Revista Brasileira de Enfermagem
REBEn

THEMATIC EDITION
ADVANCED NURSING PRACTICES

ORIGINAL ARTICLE

Reiki for promotion of health and sleep quality in hospital nursing professionals

Reiki para promoção da saúde e qualidade do sono em profissionais de enfermagem de hospital

Reiki para la promoción de la salud y la calidad de sueño en profesionales de enfermería hospitalaria

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How to cite this article:
Costa JR, Marcon SS, Nitschke RG, Santo FHE, Piexak DR, Oliveira SG, et al. Reiki for promotion of health and sleep quality in hospital nursing professionals. Rev Bras Enferm. 2022;75(5):e20210535. https://doi.org/10.1590/0034-7167-2021-0535

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Submission: 08-18-2021 **Approval:** 02-11-2022

ABSTRACT

Objectives: to know the repercussions of a Reiki therapy intervention on the sleep quality of nursing professionals working in a general hospital. **Methods**: a qualitative-quantitative study conducted with 16 professionals from the nursing team of a hospital in northwest Paraná, who participated in an intervention consisting of six weekly Reiki sessions. Data collected from September, 2019 to March, 2020 through semi-structured interviews and application of the Pittsburgh Sleep Quality Index before and after the intervention. **Results**: better sleep quality, characterized by a reduction in the time to fall asleep and in nightmares, and an increase in sleeping hours. **Conclusions**: reiki intervention had a positive impact on the sleep quality of participants.

Descriptors: Therapeutic Touch; Sleep; Nurse Practitioners; Health Promotion; Complementary Therapies.

RESUMO

Objetivos: conhecer as repercussões de intervenção com sessões de reiki na qualidade do sono de profissionais de enfermagem atuantes em um hospital geral. **Métodos**: estudo de abordagem quali-quantitativa realizado com 16 profissionais da equipe de enfermagem de um hospital no noroeste do Paraná que participaram de uma intervenção constituída por seis sessões semanais de reiki. Dados coletados de setembro/2019 a março/2020, mediante entrevista semiestruturada e aplicação do Índice de Qualidade do Sono de Pittsburgh antes e após o término da intervenção. **Resultados**: melhora na qualidade do sono, caracterizada por redução do tempo para adormecer e dos pesadelos e aumento nas horas dormidas. **Conclusões**: a intervenção com reiki repercutiu de forma positiva sobre a qualidade do sono das participantes.

Descritores: Reiki; Sono; Profissionais de Enfermagem; Promoção da Saúde; Terapias Complementares.

RESUMEN

Objetivos: conocer las repercusiones de una intervención con sesiones de Reiki en la calidad del sueño de los profesionales de enfermería que actúan en un hospital general. **Métodos**: estudio cualitativo-cuantitativo realizado con 16 profesionales del equipo de enfermería de un hospital del noroeste de Paraná que participaron de una intervención de seis sesiones semanales de Reiki. Datos recolectados de septiembre, 2019 a marzo, 2020 a través de entrevistas semiestructuradas y aplicación del Índice de Calidad de Sueño de Pittsburgh antes y después de la intervención. **Resultados**: mejor calidad de sueño, caracterizada por una reducción del tiempo para conciliar el sueño y de las pesadillas y un aumento de las horas de sueño. **Conclusiones**: la intervención de Reiki tuvo un impacto positivo en la calidad de sueño de los participantes.

Descriptores: Tacto Terapéutico; Sueño; Enfermeras Practicantes; Promoción de la Salud; Terapias Complementarias.

ONLINE VERSION ISSN: 1984-0446

INTRODUCTION

Sleep is a physiological process linked to important vital functions of the body. Its deprivation interferes negatively in memory, making homeostatic rebalancing processes difficult from synaptic connections to physical restoration[1]. Sleep changes in the long term can negatively affect the health condition of individuals[2] by triggering stress, anxiety and psychiatric disorders that can interfere with interpersonal and family relationships and social skills[3-5]. In addition, these can trigger cardiovascular disease and obesity, increase the number of car and work accidents, and even interfere with the population's life expectancy[6].

The sleep quality of the general population has been declining[7-9] as a result of numerous factors: stress; day-to-day rush with no limits on time dedicated to work and/or study and irregular mealtimes; presence of deleterious habits such as smoking, use of alcoholic beverages and sedentary lifestyle; and some chronic diseases[10].

Poor sleep quality seems to be more pronounced in health professionals, especially in nursing workers[11-15], including those in the context of primary care[16]. Studies conducted in Brazil[5-11], Thailand[17] and Spain[18] show that these professionals have very poor sleep scores, which can compromise the quality of patient care and even trigger medication errors.

Several circumstances can interfere with nursing professionals' quality of sleep, such as working in hospitals with poor infrastructure, working conditions and relationships, which impairs sleep quality, health status and the care provided to patients[19]. The interference of working conditions is exacerbated when the professional works the night shift, given the direct impact on the natural rhythm of the sleep-wake cycle, or in urgent and emergency sectors, given the changes in the state of alertness and the release of stress hormones[20-23].

The Brazilian Integrative and Complementary Practices in Health (ICPH) correspond to what the World Health Organization designates as Traditional, Complementary and Integrative Medicine (TCI). These are knowledge, skills and practices in health based on theories, beliefs and experiences from different cultures that seek to stimulate natural mechanisms of prevention and recovery of health, which is understood as broad wellbeing and a complex interaction of physical, mental, emotional, social and spiritual factors. In the National Health Service (Brazilian SUS), ICPH are supported by the National Policy on Integrative and Complementary Practices since 2006. Reiki was included as one of the ICPH in 2017 through Ordinance No. 849/2017 of the Ministry of Health. Note that the 2018 National Policy on Integrative and Complementary Practices (Ordinance 702/2018) presents a list of 29 ICPH that can be offered to the population[24-25].

Integrative and Complementary Practices in Health, associated or not with allopathic medicine, are used to improve the population's quality of life and have shown positive results in sleep quality, alertness and disposition of patients in general[26] and nursing professionals[27-28]. Among ICPH, Reiki is one of the vibrational healing practices within the framework of therapeutic touch and bioenergetic techniques that promote physical, mental, spiritual and biofield harmonization due to the stimulating action on the energization of organs and energy centers (chakras)[26].

This technique was conceived by Mikao Usui in the beginning of 20th century in Japan, and acts by stimulating the energy channels of living beings through placement of the hands of a person trained in Reiki, known as Reiki practitioner, in positions on or slightly above the person[29].Note that Reiki application does not require touch (contact of the Reiki practitioner's hand on the person's body), and when there is, it is the least invasive possible. As it is not invasive nor requires special facilities[26], it is considered a low-risk, low-cost intervention that has been growing in popularity and use in several hospitals in Brazil. Although it does not require special facilities, care with the setting is extremely important, and offering a clean, airy and silent space with at least one stretcher for the patient to lie down comfortably is recommended.

In 2018, COFEN Resolution number518 recognized Reiki as one of the Nurse's specialties in the area of Integrative and Complementary Practices[30]. Note that the North American Nursing Diagnostics Association[31], with the purpose of offering comprehensive, integrated and holistic nursing care, incorporated the "unbalanced energy field" diagnosis, defined as the break in the vital flow of human energy, which is usually a whole, continuous, non-linear, creative and dynamic flow, recommending that nurses work to rebalance this field.

Therefore, Reiki therapy can be applied by nurses with the purpose of promoting better wellbeing. The option of performing the intervention with nursing professionals emerged from the results of previous studies[32-33] that pointed out the difficulties experienced by these professionals in their daily lives: work overload, accumulation of functions, accomplishment of many overtime hours, more than one employment engagement, lack of time for self-care and care for the family, among others. In addition, a study evaluating the correlation between work stress and sleep quality in nurses showed that the higher the work stress scores of nursing professionals, the worse their sleep quality[14]. Thus, the following question arose: Can Reiki therapy improve the quality of life and specifically, the quality of sleep of nursing professionals?

OBJECTIVES

To know the repercussions of a Reiki therapy intervention on the sleep quality of nursing professionals working in a general hospital.

METHODS

Ethical aspects

National and international standards of ethics in research with human beings were respected during the development of the study. The project was authorized by the institution and approved by the Research Ethics Committee of the *Universidade Estadual de Maringá*. All participants signed the Informed Consent form and the fragments of their reports were identified with the letter P for participant, followed by the number of the order of participation in the project for the guarantee of their anonymity.

Theoretical-methodological framework and type of study

Exploratory descriptive study with two methodological aspects, qualitative and quantitative. Participants' verbal manifestations expressed in the face of specific questions about a unique aspect

of daily life were used, in addition to data related to the application of a structured instrument for collection of information about sleep quality. Given the characteristics of the sample, results were analyzed individually. The recommendations of the COnsolidated criteria for REporting Qualitative research (COREQ) and STrengthening the Reporting of Observational Studies in Epidemiology (STROBE) were adopted in the development and presentation of the study.

Study scenario

Conducted with nursing professionals from a public hospital located in the northwest region of the state of Paraná. This teaching hospital serves several specialties and had 130 beds at the time of the study. The staff working in the nursing board included 440 professionals, of which 148 were nurses (66 statutory and 82 accredited) and 292 nursing technicians (147 statutory and 145 accredited).

Methodological procedures

The proposed intervention consisted of six Reiki sessions administered by a nurse with level 3A training. Reiki training involves three levels; at level 3 there is a division into level 3A and 3B, and at this last level, in addition to applying Reiki to other people, the Reiki practitioner can teach new Reiki practitioners.

At first, a virtual invitation to participate in the study, created in the Canva® application, was sent to the nursing managers, who shared it via WhatsApp® application in the work groups of each department. In this invitation, the researcher identified herself as a Reiki specialist, informed about the proposal to hold Reiki sessions for nursing professionals and made her WhatsApp® number available so that interested people could contact her.

The intervention protocol included:

a) six weekly Reiki sessions lasting 30 minutes each;
b) completion of the Pittsburgh Sleep Quality Index before the beginning of the Reiki intervention and one week after its completion in an online form available on Google Forms.
c) participation in two audio-recorded interviews, one before the beginning of the Reiki intervention and the other one week after its completion.

Groups of a maximum of six participants were formed for the operationalization, considering the possibility of individualized care of three people in the morning and three in the afternoon, since only the main researcher would be responsible for all planned activities. It was also defined that a new group would only be started after the end of the intervention with the previous group and so on.

Reiki sessions were always held on Wednesdays, as this was the availability to use the room provided by the institution for the study. The room had two hospital beds and a desk with two chairs and was prepared before sessions in order to make the environment cozier, which involved the availability of fresh water and aromatic tea, instrumental music at low volume, aromatherapy, and only a dim light from the aroma diffuser.

Before the Reiki session, participants were encouraged to express how they were feeling on the day. Afterwards, they were invited to lie down in supine position, cover themselves with a sheet if they wished and instructed to close their eyes and inhale and exhale deeply and slowly.

The Reiki session began after the participant's permission, with application in the four positions of the head, throat (throat chakra), chest (heart chakra), solar plexus chakra, umbilical and basic chakra, as described in the basic care of the Reiki Manual by Mikao Usui[34]. If the participant presented any pain or discomfort complaint, Reiki was also applied in the referred region. During the session, the practitioner and receiver remained silent with the sound of a Tibetan bell every two minutes.

The first group was conducted between 4 September and 16 October, 2019, the second between 22 October and 12 March, 2019, and the third between 2 May and 3 November, 2020. Note that the last meeting of the third group, intended for data collection by means of the interview and application of the Pittsburgh Sleep Quality Index, was held in the residence of participants, since all research activities at the institution were suspended by the social distancing measures imposed as a result of the COVID-19 pandemic.

Despite adopting the necessary care to avoid contamination, an interview was not conducted with two participants who were part of the risk group for COVID-19 and were even on leave from work activities. As we deemed inappropriate to visit their homes, they responded to the Pittsburgh Sleep Quality Index instrument remotely.

Data source

The only previously defined inclusion criterion was working as a member of the nursing team in any department of the hospital. Exclusion criteria were: being unavailable to participate in the meetings on the previously defined days and times and missing more than one Reiki session.

In the telephone contact, interested people were informed about the purposes of the study, the type of participation desired, the days and times of availability for the sessions and the importance of participating in all meetings.

Of the 440 professionals who were part of the nursing team at the hospital under study, 35 got in touch, but most were unavailable to participate in the meetings outside working hours - a requirement of the Nursing board to authorize the development of the study.

Data collection and organization

Data were collected through semi-structured face-to-face interviews before and after the end of the intervention and by remote application of the Pittsburgh Sleep Quality Index (PSQI-BR)[35] available on Google Forms. This instrument consists of 19 questions with four-point Likert scale responses (zero - no difficulty; three - severe difficulty). The instrument questions are categorized into seven components: C1 subjective sleep quality, C2 sleep latency, C3 sleep duration, C4 habitual sleep efficiency, C5 sleep disturbances, C6 use of sleeping medication and C7

daytime dysfunction. The total score ranges from zero to 21 points, and the higher the score the worse the quality of sleep.

Data analysis

Data referring to the application of the instrument were entered into an Excel® spreadsheet and descriptive and inferential statistics were used in the analysis. The difference between medians of the values obtained in the two moments was evaluated with the nonparametric Wilcoxon test, since the sample was small. Material from the audio-recorded interviews were fully transcribed and analyzed using content analysis, thematic mode, following three pre-established steps: pre-analysis, material exploration and data categorization[36]. Only the excerpts related to sleep were considered in the present study, which originated two categories: Perceptions of sleep before the intervention and Perceptions of sleep after the intervention.

RESULTS

Sixteen nursing professionals participated in the study, all female, aged between 25 and 59 years. Four participants reported a diagnosis of fibromyalgia, one had osteoarticular problems in the hip, another had a herniated cervical disc, and a third was undergoing an investigation of autoimmune disease.

Regarding sleep, seven reported poor and very poor quality; five indicated time of more than 30 minutes to fall asleep and three, time greater than 60 minutes. Difficulty staying awake during the day was mentioned by six participants and feeling indisposed (moderate and a lot) by ten participants. Two reported having nightmares and two reported having hot flashes at night. Four had pain that prevented them from sleeping well, and those who had good sleep, reported using sleeping medication. These conditions were present in isolation or simultaneously. Before the Reiki intervention, of the 16 study participants, five had poor sleep quality and 11 had sleep disorders, according to the overall PSQI-BR score.

Table 1 presents the individualized performance of participants in relation to sleep before and after the intervention. Five participants showed better sleep quality, five remained in the same classification although with a decrease in the total score, three maintained the previous classification and three showed a worse classification.

Table 2 presents the responses by components of the Pittsburgh Sleep Quality Index (PSQI-BR) before and after the intervention.

Table 3 presents the total score obtained on the PSQI-BR before and after the intervention. The only variable that showed a significant difference between median values was sleep duration. However, note that the difference between the medians of the two moments of the Daytime dysfunction variable was clinically important and almost statistically significant.

The participants' reports with emphasis on perceptions before and after the intervention were organized into two categories described below.

Perceptions of sleep before the intervention

This category includes basically the statements of participants who reported having poor sleep. The reports initially show participants' perception of the heat, daily tension and nightmares as possible causes for this condition.

> *These days, it's very hot, I've been sleeping very poorly, I get a headache, feel tired.* (P6)

> *My head doesn't stop* [...]. *I feel my whole body stiff, tense* [...]. *I don't relax* [...]. *There's no way I can sleep* [...]. *And the fibromyalgia gets more serious* [...]. *It gets worse.* (P10)

> *I have nightmares, I sleep very poorly, I can say I had nightmares again this week* [...] *there are times when I feel very sleepy, I lie down and the sleep goes away.* (P13)

Table 1 – Total score by participant obtained using the Pittsburgh Sleep Quality Index (PSQI-BR), before and after the intervention and the respective interpretation

Participant	Total score		=	Score interpretation		Remarks
	Before	After		Before	After	
1	7	7	0	Poor sleep	Poor sleep	Maintained
2	19	12	-7	Sleep disorder	Sleep disorder	Maintained, but with a lower score
3	10	10	0	Poor sleep	Poor sleep	Maintained
4	10	14	+4	Poor sleep	Sleep disorder	Worsened
5	6	6	0	Poor sleep	Poor sleep	Maintained
6	11	9	-2	Sleep disorder	Poor sleep	Improved
7	12	11	-1	Sleep disorder	Sleep disorder	Maintained, but with a lower score
8	15	12	-3	Sleep disorder	Sleep disorder	Maintained, but with a lower score
9	12	9	-3	Sleep disorder	Poor sleep	Improved
10	9	16	+7	Poor sleep	Sleep disorder	Worsened
11	12	11	-1	Sleep disorder	Sleep disorder	Maintained, but with a lower score
12	12	6	-6	Sleep disorder	Poor sleep	Improved
13	12	8	-4	Sleep disorder	Poor sleep	Improved
14	17	14	-3	Sleep disorder	Sleep disorder	Maintained, but with a lower score
15	18	7	-11	Sleep disorder	Poor sleep	Improved
16	11	15	-4	Sleep disorder	Sleep disorder	Worsened

Table 2 - Absolute and relative frequency of the components of the Pittsburgh Sleep Quality Index (PSQI-BR) before and after the intervention

[...]	Before		After	
	n	%	n	%
Domain 1. Subjective sleep quality				
Very good	3	18.8	3	19.0
Fairly good	6	37.5	8	50.0
Fairly bad	3	18.8	3	19.0
Very bad	4	25.0	2	12.5
Domain2. Sleep latency				
Sleep =15 minutes	4	25.0	6	37.0
16 to 30 minutes	4	25.0	5	31.0
31 to 60 minutes	5	31.3	5	31.0
> 60 minutes	3	18.8	-	-
Took more than 30 minutes to fall asleep				
Not once	5	31.3	5	31.0
Less than 1 time/week	2	12.5	4	25.0
1 to 2 times/week	6	37.5	6	37.0
3 times or more/week	3	18.8	1	6.25
Domain3. Sleep duration				
More than7 hours	3	18.8	8	50.0
6 to 7 hours	9	56.3	4	25.0
5 to 6 hours	1	6.3	2	12.0
Less than 5 hours	3	18.8	2	12.0
Domain4: Habitual sleep efficiency				
Very good	8	50.0	8	50.0
Fairly good	2	12.5	3	19.0
Fairly bad	3	18.8	2	12.0
Vary bad	3	18.8	3	19.0
Domain5. Sleep disturbances				
None	2	12.5	3	19.0
Less than once	1	6.3	-	-
1 to 2 times	5	31.3	8	50.0
3 or more times/week	8	50.0	5	31.0
Domain 6. Use of sleep medication				
Not during the past month	9	56.3	9	56.0
Less than once	3	18.8	2	12.0
1 to 2 times	1	6.3	1	6.0
3 or more times/week	3	18.8	4	25.0
Domain7. Daytime dysfunction				
Difficulty staying awake in the past month				
Not once/week	8	50.0	9	56.0
Less than 1 time/week	2	12.5	3	19.0
1 to 2 times/week	3	18.8	3	19.0
3 times or more/week	3	18.8	1	6.0
Feeling indisposed or lack of enthusiasm to perform daily activities				
No indisposition	4	25.0	3	19.0
Slight indisposition	2	12.5	7	44.0
Moderate indisposition	4	25.0	4	25.0
A lot of indisposition	6	37.5	2	12.0

However, for some people, the main cause of poor sleep was pain:

> *I'm sleepy* [...]. *It's hard to lie down* [...]. *Lying down hurts* [...]. *When I get up* [pause], *it hurts too* [silence]. *So, lying down to sleep is martyrdom.* (P6)

> *I wake up in pain, you know, when the body gets cold, fibromyalgia hurts, then* [...]. *To turn over on my side in bed, it hurts* [...]. *I wake up* [...]. *Sleep is not constant.* (P8)

Finally, those who worked at night connected the difficulty to sleep with this fact.

> *Especially when I'm on duty, on the following day or even at night, I'm at home, I get tired, I can't cook, take care of the house, the family, always feeling really tired.* (P 12)

> *After the night shift, there's a lot to do, house, family, I can't sleep and rest. The daytime sleep doesn't seem restorative, I'm like a zombie around the house.* (P11)

> *Worst of all* [...]. *I work night shifts, I don't sleep well* [...] *then I have migraine attacks, and my health gets worse* [...]. *And the sleep* [...]. *The sleep is terrible* [...]. *I realize it affects my health, my immunity.* (P2)

Perceptions of sleep after the intervention

In general, participants demonstrated satisfaction with the quality of sleep after participating in Reiki sessions:

> *Sleep is a blessing. I'm sleeping very well I really enjoyed improving my sleep.* (P4)

> *I'm sleeping better, very well. Because when I returned from the night shift, it was very tiresome, daytime sleep was not good* [...]. *Now I sleep, I feel better.* (P12)

Although some participants experienced important setbacks, such as a traffic accident of the husband, who had to undergo orthopedic surgery, and complications in their own health or that of their parents (mother fractured the foot and father had decompensated diabetes), overall, they reported better sleep quality and relaxation:

> *Even with everything going on, husband injured, concerns with health, at work, I realize I'm sleeping better thanks to Reiki.* (P1)

Table 3 – Difference in total score medians and interquartile range by domain of the Pittsburgh Sleep Quality Index (PSQI-BR) before and after the intervention

Components before and after the intervention	Before		After		*p****
	Med*	25-75**	Med*	25-75**	
Subjective sleep quality	1.5	1.00-3.00	1	1.00-2.00	0.201
Sleep latency	1.0	1.00-2.00	1.0	1.00-2.00	0.49
Sleep duration	1.5	1.00–3.00	1.0	1.00-1.75	0.016
Habitual sleep efficiency	3.0	3.00-3.00	3.0	3.00-3.00	1
Sleep disturbances	1.0	1.00-2.75	1.0	1.00-2.00	0.608
Uso of sleep medication	0.0	0.00-1.75	0.0	0.00-2.75	0.521
Daytime dysfunction	2.0	1.00-2.00	1.0	1.00-2.00	0.052
Total	12.0	10.00-14.25	10.5	7.25-13.50	0.207

**Median; **Interquartile range; ***Wilcoxon test.*

> *I'm sleeping well, I've been feeling relaxed* [...]. *I would even like to say, during the project, I was in the process of discovering the diagnosis of sclerosis, and if it wasn't for the project, I don't know what it would have been like* [silence and emotional crying]. (P15)

They also mentioned that difficulties and institutional and work sector demands did not cease to exist, but they began to face them better, which impacted positively on the quality of sleep:

> *I believe that because I'm feeling more secure, I can say no, not take it personally* [...]. *So, I lie down and don't stay in those thoughts* [...]. *You know? That don't let the head stop* [...]. *So, I think it improved my sleep* [...]. *My life.* (P4)

> *I'm still tired, I lie down and it looks like I won't get enough rest. Work demands are exhausting, but I notice that I am better than a month ago, I sleep and rest more.* (P5)

> *How can I say it?* [silence]. *I know that's what the hospital is like* [...] *some things don't change* [...]. *But inside myself I'm different, I don't take it personally, so it's better, I don't lose my sleep anymore* [emphasis], *because I'm different* [...]. *I don't know if it's Reiki, you know, I think it was all, looking and having time for myself* [...]. *The conversations* [...]. *Being yourself* [...]. (P 15)

> *I'm very tired, not just me* [...]. *Everyone here* [...] *[sighs] and there's no prospect of taking a vacation at all* [laughs]. *Look, today I'm here all day, Friday, Sunday, and Tuesday too. It's exhausting* [...]. *But I've learned not to think about it* [...]. *I'm going to lie down and see if I can sleep.* (P8)

The reports show improvement in sleep quality among participants. Participating in the intervention seems to have awakened other perceptions in these women, not limited to sleep itself. The three who had worse sleep also had their health condition worsened, needed medical assistance and were prescribed antidepressants, muscle relaxants and analgesics.

DISCUSSION

The results confirm that sleep problems are a reality for many people, especially those of the female sex[37]. In a German cohort study of almost 4,000 people, 38% had poor sleep[38]. In Brazil, in a study conducted with 775 users of the Brazilian SUS in São Paulo, 57.4% had poor sleep quality, with a higher prevalence among women[39]. In another cohort study developed in the United States, the relationship between nighttime insomnia and the risk of depression was analyzed, finding a greater sleep debt among the female sex that worsens over the years[40].

Specifically considering health professionals, a study of 233 Thai nurses showed that 49.5% of them had excessive daytime sleepiness[17]. These problems tend to be exacerbated in professionals working night shifts. A study conducted in Madrid showed that 44.8% of nursing professionals have poor sleep quality, 37.6% have daytime sleepiness, in addition to stress, stomach pain, irritability and fatigue, especially night shift professionals[18].

Untreated poor sleep can cause serious health problems[41], including the exacerbation of fibromyalgia symptoms[42], a problem experienced by four study participants, who associated poor sleep quality with worsening of fibromyalgia symptoms as a result of greater tiredness, and physical and emotional exhaustion.

Reiki sessions have demonstrated a positive effect on the quality of sleep and on other complaints that harmed patients, such as pain, which were alleviated or even eliminated. This occurs because Reiki promotes energetic unblocking and the person starts to perceive her/himself calmer, as there is a relaxation of body muscles[43]. In the present study, an improvement in sleep quality was also observed as a result of pain reduction through relaxation induced by the Reiki therapy.

Even though studies indicate the effect of Reiki on sleep quality with different populations, such as patients with cancer, HIV, chronic pain, among others, in the literature available,we have not found studies of health professionals with the purpose of evaluating this effect. Several studies have already found promising results with Reiki therapy applied by nursing professionals on sleep quality in different populations[44-46]. However, the benefits for themselves as recipients of this practice have not been identified in the literature, thereby showing the importance of the present study and the need to better explore this aspect.

Another relevant point was that participants realized that setbacks did not stop happening on a daily basis and controlling everything happening around them was impossible. Some reports allow inferring that there are other ways of dealing with emotions and aspects considered negative in life, as in fact, we do not control anything in our Existence. Regarding the work demands initially perceived as intense and heavy, the results showed a better acceptance of daily life by participants, when they realized that although some issues are out of their control, it is possible to keep the mind calm, which exerts positive impact on their lives, and leads to changes within them.

This is due to the fact that Reiki promotes the person's look at her/himself, at the inner self, stimulating self-knowledge and reflection about the surroundings, increasing the feeling of security, wellbeing and the manifestation of positive feelings[47]. The higher feeling of wellbeing and disposition is due to the transfer of energy intentionally in order to restore the balance of the energy field that all living beings have, which improves their quality of life[29,48]. This positive result is expected, as Reiki is a resource for balancing the chakras and endocrine glands, improves the nervous system, dissipates emotional trauma, releases stagnant emotions, promotes the expansion of consciousness, awakens the person to the connection with the energy of the Creator, expands the connection between human beings and their higher Self and increases sensitivity, creativity and intuition[29].

In addition, Reiki is also seen as a resource to maintain the health of nurses by awakening them to the importance of self-care[43,49]. It is a method of care and restoration, insofar as it favors health comprehensiveness, promotion and care in a holistic way. However, an integrative review pointed out that PICS have little visibility by professionals in relation to health promotion, which ends up reducing the potential of these practices in this area[50].

Reiki is an important tool of nursing care for health professionals, especially nurses, in addition to being a relevant therapy for patients. Since it is a low-cost method with great benefits and noticeable results in people's health, and easy to apply, its implementation in health services is feasible because it does not require financial expenses, acquisition of instruments nor special facilities[26].

Limitations of the study

Some limitations of this study can be mentioned, for example: the sample consisted only of women, some of whom already had some underlying disease; the reduced number of participants, arising from difficulties of face-to-face meetings given the service demands and the COVID-19 pandemic; and the difficulty of other interested parties to participate in Reiki sessions, as they were unable to attend on the available day/time. In any case, the intervention aimed at nursing professionals, associated with the fact that data were collected using qualitative and quantitative techniques made it possible to include the subjectivities of subjects in their objective responses. This, in turn, favored an expanded perception of the phenomenon under study.

Contributions to the field of Nursing

The results of the study can encourage debates and reflections on the importance of the implementation of care strategies by hospital services with the aim to promote the health of employees, especially nurses. This is due to the characteristics of the work process of this category, which is strenuous and underpaid, and also because these professionals often need to have two or even three employment engagements, which can compromise their health.

CONCLUSIONS

The results show the benefits of Reiki to improve the quality of sleep of nursing professionals, reduce pain and daytime fatigue, and improve the disposition to perform daily activities. These results indicate the importance of performing actions aimed at nursing professionals working in the hospital setting with the purpose of promoting health and quality of life. Furthermore, considering the number of those who sought the intervention and could not participate given the unavailability of time, we suggest that actions of this nature are performed in the health institution itself, preferably within professionals' working hours to facilitate the participation of all.

REFERENCES

1. Walker MP, Stickgold R. Sleep-Dependent Learning and Memory Consolidation. Neuron. 2004;30;44(1):121–33. https://doi.org/10.1016/j.neuron.2004.08.031
2. Dmitrzak-Weglarz M, Reszka E. Pathophysiology of depression: molecular regulation of melatonin homeostasis - current status. Neuropsychobiology. 2017;76(3):117–29. https://doi.org/10.1159/000489470
3. AzadMC, Fraser K, Rumana N, Abdullah AF, Shahana N, Hanly PJ, Turin TC. Sleep disturbances among medical students: a global perspective. J Clin Sleep Med. 2015;11(1):69-74. https://doi.org/10.5664/jcsm.4370
4. Wu W, Wang W, Dong Z, Xie Y, Gu Y, Zhang Y, et al. Sleep Quality and its associated factors among low-income adults in a rural area of china: a population-based study. Int J Environ Res Public Health. 2018;15(9):E2055. https://doi.org/10.3390/ijerph15092055
5. Carvalho AEL, Frazão IS, Silva DMR, Andrade MS, Vasconcelos SC, Aquino JM. Stress of nursing professionals working in pre-hospital care. Rev Bras Enferm. 2020;73(2):e20180660. https://doi.org/10.1590/0034-7167-2018-0660
6. Neves GSML, Macedo P, Gomes MM. Transtornos do sono: atualização. Rev Bras Neurol [Internet]. 2017[cited 2021 May 5];53(3):19-30. Available from: https://docs.bvsalud.org/biblioref/2017/12/876873/rbn-533-3-transtornos-do-sono-1-2.pdf
7. Youngstedt SD, Goff EE, Reynolds AM, Kripke DF, Irwin MR, Bootzin RR, et al. Has adult sleep duration declined over the last 50+ years? Sleep Med Rev. 2016;28:69–85. https://doi.org/10.1016/j.smrv.2015.08.004
8. Zomers ML, Hulsegge G, van Oostrom SH, Proper KI, Verschuren WM, Picavet HS. Characterizing adult sleep behavior over 20 years: the populations–based Doetinchem cohort study. Sleep (Basel). 2017;40(7). https://doi.org/10.1093/sleep/zsx085
9. Machado AKF. Sleep problems and associated factors in a rural population of a Southern Brazilian city. Rev Saúde Pública. 2018;52(Suppl 01):5s. https://doi.org/10.11606/S1518-8787.2018052000260
10. Wang S, Li B, Wu Y, Ungvari GS, Ng CH, Fu Y, et al. Relationship of sleep duration with sociodemographic characteristics, lifestyle, mental health, and chronic diseases in a large Chinese adult population. J Clin Sleep Med. 2017;13(3):377–84. https://doi.org/10.5664/jcsm.6484
11. Silva JSX, Silva RM, Cangussu DDD, Moraes-Filho IM, Perez MA, Proença MFR. Qualidade do sono dos profissionais de enfermagem do serviço móvel de atendimento de urgência. Revisa. 2019;8(3):264-72. https://doi.org/10.36239/revisa.v8.n3.p264a272
12. Cheng FK. The effectiveness of acupuncture on sleep disorders: a narrative review. Altern Ther Health Med [Internet]. 2020 [cited 2020 Jul 28];26(1):26-48. Available from: https://www.researchgate.net/publication/333949448_the_effectiveness_of_acupuncture_on_sleep_disorders_a_narrative_review
13. Que J, Shi L, Deng J, Liu J, Zhang L, Wu S, et al. Psychological impact of the COVID-19 pandemic on health care workers: a cross-sectional study in China. Gen Psychiatry. 2020;33:e100259. https://doi.org/10.1136/gpsych-2020-100259
14. Deng X, Liu X, Fang R. Evaluation of the correlation between job stress and sleep quality in community nurses. Medicine (Baltimore) 2020;99(4):e18822. https://doi.org/10.1097/MD.0000000000018822
15. Zeng LN, Yang Y, Wang C, Li X-H, Xiang Y-F, Hall BJ, et al. Prevalence of poor sleep quality in nursing staff: a meta-analysis of observational studies. Behav Sleep Med. 2020;18(6):746-59. https://doi.org/10.1080/15402002.2019.1677233

16. Silveira FBCA, Lira Neto JCG, Weiss C, Araújo MFM. Association between community-based and workplace violence and the sleep quality of health professionals: a cross-sectional study. Ciênc Saúde Coletiva. 2021;26(5):1647-56. https://doi.org/10.1590/1413-81232021265.04522021

17. Chaiard J, Deeluea J, Suksatit B, Songkham W, Inta N. Short sleep duration among Thai nurses: influences on fatigue, daytime sleepiness, and occupational errors. J Occup Health. 2018;60(5):348–55. https://doi.org/10.1539/joh.2017-0258-OA

18. Díaz-Ramiro EM, Rubio-Valdehita S, López-Núñez M I, Aparicio-García M E. Los hábitos de sueño como predictores de la salud psicológica em profesionales sanitarios. Anal Psicol. 2020;36(2):242-6. https://doi.org/10.6018/analesps.36.2.350301

19. Melo ABR, Siqueira JM, Silva MB, Silva PA, Antonian GMM, Farias SNP. nurses' health and quality of life at work harms: a cross-sectional study. Rev Enferm UERJ. 2020;28:e46505. https://doi.org/10.12957/reuerj.2020.46505

20. Cattani AN, Silva RM, Beck CL, Miranda FM, Dalmolin GL, Camponogara S. Evening work, sleep quality and illness of nursing workers. Acta Paul Enferm. 2021;34:eAPE00843. https://doi.org/10.37689/actaape/2021AO00843

21. Faria MO, Moraes Filho IM, Cunha IMS, Silva KRG, Alves P, Brasileiro MSE. Repercussões do trabalho noturno junto ao profissional enfermeiro. Rev Inic Cient Ext[Internet]. 2019 [cited 2021 Jun 5];2(3):139-46. Available from: https://revistasfacesa.senaaires.com.br/index.php/iniciacao-cientifica/article/view/248

22. Viana MCO, Bezerra CM, Silva KK, De Martino MM, Oliveira AP, Torres GV, et al. Qualidade de vida e sono de enfermeiros nos turnos hospitalares. Rev Cubana Enferm[Internet]. 2019 [cited 2021 Jun 5];35(2):131-9. Available from: http://www.revenfermeria.sld.cu/index.php/enf/article/view/2137

23. Silva ES, Policarpo LA, Fernandes RB, Assis IB, Ferreira LP, Marins FR. Avaliação da qualidade do sono e sua relação com a qualidade de vida de trabalhadores noturnos da enfermagem do hospital de São Lourenço-MG. Rev Saúde Foco [Internet]. 2018 [cited 2020 Apr 12];10:581-91. Available from: http://portal.unisepe.com.br/unifia/wp-content/uploads/sites/10001/2018/07/068

24. Ministério da Saúde (BR). Portaria nº 971 de 03 de maio de 2006. Aprova a Política Nacional de Práticas Integrativas e Complementares (PNPIC) no Sistema Único de Saúde[Internet]. Ministério da Saúde, Brasília (DF). 2006 [cited 2018 May 3]. Available from: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2006/ prt0971_03_05_2006.html

25. Ministério da Saúde (BR). Portaria nº 702, de 21 de março de 2018. Altera a Portaria de Consolidação nº 2/GM/MS, de 28 de setembro de 2017, para incluir novas práticas na Política Nacional de Práticas Integrativas e Complementares - PNPIC[Internet]. 2018 [cited 2020 Jun 12]. Available from: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2018/prt0702_22_03_2018.html

26. Beulke SL, Vanucci L, Salles LF, Turrini RNT. Reiki no alívio de sinais e sintomas biopsicoemocionais relacionados à quimioterapia. Cogitare Enferm. 2019;24:e56694. https://doi.org/10.5380/ce.v24i0.56694

27. Melo GAA, Lira Neto JCG, Silva RA, Martins MG, Pereira FGF, Caetano JA. Efetividade da auriculoacupuntura na qualidade do sono de profissionais de enfermagem atuantes na COVID-19. Texto Contexto Enferm. 2020;29:e20200392. https://doi.org/10.1590/1980-265X-TCE-2020-0392

28. Díaz-Rodríguez L, Arroyo-Morales M, Cantarero-Villanueva I, Férnandez-Lao C, Polley M, Fernández-de-las-Peñas C. Uma sessão de Reiki em enfermeiras diagnosticadas com síndrome de Burnout tem efeitos benéficos sobre a concentração de IgA salivar e a pressão arterial. Rev Latino-Am Enfermagem. 2011;19(5):1132-8. https://doi.org/10.1590/S0104-11692011000500010

29. De' Carli J. Reiki-Amor, Saúde e Transformação. São Paulo: Editora Alfabeto; 2017.

30. Conselho Federal de Enfermagem (COFEN). Resolução 581/2018, atualiza, no âmbito do Sistema Cofen/ Conselhos Regionais de Enfermagem, os procedimentos para registro de títulos de Pós- Graduação Lato e Stricto Sensu concedido a Enfermeiros e aprova a lista das especialidades[Internet]. Brasília (DF): COFEN; 2015 [cited 2020 Jun 28]. Available from: http://www.cofen.gov.br/wp-content/uploads/2018/07/RESOLU%C3%87%C3%83O-COFEN-N%C2%BA-0581-2018.pdf

31. Nanda International Inc. Diagnósticos de enfermagem da NANDA-I: definições e classificação 2018-2020. RM. Porto Alegre: Artmed; 2018.

32. Costa JR, Arruda GO, Barreto MS, Serafim D, Sales CA, Marcon SS. Nursing professionals' day-to-day and Jean Watson's Clinical Caritas Process: a relationship. Rev Enferm UERJ. 2019;27:e37744. https://doi.org/10.12957/reuerj.2019.37744

33. Costa JR, Marcon SS, Testón EF, Arruda GO, Peruzzo HE, Cecilio HPM, Marquete VF. Care in the hospital routine: perspectives of professional managers and nursing assistants. Rev Rene. 2020;21:e43239. https://doi.org/10.15253/2175-6783.20202143239

34. Usui M, Petter FA. Manual do Reiki de Mikao Usui. São Paulo. Ed Pensamento. 2017.

35. Bertolazi AN, Fagondes SC, Hoff LS, Dartora EG, Miozzo ICS, Barba MEF, et al. Validation of the Brazilian Portuguese version of the Pittsburgh Sleep Quality Index. Sleep Med. 2011;12(1):70-5. https://doi.org/10.1016/j.sleep.2010.04.020

36. Bardin L. Análise de conteúdo 4ªed. Lisboa: Edições 70; 2016.

37. Štefan L, Juranko D, Prosoli R, Barić R, Sporiš G. Self-Reported Sleep Duration and Self-Rated Health in Young Adults. J Clin Sleep Med.2017;13(7):899–904. https://doi.org/10.5664/jcsm.6662

38. Lacruz MH, Schmidt-Pokrzywniak A, Dragano N, Moebus S, Deutrich SE, Möhlenkamp S, et al. Depressive symptoms, life satisfaction and prevalence of sleep disturbances in the general population of Germany: results from the Heinz Nixdorf Recall study. BMJ Open. 2016; 6(1): e007919. https://doi.org/10.1136/bmjopen-2015-007919.

39. Simões ND, Monteiro LHB, Lucchese R, Amorim TA, Denardi TC, Vera I, et al. Quality and sleep duration among public health network users. Acta Paul Enferm. 2019;32(5):530-37. https://doi.org/10.1590/1982-0194201900074

40. Kalmbach DA, Pillai V, Drake CL. Nocturnal insomnia symptoms and stress-induced cognitive intrusions in risk for depression: a 2-year prospective study. PLoS One. 2018;13(2):e0192088. https://doi.org/10.1371/journal.pone.0192088

41. Cho JW, Duffy JF. Sleep, Sleep Disorders, and Sexual Dysfunction. World J Mens Health. 2019 37(3):261-275. https://doi.org/10.5534/wjmh.180045

42. Araujo ABM, Santos Terra B, Berardinelli, LMM. Fibromialgia, hábitos de vida e gerenciamento da dor: uma reflexão antropológica para a enfermagem. Saúde Coletiva (Barueri) [Internet]. 2020 [cited 2021 Jun 5];50:1702-7. Available from: http://www.revistas.mpmcomunicacao.com.br/index.php/saudecoletiva/article/view/144

43. Doğan MD. The effect of Reiki on pain: A meta-analysis. Complement Ther Clin Pract. 2018;31:384-387. https://doi.org/10.1016/j.ctcp.2018.02.020

44. Bağcı, H., ÇınarYücel, Ş. Effect of therapeutic touch on sleep quality in elders living at nursing homes. J Relig Health, 2020;59:1304–18. https://doi.org/10.1007/s10943-019-00831-9

45. Ünal Aslan KS, Çetinkaya F. The effects of therapeutic touch on spiritual care and sleep quality in patients receiving palliative care. Perspect Psychiatr Care, 2021. https://doi.org/10.1111/ppc.12801

46. Bagci H, Yucel SC. A Systematic Review of the Studies about Therapeutic Touch after the Year of 2000. Int J Caring Sci [Internet]. 2020[cited 2021 Jun 5];13:231. Available from: http://www.internationaljournalofcaringsciences.org/docs/27_bassi_original_13_1.pdf

47. Lübeck W, Hosak M. O grande livro dos símbolos do Reiki. São Paulo: Pensamento; 2010.

48. Bessa JHN, Jomar RT, Silva AV, Peres EM, Wolter RMCP, Oliveira DC. Reiki effect on subjective well-being: experimental study. Enferm Glob. 2017;16(48):408-28. https://doi.org/10.6018/eglobal.16.4.259141

49. Freitag VL, Andrade A, Badke MR, Hech RM, Milbrath VMA. Reiki therapy in Family Health Strategy: perceptions of nurses. Rev Pesqui: Cuid Fundam. 2018;10(1):248-253. https://doi.org/10.9789/2175-5361.2018.v10i1.248-253

50. Dalmolin IS, Heidemann ITSB. Práticas integrativas e complementares e a interface com a promoção da saúde: revisão integrativa. Cienc Cuid Saude. 2017;16(3). https://doi.org/10.4025/cienccuidsaude.v%vi%i.33035