

## **WHEEL OF LIFE AND REIKI REPERCUSSIONS ON HEALTH PROMOTION FOR NURSING PROFESSIONALS**

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### **ABSTRACT**

**Objective:** to know the repercussions of a Reiki intervention on the well-being and self-reported health of nursing professionals.

**Method:** this is a study with quasi-experiment characteristics, of before and after type, through intervention with Reiki, carried out with 14 nursing professionals from a teaching hospital in southern Brazil. Data were collected between September 2019 and March 2020, through an audio-recorded interview, guided by the Roda da Vida instrument, whose graphic representation is a circumference, divided into 12 parts referring to different aspects of life, grouped into four quadrants: mental, emotional, practical and spiritual.

**Results:** before intervention, there was a greater commitment in the emotional aspect, which remained after, but with a significant increase in the assigned score, indicating an improvement in satisfaction. Only one participant showed no increase in the score. The reflections showed that the professionals were dissatisfied and oblivious to their own lives in the four aspects evaluated and recognized that this impacted their health condition. After intervention, they showed positive repercussions and a new perspective of looking at life.

**Conclusion:** the Reiki intervention promoted improvement in the self-reported health and general well-being of nursing professionals, characterized by contributions to mental, practical, emotional and spiritual issues.

**DESCRIPTORS:** Nursing. Health promotion. Reiki. Nursing professionals. Empowerment for health.

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# RODA DA VIDA E REPERCUSSÕES DO REIKI NA PROMOÇÃO DA SAÚDE DE PROFISSIONAIS DE ENFERMAGEM

## RESUMO

**Objetivo:** conhecer as repercussões de uma intervenção com Reiki no bem-estar e na saúde autorreferida de profissionais de enfermagem.

**Método:** estudo com características de quase experimento, do tipo antes e depois, mediante intervenção com Reiki, realizado com 14 profissionais de enfermagem de um hospital escola do Sul do Brasil. Os dados foram coletados entre setembro de 2019 e março de 2020, mediante entrevista áudio-gravada, norteadas pelo instrumento Roda da Vida, cuja representação gráfica é uma circunferência, dividida em 12 partes referentes a diferentes aspectos da vida, agrupados em quatro quadrantes: mental, emocional, prático e espiritual.

**Resultados:** antes da intervenção, foi observado maior comprometimento no aspecto emocional, o que se manteve após, porém com aumento importante na pontuação atribuída, indicando melhora da satisfação. Apenas uma das participantes não apresentou aumento na pontuação. As reflexões mostraram que as profissionais estavam insatisfeitas e alheias à própria vida nos quatro aspectos avaliados e reconheciam que isso impactava sua condição de saúde. Após a intervenção, mostraram repercussões positivas e uma nova perspectiva de olhar a vida.

**Conclusão:** a intervenção com Reiki promoveu melhoria na saúde autorreferida e no bem-estar geral das profissionais de enfermagem, caracterizada por contribuições nas questões mentais, práticas, emocionais e espirituais.

**DESCRITORES:** Enfermagem. Promoção da saúde. Reiki. Profissionais de enfermagem. Empoderamento para a saúde.

# RUEDA DE LA VIDA Y REPERCUSIONES DEL REIKI EN LA PROMOCIÓN DE LA SALUD PARA PROFESIONALES DE ENFERMERÍA

## RESUMEN

**Objetivo:** conocer las repercusiones de una intervención de Reiki sobre el bienestar y la salud autoinformada de los profesionales de enfermería.

**Método:** se trata de un estudio con características de cuasi-experimento, del tipo antes y después, mediante intervención con Reiki, realizado con 14 profesionales de enfermería de un hospital escuela del sur de Brasil. Los datos fueron recolectados entre septiembre de 2019 y marzo de 2020, a través de una entrevista grabada en audio, guiada por el instrumento Roda da Vida, cuya representación gráfica es una circunferencia, dividido en 12 partes referentes a diferentes aspectos de la vida, agrupados en cuatro cuadrantes: mental, emocional, práctico y espiritual.

**Resultados:** antes de la intervención hubo un mayor compromiso en el aspecto emocional, que se mantuvo después, pero con un aumento significativo en la puntuación asignada, indicando una mejora en la satisfacción. Solo uno de los participantes no mostró aumento en la puntuación. Las reflexiones mostraron que los profesionales estaban insatisfechos y ajenos a su propia vida en los cuatro aspectos evaluados y reconocieron que eso impactaba en su estado de salud. Después de la intervención, mostraron repercusiones positivas y una nueva perspectiva de mirar la vida.

**Conclusión:** la intervención de Reiki promovió mejoría en la salud y el bienestar general autorreferidos de los profesionales de enfermería, caracterizados por contribuciones para cuestiones mentales, prácticas, emocionales y espirituales.

**DESCRITORES:** Enfermería. Promoción de la salud. Reiki. Profesionales de enfermería. Empoderamiento para la salud.

## INTRODUCTION

The Brazilian National Health Promotion Policy (PNPS - *Política Nacional de Promoção à Saúde*), launched in 2006, aimed to encourage and guarantee improvements in the health area, through greater access and quality of care, while the Brazilian National Policy for Integrative and Complementary Practices (PNPIC - *Política Nacional de Práticas Integrativas e Complementares*) aims to expand the horizons and ways of caring and doing health<sup>1-2</sup>. In line with these policies, in 2017, the Ministry of Health expanded the offer of Integrative and Complementary Health Practices (IHP) to the population by inserting Reiki as a practices with the possibility of offering in the Unified Health System (SUS – *Sistema Único de Saúde*)<sup>3</sup>.

National policies in this area are reinforced by The North American Nursing Disgnosis (NANDA-I), which recognizes the importance of actions to prevent and promote energy balance in nursing care, through the Imbalanced Energy Field diagnosis, which is defined as “a disruption in the vital flow of human energy that is normally a continuous whole and is unique, creative and nonlinear”, having as factors related to the presence of Anxiety, Discomfort, Pain, Excessive Stress and Interventions, which disturb the pattern or energy flow<sup>4</sup>.

Reiki is a therapeutic practice that involves the use of vital energy, through placing practitioners' hands on patients, aiming to strengthen the body's ability to recover and maintain health. This technique facilitates physical and mental relaxation, promoting balance and providing a positive interaction between caregivers and individuals receiving care<sup>5</sup>.

In this context, the presence of human energy field has been considered in the health area<sup>6</sup>, and its importance for care has been highlighted by some concepts disseminated in nursing area. Rogers<sup>7</sup>, for instance, defined nursing as a humanistic science in which human being becomes visible, as a whole, because they are endowed with consciousness. In turn, Jean Watson points out that nursing interacts with all human beings' constituent fields, and this is more than the sum of its parts, being understood as a fully integrated and functional being, endowed with subtle bodies<sup>8</sup>.

Therefore, human beings are constituted of energy fields that interact with each other, in continuous exchanges, through energy channels, either by chakras, meridians or points by the body<sup>6-9</sup>. According to Florence Nightingale<sup>9</sup>, the human being interacts with the environment and work, and, for this reason, the nurse suffers environmental and social influences, and this interaction impacts the state of health and disease and the ways of caring.

This influence occurs in the hospital environment, where nursing professionals are exposed daily to a work routine that generates physical, emotional overload, mental and moral suffering<sup>10</sup>, which reflects physical exhaustion, depressive symptoms, anxiety and fatigue<sup>11</sup>. Furthermore, compassion, one of the virtues of all religions and societies since the beginning of history, is a feeling related to pain and suffering in other individuals. This feeling, when experienced frequently in the work environment, for instance, can trigger a syndrome that involves feelings of emotional exhaustion and frustration with work, called compassion fatigue<sup>12</sup>. In this context, a study carried out with nurses pointed out that these professionals, by providing continuous care, are at risk of facing compassion fatigue and have a reduced willingness to care and the intention to leave work<sup>13</sup>.

This condition is different from what is proposed by the PNPS, as it encourages healthy work environments and territories, with health actions that favor humanized care practices and also the humanization of living and working environments and territories<sup>14</sup>. Thus, it is necessary to foster changes, especially in the work environment, through the use of strategies that allow, for instance, workers to reflect on their health, their interaction with work and the way to build their health<sup>15</sup>, providing opportunities to experience new ways of doing health within the work context as they analyze the health work environment<sup>1</sup>.

It is urgent to encourage and propose changes in the scenarios of health services, considering the influence of the work environment on workers' health, especially the nursing team. Thus, it is important to aggregate the culture of health promotion with the use of ICHP<sup>2-3</sup>, including in hospital services where Cartesian knowledge about health status and disease still emerges. Given the above, the question is: does an intervention with Reiki help the promotion and self-perception of health in nursing professionals?

To answer this question, this study aimed to know the repercussions of an intervention with Reiki on nursing professionals' well-being and self-reported health.

## METHOD

This is a study with characteristics of a quasi-experiment, of the type before and after<sup>16</sup>, which implies the manipulation of a variable (intervention with Reiki), in which the control is the people themselves, i.e., data are collected before and after an intervention.

This study was carried out in a public teaching hospital in northwestern Paraná, using the PNPS as a conceptual basis<sup>1</sup>. At the time of the study, the referred hospital had 130 beds, and is a reference in high and medium complexity in clinical and surgical areas for the other 29 municipalities that make up the 17<sup>th</sup> Health Regional of the state. In the Nursing Board, 440 professionals were full, 148 nurses (66 statutory and 82 accredited) and 292 nursing technicians (147 statutory and 145 accredited).

Data were collected between September 2019 and March 2020. Initially, to gather participants, a poster was posted at the nursing stations of all sectors of the hospital about the offer of Reiki sessions for nursing professionals, with information about this practice and the researcher's telephone number, for clarification and/or scheduling an appointment. The same poster was also sent by the heads of the sectors to the work team, via the WhatsApp<sup>®</sup> application.

The intervention of professionals of both sexes, linked to the institution, regardless of the work regime, sector and time of work and availability to attend, outside working hours, to Reiki sessions for six weeks on the days and times previously defined. Professionals who were absent in two Reiki sessions or impossibility to participate in the final interview were excluded.

Thus, 35 professionals sought the researcher by phone and/or WhatsApp<sup>®</sup>, but only 16 declared availability to attend the institution outside of working hours, a condition defined by the Nursing Board to authorize the study at the institution.

However, with the beginning of the COVID-19 pandemic, any research and/or teaching activity was suspended at the hospital in March 2020. Thus, it was not possible to carry out the final interview with the four participants of the last group in the same place used for the Reiki sessions. Thus, with one of them, the interview was conducted at home, respecting all the measures of protection and social distancing established, and with another, it was by Google Meet. However, with the other two, it was not possible to carry out the interview, because, in addition to belonging to risk groups, being even removed from their work activities, the two claimed difficulties in dealing with applications and social networks, refusing to participate in the final interview, even after the researcher was willing to guide them on the necessary procedures. Thus, the study participants were 14 nursing professionals.

Reiki sessions took place on Wednesdays, during the morning and afternoon periods. The day set aside for the sessions was fixed according to the place availability, and it was not possible to respect the condition of pre- or post-shift work at the institution.

The intervention consisted of a total of six weekly and individual sessions with Mikao Usui's Reiki method<sup>17</sup>, applied by the main researcher - nurse trained for level 3 A. They lasted an average of 30 minutes. Before its beginning or its end, a time was made available for participants to report

how they were feeling, in terms of well-being and health. For this reason, only three sessions were scheduled per shift, totaling six per day. In all, three groups were offered, with the possibility of up to six participants in each, and a new group was only started after the conclusion of the previous session cycle.

Reiki sessions were held at the hospital itself, in a private room properly prepared, in order to make the environment comfortable, welcoming and therapeutic (stretcher, pleasant temperature, relaxing music, aromatization and light only from the aroma diffuser).

For the application of Reiki, participants were invited to lie in supine position on the stretcher and, if desired, covered with a sheet. They were instructed to breathe slowly and deeply, aiding in relaxation and concentration. A nurse trained in Reiki started the application by placing the hands on the head, chakras<sup>17</sup> and in places where participants referred pain.

Data were collected through individual audio-recorded interviews, after participants' consent, and addressed sociodemographic characteristics and health conditions (age, sex, training, training time, time working in the sector, time working in the institution, work shift, health problems, use of prescribed and non-prescribed medications).

The interviews had an average duration of 40 minutes and were carried out in two moments: one week before or on the same day of the beginning of the Reiki sessions, according to participants' time availability, and one week after the end of the session cycle. In both interviews, after reporting on their current health perception, people were asked to reflect and verbalize about their life, based on the components of an instrument entitled Wheel of Life. At the end, each participant was asked to assign a value from zero to ten corresponding to their level of satisfaction with each of the twelve aspects that make up the instrument.

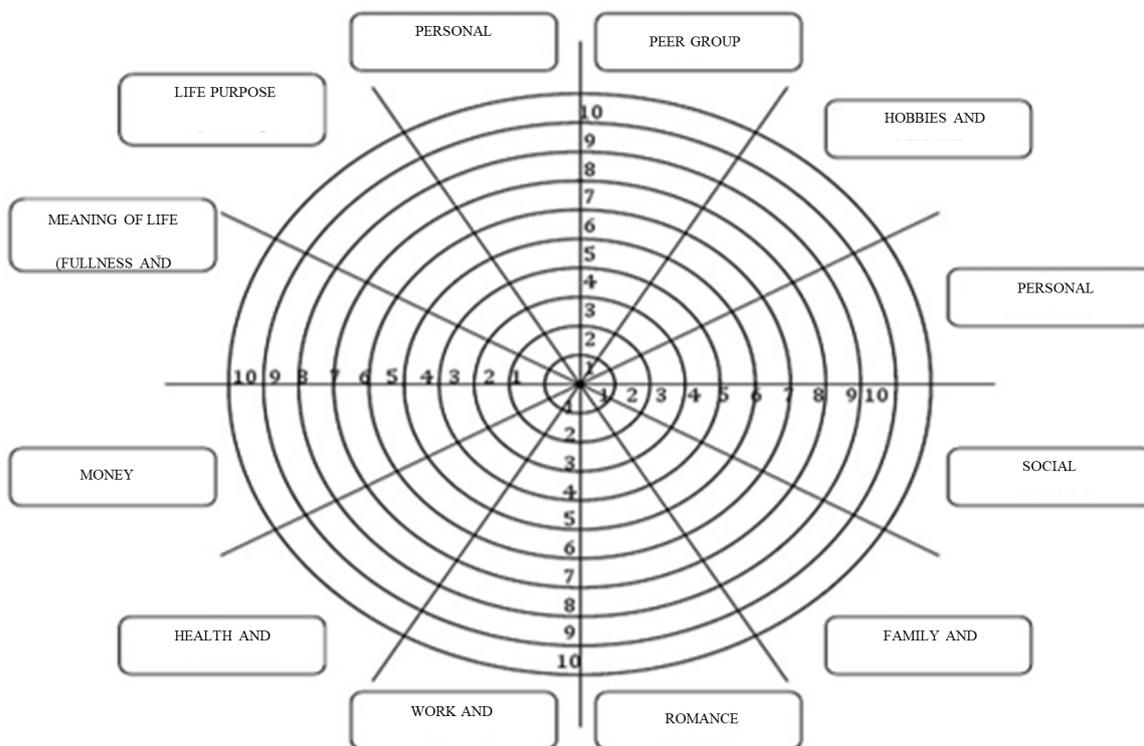
Singularly, in the first interview, participants were asked to point out, in order of priority, three aspects that they wanted to improve and that defined goals and means necessary to achieve the proposed objective in relation to them. In the latter, in addition to the score, they were asked to reflect on each of the 12 aspects that make up the Wheel of Life and discuss the changes or not that have occurred in relation to them.

The Wheel of Life instrument was developed in the 1960s by Paul J. Meyer, founder of Success Motivation® International, Inc, a pioneer in the personal improvement and development industry, which identified the main areas to be developed so that a life to be considered full. This is the graphic representation of a circumference, divided into 12 parts that represent aspects of life, grouped into four quadrants: a) Mental: peer group (relationships with the closest people), hobbies and personal life, and personal development; b) Emotional: social contribution, family and friends, romance; c) Practical: work and career, health and well-being, and money; d) Spiritual: meaning of life (fullness and happiness), life purpose (mission and goals) and personal leadership, as shown in the following Figure 1.

The center of the Wheel represents the one point of satisfaction (0%), and the other end, the maximum value (100%), positive, desirable and possible<sup>18</sup>. The maximum score to be obtained is 120 points, because the sum of each quadrant is 30 points.

For data processing, the interviews were fully transcribed and submitted to content analysis, thematic modality, respecting the stages of pre-analysis, material exploration and data categorization<sup>19</sup>. In pre-analysis, a text skimming and in-depth reading of the whole material was performed. In the exploration stage, the central ideas and a grouping of data by similarity were identified, respecting the moment of collection and the aspect of the Wheel of Life in question. Finally, in data categorization, a general synthesis, inference and interpretation was performed, emerging two categories: Sleeping chrysalis: (un)comfortable cocoon; In the light of Reiki: boosting the awakening of the butterfly.

In the development of the study, all ethical aspects were respected according to the recommendations of the Brazilian National Health Council (*Conselho Nacional de Saúde*), established in Resolution 466/2012. The study project was approved by the signatory institution's Research Ethics Committee with Human Beings. All participants signed the Informed Consent Form in two copies.



**Figure 1** – Wheel of Life. Maringá, PR, Brazil, 2021.

## RESULTS

The 14 study participants were aged between 27 and 59 years, of which three worked at night, two worked in the morning, and the others took turns between shifts and on 12-hour shifts. Twelve of them worked in direct assistance in various sectors, including one had been removed from the role due to health problems.

It is noteworthy that only two participants performed physical activity (one ran four times a week for about 10 years, and the other did weight training at the gym two to three times a week for two years) and four reported a diagnosis of fibromyalgia. In addition, all of them made frequent use of some type of medication, such as analgesics, antidepressants or muscle relaxants.

Table 1 shows the score attributed to the Wheel of Life and its components before and after the Reiki intervention, noting that the total score ranged from 58 to 111 points before intervention and from 72 to 114 points after it.

Furthermore, after Reiki sessions, an increase was observed in the total score attributed to the Wheel of Life elements (from 1,120 points to 1278), with a greater difference in the emotional and practical aspects (43 points each), followed by the mental and spiritual aspects. Individually, there was an improvement in the perception of Wheel of Life by 13 of the 14 participants, and this increase was greater than 10 points for six participants. Since it is an instrument for self-assessment, it is with these results that participants perceived their growth, personal development and self-knowledge based on a before and after comparison.

**Table 1** – Score assigned by each participant to Wheel of Life and its components before and after intervention. Maringá, PR, Brazil. 2020.

N	Score									
	Before Intervention					After Intervention				
	M*	E†	P‡	S§	Total	M*	E†	P‡	S§	Total
P1	16	21	15	17	69	19	23	17	17	76
P2	23	25	24	25	97	26	27	26	26	105
P3	20	24	11	9	64	24	24	19	17	84
P4	28	25	26	27	106	28	25	30	27	110
P5	15	15	20	30	80	17	17	22	30	86
P6	28	29	28	25	110	28	29	28	29	114
P7	15	15	17	19	66	17	15	20	22	74
P8	29	28	27	27	111	29	28	27	27	111
P9	11	9	23	27	70	13	14	25	27	79
P10	17	11	14	19	61	22	24	18	24	88
P11	24	21	19	16	80	27	24	23	24	98
P1	16	11	15	16	58	18	19	20	16	73
P13	19	20	25	25	89	25	23	28	27	103
P14	12	12	15	20	59	16	17	19	20	72
Total	273	266	279	302	1120	309	309	322	333	1278
Mean	19.5	19.0	19.9	21.6	80.0	22.1	22.1	23.0	23.8	91.3

\*Mental; †Emotional; ‡Practical; §Spiritual.

In general, participants reported that, before intervention, they experienced conflicts, whether mental, emotional, physical or spiritual, which involved feelings of emptiness, anxiety, fears, perceptions of difficulties in communicating and relating. On the other hand, after participating in the Reiki intervention, they perceived themselves to be calmer, mentioning feelings of balance, serenity, tranquility, and love for themselves and others. They reported that they felt more engaged at work and more tolerant. In fact, the reports show that participants broadened their gaze on themselves, perceiving the health-disease process complexity, learning to be more aware that health depends on several factors and not only on the absence of a disease.

When asking them to talk about their life and health, many reported that they felt healthy, balanced and well-being adequate. However, as they filled out and reflected on each Wheel of Life item, they made another assessment. Chart 1 contains some excerpts of verbal manifestations in both moments – before and after intervention.

The reports from these two quadrants show dissatisfaction with the level of relationship with people they live with the most (coworkers and family members), as they refer to those who live in the same house, attributing this mainly to lack of time. They also feel dissatisfied for putting themselves aside to take care of the “others”, which reflects the fact that they are unable to practice activities they like or participate in social projects and invest in themselves, characterizing dissatisfaction in the personal development field.

With regard to romance, it was remarkable the presence of disappointment with companions and former companions. Chart 2 contains extracts from speeches related to Wheel of Life’s practical and spiritual quadrants.

**Chart 1** – Reports on Wheel of Life’s mental and emotional quadrants before and after intervention. Maringá, PR, Brazil, 2020.

Wheel of Life aspects		
	Before	After
	<b>Sleeping chrysalis: (un)comfortable cocoon</b>	<b>In the light of Reiki: boosting the awakening of the butterfly</b>
	<b>Peer group, hobbies and personal development</b>	
<b>Mental</b>	<p><i>I only relate to the same workgroups; I have no other groups (P11).</i></p> <p><i>I'm in such a tiring moment that I can't even look at myself, I'm after my husband's things (who had just suffered a serious accident), physiotherapy, doctor, exams [...] today, I left him at home and ran out to come here [...], then there's work and a teenage daughter (P1).</i></p> <p><i>I do nothing for myself, I have tried to do meditation, but it is not continuous, I start and stop, I go back and forth [...] there are times that I cheer up, then I feel discouraged I have this thought of taking care of myself, losing weight, but soon I stop, and we know we need to, but the problem is to keep going, the action, right [laughs], is no use only knowing [silence] self-esteem needed to be improved (P5).</i></p>	<p><i>I am relating to those who have the same perceptions as me [...] so I avoid conflicts [...]</i></p> <p><i>I mean, I don't get closer to the person who will take me down (P11).</i></p> <p><i>I started going hiking, 2 or 3 times a week, I started going (P1).</i></p> <p><i>I improved this hobby issue [...] I'm doing things more at home, for the family, taking care of my daughters more [...], doing more activities with everyone here from home (P12).</i></p> <p><i>I'm looking to take a walk, [...] I realize we need the action (P5).</i></p>
	<b>Social contribution, family and friends, romance</b>	
<b>Emotional</b>	<p><i>It's bad [...] I volunteer at the Women's Network [...], but I'm very relapse (P6).</i></p> <p><i>I was a catechist many years ago [...], but people talked too much, judged, I ended up being disappointed with the church [...] I never came back (P14).</i></p> <p><i>It will not help talking [...] a lot of fighting, a lot of discussion at home, [...] my father fights too much with my sister, and she gets bad emotionally (P3).</i></p> <p><i>I've been very disappointed [...] with the father of my children [sad and thoughtful], I had been dating for three years, it was a blow to break up, I even thought about seeking psychological help, but I always put off, really hard, it's been six months, I still haven't recovered, I feel sad, vulnerable, I've never talked about it, [embarrassed] (P14).</i></p>	<p><i>I am like before, [...] no time to help (P6).</i></p> <p><i>I understand many ways to help, even my work is a way to help (P14).</i></p> <p><i>You know, until my mother realized, she said it's good that we're trying to get along better with our father, trying to improve as sisters also (P3).</i></p> <p><i>I'm starting a relationship, this phase of getting to know each other, some things, we understand each other, others, no, so it's the sixth, but I'm a little calmer (P14).</i></p> <p><i>For me, romance with me, 10, and partner, zero. because I just split up [laughs] (P11).</i></p>

In relation to participants' perception in the practical component, intense involvement with work, incessant overtime hours (often mandatory in the scale), exhausting work, fragile interpersonal relationships with colleagues, their own difficulties in communicating or even barriers to accessing managers and other professionals, and the feeling of powerlessness in the face of their own potential, form a cycle of physical and mental fatigue that causes suffering and affects their lives also outside the context of work.

**Chart 2** – Reports on Wheel of Life’s practical and spiritual quadrants before and after intervention. Maringá, PR, Brazil, 2020.

Wheel of Life aspects		
	Before	After
Practical	<b>Work and career, health and well-being and money</b>	
	<p><i>It ends up being too much for us [...] for me, I carry the suffering of service with me a lot; the other day, I was in so much pain, I had to take a lot of medication, I fainted, I fibrillated in the emergency room, I had to be assisted [intense crying, almost convulsive], I already worked with a broken foot, 30 days with the boot and working non-stop. I have thought many times: - Why don't I leave all this here? I have children to raise, that's why I don't drop [too much crying, uncontrollable] (P3).</i></p> <p><i>Here there is not much perspective [...] I took a breastfeeding course [...] but the demand is so high, I can't even put into practice so much I've learned, you know [...head down], so much investment, everything I've learned, everything I could do to improve, I don't see that this will change (P14).</i></p> <p><i>With regard to money, I am compulsive buyer, I buy everything [...] I run, so I buy a lot of racing stuff [emphasis], a lot (P4).</i></p>	<p><i>I can only do what I can, you know, [...] if you have problems that do not belong to me [...] I learned not to lose sleep and not to fight about it, I realized that I am the annoying person in the emergency room that solves everything [...] I managed to get out a little and see, I can see that I won't do the work that people have to do, I don't think it's fair to overload myself anymore (P3).</i></p> <p><i>I am with a more optimistic view of work [...] I came to realize that I created expectations that did not work, so I was shaken by it [...] but now I realize that there are things that can be done and gradually I am performing [...] I realize that I am more committed to work, I made a commitment to me to do better [...] (P14).</i></p> <p><i>It improved a lot, I did the dynamics, today I realize what is important in life (P4).</i></p>
Spiritual	<b>Meaning of life, life purpose, personal leadership</b>	
	<p><i>I take it from work to home from home to work, and I don't see any expectations of change today... [long silence, followed by intense crying]. I don't see anything I can do to change. The only thing I think of today is that I have to make my daughter happy (P1).</i></p> <p><i>I feel sucked by society, you know [...], everything is me, or the family does not work. I feel like I need to work hard to finish what I start; I feel disorganized and it takes a lot of time and my peace (P11).</i></p>	<p><i>I improved in this perspective of life, because I had already had to look at life [...] I was only surviving every day. I am looking to look to the future [...] and here [...] here is my moment of health, well-being [...], here is my moment. Here I realized that I can resume living, it gave me a moment to stop to think, [...], think of me, do something for me (P1).</i></p> <p><i>I feel that I have more awareness of myself, of my feelings [...] you know, for instance, in the heat of an argument, I can put myself, reflect and control myself better, today, I realize and know that I am well controlled. I realize that I am humbler, I do not question what happens to me anymore, before I would be like: - Why me? Why with me? Now, I seek to take learning [...] I feel that I have more love for life now, [...] it feels like I'm learning to live, with a new look at everything, even for suffering (P11).</i></p>

Perceptions regarding the spiritual quadrant were the ones that, before intervention, had the greatest negative impact. Participants referred to the lack of perspective in relation to life and purpose, and the difficulty in recovering from relatively simple everyday issues. Crying, sometimes intense, and the reports show the feeling of helplessness that was experienced.

Although, before intervention, participants referred to themselves as balanced and in good health, when they were asked to reflect on each Wheel of Life quadrant, they realized that they were living in the midst of turmoil. They set aside to maintain an apparent state of balance, which, for them, was dysfunctional, similar to a butterfly that instinctively knows it has strength, but cannot reach its wings to leave the cocoon.

Although the initial perceptions about satisfaction with life and the difficulties in looking or having time for themselves (including to participate in the intervention) and taking care of themselves were worrying, after intervention, they showed, in their physiognomy, the state of contentment and excitement for have managed to achieve established goals or are close to it.

With regard to mental health, they began to realize that it is possible to make small and simple changes that have positive results. They referred to moving away from negative people, taking care of themselves, hiking or reading a book, for instance, starting for a time of 15 minutes and gradually increasing, and this gradually helped to improve the perception of themselves and their potentialities.

It can be seen that taking a step towards themselves, looking at themselves kindly and lovingly promoted positive repercussions. According to the reports, giving new meaning to work, being closer to family members, choosing and staying with friends who care and want the best for them, resuming the commitment to their partner, or even to themselves, provided satisfaction.

Participant satisfaction was noticeable as they understood their spiritual evolution, their relationship with life, the environment and the divine. One noticed the expansion of consciousness about themselves and a new look at life.

## DISCUSSION

Among the possible study limitations, there is the reduced number of participants when considering the effective number of nursing professionals in the institution. It is believed that this is mainly due to the fact that the Nursing Board only authorized professionals to participate in the intervention outside of their work shift hours, since the number of those who have more than one employment relationship is greater than 70%. In any case, it is important to remember that the number of participants in Reiki studies is usually reduced<sup>20-22</sup>.

Still, the findings are valid because they show improvements in aspects of life, such as mental, emotional, practical and spiritual, which allows us to infer that this type of intervention can be a strategy to promote health for nursing professionals. Moreover, the Wheel of Life proved to be a powerful instrument for data collection, in addition to presenting coherence with the purposes of health promotion and ICHP in terms of valuing human beings in the spiritual, mental, emotional, family and social spheres, assigning them a role active in the health-disease process in a conscious and responsible way<sup>23</sup>.

The use of Reiki with nursing team professionals was also adequate and necessary, when it is considered that, at the beginning of intervention, of the 14 participants, only two did not have any chronic condition or used medication (prescribed or on their own). These data show how sick these professionals are and lack a differentiated look, including from the institution where they work. In this sense, the offer/availability of interventions with integrative practices, such as Reiki, can help improve these conditions, as studies show how much receiving Reiki contributes to health and well-being in a broad way<sup>24-25</sup>.

This profile of health professionals, affected by chronic diseases/conditions, was also found in a study carried out at the Emergency Medical Service (SAMU) in the countryside of the state of São Paulo, which found that almost 70% of professionals had some condition/disease, and 40% used medication continuously<sup>26</sup>. Another study, conducted with a nursing team of a philanthropic hospital in Pelotas - RS, pointed out that 30% of professionals had some chronic non-communicable disease (CNCD) and 48% used medication continuously<sup>27</sup>.

Regarding the mental health quadrant, focusing on group relationships, hobbies, life and personal development, it was observed that, before intervention, most participants were dissatisfied with this aspect, with an improvement in life satisfaction after the conclusion of the intervention.

Improvement in the mental health aspect has also been observed in other intervention studies with Reiki. For instance, in a study carried out with nursing students, the Nordic Questionnaire of Musculoskeletal Symptoms (NSQ) was used. The authors found improved mental health, reduced pain and stress after four sessions, and time management<sup>20</sup>. Another experimental study, carried out with volunteers who sought a university extension service in Rio de Janeiro, proved the effectiveness of Reiki on the state of subjective well-being, by achieving more serenity, improved mood, compassion for oneself and for others<sup>21</sup>.

Improvement in emotional health was also highlighted in a study with nurses<sup>28</sup>. When a person receives the energy of Reiki, they release tensions and begins to feel more loving, happy, and prone to recognizing the positive side of life<sup>28</sup>. Reiki energy, qualified listening and the proposition of achievable goals with the commitment of each one were the *sine qua non* condition to improve participants' satisfaction with life.

In the practical side of life quadrant, participants' initial complaints were mainly in relation to overload and the way they disrespected their limits. It was found that, after intervention, they began to look differently at the environment and work dynamics, and to value their role within the institution and care for them.

This new form supports the results of a study conducted with ten nurses from Family Health Strategy (FHS) teams belonging to two municipalities of Rio Grande do Sul. The proposed intervention consisted of three Reiki sessions, and nurses observed improvements for themselves in the work process and in patient care<sup>22</sup>. The results of both studies are in line with the PNPS purposes<sup>14</sup> in relation to the formation of health production environments and healthy territories that favor the practice of humanized, comprehensive, equitable care for users and professionals.

This policy emphasizes the importance of considering health care and promotion, through the construction of therapeutic, life and work process organization projects and welcoming people's singularities.

An international study with health professionals, in Germany, pointed out that, after being initiated in the Reiki method, these participants felt more connected with patients, showing improvements in various aspects of health, life and nursing care, after creating of therapeutic spaces using ICHP. They reported that when applying Reiki to themselves and patients, they had the feeling of donating and receiving<sup>29</sup>. The use of practices based on comprehensive care, as is the case of ICHP, contributes to the evolution of human beings as there is interaction with another being and with the environment, based on valuing and improving skills, which reinforces health care conditions<sup>14</sup>.

In the spiritual health and personal leadership quadrant, improvements after intervention included feeling happier, being aware of themselves and their surroundings. In this respect, the study participants demonstrated a lot of fragility and suffering in their statements. There was nostalgia for a life of lost possibilities, because when they looked at their complete Wheel of Life, it seemed that they saw themselves inside a cocoon and with their wings attached, which shocked them, due to the harshness of reality.

Spirituality was identified as an important factor in the redefinition of diseases, and encouraging this aspect caused motivation, alleviating fears. Thus, believing in a force, in which one can count in times of difficulty, is important in combating suffering<sup>30</sup>.

These results reinforce the PNPIC recommendation<sup>2</sup>, when it states that ICHP expands the forms of care, through soft, effective and safe technologies, ensuring the interaction and integration of human being with the environment, with the spiritual and with society, in a global way, favoring individuals to take care of themselves in a more conscious way.

This state of awareness of being favored by the use of ICHP eventually elevated them to an emerging form of care. ICHP promote health, happiness and quality of life, and through them, we seek to understand the human being, in addition to influencing the humanization of services and professionals<sup>23</sup>. Happiness built in care relationships between subjects contributes to the construction of new projects, overcoming difficulties and recognizing each being's potentialities<sup>14</sup>.

A study carried out in a city in the countryside of Santa Catarina, involving professionals from the five teams of the Family Health Support Center (NASF - *Núcleo de Apoio à Saúde da Família*), demonstrated the importance of recognizing the local reality to implement health promotion actions in order to seek actions that are relevant to specific populations<sup>31</sup>. Similarly, in this study, a diagnosis of participants' lives was carried out using the proposed instrument - Wheel of Life.

It is likely that the absence/deficiency of knowledge and adequate training constitutes the greatest challenges for the implementation of health promotion actions by FHS nurses. A study carried out in São Carlos, with 18 FHS teams, for instance, showed that professionals feel the need to form partnerships with other sectors, aiming at training and strengthening for the implementation of health promotion practices aimed at users and professionals<sup>32</sup>.

It is noteworthy that intersectoral work is necessary when the goal is health promotion and greater efficiency in the actions of each sector. The cooperation relationship can range from a punctual, casual or reactive incident to strategically oriented actions, based on common problems and priorities, and can be decisive for the success of the activities carried out and the achievement of health.

## CONCLUSION

The intervention consisting of Reiki sessions produced positive repercussions for the nursing professionals under study, as it promoted reflection on their lives, their interpersonal relationships in the family and at work, sensitizing them to the importance of self-care. It made it possible to approach other forms of care, in addition to having a positive impact on relationships in their work environment, which favors humanized care both for themselves and for the other.

It is expected that this intervention and its results will enable new ways of caring for oneself and others, promoting care environments for health promotion in times of uncertainty. Otherwise, it is expected that they help to expand the look at the health of nursing professionals, with a focus on ICHP and, above all, on Reiki. It is also intended that, as well as the analogy of the metamorphosis of a butterfly, presented in the categories, transformations related to the movement of health promotion of professionals in environments that, today, are considered promoters of illness.

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## NOTES

### ORIGIN OF THE ARTICLE

This study is part of a thesis - *Reiki na promoção da saúde de profissionais da enfermagem em um hospital geral*, presented to the Graduate Program in Nursing of the *Universidade Estadual de Maringá*, in 2021.

### CONTRIBUTION OF AUTHORITY

Study design: Costa JR, Marcon SS.

Data collection: Costa JR.

Data analysis and interpretation: Costa JR, Marcon, SS,

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### CONFLICT OF INTEREST

There are no conflicts of interest.

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