

Effects of Reiki on Stress Reduction of Residents of Multi Professional Residence in Health in Times of Pandemic COVID-19

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Abstract

Introduction: To assess the impact of the COVID-19 pandemic in nursing professionals during the first waves of the pandemic.

Methods: Cross-sectional study with a randomly selected sample. Google Forms questionnaire was sent by WhatsApp messenger. The survey comprised questions about jobs, income, and workload, PPE, training for COVID-19 patient care, behavior, and feelings during the pandemic

Results: The number of jobs, workload, and monthly income were reduced significantly during the first stages of the pandemic. 90% of the nurses were afraid of being infected in their jobs and infecting family and friends.

Conclusion: There was a reduction in the number of jobs, workload, and family income. Nurses reported great concern about getting infected and contaminate family and friends. Nurses showed a high level of stress and anxiety and believed that the pandemic would positively influence their nursing career

INTRODUCTION

Corona Virus Disease 2019 (COVID-19) is a respiratory infection caused by the new Coronavirus (SARS-CoV-2), classified as a Coronavirus beta, which appeared in Wuhan, China, in November 2019. In March 2020, the world health organization (WHO) declared the pandemic state by the new coronavirus on March 11, 2020, declared the pandemic state by the new coronavirus

on March 11, 2020 ^[1]. The virus has a high rate of transmissibility, which is caused by droplets and aerosols or by contact with contaminated people or surfaces, with an incubation period of up to 15 days ^[2]. In this scenario, in September 2020, it was released by the Ministry of Health (MH), a survey with the largest database in the world in relation to the mental health of professionals during the COVID-19 pandemic. The research conducted by the Secretariat of Labor Management and Health Education (SGTES) in partnership with the Brazilian Psychiatric Association (ABP) and the University of Minas Gerais (UFMG), presented data on the influence of COVID-19 on the mental health of professionals who are part of the strategic action "Brazil counts with me". The questionnaires were answered by 185,000 professionals between May and June 2020, in which the results showed that 12% of the participants presented high scores on self-reported negative symptoms, according to Brazilian population parameters ^[3]. Brazil has one of the largest and most complex public health systems in the world, the Unified Health System (SUS), present throughout the country, comprising all levels of care and ensuring full, universal and free access for the entire population, naturalized or not in Brazil. In this context, there is the Multi professional Residency in Health (RMS), established in 2004 by the Ministry of Health, aims to qualify professionals committed to the principles and guidelines of care in the scope of health services, thus enabling the interaction of different health areas in the reach of quality care ^[4-5]. Once inserted in the SUS, the Multi professional Residency in Health (RMS) presents itself as a fundamental part in the fight and control of the pandemic of COVID-19 because, in addition to assuming a uni- and multi professional action in the contexts of primary and hospital care, it proposes, strengthens and participates in intra- and extra-hospital actions with a view to meeting the needs of individuals in the pandemic period ^[6]. Residents who promote care to patients are permeated by uncertainties, from forms of transmission, immunological memory, even in the proper and rational correct use of Personal Protective Equipment (PPEs). Thus, they are exposed to stressors, given the professional experiences of residents in coping with the pandemic ^[7-8]. The spread of the virus directly affects the daily life of health professionals, besides causing feelings of vulnerability, fear and social exclusion because it is associated with the disease. Factors such as fear and anguish influence the immunity of professionals, causing consequences in the maintenance of health ^[9]. Based on these premises, RMS residents are exposed to conditions that generate a higher level of stress. Thus, it is necessary to establish strategies for the health and quality of life of professionals, so that they can perform efficient care to patients ^[8]. The Evidence Map in Traditional, Complementary and Integrative Medicines (MTCI) in the context of COVID-19 presents Reiki as one of the contributions of the MTCI to reduce work stress and trauma situations, as a way to care for professionals who are at the forefront of the pandemic ^[9]. Reiki is a practice with dimensions based on matter and spirit, with the aim of stimulating natural mechanisms of health recovery and thus re-establishing the balance of the body. It is carried out by imposing or approaching the hands, including also the possibility of being carried out remotely, without the need for the physical presence of the receiver ^[10,11]. In the field of human energy there is a system of non-physical energy transmutes, known as chakras, which have seven main points in the body, which are routinely used in treatment with the Reiki technique. Chakras are considered centres of vibrational energy processing with specific frequencies and functions, and through the endocrine system chakras transform the energy received into biological manifestations, the vibrational inputs of the magnetic field ^[11]. Although its effects can be studied scientifically, Reiki is not only a mental and scientific experience, it is also a sensitive experience, in which one feels the effects and one perceives that the techniques give expected results ^[12]. Possessing this knowledge, it is possible to infer that Reiki can be an effective strategy to reduce the stress of residents caused by coping with the coronavirus pandemic. The present study is justified by presenting a non-pharmacological strategy, viable, low cost and effective in reducing the stress of professionals, providing contributions to self-care, promoting well-being and quality of life. It is also justified because it is a subject that is little addressed in quantitative studies that promote the practice of Reiki, especially remotely, by health professionals of the SUS ^[13]. It is worth noting that the research meets what the Sustainable Development Goals (SDGs) recommend, in which one of the goals to be met by 2030 is to ensure a healthy life and promote well-being for all, at all ages. Nursing is at the forefront of the exercise of promoting the health and well-being of the population, therefore, it becomes necessary to adoption of practices that reduce the incidence of health problems and promote holistic care, based on the integral view of the members of multidisciplinary residency teams ^[14-21]. Thus, it is expected that this research will bring contributions to the care allocated to those who care, represented in the study by the residents of the RMS teams that are working in coping with the COVID-19 pandemic. Thus, we sought to answer the following research question: What is the level of stress in residents of the Multi professional Residence and Health before and after the performance of two Reiki sessions in times of pandemic COVID-19? The objective of this study was to evaluate stress levels before and after two Reiki sessions in residents of the Multi professional Residency in Health in times of pandemic COVID-19.

MATERIALS AND METHODS

In this section, the results organized into two sub-items will be presented: characterization of the profile of the residents of the RMS of the HEI and descriptive analysis of the responses of the SPS-10, in the comparison between pre and post-test, in order to evaluate the levels of perceived stress before and after the performance of two Reiki sessions. Concomitantly, discussions of the study findings will be presented based on updated theoretical references.

Characterization of the profile of RMS residents

The population of this study consists of 14 residents from different areas of specialization of the RMS of the HEI. **Table 1** presents the characterization of the socio demographic profile of the research participants.

It was identified that, in relation to the age group (**Table 1**), the predominant interval is 20 to 29 years (n=11; 78.6%), with a minimum of 22 and a maximum of 55 years. All participants (n=14; 100%) were female. This variable is in line with data from

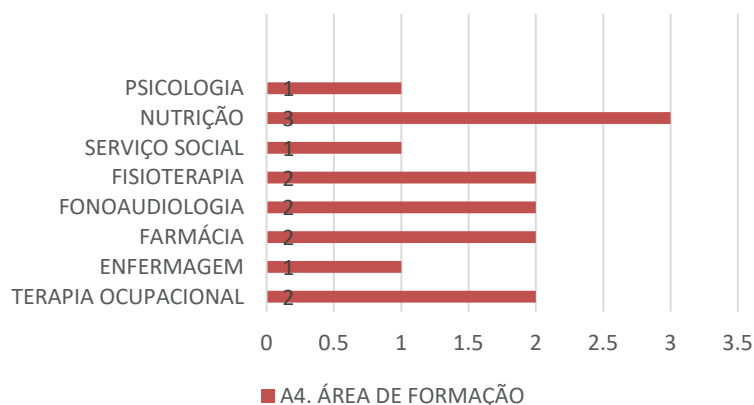
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the National Health Survey (PNS), published in 2019 by the Brazilian Institute of Geography and Statistics (IBGE), which presents women as the main health workforce, representing 65% of the more than six million professionals. In some categories such as Speech Therapy, Nutrition and Social Work, they reach almost all of them, exceeding 90% of participation. In some categories such as Speech Therapy, Nutrition and Social Work, they reach almost all of them, exceeding 90% of participation. In others, such as Nursing and Psychology, they have percentages above 80% [22]. Regarding the time of education, half of the participants (n=7; 50%) have 2 to 5 years of education, four (n=4; 28.5%) have more than 5 years of education and three (n=3; 21.4%) have 1 year of education. In order to understand the correlation of stressors associated between belonging to the risk group for COVID-19 and the perceived stress level of the residents, the participants were asked whether they shared residence with residents belonging to the risk group as well as whether they belonged to the risk group for the disease. Such an analysis was not possible because, for this, a more significant sample would be required. In relation to the areas of training of residents, **Figure 1** illustrates the quantity for each professional nucleus in the RMS.

Table 1 Characterization of the profile of residents of the RMS, Brazil, 2020 (N=14).

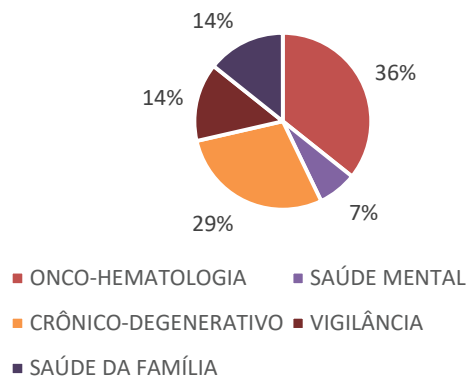
| Sociodemographic Variables | Frequency | |
|---|-----------|------|
| | N | (%) |
| Age | | |
| 20 to 29 years | 11 | 78.6 |
| 30 to 39 years | 2 | 14.3 |
| 40 years or more | 1 | 7.1 |
| Kids | | |
| No | 12 | 85.7 |
| Yes | 2 | 14.3 |
| How many people do you share a house with? | | |
| None, I live alone | 7 | 50 |
| One or two people | 6 | 42.9 |
| More than two people | 1 | 7.1 |
| Shares housing with people from the risk group | | |
| No | 11 | 78.6 |
| Yes | 3 | 21.4 |
| Belongs to the risk group | | |
| No | 11 | 78.6 |
| Yes | 3 | 21.4 |

From **Figure 1** it is noticed that, in relation to undergraduate courses, three (n=3; 21.4%) are graduated in the Nutrition course, two (n=2; 14.3%) are graduated in pharmacy courses; Speech therapy; Physiotherapy and Occupational Therapy, respectively. The courses of Nursing, Social Work and Psychology presented a representative of each area (n=1; 7.1). **Figure 2** illustrates the number of residents distributed in the five concentration areas and their respective percentages.



Source: survey data.

Figure 1 Areas of training for residents of the Integrated Multi professional Residency Program, 2021 (N=14).



Source: survey data.

Figure 2 Areas of concentration of residents participating in the IES Integrated Multi professional Residency Program, 2020.

Through the analysis of **Figure 2** it is perceived that most of the participants (n=5; 36%) belong to the area of concentration in Onco-hematology; followed by the Chronic-degenerative area (n=4; 29%); Health Surveillance (n=2; 14%); Family Health (n=2; 14%) and Mental Health (n=1; 7%). Most of the residents (n=8; 57.1%) were in the first year of residence (R1) and the rest (n=6; 42.8%) in the second year (R2). The majority (n=11; 78.6%) did not have a lato or stricto sensu post-graduation, three residents (n=3; 21.4%) had a post-graduation (Master's Degree in Biological Sciences; Specialization in Hospital Physiotherapy and Food Quality Management and Control). Regarding the care for patients suspected or affected by COVID-19, half of the participants (n=7) reported having performed this type of care more than twice; four (n=4) reported having performed once or twice and three residents (n=3) reported attending patients suspected or affected by COVID-19 on a daily basis. The majority had no children (n=12; 85.7%) and two participants (n=2; 14.3%) had at least one child. The referred age of the children was 1 year and 2 months and 27 years. The pandemic caused, in general, the psychic illness in patients and professionals, generating feelings of anguish, uncertainty, despair, fear and unbelief of the possibilities of recovery of hospitalized patients. In an experience report, the authors report the feeling of hope brought about with the emergence of the first discharges in the units of COVID-19, in which they began to realize that the outcome could be different from death, which generated enthusiasm in the teams. At each discharge, euphoria reactions were observed among the members of the health teams, when in many hospital units, the patients began to leave [23]. For Lucena and Sena [24] it is noticeable the learning and maturity provided in the face of the situation due to the numerous professional and personal challenges. For Lucena and Sena [24] it is noticeable the learning and maturity provided in the face of the situation due to the numerous professional and personal challenges. The authors view as main challenges the fear of acting without professional experience, since most residents are part of the Program in this condition; scarcity of EPIs and specific training aimed at COVID-19; adapting to new workflows; work overload of professionals who are preceptors, in evidence in this research; and the physical and psychological illness of multi professional residents due to the extensive workload in the context of the pandemic. Descriptive analysis of the stress perception scale (SPS-10) in the comparison between pre- and post-test, before and after two Reiki sessions

This sub-item will present the descriptive and analytical results referring to the 10 questions of the SPS-10 in comparison between pre-test and post-test.

Descriptive analysis of participants' responses to the items of the Stress Perception Scale (SPS-10) before and after application of two Reiki sessions, Brazil, 2020 (N=14). Considering all the participants (N=14), it was noticed that there was, descriptively, a decrease in the mean and standard deviation of the answers (**Table 2**) corresponding to the level of perceived stress in seven questions; in two the result was maintained and in one the value increased, in the comparison between pre and post-test. A study conducted at Boston Medical Centre (USA) in 2011 aimed to know the effects of Reiki in relation to stress related to work activity of 17 nurses. For this, the SPS was used, applied before the level I Reiki course and after three weeks of practice of Reiki self-application. The results showed that the practice of Reiki resulted in a significant reduction in perceived stress levels and that the study data provide support to the training of nurses in Reiki practice, providing the reduction of stress related to work activities [25]. The advancement of the holistic paradigm in nursing is evidenced by the inclusion of the Nursing Diagnosis "unbalanced energy field", approved in 2016 and defined by Taxonomy II of the North American Nursing Diagnosis Association (NANDA), having as a defining characteristic the rupture in the vital flow of human energy. Furthermore, there is the recognition of "Nursing in Integrative and Complementary Practices" as a speciality of the nursing professional, according to Resolution N. 0581/2018 of the Federal Nursing Council (COFEN in Portuguese) [26,27]. **Table 3** presents the ranking in the comparison between pre and post-test, related to the decrease, increase or maintenance of the perceived stress score.

In the Wilcoxon (Npar) signalled classification test, used to compare two related or corresponding samples, it was possible to evaluate whether the mean classifications between pre and post-test differ. Considering the individuality of the participants, in the comparison of the final means, it was evidenced in a comparative ranking (**Table 3**) that 11 (eleven) residents had a reduction in the level of perceived stress after the second Reiki session, 2 (two) had an increase in the stress level and, in one, the level was maintained. Reiki is considered one of the main PICS that contribute to disease prevention and reduction of stress and anxiety levels, as it is a complementary and integrative energy therapy that can help strengthen the body's healing capacity. Reiki is based on the idea of mobilizing universal vital energy that supports the innate and natural healing abilities of the body and

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mind, providing strength, harmony and balance. There is a growing interest among nurses to use Reiki in patient care, especially as self-care [11]. A study conducted with nurses from an FHS showed that Reiki improved the quality of life of these professionals, balancing the physical, mental, emotional and spiritual dimensions of the human being. It emphasized the importance of using the technique as a strategy allied to the care process, evidencing the importance of the nursing professional having this care tool [28].

Table 2 Presents descriptive analyses, with a relation of mean and standard deviation, of the residents' responses, considering the pre- and post-test performed before and after the two Reiki sessions.

| Stress Perception Scale (N=14) (Considering the last 30 days) | Pre-test | Post-test |
|--|--------------|--------------|
| | Mean (SD) | Mean (SD) |
| How often have you been upset because of something that happened unexpectedly? | 2.93 (0.917) | 2.21 (0.699) |
| How often have you felt that you were unable to control important things in your life? | 2.86 (1.351) | 2.07 (1.072) |
| How often were you nervous or stressed? | 3.64 (0.745) | 2.64 (1.082) |
| How often were you confident in your ability to handle your personal problems? | 1.57 (0.938) | 1.29 (1.139) |
| How often have you felt that things turned out the way you expected? | 1.71 (0.994) | 1.71 (0.726) |
| How often did you think you couldn't handle all the things you had to do? | 3.14 (1.167) | 2.21 (1.051) |
| How often were you able to control irritations in your life? | 1.43 (0.852) | 1.57 (0.938) |
| How often have you felt that all aspects of your life were under control? | 2.14 (1.231) | 1.93 (1.207) |
| How often have you been angry about things that were out of your control? | 2.50 (1.286) | 2.50 (0.855) |
| How often have you felt that problems had accumulated so much that you could not solve them? | 2.57 (1.399) | 1.71 (1.267) |

It can be observed that in the pre-test (**Table 4**) the cut-off point for low/moderate stress level corresponded to the score less than or equal to 28 points and to High, greater than or equal to 29 points. In the post-test (Table 5), the cut-off point for low/moderate stress level corresponded to the score less than or equal to 25 points and for High, a score greater than or equal to 26 points. Thus, it can be inferred that there was a reduction in stress levels, elucidated by the decrease in the cut-off points to Low/Moderate and High, considering the 75th percentile, in comparison between pre and post-test. In another study, immediate Reiki results related to heart rate, cortisol level and body temperature were observed in professionals with Burnout Syndrome. These results suggest that Reiki has a beneficial effect on the parasympathetic nervous system when applied to health professionals. Added to this, an important advantage among complementary therapies, that Reiki can be self-applicable [29]. Next, **Table 5** shows the descriptive analysis of the T-test of paired samples, together with the values of mean and standard deviation, in comparison between pre and post-test, originating the p-value. From the T-Test of paired samples it was possible to infer that there was a decrease in the perceived stress level considering pre and post-test. The comparison between the samples revealed a p-value of 0.002, with a confidence interval above 95%, giving significance to the hypothesis. With these results, it is possible to conclude that Reiki is effective in reducing the perceived stress of RMS residents. In 1988, the WHO included the spiritual scope in the multidisciplinary concept of health, also adding physical, psychological and social aspects. Reiki meets the WHO proposal, since it has five elementary principles, which contribute to the increase of the co-responsibility of those involved for health holistically, in the physical, social, emotional, environmental and also spiritual contexts [30,31]. It was not possible to identify whether factors such as: belonging to the risk group for COVID-19; whether or not to have children and share housing with people in the risk group are stressors associated with a higher level of perceived stress, since, for this, a more significant sample would be required.

Table 3 Wilcoxon Signed Classification Test (Npar), Brazil, 2020 (N=14).

| Pre and Post-Test Comparison | Ranking | N | % | Median pre-test | Median post-test | Z' | p |
|-----------------------------------|---------------------|-----------|-------------|-----------------------|-----------------------|--------------------|-------|
| | | | | (Interquartile range) | (Interquartile range) | | |
| EPS-10 Pre-test/ EPS-10 Post-test | Lowered the score | 11 | 78.60% | 1.95 -0.75 | 2.75 -1.1 | 2.768 ^b | 0.006 |
| | Increased the score | 2 | 14.40% | - | - | | |
| | Kept score | 1 | 7% | - | - | - | - |
| | Total | 14 | 100% | - | - | - | - |

Table 4 Deals with the analysis of the frequencies of the SPS-10, considering the 75th percentile, according to the reference of the scale, presenting the cut-off values for low/moderate or high score in relation to the pre-test.

| EPS-10 Dicot Sum | Pre-test N(%) |
|--|---------------|
| Low/Moderate (less than or equal to 28 points) | 12 (85.7) |
| High (greater than or equal to 29 points) | 2 (14.3) |

Table 5 Deals with the analysis of SPS-10 frequencies, considering the 75th percentile, presenting the cut-off values for low/moderate or high score in relation to the post-test.

| SPS-10 | N | Mean (SD) | P |
|------------------|----|-------------|-------|
| SPS-10 Pre-test | 14 | 24.5 (6.60) | 0.002 |
| SPS-10 Post-test | 14 | 19.8 (6.67) | |

CONCLUSION

The possession of the knowledge disseminated in this study, it was possible to know the stressors, acute or chronic, derived from the pandemic caused by COVID-19, and their impacts on the personal and professional life of residents of the Integrated Multi professional Health Residency of an HEI. This occurrence requires immediate action of the teams, in order to manage the care of those who care, seeking to avoid health problems caused by chronic exposure to stressors, which can trigger psychic disorders such as Burnout Syndrome, anxiety, depression and posttraumatic stress. The study allowed us to know the social demographic profile of the 14 participating residents, mostly female, aged between 22 and 55 years. Half of the participants with training time from 2 to 5 years and, most, in the first period of residency (R1). In addition, two residents have children and half of them live alone. Answering the research question, the results show that, after two Reiki sessions, there was a reduction in perceived stress levels, which was demonstrated in the comparison of the means of the answers and descriptive statistical tests performed with the pre- and post-test data. Although Reiki is recognized worldwide as a method of cure widely used in a variety of psychological and physical symptoms, proof of its efficacy is still scarce, requiring studies to investigate its effects, such as the use of biological markers to better evaluate the effect of the technique on stress at the cellular and physiological level. The meanings and experiences with Reiki therapy were plural and subjective, converging in the understanding of practice as a promoter of health, well-being and quality of life, through holistic care centered on the integral perception of the human being. Moreover, the study has as limitations a reduced sampling to evaluate analytical correlations regarding stressors and the influence on stress levels. It is recommended to produce more studies on the contributions of PICs as aggregators in the care of health professionals, promoting the possibilities available in the training of nurses. In a second moment, it is expected that this study can contribute to the prevention of the negative and deleterious effects of acute or chronic stress on the performance and health of the nursing professional. It is also expected to promote the insertion of integrative and complementary practices in the curriculum of undergraduate courses in the health area, especially in the nursing course, because it is a rising theme that has numerous proven benefits for practitioners. Nevertheless, the present research has the potential to instigate the interest among nurses in relation to the use of Reiki in patient care, especially as self-care, including also the possibility of being performed remotely. It is an accessible therapy, not costly, which demands few technological resources and effective in reducing the incidence of injuries and promoting health, through holistic care, based on the integral view of individuals.

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