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REIKI COMPLEMENTARY THERAPY IN NURSING PRATICE

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Abstract

Reiki is a therapy performed by placing hands on specific points in the body and using energy transfer to provide a natural well-being. Nursing also presents within its specific interventions, an essential part based on the touch to the person to whom it cares, being therefore important to have correct knowledge on these techniques. Thus the study intends to evaluate the knowledge that the nurses have about Reiki and to identify determining factors in this knowledge. This is a cross-sectional, descriptive and correlational study, carried out with a non-probabilistic sample by convenience, consisting of 49 nurses with a mean age of 38.96 years, working in health institutions in the central region of Portugal on whom a questionnaire was applied to evaluate knowledge about Reiki. The questionnaire was developed for this purpose by the researchers.

We found that 59.1% of nurses had reasonable knowledge, 38.6% had high knowledge and only 2.3% had low knowledge. Knowledge was higher in nurses who had already received Reiki treatment ($p = 0.032$) who had differentiated care ($p = 0.019$) who were holders of a master degree (0.040) and had a higher professional category ($p = 0.016$).

We conclude that the knowledge of nurses about Reiki is moderately positive and this is clearly superior in the group that performs functions in differentiated care when compared to those of primary care. On the other hand we found several factors that correlate with this knowledge and on which it is important to intervene in order to improve knowledge.

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1. Introduction

Non-conventional Therapies (NCT) have been used for thousands of years, both in western and in eastern civilizations, although they have known a new impetus and a greater development at the beginning of the current century. In 2013, the World Health Organization (WHO) released a document in which some strategies about traditional medicine were laid out. In this document, we can find the definition of this organization's mission: "it aims to save lives and to improve health" (p. 16) and, for that matter, supports members states in the development of national policies for the NCT sector; develops guidelines; gives easy access to information and supports investigative projects, among other initiatives.

NCT are then a body of practices that include the use of products and several care systems that are not seen as part of the so-called conventional medicine (NCCAM, 2011 quoted by Carvalho, Lopes & Gouveia, 2012).

These practices can also be found in Portugal: a study conducted by the aforementioned authors in the Lisbon area showed that approximately 77% of the respondents had already sought the help of NCT at least once. In that study, female who are between 30 and 69 years old, who have a college degree and whose monthly income ranges between 1000 and 1500 Euros were identified as NCT major users.

WHO 2002-2005 strategic report referred that 48% of Australians, 70% of Canadians, 42% of the North Americans, 38% of Belgians and 75% of French had already sought the help of a NCT at least once in their lives (WHO, 2002 quoted by Carvalho, Lopes & Gouveia, 2012).

The n° 71/2013 Law issued on September 2nd regulates the n°45/2003 Law, issued on August 22nd, about the professional practice of Non-Conventional Therapies. There, all professionals who perform medical practices like Acupuncture, Phytotherapy, Homeopathy, Chinese Traditional Medicine, Naturopathy, Osteopathy and Chiropractic are considered part of NCT.

Although Reiki is the energy therapy which has undergone a greater development and a therapy to which more and more people have been turning to (Burke, 2010), even within the National Healthcare System (NHS) itself, it wasn't covered by that law.

Reiki received an important media coverage in our country thanks to Zilda Alarcão's interventions. Zilda is a nurse and a Reiki Master who conducted a study on the use of Reiki in patients who were suffering from cancer and were being treated in the S.João Hospital, in Oporto. Patients from the Haemato-Oncology Unit of the hospital who were treated through Reiki therapy were closely observed for two years. In parallel, there was a control group.

The authors concluded that there was an increase in the patients' quality of life, a greater well-being, a decrease in anxiety and less Chemotherapy collateral effects among the patients' who received Reiki treatment (Cardoso, 2013).

This therapy practice is already used in other national healthcare institutions (APR, 2013a) and is mainly used in medical services in which we provide healthcare to oncological patients and to patients who are in pain. As a matter of fact, despite the inexistence of legislation in Portugal that regulates Reiki practice, there are different associations that are trying their best to gather as much practitioners as possible, people who are willing to follow the same path when it comes to interpret and apply its fundamentals and understanding. Among all these associations, we have to refer the Portuguese Reiki

Association, the Surya Reiki and Alternative Therapies Association, the Portuguese School of Reiki and Complementary Therapies and the Portuguese Essential Reiki Association.

Reiki is a holistic therapeutic system used to promote self-awareness and spiritual growth and to treat, balance and restore the individual's global harmony (body, mind, emotions and spirit). It is an excellent prophylactic therapy since it guides a person in a way that he may find his vital balance. This therapy can be self-applied, applied to other people, in person or from a distance (Stein, 2004).

It is a non-invasive and soothing therapy, administrated by "laying on hands", that uses spiritual energy without resorting to any kind of manipulation or massage. It is a method used to achieve a natural well-being through the transfer of energy that will activate the energy centres (Chakras) (Quest, 2012; Rodrigues, 2010; Ramos & Ramos, 2005) and the practitioner is just a channel through which the energy is transferred. He doesn't interfere with the process which is unique and individual for each person (Cavalheiro, 2003). In addition, Reiki, as a complementary therapy, may be used in parallel with all the other existing medicines and therapies, without ever replacing or colliding with any of them (APR, 2013).

The term Reiki is a Japanese word which is usually translated as "the vital energy of the Universe" (Quest, 2012; Rodrigues, 2010; Ramos & Ramos, 2005; Cavalheiro, 2003; Stein, 2004). The word Reiki is composed of two different words: Rei + Ki, each one of them with a specific meaning.

Rei means "the Higher Intelligence that guides the creation and functioning of the universe; the wisdom that comes from God (the Source, the Creator, the Universe or Everything that Is) who is omniscient and understands the need and the cause of all problems, as well as the way to solve them" (Quest, 2012, p. 17).

Ki is the vital energy that flows through all living things – plants, animals and people- and that is present, somehow, in everything that exists around us, even in rocks and inanimate objects" (Quest, 2012, p. 18).

Reiki's main effect is the improvement that occurs in a person's self-curative abilities as it aims at the source of the problem. It can have different kinds of benefits: it may provide a deep state of relaxation; the clearing of energy blockages and detoxification; it provides healing universal and vital energy and increases the body's vibratory frequency (Lübeck, 1998). In addition, it recalibrates biofeedback; increases endorphin production (Sousa, 2012), reduces anxiety by guiding people into a deep state of relaxation; increases the body's defenses as it stimulates the immune system; it soothes depressive state and fatigue states; it removes or reduces the side effects of some drugs (like the ones caused by cytostatic drugs); it purges the toxins from people's system much faster; it increases a person's recovery capacity after he or she had undergone a surgery or suffered the effects of a disease (APR, 2013).

In a study conducted in Portugal, Cardoso (2013) observed a decrease in the level of pain felt by the people who were participating in a survey about the effects of Reiki treatments (57%). Other unspecified physical improvements (34%) were witnessed, too. The author demonstrated that a single Reiki session is capable of relieving the intensity of the pain experienced by a patient, apart from providing a greater physical well-being.

The Reiki treatment is performed as a person is comfortably lying down and dressed. The first position which is usually adopted is the dorsal decubitus (right or left) and then patients move into a

prone position, although those are not mandatory positions. Treatment may be carried out as the patient is lying down in a lateral decubitus position or even sit on a chair, if he or she is unable to assume the positions we referred before. The Reiki practitioner places his/her hands on or over some specific parts of the patient's body for about three minutes. The practitioners usually use 12 different hands positions and the treatment may last one hour or longer. In dorsal decubitus, the most usual placements of the hands are: the occipital region, the eyes, the neck, the ears; the chest, the zone above the patients' navel, the zone below the patient's navel and the groin area. When the patient is in the prone position, the most common zones for the practitioner to place his hands are the shoulder blades, the dorsal region, the pelvic girdle and the lower back region.

After their treatment, some people may exhibit physical symptoms similar to those caused by the flu (Quest, 2012; Ramos & Ramos, 2005; Stein, 2004; Lübeck, 1998), however, Reiki is recommended for people of all ages and its treatments can be received even during pregnancy.

According to Hesbeen (2001) quoted by Ferreira et al (2007), Nursing, because of its wide scope and because of the lack of definition of its boundaries, is hard to be thoroughly defined.

The scientific and technological development that has been happening in healthcare brings some risks, namely when a human being is seen as a mere set of specialties in which each healthcare practitioner works separately. Nursing strives for something completely different, since it takes care of the patient in a holistic way.

Similarly, Reiki and some other NCT seem to favor a more individualized approach for each person, unlike the conventional and current treatments which seem to be more appropriate to the disease than to the patient. As a matter of fact, in NCT each person is encouraged to accept the responsibility for his health and well-being, something that doesn't happen in the conventional healthcare model still suffering from some degree of paternalist thoughts.

Since 1978, WHO has been recommending the integration of traditional healing practices into the set of well-established and scientifically recognized medical activities. This organization also recommends the promotion of respect, recognition and cooperation between the professionals of those different healthcare fields, since the adaptive processes are different from one person to another, even in similar situations. The definition of well-being is influenced by different individual standards, thus it is natural for each individual to take different therapeutic options.

In the current context, the North American Nursing Diagnosis Association (NANDA) (2005) quoted by Natale (2010) introduced the diagnosis "Disturbance in the Energetic Field" that may refer to a change in a person's energy flux that can affect the body, mind and/or spirit. This diagnosis, despite being still quite controversial, represents a sign of openness regarding subjective assessment and the introduction of the energy therapies in Nursing healthcare.

As far as the Portuguese situation is concerned, the Portuguese equivalent of the Nursing and Midwifery Council, the Ordem dos Enfermeiros (OE), has already offered a few suggestions about this issue. In one of those, it states "that, according to the current laws, no legal incompatibility was found between the practice of Nursing and the performance of Reiki therapy sessions simultaneously" (OE,

2009). It also states that some alternative therapies may become part of nursing clinical practice since they can improve the patient's physical, psychological and spiritual well-being and suggests that they should become part of the International Classification for Nursing Practice (ICNP) clinical activities (OE, 2011).

Natale's (2010) opinion is that nurses are in the right place to lead the process of integration of the energy therapies into the existing biomedical model and to conduct research processes that will help validate these therapies. Natherson (2012) shares this opinion and says that nurses play a crucial role in organizing healthcare practices into a vast variety of services. This role is even more important when they are specialist nurses, since they are the coordinators of information that comes from the different members of their multidisciplinary teams and because they are usually the connecting link and/or the reference point for the patients' family.

Nevertheless, this practice can only become part of development of nurses' competences if the knowledge they have is enough and appropriate. This is the aspect we wish to assess. As a matter of fact, the study on the nurses' knowledge of Reiki was born from a personal interest the author had about this kind of therapy and about the way it could become part of Nursing practice.

The planning of this research work led to a reflection on the kind of relevance nurses' intervention really has to the healthcare provided to people and on the answers we have to offer a population which is more and more enlightened, interested and participative in their healthcare project.

2. Problem Statement

Reiki is a therapy performed through the laying of the therapist's hands on some specific points of the body and that uses the transfer of energy to provide a natural well-being. Nursing exhibits, among its specific interventions, an essential element based on the touch nurses apply on the body of the person they are providing healthcare to. This means that it is important for these health providers to possess the right kind of knowledge about these techniques.

3. Research Questions

What knowledge do nurses have about Reiki and what kind of factors influence this knowledge?

4. Purpose of the Study

To assess the knowledge nurses have of Reiki and to identify key factors that are part of this knowledge.

5. Research Methods

This is a cross-sectional, descriptive and correlational study conducted through a quantitative method. We used a non-probability convenience sampling composed of 49 nurses: 36.7% of them are male and 63.3% are female. The participants' age ranges between 24 and 56 years old, with an average age of 38.96 years old and a 7.58 years Standard Deviation. 73.5% of the participants are working in

Differentiated Care Units (DC) and 26.5% of them in Primary Health Care Units (PHCU) in medical institutions located in the centre area of Portugal.

The data collection instrument we have selected was a questionnaire which was created by the authors especially for this study, since we couldn't find any valid scale to assess the topic we were interested in.

The first part- Socio-demographic characterization- consists of three questions, through which we collected information about the participants' age, gender, and academic qualifications.

The second part- Professional characterization- consists of three questions through which we collected information about how long the participants have been working, their professional category and where they are working.

The third part- Contextual characterization- consists of five questions that will help collect information about the kind of contact participants had already had with Reiki.

The fourth part- Knowledge of Reiki- consists of 44 dichotomous statements (True/False) through which the study will assess nurses' knowledge of Reiki. The participants were asked to mark with an X the option they think is the most correct, according to their knowledge of Reiki. The items were divided into four dimensions based on the literature review that was carried out: Concept and History (11 items), Reiki Practice (11 items), Reiki training (11 items) and Reiki in the Professional Context (11 items).

To avoid biases in the answers, seven items in the questionnaire were designed using the negative form. Each one of the items of the questionnaire gets 0 points, if the answer is incorrect, and gets 1 point, if the answer is correct. This way, the total scoring ranges between 0 and 44 points: 0 corresponds to no knowledge at all and 44 points corresponds to a maximum knowledge of the topic assessed through the questionnaire.

Statistical treatment of the data was processed using the 22.0 version for Windows of the SPSS (Statistical Package for the Social Sciences) programme.

6. Findings

The results of this study show that 59.1% of the nurses have an "acceptable knowledge", 38.6% of them have "a vast knowledge" and 2,3% a "poor knowledge" of Reiki.

In the DC group, we observed that nurses were divided in two groups: those who have "acceptable knowledge" (59,4%) and those who have "a vast knowledge" (40,6%). None of the nurses who belong in this service confessed his/her "poor knowledge" (0,0%) of Reiki. In the PHC group, there was a higher representation in the "acceptable knowledge" category (58,4%) and a lower representation in the "poor knowledge" of Reiki dimension (8.3%).

Although female members were prevalent in our sample (63,3%), there were no statistically significant differences ($p > 0,05$) in any of the dimensions, which proves the independence that exists between the variables. Nonetheless, we witnessed a higher level of knowledge in male participants who were working in Differentiated Care in all the dimensions and in the "Total Knowledge". The only exception was in the "Reiki training" dimension. The PHC male nurses exhibited higher mean ordination values than female nurses, but only in the "Reiki training" and "Reiki in the professional context"

dimensions. In the remaining dimensions and for the “Total Knowledge”, they showed lower mean ordination values, thus proving they had poorer knowledge.

The participants who are between 36 and 43 years old are the most representative age group (38,8%). The highest mean ordination values correspond to male nurses who are 44 years old or older and are working both in DC and in PHC. However, the differences between the groups are only statistically significant for the dimension “Concept and History” ($X^2 = 7,561$; $p = 0,023$) for those who were working in the DC.

We concluded that, for male nurses working in the DC, age is an explanatory factor regarding the knowledge of Reiki in the “Concept and History” dimension.

As far as their academic qualifications were concerned, we concluded that 53.0% of the nurses who have participated in the study have a college degree, 32.7% have a postgraduate degree and 14.3% have a master degree.

We observed in both groups higher mean ordination values in nurses who have a master, however the differences between the groups are only statistically significant for the “Context and History” context ($X^2 = 6,890$; $p = 0,032$) in the group of nurses who were working in DC

Nurse is the most representative professional category with 36.7%, Graduate Nurses followed with 37.7% and Specialist Nurses came right after with 30.6%. The differences between the groups are only statistically significant for the “Concept and History” dimension for nurses who are working in DC, a fact which confirms the existence of a relationship between those variables ($X^2 = 7,877$; $p = 0,019$).

The nurses’ career length ranges from 2 years to 36 years, with a 16.41 years average length, a 7.23 standard deviation and a 44.9% CV that shows a high dispersion around the average value. The nurses who exhibit a higher representativeness are part of the group who are working for less than 14 years (36,7%).

We concluded that 89.8% of the nurses had already heard about Reiki. The main sources of information were Friends (40,9%), Training sessions (20,5%), Television (20,5%) and finally, the Internet, Magazines and other sources (18,1%).

The differences we found are not statistically significant, which makes us think that the sources of information about Reiki do not determine the knowledge of this therapy.

We also found out that 20.5% of the participants had already participated in Reiki treatments at least once in their lives. The nurses who are working in DC and received a training in Reiki are those who have the best knowledge in the following dimensions: “Reiki Practice” ($U = 18,500$; $p = 0,003$), “Training in Reiki” ($U = 35,500$; $p = 0,036$), “Reiki in a Professional Context” ($U = 23,000$; $p = 0,007$) and “Total Knowledge” ($U = 21,500$; $p = 0,006$).

We conclude that 11.4% of our sample had received an attunement in Reiki. Those participants were those who obtained the highest average values. There were significant differences in all the dimensions and in the total knowledge in the group of DC nurses: “Concept and History” ($U = 8,500$; $p = 0,006$), “Reiki Practice” ($U = 15,000$; $p = 0,017$), “Training in Reiki” ($U = 3,000$; $p = 0,002$), “Reiki in the professional context” ($U = 20,500$; $p = 0,040$) and “Total Knowledge” ($U = 4,500$; $p = 0,003$).

Most nurses (75,0%) think it would be important to incorporate Reiki and/or other complementary therapies in the Nursing Course Curricular Plan (NCCP). This point of view is more evident among the

nurses who are working in DC, while there was an even distribution of the answers among those who are working in PHC units. However, we only found a statistically significant difference in the dimension “Reiki in the Professional Context” ($U=11,000$; $p=0,001$), which proves the existence of an important relationship between this dimension of knowledge and the agreement of the nurses working in DC about the inclusion of Reiki and other NCT in the NCCP.

7. Discussion

The sample of our study is mostly composed of female nurses (63,3%), while only 36.7% of the participants are male. The participants have an average age of 38.96 years old: 38,8% of the nurses are between 36 and 43 years old, 30,6% are less than 35 years old and 30,6% are 44 years old or older.

73.5% of the nurses who form our sample work in DC units and 26.5% of them work in PHC units.

As far as their academic qualifications are concerned, we found out that 53.0% of the nurses have a nursing college degree, 32.7% a postgraduate degree and 14.3% have a master degree. The professional category of Nurse has the highest representativeness with 36.7%, followed by the Graduate Nurse category with 32.7% and by the Specialist Nurse category with 30,6%.

As for their career length, 36.7% of the nurses have been working for less than 14 years, 28.6% have started their career between 15 and 20 years ago and 34.7% have been working as a nurse for more than 20 years.

We know that Nursing is mainly a women’s job, a fact that is confirmed by our data and by a report from the OE (2015): the statistical data covering the end of 2014 show the existence of 54374 female nurses (81,82%) and only 12078 male nurses (18,17%). In the area covered by our study, Aveiro, Castelo Branco, Coimbra, Guarda e Viseu, the OE revealed the existence of 10069 female nurses (79,38%) and 2615 male nurses (20,62%), which is in agreement with the values found for our sample.

The OE (2015) in its annual report showed that, by the end of 2014, 48,58% of the nurses working in our country were less than 35 years old, 23.33% of them were between 36 and 45 years old, while 28.09% were 46 years old or older. The divergence between these values and those we found in our study is caused, as far as we are concerned, by the way the sample was selected. The discrepancy is more visible in the number of nurses who are less than 35 years old (the percentage is lower in our sample) and in those who are between 36 and 43 years old (the percentage is higher in our sample). Our study includes more nurses who are representative of the over 35 year old age group, as opposed to the national reality in which 48.58% of nurses are under 35 years old.

According to the statistical data released by the OE (2015), we can conclude that 51.04% of the nurses are working in DC, while 11.42% are working in the PHC units. This is in agreement with the percentage difference found in our study. In the same data collection, the OE (2015) made an inventory of the number of nurses working within Portuguese territory and found out that 79,09% were working in general care and 20.91% were working in specialized healthcare units, a finding which is in agreement with our data.

The results obtained by Ribeiro (2011) in the study he conducted on nurses' autonomy showed that 71,33% of them had a Nursing College Degree, 19,34% had a Postgraduate Degree and 2,66% had a Master Degree. These data, when compared to our study, show that there is a decrease in the number of nurses who have a College Degree and an increase in those who have a Postgraduate or a Master degree.

We realized that a higher knowledge of Reiki is associated with older nurses who are working in DC or in PHC units. However, differences were only statistically significant for the "Concept and History" dimension ($p=0,023$) for the first group.

This information supports the findings of Policarpo (2012), since he found out in the study he conducted with Nursing students that higher knowledge regarding some NCT, among which Reiki was included, was associated with the participants' older age and to the fact that they were attending a more advanced school year. As for the participants' academic qualifications, the highest knowledge was exhibited by nurses who had a Master and the lowest was evidenced by the nurses who had a Nursing College Degree, except for the "Reiki in Professional Context" dimension. The results were similar both for nurses working in DC and in the PHC units. However, we only obtained a statistically significant difference for the "Concept and History" dimension ($p=0,032$) regarding the first group of nurses.

For the group that was working in DC, the highest knowledge was associated with Specialist Nurses in two dimensions and in the "Total Knowledge". For these three dimensions, the lowest knowledge belonged to the nurses who fall into the professional category of Nurses. However, we only observed statistically significant differences for the dimension "Concept and History" ($p=0,019$) in the group who works in DC. We observed the existence of higher knowledge associated with the nurses who have been working for a longer period of time, both for the group that works in DC and for the group who works in the PHC units. The differences between the groups were statistically significant, but only for the dimension "Concept and History" ($p=0,032$) for the nurses who work in the DC.

When we asked the participants if they had already heard about Reiki, we discovered that 89.8% answered affirmatively. These values reflect the vast promotion of Reiki as a NCT we have witnessed lately.

These are data which are in agreement with those presented by Pereira (2009) who states that 72% of the students who were attending the fourth year of their Nursing course had already heard about Reiki. Although they were still students, this information means that a high percentage of future nurses would already be aware of the existence of this NCT. Hassan et al (2014) concluded that 88.8% of the nurses had already heard about NCT. 93.5% of those nurses think that NCT can help the patients, 24.3% often recommend these therapies to their patients and 84.9% would inform the institution in which they work about the advantages of introducing these NCT as an essential part in the treatment of oncological diseases.

As for the question "did you get Reiki treatment at least once?", we found out that 20.5% of the nurses answered affirmatively. We also observed that the nurses who were working in DC and who received Reiki treatments exhibited higher knowledge in all the dimensions and in the "Total Knowledge" as well.

The study conducted by Pereira (2009) also showed that 19.0% of the students who were attending the Nursing course had already received Reiki treatment. In Machado's study (2012), we found out that 26.32% of the participants in his study had already experienced Reiki treatments.

These values show an increase in the interest or in the adherence of younger age groups to Reiki, young people who are future healthcare workers.

The adherence of other healthcare workers to NCT has also been studied. Chang et al (2011), for instance, tell us that 80% of the pharmacists, 49.2% of the nurses, 37.0% of the physiotherapists and 28.8% of the doctors who had participated in the study had already sought NCT treatments. These researchers gathered in the same study oncological patients, volunteers who didn't suffer from any oncological disease and healthcare workers (who were involved in the treatment of patients who were suffering from cancer) and found values of prevalence in the adherence to NCT (29.1%, 30.9% and 39.7% respectively) in which the healthcare workers show higher values than the users/patients.

In our study, only 11.4% of the nurses had already had "attunement in Reiki". In spite of the low percentage obtained, we considerer that there is a slight progress when these results are compared to those that were obtained in former studies (Pereira, 2009) and in which the percentage is even lower (9,30%).

The mean superior ordination values for the group who was working in DC and the group that was working in the PHC units are obtained by those who received Attunement in Reiki in the "Total Knowledge" as in all the remaining dimensions.

Most of the nurses (75,0%) think that the inclusion of Reiki and/or other NCT in the NCCP is an important measure. The group of the DC nurses has a better knowledge and thinks that this inclusion of NCT is quite important, although the statistically significant differences can only be perceived in the "Reiki in Professional Context" dimension ($p=0,001$).

Our results are in agreement with those found in Pereira's (2009) who found out that 48.84% of the Nursing fourth year students who participated in the study had considered that the inclusion of Reiki in the NCCP would be "Quite Important", while 23.26% of them declared that the measure would be "Very Important". The study conducted by Machado (2012) presented different results: he found out that 52.63% of the participants in his study assigned a "Medium Importance" to the existence of a Reiki Curricular Unit in the Nursing Curricular Plan.

In the study conducted by Policarpo (2012), the results go even further: 85,33% of the respondents agree with the integration of NCT in the National Healthcare Plan. The "Total knowledge" of Reiki we found in our nurses is acceptable for 59.1% of them, vast for 38.6% and poor for 2.3%.

The knowledge of the nurses who participated in the study conducted by Victorin & Olsén (2012) was divided in four categories (none, little, good, complete). 97% of the participants fell into the first two categories, that is to say that they confessed they had no knowledge or little knowledge, although 80.9% of them stated that it would be important to be informed and 55.8% showed some interest in participating in training sessions that would deal with NCT. Among the healthcare professionals who had participated in the study, nurses were those who granted less importance to the knowledge of NCT. As far as Reiki is

concerned, only 3.2% of these professionals would recommend this kind of therapy to their patients. This percentage includes probably those who have had a specific training.

This study is in agreement with the one conducted by Chang et al (2011) that indicated that 58.8% of healthcare professionals confess that they didn't have the proper knowledge and that 79.2% of them are not aware of the relevance of the use of NCT in oncological units. Brown et al (2007) had found out that the healthcare professionals who had participated in his study had limited knowledge and little experience with NCT, thus feeling unprepared to talk with their patients about these therapies. Policarpo (2012) drew the same conclusion when he stated that the results he had obtained showed that the future nurses had little information and little knowledge of NCT.

8. Conclusion

The History of Mankind has already showed in several occasions that truth isn't immutable: what is real and absolute at a certain moment may lose these characteristics after a short period of time.

Healthcare is no exception: just consider the case of certain medical drugs that were, at a certain point, seen as very efficient and safe and that, moments later, were not longer sold because of some new and negative situations caused by its extended use (Cavalheiro, 2003). These different visions are part of the development of Mankind and of societies and that is why we must welcome them.

We know that Reiki is still seen as something too esoteric to be integrated in current healthcare, but who can say that it won't become a common practice in a near future. These new therapies need to be analysed by the Scientific Community in order to reduce the feelings of suspicion and ignorance that still surrounds them. That is why understanding the level of knowledge that healthcare workers have of Reiki, as well as the factors that influence this knowledge seemed essential.

This analysis will be helpful since it will highlight all the benefits of this therapy and give more strength to the indications that will help in its further use. It will also make its implementation easier in healthcare services and help all healthcare workers accept this integration so that Reiki may become an available technique in every healthcare unit and that may soon be offered to all those who want to turn to this kind of therapy.

To conclude, we wish that this research and other investigative projects may become starting places that will contribute to an effective change in the healthcare system and in its workers (namely in Rehabilitation Nurses) that will allow them to fully meet the different healthcare needs felt by their patients, by families and by the community in general.

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