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Reiki for Pain Control

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REIKI FOR PAIN CONTROL

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Minneapolis, MN 55454**

Submitted in partial fulfillment of the
Requirement for the degree of
Master of Arts in Nursing

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Thesis or Graduate Project Approval Form

This is to certify that **Jeffrey Burt** has successfully defended his Graduate Project entitled "**Reiki for Pain Control in Dialysis Patients**" and fulfilled the requirements for the Master of Arts in Nursing degree.

Date of Oral defense **June 24, 2014.**

Committee member signatures:

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Abstract

Hemodialysis is a procedure used to remove waste products and electrolytes from the bloodstream when the kidneys are no longer working. In addition to removing waste products and unwanted electrolytes, the process also removes some medications as well; 60% of the most commonly used analgesics are removed during dialysis. For renal patients who experience chronic pain as a result of their illness, this is a serious problem. Dialysis patients are held to the same medication regulations regarding frequency and dosing as the general hospital population, leaving them without pain coverage for longer periods of time. The introduction of a complimentary alternative therapy such as Reiki through a volunteer program using nurses from the dialysis unit could be beneficial to patients receiving dialysis. Studies have shown Reiki to reduce pain in a variety of situations including dialyzing renal patients. Watson's Caring Theory provides a framework to support energy healing and the integration of a Reiki program for hospitalized dialysis patients. Reiki may reduce the pain dialysis patient's experience, while receiving their dialysis treatment, ultimately enhancing the quality of their life.

Keywords: pain, Reiki, complementary alternative medicine, dialysis, volunteer program, research programs.

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Dedication

I dedicate this book to my wife Suzi Burt and my late sister Barbara Chappius, who were instrumental in encouraging me to enter the nursing profession.

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Reiki for Pain Control

Chapter One: Introduction

Hemodialysis is a 3 to 4 hour procedure that filters the blood and removes toxins. It controls fluid levels for patients who have little or no kidney function. Unfortunately the process can remove medication patients may have in their bloodstream. This can be a serious problem for patients who are receiving pain medication due to illness or surgical incision; this scenario is often the case in a hospital environment. Patients on dialysis receive the same pain medication regime as the general hospital population. This practice seems to be unfair, because medication is removed during dialysis preventing the optimal effect. It has been my experience that this process can lead to restlessness, anxiety and agitation, which are not conducive to patients' comfort while receiving dialysis. Patients' discomfort and restlessness can affect the dialysis access blood flow, causing multiple dialysis machine alarms, and often results in a patient requesting to be taken off dialysis early. An alternative therapy such as Reiki, an energy healing practice (Morris, n.d.) could be helpful in filling the gaps in pain control during the dialysis procedure and thus help alleviate discomfort and agitation. Reiki was developed by Dr. Mikao Usui in Japan in the early 20th century. Reiki was introduced in United States in the early 1900s, and has become a popular form of Complimentary Alternative Medicine (CAM). Reiki is now practiced in more than 50 major hospitals and clinics throughout the United States (Morris, 2014).

In addition to the benefit of pain management, Reiki would allow nurses to spend quality time with patients, improving relations and providing better care. Watson's (2008) theory of Caring Science and Caritas Processes could be beneficial to facilitate the

process of caring. Consequently, making Reiki available to dialysis patients on an inpatient dialysis unit could potentially help control pain and alleviate unnecessary suffering.

Significance of the Project

The purpose of this project is to introduce the practice of Reiki to dialysis patients as they undergo treatment and care in a Major Midwestern Hospital, (MMH). Reiki is considered a complementary alternative medicine (CAM) practice that energetically supports the release of pain and discomfort from the body and mind and emotion of a patient during therapy (Morris, n.d.). According to Morris (n.d.) during a Reiki session the patient is preferably lying in bed, and a practitioner places his or her hands on or just above the patient's body in a specific order and remains there for approximately 3 minutes and then moves on to another location until the practitioner has completed the selected areas. A Reiki treatment can take anywhere from 15 to 45 minutes. Life force energy is thought to flow from the universe through the practitioner's hands and into the patient's body, unblocking energy pathways that may be responsible for the patient's discomfort.

I became familiar with Reiki while in graduate school and directly experienced a Reiki session. At the request of my instructors, I had two Reiki treatments in order to judge the experience for myself. I found the experience exhilarating. I had reservations about having a Reiki session the first time because I had just had surgery on my foot 2 weeks earlier and was uncertain how the treatment would affect it. During the first treatment, I was amazed at how relaxed I became. The practitioner started at my head and worked her way down my body touching me very lightly and holding each position

for a few minutes and then moving on to the next location. There was soft music playing with birds chirping and water running over rocks in the background. By the time she reached my foot, I had forgotten all about my surgery. She cupped my foot with both hands firmly and all I could feel was the excessive warmth of her hands; perhaps it was the energy flow she referred to earlier in the treatment. I ended up falling asleep; the whole process took about 45 minutes.

As I drove home that day, it occurred to me that patient's in the dialysis unit could benefit from an alternative therapy, such as Reiki. The dialysis process is very lengthy, 3 to 4 hours on average, and can remove much needed pain and anxiety medication leaving patients without the optimal level of medication for the length of the dialysis treatment. I believe Reiki would be a viable option for patients who experience pain during dialysis and are unable to receive additional pain medication. Reiki could be given while the patient is on dialysis by either a nurse or a volunteer, relieving any discomfort and potentially assisting a patient to sleep through his or her dialysis treatment. The dialysis nurses could possibly keep the patients comfortable with Reiki and therefore increase patient satisfaction and compliance with the dialysis treatment. This would also allow the nurse to spend quality time with the patient while assessing their needs.

It is imperative that patients who require dialysis in the hospital setting, receive the appropriate dialysis treatment to promote the healing process. The kidneys function is multifocal. Kidneys control fluid volume, regulate blood pressure, promote red blood cell production, allow vitamin absorption and regulate electrolytes (Ignatavicius & Bayne, 1991). It has been my experience as a dialysis nurse that interference with any of these processes could inhibit the healing process requiring a patient to remain in the

hospital for an extended time. Being hospitalized for extended lengths of time can put already compromised patients at high risk for complications. According to Dr. Albright (personal communication, February 12, 2014) there are many communicable and infectious organisms floating around the hospital environment, and dialysis patients are known to have compromised immune systems leaving them vulnerable to disease. From professional experience, many dialysis patients in the hospital also have large surgical wounds from chest surgery to amputation that are at a greater risk of infection if they remain in the hospital too long.

As important as it is for patients to receive a complete and uninterrupted dialysis treatment, it is equally as important for the staff working with the patients to provide a dialysis treatment with good patient outcomes. The nursing staff, working directly with dialysis patients, can spend hours caring for a patient who is anxious or restless due to pain issues. Experience as a dialysis nurse has shown that when a patient is anxious or restless, it can have an adverse effect on the blood flow through the dialysis access, creating multiple dialysis machine alarms that require a nurse's immediate attention. This can limit the time the nurse has to perform other nursing responsibilities such as wound care, repositioning, dressing changes, toileting, and medication administration.

According to a colleague who has personally introduced a Reiki program into the unit where she works, there are several areas throughout the institution that are presently using Reiki programs with patients with great success (S. Cutshall, personal communication, January, 28, 2014). I am encouraged by Dr. Cutshall's statement regarding the institution's interest in alternative medicine, because if Reiki can help resolve some of the issues with pain for dialysis patients, then perhaps it will also be

helpful with things like restless leg syndrome and chronic itching, which also cause problems for dialysis patients.

Reiki, among other CAM would play an impressive role in the medical institution where I work. For example, nursing practice could take on a whole new role with the use of alternative medicine. Nurses could become Reiki practitioners, caring for patients of certain illnesses, while creating a stronger, healthier dialysis culture. The medical institution may be able to charge for the treatment separate from basic nursing charges. Due to the nature of the Reiki treatment, minimal supplies are needed, and it is unlikely that a physician's services would be needed, which would minimize the institution's cost. With new health care laws coming into effect, it is going to be imperative to find ways to reduce hospitals expenditures if medical institutions are to survive.

Nursing Theoretical Foundation

Watson's (2008) theory on Caring Science supports the idea of care for dialysis patients using an energetic therapy such as Reiki. The theory of Caring Science represents the very core of nursing focus and attention. It advocates working with the human body at the most personal level, with love and compassion, empathy and faith. The 10 Caritas Processes Watson developed are foundational to Caring Science. It is through the Caritas Processes that nurses are able to facilitate positive changes in patients' lives. It is a privilege to work with patients in their most vulnerable state. Caring Science teaches nurses that their very presence is a comfort. A gentle touch to the forehead, a warm embrace, or just sitting at the bedside showing support can instill a feeling of security, like a child being held in its mother's arms.

Watson's (2008) theory also embraces the concept of energy healing, faith in miracles, spirituality, and the great unknown. Watson refers to this nursing style as Caritas nursing, or holistic nursing (Watson, 2008). Holistic nursing shows that people's bodies are made up of energy systems called chakras and meridians, located throughout one's body. Each chakra or meridian is responsible for a separate bodily function, and it is this energy system with which Reiki interacts. There is also an energy system called "aura," which refers to the electromagnetic fields around bodies "vibrating at different frequencies that correspond to sound, light and color" (Chi Machine International, 2014, p.1). According to Watson's theory on Caring Science, the spiritual needs of bodies are as important as the material things such as food, water, and ventilation. It is the spirituality that empowers the human body to care for and heal itself, and it is a nurse's responsibility to help empower the patient through love, compassion, empathy, and companionship.

The foundation or tools of Watson's (2008) nursing theory are based on the 10 Caritas Factors and were renamed to Caritas Processes to incorporate the dynamic nature of the practice of nursing. The Caritas Processes best suited for a dialysis Reiki program are 4, 8, 9 and 10.

- Caritas 4: Developing and sustaining a helping-trusting, authentic caring relationship.
- Caritas 8: Creating healing environment at all levels (physical, nonphysical, subtle environment of energy and consciousness whereby wholeness, beauty, comfort, dignity, and peace are potentiated (Being/Becoming the environment).

- Caritas 9: Reverentially and respectfully assisting with basic needs; holding an intentional, caring consciousness of touching and working with the embodied spirit of another, honoring unity of being; allowing for spirit-filled connection.
- Caritas 10: Opening and attending to spiritual, mysterious, unknown existential dimensions of life-death-suffering; allowing for a miracle (Watson,, 2008).

Caritas Process #4 suggests creating a trusting, authentic caring relationship (Watson, 2008). There are several reasons for this process. Reiki is a modality that is based on the assumption of an energetic universe and one's ability to harness or focus that energy to benefit patients (Rakestraw, 2009). This concept can be difficult for some patients to understand. Also, the process of delivering Reiki energy can be confusing. A trusting, authentic relationship of care would be crucial for the application of this process. Caritas Process #8 refers to creating a healing environment at all levels (Watson, 2008). A subtle environment of energy and consciousness, whereby wholeness, beauty, comfort, dignity, and peace are potentiated is ideal. This refers to comforting and reassuring a patient and providing a quiet environment. This process allows a patients to clear and open his or her mind to possibilities. Caritas Process #9 refers to attending to a patient's basic need and allowing for a spiritual connection (Watson, 2008). The spiritual connection would be the Reiki process and the basic need would be eliminating the patient's pain and anxiety. Caritas Process #10 refers to being open-minded, having faith, and allowing for a miracle (Watson, 2008). For many patients, having hope and believing in a spiritual practice that allows for miracles is what keeps them fighting for a quality existence, and nurses need to assist and support them in any way they can.

Patients on dialysis continue to struggle to maintain pain control while on dialysis due to the nature of the treatment. Hospital policies regarding medication administration are not always beneficial, which is why an alternative medicine program like Reiki could help provide better patient outcomes. Reiki is an inexpensive and effective modality option. Watson's (2008) Caring Science and Caritas Processes are an appropriate foundation on which to enhance care for patients receiving dialysis. Much research has been done on the effectiveness of Reiki, and studies have shown Reiki to be effective in many areas of healthcare including pain control. Chapter two will examine literature support for patients using Reiki for pain.

Chapter Two: Literature Support

Medication has been a reliable source of pain relief in the hospital setting for many years, but there is a unique group of patients who would benefit from CAM as well. These patients are dialysis patients who suffer from pain as a result of the dialysis process. Reiki is an example of a CAM that, according to the literature, has been shown to reduce pain (Hahn, 2013). Research studies validating Reiki's effectiveness as well as other CAM therapies being used to address pain support their use. Even though Reiki is the primary focus, it is important to mention CAM therapies in general because their use illustrates willingness to try alternative modalities. The literature will show that Reiki among other CAM therapies are effective modalities in improving patient care.

Reiki

Reiki energy healing is an acknowledged form of hands on or slightly off the body, healing practice used to promote physical and psychological well-being. "It is a form of energy therapy in which the therapist, with or without light touch, is believed to access universal energy sources that can strengthen the body's ability to heal itself, reduce inflammation, and relieve pain and stress" (Toms, 2011, p. 214). Reiki can be translated as "universal life force energy," and this universal life force energy is available to everyone (Toms, 2011, p. 214).

The first step in becoming a Reiki practitioner is called the attunement. Learning Reiki Level 1 can take up to a couple of days, and the practitioner is then to practice Reiki until feeling ready for the next level. Levels 2 and 3 usually take a day or two each to acquire the remaining two levels. Practitioners who continue to the level 3 position are

called Reiki Masters. Reiki practitioners are “educated” by the practitioner above them until master’s level is attained (Toms, 2011, p. 214).

Effects of Reiki

According to the literature, many studies have been done on the effects of Reiki and its ability to influence a body’s physiologic and spiritual nature by allowing universal energy to pass through a Reiki practitioner’s hands and into a patient’s body. With the rising cost of healthcare, society has been trying alternative modalities such as Reiki to treat illnesses, which has prompted additional research on the effects of these modalities (Richardson, 2010).

The literature supports that Reiki, a form of energy healing, can diminish pain, heighten awareness, increase energy, lessen anxiety and stress, and promote spirituality. Studies have also linked Reiki with “physiological changes,” such as changes in heart rate, blood pressure, and respiration (Hahn, 2013, p. 16). A study was conducted to compare comments on pain and levels of anxiety in two groups of women after having a hysterectomy. “A quasi-experimental design was used in which the experimental group (n=10) received traditional nursing care plus three 30-minute sessions of Reiki, while the control group (n=12) received traditional nursing care” (Vitale, 2003, p. 268).

Participants were randomized to either the control group or the experimental group by the toss of a coin. The control group received conventional nursing care throughout the entire hospitalization experience. The experimental group also received conventional nursing care in addition to three Reiki treatments at specific times during their stay. In a Reiki treatment, energy will pass through the Reiki practitioner’s hands into a patient’s

body restoring energy systems to normal to promote healing and allow the body to heal itself (Vitale, 2003).

According to Vitale, (2003), the first Reiki session was started the day of surgery preoperatively, the second session was performed 24 hours postoperatively, and the last session was done at 48 hours postoperatively, all sessions lasting 30 minutes. All Reiki sessions were conducted by registered nurses who were employed by the medical center and had Reiki Master level certification. The Reiki hand placement protocol was implemented for this study allowing 3 minutes for each area for a total of 30 minutes for each session (Vitale, 2003).

The pain protocol for every patient following surgery was as follows:

1. Toradol 15-30 mg. IV push every 6 hours for first 24 hours—severe pain.
2. Dilaudid 2-4 mg. SC every 4 hours PRN for breakthrough pain
3. Percocet 1 cap. PO every 4 hours PRN for moderate to mild pain. (Vitale, 2003 p. 267)

Data collection began by acquiring the necessary tool design to measure the state of anxiety in patients, known as the State component of the State-Trait Anxiety Inventory or (STAI). The STAI assesses the feelings of nervousness, apprehension, tension and worry, which increase in times of physical or psychological stress (Vitale, 2003). This inventory consists of 20 questions allowing for patients to react on a 4 –point Likert-type scale over 10 minutes. An additional instrument was needed to measure pain levels in the participants and the Visual Analog Scales, which provides ratio-level data, was adapted. The STAI was given on the day the patient left the medical center in order to evaluate reports of stress directly after surgery and just prior to discharge (Vitale, 2003).

Statistical information gathered for the purpose of this study was, age, education, number of children, previous hospitalizations, length of surgery, type of anesthesia, family members present the day of surgery, length of illness (in months), preoperative diagnosis, and number of previous abdominal surgeries (Vitale, 2003).

The results of the study had a total number of 22 participants, 10 from the experimental group and 12 from the control group, with ages ranging from 40-73. The primary diagnosis requiring the surgery was "uterine myoma" (Vitale, 2003, p. 268). The data on reports of pain 24 hours following surgery using the mean rating of pain scale of 0-10, zero meaning no pain and 10 meaning extreme pain, in the experimental group was 3.8 and the control group 5.4; the 48 hour 72 hour post-surgery results were comparable. As far as the analgesics, the control group used slightly more Toradal and Dilaudid than the experimental group, and the results for Percocet were comparable. The results of the study were conclusive. The Reiki treatments seem to influence pain felt up to 24 hours post-surgery, and a secondary find revealed that the control group's surgery took longer (Vitale, 2003).

Richeson, Spross, Lutz, and Peng, (2010) conducted a study to look into the long-term effects of energy healing on depression and self-perceived stress, as measured by the Beck Depression Inventory, Beck Hopelessness Scale, and Perceived Stress scale. Participants (46) were randomized to either a hands-on Reiki group, a distance Reiki group, or a distance placebo group. The participants each received 1-1.5 hours of Reiki every week for 6 weeks. Data was analyzed using the 3-by-3 Repeated Measures Multivariate Analysis of Variance (Richeson et al., 2010). Prior to the study, all groups had exhibited comparable scores on the three outcome tools. A significant decrease in the

symptoms of depression, perceived stress, hopelessness, and physiological stress was noted after the treatment group received the Reiki treatments concluding that Reiki does appear to have some success in reducing these symptoms (Richeson et al., 2010).

Use of CAM for Chronic Renal Failure Patients

Studies done on the use of Reiki in a variety of settings, including dialysis, showed promising results of pain relief, a decrease of restlessness, and the reduction of anxiety and stress (Morris, n.d.). According to the 2007 National Health Interview Survey, this included a comprehensive survey of CAM use by Americans, and revealed that “more than 1.2 million adults had used an energy healing therapy, such as Reiki or Healing Touch, in the previous year” (Wind, Wardell, & Weymouth, 2004, p. 147). The survey also found that approximately 161,000 children had used an energy healing therapy in the previous year” (Wind, Wardell, & Weymouth, 2004, p. 147), which is particularly important since the admission of children on our inpatient dialysis unit is on the rise.

A study in Turkey on the use of CAM was to determine the use of mind-body techniques such as, relaxation, imagery, meditation, and herbal use among chronic renal patients prior to being diagnosed with chronic renal failure (CRF) and its continued use after diagnoses. In the study of 206 participants, over half had used some form of CAM prior to starting dialysis and 25.2% continued using CAM after being diagnosed with CRF and while actively dialyzing. “A significant difference was found between complementary and alternative medicine usage and age, gender, place of living, occupational status and educational background ($P < 0.05$)” (Akyol, Yildirim, Toker and Yavuz, 2011, p.1). There are several reasons for the diverse usage of CAM; for example,

people with a higher education level are usually more open minded and willing to try abstract modalities, the older adult are more likely to be experiencing an illness due to their age, and women tend to be more willing to try new things due to their abstract thinking, unlike men who tend to think more concretely. While the majority of the patients used some form of CAM, 78.3% said they used a variety of herbs, specific herbs were not listed, as a cure for their disease, and 46.1% used energy healing techniques (Akyol, et al., 2011).

Kidney failure is a complicated illness, and when pain is added to the illness, it is even more complicated. Due to the nature of the illness and the organ involved, controlling the pain is nearly impossible. Many of the drugs used in hospital settings to control pain are either broken down by the liver or kidney or excreted through the kidneys (Ignatavicius & Bayne, 1991). According to Dr. Albright a leading nephrologist in an elite medical center, when the kidneys no longer function, medication toxicity can be a real problem, which is why many nephrologists avoid writing orders for additional pain medications for their dialysis patients (personal communication, February 20, 2014). Dr. Albright went on to say that the dialysis process often adds to the problem because the dialysis removes some of the medication patients have in their blood stream, and no research has been done on the degree of medication removed from the treatment.

The Complexity of Pain

Since pain in the dialysis unit is a concern for patients, it is vital to understand the complexity of pain and pain control. Dialysis is a procedure for patients who have lost their kidney function. Patients require surgical placement of a central line catheter, fistula or graph. This is used to remove their blood and expose it to a specially designed

filter to allow the waste products and toxins that build up in the body over time to be removed. The problem is, this process also removes vitamins and medications, such as pain medications, from the blood stream. Pain management for dialysis patients is a serious and complicated issue, and “it is the most common symptom experienced by renal patients” (Kafkia, Chamney, Drinkwater, Pegoraro, & Sedgewick, 2011, p. 115).

Causes of pain

According to Williams and Manias, (2007), there are over “19 million adults” in the United States with kidney disease and over 350,000 of them are on dialysis. This patient population has many issues with pain for a variety of reasons. Patients with kidney disease experience pain due to the disease and conditions related to the disease such as “osteoarthritis and inflammatory arthritis”, which cause musculoskeletal pain, and diabetes (Williams & Manias, 2007, p. 359). Some of the less common causes of pain for this population are calciphylaxis, which causes excruciating pain by forming calcium crystals in the tissue; polycystic kidney disease where the kidneys form large grape like formations and greatly swell causing discomfort and kidney failure; and amputation of limbs, due to poor circulation and diabetes (Williams & Manias, 2007).

Management of Pain

Determining the cause of pain with dialysis patients can be complicated, and addressing the pain can be equally complicated. Managing chronic pain in chronic kidney disease (CKD) patients poses a significant number of challenges and requires special consideration with respect to medication selection, ongoing assessment, prompt management of side effects and the addition of non-pharmacological therapies” (Kafkia et al., 2011, p.117). According to Dr. Albright (personal communication, February, 20,

2014), patients in the hospital who happen to be dialyzing and experiencing pain, tend to suffer more than those patients who are not admitted, because physicians are reluctant to prescribe additional pain medications as a result of their illness, and few studies have been done on the degree of medication removed during dialysis. It has been his experience that physicians tend to put off ordering additional pain medications because the patients can receive pain relief once they finish dialysis; little regard is given to the patient's present pain level.

Medication Therapy for Pain

Managing a dialysis patient's pain is crucial, and determining the correct medication can be difficult. According to the literature search, the greater portions of dialysis patients are older than 65 years. The chances of this age group having other health issues is high (Williams & Manias, 2007). Illnesses common in this age group are "cardiovascular disease, such as hypertension, coronary artery disease, congestive heart failure and arrhythmias" (Peter, Clark, & Levos, 1998, p. 441). With this age group and their additional comorbidities come additional medications that can interfere with renal patients' ability to break the medication down and excrete them, possibly leaving a patient with toxic medications levels. Medication commonly used to manage pain with end stage renal disease patients (ESRD) are analgesics such as Tylenol, Tramadol, and Oxycodone. These medications are used in a reduced amount due to a patient's inability to process them and other medication this age group uses (Peter, et al., 1998, p. 452). According to Bailie and Mason (2013), a guide booklet on medications that dialyze off during dialysis states that much of the most commonly used analgesics with dialysis patients dialyze off during the dialysis process. So not only do the patients receive

lower doses of medication, much of the medication they do have dialyzes off leaving the patient with little pain coverage.

Barriers to Pain Management

Problems to effective pain management have been noted in a variety of practice settings, such as long-term care settings, postoperative settings, emergency units, dialysis settings, and palliative care settings. Barriers include lack of information for patients and nurses, poor quality assurance, poor attitudes towards medications, problems with patients reporting pain, and little knowledge to guide pain management (Williams & Manias, 2006). Additional concerns with pain management consist of nursing staff poorly assessing patient pain, not using appropriate pain assessment tools, and not following up with post assessment of pain medications (Williams & Manias, 2006). Problems with patients' understanding of pain assessment tools have been reported such as a patient's lack of understanding about the definition of the "intensity of pain experienced and a lack of time to conduct effective pain management practices" (Williams & Manias, 2006, p. 70). Communication is key when addressing patients with chronic kidney disease because this is a lengthy process when compared with the standard postoperative or general hospital stay patient. Pain tools need to be "simple, consistent, and contextualized," (Williams & Manias, 2006, p.70) which will allow for continuity of care regarding dialysis patients and their pain control.

Additional Challenges for Renal Dialysis Patients

Managing dialysis patients and their pain issues is difficult and time consuming. The challenge is adjusting and alternating medications to suite the patients' individuality, continually striving to fine the ideal treatment without causing them harm. A CAM

program, such as Reiki would be a welcomed addition to the armory of tools used to address the ongoing problems affecting dialysis patients and their pain control. Unlike conventional medicine that relies heavily on modern technology, Reiki would require a quiet room with a couple of props and a bed or recliner; however, finding the appropriate environment for such therapy would be challenging in a dialysis unit.

Healing Environment

The promising results from the many studies conducted regarding Reiki's effect on pain are encouraging; however, the introduction of CAM into the dialysis unit will have its challenges. Creating an environment conducive to healing for patients and their families can prove to be difficult in an intensive care unit (ICU). The dialysis center can have many machines running at one time, and up to 11 patients and their family members can be in the unit with nothing between them except floor to ceiling curtains. Dialysis accesses with poor blood flow can set off machine alarms making it challenging to maintain silence. So the environment itself is not always conducive to healing.

According to Hahn, Reilly, and Buchanan, (2013),

Creating a care environment for patients and their families that promotes healing and relaxation while reducing stress is an ongoing challenge in the acute care setting. To accomplish this, nurses need access to a range of options that will help each individual find his/or her own optimal space in which to heal. (p. 15)

Asking staff to put pagers on vibrate when in the unit and limiting the number of family members allowed in the unit could aid in reducing noise levels. From my professional experiences, patients who have several family members present while on dialysis tend to set off the alarms on their machines more often as a result of visiting with family. Setting

limits on the number of visitors could have a favorable outcome on the number of machine alarms sounding in the unit.

Education of Patients and Staff

Education would play a vital role in the success of a Reiki program in the dialysis environment. A pilot study for training health care workers and family care givers was conducted using 18 families and showed that a Reiki training program in the hospital setting was possible and could have favorable results on patients and their home care givers. According to Hahn et al. (2013), a program for out-patients with HIV or AIDS instructed patients on how to use Reiki to address their pain and anxiety symptoms. Assessments done with these patients prior to the program and then again after practicing Reiki, noted that pain and anxiety levels had decreased.

Reiki is conducted at levels 1-3, with level 3 being the master's level.

Each level has a defined scope of practice with the master level being the highest.

Practitioners can progress from one level to the next when they feel they are ready, although a period of practice at each level is recommended; some practitioners choose to remain at the first or second degree and define their practice there. (Toms, 2011, p. 214)

The training, depending on the state, can usually be used for nursing education hours. So the nurses who work in the dialysis unit as well as the volunteer nurses who receive training and education on Reiki can receive education requirement credits if they train to practice Reiki. The cost of the training varies with the Reiki Master teaching the course; it can vary from being free to \$300 (Toms, 2011). For consistency, the institution would

require the Reiki practitioners to be trained and educated by the same practitioners who trained the existing Reiki program volunteers.

Volunteers as Reiki Practitioners

The hospital facility where I work has a volunteer program consisting of a multitude of participants offering a wide variety of services. It is necessary to empower staff and volunteers for patient convenience as well as continuity of care. Once the success of the Reiki volunteer program has been determined, perhaps the institution would consider hiring practitioners for the program. The literature suggests that most hospitals have a volunteer program in their institution similar to what this hospital has, offering comparable services, but one program in a large hospital in Connecticut stands out. This institution started its CAM pilot program in 1998, and Reiki was among the first therapies offered. The program was extremely successful with measureable outcomes. Employees and clients alike reported reductions in stress, pain, and anxiousness in addition to sleeping better. As a result of public interest, the program was expanded offering additional services in 1999 (Hartford Hospital's Reiki Volunteer Program Celebrates 8th Year Anniversary, 2014).

The many successes of this volunteer Reiki program prompted the institution to add additional volunteers to accommodate the increase in Reiki sessions.

In 1998, 10 volunteers provided 523 Reiki sessions. In 2005, 50 volunteers provided 23,128 volunteer hours and 8,524 Reiki sessions. Not only have patients embraced the soothing and comforting touch of Reiki, but 84.4% say they would be more likely to choose this institution for future admissions because of Reiki and other CAM therapies offered by the Integrative Medicine.

(Hartford Hospital's Reiki Volunteer Program Celebrates 8th Year Anniversary, 2014 p.1)

Not only has this program received ongoing interest from its clientele, it has also received three awards, the "New England Association Directors of Healthcare Volunteer Services," the "President's Award for Outstanding Volunteer Program Development," and the 2002 American Society of Directors of Volunteer Services of the American Hospital Association "Extraordinary Program Award" (Harford Hospital's Reiki Volunteer Program Celebrates 8th Year Anniversary, 2014 p.1).

Orientation and Training for Volunteer Practitioners

The volunteer orientation programs described in the literature search were fairly consistent. Volunteers were required to go through an institution's regular orientation process for staff, followed by 20 to 30 hours of specific unit training before practicing; this included at least the first two Reiki certifications, instructed by a level 3 instructor; and additional training was required for volunteer staff (Hahn et al., 2014). Hahn et al. (2014) related that most institutions taught both hands on and off technique and allowed time to practice on each other; additional instruction was given on how to prepare clients' environment prior to the session "using music, therapeutic suggestion, and breathing techniques" (p.17). Most of the programs required the trainer to be present during the first few sessions conducted by new staff. Included in the training were how to get consent from clients and where to document the practice and results, and for the nurses receiving the training, how to utilize Reiki volunteers (Hahn et al., 2014).

Although many studies have been done on Reiki and its effectiveness on such things as pain, stress, anxiety, fatigue, and reductions in heart rate, blood pressure, and

respirations, little research has been done in the area of dialyzing renal patients. The literature search provided no research studies on what percent of a specific medication is dialyzed off during a standard treatment session. It was encouraging to see that of the 206 dialysis patients who participated in the Turkey study, 103 had previously used some sort of CAM. It is possible that those who have used some form of CAM would embrace Reiki as an alternative medicine for pain control if introduced to it on the dialysis unit. The next step, described in Chapter 3, is creating an underpinning for a Reiki program and how to formulate a plan to introduce Reiki to a nursing unit at a Midwestern hospital.

Chapter Three: Development of Innovative Practice Model

This chapter focuses on the process of introducing a Reiki program into the inpatient dialysis unit where I work. Our patient population is a unique group of people who suffer from a variety of symptoms such as pain, fatigue, anxiety, depression, and restlessness. Medical management of these symptoms, although successful in many areas of the hospital setting, has a limited effect on dialysis patients as a result of the dialysis process. Introducing a Reiki program could help fill the gaps of pain management without interfering with a patient's present medical regime. I believe by relieving a patient's pain, other symptoms will be relieved as well, leaving the patient in a better state of health. Watson's (2008) nursing theory, Caring Science, has been chosen to provide the theoretical framework for this program. Watson's theory on caring using the 10 Caritas Processes best describes the needs of the dialysis patient. This plan will show the development of a volunteer Reiki program designed for inpatient dialysis patients.

Questions to Consider

I begin the process by asking myself and others involved in creating this program the following questions:

- Who will be the facilitator to help us with this project?
- Who else might want to join our group and who should be included?
- Which physicians/administrators might be open to or interested in supporting this program and how can a relationship of communication be established?
- Are the dialysis nurses committed to making this happen?
- Is there a commitment to make this happen?
- What does the group want to implement?

- What is the simplest way to implement this?
- What do our patients/clients/staff want?

It is import to begin the dialogue with others who have voiced their interest. I will first discuss the project with my nurse manager to obtain her support of incorporating Reiki. I will also approach the department head, Dr. Albright and the Reiki practitioner, who supports the existing volunteer program in the institution, and discuss my plan to obtain their approval. To begin the process, I will arrange for several meetings to discuss the established questions. I do not want to duplicate existing initiatives, so I intend to follow a process called “Building Bridges,” which was develop by another institution adopting (CAM) (Building Bridges Between Conventional and Complementary Medicine, 2013).

Initially an informational letter will be sent to all the staff of the nursing unit, asking for volunteers, including management, who have voiced an interest in a Reiki program. After the membership has been established, meetings will be scheduled to discuss the step-by-step process to create this volunteer Reiki program. During the first few meetings, the planning group will determine who will take the lead and set some goals and a timeline to keep things moving forward. I also think it is necessary to appoint someone to keep notes on our progress, and identify concerns that may need to be addressed as the group moves forward. Because only Reiki will be offered, I anticipate that this planning phase may not take very long. It will be important to invite a representative from the existing Reiki program within the institution to help provide information and support for the process.

A pilot program will be designed to use individuals from the dialysis unit who are interested in learning Reiki and volunteers from the institution’s existing Reiki program

to act as Reiki practitioners. The treatment will be a free program designed to assist in pain control for patients on dialysis who are unable to control their pain medically. The successes of this program will determine the usefulness of CAM therapy in a dialysis unit and possible future uses.

The setting for the volunteer program will be the dialysis unit, initially between 7a.m. and 5 p.m. in assigned dialysis rooms that have doors and are more environmentally appropriate. A quiet subtle environment presents the setting for Watson's (2008) Caritas Process #8. This quiet setting will allow the patient to be more open minded, comfortable, and private, promoting dignity and peace and, allowing the energy to heal. Creating an environment conducive to this form of care is extremely important. Hospitals in general appear to be very cold and impersonal with the ability to create all kinds of depressing thoughts in patients such as, hopelessness, death and dying (Watson 2008). The lights are bright, strange odors are abundant, and intimidating white coats and suits are everywhere (personal observation). Utilizing a warm, private room in the dialysis unit free of such distractions will set the stage for healing to take place.

The training of the Reiki volunteers could take a couple of weeks for level two Reiki certification and could be overseen by a Reiki Master trainer working for the institution's existing Reiki program; this will ensure continuity of care. Once the volunteer nurses have been trained to level two Reiki, the work group will encourage the Reiki prepared staff on the unit to practice this modality on each other to develop an interest and to expose nursing staff and patients to the relaxing benefits. The nurses trained in Reiki will invite management and physicians' to experience the treatment and promote its effectiveness and gain additional support. The process will be explained and

demonstrated to patients in the unit; in addition to handing out brochures as patients arrive in the unit. The procedure is not an invasive procedure, and a physician's order would not be needed; however, it is important for a patient's care to keep physicians informed of their patients' progress.

The nursing staff trained in Reiki would assess each patient upon arrival to the dialysis unit, determine the need for the treatment, and at that time, offer the treatment. Flyers would be sent to the hospital units where the nephrology patients are located to inform patients and staff of the Reiki program available to patients. Patients could request a Reiki treatment ahead of time by having their nurse notify the dialysis unit prior to their dialysis appointment. One practitioner would be scheduled to be present in the unit during day hours, which is reasonable because the goal for the program is to have several nurse volunteers trained in Reiki.

Due to the nature of the treatment, the nurses would be able to chart the process under the institutions existing database under activities, with a note added. All volunteers would need to be trained on this database/institution policy. This would require no additional training because the volunteers are employees of the institution and are already trained and permitted to use the database. A policies and procedure article would need to be drafted according to the institution's policy. It is important that all volunteers perform the procedure in the same manner to assure continuity of care.

The cost would be minimal as a result of this program being a volunteer based program; however, even volunteer programs have some cost to them. The institution has a finance program for new nursing projects that the dialysis nursing unit would apply for

to cover the start-up costs, and additional financing options that could be explored include the following:

- Contributions from areas interested in becoming pilot units
- Department of Medicine funding
- Hospital Auxiliary grants
- Foundation grants
- Philanthropic donations
- Fund raising events
- Research grants. (S. Cutshall, personal communication, March, 25, 2014)

Some of the initial costs to begin a Reiki program on the dialysis unit would include:

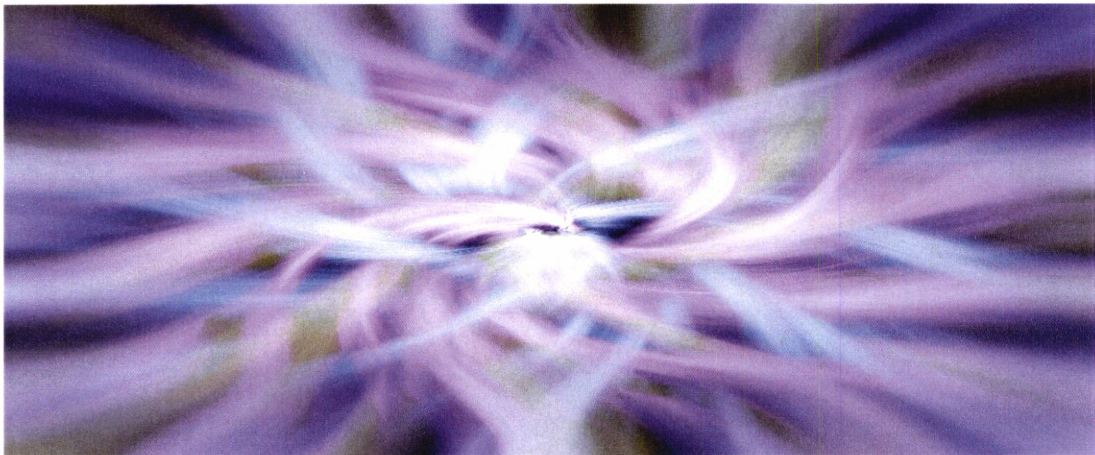
- Educational pamphlets describing the treatment and benefits
- Evaluation forms
- Room props such as CD player, water falls, additional lighting, and treatment table if other than the transfer cart.
- Office supplies, etc.
- Miscellaneous expenses.

Once the foundation of the Reiki volunteer program is established, our work group can focus on initiating the program.

A Conceptual Model Metaphor Representation of practice innovation

Pictures are often used to tell stories, and when a picture is used to represent something, it is referred to as a metaphor (Merriam Webster, 1993). The three pictures displayed here represent different stages a patient experiences beginning with illness and progressing to wellness with the assistance of Reiki therapy.

Figure1. Blocked Energy



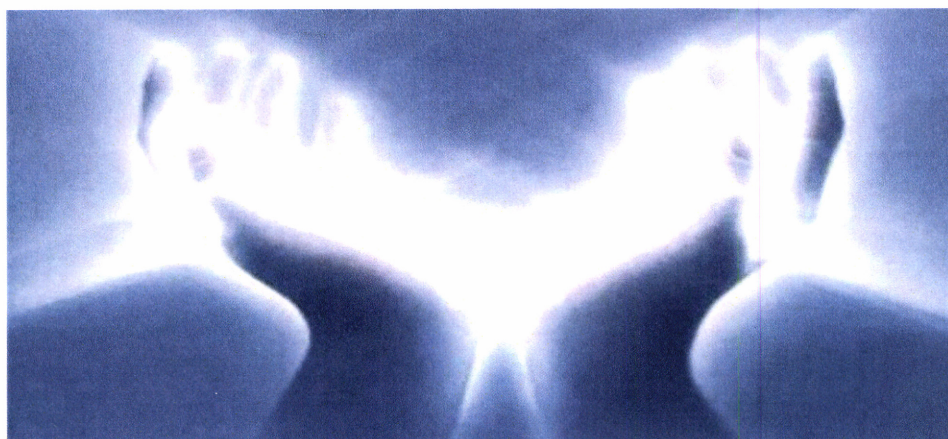
Retrieved from Google Images, 2014.

The illustration in Figure1 is a metaphor representing a dialysis patient and their symptoms as a result of blocked energy. Pain, anxiety, restlessness, fatigue, and depression can all be visualized from this picture. There is no steady flow or direction; the illustration denotes multiple passages and flows of energy, but they are all tied up in knots as a result of life's obstacles, theoretically causing the patient ill health. Watson's (2008) theory of Caring Science refers to this concept many times in her description of the Caritas Processes, for example, Caritas Process # 9 "Reverentially and respectfully assisting with basic needs; holding an intentional, caring consciousness of touching and working with the embodied spirit of another, honoring unity of being; allowing for spirit-filled connection"(p.31). This Caritas Process refers to the spiritual world and its

connection to the universe as a basic need, which is a concept I believe to be imperative to the survival of this program. This is an area that can be difficult to explain to patients and the hospital administration because it cannot be seen or held; it is a concept, a very important one. Being free of pain is a basic need, and when the medical community is unable to resolve a patient's pain, spirituality is another option; however, it is imperative that a patient has an open mind and allows the possibility of universal energy resolving his or her pain. An assumption here is that immersing's a patient in a spiritually created supportive environment would allow the patient to open his or her mind and be receptive to the possibilities of unfamiliar healing practices, and health could be restored. Reiki, an energy restoring process, can restore the flow of energy to the patient through the hands of an attuned practitioner (Rakestraw, 2009). By allowing the energy from the universe to flow through their hands into the ill person, practitioners can restore or unblock the energy flows causing ill health.

Another assumption refers to the belief system that Reiki will help relieve their pain. Patients need to have an open mind and let the treatment work. If patient believe Reiki is nothing more than a massage and will not address their pain, they will not permit themselves to be immersed in an environment conducive to spiritual healing.

Figure 2. Healing hands



Retrieved from Google images, 2014.

This metaphor (Figure 2.) depicts the actual process of energy passing through the hands of a practitioner. This refers to life-giving energy of the universe that makes all things possible (Watson, 2008). Open hands are often used to denote helping or looking for help, as noted in pictures of Christ holding his hands out to his followers; or the statue located on the wall of a world famous clinic, holding its hands up in the air very similar to this metaphor, implying a need for help. Another assumption is that the hands have the power to heal, as when a crying baby stops crying when picked up, or when a child reaches for the protective hand of a guardians during a walk and as a result feels safe, or when a nurse holds the hand of a suffering patient to provide comfort and receives a smile in return. If a patient believes the nurse's hand is comforting, then it is comforting. The illuminated area of Figure 2. represents how energy instills a feeling of hope and miracles, that anything is possible. Watson's (2008) Caritas Processes # 4 and # 10 come in to play in this illustration. In order for a patient to receive quality care, the nurse needs to develop a good, "trusting, authentic caring relationship" with his or her patient, as stated in Caritas Process #4 (p. 31). Patients need to feel at ease with caregivers in order

to open up or bare their soul, allowing the caregiver to understand the problems they are experiencing. A strong relationship is imperative if a caregiver is going to succeed in instilling a strong mental attitude into a patient. This is an important step in the care of patients who have exhausted all their options with the medical community and are looking for that helping hand of security found in spirituality and a belief in miracles.

Figure 3.Sunset



Retrieved from Google images, 2014.

This illustration (Figure 3.) of a sun setting on the horizon is a metaphor that represents peace, tranquility, rest and contentment. This is the end of the Reiki treatment when the patient is relaxed, no longer plagued with relentless pain; the fear has left the patient and only peace remains. The endless water implies no end to the peace, and the sky represents the vastness of the universe. The assumption here is that by receiving Reiki, patients will no longer be plagued with relentless pain and that everything will be smooth sailing, that if God can create the vast oceans and the endless skies and the warmth of a glowing sun, surely he can help a person..

Whether using a nursing model or a metaphor as a guide, Watson's (2008) believes a Caritas nurses address all aspects of the nursing profession when caring for their patients. According to Watson,

When a nurse touches another's body, as mentioned, the individual is touching not only the physical body but also the person's mind heart, and soul at some level. A Caritas Nurse is conscious and aware of this perspective in assisting another with basic needs, at whatever level of need is presenting. The nurse responds to these needs as a privilege, an honor, and a sacred act in assisting this person. The Caritas Nurse appreciates that in this one act, he or she is connecting with and contributing both to the spirit of that person and to oneself. (p.147)

It is easy to see that Watson's theory on Caring Science is the appropriate theory for this Reiki program. The Caritas Processes address all a patients' needs: physically, mental and spiritual. Watson (2008) believes that a nurse creates the environment in which to help the patient heal; with the Caritas Processes as tools, a nurse can address all situations and formulate a plan to promote healing as a whole.

Creating a volunteer program such as this requires serious planning. By sending out letters to staff and administrators to introduce the idea of integrating Reiki for dialysis patients, the responses will help determine how to move forward. Staff from the dialysis unit could be trained to become Reiki practitioners for continuity of care. Watson's (2008) theoretical framework will support the project using her Caritas processes #4, 8, 9, and 10. The project could be funded through a nursing program that supports new projects. With the foundation in place to create this pilot program, the Caritas nurses can move forward and determine the successes and challenges the program will bring. I

expect there will be disciplines within the program that will need to be modified because this is my first time planning such an undertaking. There is a lot to consider in developing a Reiki volunteer program, such as organizing meetings, scheduling practitioners and creating a hierarchy, but, with the suggestions acquired from Building Bridges, metaphors directing the concept, and Watson's theory on Caring Science guiding us, I am convinced the program will be a success.

Chapter four: Discussion, Evaluation, and Reflection

Once the implementation phase is complete, the work group will need to evaluate its success. There are a variety of ways a program can be evaluated. I would start by asking myself, what am I trying to achieve? What are my evaluation goals? According to Puett (2000) the definition of program evaluation is “the systematic application of scientific methods to assess the design, implementation, improvement or outcomes of a program. The term program may include any organized action such as media campaigns, service provision, educational services, public policies, research project, etc.”(p.1). The purpose of an evaluation is to

- Demonstrate program effectiveness to funders.
- Improve the implementation and effectiveness of programs
- Better manage limited resources.
- Document program accomplishments.
- Justify current program funding.
- Support the need for increased levels of funding.
- Satisfy ethical responsibility to clients
- Document program development and activities to help ensure successful replication. (Puett, 2000, p. 1)

Although there are several types of evaluations, I have selected two to demonstrate positive and negative effects of program participation. These evaluations are suitable for this program using Puett (2000) descriptions. Process Evaluation, examines the fulfillment and function of the program factors. A good example question for this type of evaluation would be, “Was the program administered as planned?”(p. 2). The

second evaluation example is “Outcome Evaluation,” which looks at the short and long-term effects of a program. A sample question for this type of an evaluation would be, “What are the long-term positive effects of program participation?” (p. 2).

I would like to use a variety of ways to collect data from patients and staff by asking a variety of questions. This would be done using questionnaires, personal interviews, observation, and focus groups. The example questions addressed to the patients in questionnaires would be:

- Using the pain scale 0-10, 0 meaning no pain and 10 meaning worse pain ever experienced, what was your pain level prior to receiving your Reiki treatment and what was your pain level after receiving the Reiki treatment?
- Did the practitioner explain the procedure adequately?
- Did the practitioners present them-selves in a caring professional manner?
- Would you request a Reiki treatment again?
- How would you rate the overall treatment on a scale of 0-5, 5 representing a great treatment, and 0 representing the worst treatment ever experienced?
- Do you find value in the Reiki treatment program?

The questionnaires would be given to the patient by the practitioner following the treatment and collected from the patient upon their departure from the unit. The questionnaires would be stored in a locked cabinet behind the charge nurse’s desk and would be analyzed weekly by the program work group.

Another way to measure success of this program would be to obtain information from the volunteer staff on the programs development. A questionnaire addressed to the

volunteer staff would have questions concerning the program itself. Example questions would be as follows:

- Do you feel the program was adequately planned out?
- Do you find value in the program as it is designed?
- What changes if any would you like to see implemented?
- Do you feel the patients were receptive to the treatment?
- Do you feel you had adequate uninterrupted time to implement the treatment?

A third way to measure the success of a newly developed program is to interview the patients who have experienced Reiki. The interview process would be directed toward the patient and could be implemented after the patient is settled in bed and hooked up to monitors and blood pressure cuffs. The purpose of the interview would be to better understand a patient's impressions or personal experiences; this would allow a more full range and depth of information, and it would foster a relationship with the patient (McNamara, n.d.). Interviewing patients to collect data is valuable but it does have its limits. For example, a patient may not want to hurt anyone's feelings and as a result may tell the interviewer what the patient perceives the interviewer wants to hear, and the staff may have bias as well and receive information incorrectly.

Observation is another and perhaps the most appropriate method to evaluate this program from the patient's family and the practitioner's standpoint, because, they can see the results first hand working with the patient. When dialysis patients are in unresolved pain, they are extremely anxious, restless and vocal, at times even abusive to

self and others. They start out being sleepy or calm and progressively get more agitated as the dialysis process removes the medication controlling their pain issues. The practitioner would be able to experience the effects of the treatment on patients as they are having dialysis and focus their attention on the area of the body afflicted by the pain.

Reflections on Application of Caring Science to Reiki Program

Watson's (2008) theory on Caring Science continues to support the Reiki program by creating a healing environment at all levels. Watson's theory supported Florence Nightingale's notion that a clean, dry, quiet setting with lights lowered and offending orders eliminated, is conducive to improving health. Caritas Process #.8 also encourages the Caritas nurse to modify a patient's environment and position the patient for comfort to allow the body to heal; by using universal energy to restore the patient's energy pathways, creating a quiet environment, and playing soothing music the nurse is setting the stage for healing to take place.

Another area Watson's (2008) Caring Science continues to support this program is by promoting and nurturing a caring and trusting relationship with dialysis patients; this will encourage patients to speak openly and without reservations, allowing nurses to better understand the situation. It will also reassure patients that the nurse will believe them when they say they are in pain, and in retrospect, patients will believe nurses when they tell the patient "Reiki will help relieve their discomfort". If patients have faith in their nurse, that will set the stage for a healing environment. By allowing patients to practice and express their spiritual beliefs and encouraging them to believe in miracles, nurses are giving them hope, and for many dialysis patients that is all they have to hold onto.

Lessons Learned

I have learned many things planning the development of a Reiki volunteer program. There are many things to consider when a new program is being created, such as, what is the purpose of the project? Who will benefit from it? Why do we need it? Who will staff it? How much will it cost? How will we pay for it? How will we evaluate it? And how long will the program be useful? When volunteers offer their services in the conception stage of the project, will they still have the interest to support the program through development to reality? I have also learned that people want to help if they can. Many times when I would be stuck on what to do next, friends and peers would offer suggestions on how to overcome obstacles in order to keep the project moving forward. It is hard for me to say what I would do differently as I have not yet had the opportunity to initiate it.

I now realize how much work it takes to create and implement new programs in the healthcare industry. As a nurse in a large medical institution, I have had the opportunity to witness many changes, such as old programs that have outlived their usefulness replaced by new more useful practices; techniques once used by many, now deemed inappropriate; machines I once thought were the creation of the century, now extinct, replaced by smaller and better versions of the same machine. I now realize that, although change can be uncomfortable, demanding, and a lot of work at times, it is often for the better.

The evaluation process is an important and necessary step in the success of a Reiki volunteer program. It is the evaluation stage of the program that determines

whether or not the program has value and is worth pursuing. With the assistance of Puett's (2000) description evaluation processes: Process Evaluation and Outcome Evaluation, the work group could collect data accurately using a variety of proven methods such as questioners for staff and patients, personal interviews, and observations while maintaining confidentiality. The questions chosen to collect the data needed would be reviewed and analyzed weekly by the work group so that any changes needed could be implemented as soon as possible.

Chapter Five: Plans for the Future

If the Reiki volunteer program becomes a reality, any suggestions by the staff and patients through the evaluation process will be addressed. Because the unit would primarily use dialysis nurses to conduct the Reiki treatment, I am interested in whether or not we have sufficient uninterrupted time to perform an entire treatment in the time frame appropriate to a dialysis treatment. If there was not enough time for the patient to receive a complete body treatment, the Reiki practitioner would focus attention on the area where the pain is located.

Once the Reiki program is in progress, I would consider offering additional services such as healing touch, aroma therapy, music therapy, and acupressure. I realize this is a lot to ask of nurses on a volunteer basis. Depending on the successes of the Reiki program, there may be some ideas to explore such as having nurses be compensated for doing Reiki treatments.

I think we need to consider charging for the Reiki treatment in the future. With so many changes in the healthcare industry limiting medical institution's ability to charge for its services, I think nurses need to stand together in finding ways medical institutions can stay solvent. I think once patients realize how effective the services are, they might be willing to pay a small fee for the treatment, even if it is out of pocket. I realize people on dialysis are on Medicare or Medicaid and rarely have resources; however, if they cannot pay themselves, perhaps if they write a letter to their healthcare provider stating the benefits they have received from Reiki, perhaps they would consider paying for the treatment. This program could be life changing for dialysis patients. Dialysis treatments

that are free of pain could sway the decision of many dialysis patients who may have chosen to stop dialysis in the past due to issues of pain and bring some value to their life.

Future Research

The one area that needs to be researched is how much and over what length of time are medications removed from the bloodstream during the dialysis process. It was very discouraging to find there were no studies conducted on this topic. My conversation with Dr. Albright, a leading nephrologist and researcher for a large medical institution, was a bit surprising when he stated the research on the degree at which medications are removed from the body during dialysis is not available; he wasn't sure why this area of medicine wasn't explored more, but he did say it would be a great study (Albright personal communication, February 26, 2014).

The professional implications on nursing could be huge. The practice of CAM is directly related to the practice of nursing regarding nursing care. The nurse is working hand in hand with the patient, creating a healing environment, attending to the patient's needs and being supportive with little involvement of the physicians, saving the medical institution thousands of dollars. With the success of the Reiki nursing practice, the patient will live a more fulfilling and satisfying life.

The volunteer Reiki program has been an interesting adventure. Designing a Reiki program on an inpatient dialysis unit could change the lives of many dialysis patients. Dialysis is a necessary lifesaving procedure for patients with no kidney function, unfortunately in addition to removing toxins and fluid, it can also remove medications such as pain medication from the bloodstream. Dialysis patient's number one symptom is pain, so this is a problem. Literature has shown Reiki, hands on or off energy healing

modality to be effective in reducing pain in dialyzing patients; so it makes sense to offer Reiki in the inpatient dialysis unit. Patients spend anywhere from three to five hours receiving dialysis progressively becoming more anxious and agitated as the procedure removes their pain medication from their bloodstream with no ability to receive additional medication. With the support of the institution, nurses trained in Reiki could offer a solution to this problem. The medical institution has funding available for new nursing projects such as this, and Watson, (2008) Caring Science framework could work well supporting it. It has always been my goal to continue educating myself, to learn new ways to help the patient's to give them a better way of life; perhaps with this plan in place dialysis patients will be one step closer to a fulfilling and satisfying life.

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