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ORIGINAL ARTICLE

Reiki sessions in professionals of a public university: randomized clinical trial

Sessão de reiki em profissionais de uma universidade pública: ensaio clínico randomizado

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ABSTRACT

Aim: The aim of this study was to evaluate the effectiveness of reiki therapy in professionals of a public university through the perception of subjective well-being. **Method:** This is a single-blind, randomized clinical trial with an experimental group and a control group. Twenty-eight professionals participated in the study. The experimental group received three Reiki sessions and the control group received three false sessions. **Results:** the ANOVA test showed significance in reducing the "negative affect" dimension in the experimental group (p=0.023). **Conclusion:** Reiki reduces "negative affect" and can therefore reduce unpleasant sensations in workers and serve as an effective tool for care.

Descriptors: Therapeutic Touch; Mental Health; Complementary Therapies; Occupational Health; Working Environment.

RESUMO

Objetivo: Avaliar a efetividade da terapia reiki em profissionais de uma universidade pública por meio da percepção de bem-estar subjetivo. **Método:** Trata-se de um ensaio clínico randomizado, simples cego, com grupo experimental e controle. Vinte e oito profissionais participaram da pesquisa. Após alocação nos grupos, o experimental recebeu três sessões de reiki e o controle três sessões falsas. **Resultados:** o teste ANOVA mostrou significância na redução da dimensão "afeto negativo" no grupo experimental (p=0,023). **Conclusão:** O reiki reduz o "afeto negativo", dessa maneira, essa terapia pode reduzir sensações desagradáveis em trabalhadores, mostra-se uma ferramenta eficaz para o cuidado.

Descritores: Toque Terapêutico; Saúde Mental; Terapias Complementares; Saúde do Trabalhador; Ambiente de Trabalho.

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INTRODUCTION

The World Health Organization (WHO), one of the main promoters of integrative and complementary practices, instituted the Traditional Medicine Strategy in the 1970s. Brazil, however, started the promotion of these practices a little later, in the 1980s. At that time, the Unified Health System (*Sistema Unificado de Saúde* – SUS) was created, empowering municipalities and encouraging public participation, leading to the establishment of the National Policy of Natural Medicine and Complementary Practices (MNPC)[1–3].

The National Policy on Integrative and Complementary Practices (PNPIC), which adopted guidelines of the WHO and the National Health Care Conferences, went through a long organizational period. Several working groups started a discussion on the structure of the PNPIC in 2003, and in 2005, after numerous technical meetings and recommendations, the process of presenting the proposed structure to regulatory agencies and health authorities. It was only in 2006, however, that the PNPIC was finally consolidated through ministerial ordinances, namely ordinance No. 971 of May 3, 2006, and No. 1600 of July 6, 2006[1,2,4].

Integrative and complementary health practices aim to promote health and disease prevention and support the treatment of chronic diseases using soft technology and providing comprehensive care to individuals[4]. One of the numerous practices that make up the PNPIC is Reiki, a Japanese therapy in which the practitioner places their hands over one's body in order to balance its vital energy and stimulate its natural mechanisms, which can harmonize physical and mental health[5].

Several studies have been carried out to ascertain the effectiveness of Reiki in different populations. Recently, a systematic review with meta-analysis identified 4 articles which suggest that Reiki brings statistically significant efficacy in patients who feel pain[6]. In addition, it reduces stress levels and anxiety-related symptoms and helps to improve mood and quality of life[7,8].

Reiki is a therapy that can be self-applied and used in various scenarios. According to international research in the area of oncology, conducted with adults and children with cancer, Reiki helps patients to relax, improves their mood, and reduces fatigue and pain[8-13].

A parallel randomized controlled clinical trial combined the effects of Reiki with massages had significant results regarding the reduction of stress and anxiety, mainly in terms of physical and emotional symptoms[14].

In addition to improving emotional indispositions, Reiki therapy had an effect on the physiological dimension, such as the reduction of heart and respiratory rate and reduction of pain in children receiving palliative care. This demonstrates its broad applicability as a tool for care, regardless of age group, and possible complementary use with other treatment[15].

With regard to the health of workers, it is important to reduce workplace-related stress, which is a difficult factor to avoid. Public administration workers carry out bureaucratic activities that require high concentration and involve several responsibilities, generating additional tension, as shown by a study developed with the workers of the Federal University of Pelotas (UFPel), published in 2018. Thus, work-related stress may be associated with negative sensations[16].

In this regard, studies should be conducted to evaluate the well-being and health conditions of public university workers in the biopsychosocial context, together with the implementation of practices, such as Reiki, to provide a quality work environment.

The effects on these subjective phenomena, including emotional responses and perception of well-being, should also be investigated[17]. The assessment of subjective well-being (SWB) should consider overall life satisfaction and include a personal analysis of how often positive and negative emotions are experienced. When someone reports a high frequency of life satisfaction, positive emotional experiences, and low frequencies of negative emotional experiences, they are considered to have a satisfactory level of SWB[18,19].

Thus, the objective of this study was to evaluate the effectiveness of Reiki in professionals of a public university through the perception of SWB. This evaluation will help disseminate knowledge and the applicability of integrative and complementary practices, in particular Reiki, in different environments and populations.

METHODS

This is a single-blind, randomized clinical trial conducted with two groups: an Experimental Group (EG) and a Control Group (CG). Individuals in the EG (n=14) received the therapy and individuals in the CG (n=14) did not receive the therapy. In the EG, three Reiki sessions were performed, while in the CG, three sessions that simulated Reiki were performed, consisting of only the placing of hands over the same parts of the individual's body.

The individuals were divided into the groups randomly and they did not know whether they were in the EG or the CG. Data were collected from September 2018 to June 2019, with a one-week interval for both groups.

In order to gather study subjects, the researchers advertised the research in posters and leaflets at the university, in addition to e-mail and face-to-face contact. In all, 32 participants expressed interest in participating voluntarily in the research. The inclusion criteria were as follows: 18 years of age or older, public university worker, able to read and write, availability, and voluntary commitment to participate in the three Reiki sessions. The exclusion criteria were physical or cognitive inability to answer the questionnaires and being on

vacation or leave from the institution. Participants with some chronic comorbidities were not excluded from the research.

After the necessary exclusions, 28 participants remained and 4 were excluded; 3 dropped out after the first session and did not attend the other sessions and 01 was transferred from the institution and was unable to participate (Figure 1). The volunteers were divided into the groups by means of an envelope draw, with the numbers 1 (EG) and 2 (CG). The participants did not know to which group they would be allocated, and allocation was randomly conducted.

Two instruments were used in this study, namely the sociodemographic characterization and working conditions questionnaire and the subjective well-being scale (SWBS). Both instruments were applied before the first session and the SWBS was reapplied at the end of the three sessions. The questionnaires were given to the participants after obtaining their written informed consent.

The first questionnaire was about sociodemographic characterization and working conditions. It collected information on age, sex, education, family income, profession, length of employment, relationship with management, and conditions of the work environment, to characterize the profile of the volunteers.

The second questionnaire was the SWBS, developed to evaluate the various perspectives of human beings, considering aspects such as happiness, life satisfaction, and state of mind. The purpose of its investigation is not to make a pathological assessment, but rather, an assessment of quality of life[18].

The SWBS consists of 62 items evaluated on a Likert scale. Of these items, 21 describe positive affects (pleasant feelings: cheerful, stimulated, safe, productive, engaged, well, etc.), 26 describe negative affects (unpleasant feelings: depressed, angry, alarmed, aggressive, bothered, upset, among others), 15 describe judgments related to life satisfaction. Life satisfaction is a global assessment of all personal processes and experiences, considered a lasting point, that is, not related to the ups and downs of daily emotions, and thus demonstrating life satisfaction as a whole. The items related to positive and negative affects range from 1 = "not at all" to 5 = "extremely" and those related to life satisfaction, from 1 = "I totally disagree" to 5 "I totally agree"[18].

The sessions of the EG were performed by a Reiki therapist, while the sessions of the CG were performed by a volunteer trained to perform movements identical to those of the Reiki therapist. All sessions lasted thirty-five minutes (EG and CG). The sessions were carried out with the volunteer lying on a stretcher, eyes closed, while the Reiki therapist (EG) and the trained volunteer (CG) positioned their hands over the seven chakras (coronary, frontal, laryngeal, cardiac, solar plexus, umbilical and sacral, located at the top of the head, between the eyebrows, base of the neck, center of the chest, below the xiphoid process, navel, and perineal region, respectively) for about five minutes. The room where the sessions took place was adequately prepared with green or ambient lighting and relaxing instrumental music and temperature control. All procedures were accompanied by the researcher.

As for the statistical analysis, the data were entered into and tabulated in SPSS software version 21.0 for quantitative analysis. The categorical variables of the sociodemographic characterization and working conditions questionnaire were described by means of absolute and relative frequency. The continuous SWBS variables were described using mean and standard deviation. Mean differences were tested using t-tests for dependent samples and ANOVA with repeated measurement. The associations between categorical variables were tested by Fisher's exact and Chi-square tests with Monte-Carlo simulations. The significance level adopted was 5% and the software used was R Core Team 2019.

The study was approved by the Research Ethics Committee of the Federal University of Sergipe, under opinion number 2.921.391, with CAAE 92400718.0.0000.5546. The study was registered in the Brazilian Registry of Clinical Trials (ReBEC), under registration number RBR-89z57d. Research observed the norms established by Resolution 466/2012 regarding research involving human beings. An informed consent form, containing information and clarifications about the research, was obtained from all the research participants.

RESULTS

The sample consisted of 28 volunteers, 14 of which were assigned to the experimental group (EG) and 14 to the control group (CG). Regarding sex of the participants, 50% (n=14) were female and 50% (n=14) were male. According to the sociodemographic profile, 85.2% of the participants come from the urban area, 64.3% are in a stable relationship, 78.6% have their own home, around 64% have completed higher education, 60% have a family income greater than or

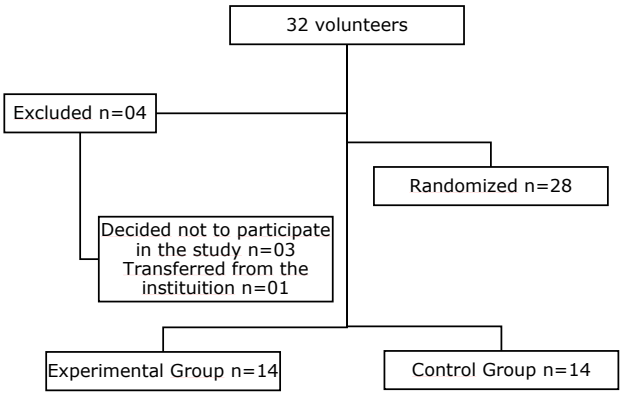

Figure 1. Flowchart of inclusion and randomization of volunteers. Lagarto, SE, Brazil, 2020.

equal to 3 minimum wages, and 64.3% self-identify as mixed race. In addition, the Fisher exact test highlighted that the groups were homogeneous in terms of sex, educational level, and total family income (Table 1).

Regarding the work environment, 64.3% of the volunteers classified their relationship with management as "great", 67.9% considered the physical working conditions "good", and 71.4% evaluated the work organization as "good" (Table 2). In the ANOVA test with repeated measurements, a significant difference was found in the EG in the dimension "negative affect" (p=0.23). Regarding the dimensions "life satisfaction" and "positive affect", there was no statistically significant increase between the EG and the CG, however, the GE expressed a slight increase in both dimensions (Table 3).

Table 1. Descriptive data of the sociodemographic profile of professionals from the Federal University of Sergipe (n=28). Lagarto, SE, Brazil, 2020.

Variables		Absolute frequency (n)	Relative frequency (%)	p-value
Experimental group		14	50	
Control group		14	50	
Sex	Female	14	50	0.057[F]
	Male	14	50	
Origin	Rural area	4	14.8	
	Urban area	23	85.2	
Affective relationship	In a stable affective relationship	18	64.3	0.695[F]
	Not in a stable affective relationship	10	35.7	
Residence	Own home	22	78.6	
	Rented home	6	21.4	
Total family income	≤ to 1 minimum wage	2	7.1	1.000[F]
	>1 and ≤2 minimum wages	7	25	
	≤2 and ≤3 minimum wages	2	7.1	
	≥3 minimum wages	17	60.7	
Education	Did not finish primary education	2	7.1	1.000[F]
	Did not finish secondary education	1	3.6	
	Finished secondary education	6	21.4	
	Did not finish higher education	1	3.6	
	Finished higher education	18	64.3	
Skin color	White	6	21.4	
	Mixed	18	64.3	
	Black	4	14.3	

F: Fisher's exact test.

DISCUSSION

The results revealed that Reiki provides benefits that help decrease "negative affect", although it does not significantly influence the other dimensions, "positive affect" and "life satisfaction". Thus, it is inferred that the reduction of negative affect enables a more positive outlook in other areas of life. Despite the evidence that Reiki helps increase "positive affect" without altering "negative affect" and "life satisfaction", it causes a beneficial shift in the perception of negative and positive feelings[17,18].

Table 2. Descriptive data on the work environment and professional relationship of workers at the Federal University of Sergipe (n=28). Lagarto, SE, Brazil, 2020.

Variables		Absolute frequency (n)	Relative frequency (%)
Relationship with management	Great	18	64.3
	Good	9	32.1
	Bad	1	3.6
Physical work conditions	Great	8	28.6
	Good	19	67.9
	Bad	1	3.6
Social environment	Great	11	39.3
	Good	16	57.1
	Bad	1	3.6
Work organization	Great	7	25
	Good	20	71.4
	Bad	1	3.6

The dimensions of positive and negative affect are interconnected and, although there is not an intense connection, there is an inversely proportional correlation[18]. Therefore, the decrease in negative affect is consistent with the increase in positive affect.

Subjective well-being is evaluated when assessing positive affect, negative affect, and life satisfaction because it provides a broad perception of individual experiences, judgments of negative and positive emotions, and the construction of self-assessment. Although life satisfaction changes at different times, momentary fluctuations do not cloud long-term judgment, as in the characterization of life satisfaction and the feeling of well-being[18].

Moreover, the present study permeates the occupational environment, which the research volunteers clearly defined as favorable in terms of physical work conditions, organization, and relationship with management and coworkers. It is noteworthy that research in the occupational environment with complementary therapies, specifically with Reiki, is still scarce.

Unfortunately, in the capitalist environment, the health of workers is often overlooked and currently the pursuit of better performance is in major demand. In this regard, the health of workers is compromised both physically and psychologically, especially due to the lack of time for leisure, rest, and even self-care, resulting in a greater risk of developing syndromes like burnout[20,21].

Reiki serves as a protective or stress-reducing factor in the occupational environment. This is because if it helps to reduce negative feelings and increase well-being, an association can be made with the benefits for professionals in the workplace. A previous study showed the use of Reiki by nurses seemed to be favorable in terms of stress management, self-knowledge,

Table 3. Mean scores of the dimensions of the "Subjective Well-Being Scale" in the experimental and control groups (n=28) before and after the intervention. Lagarto, SE, Brazil, 2020.

Dimension	Group	Before mean±SD	After mean±SD	Factor	Reiki	Factor/Reiki
				P	P	P
"Life satisfaction"	EG	3.18±0.17	3.24±0.21	0.055	0.839	0.099
	CG	3.12±0.24	3.03±0.22			
"Positive affect"	EG	3.11±1.00	3.36±0.82	0.722	0.06	0.829
	CG	3.23±0.73	3.44±0.59			
"Negative affect"	EG	2.44±0.87	1.98±0.62	0.447	0.023*	0.111
	CG	2.06±0.62	1.98±0.74			

SD: standard deviation p: p-value; *p<0.05 for the experimental group compared to the control group; EG: experimental group; CG: control group.

and healing[21]. This finding further supports the use of Reiki therapy to reduce occupational stress.

The present study had some limitations. First, the sample was relatively small. Secondly, it would be interesting to evaluate the long-term effects of Reiki and in physiological dimensions to build a solid basis of scientific evidence, given the scarcity of studies on Reiki therapy.

CONCLUSION

It is concluded that Reiki helps reduce negative affect. Although this effect is not statistically relevant, it helps increase positive affect and life satisfaction. Moreover, Reiki therapy is an effective form of care because it allows pleasant sensations and reduces the perception of negative emotions.

The low cost of Reiki is an additional positive factor, as it can be offered in occupational environments, including places where professionals provide care to others. Among professionals suffering from work-related burnout, Reiki also serves as a care and prevention tool. Furthermore, reduced negative affects and increased positive affects can positively influence the humanization of health care, which is an ongoing discussion and difficult to ensure in health care services.

Because Reiki can reduce negative affects it might also be an effective care tool for college students, since many experience burnouts during their undergraduate studies. Moreover, Reiki can and should be introduced by managers as a way of encouraging professionals and students to train themselves and practice self-care, which is also one of the goals of the therapy.

Therefore, it is important to disseminate knowledge and research results on Reiki in an accessible way for the entire population, as it is one of the therapies offered by the SUS and there is evidence of its effectiveness.

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