

## Reiki at Portsmouth Regional Hospital by Pamela Miles

Portsmouth Regional Hospital in New Hampshire has provided over 8,000 Reiki treatments since 1995. This highly successful Reiki program, started by Patricia Alandydy, BSN, RN, offers Reiki in every department of the hospital. The story of how this program came into being is inspiring and instructive to all who support the integration of Reiki into standard hospital care.

After 27 years of surgical nursing, Alandydy wanted her nursing to become more centered in healing. She was already practicing Therapeutic Touch when she noticed an advertisement in a local store for a Reiki class. The explanation of Reiki intrigued her. Whereas Therapeutic Touch is an intervention to move obstructed subtle energy, the ad referred to Reiki as being itself a subtle but powerful healing energy. The fact that Reiki could be used to treat oneself (not available in Therapeutic Touch) appealed to her as well. Reading that the class would be co-taught by a nurse administrator and a massage therapist, Alandydy decided to enroll. She learned First and Second degree Reiki and two years later became a Reiki master.

In 1995, Portsmouth Regional was facing financial challenges common to hospitals. Surgery was investigating how to build patient volume and decrease turnover time in the operating room (OR). Alandydy was the nurse manager of the OR, and saw Reiki as a way to make care more humane even as her unit had to serve more patients per day. She approached William Schuler, the CEO of Portsmouth Regional Hospital, about incorporating Reiki as a healing component. He understood the need and suggested starting with a hospital-sponsored Reiki clinic. Schuler also encouraged Alandydy to train as many nurses as possible.

The first two thousand Reiki sessions offered by Portsmouth Regional were given in a 7,000-square-foot space arranged by Schuler in the physical medicine and rehabilitation building. The clinic ran twice weekly. Anyone from the community was invited to receive a complimentary hour-long Reiki session. Alandydy started with twenty practitioners she had trained. Word spread throughout the community, and within a few months, twenty more practitioners were offering their services, some driving an hour each way to participate. The clinic began at 7 P.M. with a brief guided meditation, and ended promptly at 8:30 P.M..

As she was coordinating the clinic, Alandydy also began promoting Reiki to the physicians on staff. She organized two different evenings using the fourteen beds in the Post Anesthesia Care Unit (PACU) and invited physicians to receive a full Reiki session after hours. Alandydy was careful to invite doctors from an array of disciplines, such as family practice, obstetrics, gastroenterology, surgery, neurosurgery, and neurology, and to include the CEO and the vice president of patient affairs. She invited not only those physicians known to be sympathetic to complementary therapies, but also those who were not so open-minded. Everyone attended.

## Reiki before Surgery

The next milestone came in September 1997, when chief of anesthesia Robert Andelman, MD gave his blessing to a Reiki trial in the pre-op area as a way of reducing patients' stress and anxiety. The success of the program depended on the sessions fitting seamlessly into the surgical schedule, which can change at any time, for a variety of reasons. After checking in, time permitting, patients would receive complimentary Reiki treatments lasting five to fifteen minutes. Practitioners observed that even five minutes of Reiki altered an anxious patient's state. According to Alandydy, Reiki gave the patients such a sense of satisfaction and safety that the program quickly took on a life of its own. Patients who had received treatment before surgery started asking for another treatment post-op. Nurses called Alandydy asking, "What's Reiki? My patient wants another session." Recognizing the importance of communicating simply and clearly, Alandydy worked with the marketing department to create a brochure introducing Reiki that was distributed to all patient care areas.

The hospital received many thank-you letters from patients describing their experience of Reiki healing, and it was decided to incorporate the option of Reiki treatment into the initial pre-op phone registration. Alandydy wrote a five line definition of Reiki that was added to the script for pre-op calls. Patients were asked if they wanted a private or semi-private room, if they needed a special diet, and if they would like a Reiki session to promote relaxation and reduce stress. Physicians and floor nurses in all areas of the hospital began referring patients for Reiki treatment.

Reiki-trained nurses throughout the hospital offered treatment to patients as time allowed. Eventually the demand for sessions at Portsmouth Regional outstripped staff availability, and Alandydy became the hospital's full-time coordinator for complementary medicine. When she could no longer meet the requests for Reiki treatment, the hospital hired an LPN to help. Alandydy also approached the administration to create a corps of volunteers. Reiki volunteers now cover the hospital 7 days a week. Some arrive at 6:30 A.M. to treat the first surgical cases; others come in the evening after work. A list of patients requesting Reiki is kept in the office for volunteers who come when the staff Reiki practitioner who supervises the program is not available. Additionally, the nursing supervisor has phone numbers for all Reiki volunteers and will find one who is available to give treatment whenever a patient requests.

Alandydy left her full-time hospital position in 2001 to balance part-time nursing with work as a consultant and educator. The Reiki program has gone through several staff changes, but the services and overall organization remain the same. Currently, Janice Desrochers, a lay Reiki master, is the full-time staff Reiki practitioner. One of her first accomplishments was to create signs for each room giving a brief explanation of Reiki and her direct phone line. The notice encourages patients to call, promising a practitioner will respond upon availability. Desrochers' typical day starts with a few 15–20 minute sessions for patients awaiting surgery. She then attends to the list of patients throughout the hospital whose physicians have written orders for Reiki, or who have requested Reiki either directly or through a floor nurse. She sees eight to sixteen patients a day.

Patients from the community began requesting surgery specifically at Portsmouth, citing the Reiki program as the reason for their choice. After the CEO of nearby Wentworth-Douglass Hospital in Dover, NH, received letters from patients about Reiki, Alandydy was invited there to teach. Her first class was attended by fourteen nurses. She and Diane Zaidlicz, RN continue to teach monthly Reiki classes at both Portsmouth Regional and Wentworth-Douglass. The classes are open to all hospital workers (not only those directly involved in patient care) and volunteers. The classes are both spiritually focused and grounded in medical care. Included in the Reiki trainings are discussions of the distinctions between spirituality and religion, healing and cure, and in-hospital versus private Reiki practice. The teachers are careful not to intrude on anyone's belief system and to avoid New Age ideology. Alandydy limits attendance to twelve students. Although there is room to accommodate more, she feels the intimacy of a smaller class supports her primary focus on the spiritual aspect of Reiki and fostering "the sacred and holy responsibility of self-care." There is a fee for the training.

A multi-disciplinary committee was created at Wentworth-Douglass to investigate what complementary and alternative medicine (CAM) might offer patients. In January 2000, after two years researching CAM, the hospital hired Derreth Roberts, RN, MS, MSN, NP and Reiki master, to be manager of Integrative Therapies. Roberts was charged with implementing a hospital wide CAM program that included Reiki. Her twelve years of Reiki experience and thirty-two years as a nurse helped her achieve the impossible. Roberts wrote policies and procedures and trained volunteers. In March 2000, a mere two months after she started work, Wentworth-Douglass began offering patients complimentary Reiki treatments. Like Alandydy (who trained her), Roberts understood what works best when presenting Reiki in a medical setting is "not talking, but doing." Roberts organized an event in the auditorium with Reiki, music, and food. She sent handwritten invitations to all leadership and medical staff. The event was well attended, and the experience of Reiki did much to open minds and doors in the hospital. Roberts invited Dover resident James Oschman, PhD, author of *Energy Medicine*, to speak to the medical staff and arranged for CMEs for the presentation. Throughout her first year, Roberts held monthly Relax with Reiki evenings in the eight-bed PACU, offering complimentary sessions to staff on a walk-in basis. Each year for Nurses' Week, Roberts sets up a four-bed Reiki room and offers staff treatments before, during, or after work.

In 2003, 886 Reiki sessions were offered by twelve volunteers at Wentworth-Douglass. Eighty-eight hospital employees have been trained. Roberts encourages staff members not directly involved in patient care to learn Reiki both for their own well-being and to support a healing environment in the hospital. Physical therapists who have been trained may use Reiki in therapy or refer patients for treatment. Without necessarily identifying it as such, the respiratory therapist incorporates Reiki into treatment because it quickly improves breathing. All massage therapists employed at Wentworth-Douglass are required to be Reiki trained. Like Portsmouth Regional, the hospital sponsors a monthly healing circle that consistently draws 30–50 participants.

Reiki is now used in a variety of ways at many other area hospitals, including Concord Hospital, Dartmouth-Hitchcock Medical Center, Bennington Southwestern Medical Center, Frisbee Memorial Hospital, Catholic Medical Center, and Elliot Hospital in New Hampshire, and Anna Jacques Hospital and Union Hospital in Massachusetts. Why has the program at Portsmouth Regional Hospital flourished and had such a strong impact on the greater community? Let's examine the particulars carefully to see what can be generalized to other settings.

### Why the Program Worked

Alandydy is the first to point out she started from a very strong position. She was the nurse manager of the OR, a longtime employee of Portsmouth Regional Hospital with years of experience in her specialty, someone who had proven her ability to function in one of the most demanding medical settings. An employee with less seniority or from a less rigorous discipline might not have been heard. The CEO of the hospital knew Alandydy and trusted her. She brought her thoughts to him, and together they mapped out a strategy for implementation.

Alandydy paid painstaking attention to details. She presented Reiki carefully and credibly, and created opportunities for staff to experience Reiki themselves. She trained staff and volunteers to conduct themselves professionally and to function respectfully within hospital parameters. She created supervision and feedback loops and used what she learned from them. Exploring the details of each of these categories—presentation, training, documentation and feedback—reveals the underlying strengths that kept the program functioning even after Alandydy left Portsmouth Regional Hospital.

### Presentation

When presenting Reiki, Alandydy clearly expressed that her concern was first and foremost the patient. She reminded medical staff of how much patients surrender when they enter the hospital. Patients give up their clothing, they give up control of their eating and social contacts, and in the OR, patients also give over their consciousness. "There is no greater trust than when a patient surrenders to you, a total stranger, in the OR or anywhere in the hospital," she says. "We need to honor them, to let them know we know who they are, that they are safe, and we are present for them." The focus of offering Reiki in the hospital was to bring compassion and humanity back into the patient's experience.

Additionally, at a time when patients can feel passive in their care, Reiki offers a sense of empowerment. By choosing to receive Reiki, patients can actively participate in their healing process. Alandydy presented Reiki as a very gentle, noninvasive spiritual healing practice that evokes a measurable relaxation response. The drop in pulse rate and respiration, the peripheral flush and ensuing calmness of a Reiki session are readily observed. She drew a clear distinction between mind-body medicine and the paradigm of mind-body-spirit. Alandydy reminded staff that "nursing is a spiritual practice" in that nurses "are entrusted with the whole person." She reminded them of what they already knew, but sometimes gets lost as medical staff become task-oriented. And she clearly explained that she was not giving overworked staff another task to accomplish. Alandydy says, "Reiki becomes part of who they are in mindfulness and awareness."

Arranging Reiki treatments for staff physicians gave them a firsthand experience of the difference Reiki could make to their patients. The Reiki clinic created community support and gave physicians an opportunity to hear feedback from their patients. Alandydy remembers that early referrals were often for chronic pain, fibromyalgia, depression, or conditions conventional medicine can't treat. Doctors would typically report a referral, then say, "But he'll never come." The patients did come, however, and they kept coming. Many had encouraging results, like the 80-year-old Parkinson's patient who arrived hunched over and couldn't lie still when he first came for treatment. After several months of treatments, he stood straight and was calm throughout the session. Many patients in emotional distress found great benefit from their clinic sessions. As she watched Reiki move through the community and the hospital, Alandydy gained the confidence to stop defending what she was doing. When an occasional negative situation arose, she simply chose not to engage. Support for Reiki emerged from within the hospital as doctors endorsed their patients' right to choose a noninvasive therapy they found comforting.

Alandydy recognized that standardizing every aspect of the interaction with the patient, both treatment and overall presentation, would be critical to a successful program. Hospital patients are usually draped when receiving Reiki, making it difficult for practitioners to be sure where they are placing hands. To protect the vulnerability of patients, Alandydy designed a treatment protocol specifically for hospital sessions. It routinely includes hand placements on the crown, temples, shoulders, knees, ankles, and feet. In addition, hands may be placed on the solar plexus and outside of the hips. Portsmouth Regional Hospital practitioners do not touch bare skin and avoid patients' throats, breasts, and lower abdomens. The hospital has received no complaints of inappropriate touch.

#### Training Volunteers for Hospital Practice

The hospital has to guarantee that patients have the same quality of interaction whether treatment is given by volunteers or professionals. It is also necessary that the experience fits medical expectations. To this end, Reiki practitioners are carefully screened when they apply to volunteer at Portsmouth Regional. The hospital requires Reiki volunteers to present certificates for Second degree Reiki training, which are copied and kept on file. Like all volunteers at Portsmouth Regional, Reiki practitioners attend a general orientation and take a PPD skin test for tuberculosis. Reiki volunteers sign a confidentiality statement and agree to conform to hospital treatment standards. This means that, regarding treatment protocol and patient interaction, they agree to practice Reiki differently in hospital than they do in their outside practice. The guidelines are signed and the hospital keeps a copy. Volunteers work with a preceptor at least three times before offering Reiki on their own. All volunteers are subject to a yearly renewal of competency, as in other medical specialties. If they are not current, they have to be observed again before giving solo treatment.

Patient interaction is carefully standardized. At both Portsmouth Regional and Wentworth-Douglass, volunteers are trained to be very present with the patient and not to

do anything that could obstruct the integration of Reiki into hospital care. That means washing hands before treatment; not giving diagnoses, psychic readings, or any feedback to the patient; and not praying outwardly before, during, or after the session. Volunteers are also instructed not to outwardly smooth the energy field, lest the treatment look bizarre to someone observing or passing by. “Reiki needs to be perceived in the hospital as gentle touch rather than energy medicine,” says Roberts, “because touch fits more comfortably into the research mentality of physicians, especially given the amount of existing research on the benefit of touch.”

In the initial screening interview for volunteers, Roberts makes it clear that practicing Reiki in the hospital setting may be very different from the volunteer’s own practice. She explains, “The doctors are some of the hospital’s primary customers. They bring their patients here for special care. Reiki has to integrate into those expectations.” Desrochers tells practitioners not to ask patients what’s bothering them. “It’s irrelevant to what we are offering the patients,” she says, and it could be construed as an invasion of privacy.

Besides a willingness to honor hospital practice guidelines, Alandydy looked for volunteers with an attitude of service. She stresses the need to accommodate the patient, and remembers giving Reiki “in every possible position you can imagine, leaning over a bed, squatting down, with the patient on the side, with patients who are constantly changing positions.” Serving the patient can also mean serving family members. Outside of the surgical area, especially if the patient is dying, Desrochers offers Reiki to family members after treating the patient. If the relative is willing, she uses the massage therapy room. Sometimes the family doesn’t want to leave the room, and Desrochers offers them seated Reiki sessions.

Roberts underlines the value of creating a healing space for a patient or staff member by pulling the curtain, dimming the lights, creating as much privacy as possible in preparation for the sense of intimacy Reiki brings. Reiki volunteers at Wentworth-Douglass bring CD players with soothing music into the room. If at the end of the treatment, the patient is deeply relaxed and not responsive, Roberts instructs volunteers to leave the music playing and come back later. There is also a hospital TV channel with nature sounds that can be used. The office shared by Desrochers and Diane Zaidlicz (Reiki master and mental health nurse) provides a refuge of sacred space throughout the day at Portsmouth Regional. Even when they are not in the office, a soothing CD is left on and lamps replace harsh overhead lighting. Staff comment how refreshing it is simply to step inside.

As desirable as music and privacy and gentle lighting are, they are not always available. Volunteers are reminded that Reiki itself creates healing sacred space. Desrochers says, “Sometimes family members are present during the pre-op sessions. They often comment that they also feel calmer after the patient’s Reiki session.”

#### Documentation and Feedback

Alandydy understood the need for documentation to support the Reiki program and to create a vital feedback loop to monitor quality of service. Starting with the Reiki clinic,

every treatment at Portsmouth Regional Hospital has been recorded. Attendance sheets were kept for practitioners and clients. People coming for treatment signed a release saying they understood Reiki is not a substitute for medical or psychological care, and that Reiki was being used in this environment solely for the purpose of relaxation and stress reduction. Reiki was explained at the beginning of each session, and feedback was requested at the end. Everyone who received treatment at the clinics completed a customer satisfaction survey through which Alandydy received feedback that was valuable in strengthening and expanding the program. No detail of the client's comfort was considered insignificant. One patient, who enjoyed the session overall, admitted feeling uncomfortable because the practitioner's hands "smelled like dirty socks." The smell was traced to the industrial soap from the dispenser. One of the practitioners who was also an herbalist blended sage, cedar, and lavender essential oils. The Reiki practitioners began putting a tiny drop on their hands after washing and there were no further complaints.

Every in-hospital Reiki treatment at Portsmouth Regional Hospital has been documented in two ways. Practitioners fill out a tracking form for each patient, showing the date, unit, patient's name, physician, time of treatment, and any comments. The completed form is given to the nurse to be inserted in the patient's chart. There is also a log sheet in the office to keep track of how many sessions are done each week and in what area of the hospital. A nurse routinely calls every ambulatory surgical patient 24–48 hours after surgery. An inquiry about Reiki is included in that conversation. Every letter received from patients to the CEO or department chair is sent to the Reiki office.

The feedback has been encouraging. Very importantly, no patients have complained of being improperly touched, nor has there been mention of any negative experience connected to Reiki. The only complaints were from patients who wanted Reiki and didn't get it (perhaps due to a change in the surgery schedule), or some complaints that the session was interrupted or the environment noisy. The overwhelmingly positive responses spoke of a sense of calmness that patients didn't know they were capable of achieving, and amazement that they could reach such a deep, peaceful inner state with only five to ten minutes of Reiki.

Wentworth-Douglass keeps similar records and also records the patients' reasons for requesting Reiki and the outcomes. Roberts reports that in first quarter of 2003 (January through March), 46% of all Reiki treatments were requested because the patient was nervous, stressed, or feeling anxious; 25% were requested for pain or physical discomfort; 23% of patients didn't know what Reiki was but were interested; 3% had previously had Reiki and liked it; 2% asked for other reasons, such as "end of life care" or "partner does Reiki and suggested more treatment."

Patients requesting Reiki for anxiety or pain are asked to rank their distress before and after treatment using a 0–10 scale, with 10 being the worst. In the first quarter of 2003, average stress score was 4.9 points lower after Reiki and the average pain score was 3.7 points lower. Twenty-three percent of patients receiving Reiki in first quarter fell asleep

during treatment. Sleeping patients are not awakened and not included in the data. As at Portsmouth Regional, no negative outcomes have been reported.

These numbers are encouraging, and while they have not come from double-blind clinical trials, they nonetheless demonstrate that Reiki can have a positive impact on hospital care. Patients who are calmer and in less pain are easier for the staff to care for, and likely to have a more positive hospital experience. They are also likely to have better medical outcomes. In addition, Reiki provides healing moments for the staff, whether they are offering Reiki to patients, sharing Reiki with another staff member, or practicing self-treatment. Alandydy, Desrochers and Zaidlicz have each given many Reiki treatments in a day, some in critical situations, yet none find it draining. Zaidlicz sees Reiki as a valuable wellness tool for staff. She envisions the day when self-care becomes a respected part of the medical profession, and staff may prefer a Reiki break over a coffee break.

Portsmouth Regional Hospital is fortunate indeed to have had an employee with not only Reiki and medical experience, but also the understanding and steadiness to be able to integrate the two. The hospital's administration is to be commended for recognizing the value of having a full-time paid Reiki practitioner offer patients complimentary sessions, how it enhances the healing experience, and what it saves the hospital in the long run. And none of it would matter if not for the ongoing support of the nursing staff and the physicians to connect their patients with the healing they need. The success of the Reiki program at Portsmouth Regional Hospital is functioning proof that our healthcare system can heal itself. As Reiki permeates conventional medicine, we can create a healthcare system which promotes health not only for the community, but also for our medical professionals.

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Patricia Alandydy BSN, RN, Reiki Master Teacher, has generously agreed to share the guidelines she wrote as the foundation of the Portsmouth Regional Hospital Reiki Program. They are available on my website, [www.pamelamilesreiki.com](http://www.pamelamilesreiki.com). Look under References and resources, and click Articles.

You are warmly invited to be part of this dialogue to support the integration of Reiki into conventional medicine. If you know of hospitals, hospices, or other medical or community settings where Reiki is being offered, or where research is occurring, please email contacts to [info@pamelamilesreiki.com](mailto:info@pamelamilesreiki.com).