

Reiki at University Medical Center, Tucson, Arizona, a Magnet Hospital

Mega R. Mease Is Interviewed by William Lee Rand

■ *William Lee Rand*

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W. Mega, I've heard wonderful things about your program from some noteworthy people. Thanks so much for agreeing to this interview. Could you please give us an overview of your hospital Reiki program?

M. I feel so honored to have my program featured in the *Reiki News Magazine*, so thank YOU, too, William! The Center for Advanced Energy Therapeutics (CAET) Reiki Volunteer Program provides a complimentary service to the inpatient population, their supportive people, and the staff at University Medical Center (UMC) in Tucson, Arizona. As of February 2010, our services are also available to patients at Diamond Children's Medical Center, which is a partnership between UMC and The University of Arizona's Steele Children's Memorial Research Center. We began with only 2 practitioners providing Reiki sessions and now have 16 volunteers with several on a waiting list. Reiki sessions are available 4 days a week, including all holidays. While our program hub and training center is on the Adult Oncology/Blood Marrow Transplant Unit, we work on a variety of other units throughout the hospital including the Adult and Pediatric ICU, and the Cardiac Transplant units. The numbers of people my staff and I have touched since 2006 is approximately 4000.

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The author has disclosed that he has no significant relationships with, or financial interest in, any commercial companies pertaining to this article.

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W. Please tell us about your Reiki training background.

M. My formal Reiki education began in 1988 with Usui First Degree; however, receiving regular sessions from a professional practitioner had Reiki itself teaching me many life lessons long before I ever enrolled in Reiki class. My training was received slowly and mindfully with conscious, purposeful pauses in between each level, completing [the] Usui Master–Teacher in 1995. This was followed by Master levels of Karuna Reiki in 1996 and Lightarian in 1997. Over the years I began to follow the guidance that Reiki itself offered, creating and developing HeartRay Energetic Therapy, which utilizes all forms of Reiki in which I am trained.

W. Do you have a degree or any other educational experiences related to your work?

M. As is the case with many healers, my degree is from the school of life. Born with the ability to see, hear, and feel the energy of my surrounding environment, that of other people, and other dimensions, my work evolved slowly out of natural-born abilities and life circumstances. Daily Self-Reiki sessions have proven to be a great source of inspiration and direction in both my personal and professional arenas.

W. I understand that UMC is a Magnet hospital. Can you tell us something about the UMC and what a Magnet hospital is?

M. University Medical Center is affiliated with the University of Arizona (U of A) at Tucson. It's a nonprofit, 365-bed, private hospital that is the primary teaching hospital for the U of A Colleges of Medicine, Nursing and Pharmacy and specializes in heart care,

oncology, organ transplants, pediatrics, and trauma care.

The Magnet Recognition Program was developed by the American Nurses Credentialing Center (ANCC), a subsidiary of the American Nurses Association (ANA). Its purpose is to recognize health care organizations that provide nursing excellence. Magnet hospitals must meet stringent quantitative and qualitative standards that define the highest quality of nursing practice and patient care, including more than 65 standards developed by the (ANCC). The standards must be demonstrated in a very extensive written document and validated by a site visit.

UMC proudly earned the Magnet designation, which is the ANA's highest honor for nursing excellence, making it the first hospital in Arizona to carry the elite "Magnet hospital" designation. The ANCC Magnet Recognition Program designation is held by only 6% of all registered hospitals in the United States.

In addition, because of the higher standard of practice, Magnet hospitals tend to attract physicians and nurses with better qualifications and experience.

W. When did you first get the idea to develop a hospital Reiki program?

M. Truthfully, a light bulb moment never came into play concerning creating and developing a program. Nor were there any solid plans of building it into the finely tuned program that is it today. It started with a request from one of my Master-Teacher students who worked at University Medical Center. She had been asked to bring complementary methods of healing to the Oncology/Bone Marrow Transplant Unit. One of her classmates and I agreed to help. Our simple operation began in June 2006 with just the 2 of us providing sessions for 2 hours on Friday mornings. It began to evolve all on its own without any conscious mission on our part. I noticed, followed, and connected to the vision that was falling into place.

W. I understand you had a fear of hospitals. How did you work through this?

M. Oh my goodness, yes! It was so large that the mere thought of entering a hospital was disturbing. The smell, sterile environment, and the constant, hectic movement often left me feeling nauseated. However, witnessing people battling for their life [lives], seeing children suffer, and families struggling

to comfort their loved ones make one's fear seem insignificant. Add determination and focus—fear melts away and the importance of the work prevails.

It turns out that fear of this kind is quite common. One by one, each volunteer stepped up and voiced a personal fear related to our hospital work: fear of death, helplessness, others in pain, ridicule, and my favorite, doing something wrong. Working in this environment has supported many of us in uncovering hidden fears and inadequacies, which have us receiving much more than we feel we are giving.

W. Your work at the hospital seemed to take on a life of its own. How did this interesting dynamic play out in the development of your program?

M. The program was definitely leading me and not the other way around, which resulted in fatigue, stress, and feeling rushed much of the time. This was largely because I perceived our work as a few hours of service doing what I love while others saw it as a well-organized program. By 2007, the demand for Reiki had grown considerably. Families of patients and other supportive people were added to the receiving list. Eventually UMC staff began requesting Reiki sessions on a regular basis. Two hours a week simply could no longer cover the demand, so another day of service was added. I was already working 40 plus hours at my healing center so "Ouch" to an already full schedule! Clearly, we had built a foundation of a program that was welcomed, respected, and appreciated. The unstoppable momentum of the program forced me to make an important decision: give up or immediately amp up my time management, discipline, self-care, and organizational skills. Today, I am totally committed to the vision and [to] directing the continued excellence of this service.

W. Did you have previous experience working with the medical community that helped you in creating your Reiki own program?

M. This program was born and continually grows by learning from others. I briefly volunteered for a hospital Reiki program in the mid '90s. It lasted only a short time. Later, while teaching nationally, I visited many hospitals where Reiki was available. I witnessed several well-meaning programs with caring practitioners fail. It became clear to me that the missing link to a successful program was solid, defined training, management, and protocol. This

information has proven to be priceless in the development of the program at UMC.

W. You and your Healing Center are contracted by the hospital. Would you please explain why you chose to be a contracted program rather than simply volunteering time at the hospital?

M. In the beginning, we were hospital volunteers who provided Reiki. A couple of years in and at the suggestion of a hospital management employee, I submitted a proposal to UMC in the hope of gaining more control of our work. This was a challenging process. In January 2009, I signed a contract committing to source, fund, and direct the program. While a contract places more financial and moral responsibility on me, it also comes with more recognition, visibility, and the authority to grow the program in a way that is more beneficial in bridging the allopathic and holistic communities.

Generally, contracted programs require only that participants obtain health clearance; however they do not need to be a hospital volunteer. In the spirit of partnership, my contract stipulates that my practitioners must also be official volunteers for the hospital. This ensures that we will remain knowledgeable and invested in the existing quality care already present at UMC.

W. It's encouraging to see how well Reiki was received in the hospital setting, but you must have encountered some challenges. If so, would you highlight the most important ones and share how you dealt with them?

M. Three basic ongoing challenges come to mind. Creation and challenge walk hand-in-hand, with self often being the source. The first struggle was establishing a belief in us and the importance of our contribution in the medical arena. While it didn't take long for staff to become comfortable with our presence, it was extremely rough in the beginning. We were in uncharted territory with no guidelines. Much to our horror, staff had not been given information about us: why we were there or what we were doing. We felt invasive and out of place. Great attempts were made to accommodate staff by staying out of their way, almost to the point of becoming invisible.

Constantly reminding ourselves of the value of Reiki gave us staying power and supported us in moving to the next step of building relationships. For months we mindfully watched while becoming familiar with the flow of the oncology unit, rounds,

procedures, and the various tasks of each staff member. We educated ourselves by asking questions. Intentional, honest communication was put into play with the intention of opening the door to the education of staff. As relationships were established, knowledge was gained and demand grew; new units were added and so, back to building new relationships.

Growth and the need for additional volunteers is the next challenge that progress sent our way. It was easy to find caring, compassionate Reiki practitioners. Finding qualified, 100 percent committed people who were willing to do Reiki in the way we had established was a different story. Thus, volunteer qualifications and the interviewing process became more defined.

Constantly learning to jump with the ever-changing hospital protocol, rules, and regulations is the most interesting of our challenges. This piece is responsible for the creation of our Reiki program protocol. Having our own "do" and "don't do" list is priceless. It makes it possible for volunteers to feel comfortable anywhere in the facility. Simply, if we don't have a rule for it, we don't do it.

W. Do you make use of Reiki-trained hospital employees to give Reiki sessions or do you use lay practitioners? How many practitioners are in your program?

M. Including myself there are 16 lay volunteers with several practitioners on a waiting list. Quality not quantity is my focus so I am intentionally expanding the program slowly and mindfully. Hospital staff is not eligible to join the program nor may my practitioners volunteer elsewhere in the hospital. The reason for this rule is to bypass any confusion patients might have concerning what role that person is playing in their recovery process.

W. Can you describe the Reiki training you require your practitioners to have to be accepted into your program and how do you qualify Reiki practitioners?

M. Applicants must be trained to the level of Advanced Level or Master-Teacher training in the Usui method and be a member in good standing with the IARP. Volunteers must be knowledgeable and comfortable speaking about Reiki as well as performing Reiki on others. The perfect candidate is a team player who has received Reiki training over an appropriate period of time and is consciously healing self. Although not necessary, experience working on others in a professional or medical setting is a plus.

Bottom line, the best fit are people who are 100% committed and willing to do what it takes to go with the flow.

W. Is there a hospital orientation program practitioners must attend?

M. Practitioners may begin working with patients only after they complete the hospital process. This includes paper work, health and security clearance, and attendance at the hospital orientation program. Volunteers then begin an in-depth Reiki program orientation, ensuring safety for both patient and practitioner by easing them into the culture of the hospital and ensuring ethical practices in energy work. This training is received during weekly, 3-hour shifts for a 10-week period.

W. How much time is spent giving a hospital Reiki session?

M. Two volunteers visit a room for a total of 15 minutes. Although this may seem short, it is perfect for the hospital setting. Amazing results are possible when a well-planned strategic session is performed. It gives just enough time between staff doing their job, visitors, shower, etc.

W. Did you develop a special set of hand positions?

M. Yes, this was necessary to support the comfort of the patients. Volunteers are shown a series of hand positions and instructed how to use them with specific body mechanics. Practitioners work in tandem with each using 3 positions, which cover the entire body. Alternate positions are used in the case of a port, bandage, or other barrier [that] prevents normal hand placement protocol.

W. So you use 6 hand positions. Can you tell me specifically what they are?

M. The lead practitioner places hands on the crown and thymus, thymus and solar plexus, and then navel and sacral area. The partner practitioner places hands on the knees, ankles, and top of feet.

W. Are there other differences between a hospital Reiki session and what might be called a regular session one would give outside a hospital setting? Are there things you tell your practitioners not to do when giving a hospital Reiki session?

M. Program protocol states that volunteers give “clinical Reiki” sessions rather than the popular intuitive style often used in private practice. While there are many valuable techniques that work well, some are not appropriate for the hospital

setting. Therefore, my practitioners have a session “do” list rather than a do not agenda. A short list includes [the following]: demonstrate hand positions, eyes open, hands on body rather than above, and leave no footprints when leaving. We use the same verbiage when speaking with patients, and all come and leave a room in the same manner. Clinical Reiki was developed because of the importance of providing a session that feels safe, comfortable, and, over time, familiar.

W. Do your hospital practitioners use Reiki symbols?

M. We use symbols, but not openly in front of the patient. We leave our personal stuff behind by clearing ourselves before we enter the hospital. Next, we clear the hospital from a private space and draw the symbols on our hands before beginning our shift. Dependent upon each volunteer’s training, he or she may also visualize and intone the symbols as the day progresses.

W. Do you require them to not use new age jargon such as aura, chakras, or other metaphysical terms?

M. We do not speak in metaphysical terms because this can create an immediate block of acceptance by those who are unfamiliar with the terms.

W. How do you explain Reiki to patients?

M. When working in a medical environment it is essential to keep the explanation simple and [as] mainstream as possible. In the beginning, we could not use the word healing. Four years later, we are able to say, “Reiki is a Japanese method of hands-on healing. It is given primarily for the purpose of stress reduction and relaxation.”

W. Do you ever get feedback from the medical staff?

M. I could write a book about this question but the long story short is: absolutely! Nurses tell us that they often witness subtle and not so subtle differences in their patients after they had received a session. In some cases, the need for pain medication decreased. Both sleep and appetite improved in others. There were also indications that Reiki reduced some of the unwanted side effects of radiation and drugs, including chemotherapy.

W. Do you have any words of advice to those wanting to get a hospital Reiki program started?

M. Create a strong, personal vision. Be true to yourself and ask hard questions. What are your reasons for wanting to start a program? How much

time are you willing to put into this project? How do you feel about allopathic medicine? Reach deep to uncover how you really feel about every aspect of this endeavor. Research the need, receptivity, and opportunities in your area. Look at the different types of medical facilities and decide which best fits your vision. Volunteer your time to test the waters and get yourself known. Most importantly, become familiar with the laws (if any) pertaining to touch therapy in your area.

W. You have a Reiki in Hospitals consultation service available for those who seek direction rather than going it alone. Would you briefly outline your services?

M. As the program became more organized, successful, and visible, requests for information grew as well. Eventually, it consumed so much time, it was necessary to add these consultations to my list of paid services. There are several support options now in place. They all begin with an initial interview during which the client defines her focus, needs, and dreams. Moving forward, the client and I corelate an appropriate pathway designed to meet her specific goals of creating a personalized Hospital Reiki program. Some receive enough information in the initial consultation, while others decide to take it all the way with the mentoring option. To date, most people fall somewhere in the middle.

The perfect candidate is an individual, group, or organization that wants to bring Reiki into a local hospital. Clients benefit from my knowledge, experience, and my degree from the No You Can't Do That University. This service offers support and information for those who are just beginning to think about starting a program to the already-decided-to-do-it person. There is a basic guideline for consultations. After the goal is defined, however, each consult is designed specifically to the individual. Some need direction getting their foot in the door. Later on it may be blending in with hospital staff or

how to speak with them. Many seek direction with marketing the program, finding volunteers, or creating official forms for hospital use. The list is endless. If I don't have the answer, I go out and find it.

This work is exciting, purposeful, and fulfilling for both my clients and me. It helps people to get going and keep going full steam ahead while encountering challenges and maintaining a Reiki program once it's successful. Eventually this will grow into a nationwide support system.

W. How do you see your hospital program in the future?

M. My goal is to make this program a model for all other medical facilities in the United States. I feel strongly that when conformity and solid standards are in place in all hospitals, it will bond the allopathic and holistic communities. It will support a common vision of health [and] education and encourage Reiki to take its proper place, synonymous with allopathic medical interventions.

W. Is there anything else that you would like the world to know about your program?

M. The soul of the program lives in the heart of each one of our volunteers. It is their heart and commitment in addition to their exceptional credentials that make this program strong, caring, professional, and successful. We are profoundly touched by the medical professionals who have opened their hearts and minds to support our work. And I am especially grateful for the ongoing support of Cynthia Bendele, UMC Volunteer Services Manager, who showed me the ropes as a volunteer director and continues to lead me through the ever-changing hospital maze. Last but not least, I am humbled by the courage and kindness of the patients and families we serve. The service we provide seems so small in comparison. My volunteers and I give thanks in gratitude for our many blessings.

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