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# Investigation of Standard Care Versus Sham Reiki Placebo Versus Actual Reiki Therapy to Enhance Comfort and Well-Being in a Chemotherapy Infusion Center

Anita Catlin, DNSc, FNP, FAAN, and Rebecca L. Taylor-Ford, RN, MSN

**P**atients with cancer may experience many different chemotherapy-related side effects, such as fatigue, stress, and discomfort, which can have a significant effect on comfort and well-being during and after cancer treatment (Kayl & Meyers, 2006; Miaskowski et al., 2006; Nowak, Stockler, & Byrne, 2004; Vendura, Alaimo, Borzi, Fazio, & Scavo, 2005). Increasing patient comfort and well-being during the chemotherapy process is a goal of all oncology nurses, and emphasis has been placed on the use of complementary and alternative medicine (CAM) to achieve this goal.

Many oncology programs throughout the United States have implemented Reiki therapy to enhance comfort and well-being. At the time this study was conducted, CAM had not been offered as a healing modality in the 7,000-patient-per-year infusion clinic used in this study. This study examines whether Reiki therapy has an effect on comfort and well-being in patients with cancer who are receiving outpatient chemotherapy at the infusion clinic.

The authors attempted to (a) test the effectiveness of an alternative complementary therapy in a randomized clinical trial, and (b) support the Oncology Nursing Society's (ONS') research priorities (ONS, 2005b) and agenda (ONS, 2005a) in an attempt to improve the quality of life of patients with cancer (King, 2006a, 2006b; Varricchio, 2006).

## Framework

A combination of caring and comfort theories were used to formulate this study. Caring theory was developed by nursing theorist Martha Rogers, PhD, (1970). Energy work to complement patient care flourished after Rogers' writings and the use of various forms of

**Purpose/Objectives:** To determine whether provision of Reiki therapy during outpatient chemotherapy is associated with increased comfort and well-being.

**Design:** Double-blind, randomized clinical controlled trial.

**Setting:** Outpatient chemotherapy center.

**Sample:** 189 participants were randomized to actual Reiki, sham Reiki placebo, or standard care.

**Methods:** Patients receiving chemotherapy were randomly placed into one of three groups. Patients received either standard care, a placebo, or an actual Reiki therapy treatment. A demographic tool and pre- and post-tests were given before and after chemotherapy infusion.

**Main Research Variables:** Reiki therapy, sham Reiki placebo therapy, standard care, and self-reported levels of comfort and well-being pre- and postintervention.

**Findings:** Although Reiki therapy was statistically significant in raising the comfort and well-being of patients post-therapy, the sham Reiki placebo also was statistically significant. Patients in the standard care group did not experience changes in comfort and well-being during their infusion session.

**Conclusions:** The findings indicate that the presence of an RN providing one-on-one support during chemotherapy was influential in raising comfort and well-being levels, with or without an attempted healing energy field.

**Implications for Nursing:** An attempt by clinic nurses to provide more designated one-to-one presence and support for patients while receiving their chemotherapy infusions could increase patient comfort and well-being.

therapeutic touch to increase comfort were accepted in patient care. Swanson (1993) and Swanson and Wojner (2004), using Rogers' theories, further defined what constitutes caring by identifying nurse caring as *knowing, doing for, being with, maintaining belief, and enabling*. This model supported the addition of an alternative