Reiki's Effectiveness on Psychological Stress in Nursing Students: A Randomized Pilot Study

Efetividade do Reiki no Estresse Psicológico de Estudantes de Enfermagem: Estudo Piloto Randomizado

Efectividad del Reiki Sobre el Estrés Psicológico en Estudiantes de Enfermería: Estudio Piloto Aleatorizado

RESUMO

Objetivo: analisar a efetividade do Reiki no alívio do estresse psicológico entre estudantes de enfermagem. **Método:** estudo piloto de ensaio clínico randomizado com dois grupos, realizado com 62 estudantes de uma instituição pública paulista. O grupo intervenção recebeu Reiki por três semanas, com sessões presenciais e à distância, conduzidas por terapeutas licenciados. Foram coletadas informações sociodemográficas e de conhecimento sobre Reiki, além da aplicação da escala de estresse percebido, entre fevereiro e setembro de 2020. A análise de dados foi realizada no software R, versão 4.0.4. **Resultados:** houve predominância de participantes do sexo feminino, solteiras, brancas e sem religião. Não houve diferença estatística entre os grupos antes da intervenção, mas o grupo intervenção apresentou redução significativa no estresse psicológico pós-intervenção. **Conclusão:** o Reiki foi eficaz na redução do estresse psicológico em estudantes de enfermagem após três sessões.

DESCRITORES: Ensaio clínico; Estresse psicológico; Estudantes de enfermagem; Toque terapêutico; Terapias complementares

ABSTRACT

Objective: to analyse the effects of Reiki therapy on stress and resilience among nursing students. **Methods:** this is a pilot study of a randomized clinical trial with two groups, carried out with 62 students from a public institution in São Paulo. The intervention group received Reiki for three weeks, with face-to-face and remote sessions, conducted by licensed therapists. Sociodemographic and knowledge information about Reiki were collected, in addition to the application of the perceived stress scale, between February and September 2020. Data analysis was performed using the R software, version 4.0.4**. Results:** there was a predominance of female, single, white participants with no religion. There was no statistical difference between the groups before the intervention, but the intervention group showed a significant reduction in post-intervention psychological stress. **Conclusion:** Reiki was effective in reducing psychological stress in nursing students after three sessions.

DESCRIPTORS: Clinical trial; Complementary therapies; Nursing students; Psychological stress; Therapeutic touch

RESUMEN

Objetivo: analizar la efectividad del Reiki en el alivio del estrés psicológico en estudiantes de enfermería. **Método:** estudio piloto de un ensayo clínico aleatorizado con dos grupos, realizado con 62 estudiantes de una institución pública de São Paulo. El grupo de intervención recibió Reiki durante tres semanas, con sesiones presenciales y a distancia, conducidas por terapeutas titulados. Se recopiló información sociodemográfica y de conocimientos sobre Reiki, además de la aplicación de la escala de estrés percibido, entre febrero y septiembre de 2020. El análisis de los datos se realizo con el software R, versión 4.0.4. **Resultados:** predominio de participantes mujeres, solteras, blancas y sin religión. Sin diferencia estadística entre los grupos antes de la intervención, pero el grupo de Intervención mostró una reducción significativa en el estrés psicológico posterior a la intervención. **Conclusión:** el Reiki fue efectivo para reducir el estrés psicológico en estudiantes de enfermeira después de tres sesiones.

DESCRIPTORES: Ensayo clínico; Estrés psicológico; Estudiantes de enfermeira; Terapias complementarias; Toque terapéutico

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INTRODUCTION

Psychological stress affects around 90% of the world's population, with Brazil ranking second in terms of high levels according to the World Health Organization (WHO)[1]. This phenomenon, which originates in threatening situations, can lead to serious mental health problems when it becomes chronic, such as anxiety and depression, impairing quality of life and the ability to function[2]. University students are among the most vulnerable groups, facing intense pressure that can affect their academic and professional performance. Academic life requires dealing with workload, deadlines, and balancing studies with other responsibilities, increasing stress and affecting mental health[3]. Among health students, including nursing students, the situation is even more serious, with a prevalence of psychological distress ranging from 18.5% to 49.1%. The academic environment, with its demands and the emotional burden of patient care, intensifies stress and anxiety. These factors highlight the urgent need for interventions such as psychological support, stress management, and self-care practices. It is also crucial to promote a healthier academic environment, with a balance between personal and professional life, and to implement institutional policies that prioritize students' mental health. Investing in students' mental health is not only a matter of well-being but also a strategy to train more resilient and skilled professionals, creating a positive cycle that benefits society as a whole[3–5].

Considering health holistically, including the body, mind, and social context, the Brazilian Ministry of Health (MS) approved the National Policy on Integrative and Complementary Practices (PNPIC) in the Unified Health System (SUS). Integrative and Complementary Health Practices (PICS) consist of complex medical systems and therapeutic resources that seek, through natural mechanisms, to prevent disease and maintain and restore health with an expanded view of the health-disease process, based on a model of humanized care centered on the wholeness and uniqueness of the person[6].

Twenty-nine practices are institutionalized in the SUS, including Reiki[6,7]. This therapeutic system seeks to harmonize and restore health. The practice of Reiki is in line with the concept of comprehensive care and plurality of knowledge, being especially effective in reducing stress and anxiety, promoting relaxation, well-being, and improved sleep quality[7,8]. During the *Coronavirus Disease* 2019 (COVID-19) pandemic, Reiki emerged as one of the most sought-after complementary therapies in Brazil[9–11] and, in other countries such as the United Kingdom and Turkey, there was a significant increase in its use due to the impact on the mental health of the population[12,13].

One of the characteristics of Reiki is its flexibility of application, which can occur both in person and at a distance. Regardless of the method used, the fundamental principle of Reiki remains the same, as the therapist channels universal energy to the recipient, stimulating the healing process and energy balance. When the technique is applied in person, the therapist uses their hands to transmit energy directly to the recipient. In distance Reiki, the therapist uses intention, mental focus, and specific techniques to establish an energetic connection with the recipient, regardless of their phys-

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ical location. In addition, distance Reiki can be particularly useful in situations where the person is unable to attend a session. Researchers suggest that the distance modality, enhanced by technology, may become established in the future[8,12,14] .

Based on this context, the objective of this study was to analyze the effectiveness of Reiki in relieving psychological stress among nursing students.

The question guiding this study is: What are the effects of Reiki on relieving psychological stress among nursing students? The relevance of the research lies in contributing to the strengthening of integrative practices in the SUS, offering safe therapeutic alternatives, and expanding scientific knowledge about the use of Reiki as a mental health care resource among nursing students.

METHOD

This pilot study is a randomized clinical trial, composed of two groups: Intervention Group (IG) and Control Group (CG), following the guidelines of the *Consolidated Standards of Reporting Trials* (CONSORT)[15] . The study population consisted of students from the Nursing Course at the Federal University of São Paulo (UNIFESP) - SP/Brazil.

The sample size was calculated considering 80% power, 95% confidence interval, and a 25% loss to follow-up, with 80 students invited to participate in the study (minimum of 40 participants per group)[16] .

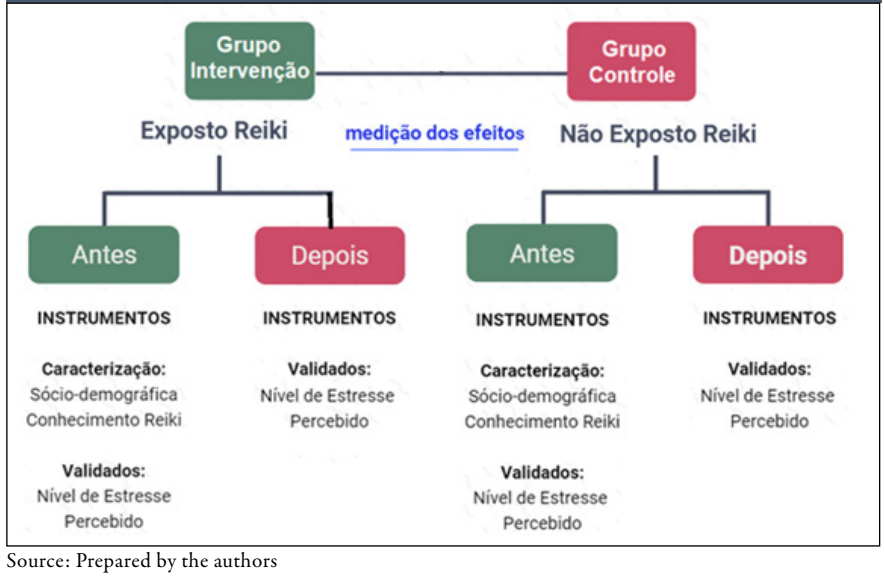
The inclusion criteria for the sample were enrollment in the undergraduate nursing program and no prior training in Reiki. Participants who had already completed Reiki training and those who did not attend all sessions were excluded.

All 287 students enrolled in the four-year course were invited, of whom 124 showed interest, met the selection criteria, and were randomized by simple lottery, with the participation of an independent individual to ensure impartiality for the IG or CG. Those in the IG underwent three Reiki sessions over three weeks, while those in the CG received no intervention.

The intervention was offered between February and September 2020 and, due to the COVID-19 pandemic, the application of Reiki was adapted from face-to-face to distance learning. In the face-to-face phase, participants were treated individually for 30 minutes, with 12 hand positions distributed over the head, ventral, and dorsal regions. Each position was held for 2 minutes and 30 seconds, totaling 30 minutes per session, while in the remote phase, the therapist wrote the participant's name on a piece of paper, mentally focused and pronounced the first Reiki symbol three times, and mentally radiated Reiki energy through the recipient's name, maintaining the time of the in-person phase. The application of Reiki followed a standardized protocol by experienced therapists, with a minimum level 3 training in Reiki and after prior training.

Data were collected using a sociodemographic questionnaire, a questionnaire on Reiki knowledge, and the Perceived Stress Scale (PSS), which assesses stressful situations in the last month and had a reliability of 0.83[17] . Figure 1 shows the application of these three instruments throughout the study protocol.

Figure 1: Application of data collection instruments. São Paulo, Brazil, 2020.



Source: Prepared by the authors

The study variables were described using relative and absolute frequencies, and measures of central tendency and dispersion. To analyze the homogeneity of the groups, Fisher's exact test or the chi-square test was applied. To analyze the effects of the intervention, the Student's t-test or the Mann Whitney test was used, depending on the normality of the data. A significance level of 5% was applied, and the analyses were performed using R® 4.0.4 software.

The study was submitted to the Research Ethics Committee (CAAE 04847618.8.0000.5505) and approved under opinion number 4.201.138 on August 8, 2020. The research was conducted in accordance with the required ethical standards (Resolution 466/12 - 510/2016 -

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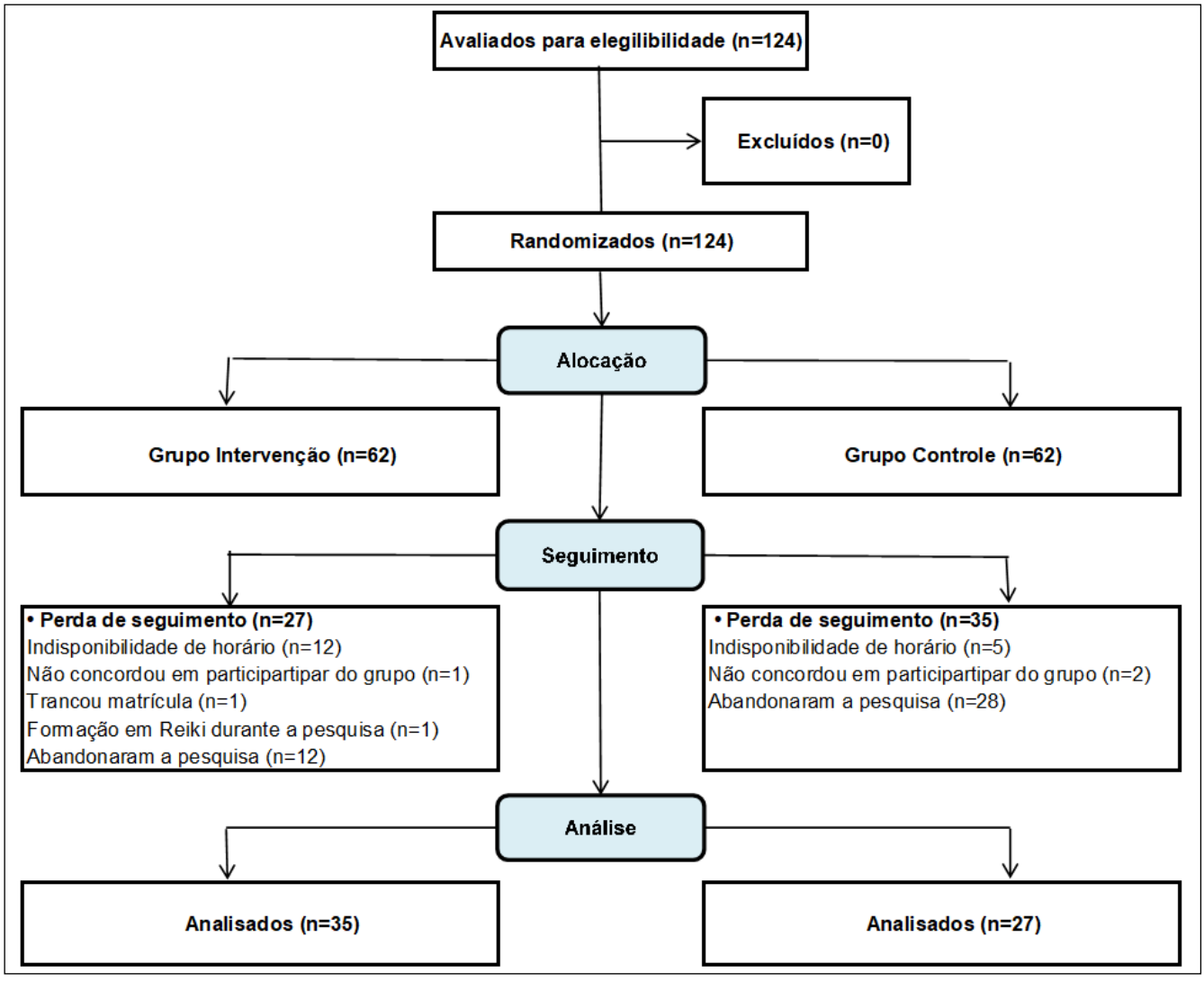
580/2018 of the Ministry of Health). All participants signed the Free and Informed Consent Form (FICF). The Brazilian Clinical Trials Registry (RBR-397cvd9) was also completed.

RESULTS

The number of participants who met the eligibility criteria was 124 students, who were randomized and allocated equally between the IG and CG. Due to loss to follow-up, the sample analyzed consisted of 62 participants: 35 in the IG and 27 in the CG (Figure 2).

Figure 2: Clinical trial flowchart. Adapted from CONSORT.[16] São Paulo, Brazil, 2020.



Source: Prepared by the authors

Regarding the sociodemographic characteristics of the participants allocated between the IG and CG, homogeneity between the groups and a predominance of female participants, white race/color, single, and without religion can be observed (Table 1).

Table 1: Sociodemographic variables of the Intervention and Control Groups, São Paulo, Brazil, 2020.

Variable	Intervention		Control		Total		p-value*
	n	%	n	%	n	%	
Gender							
Female	30	85,7	24	88,9	54	87,1	1
Male	5	14,3	3	11,1	8	12,9	

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Marital status							
Single	35	100	26	96,3	61	98,4	0,435
Married	0	0,0	1	3,7	1	1,6	
Race/Color							
White	24	68,6	19	70,4	43	69,4	0,830
Brown	8	22,8	7	25,9	15	24,2	
Black	3	8,6	1	3,7	4	6,4	
Religion							
Catholic	9	25,8	3	11,1	12	19,4	0,126
Evangelical	1	2,8	7	25,9	8	12,9	
Spiritist/Kardecist	3	8,6	3	11,1	6	9,7	
Umbanda/Candomblé	4	11,4	2	7,4	6	9,7	
Other religions	3	8,6	2	7,4	5	8,1	
No religion	15	42,8	10	37,1	25	40,2	

*Fisher's exact test
Source: Prepared by the authors

For the variables of knowledge of Reiki, previous experience, knowledge about its availability in the SUS, and contribution to health and well-being, there was no statistical difference between the CG and IG groups (Table 2).

Table 2: Reiki knowledge variables of the Intervention and Control Groups, Brazil, 2020.

Variable	Intervention		Control		Total		p-value*
	n	%	n	%	n	%	
Are you familiar with Reiki?							
Yes	27	77,1%	19	70,4%	46	74,2%	0,546
No	8	22,9%	8	29,6%	16	25,8%	
Have you ever received Reiki therapy?							
Yes	9	25,7%	6	22,2%	15	24,2%	0,750
No	26	74,3%	21	77,8%	47	75,8	
Did you know that Reiki therapy is available through the Brazilian public health system (SUS)?							
Yes	12	34,3%	11	40,7%	23	37,1%	0,602
No	23	65,7%	16	59,3%	39	62,9%	
Do you think Reiki therapy can contribute to health and well-being?							
Yes	35	100	27	100	62	100%	1

*Chi-square test
Source: Prepared by the authors

Table 3 shows the comparison of scores before and after IG and CG in terms of perceived stress. It can be observed that among the IG there was a decrease in the mean frequencies of the ten questions that comprise the instrument. Statistical differences were observed between the IG and CG in the first (IG p<0.001; CG p=0.046) and second (IG p=0.002; CG p=0.012) questions, as well as in the overall score (IG p<0.001; CG p=0.024). Specifically in the IG, a statistical difference was found in the third (IG p=0.005) and ninth questions (p=0.016), while in the CG, only the seventh question (p=0.033).

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Table 3: Statistical analysis of the Perceived Stress outcome of the Intervention and Control Groups between the before and after moments, São Paulo, Brazil, 2020.

Time	Intervention (n=35)			Control (n=27)		
	Mean	Standard Deviation	p-value	Mean	Standard Deviation	p-value
1) How often have you been annoyed by something that happened unexpectedly?						
Before	3,114	0,796	<0,001	2,852	0,864	0,046*
After	2,143	0,772		2,407	1,047	
2) How often have you felt unable to control important things in your life?						
Before	2,914	1,147	0,002	3,037	1,018	0,012*
After	2,114	1,051		2,259	1,023	
3) How often have you been nervous or stressed?						
Before	3,257	0,919	0,005	3,370	1,115	0,783*
After	2,486	1,173		3,296	0,912	
4) How often have you been confident in your ability to handle your own personal problems?						
Before	1,657	0,938	0,061	1,519	1,014	0,418*
After	1,257	0,95		1,667	1	
5) How often did you feel that things turned out the way you expected?						
Before	1,629	0,877	0,115	2	1	0,209*
After	1,4	0,695		1,778	0,892	
6) How often did you feel that you couldn't cope with everything you had to do?						
Before	3	1,057	0,448	2,778	1,188	0,715*
After	2,771	1,308		2,815	1,111	
7) How often have you been able to control irritations in your life?						
Before	1,4	0,914	0,065	1,852	0,907	0,033*
After	1	0,84		1,556	0,847	
8) How often did you feel that all aspects of your life were under control?						
Before	2,057	1,027	0,122	2,333	1,074	0,339*
After	1,743	1,146		2,111	1,013	
9) How often have you been angry about things that were beyond your control?						
Before	3,057	1,162	0,016	3,259	1,095	0,273*
After	2,286	1,100		3,074	1,072	
10) How often did you feel that problems piled up so much that you couldn't solve them?						
Before	2,743	1,268	0,119	2,815	1,210	0,691*
After	2,286	1,426		2,741	1,375	
Total						
Before	27,829	5,3	<0,001	25,815	6,183	0,024**
After	19,486	6,414		25,593	6,122	

*Mann-Whitney test
**Student's t-test
Source: Prepared by the authors

DISCUSSION

In the current study, the results showed that most participants were female, single, white, and without religion, with a predominance in the GI. Similar data, in terms of sociodemographic characteristics, except for religion, were found in a study that aimed to estimate the prevalence of symptoms of emotional disorders among undergraduate nursing students[18].

Among the G1 participants, it was found that Reiki intervention was

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effective in relieving psychological stress, and in comparing perceived stress, there was a statistically significant reduction in the total EEP score, as well as in the frequency of annoyance due to unexpected events, inability to control important things in life, nervousness or stress, and anger in the face of situations beyond control.

In the CG, the scores for frequency of annoyance due to something unexpected happening; feeling of inability to control important things in one's life; and ability to control irritations in one's life were those that decreased significantly, contributing to the reduction between one assessment and another in the total stress score.

It was observed that the reduction in the total stress score related to annoyance due to unexpected events and feeling of inability to control important things in one's life was common to both groups. However, it is noteworthy that in the GI there was a reduction in the stress level for four events, while in the CG there was a change in three events.

The level of stress can interfere in various aspects of students' lives, as they experience demands related to the constant learning process. A study conducted with nursing students concluded that, in general, higher perceptions of stress from various stressors, such as caring for patients, the clinical environment, teachers, colleagues, and staff meetings, lack of time for rest and leisure predicted a negative quality of life[19] .

Identifying the stressor is important, since stress among nursing students and professionals can also interfere with the quality of care provided[20] . It is therefore important to detect signs of psychological stress early on so that the event can be properly managed, avoiding, correcting, or minimizing its effects[21] and, in this scenario, Reiki can contribute, as already mentioned.

Psychological stress was a factor in illness during the COVID-19 period. Stressors arising from social isolation, lack of concentration, fear, and insecurity compromised the mental and physical health of nursing students[22] , and Reiki was one of the therapies that promoted improvement in physical and mental well-being in various segments during the pandemic period[9,13] .

Reiki is effective in improving sleep patterns, feelings of calm, relaxation, and well-being, as well as reducing symptoms of stress, anxiety, fatigue, and pain, and can be a beneficial therapy for self-management of problems related to quality of life[7,8,12,23,24] . Thus, the scientific literature attests to the participants' perception that Reiki contributes broadly to the health and well-being of those involved, therapists and patients.

The predominance of knowledge about Reiki therapy indicates that all participants in the IG and CG considered that the therapy can contribute to health and well-being, although only 62.9% of respondents were aware of the availability of Reiki therapy in the SUS. It is possible that this perception is related to the increase in PICS care in health services in the city of São Paulo, but it is necessary to consider that the topic is not always included in health training curricula or matrices.

Although the limitations inherent to the small sample size are present in pilot studies, they represent a subset that replicates the methodological path planned for later implementation. A pilot study has the potential to influence the decision to move forward with a main randomized clinical trial, offering the opportunity to evaluate aspects such as recruitment, protocol, instruments for data collection and analysis, impact of the implementation strategy, sample size estimation, as well as the duration, efficiency, and acceptability of the intervention[25] .

One limitation of this study was the impossibility of conducting the entire research in person due to the COVID-19 pandemic, which led to its adaptation to a remote format, which may have contributed to not reaching the adequate sample size. It is also worth noting that the context of the COVID-19 pandemic may have influenced the stress results observed in both groups.

This study highlights the effectiveness of Reiki in reducing psychological stress in nursing students, reinforcing the benefits of Integrative and Complementary Practices (ICP). The identification of attenuated stressors guides more effective interventions. The good acceptance of the practice, despite the lack of knowledge about its availability in the SUS, points to the need for greater dissemination. Future research with larger samples and prolonged application may deepen the understanding of its effects.

CONCLUSION

The pilot study confirmed that Reiki therapy contributed to reducing psychological stress among nursing students, meeting the objective of evaluating its effectiveness in comparison to the control group. A significant decrease in total stress scores was observed in the group that received the intervention, especially in aspects related to unexpected events, feelings of lack of control, nervousness, and irritability. Although the control group also showed some reductions, the improvement was more significant in the group that underwent Reiki, indicating a greater impact of the intervention.

The results reinforce the potential of Reiki as a complementary resource for stress management in academic environments, supported by the good acceptance of the practice among participants. The integration of this therapy into the educational context

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can promote the emotional well-being and quality of life of students, contributing to a more balanced and healthy education.

Despite the positive findings, important gaps remain, such as the small sample size and short follow-up period, factors that limit the generalization of the results. Future research may explore larger samples, more diverse groups, effects over time, comparison with other interventions, and possible physiological mechanisms associated with the practice. These investigations may broaden the understanding of the role of Reiki in promoting mental health in different academic and professional contexts.

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