ECRONICON OPEN ACCESS

EC NURSING AND HEALTHCARE
Research Article

Implementation of an Extensionist Discipline in Reiki in Nursing Graduate Studies: Responsibilities and Fundamental Knowledge

Amanda Salles Margatho[1]*, Amanda Polin Pereira[1], Talita Reche Martinez[1], João Magalhães[2], Fernanda Ludmilla Rocha[1], Fernanda Roberta do Nascimento Pires[1], Luana Alves de Figueiredo[3], Maria Júlia Paes da Silva[4], Nelson Filice de Barros[5] and Mariana Lopes Borges[1]

[1]University of São Paulo at Ribeirão Preto College of Nursing, Ribeirão Preto, São Paulo, Brazil

[2]President of the Portuguese Reiki Association. Amadora, Portugal

[3]Ribeirão Preto Municipal Health Secretariat, Ribeirão Preto, São Paulo, Brazil

[4]Full Professor Emerita, School of Nursing, University of São Paulo (EE-USP), Brazil

[5]Full Professor of Medicine, School of Medical Sciences, University of Campinas (UNICAMP), Brazil

***Corresponding Author:** Amanda Salles Margatho, University of São Paulo at Ribeirão Preto College of Nursing, Ribeirão Preto, São Paulo, Brazil.

Received: July 02, 2026; **Published:** July 14, 2026

Abstract

Objective: To describe the implementation and development of a graduate-level course with extension activities on Reiki at a public university.

Method: This is an experience report referring to a course offered in the second semester of 2025, with a workload of 60 hours and participation of 15 graduate students from different health fields, integrating theoretical and practical foundations, including field activities in public institutions and community settings, as well as pedagogical organization involving objectives, content, evaluation strategies, and funding.

Results: The effective implementation of the course with a theoretical-practical approach was observed, promoting integration between teaching, research, and extension, interdisciplinary training of participants, the insertion of integrative practices in real-world settings, and the expansion of discussions on scientific evidence, ethical and legal aspects.

Conclusion: The graduate course demonstrated relevance in critical and interdisciplinary training in integrative practices, strengthening the inclusion of Reiki as a complementary practice in academic and public health contexts.

Implications for Practice: Contributions include the qualification of health professionals, the strengthening of Integrative and Complementary Health Practices within the Unified Health System, the encouragement of integration between teaching, research, and extension, and the expansion of comprehensive and humanized care.

Keywords: *Health Education; Integrative and Complementary Health Practices; Nursing; Reiki; University Extension*

Introduction

Since the Alma-Ata Declaration (1978), the World Health Organization (WHO) has recognized traditional and complementary practices as relevant components of comprehensive healthcare. This recognition was expanded by the Traditional Medicine Strategy 2014-2023, culminating in the inclusion of Traditional, Complementary, and Integrative Medicine (TCIM) in the International Classification of Diseases 11 (ICD-11) [1], and reinforced by the Global Strategy for 2025-2034, which guides its implementation in a safe, effective, and culturally sensitive manner [2]. Aligned with Sustainable Development Goal (SDG) 3 of the 2030 Agenda, the integration of these practices is highlighted as a strategy to promote more equitable, sustainable, and person-centered health systems [3].

In Brazil, Integrative and Complementary Health Practices were institutionalized in the Unified Health System through the National Policy on Integrative and Complementary Practices in 2026 and expanded in 2017, currently encompassing 29 practices, including Reiki [3]. These practices contribute to health promotion, disease prevention, treatment, and rehabilitation, based on an expanded conception of the health-disease process that integrates biological, psychological, social, and ecological dimensions, in addition to encouraging interdisciplinary and interprofessional approaches aligned with contemporary demands of healthcare [4-6].

In this context, the university plays a strategic role in knowledge production and in training critical, ethical professionals committed to social transformation. The insertion of Integrative and Complementary Health Practices into higher education strengthens the integration between teaching, research, and extension, expanding the dialogue between different types of knowledge and qualifying professional training. A graduate course named "Reiki knowledge and practices: scientific investigations and community initiatives" was offered in the stricto sensu graduate program at the University of São Paulo Inter-institucional Doctoral Program developed jointly with the University of São Paulo, School of Nursing and the University of São Paulo at Ribeirão Preto, College of Nursing at Ribeirão Preto. Is part of this institutional movement, articulating technical, scientific, and humanistic knowledge in line with Unified Health System and National Policy on Integrative and Complementary Practices, in addition to being supported by regulations such as Federal Nursing Council [7], which recognizes Reiki as a therapeutic resource in Nursing [8-11].

Despite these advances, there are still gaps in the literature regarding academic experiences related to Integrative and Complementary Health Practices in post-graduate education, highlighting the need for initiatives that articulate teaching, practice, and scientific production.

Reiki, systematized by Mikao Usui, stands out as a safe, non-invasive, and low-cost integrative practice, with evidence indicating benefits in reducing stress, anxiety, and pain, and improving quality of life [12-16], corroborated by systematic reviews and meta-analyses [17-21]. In this scenario, Reiki program to healthcare graduate students becomes strategic to qualify care within, expanding professional practice beyond the biomedical model and strengthening ethical, critical, and person-centered practices [7].

Methodology - Experience Report

This is an experience report study developed within the context of an outreach graduate course "Reiki knowledge and practices: scientific investigations and community initiatives", offered by a public university in the interior of the state of São Paulo, during the second semester of 2025. The course was conducted over 10 weeks, with a total workload of 60 hours, distributed in weekly meetings on Fridays from 8:00 AM to 12:00 PM, corresponding to four academic credits. Fifteen graduate students participated, all female, with diverse healthcare professional backgrounds, including nursing, psychology, medicine, dentistry, biology, occupational therapy, speech-language pathology, and physical education.

The course was duly accredited in the institution's Graduate Program, having fulfilled all required legal and academic procedures. The accreditation process included an evaluation by a specialized peer reviewer, analysis of the objectives, syllabus, teaching and evaluation strategies, as well as the proposed bibliography, in addition to verifying compatibility with the program's research lines and faculty

qualifications. Following a detailed report, the course was approved by the Graduate Committee, ensuring its compliance with institutional norms and academic rigor.

The course syllabus had as its main objectives: to understand Reiki as an integrative and complementary health practice within the context of the National Policy on Integrative and Complementary Practices and the Unified Health System; to analyze its contribution to the Sustainable Development Goals; to explore its historical, philosophical, and ethical foundations; to discuss the training and qualification of practitioners; and to critically analyze the available scientific evidence, including clinical trials, systematic reviews, and meta-analyses. Additionally, it aimed to present intervention protocols used in research, demonstrate techniques in a supervised context, and promote practical experiences in different care settings, contributing to the critical and sensitive training of the graduate students.

The pedagogical strategies were structured in line with the institution's Political-Pedagogical Plan, within the scope of *stricto sensu* graduate education, articulating theoretical and practical activities. The course included supervised observation and participation in consolidated outreach projects, offering Reiki in public, philanthropic, and community contexts, such as Primary Health Care units, community groups, and care spaces open to the general population. Additionally, a field itinerary was carried out in a health and wellness tourism environment, expanding the understanding of Reiki as a practice related to the ecology of care and integration with nature.

The field experience constituted a central element of the pedagogical proposal, enabling immersive experiences in community reality and the articulation between academic knowledge and sociocultural practices. This insertion favored the understanding of the specific needs of the territories, contributing to the development of more contextualized, integrated, and resolute care strategies. Furthermore, it promoted the strengthening of technical-scientific knowledge associated with traditional knowledge and sustainable health practices.

The didactic organization of the course was structured into two axes: theoretical and practical. The theoretical axis covered content related to the history and foundations of Reiki, its ethical and philosophical principles, its insertion into Integrative and Complementary Health Practices and Unified Health System, legal and regulatory bases, as well as methodological aspects for research development, including the design and conduct of clinical trials, sample definition, randomization, and critical analysis of the scientific literature. International recommendations, such as the SPIRIT protocol, for structuring interventional studies were also addressed.

The practical axis involved supervised activities in different settings, including basic health units, hospital services, community institutions, and spaces integrated with nature. The activities included observation, participation, planning, and systematization of field experiences, as well as experiences that related Reiki to the ecology of the self, health tourism, and public policies focused on well-being and sustainability.

During the course, a scientific event titled "Reiki and a culture of peace in health: a dialogue between community and scientific knowledge" was promoted, with the participation of a prominent international expert in the field. The event gathered approximately 300 participants, including members of the academic community and society, constituting a space for scientific dissemination, knowledge exchange, and the appreciation of diverse forms of knowledge.

The faculty was composed of professors from the institution, including course coordinators, a post-doctoral researcher, faculty members from international institutions with expertise in the theme and methodology, public management professionals linked to the Integrative and Complementary Health Practices program of the Municipal Health Secretariat, and community representatives with practical experience in Reiki. This composition favored interdisciplinarity and the integration of different perspectives of knowledge.

The course obtained two approved funding grants: one through a call from the Dean's Office for Graduate Studies for didactic activities with a field component, and another from the graduate program's internationalization fund to sponsor the visit of an international guest

professor. These resources made external activities possible, including transportation and meals for the participants, expanding learning opportunities in diversified contexts and reinforcing the practical dimension of the training, in addition to covering the airfare, lodging, and meals of the international guest.

As an evaluative strategy, the graduate students were organized into four groups and developed seminars on their field experiences, in addition to preparing critical and reflective reports on the syllabus content. Active and creative methodologies were encouraged in the production of the final materials, resulting in different formats, such as artistic productions, audiovisual materials, and poetic expressions, highlighting the plurality of interpretations and learning constructed throughout the course.

Evaluation followed institutional criteria, with the assignment of grades A (excellent), B (good), C (regular), and R (fail), with students obtaining grades A, B, or C being considered passing. This evaluative process sought to address not only academic performance but also the critical, reflective, and experiential development of the participants.

Results

The outreach course was developed over 10 weeks, totaling 60 hours of theoretical-practical activities, with the participation of 15 female graduate students from different health areas, including nursing, medicine, dentistry, speech-language pathology, and physical education. The multiprofessional composition favored interdisciplinary dialogue and the exchange of experiences among different perspectives of healthcare.

The theoretical activities enabled a deeper understanding of the historical, philosophical, ethical, and scientific bases of Reiki, as well as its integration into Integrative and Complementary Health Practices and the Unified Health System. An expansion of the graduate students' knowledge regarding research methodologies applied to Integrative and Complementary Health Practices was observed, including clinical trials, systematic reviews, intervention protocols, and critical analysis of scientific literature.

In the practical axis, the participants carried out supervised activities in different care settings, including Primary Health Care units, community spaces, and environments integrated with nature. Insertion into these settings favored closer ties between the university, health services, and the community, allowing the experience of Reiki in real contexts of care and health promotion.

The outreach experiences showed positive receptivity from both healthcare professionals and the served population, with integrative practices being well-received in the different spaces where the actions were carried out. The graduate students reported perceptions related to the strengthening of self-care, greater self-centering, expansion of qualified listening, and a more comprehensive understanding of the health-disease process.

Among the 15 participants, three already had prior training in Reiki, which contributed to deeper discussions regarding the integration of the practice into public health policies and interprofessional work within Unified Health System. The interaction between participants with different levels of experience favored collaborative learning processes and the collective construction of knowledge.

As a pedagogical product of the course, the graduate students were organized into four groups to prepare seminars and critical-reflective reports on their field experiences. The produced materials encompassed different languages and active methodologies, including audiovisual productions, artistic and poetic expressions, showing creativity, sensitivity, and critical appropriation of the contents developed throughout the course.

The holding of the scientific event "Reiki and a culture of peace in health: a dialogue between community and scientific knowledge" was also a highlight, gathering approximately 300 participants from the academic community and civil society. The event promoted

scientific exchange and strengthened the dialogue between traditional, community, and academic knowledge, expanding the institutional visibility of Integrative and Complementary Health Practices within the university context.

At the institutional level, the course obtained funding through a call from the Dean's Office for Graduate Studies and a university internationalization program, enabling the field activities and the participation of an international expert. This support contributed to strengthening internationalization, university outreach, and interdisciplinary health training.

Overall, the results demonstrated that the course constituted a relevant formative space for the integration of teaching, research, and outreach, favoring the development of critical, scientific, ethical, and humanistic skills related to integrative and complementary health practices.

Discussion

The Ordinance that established the National Policy on Integrative and Complementary Practices within Unified Health System sets guidelines aimed at promoting multiprofessional actions, developing technical and operational standards, training professionals based on permanent education, and disseminating information to managers, professionals, and users of the system [4]. The document also emphasizes the need to ensure safety, efficacy, and quality in the delivery of Integrative and Complementary Health Practices, highlighting institutional responsibility in the training and qualification of healthcare professionals.

Although Integrative and Complementary Health Practices are generally associated with a lower iatrogenic risk when compared to conventional biomedical interventions, the literature highlights the occurrence of adverse events related to their inappropriate application [4,22-24]. These findings reinforce that such practices are not risk-free, highlighting the centrality of technical, ethical, and scientific training for their safe use within the scope of Unified Health System.

In the field of public policies, the 2006-2010 Management Report of the National Coordination of Integrative and Complementary Health Practices pointed out the Family Health Support Centers (NASF - *Núcleos de Apoio à Saúde da Família*) as strategic spaces for the work of trained professionals, in addition to recommending investments in training, research, and teaching-service integration [5]. This movement was expanded with the offering of courses through the Virtual Learning Environment of Unified Health System, which contribute to the dissemination of knowledge, although they are introductory in nature and do not replace the practical training necessary for qualified practice [6,25-27].

Despite these advances, training in Integrative and Complementary Health Practices in Brazil is still insufficient and fragmented, concentrating mostly in private institutions and geared toward the supplementary healthcare sector, to the detriment of Unified Health System demands [28,29]. Such a scenario compromises the consolidation of National Policy on Integrative and Complementary Practices and highlights the need for training strategies aligned with the public service, in which university outreach stands out as a privileged space for articulating teaching, research, and social practice [30].

Thus, university outreach, by integrating theory and practice, contributes to training critical professionals capable of acting reflectively in collective health, valuing interdisciplinarity, interprofessionality, humanism, and health promotion [6]. In this context, the insertion of courses focused on Integrative and Complementary Health Practices in higher education is configured as a relevant strategy to qualify professional training and ensure the ethical, safe, and socially committed application of these practices in Unified Health System [31].

Academic and institutional experiences show progress in the insertion of Integrative and Complementary Health Practices into health training. A survey identified courses in public institutions, especially in nursing, pharmacy, and medicine programs [32], in addition to

municipal initiatives such as those in São Paulo, Campinas, and Florianópolis, which offer training courses and programs in integrative practices [5,33,34]. Other experiences, such as those developed in Recife and Amapá, demonstrate the expansion of these practices in different regional contexts, strengthening their integration into Unified Health System.

Given this scenario, overcoming the shortage of qualified professionals in Integrative and Complementary Health Practices requires articulation between the university, health services, and society, promoting the integration of scientific and popular knowledge. The inseparability of teaching, research, and outreach constitutes a central element for training professionals committed to social reality and the construction of comprehensive, ethical, and emancipatory care, strengthening therapeutic pluralism in Unified Health System [35,36].

Final Considerations

The course contributes directly to the critical, scientific, and ethical training of the graduate students, in line with the university's mission to train professionals committed to human well-being, culture, and science. In this sense, the legitimacy of the university as a space for teaching, research, and outreach is reaffirmed, based on university autonomy, teaching autonomy, and respect for current professional and health regulations.

It is worth highlighting that the course is not an isolated initiative, but rather part of a broader institutional movement, supported by scientific evidence, national and international public policies, and consolidated academic experiences. Furthermore, it articulates with partnerships established with leading universities in Brazil and abroad, strengthening its relevance in the contemporary scenario of health training.

From this perspective, the course represents a strategic educational advancement, embedded in a globalized context that requires the university to have the capacity to keep pace with social, cultural, and scientific transformations. It thus constitutes a legitimate space for interdisciplinary, interprofessional, and innovative training, aligned with the public university's responsibility to respond, with scientific rigor and social commitment, to the current demands of health and education.

The course is of fundamental importance for future service providers and researchers to learn about the scientific evidence supporting interventions such as Reiki, and, perhaps even more relevant, to understand how clinical research is applied following its community implementation. A course such as this outreach graduate course, which integrates practical instruction on the intervention with scientific rigor, engages graduate healthcare professionals in reflecting on the need for continuous studies on developed practices, identifying populations and conditions where Reiki can be most beneficial, thus promoting critical training for Unified Health System and tracing paths for future research and practices.

Additionally, it contributes to strengthening institutional internationalization by integrating global perspectives of integrative and complementary health practices, in line with international guidelines. The participation of foreign specialists and the holding of scientific events expand intercultural dialogue and qualify the training of graduate students. Finally, the authors thank the Graduate Program Inter-institutional Doctoral Program in Nursing was developed jointly with the University of São Paulo, School of Nursing and the University of São Paulo at Ribeirão Preto, College of Nursing and the Office of the Dean of Graduate Studies of the University of São Paulo for the financial and institutional support, which were essential for conducting the course and for strengthening advanced training and internationalization initiatives.

As limitations of this study, we highlight the fact that it is an experience report developed in a single higher education institution, with a small number of participants and a predominance of female participants, which limits the generalization of the findings to other training contexts. Another limitation refers to the absence of standardized instruments for the quantitative evaluation of the course's impacts on professional skills, mental health, or academic performance of the participants.

Despite these limitations, the study presents relevant contributions by describing an innovative experience of integrating teaching, research, and outreach within the scope of Integrative and Complementary Health Practices and Reiki in graduate health education. It is recommended that future research expand the number of participants, include multicenter approaches, and utilize mixed methods and validated instruments, allowing for a more comprehensive evaluation of the formative, scientific, and healthcare impacts of these initiatives within the context of Unified Health System.

Bibliography

1. World Health Organization. "WHO traditional medicine strategy: 2014-2023". Geneva: WHO (2013).
2. World Health Organization. "Global traditional medicine strategy 2025-2034". Geneva: WHO (2025).
3. United Nations. "Transforming our world: the 2030 Agenda for Sustainable Development". New York: UN Publishing (2015).
4. Brasil. Ministério da Saúde. Portaria nº 971, de 3 de maio de 2006. Aprova a Política Nacional de Práticas Integrativas e Complementares no Sistema Único de Saúde. Diário Oficial da União (2006).
5. Tesser CD. "Complementary practices, medical rationalities, and health promotion: unexplored contributions". *Cadernos de Saúde Pública* 25.8 (2009): 1732-1742.
6. Sousa AJ., *et al*. "Extensão universitária na UFRB". Cruz das Almas: UFRB (2017).
7. Brasil. Conselho Federal de Enfermagem. Resolução COFEN nº 739, de 5 de fevereiro de 2024. Normatiza a atuação da Enfermagem nas Práticas Integrativas e Complementares em Saúde. Diário Oficial da União (2024).
8. Conselho Regional de Enfermagem do Estado de São Paulo. Manual de práticas integrativas e complementares: edição ampliada e atualizada. 2nd edition. São Paulo: Coren-SP (2024).
9. Magalhães J. "O grande livro do Reiki: manual prático e atualizado sobre a arte da cura". 5th edition. Lisboa: Nascente (2015).
10. De'Carli AM. "Conexión y movimiento: el arte de fluir [tese]". Buenos Aires: Asociación Bonaerense de Yoga (2021).
11. Brasil. Ministério da Saúde. Portaria nº 849, de 27 de março de 2017. Inclui a arteterapia, meditação, musicoterapia, naturopatia, osteopatia, quiropraxia, reflexologia, Reiki, Shantala, terapias de família e yoga à Política Nacional de Práticas Integrativas e Complementares. Diário Oficial da União (2017).
12. Şişman H and Arslan S. "The effect of Reiki on anxiety, fear, pain, and oxygen saturation in abdominal surgery patients: a randomized controlled trial". *Explore (NY)* 19.4 (2023): 578-586.
13. Amarello MM., *et al*. "Reiki therapy in the Brazilian Unified Health System: meanings and experiences in comprehensive health care". *Revista Brasileira de Enfermagem* 74.1 (2021): e20190816.
14. Kurebayashi LFS., *et al*. "Massage and Reiki to reduce stress and improve quality of life: a randomized clinical trial". *Revista da Escola de Enfermagem da USP* 54 (2020): e03612.
15. Lopes-Júnior LC., *et al*. "Effectiveness of complementary therapies for the management of symptom clusters in palliative care in pediatric oncology: a systematic review". *Revista da Escola de Enfermagem da USP* 55 (2020): e03709.
16. McManus DE. "Reiki is better than placebo and has broad potential as a complementary health therapy". *Journal of Evidence Based Complementary and Alternative Medicine* 22.4 (2017): 1051-1057.

17. Doğan MD. "The effect of Reiki on pain: a meta-analysis". *Complementary Therapies in Clinical Practice* 31 (2018): 384-387.

18. Billot M., *et al*. "Reiki therapy for pain, anxiety and quality of life". *BMJ Supportive and Palliative Care* 9.4 (2019): 434-438.

19. Avci A and Gün M. "The effect of Reiki on pain applied to patients with cancer: a systematic review". *Holistic Nursing Practice* 37.5 (2023): 268-276.

20. Morero JAP., *et al*. "Effects of Reiki on mental health care: a systematic review". *Holistic Nursing Practice* 35.4 (2021): 191-198.

21. Guo X., *et al*. "Therapeutic effects of Reiki on interventions for anxiety: a meta-analysis". *BMC Palliative Care* 23.1 (2024): 147.

22. Foucault M. "The crisis of medicine or the crisis of antimedicine?" *Foucault Studies* 1 (2004): 5-19.

23. Terra RM., *et al*. "Pneumothorax after acupuncture: clinical presentation and management". *Revista da Associação Médica Brasileira* 53.6 (2007): 535-538.

24. Ernst E. "Spinal manipulation: are the benefits worth the risks?" *Expert Review of Neurotherapeutics* 7.11 (2007): 1451-1453.

25. Brasil. Ministério da Saúde. Coordenação Nacional de Práticas Integrativas e Complementares. Relatório de gestão 2006-2010. Brasília (DF): Ministério da Saúde (2011).

26. Brasil. Ministério da Saúde. Ambiente Virtual de Aprendizagem do SUS (AVASUS): práticas integrativas e complementares em saúde. Brasília (DF): Ministério da Saúde (2016).

27. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Política Nacional de Práticas Integrativas e Complementares no SUS (PNPIC). Brasília (DF): Ministério da Saúde (2015).

28. Brasil. Ministério da Saúde. Portaria nº 853, de 17 de novembro de 2006. Inclui na Tabela de Serviços/Classificações do SCNES o serviço 068 - Práticas Integrativas e Complementares. Diário Oficial da União (2006).

29. Brasil. Ministério da Saúde. Portaria nº 702, de 21 de março de 2018. Inclui novas práticas na Política Nacional de Práticas Integrativas e Complementares. Diário Oficial da União (2018).

30. Silva AFL., *et al*. "Thinking of university extension as a field of health training: an experience at the Federal Fluminense University". *Interface (Botucatu)* 17.45 (2013): 371-384.

31. Salci MA., *et al*. "Health education and its theoretical perspectives: a few reflections". *Texto & Contexto Enfermagem* 22.1 (2013): 224-230.

32. Azevedo E and Pelicioni MCF. "Integrative and complementary practices: challenges for education". *Trabalho, Educação e Saúde* 9.3 (2011): 361-378.

33. Christensen MC and Barros NF. "Complementary and alternative medicine in medical teaching: systematic review". *Revista Brasileira de Educação Médica* 34.1 (2010): 97-105.

34. Nascimento MC., *et al*. "Training in integrative and complementary health practices: challenges for public universities". *Trabalho, Educação e Saúde* 16.2 (2018): 751-772.

35. Maranhão T., *et al*. "Integrative practices and therapeutic pluralism in the Brazilian Unified Health System". *Saúde e Sociedade* 26.1 (2017): 117-129.

36. Lima JF., *et al*. "University extension and integrative practices: contributions to health training". *Revista Extensão* 5.1 (2012): 68-75.

Volume 7 Issue 1 July 2026