

■ *Anne Vitale, PhD, APN*

The purpose of this phenomenological study was to explore the lived experience of nurses who practice Reiki for self-care. In-person interviews were conducted with 11 nurses who met specific study criteria, using open-ended questions to examine the experience of nurses who are Reiki practitioners, to understand their perceptions of Reiki use in self-treatment, and to appreciate its meaning for them. The Colaizzi method was utilized in data analysis and independent decision trail audits were completed to promote study rigor and trustworthiness of results. Thematic categories and major and minor thematic clusters emerged around the topics of daily stress management, self-healing, spirituality, and interconnectedness of self, others, and beyond. Implications of the study findings for nursing practice and nursing education are discussed. Potential applications of study findings to Jean Watson's transpersonal caring theory located within a caring science framework are explored and recommendations for future research are offered. **KEY WORDS:** *Reiki research, self-Reiki care, stress management*

Holist Nurs Pract 2009;23(3):129–145

The National Center of Complementary and Alternative Medicine (NCCAM) depicts a consumer-driven interest in complementary and alternative medicine (CAM) and energy-based touch therapies, such as therapeutic touch (TT), healing touch (HT), and in recent years, Reiki touch therapy. Concurrently, there is interest among nurses and other healthcare providers in CAM energy work that is noninvasive, not dependent on technology, inexpensive, and holistic in focus. According to Engebretson and Wardell¹ and Honervogt,² energy-influenced touch therapies involve the use of hands and *chi*, or *life force energy*, to help strengthen the body's ability to heal. The NCCAM³ classifies TT, HT, and Reiki as mind-body medicine (the classification of Reiki and other touch therapies) used for relaxation, musculoskeletal conditions, pain management, anxiety, or depression. Recent research conducted through the NCCAM indicates that 55% of consumer survey respondents believe that CAM use in

combination with conventional treatments improves overall health, and 1.1% of the 31 000 participants reported that they had used Reiki. Although there is no national membership organization for all Reiki practitioners, The International Center of Reiki⁴ has estimated that there are as many as 300 000 Reiki practitioners in the United States alone. (R. William, written communication, December 10, 2008). Of this figure, the number of nurses who use Reiki is unknown, yet it is known that the discipline of nursing has a long history of touch therapy investigations and practice.^{5,6}

For more than 30 years, TT and HT therapies, developed within the discipline of nursing, have been associated with stress management, relaxation, and healing; energy work practice and research are not new to nursing.^{6,7} In the last 10 years, Reiki has been used by nurses, physicians, social workers, and others who practice this modality in patient care in hospitals, hospice settings, and other healthcare milieu. According to the American Hospital Association,⁸ 15% of US hospitals offer Reiki sessions to patients. Nurses and others report clinical observations that the practice of Reiki promotes relaxation, lessens pain, and stimulates inner healing. In recent years, Reiki reports offer anecdotal evidence for practitioner relaxation and stress management benefits to those who practice Reiki. There is recent literature suggestive that the practice of Reiki has relevance for

Author Affiliation: Christine E. Lynn College of Nursing, Florida Atlantic University, Boca Raton.

The author thanks Nancy Sharts-Hopko, PhD, RN, FAAN, Professor and Director, Doctoral Program at Villanova University, Villanova, Pennsylvania, for her mentorship and collegiality during this research study and manuscript review.

Corresponding Author: Anne Vitale, PhD, APN, Christine E. Lynn College of Nursing, Florida Atlantic University, Boca Raton, FL 33431 (avitale5@fau.edu).

professional nurses working in stressful healthcare environments.^{9–15} However, there is little research to support the use of Reiki touch therapy as either a nursing intervention or as a self-care practice, the problem and focus of this investigation.

REIKI TOUCH THERAPY AND ASSUMPTIONS OF REIKI

Reiki is an ancient healing practice believed to have originated thousands of years ago in the Tibetan Sutras, became a lost practice, and was renewed in the 1800s by Dr Mikao Usui, a Japanese monk.¹⁶ *Reiki* is the Japanese word for universal life energy, a visible and palpable life force energy that infuses and permeates all living forms, or a vibrational, pulsating energy coming from everywhere.^{2,17–19} Reiki is performed by Reiki practitioners who are taught by Reiki masters to channel life force energy to their clients and themselves.^{12,20} According to Usui and Petter and The International Center for Reiki,⁴ most of the Reiki practiced in the United States is aligned with the traditional Japanese Usui Reiki lineage and 3 levels of Reiki, from beginner to master level. Reiki has a unique difference from other subtle energy touch therapies, that is, the practitioner's ability to share life force energy via self-treatment or the self as recipient only.^{14,15,21}

One assumption underlying the philosophical orientation about Reiki is consistent with an Eastern paradigm, that is, the belief that a regular flow of life force energy is needed to realign, recharge, and rebalance the human energy fields needed to create optimal conditions for the human body's natural healing system toward health.^{1,2,22} It is also believed that healing and well-being involve the integration of the human energetic field and a mind-body-spirit connection, that energetic balance and harmony involve the biopsychosocial and spiritual integration toward physical, emotional, and spiritual healing, and that disease involves energetic disharmony.^{5,14,18,19,23,24} This paradigm serves as a major philosophical foundation for CAM energy work.^{8,20,25,26,27}

REVIEW OF THE LITERATURE

Stressors in nursing

Nursing is by its very nature a stressful profession exacerbated by a host of work-related factors,

including a sustained nursing shortage. According to the Health and Services Administration²⁸ data, a projected 2 million nurses will be needed by the end of this decade, and the need is expected to skyrocket 29% by 2020. Empirical findings indicate that workplace conditions such as burnout, escalating patient-to-nurse ratios, and psychological and physical stress contribute to nursing dissatisfaction and high turnover rates and add to the shortage of nurses.^{29–35}

The American Association of Colleges of Nursing,³² the American Hospital Association,³⁶ and the Institute of Medicine³⁷ call for innovative strategies to empower all nurses, enable them to manage stress effectively, and improve workplace conditions toward the creation of a nursing retention culture within all healthcare settings, but the strategies are yet to be defined. Many practicing nurses struggle with balancing their personal self-care needs with the demands of the workplace and find it difficult to schedule time for restorative practices that can help manage stress.^{11,38} It is recognized that optimal physical and emotional health is crucial to preventing burnout among nurses, and stress management strategies, including energy work, are recommended for nurses and other healthcare providers.^{39,40}

Energy healing and research design issues

The literature contains reports of more than 30 years of completed TT investigations, along with a growing number of HT research studies.^{8,41–44} Patient-centered outcomes research associated with these modalities focuses on relaxation, decreased anxiety, improved well-being, pain management, and healing; however, many of these investigations demonstrate mixed or nonsignificant findings.^{3,6,14,24,44} According to Engebretson and Wardell,¹ Lee,⁴⁵ and Miles and True,⁶ these findings show the equivocal nature of energy research when linear research methods are utilized.

Nursing and nonnursing Reiki investigations have been reported for only about 20 years, most published within the last 10 years and conducted using quantitative designs. As in TT and HT research, the predominant focus of Reiki investigations has been its effectiveness on patient-centered outcomes, that is, pain and anxiety management methods. These inquiries have produced more nonsignificant than significant research results; therefore, to date, the body of empirical evidence supporting the effectiveness of Reiki is limited. These published findings do not

include Reiki self-care inquiry.^{1,21,27,46–53} The nonsignificant findings have been challenged by O'Mathuna,⁵⁴ Wardell and Weymouth,⁷ Olson et al,⁴⁹ Wirth and Barrett,⁵⁵ and Dressin and Singg,⁴⁷ all of whom concluded that Reiki does not readily lend itself to traditional scientific analyses, and the use of quantitative research methodology alone is not optimal to capture the efficacy of energy work.

Reiki research, stress management, and self-care

Stress and relaxation are conditions for which Reiki is gaining acceptance among consumers and healthcare professionals alike. Healthcare professionals are accustomed to requiring systematic research to verify the effectiveness of techniques used in practice. Yet, only 5 investigations have been published about the effects of Reiki on calmness, anxiety, stress reduction, and relaxation.^{27,50,56–58} These investigations were reviewed by this author in another publication and found to have a wide range of research validity issues that affect the quality of the investigations; therefore, there is a weak state of knowledge about the use of Reiki for stress/relaxation management or depression.⁵⁹

Only the study by Shore⁵⁰ indicates that Reiki might have beneficial results. Shore conducted an experimental double-blind study with 45 participants to assess the effects of Reiki on stress and depression, using specific enrollment criteria. Each participant was randomly assigned to 1 of 3 study groups and received a Reiki treatment, distance Reiki, placebo Reiki, or distance sham Reiki for 1 to 1.5 hours per treatment for a total of 6 weeks. Pre- and posttesting was done using the Beck Depression Inventory (BDI), the Beck Hopelessness Scale (HS), and the Perceived Stress Scale (PSS), with no significant group differences on the BDI, HS, or PSS at pretest. A repeated-measures MANOVA showed a significant difference on the PSS scores between the hands-on Reiki and placebo group ($P < .01$, $\eta^2 = 0.18$) and between the distance Reiki and the placebo group ($P < .01$, $\eta^2 = 0.17$) and on the depression scale posttest scores between the hands-on Reiki and placebo groups (BDI, $P = .05$, $\eta^2 = 0.09$; HS, $P = .02$, $\eta^2 = 0.12$) and between the distance Reiki and the placebo groups (BDI, $P = .004$, $\eta^2 = 0.18$; HS, $P = .01$, $\eta^2 = 0.14$), however, with small effect sizes and questionable clinical significance. The researcher reported that after 1 year of the Reiki treatments significant differences obtained between the control and treatment groups

were maintained on the PSS, BDI, and HS ($P < .05$). No significant reduction in the BDI, PSS, and HS scores was found for the placebo group until the members of the group received hands-on Reiki after study completion, with similar results to the Reiki treatment group participants ($P < .01$).

There is little or no research that has examined, much less supported, the use of Reiki in self-care or self-treatment; however, inquiry has emerged with Whelan and Wishnia's⁶⁰ qualitative investigation. Whelan and Wishnia evaluated how nurses who give Reiki therapy perceive the benefits of Reiki shared with their clients. The researchers listed Reiki use and self-care in a subtheme of stress management and lessening nursing burnout, but no descriptive detail was included in the report. Quantitative research conducted by Lindquist et al⁶¹ concluded that critical care nurses use CAM for stress management; however, future research is needed to determine whether the use of specific CAM modalities affects work-related stress or improves well-being. A groundbreaking pilot feasibility study conducted by McElligott and colleagues⁶² on a touch therapy intervention and nursing self-care reports the themes of (1) the importance of touch in care and job satisfaction, (2) recognizing feelings of stress as well as relaxation, (3) awareness of self-care needs as an important coping strategy for stressful work situations, and (4) increasing self-awareness for an understanding of the mind-body connection. These researchers indicate that additional studies with energy work must be implemented and evaluated for stress management, wellness, and relaxation benefits.

There is growing literature that self-care is an important proactive strategy for nurses that may have a positive influence on burnout, attrition, and nursing satisfaction.^{11,38,63–65} Yet, what is known about Reiki use in self-treatment comes from observations and reports and from those who practice Reiki and experience relaxation and stress management.^{1,2,9–13,15} Opinions of researchers who have used Reiki in quantitative studies or in small qualitative substudies account for another source of research on Reiki in self-care information.^{56,57,60} Nurses' perceptions during experiential work with Reiki may be one reason why they make suggestions to others that Reiki be learned and utilized as a stress management technique.^{13,38,66,67} Although inquiry about the usefulness of Reiki in patient care has begun, there is no systematic investigation of Reiki use in self-care among nurses to support these claims; therefore, this

investigation was conducted to examine the lived experience of nurses who practice Reiki in self-care.

NURSING THEORETICAL ORIENTATION

Selected nursing theory informed this investigation. Touch practices are embedded in nursing's holistic roots influenced by visionary guidance from Florence Nightingale,⁶⁸ who alluded to the healing effects of the energetic environment on the human energy pattern. Martha Rogers'⁶⁹ Science of Unitary Human Beings provides a solid basis for energy work exploration in nursing. Rogerian science is posited in Eastern ideology, founded on the principles that man and environment are energy fields in continuous interaction, and nursing practice must seek to strengthen the human energy field to maximize health potentials.⁷⁰ The evolving vision of Jean Watson's work in human caring and transpersonal caring theory (TCT) informs nurses to work within a caring-healing model and from caring competencies that are embodied in mind-body-spirit therapeutics such as advanced caring-healing modalities. Transpersonal caring theory promotes self-healing patterns and advanced-caring healing modalities; these are noninvasive, energetic environmental field modalities that potentiate wholeness, comfort, self-healing, and well-being. Watson's newest work offers theoretical dimensions that assist in guiding the contemporary calls for nursing self-care practices.⁷¹⁻⁷⁴

METHODS

Phenomenology as both a philosophy and a research method was utilized to answer the research question: What is the lived experience of nurses who practice Reiki for self-care? Phenomenology is influenced from the philosophy of Husserl and others. Phenomenology grounded in the understanding of a phenomenon must be allowed to emerge from the participants' description of their lived experiences and not the researchers and include a bracketing plan to minimize bias while ensuring a rigorous investigation.⁷⁵⁻⁷⁷

Research design

The design used in this study was descriptive with a phenomenological approach reflected in Colaizzi's model⁷⁸ as adapted by Beck.^{79,80} The bracketing plan included the continuous use of 2 self-reflection

techniques to minimize researcher bias. As recommended by Pollio et al,⁸¹ a reflective personal statement was written by this researcher before study interviews started. This statement was repeatedly reread by the researcher during all data collection and interpretation to maintain participant viewpoint clarity. Reflexive journaling was the second bracketing technique which permitted the researcher to document personal reflections, thoughts, ideas, and potential biases throughout the study.^{79,82,83}

Setting, sample, and recruitment

After all study approvals were secured, announcement/flyers were e-mailed to Mid-Atlantic Reiki/holistic network chapters as identified through the American Holistic Nurses Association (AHNA) and in close geographic proximity to the researcher. Purposive and snowball sampling techniques were used in this investigation. Inclusion criteria for this study were as follows: registered nurses (RNs) (1) who self-identified as Reiki practitioners, (2) reported that they use self-Reiki practice, (3) were English-speaking, and (4) were able to articulate the experience of Reiki in self-care or self-treatment. Nurses/Reiki practitioners who were not trained by a Reiki master (Usui lineage) were excluded from study participation. All RNs who met all study criteria were invited to participate and all eligible participants agreed to participate. In this study, the sample size was 11. Sampling was continued until redundancy in categories and data saturation was reached.^{76,84,85} In total, 22 nurses responded to this researcher; 7 potential participants did not meet study eligibility requirements, and 4 potential RN contacts did not return this researcher's phone call or e-mail after several communication attempts. All interviews were conducted in the naturalistic setting of the participants' homes, which was their preference.⁸²

Research ethics

The study was conducted following approval from Villanova University's Institutional Review Board. Each participant signed a written consent with all study details to ensure full participant disclosure before any interviews or study data were collected. Participant confidentiality was protected as the informant names were de-identified using initials for all study materials and kept under lock and key. All de-identified study information, such as interview

tapes, was available to the researcher and external data analysis auditors only. The original interview tapes were erased after participant verification of study transcripts.^{85,86}

Data collection procedure and data management

Demographic data were collected during each interview to obtain sample characteristics. The open-ended guided interview was the only data collection method utilized in this study and was recorded. The researcher began all interviews with the following question: What is it like for you to do Reiki in self-care? As the interview progressed, 2 other open-ended questions were asked: What does doing a Reiki self-treatment mean to you? As you continue your reflection on sharing Reiki with yourself, is there anything else you want to add toward the overall experience of self-Reiki practice? All interviews lasted 28 to 61 minutes.

Upon interview completion, the researcher managed the collected data by transferring each digital recording to the computer via voice editor software and transcribed the data from the computerized interview recordings. As per the recommendations of Speziale and Carpenter,⁸⁵ the printed transcripts were continuously compared to digital recordings for complete accuracy.

DATA ANALYSIS

Transcription analysis followed the Colaizzi⁷⁸ method as adapted by Beck^{79,80} and the following steps: (1) extraction of the essences as well as the whole of the informant's descriptive experiences, (2) validation of the transcripts with each participant, (3) extraction of significant statements from the transcripts, (4) restatement to formulated meanings, (5) arrangement of formulated meanings into groups, (6) development of thematic clusters for each grouping, (7) development of emergent theme categories, (8) integration of themes into an exhaustive description of the phenomenon containing the participants' own words, and (9) validation of the data and exhaustive description of self-Reiki with the participants. From Beck's nursing research recommendations to strengthen the data validation process using the Colaizzi method, the exhaustive description of self-Reiki in this investigation contained the participants' own recognizable words rather than Colaizzi's use of essential structure. The researcher

went through several iterations of the steps of the analysis, compared emerging data with data already collected, and integrated the bracketing plan and field notes into data analysis of the 11 interviews. The data analysis document found in Appendix 1 is an abbreviated example of the rigorous and continuous interpretative process utilized.

Rigor and trustworthiness in phenomenological analysis

To help ensure the credibility of the data, member checking of the study transcripts was done.⁸² Nine of the nurses verified that their transcripts accurately reflected the conducted interview. Two of the nurses made additions and then verified transcript accuracy. The exhaustive description of self-Reiki was validated by 10 participants only and multiple attempts were made to contact the remaining participants. No new information resulted from the participants' review and validation of the self-Reiki exhaustive description. Dependability and confirmability were established through 2 independent and separate decision audit trails of all study documents and completed by nurse researchers with expertise in phenomenological investigations. The reviewers found the interpretations based on the data to be logical and fit the data, therefore, supporting trustworthiness of results.

RESULTS

Two hundred fifty-two significant statements regarding the nurses' experience with self-Reiki were extracted from the transcripts. The 152 formulated meanings of these significant statements resulted in 33 thematic clusters. The theme categories emerged from the formulated meanings collapsed into 8 formulated meaning groupings, and in every case, 10 or all 11 nurses contributed data to support the themes. The thematic clusters were categorized to major and minor data clusters. Major and minor thematic clusters are defined as data provided by at least 6 nurses or fewer than 6 nurses, respectively. The completed analysis includes 8 thematic categories, 15 major and 18 minor thematic clusters as presented in Table 1 of Appendix 2.

Sample characteristics

A purposive sample of 11 RNs who self-identified as being trained in Reiki level I, II, or III (master) of the Usui lineage participated in this study. All participants

were female, Caucasian, and resided in the US Mid-Atlantic region. Descriptive statistics as calculated with SPSS Version 15.0 for Windows were used to summarize the demographic study data in Table 2 of Appendix 3. All participants were skilled in the art of Reiki, as evidenced not only by the amount of time reported as a Reiki nurse/practitioner but by the amount of time at the current participant Reiki level as well. Of the 11 participants, a majority ($n = 6$) were level III Reiki masters, the highest level of certification. A majority of the participants ($n = 6$) reported that their Reiki nurse/practitioner experience ranged from 2 to 6 years and a sample majority ($n = 6$) reported between 2 and 8 years of experience at their current Reiki certification level. Many of the participants were highly experienced RNs having between 15 and 20 years of nursing practice experience and 91% of the nurses ($n = 10$) reported their age to be between 45 and 60 years, consistent with nurse experience findings. These findings suggest that participants earned their RN license and began to practice Reiki shortly thereafter. Most of the participants, 81% ($n = 9$), reported the frequency of self-Reiki practice expressed as sessions per week; however, the frequency varied from multiple sessions per week to just a few. The frequency of self-Reiki sessions varied with circumstances and need, the highest frequency being 3 to 4 times per week. Only 2 participants reported daily self-Reiki sessions on the demographic questionnaire; however, during the interviews the nurses discussed using Reiki as a daily practice, especially during the workday. The participants reported a wide variation in the frequency of practicing Reiki in patient care with no discernable frequency pattern. Seventy-two percent ($n = 8$) of the nurses practiced other energy therapies besides Reiki and the most common were TT ($n = 4$), integrative energy ($n = 2$), and HT ($n = 1$). Overall, the participants practiced 8 different CAM therapies in addition to Reiki including (1) signature cell healing and reconnection healing ($n = 1$) and (2) balancing heart energy therapy ($n + 1$) and acupressure ($n + 1$). Twenty-seven percent ($n = 3$) reported no other CAM energy therapy, and only 2 participants personally used 2 CAM therapies besides Reiki.

EMERGENT THEMES

The following themes reflected the meaning of self-Reiki care in the lives of the participants. The

thematic categories are not listed in order of importance. Exemplars or best examples that represent the core of the theme are described below with supportive comments found in Table 3 of Appendix 4.

Infinite connection and divine guidance

The nurses reported that the self-Reiki experience helps them have a spiritual connection that includes acceptance of the self and their Higher Power or the Divine, important to feeling complete or whole. The nurses accepted that universal life force energy was shared during self-Reiki and that everything in energy is different, yet connected forms, phrased as “we become connected to everything else.” and “Reiki never fails . . . Reiki is just [being] open to energy.” Their stories included that self-Reiki strengthens their caring-healing abilities, grounded in love for themselves and others and in the knowing that they are part of something bigger than themselves. These nurses believed that caring for the self is fundamental to the interconnectedness of self, others, and the Universe. Key dimensions for their self-care come from a deepening of their spirituality, including awareness and acceptance of their purpose or journey in life. Personal transformations were reflected in their stories, such as finding meaning in their lives and accepting changes that happen along life’s journey.

Journeying to the centered self

The nurses used self-Reiki to increase awareness to their inner self and their state of “centeredness” and found this useful to have heightened awareness of the need to reground themselves instead of being in a reactive state, reflected in “just more calmly approach life” and “being in the moment.” This was described as a dynamic process, and that one needs to routinely provide Reiki energy to the self for balance, “a maintenance type of thing” and “it’s a journey, you are never done,” and accepted this as a part of the Reiki experience. Their stories described that this connection is crucial to staying flexible to life’s occurrences, a dimension of self-care most useful for stress management, expressed as “accept things as they are and not as I would have them.” They reported that regular self-care with Reiki contributes to this shift in their ability. The nurses use Reiki energy to reach calm and centered state, a main reason why they initially began to utilize Reiki in self-care.

Having a calming oasis for the workday

The nurses discussed using self-Reiki before their workday but used it more often during their workday to keep them centered, balanced, and grounded, a useful strategy for daily workday stress management in healthcare. The nurses reported that it was difficult to find a quiet, private place on a nursing unit to do self-Reiki, frequently practiced in the bathroom or in a bathroom stall, described as a “peaceful sanctuary.” Several nurses were in managerial positions and described their offices as “sacred space” to do self-Reiki during their workday. Although these nurses spoke happily about being a nurse, their workday was described as “being in information overload,” “feeling frazzled,” and these experiences interfere with their preferences to make important patient-care decisions from a “place of calmness.” None of the nurses discussed practicing self-Reiki more than once during the workday but described that the calming effects lasted for varying amount of time. Because of workday time constraints, the nurses reported doing self-Reiki using only 1 or 2 hand positions, phrased as “hands over my heart {Heart Chakra}” or “to my solar plexus {Third Chakra}.” Self-Reiki practice was described as a routine of daily morning practice to “set intention for the day.”

Relationship between relaxation and clarity

The nurses reported that they initially used Reiki as an energy-based relaxation modality with immediate relaxation response. During their stories, they closed their eyes or used a calm, soft voice to describe how it feels to achieve relaxation with self-Reiki. Achieving a state of relaxation and calmness is integral to clarity of thought, to unblocking answers to perplexing questions of everyday life, and as self-protection from the negative effects of life stressors. The nurses reported feeling energized, less tired, with a sense of calmness when gaining a clearer perspective on an issue after self-Reiki use. Regular self-Reiki use is necessary to raise one’s “energetic vibrational levels” and they accepted that achieving insight or perspective varies but the relaxation effects are always a part of the Reiki experience. They acknowledged that this experience is more pronounced when more time is spent in self-care with Reiki with more than several hand positions up to a full body session or when adding a meditative component to the session. The nurses spoke of self-Reiki and the relaxation response

as crucial to “keep stress at a more manageable level” and “essential for daily living management.”

Developing awareness for self-healing transformation

The nurses reported that self-Reiki care must be viewed from awareness and holistic “lens,” a connection of the mind, body, and spirit. This is integral to self-healing, described to come in stages and likened to “journeys.” Through this heightened awareness, the nurses are able to perceive energetic blockages or energy field disturbances that impede self-healing. Their stories described that healing transcendence with self-Reiki enables one to reflect and look within for inner healing resources. The nurses accepted that the self-Reiki shares energy with the major Chakras; interconnectedness with the whole self and healing are dependent upon Chakra balance. They accepted that Reiki will help do this, sometimes with specific Chakras and demonstrated to this researcher. Their stories depicted how self-healing journeys involved personal transformations that include how they see themselves in the world and make decisions based on this knowing. The nurses accepted that self-treatment with Reiki can be done with several areas of the body for physical discomfort relief, likened to “crisis treatments.” They expressed “knowing” that physical body symptoms indicate that more regular Reiki use is needed for self-healing, specifically for emotional or spiritual healing. The nurses spoke of self-Reiki treatments for pain, sleep, and self-expression and “guidance” received that more self-Reiki work is needed for Chakra balance.

Personal space of oneness

The nurses believed that connecting and sharing Reiki with themselves is like “being in your own space,” a place that is not shared with anyone else and always feels good. They accept that this occurs for varying lengths of time, but taking time and being quiet allows the energy to quickly come. This is essential to achieve a state of relaxation and solitude. The nurses’ stories depicted that they experienced altered states of consciousness during self-Reiki care, from easily rousable to almost sleep-like meditative states. They accepted that the practice of self-Reiki and meditation can be one and the same: “it’s not until you’re coming out of it that you realize that you were really there.”

Providing self-Reiki care

The nurses' stories described in detail how they practice self-Reiki accompanied with demonstrative hand positions from lightly touching the Chakras, either in a traditional head-to-toe fashion or beginning with the Heart or Crown Chakra or not touching the body at all. The nurses believed that they practice self-Reiki "by thought," unconsciously and without thinking about it; however, self-Reiki practice by touch was also done periodically. The nurses accept that the practice of self-Reiki is individualized from person to person and the reason for various sensations experienced during a self-Reiki session, such as warmth or vibrations. Their stories included Reiki practice perceptions as well, especially their insights about the levels of Reiki, variations in self-care Reiki practice, and healing journey experiences. At each level, Reiki becomes a deeper and richer experience as a result of the interconnectedness of the mind-body-spirit. They spoke about feeling a sense or "knowing" or "messages from spiritual guides" during a self-Reiki session, and this enhances where to place their hands or visualize where Reiki is needed. These nurses accepted that these are normal occurrences during the Reiki experience and did not question these practices. The nurses described that optimum self-care with Reiki is best experienced during a full session, sharing energy with all the Chakras on a daily basis and is a commitment to self-care.

Relationship between reverence, caring, and nursing

The nurses perceived that in caring for others, they have opportunities to care for themselves. They expressed that the discipline of nursing is ready for a paradigm shift grounded in this perspective of caring. Their stories depicted abstract descriptions of using caring Reiki in nursing practice as a vehicle to enhance caring and share energetic information between the self and others. Self-Reiki helps "replenish and refuel" their ability to nurse, similar to the demands of nursing.

Exhaustive description

Self-care benefits, especially for stress management, underpin the nurses' lived experience of self-Reiki use. There is a relationship between the relaxation effects and clarity of thought with self-Reiki. A steady state of centeredness and perspective is needed by

nurses to stay flexible throughout life's daily occurrences, especially when managing hectic workdays in today's healthcare environments. The ability to quickly restore the self to a tranquil state and awareness to shifting back into a centered state are essential for nurses working in today's healthcare environments. The practice of self-Reiki is individualized and has personal meaning. Reiki healing energy facilitates a mind-body-spirit connection and healing consciousness that is integral for self-healing transformations, healing journeys, and a deepening of spirituality. Self-Reiki use helps the nurses have connections with the self, others, and the Universe as well as spiritual connections with dimensions of religiosity to the Divine, God, or a Higher Power. Nurses at more advanced Reiki levels travel a more spiritually based journey facilitated by caring for themselves with Reiki, more than just the use of Reiki as a CAM modality. The mystical phenomenon of Reiki and the understanding that it is a humanistic practice are accepted by those who practice this modality. Self-Reiki use by nurses enhances their ability to care for themselves and others from a reverent, loving space. Reiki promotes the importance of human caring in nursing.

DISCUSSION

It is important to make the distinction between stress that is destructive and some stress that is motivating; however, workplace stress experienced by today's nurses is an example of Selye's⁸⁷ label of *distress* or stress that endangers physical, psychosocial, or spiritual well-being. The nurses' stories reflect personal anxiety and strain from life stressors including working in today's fast-paced healthcare environment. The findings from this study confirm prior reports that stress has a significant impact on job satisfaction in nursing and nurses' well-being and that optimal stress management for nurses in the workplace is an immediate priority.^{36,37,39,88-91} Emerging literature is beginning to address: What can be done to sustain nurses' well-being? Espeland,⁹² Geiger-Brown et al,⁹³ Mariano,⁶⁴ and Milliken et al⁸⁹ support less reliance on traditional objective measures and advocate for healthcare leaders to directly obtain nurses' personal solutions for workable stress management initiatives. The nurses in this study report that the use of Reiki in self-care is useful for daily and workday stress management.

There is growing evidence that Reiki touch therapy is seen as part of holistic nursing practice and is directed by one's own energy needs, inducing the calmness needed to stay focused in stress-filled environments and enhance inner resources to improve responses to internal and external stressors.^{11,13,25,66,67,94} The findings under the thematic clusters, Self-Reiki and the Workday Preparation and Self-Reiki and the Nurses' Workday, were consistent with this emerging literature. The literature supports the use of Reiki on a daily basis, but the nurses' descriptions of self-Reiki use during the workday have not been previously reported. The nurses' stories described variations in self-Reiki use, challenging more traditional views about the value of abbreviated Reiki sessions; however, the findings reinforce the belief that Reiki energy flows to where it is needed.^{14,20}

A major thematic cluster, Modality of Relaxation and Calmness, was consistent with reports that the use of Reiki promotes relaxation, calmness, and tranquility and is integral for stress management.^{13,63} The thematic categories of Relaxation and Clarity and Personal Space of Oneness provide insight into specific characteristics of a self-Reiki session not previously reported in the literature. The concept of balance is recognized to be an idea that is central to Reiki.^{3,6,11,15} The nurses' stories give a rich, vivid description of relaxation with self-Reiki as a "prerequisite" to achieve centeredness; this leads to clarity of thought, necessary for daily and workday stress management. The major thematic cluster of Sense of Calmness/Balance—Shift to Calmness/Balance captured the individualized nature, and balancing effects of Reiki have been documented both within and outside of nursing.^{1,2,12,20,22,38,56,60} The findings in this study are consistent with newer research on specific self-care interventions in lowering nurses' anxiety levels. Whelan and Wishnia⁶⁰ reported that Reiki is helpful to lessen nurses' stress and burnout during working hours; however, no detail is provided. Brathvode's⁶³ pilot study of Reiki as a self-care practice among healthcare providers demonstrated that the study participants increased self-care and caring behaviors after Reiki education, consistent with several study themes.

It was evident that the nurses in this investigation value holistic practice and that their experience with self-Reiki includes a heightened consciousness of their mental, emotional, and spiritual being as well as their physical bodies. This is consistent with Engebretson

and Wardell's⁹⁵ newest work. The findings in the thematic category Developing Awareness of Self-Healing Transformations reflected that the nurses share Reiki healing energy with their physical and energetic bodies, replenishing and rebalancing energy fields for relaxation, coping, stress management, mind-body-spirit self-healing, personal development, and ability to serve others. This is consistent with the AHNA's⁹⁶ philosophy on self-care for nurses. The findings in this study supported contemporary nurse healer literature. Nurses can better promote the health and well-being of their patients if they take care of themselves.^{65,97–100} Manifestations of personal healing awareness were grouped and labeled in Whelan and Wishnia's⁶⁰ nursing Reiki study. Finally, the findings in this study were particularly consistent with the importance of self-care healing practices within Thornton and Gold's¹⁰¹ whole-person caring model.

The findings under the major thematic cluster Spiritual-Guidance-Divine Connection supported the literature. While Reiki is nondenominational, spirituality is a central component of Reiki touch therapy outlined by Usui's²⁰ Five Principles of Reiki. Participants in this study reported that their use of self-Reiki is spiritually guided and deepens spirituality with stronger connections to religiosity and faith, consistent with the anecdotal literature of Lipinski¹³ and Miles.¹⁴ Whelan and Wishnia's⁶⁰ work indicated that 37% of the nurses reported spiritual growth in their lives with Reiki use. Hemsley et al⁹⁸ reported a major theme of Opening to Spirit that emerged from their participants' shared experiences of spiritual guidance along healing journeys. Brathvode⁶³ reported that participants acknowledged a sense of spirituality, connection to others, a Higher Power, the Universe, and the sacredness of Reiki. Published doctoral research by Robb⁶⁵ included a spiritual theme in her preliminary model of the lived experience of RN Reiki practitioners. The thematic clusters of Universal Divine Energy, Interconnectedness of Self and Others, and Spiritual Healing were consistent with this Reiki literature.

Study limitations

One limitation of this study was that all of the nurses were female and homogeneity of gender limits the results. The sample mostly comprised highly experienced RNs educated to more advanced Reiki levels, so the lived experience of less experienced nurses and those at Reiki level 1 only may not be

successfully captured in this investigation. A second limitation was related to study recruitment and sample accessibility was implemented in geographical proximity to the researcher; therefore, generalizations cannot be made about other nurses or Reiki practitioners. A third limitation was that the sampling plan resulted in a majority of the participants being AHNA members, a homogenous group that may possess similar viewpoints and experiences. A fourth limitation was that all participants self-reported their Usui Reiki training and the use of 1 lineage as study inclusion criterion, although the most dominant one in the United States, may have created a nonrepresentative sample based on exclusion of those with other variants of Reiki training. A fifth limitation was that this work was conducted in 1 country only.

POTENTIAL APPLICATION OF JEAN WATSON'S THEORY OF HUMAN CARING

Jean Watson's newer theoretical work in human caring was employed as a theoretical underpinning for this investigation. Caring work located within a model of humanistic caring and a caring science framework acknowledges unity of life and connections of the individual, others, and beyond to the Universe.⁷³ According to Watson, caring starts with the transformation of self, that mind-body-spirit healing is integral to all healing, and that humans cannot be separated from the self or others. Watson and others believe that caring science has critical relevance to the discipline of nursing as a humanistic profession.^{72,102,103} She views caring as a sacred practice as she invites nurses to return to the heart and soul of nursing rather than medical practice.¹⁰⁴ Consistent with our Nightingale roots, Watson posits that nursing is ultimately a spiritual practice and translating transpersonal caring into practice involves the call of creating spirit-filled reverence around our work.^{71,105} The nurses' perceptions about Reiki use in healing and nursing included in the thematic category, Relationship Between Reverence, Caring, and Nursing, reflect Watson's viewpoints.

A caring-healing paradigm for nursing involves the physical and the metaphysical as well as love, empathy, reverence, and sacredness with regard to life and living things, for the self and others.^{71,72,106} Within the exploration of TCT with Science of Unitary Human Beings, Watson and Smith observed that selected tenets of transpersonal caring involve

advanced caring-healing modalities that promote higher frequencies necessary for caring consciousness and intentionality. These caring scholars suggest that this energy results in greater access to one's inner healer that honors wholeness, healing comfort, balance, harmony, and well-being. Watson and Smith posit that caring-healing modalities promote the kind of wisdom and transcendence that emerges from inward-looking, deep practice disciplines such as meditation, yoga, or depth of spiritual practices.^{73,74,106}

To date, there has been minimal examination of Reiki practice and Watson's work in TCT, transpersonal caring, and caring science. The nurses in this study described stories about how their spiritual journeys have been facilitated by caring for themselves with Reiki. This is consistent with Watson's understanding of the reciprocal nature of caring-healing modalities (J. Watson, oral communication, April 8, 2008). The finding of Reiki use in self-care within the thematic clusters—Healing Journey, Transcend Mind-Body-Spirit Connection and Healing, The Loving Space of Empathy, the Interconnectedness of Self and Others, Spiritual Healing, and Stressful Negativity—is similar to Watson's description of caring-healing modalities as tenets of TCT (J. Watson, personal communication, April 8, 2008). There is tentative connection of the findings under the thematic cluster Providing Self-Reiki Care and Watson's¹⁰⁵ newest work. This acknowledges that the nurse who works from a caring-healing paradigm must live it out in daily life by demonstrating a commitment to self-care at a deep level of personal practice, honoring one's embodied spirit, and taking time for the whole self (J. Watson, personal communication, April 8, 2008).^{73,102}

IMPLICATIONS FOR NURSING PRACTICE AND EDUCATION

With the ongoing nursing shortage, the findings of this investigation have direct implications for nurse leaders and educators as they explore innovative ways to recruit and retain nursing staff and promote nurses' well-being. This study is preliminary work in self-Reiki use among nurses. While there is a need to learn more about how nurses of differing genders and experience levels practice self-Reiki, the results suggest 3 implications. The first implication is that Reiki use in self-care has stress management benefits,

especially during the workday. Self-Reiki use offered self-protection from the ravages of hectic healthcare environments; however, the nurses reported that their own personal healing space for Reiki use during the workday was a bathroom or office space, places where it is not seen or valued. Gathering evidence from practicing nurses about the benefits of caring-healing environments and the creation of reverent, appealing healing environments for all who enter must be a priority of all nurse leaders. A second implication is the value of self as healer within the context of holistic nursing. There is a growing, universal understanding of healing posited in emerging caring-healing nursing models that include energy-based CAM modalities for humanistic caring in healthcare. However, adding CAM practices to the existing healthcare system where nurses are employed is not enough to change that system into a holistically focused one. Only a radical shift in philosophy, spearheaded by listening to nurses and others in active clinical practice coupled with the reeducation of healthcare practitioners, will accomplish this viewpoint shift^{99,100,105} A third implication is for the need for nurse educators to a focus on the healing art of nursing in nursing curricula, especially useful to prepare nurses for 21st-century practice environments. Nurses are currently introduced in their basic educational processes to view nursing's work within the lens of caring and respect for the whole person; however, this greatly varies from program to program.¹⁰⁷ Despite nursing's espousal of holistic caring, students graduate with a rudimentary understanding of holistic process and lack a language to express what this caring can mean to the self and others.^{39,108} Nursing faculty members and leaders in holistic nursing need immediate dialogue about basic nursing education content. This must include the value of caring for the self, including the use of CAM modalities as we prepare nurses for the evolving journey in humanism, caring, and 21st-century practice.

RECOMMENDATIONS FOR FUTURE RESEARCH

The first recommendation is replication of this study to include a broader sample of nurses as study limitations affect model development at this time. A larger study will add data assurance for the development of a testable model of nurses' lived experience of Reiki for self-care. The study was conducted in 1 country only;

therefore, the author proposes conducting a collaborative study that is across countries and cultures. Because of the variations reported in this study, a second recommendation is a study to explore nurses' perceptions of self-Reiki hand positions and length of Reiki treatments that promote stress relief during the workday, especially for potential ease of use of Reiki in fast-paced clinical settings. The third recommendation is a study to examine the intervention of Reiki as a self-care modality and its effects on nursing satisfaction, burnout, and retention, using a mixed-method approach or qualitative research methods. Information from this proposed investigation can help determine if self-Reiki use among nurses offers utility beyond stress management as suggested by findings from this study. The fourth recommendation is to construct a study investigating the compatibility of Jean Watson's work among nurses who identify as healers and use self-Reiki. Information from this proposed investigation can contribute to understanding how nurses might integrate care for themselves so that they can provide better care to their patients too. Finally, a fifth recommendation is to conduct a qualitative study to examine if religiosity and faith are strengthened through spiritually based self-care and Reiki.

REFERENCES

1. Engebretson J, Wardell D. Experience of a Reiki session. *Altern Ther.* 2002;8:48–53.
2. Honervogt T. *The Power of Reiki: An Ancient Hands-On Healing Technique*. New York: Holt; 1998:5–99.
3. National Center of Complementary and Alternative Medicine. Statistics on CAM use. <http://www.nccam.nih.gov/health>. Published 2005. Accessed March 21, 2007.
4. The International Center for Reiki. What is Reiki? <http://www.reiki.org/FAQ/FAQHomepage.html>. Accessed December 10, 2008.
5. Barnett L, Chambers M. *Reiki Energy Medicine-Bringing Healing Touch Into the Home, Hospital, and Hospice*. Rochester, VT: Healing Arts Press; 1996.
6. Miles P, True G. Reiki—A review of biofield therapy history, theory, practice, and research. *Altern Ther.* 2003;9:62–71.
7. Wardell DW, Weymouth KF. Review of studies of healing touch. *J Nurs Scholarsh.* 2004;36(2):147–154.
8. Gill L. More hospitals offer alternative therapies for mind, body, spirit. http://www.usatoday.com/news/health/2008-09-14-alternative-therapies_N.htm. Accessed December 10, 2008.
9. Bullock M. Complementary therapies in hospice care: Reiki: a complementary therapy for life. *Am J Palliat Care.* 1997;14(1):31–33.
10. Engebretson J. Hands on: the persistent metaphor in nursing. *Holistic Nurs Pract.* 2002;16:20–35.
11. Gallob R. Reiki: a supportive therapy in nursing practice and self-care for nurses. *J N Y State Nurses Assoc.* 2003;34(1):1–5.
12. Honervogt T. Reiki-healing and harmony through the hands. *Positive Health.* 2001;10:11–13.

13. Lipinski K. Finding Reiki: applications for your nursing practice. *Beginnings*. 2006;26(1):6–7.
14. Miles P. Reiki vibrational healing. *Advances*. 2003;19(3):47–54.
15. Nield-Anderson L, Ameling A. Reiki—A complementary therapy for nursing practice. *Altern Complement Ther*. 2000;4:42–49.
16. Petter FA. *Reiki: The Legacy of Dr. Usui*. Twin Lakes, WI: Lotus Light; 1999:13–40.
17. Bohm D. *Wholeness and the Implicate Order*. New York: Routledge; 1980.
18. Keegan L. *Healing With Complementary and Alternative Therapies*. Albany, NY: Delmar; 2001:249–266.
19. Zukav G. *The Seat of the Soul*. New York: Simon and Schuster; 1989:40–73.
20. Usui M, Petter FA. *The Original Reiki Handbook of Dr. Mikao Usui*. Twin Lakes, WI: Lotus Light; 2003.
21. Shiftett S, Nayak S, Champa B, Miles P, Agostinelli P. Effect of Reiki treatments on the functional recovery of in patients in poststroke rehabilitation: a pilot study. *J Altern Complement Med*. 2002;8(6):755–763.
22. Stein D. *Essential Reiki: A Complete Guide to an Ancient Healing Art*. Freedom, CA: Crossing Press; 1996:16–27.
23. Gerber R. *A Practical Guide to Vibrational Medicine*. New York: Harper Collins; 2000:119–172.
24. Ochsman JL. *Energy Medicine: The Scientific Basis*. New York: Churchill Livingstone; 2001.
25. Dossey B, Keegan L, Guzzetta C. *Holistic Nursing: A Handbook for Practice*. 4rd ed. Sudbury, MA: Jones & Bartlett; 2005.
26. Umbreit AW. Healing touch: application in the acute care setting. *AACN*. 2000;11(1):105–119.
27. Wardell D, Engebretson J. Biological correlates of Reiki touch healing. *J Adv Nurs*. 2001;33(4):439–445.
28. Health Resources and Services Administration. Project supply, demand and shortages of registered nurses: 2000–2020. <http://www.bhpr.hrsa.gov/healthworkforce/rnproject>. Accessed February 12, 2007.
29. Adams A, Bond S. Hospital nurses' job satisfaction, individual and organizational characteristics. *J Adv Nurs*. 2000;32(3):536–543.
30. Aiken LH, Clarke SP, Sloane DM. Hospital staffing, organization, and quality of care: cross-national findings. *Int J Qual Healthc*. 2002;14(1):5–13.
31. Aiken LH, Clarke SP, Sloane DM, Sochalski J, Silber JH. Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *JAMA*. 2002;288:1987–1993.
32. American Association of Colleges of Nursing. Nursing shortage fact sheets 2005. http://www.aacn.nche.edu/Media/Fact_Sheets/nursfact.htm. Accessed November 10, 2006.
33. Budge C, Carrier J, Wood S. Health correlates of autonomy, control and professional relationships in the nursing work environment. *J Adv Nurs*. 2003;42(3):260–268.
34. Buerhaus P. A nursing shortage like none before. *Creat Nurs*. 2000;6(2):4–8.
35. Joint Commission on Accreditation of Hospitals. Health care at the crossroads: strategies for addressing the evolving nursing crisis 2005. <http://www.jcaho.org>. Accessed February 12, 2007.
36. American Hospital Association. The hospital workforce shortage: immediate and future. *Trendwatch*. 2001;3(2):1–8.
37. Institute of Medicine. *Crossing the Quality Chasm: A New Health Care System for the 21st Century*. Washington, DC: National Academy Press; 2001.
38. Vitale A. The use of selected energy touch modalities as supportive nursing interventions. Are we there yet? *Holistic Nurs Pract*. 2006;20(4):191–196.
39. DiGiacomo M, Adamson B. Coping with stress in the workplace: implications for new health professionals. *J Allied Health*. 2001;30(2):106–111.
40. Chang EM, Hancock KM, Johnson A, Daly J, Jackson D. Role stress in nurses: review of related factors and strategies for moving forward. *Nurs Health Sci*. 2004;7:57–65.
41. Fenton M. Therapeutic touch: a nursing practice. *Altern Ther*. 2003;9:34–35.
42. Newsham G, Schuller-Civetela A. Large clinical study shows value of therapeutic touch program. *Holistic Nurs Pract*. 2003;17(4):189–192.
43. Peters RM. The effectiveness of therapeutic touch: a meta-analytic review. *Nurs Sci Q*. 1999;21(1):52–56.
44. Potter P. What are the distinctions between Reiki and therapeutic touch? *Clinical J Oncol Nurs*. 2003;7(1):1–3.
45. Lee CO. Biomedical, complementary, and alternative medicine: significant issues. *Clin J Oncol Nurs*. 2004;8(6):670–674.
46. Brewitt B, Vitretot T, Hartwell B. The efficacy of Reiki: improvements in spleen and nervous system function as quantified by electro dermal screening. *Altern Ther*. 1997;3:89–97.
47. Dressin LJ, Singg S. Effects of Reiki on pain and selected affective and personality variables of chronically ill patients. *Subtle Energies Energy Med*. 1998;9(1):53–82.
48. Mackay N, Hansen S, McFarlane O. Autonomic nervous system changes during Reiki treatment: a preliminary study. *J Altern Complement Med*. 2004;10(6):1077–1081.
49. Olson K, Hanson J, Michaud M. A phase II trial of Reiki for management of pain in advanced cancer patients. *J Pain Symptom Manage*. 2003;26(5):990–997.
50. Shore AG. Long-term effects of energetic healing on symptoms of psychological depression and self-perceived stress. *Altern Ther*. 2004;10(3):42–48.
51. Vitale A, O'Connor P. The effect of Reiki on pain and anxiety in women with abdominal hysterectomies: a quasi-experimental pilot study. *Holistic Nurs Pract*. 2006;20(6):262–274.
52. Wetzel W. Reiki healing: a physiologic perspective. *J Holistic Nurs*. 1989;7(1):47–54.
53. Wirth DP, Chang RJ, Edelman WS, Paxton JB. Haematological indicators of a complementary intervention. *Complement Ther Med*. 1996;4(14):20–24.
54. O'Mathuna DP. Reiki for relaxation and pain relief. *Altern Ther Women's Health*. 2003;4:29–32.
55. Wirth DP, Barrett MJ. Complementary healing therapies. *Int J Psychosom*. 1994;41(1):61–67.
56. Schlitz B, Braud W. Reiki-plus natural healing: an ethnographic/experimental study. *PSI Res*. 1985;4(3):100–123.
57. Thornton L. A study of Reiki, an energy field treatment, using Roger's science. *Rogerian Nurs Sci News*. 1996;8(3):14–15.
58. Witte D, Dundes L. Harnessing life energy or wishful thinking? Reiki, placebo Reiki meditation and music. *Altern Complement Ther*. 2001;10:304–309.
59. Vitale A. An integrative review of Reiki touch therapy research. *Holistic Nurs Pract*. 2007;21(4):167–179.
60. Whelan KM, Wishnia GS. Reiki therapy: the benefits to a nurse/Reiki practitioner. *Holistic Nurs Pract*. 2003;17(4):209–217.
61. Lindquist R, Tracy M, Savik K. Personal use of complementary and alternative therapies by critical care nurses. *Crit Care Clin North Am*. 2003;15:393–399.
62. McElligott D, Holz M, Carollo L, et al. A pilot feasibility study of the effects of touch therapy on nurses. *J N Y State Nurses Assoc*. 2003;34:16–24.
63. Brathovde A. A pilot study: Reiki for self-care of nurses and healthcare providers. *Holistic Nurs Pract*. 2006;20(2):95–101.
64. Mariano C. The nursing shortages: is stress management the answer? *Beginnings*. 2007;27(1):3–4.
65. Robb W. The lived experience of registered nurse Reiki practitioners: a phenomenological study using computer-mediated communication. *Diss Abstr Int*. 2006;67(12):AAT 3244768.
66. Ameling A, Potter P. Complementary therapy, Reiki: caring for self, caring for others. *Innovations Breast Care*. 2000;2:41–44.

67. Dinucci EM. Integrating energy healing in new environments and for self-care. *Beginnings*. 2006;26(1):10–11.
68. Nightingale F. In: Dolan MB, ed. *Notes on Nursing: What It Is and Is Not*. New York: Barnes-Noble; 2003. Originally published in 1860.
69. Rogers ME. *An Introduction to the Theoretical Basis of Nursing*. Philadelphia, PA: Davis; 1970.
70. Malinski V, Manhart E. *Martha E. Rogers: Her Life and Her Work*. Philadelphia, PA: Davis; 1994.
71. Watson J. *Postmodern Nursing and Beyond*. New York: Churchill Livingstone; 1999:171–180.
72. Watson J. *Caring Science as Sacred Science*. Philadelphia, PA: FA Davis; 2005.
73. Watson J. Nursing 6843: nursing philosophies of theories and caring. Course presented at: University of Colorado; 2006; Boulder, CO.
74. Watson J. Nursing 6833: aesthetics and wisdom traditions of caring-healing. Course presented at: University of Colorado; 2006; Boulder, CO.
75. Husserl E. *Ideas: General Introduction to Pure Phenomenology*. Gibson W, trans. New York, NY: Macmillan; 1952.
76. Munhall PL. Phenomenology as a method. In: Munhall PL, Ed. *Nursing Research: A Qualitative Perspective*. 3rd ed. Sudbury, MA: Jones and Bartlett; 2001:123–184.
77. Sandelowski M. Reembodying qualitative inquiry. *Qual Health Res*. 2002;12(1):104–115.
78. Colaizzi PF. Psychological research as the phenomenologist views it. In: Valle RS, King M eds. *Existential Phenomenological Alternatives to Psychology*. New York: Oxford University; 1978:48–71.
79. Beck C. The lived experience of postpartum depression: a phenomenological study. *Nurs Res*. 1992;41(3):166–170.
80. Beck C. Perceptions of nurses' caring by mothers experiencing postpartum depression. *J Obstet Gynecol Neonatal Nurs*. 1995;24(9):819–825.
81. Pollio H, Henley T, Thompson C. *The Phenomenology of Everyday Life*. New York: Cambridge University Press; 1997.
82. Lincoln Y, Guba E. *Naturalistic Inquiry*. Newbury Park, CA: Sage; 1985.
83. Munhall PL. Nursing research and phenomenology. In: Munhall PL, ed. *Nursing Research: A Qualitative Perspective*. 4th ed. Sudbury, MA: Jones and Bartlett; 2007:145–210.
84. Morse JM, Field PA. *Qualitative Research Methods for Health Professionals*. 2nd ed. Thousand Oaks, CA: Sage; 1995.
85. Speziale HS, Carpenter DR. *Qualitative Research in Nursing: Advancing the Humanistic Imperative*. 4th ed. New York: Lippincott; 2007.
86. Brink PJ, Wood MJ. *Basic Steps in Planning Nursing Research*. 5th ed. Boston, MA: Jones and Bartlett; 2001.
87. Selye H. *Stress Without Distress*. Philadelphia, PA: Lippincott; 1974.
88. McGowan B. Self-reported stress and its effect on nurses. *Nurs Stand*. 2001;15(8):33–38.
89. Milliken TF, Clements PT, Tillman HJ. The impact of stress management on nurse productivity and retention. *Nurs Econ*. 2007;25(4):203–210.
90. Mimura C, Griffiths P. The effectiveness of current approaches to workplace stress management in the nursing profession: an evidence based literature review. *Occup Environ Med*. 2003;60:10–24.
91. Salmund S, Ropis P. Job stress and general well-being: a comparative study of medical-surgical and home care nurses. *Medsurg Nurs*. 2005;14(5):301–310.
92. Espeland KE. Overcoming burnout. How to revitalize your career. *J Contin Educ Nurs*. 2006;37(4):178–184.
93. Geiger-Brown J, Trinkoff AM, Nielsen K, Lirtmunlikaporn S. Nurses' perception of their work environment, health, and well-being. *AAOHN*. 2004;52(1):16–24.
94. Yagliniski M. Transforming nursing care with Reiki. *Nurs Spectr*. 2001;10(2):16.
95. Engebretson J, Wardell D. Energy-based modalities. *Nurs Clin North Am*. 2007;42:243–259.
96. American Holistic Nurses Association. Position statements 2006. <http://www.ahna.org>. Accessed March 28, 2006.
97. Hemsley M, Glass N. Nurse healers: exploring their lived experiences as nurses. *Aust J Holist Nurs*. 1999;6(2):26–31.
98. Hemsley M, Glass N, Watson J. Taking the eagle's view: using Watson's conceptual model to investigate the extraordinary and transformative experiences of nurse healers. *Holist Nurs Pract*. 2006;20(2):85–94.
99. Jackson C. Healing ourselves, healing others: third in a series. *Holist Nurs Pract*. 2004;18(4):199–210.
100. Quinn JF. The self as healer: reflections from a nurse's journey. *AACN Clin Issues*. 2000;11(1):17–26.
101. Thornton L, Gold J. The art and science of whole-person caring. *Surg Serv Manage*. 2000;6(11):28–38.
102. Watson J. Intentionality and caring-healing consciousness: a practice of transpersonal nursing. *Holist Nurs Pract*. 2002;16(4):12–20.
103. Watson J. Caring theory as an ethical guide to administrative and clinical practice. *Nurs Sci Q*. 2006;30(1):48–55.
104. Watson J. Love and caring. Ethics of face and hand—an invitation to return to the heart and soul of nursing and our deep humanity. *Nurs Adm Q*. 2003;27(3):197–202.
105. Watson J. *Nursing: The Philosophy and Science of Caring*. Rev ed. Boulder, CO: University Press of Colorado; 2008.
106. Watson J, Smith MC. Caring science and the science of unitary human beings: a trans-theoretical discourse for nursing knowledge development. *J Adv Nurs*. 2002;37(5):452–461.
107. Halcon LL, Chlan LL, Kreitzer MJ, Leonard BJ. Complementary therapies and healing practices: faculty/student belief and attitudes and implications for nursing education. *J Prof Nurs*. 2003;19(6):387–387.
108. Horneffer KJ. Student's self-concepts: implications for promoting self-care within the nursing curriculum. *J Nurs Educ*. 2006;45(8):311–317.

APPENDIX 1

Emergent Theme Examples

Formulated meaning grouping: Humanness and spirituality/feeling whole/spiritual connectedness is integral to self-care/reverence/spirituality and purpose/journey in life-accept/connection between the self and the Divine/gratitude and reverence for life and self with assistance from a Higher Power/human energy /love-reverence for self and others in caring and healing/intuition/peace and caring for others/empathy and caring for others/interconnectness of self, others, universe, Divine/trust in energy/universal life force and interconnectedness/God as creator of Divine energy//harmony and completeness/gift and blessing/openness-love-presence to be guided. Emergent Theme: Infinite Connection and Divine Guidance.

Formulated meaning grouping: Awareness-consciousness/acceptance to inner self/receptive—flexible to life's daily occurrences/centered—grounded for the day/centeredness; centeredness and regrounding; centeredness and replenishing; centeredness as a journey; centeredness and caring for others/higher vibration/ mindfulness to the present/restoring self to a tranquil state/heightened awareness for shifting back into centeredness. Emergent Theme: Journeying to the Centered Self.

Formulated meaning grouping: Connection to mind-body-spirit and inner self/awareness of the energetic body/balance energy centers healing realizations/transcending to healing/self-protection/healing disturbances; blockages physical-energetic/Self-treatment with Reiki/Throat Chakra/female self-expression and connection with others; healing journey/healing transformations/healing and balance/centeredness as journey. Emergent Theme: Developing Awareness for Self-Healing Transformations.

Formulated meaning groupings: Quieting oneself into a space of oneness/integral to clarity/acceptance, self-protection/luminal state of consciousness. Emergent Theme: Personal Space of Oneness.

APPENDIX 2

TABLE 1. Emergence of themes and thematic clusters

Theme category	Thematic clusters	
	Major	Minor
Infinite Connection and Divine Guidance	<ol style="list-style-type: none"> 1. Spiritual Guidance-Divine Connection 2. Universal Divine Energy 3. The Loving Space of Empathy 4. Interconnectedness of Self and Others 	<ol style="list-style-type: none"> 1. Spirituality and Humanness/Wholeness 2. Spirituality and Life's Purpose 3. Spiritual Healing
Journeying to the Centered Self	<ol style="list-style-type: none"> 1. Sense of Calmness/Balance—Shift to Calmness/Balance 	<ol style="list-style-type: none"> 1. Mindfulness to the Moment 2. Acceptance
Having a Calming Oasis for the Workday	<ol style="list-style-type: none"> 1. Self-Reiki and the Nurses' Workday 	<ol style="list-style-type: none"> 1. Self-Reiki and Workday Preparation
Relationship Between Relaxation and Clarity	<ol style="list-style-type: none"> 1. Modality of Relaxation-Calmness 	<ol style="list-style-type: none"> 1. Renewal 2. Relaxation and Clarity of Perspective 3. Peacefulness and Perspective 4. Calmness and Perspective 5. Stressful Negativity
Developing Awareness for Self-Healing Transformation	<ol style="list-style-type: none"> 1. Transcend Mind-Body-Spirit Connection and Healing 2. Healing Journey 3. Self-Treatment and Healing 	<ol style="list-style-type: none"> 1. Self-Treatment and Pain 2. Self-Treatment and Sleep 3. Self-Treatment and Throat Chakra
Personal Space of Oneness	<ol style="list-style-type: none"> 1. Altering State of Consciousness 	<ol style="list-style-type: none"> 1. The Good Space and Place 2. The Quiet Self
Providing Self-Reiki Care	<ol style="list-style-type: none"> 1. Individualized Self-Reiki Practice 2. Intuitiveness 3. Self-Reiki and Higher Attunements 	<ol style="list-style-type: none"> 1. Varying Temperature Sensation
Relationship Between Reverence, Caring, and Nursing	<ol style="list-style-type: none"> 1. Heal Self and Others 	<ol style="list-style-type: none"> 1. Varying Temperature Sensations 2. Self-Reiki and Basic Attunements

APPENDIX 3

TABLE 2. Sample characteristics

Reiki certification reported by study participants		
Usui Reiki level	<i>n</i>	%
Level 1	1	9.1
Level II	4	36.4
Level III	6	55.5

Reiki experience				
Time as Reiki nurse/practitioner			Time at current Reiki level	
Range of years	<i>n</i>	%	<i>N</i>	%
<1 y	1	9.1	1	9.1
1–2 y	2	16.2	1	9.1
2–4 y	3	27.3	2	18.2
4–6 y	3	27.3	2	18.2
6–8 y	0	0.0	2	18.2
8–10 y	2	18.2	3	27.3
>10 y	0	0.0	0	0.0

Amount of time as a registered nurse		
Range of years	<i>N</i>	%
<1–5 y	3	27.3
5–10 y	2	18.2
10–15 y	2	18.2
15–20 y	3	27.3
>25 y	1	9.1

Reported frequency of self-Reiki sessions and practicing Reiki in patient care per participant		
Participant	Frequency of self-Reiki session	Frequency of Reiki in patient care
1	3 times per week	3 times per week
2	3–4 times per week	3–5 times per week
3	1–2 times per week	Occasionally
4	2–4 times per week	1–2 times per month
5	3–4 times per week	1–2 times per month
6	2–4 times per month	None
7	3 times per week	None
8	1 time per day	2 times per week
9	1 time per week	None
10	7 times per week	15 times per week
11	1–2 times per month	None

APPENDIX 4

TABLE 3. Emergent themes and participant comments

Theme	Sample participant comments
Infinite Connection and Divine Guidance	<p>"I like to be spiritually grounded. . . . When I need a break, I say help me, like a spiritual prayer. I feel the warmth in my hands, feel the calmness . . . being in the presence of God all around me."</p> <p>"Reiki makes me understand we are energy, God given, ever flowing. It's an inner dwelling that makes me aware of our interconnectedness and everyone's state of being in the world."</p> <p>"I've been finding that I am more compassionate with myself and others. I can put myself in their places a little easier, see their point of view better."</p> <p>"I'm okay with my life's lessons and my life's purpose."</p> <p>"It helped me when my father died. I could almost envision him leaving and going to a much better place. I don't know if I could have faced his death without Reiki."</p>
Journey to the Centered Self	<p>"Being connected to yourself is a centering feeling. It's a good feeling. Reiki is calming."</p> <p>"We are constantly living so there are constant things . . . it takes only a few minutes of doing Reiki to come back to balance . . . muscles are less tense . . . thoughts aren't random, they slow down. I am not in that information overload anymore."</p> <p>"It helps me become a more response 'able' persona than a reactive person."</p> <p>"I come in and out of balance . . . I can feel myself shifting, use Reiki and try to shift myself back and it is easier."</p> <p>"Reiki refuels me . . . I'm calm and grounded . . . right in the moment. The more I practice on myself, I create more space for myself and this allows me to be more present."</p>
Having a Calming Oasis for the Workday	<p>"I might have to remove myself during the workday for a moment to reground and use Reiki."</p> <p>"Orders are coming in, phones are ringing and patients need nursing care. I'd rather be at the bedside . . . usually in the bathroom is the only place to get away from this. I take a couple of minutes for myself with Reiki, then go back to the floor and prioritize."</p> <p>"I may be anxious over something at work, it could be anything . . . I shut my office door and do Reiki for five or ten minutes, then I'm okay to go about whatever I am doing. I feel like I can help somebody again."</p> <p>"I'll do it as a quick centering practice when I walk into a patient's room. You know what you are supposed to do."</p> <p>"I frequently do Reiki to balance myself before work and during work. I always find at least 10 minutes to sit and do Reiki and I feel better."</p>
Relaxation Between Relaxation and Clarity	<p>"It feels like a soft feeling entering my body, like a warm bath, you relax into it and feel better. I want to do Reiki again and again because there is such a quick response."</p> <p>"Doing Reiki on myself is a gift that I can provide myself very quickly to relax . . . it's like a release valve that we have at our disposal to relax and calm down . . . and with a level of energy that I didn't have prior to caring for myself with Reiki."</p> <p>"I can relax with Reiki and then look at things differently, no matter what is bothering me is physical or emotional. Sometimes at the end of a Reiki session, I get answers, like an 'ah-ha' moment or sometimes it comes later . . . and that's okay."</p> <p>"The most powerful thing of all is the peacefulness and just being able to think clearly again."</p>
Developing Awareness for Self-Healing Transformation	<p>"I have back issues that have resurfaced, I think there is an emotional component to it . . . I think I feel when I feel stuck I get problems in my lower back . . . my fear keeps me stuck . . . unable to move forward. I think you have to spiritually, mentally heal as well."</p> <p>"There may be something that you need to pay more attention to going on in your body . . . it gets to be physical coming from the metaphysical. . . . With Reiki, I sometimes get insight into a spiritual or emotional issue and why I am having a physical issue."</p>

(continues)

TABLE 3. Emergent themes and participant comments (*Continued*)

Theme	Sample participant comments
Personal Space of Oneness	<p>“Every time I treat my stomach area, I am up here at my Throat Chakra. I would say that my throat Chakra is closed off energetically, not enough self-expression . . . I receive messages from my Guides . . . other Chakras may be blocked as well . . . I am connected to one more than others.”</p> <p>“Stress is not the trigger all the time now to share Reiki with myself. It’s really that I have a question or feel lost on the journey.”</p> <p>“For me, stomach pain goes with stress . . . more Reiki is to work on this and keep myself in balance.”</p> <p>“Sometimes I’m doing Reiki on myself and fifteen minutes have gone by and I didn’t even realize it.”</p> <p>“I know that I’m not awake. In fact, I was almost late for work because I lost about 30 minutes.” “I am able to enter that beautiful state of consciousness when you really aren’t thinking . . . you’re just being present. This is a quiet state, you know where you are, but it is a sense of profound relaxation.”</p> <p>“If I quiet myself . . . stay in that quiet place . . . that moment that comes and it’s okay . . . whatever is going on will pass. It’s my space and place.”</p>
Providing Self-Reiki Care	<p>“I work from my head to toes, covering all the Chakras.”</p> <p>“I visualize my hands at the top of my head. . . I use it {by visualization} over the stomach area, solar plexus. . . I may move up to my head or come on down. I work from my mind’s eye.”</p> <p>“Sometimes I just think about Reiki and it is there. I like to project Reiki . . . sometimes with touch . . . over my Heart Chakra. I am guided by feeling.”</p> <p>“I don’t do the hand positions from start to finish. I’ve been practicing a long time, I know where I need to go . . . how long I should keep my hands there. . . I just get a sense of where to go every time . . . my guides help me.”</p> <p>“I’ll feel the heat and then it will start to fade and I won’t feel it anymore . . . then I’ll just intuitively move on.”</p> <p>“Because I have been doing Reiki so long, I realize at the first Reiki level, I just had a lot of physical relief from stress and anxiety.”</p> <p>“In Reiki Level 11, you understand that you don’t really need to follow a pattern of hand positions. You go where the energy is going and where you are guided.”</p> <p>“At the other levels, Reiki is more of modality. As a Master, it’s more of a spiritual lifestyle.”</p> <p>“Reiki is all about self-care . . . from Level 1 to it becoming a continually practice. We must always remember the foundation and reconnect with ourselves.”</p>
Relationship Between Reverence, Caring, and Nursing	<p>“I need Reiki in my Heart space. . . I feel the need to replenish because I have been so connected to my patients in a Heart space type of way.”</p> <p>“I think about Reiki at work when I am with a patient . . . doing my assessments. Reiki is passing through me and I trust that it’s going to my patients too. I am with them in a healing capacity . . . using not just my knowledge but myself. Present the patients . . . there for them . . . you walk with your patient during the disease trajectory. People sense and appreciate that. . . Reiki enhances me as a person and nurse.”</p> <p>“If you let the Reiki energy work for you . . . can sense people’s moods . . . what they are thinking. There was an occasion at work where I hadn’t received report yet but stood at the bedside and thought about a cancer diagnosis, yet I was sure that the patient was okay. When I got the report, I was right about the diagnosis.”</p> <p>“From my Reiki experience there can be an energetic exchange between practitioner and client . . . it’s a shift in thinking but you’re healing yourself when you are healing others.”</p>

For more than 10 additional continuing education articles related to Complementary Therapy topics, go to NursingCenter.com/CE