

Sleep quality in mental health: nursing care

Qualidade do sono em saúde mental: cuidados de enfermagem

Calidad del sueño en salud mental: atención de enfermería

RESUMO

OBJETIVO: identificar a relação entre qualidade do sono em saúde mental e os cuidados de enfermagem. **MÉTODO:** Trata-se de uma revisão integrativa baseada nas cinco etapas descritas por Cooper (1982). Foram utilizadas as bases de dados: LILACS, Pubmed, MEDLINE e BDNF, com os critérios de inclusão: artigos nacionais e internacionais de enfermagem e outras áreas (2012 a 2022), disponíveis gratuitamente online ou com resumos indexados. **RESULTADO:** A partir da leitura e análise nove artigos foram incluídos no estudo e categorizados em três categorias, sendo elas: Observações de Enfermagem, Intervenções de Enfermagem e Educação em Saúde, ambas relacionadas ao sono. **CONCLUSÃO:** Destaca-se a importância de medidas não farmacológicas, modificações ambientais e estratégias educacionais nos cuidados de enfermagem, promovendo uma melhor qualidade do sono e capacitando o indivíduo por meio da psicoeducação, tornando-o protagonista de seu autocuidado.

DESCRIPTORES: Sono; Cuidados de Enfermagem; Enfermagem Psiquiátrica; Transtornos Mentais; Modelos de Assistência à Saúde.

ABSTRACT

The objective of this study was to identify the relationship between sleep quality in mental health and nursing care. This is an integrative review based on the five stages described by Cooper (1982). The following databases were used: LILACS, Pubmed, MEDLINE and BDNF, with the inclusion criteria: national and international articles in nursing and other areas (2012 to 2022), available free online or with indexed abstracts. From reading and analysis, nine articles were included in the study and categorized into Nursing Observations, Nursing Interventions and Health Education, both related to sleep. The importance of non-pharmacological measures, environmental modifications and educational strategies in nursing care is highlighted, promoting better sleep quality and empowering the individual through psychoeducation, making them the protagonist of their self-care.

DESCRIPTORS: Sleep; Nursing Care; Psychiatric Nursing; Mental Disorders; Healthcare Models

RESUMEN

El objetivo de este estudio fue identificar la relación entre la calidad del sueño en salud mental y los cuidados de enfermería. Se trata de una revisión integradora basada en las cinco etapas descritas por Cooper (1982). Se utilizaron las siguientes bases de datos: LILACS, Pubmed, MEDLINE y BDNF, con los criterios de inclusión: artículos nacionales e internacionales en enfermería y otras áreas (2012 a 2022), disponibles gratuitamente en línea o con resúmenes indexados. A partir de la lectura y el análisis, se incluyeron en el estudio nueve artículos categorizados en Observaciones de Enfermería, Intervenciones de Enfermería y Educación en Salud, ambos relacionados con el sueño. Se destaca la importancia de medidas no farmacológicas, modificaciones ambientales y estrategias educativas en el cuidado de enfermería, promoviendo una mejor calidad del sueño y empoderando al individuo a través de la psicoeducación, convirtiéndolo en protagonista de su autocuidado.

PALABRAS CLAVE: Sueño; Atención de Enfermería; Enfermería Psiquiátrica; Trastornos Mentales; Modelos de Atención de Salud.

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INTRODUCTION

Sleep is an essential physiological condition for the human body, during which the brain plays a crucial role in restoring organic conditions. However, insufficient sleep and sleep deprivation, in addition to causing harm to physical health, promote the systemic progression of diseases and promote conditions associated with mental disorders. 1-4

Sleep disorders are currently included in the list of prevalent comorbidities in society and can be affected by psychosocial, biological and environmental factors. Among the most common sleep disorders are insomnia, restless legs syndrome and obstructive sleep apnea. 5-7

Good quality sleep is intrinsically linked to mental health. Research indicates that stress and symptoms of anxiety or depression can affect both the quality and quantity of sleep, and poor quality sleep directly affects social and, above all, psychological aspects. This is reflected in the appearance of anxiety symptoms, mood swings, including emotional instability, which have a direct influence on the individual's quality of life and health. 3,8

The work of the nurse in the mental health and psychiatry setting involves the co-participation of the individual and family, seeking to address the multiple facets of mental disorder, promoting interdisciplinary work through specific knowledge, and coordination with other available mental health services. 9

Nursing interventions in mental health have as goals within the interpersonal

process the promotion of strategies aimed at the psychoeducation of the individual and family, in addition to providing recovery and maintenance of behavior that contributes to their integrated functioning with society, reestablishing their capacities to face challenges related to mental health without devaluing aspects and principles of the human being. 9

Dessa maneira, o objetivo deste estudo é identificar na literatura como se dá a qualidade do sono em saúde mental e os cuidados de enfermagem.

METHOD

This is an Integrative Review (IR), which encompasses the analysis of several primary studies related to a given subject. It establishes connections between these studies with the aim of reaching more comprehensive conclusions about a specific phenomenon, following the five steps defined by Cooper 10 for the IR: problem formulation, data collection, data evaluation, data analysis and interpretation, and presentation of results.

To carry out this integrative review, articles in Portuguese, English and Spanish published between 2012 and 2022 were analyzed. Data collection was carried out on the BVS platform for articles published in national and international journals, using the following databases: Latin American and Caribbean Literature System in Health Sciences (LILACS), Pubmed, Medical Literature Analysis and Retrieval System OnLine (MEDLINE) and Nursing Database (BDENF) with the descriptors "Sleep", "Nursing Care", "Mental Disor-

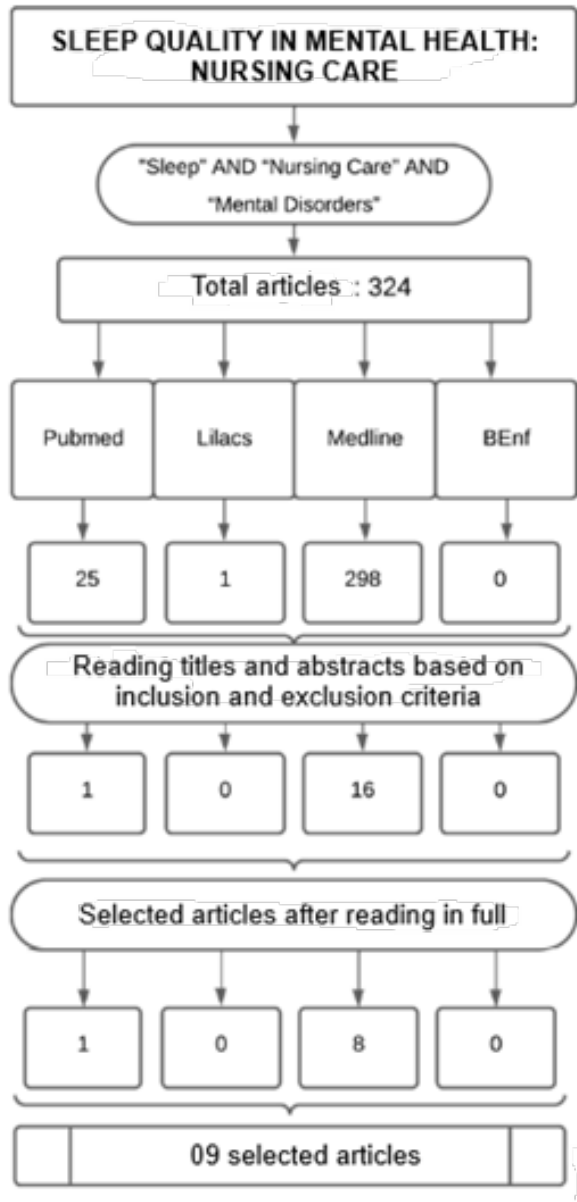
ders", using the Boolean operator AND. The following flowchart shows the detailed search (Figure 1).

The study's inclusion criteria were national and international articles on nursing and other areas. Original articles covering the research topic. Complete articles, available and freely accessible at no cost, online or containing abstracts indexed in the databases. As exclusion criteria, doctoral theses, master's dissertations, monographs, documents, event proceedings and articles not available in full text were excluded.

For data evaluation, 324 articles were initially included for reading of titles and abstracts based on the pre-established inclusion and exclusion criteria. After the first data refinement, 17 articles were selected for full reading. Based on the critical reading of the articles, 09 were selected for this integrative review.

In order to systematize the data from the articles included in the study, an instrument called the Study Evaluation Form was developed, which was completed after reading the articles, thus enabling the analysis of the information found.

Figura 1 – Qualidade do sono em saúde mental: cuidados de enfermagem



In order to analyze, synthesize and compare the data recorded in the instrument, a General Synoptic Table was prepared where the elements that respond to the guiding question were recorded.

RESULTS

Nine articles were included in this review ($n=324$) (Table 1).

Table 1 – Number, year, author, title, objectives and methodology

Nº	ANO	AUTOR	TÍTULO	OBJETIVOS	METODOLOGIA
1	2020	Veale et al.11	The psychiatric ward environment and nursing observations at night: a qualitative study.	To understand the lived experience of being and being admitted to a psychiatric ward overnight with a focus on intermittent observation	Qualitative
2	2012	Laguna-Parras et al.12	Effectiveness of the 'sleep enhancement' nursing intervention in hospitalized mental health patients	To determine the effectiveness of nursing interventions in "sleep improvement" (classification of nursing interventions) in hospitalized patients with mental illness and irregular sleep patterns and to identify the possible effect of psychoactive medications on this disturbed sleep pattern	Non-experimental
3	2016	Crowe et al.13	Social rhythm interventions for bipolar disorder: a systematic review and rationale for practice	To identify evidence for the effectiveness of interventions (behavioral or environmental) that target social rhythms (including sleep) to improve mood symptoms	Systematic review
4	2020	Novak et al.14	Feasibility and utility of enhanced sleep management on in-patient psychiatry wards.	To assess the safety and feasibility of a package of measures to improve sleep in a mental health hospitalization	Cross-sectional, qualitative
5	2012	Cleary et al.15	Patients' views and experiences of pro re nata medication in acute mental health settings.	To discover contemporary insights into patients' views in the acute mental health setting regarding their medication needs	Qualitative
6	2016	Madan et al.16	Improvements in Somatic Complaints Among Individuals With Serious Mental Illness Receiving Treatment in a Psychiatric Hospital	To examine the trajectory of somatic symptoms across a psychiatric hospitalization in individuals with severe mental illness	Cross-sectional
7	2019	Pagnucci et al.17	Promoting nighttime sleep in the intensive care unit: alternative strategies in nursing.	To identify whether complementary interventions impact conscious awareness of stressors and sleep quality in intensive care patients	Non-Randomized Intervention Studies (Controlled Before-and-After Study)
8	2019	Chueh et al.18	Alcohol Consumption as a Moderator of Anxiety and Sleep Quality.	To investigate the relationship between anxiety and sleep quality in participants reporting poor sleep and to assess the moderating effect of daily alcohol consumption on this association	Cross-sectional
9	2015	Chien et al.19	Breathing exercise combined with cognitive behavioural intervention improves sleep quality and heart rate variability in major depression	To investigate the effects of a cognitive-behavioral intervention combined with breathing exercise (CBIBRE) on sleep quality in patients with Heart Rate Variability (HRV) with major depression	Case-control experimental design

DISCUSSION

From the reading and analysis of the selected data, these were gathered and listed in three categories: nursing observations in relation to sleep, nursing interventions in relation to sleep and health education in relation to sleep.

Nursing observations regarding sleep

Of the nine articles included in this integrative review, three articles were found (1,4,7) as shown in Table 1, which highlight nursing observations and their impact on the quality of sleep of individuals.

In the context of mental health and psychiatry, psychiatric nursing observations become essential, both for the emotional and physical support of the patient, aiming to minimize risks; however, paradoxically, they can cause sleep disorders when performed during the night shift. 14

To Veale et al.11 in the treatment of psychiatric disorders, sleep quality is highlighted, sometimes requiring hospital intervention, however this can also be related to the ward setting. 14

Pagnucci et al. 17 state in their study that the main stressful factor in the hospital environment is the difficulty in sleeping, which directly impacts the comfort and satisfaction of patients.

Aspects that interfere with sleep quality include environmental dysfunctions such as light and noise, mainly linked to nighttime nursing observations, intervening in an unfavorable way in the perception of safety and privacy of hospitalized patients. 11

It is known that the care provided by the nursing and medical team to patients during the night shift is essential, however, the quality of sleep is compromised even when limited to the minimum necessary. 17

These are examples cited by the group of patients in the research by Veale et al. 11 about the factors that interfere with the quality of sleep in relation to noise: opening and closing doors, conversations, discussions and fights between staff; in addition to security concerns: other patients

invading private space, uncomfortable presence of staff in the room at night; and privacy: suspension of privacy.

In this context, the authors cited above also mention as stressors: television, videos, the noise of keys, the sound of keys, disturbances from other patients, use of light devices for observation causing a frightening effect.

To Pagnucci et al.17 the stressor identified during the night shift was the presence of health professionals who, while working, were talking, joking and arguing loudly around patients.

The therapeutic relationship between the nursing team and patients regarding successive nighttime observation procedures, with regard to the lack of privacy, generates distrust and cooperation problems, damaging the therapeutic bond and leading to questioning the usefulness of the observations. 11

Given the factors presented above, excessive concern and frequent thoughts about their safety in a hospital environment can have a negative impact on the emotional state of patients, which can lead to a continuous state of anxiety, alertness and irritable mood. 11

Therefore, it is important to emphasize that, in order for sleep quality to be preserved in a hospital environment, it is necessary to analyze practices and alternatives that guarantee patient safety in the context of nocturnal observations. 11

It is necessary to improve psychiatric wards with regard to guarantees for the development of better protected sleep time for hospitalized patients, in the same way that it extends to nocturnal observations. 11

To Novak et al. 14 sleep monitoring based on nighttime observations is essential, which is why their study suggests implementing an individual care plan aimed at protected sleep time, which can be adapted as it requires assessment based on the identification of risks, prioritizing patient safety.

In order to reduce the factors that interfere with sleep quality, patients in the study by Veale et al.11 suggested the use of night vision goggles, installation of floor coverin-

gs, soft-closing doors or application of foam for acoustic insulation.

Novak et al. 14 in their study, they incorporated a protocol that valued protected sleep time in the hospital environment, and adopted a series of environmental adaptations that included the patient, the care team and caregivers, focusing on educational strategies.

As for the aforementioned authors, the interventions covered by the protocol are: provision of eye masks and earplugs, soft-closing doors, caffeine-free beverages, blackout curtains and low-intensity lights, educational posters, training with staff and caregivers, and subsequent weekly meetings for feedback.

To Veale et al.,11 although there are different models of psychiatric hospitalizations around the world, it is necessary to value the patient's sleep in the hospital environment.

Among the changes that can be incorporated into hospital routines, the development of policies to improve sleep quality is a possibility within an individual care plan, the objective of which is to guarantee protected sleep time and expand knowledge through educational strategies on the subject. 11,14

In order to summarize the authors' ideas, a table was created containing the main factors that interfere with sleep quality, based on nursing observations and proposals for improvements.

Table 2 - Factors that interfere with sleep quality and proposals for improvements

FACTORS THAT INTERFERE WITH SLEEP QUALITY BASED ON NURSING OBSERVATIONS	PROPOSALS FOR IMPROVEMENTS
1. Environmental dysfunctions	
1.1 Lightening Use of lighting devices	Night vision goggles, blackout curtains, low-intensity lights, eye masks
1.2 Noise - Opening and closing doors - Conversations, fights and arguments between staff - Noise from television, videos, keys, keys - Disturbance from other patients	Night vision goggles, blackout curtains, low-intensity lights, eye masks
2. Safety and Privacy	
2.1 Invasion of private space - Other patients - Staff	Capacitações com a equipe e cuidadores, reuniões semanais
3. Educational measures	
	Educational materials, caffeine-free beverages

Nursing interventions related to sleep

Of the nine articles included in this integrative review, this category was formed by four articles (2,5,6,9) as shown in Table 1, which highlight nursing interventions related to sleep.

For Laguna-Parras et al. 12 and Crowe et al.13 the role of nurses in the care and treatment of sleep disorders is mainly based on behavioral changes and stimulus control. To this end, nurses need to analyze the sleep patterns of patients admitted to mental health units, since sleep can undergo changes in its quality and quantity.

In mental health inpatient units, the prescription of hypnotics is a common practice for patients with sleep disorders, and it is up to nurses to use their skills to assess and decide whether or not to administer extra medication to a patient. 12,15

According to Cleary et al.15, the admini-

stration of medication if necessary (SN) in addition to being a nurse's responsibility, enables, through observations, responses to changes in mental state or symptoms of patients admitted to mental health units.

It is known that pharmacotherapy is routinely used when referring to sleep disorders, sedatives and hypnotics allow the patient to maintain continuous sleep, however, throughout the day they can manifest greater fatigue and risk of adverse cognitive episodes, causing a slight improvement in quality of life. 12

To Laguna-Parras et al.12, compared to pharmacological approaches, the results of nursing interventions, despite manifesting more slowly, are effective, independent, and do not pose risks of dependence and/or drug tolerance.

There were suggestions for improvement measures in relation to the way in which medication was administered if necessary by nurses, based mainly on the need

for written information about drugs. 15

As alternatives to replacing medication if necessary, according to a study by Cleary et al. 15 the following were included by the patients: walking/going out, walking, talking/distraction with the team, quiet environment, meditation, breathing exercises, listening to music, smoking cigarettes and taking a bath.

Laguna-Parras et al. 12 shows in their research that nursing interventions through questionnaires and specific scales for hospitalized patients with sleep disorders were effective and independent of the use of medications during the period in which they were in mental health units.

The multidisciplinary team's view regarding the sleep of patients admitted to mental health units, through insertion into the hospital routine, obtained positive results, especially when associated with habits regarding sleeping times. 14

Crowe et al. 13 corroborate the authors cited above, stating in their study that nursing interventions in regulating the sleep/wake pattern of patients with psychiatric disorders provide benefits that are not limited to improving the sleep pattern, but also the clinical condition as a whole.

Besides that, Pagnucci et al.17 relate the use of sound and musical stimulation, with relaxation effects and reduced sleep latency time, through the use of headphones acting as a type of sound barrier, and preventing external noises from disturbing sleep.

Because they provide greater adherence, group activities were also cited as effective non-pharmacological interventions in relation to sleep, through exchanges and experiences regarding sleep habits and relaxation techniques, study participants were instructed to practice and exercise the suggestions in their daily lives. 19

Pagnucci et al. 17 observed in their research that the use of pleasant sound and musical stimuli, associated with aromatherapy and massage, can be used as complementary techniques in sleep disorders by promoting a calm and welcoming environment.

According to Chien et al. 19 the use of Cognitive Behavioral Therapy (CBT) associated with respiratory relaxation produces

a supporting effect on negative thoughts and depression, increasing the effectiveness of sleep quality.

It is essential that mental health nurses provide a therapeutic environment, aligned with the objective of treatment and care, which aims at the recovery, rehabilitation and autonomy of the person, in order to

place them as the protagonist of their choices. 15

In order to summarize the authors' ideas, a table was created that presents nursing interventions in relation to sleep subdivided into pharmacological and non-pharmacological measures.

to make their own decisions when they feel the need. 15

Since the main justifications for additional medication include symptoms of anxiety, difficulty sleeping, pain, agitation, mania, hallucinations, panic and relief from side effects related to psychotropic drugs, it is important to allow individuals to legitimately request the drug in situations where mental, physical and emotional suffering presents distressing characteristics or potential risk of becoming overwhelming. 15

As for the aforementioned authors, the following were indicated as an alternative nursing intervention related to the following if necessary: more information about drugs, written information, better communication, sensitivity and affection, in addition to updates of knowledge regarding symptoms and more options when choosing to receive additional medication.

Regarding sleep/wake regulation, mental health nurses can educate and support individuals with mental distress regarding the establishment of routines based on waking up, getting out of bed and being exposed to light during the day, since these behaviors are important for organizing daily circadian rhythms. 13

Chueh et al. 18 stated in their research that alcohol consumption in psychiatric patients was identified as a significant trigger for sleep disorders, and that changing lifestyle habits involves mental health care and the use of cognitive behavioral therapy for greater therapeutic effectiveness.

Guidance on sleep hygiene habits, relaxation exercises that include deep breathing and muscle relaxation, combined with cognitive behavioral techniques provide greater concentration capacity, reduced anxiety and decreased heart rate, resulting in better quality sleep. 19

The authors cited above also state that, through group discussions and the sharing of experiences, individuals not only learn, but also develop and improve behaviors that can be applied in their daily lives, which help them with both the quality of their sleep and their quality of life.

The regulation of sleep and wakefulness, associated with group approaches, the use

Table 3 - Nursing interventions in relation to sleep

MEDIDAS FARMACOLÓGICAS	MEDIDAS NÃO FARMACOLÓGICAS
<ol style="list-style-type: none"> 1. Use of medication if necessary 2. Written information about medications 	<ol style="list-style-type: none"> 1. Meditation 2. Talking 3. Sound stimulation (music) 4. Groups 5. Breathing exercises 6. Sleep assessment questionnaire 7. Use of auxiliary assessment methodologies (scales) 8. Taking a shower 9. Walking 10. Hospital routine 11. Regular schedules 12. Relaxing techniques 13. Massage 14. Aromatherapy 15. Quiet environment 16. Going for a walk/going out

Health education regarding sleep

Of the nine articles included in this integrative review, this category was formed by five articles (3,4,5,8,9) as shown in Table 1, which mention the relevance of health education in relation to sleep.

It is already known that poor quality sleep negatively affects the physical and mental health of human beings. In this context, alternatives to sleep disorders require lifestyle changes, including practices focused on sleep hygiene. 12

According to Chien et al.19, in mental health inpatient units, a large proportion of psychiatric patients present with reduced activity, sometimes inactive. Nursing care acts in this scenario as disciplinary strategies aimed at changes that provide improvements in sleep quality.

As an intervention plan, Novak et al.14 show in their research that prioritizing individualized protected sleep time for each individual admitted to a mental health unit, associated with quality education on the subject, ensures positive results.

In this context, the authors cited above recognize that the lack of knowledge of non-pharmacological measures aimed at managing poor sleep quality and environmental control reinforces the administration of medication as the main intervention.

The lack of understanding and comprehension on the part of individuals about the use of medication if necessary, produces feelings of fear and lack of control. It is the role of the nursing team to teach about the purpose, use, as well as its benefits, in order to equip them and encourage them

of relaxation techniques and breathing exercises, knowledge about medications and the use of strategies aimed at cognitive behavioral, were the main alternatives presented for reducing sleep disorders.

As an intervention strategy, an instrument that can be applied in a mental health

unit, the suggestion is to create an educational infographic aimed at patients and family members as a health education strategy, using the integrative review carried out as a reference.

CONCLUSION

While nursing observations are a fundamental part of implementing patient-focused care that prioritizes patient safety, they have been harshly criticized and questioned for provoking feelings that are contrary to their purpose in those receiving care.

The lack of privacy, security, and communication, as well as complaints about the ward environment, were factors that were repeated in articles related to the poor quality of sleep of individuals admitted to mental health units.

In view of this, it is necessary to rethink current techniques and create new approaches to nursing care within the theme of sleep, since the main intervention is strongly linked to medication.

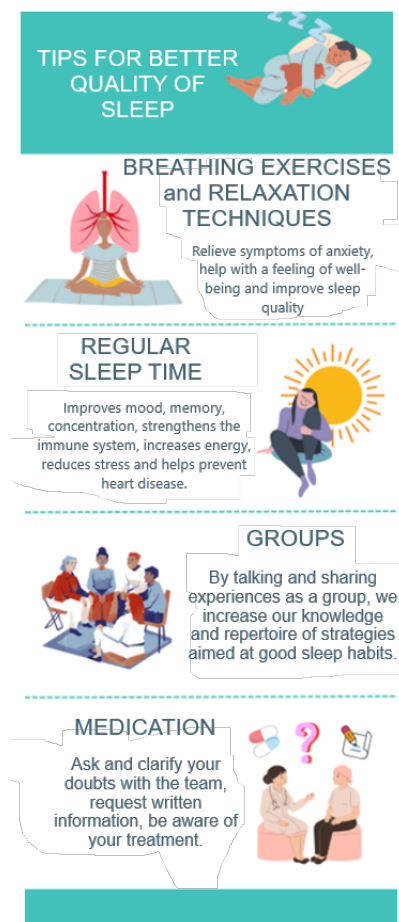
The use of non-pharmacological interventions was highly recommended because, in addition to promoting greater adherence, they ensure positive results by not producing adverse effects. Environmental modifications involving light and noise were also identified as one of the determining factors in ensuring better sleep quality for the subjects.

The creation and implementation of an individualized protected sleep time protocol emerges as a proposal to be considered and discussed as an important part of nursing care for patients in a hospital environment, especially in areas dedicated to mental health.

Encouraging differential diagnosis within the nursing process in relation to sleep, and the use of supporting literature, contributes to guidance and supports the professional in finding and establishing observation patterns for establishing interventions and evaluating the results through the care provided.

Investments in health education strategies such as the production of informative materials on the subject of sleep facilitate the psychoeducation of individuals inserted in the community, ensuring knowledge and application of interventions in their daily lives even outside the hospital context, making them protagonists of their self-care process.

Figure 2 - Educational infographic: Tips for better sleep quality



The implications of the study within the scope of the Unified Health System (SUS) are favorable to non-pharmacological interventions since they are low-cost, as they

involve educational strategies, behavioral changes and lifestyle habits.

As a limitation of the study, the scarcity of national and international literature cor-

roborated the increase of ten years of search for the production of this study.

REFERENCES

1. Lessa RT, Fonseca LANS, Silva VL, Mesquita FBM, Costa AJR, Souza DJM, Cesar MR, et al. A privação do sono e suas implicações na saúde humana: uma revisão sistemática da literatura. REAS. 2020;(56):e3846. <https://doi.org/10.25248/reas.e3846.2020>.
2. Alves ES, Pavarini SCI, Luchesi BM, Ottaviani AC, Cardoso JFZ, Inouye K. Duration of night sleep and cognitive performance of community older adults. Rev Lat Am Enfermagem. 2021 Jun 28;29:e3439. <https://doi.org/10.1590/1518-8345.4269.3439>.
3. Associação Brasileira do Sono. Tudo o que você precisa saber sobre sono normal. São Paulo: Associação Brasileira do Sono; 2021. Disponível em: https://absono.com.br/wp-content/uploads/2021/03/cartilha_sono_normal_2021.pdf.
4. Nascimento T S, Oliveira TMM, Sousa MEM, Sousa BR, Oliveira TJB, Costa ALP, Ribeiro IP, et al. Impacto do distúrbio do sono na qualidade de vida dos profissionais de enfermagem. Res., Soc. Dev. 2021;10(17):e65101724052. <http://dx.doi.org/10.33448/rsd-v10i17.24052>.
5. Fernandes IAM, Barbosa RSS, Albano AB, Pace FKV, Meira AT. Avaliação da qualidade do sono e da sonolência excessiva diurna em pacientes com enfermidades neurológicas. Braz. J. Health Rev. 2021;4(3):12492-502. <https://doi.org/10.34119/bjhrv4n3-222>
6. Lucena LS, Firmino FF, Santos AEMS, Teodoro DT, Senhorinha GM, Braudes ICS. Distúrbios do sono na pandemia do COVID-19: revisão narrativa. EASN. 2021;1. Disponível em: <https://www.periodicojs.com.br/index.php/easn/article/view/205>.
7. Melo LD, Brandão JL, Chagas DNP, Neves GAD, Silva PHB, Teixeira ILS, Rosendo AA. Influências dos transtornos de sono-vigília sobre a saúde cardiovascular na atenção primária à saúde. Rev baiana enferm. 2023; 37:e51875 DOI: 10.18471/rbe.v37.51875.
8. Cattani NA, Silva RM, Beck CLC, Miranda FMD, Dalmolin GL, Camponogara S. Repercussões do trabalho noturno na qualidade do sono e saúde de trabalhadores de enfermagem. exto contexto - enferm. 2022; 31:e20210346. <https://doi.org/10.1590/1980-265X-TCE-2021-0346pt>.
9. Stefanelli MC, Arantes EC, Fukuda IMK. Papel do enfermeiro na enfermagem em saúde mental e psiquiátrica. In: Fukuda IMK, Stefanelli MC, Arantes EC. Enfermagem psiquiátrica em suas dimensões assistenciais. Barueri: Manole; 2017. p. 64-65.
10. Cooper HM. The integrative research review. A systematic approach. Newburg Park, CA: Sage; 1982.
11. Veale D, Ali S, Papageorgiou A, Gournay K. The psychiatric ward environment and nursing observations at night: a qualitative study. J Psychiatr Ment Health Nurs. 2020;27(4):342-51. <http://dx.doi.org/10.1111/jpm.12583>.
12. Laguna-Parras JM, Jerez-Rojas MR, García-Fernández FP, Carrasco-Rodríguez MD, Nogales-Vargas-Machuca I. Effectiveness of the 'sleep enhancement' nursing intervention in hospitalized mental health patients J Adv Nurs. 2013;69(6):1279-88. <http://dx.doi.org/10.1111/j.1365-2648.2012.06116.x>.
13. Crowe M, Beaglehole B, Inder M. Social rhythm interventions for bipolar disorder: a systematic review and rationale for practice. J Psychiatr Ment Health Nurs. 2016;23(1):3-11. <http://dx.doi.org/10.1111/jpm.12271>.
14. Novak C, Packer E, Paterson A, Roshi A, Locke R, Keown P, Watson S, et al. Feasibility and utility of enhanced sleep management on in-patient psychiatry wards. BJPsych Bull. 2020;44(6):255-60. <http://dx.doi.org/10.1192/bjb.2020.30>.
15. Cleary M, Horsfall J, Jackson D, O'Hara-Aarons M, Hunt GE. Patients' views and experiences of pro re nata medication in acute mental health settings. Int J Ment Health Nurs. 2012;21(6):533-9. <http://dx.doi.org/10.1111/j.1447-0349.2012.00814.x>.
16. Madan A, Clapp J, Osborne P, Walker C, Frueh BC, Allen J, Oldham J, et al. Improvements in Somatic Complaints Among Individuals With Serious Mental Illness Receiving Treatment in a Psychiatric Hospital. Psychosom Med. 2016;78(3):271-80. <http://dx.doi.org/10.1097/psy.0000000000000298>.
17. Pagnucci N, Tolotti A, Cadorin L, Valcarengi D, Forfori F. Promoting nighttime sleep in the intensive care unit: alternative strategies in nursing. Intensive Crit Care Nurs. 2019;51:73-81. <http://dx.doi.org/10.1016/j.iccn.2018.11.010>.
18. Chueh KH, Guilleminault C, Lin CM. Alcohol Consumption as a Moderator of Anxiety and Sleep Quality. J Nurs Res. 2019;27(3):e23. <http://dx.doi.org/10.1097/jnr.0000000000000300>.
19. Chien H-C, Chung Y-C, Yeh M-L, Lee J-F. Breathing exercise combined with cognitive behavioural intervention improves sleep quality and heart rate variability in major depression. J Clin Nurs. 2015;24(21-22):3206-14. <http://dx.doi.org/10.1111/jocn.12972>.