Patients 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 therapeutic touch to increase comfort were accepted in patient care. Swanson (1993) and Swanson and Wójcik (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