

Sleep hygiene and mode of residence

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ABSTRACT

To ponder the comparison of sleep hygiene between hostellers and non- hostellers of college students, through this paper, the focus is completely laid upon the components of sleep hygiene which will showcase the sleep quality, lifestyle and the various cognitive issues. Total 120 samples (60 hostellers and 60 non- hostellers) have been selected by convenience sampling. The hostellers and non- hostellers have been assessed upon seven factors by Pittsburgh Sleep Quality Index developed by Buysse (1988) which mainly play the role in the sleep hygiene of the students. The independence t test has been used to compare the categories; the focus has also been upon knowing which factors have affected the sleep of individual the most. Results shows hostellers have poor sleep hygiene as compared to non-hostellers, in hostellers female have poor sleep as compared to males, in non- hosteller's females have poor sleep over males.

Keywords: *Sleep, Sleep-Hygiene, Sleep Quality, Students, Hostellers*

Think about everyday acts. Which activity is so essential that more than half of the time should be spent getting it done? The main activities that probably come to our mind are working, giving time to the family, or doing recreational doings. But about one-third of your time, you should be doing something else — sleeping. Many individuals see sleep as just a "down moment" when the brain is shut down and the body is resting. People usually don't give priority to sleep, thinking it's not going to be an issue, as other obligations appear much more important.

A word used to define a set of behaviors linked to promoting healthy sleep is sleep hygiene. These behaviors include: caffeine, nicotine, and alcohol intake; emphasis on the regularity of sleep-wake habits; level of use of sleep drug and daytime napping; relaxation exercises; and cultivation of a favorable and pleasant sleep setting. Sleep is split into two fundamental kinds: fast eye movement (REM) sleep and non-REM sleep (with three distinct phases). You sleep lightly in phase 1 non-REM sleep and can be readily awakened by noise or other disturbances. Your eyes move slowly during this first phase of sleep, your muscles relax, Stage 2 non-REM sleep, characterized with slower brain waves with sometimes fast wave bursts. Here the person usually gives maximum of time duration. As you advance to stage 3

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non-REM sleep, your brain waves get even slower, and the brain almost solely generates highly slow waves (called Delta waves).

A word used to define a set of behaviors linked to promoting healthy sleep is sleep hygiene. These behaviors include: caffeine, nicotine, and alcohol intake; emphasis on the regularity of sleep-wake habits; level of use of sleep drug and daytime napping; relaxation exercises; and cultivation of a favorable and pleasant sleep setting. Most students with unwanted sleep habits, however, have poor mindfulness of the activities that promote sleep, Gaultney (2010). The apparent trend to chosen sleep deficiency, unbalanced programs, and low sleep standard could have far-reaching consequences.

Good sleep quality is vital to allow university learners to understand, analyze and quantities of data during the research phase. At one side where hostellers have a prolonged poor sleep quality and sleep pattern, non- hostellers or the home residents usually have a better sleep pattern and sleep quality. The relationship between the components of sleep quantity and Sleep quality is seen to be positive; sleep quality has been linked to various issues related to field of cardio-vascular as well as gastrointestinal. Similarly, the various sleep disorders have been linked to poor sleep quality. Poor sleep hygiene has far- reaching implications, health complaints begins from the mental related issues and ends at physiological problems. In fact, students sleep plans are so inconstant that twice as many students as people in the general population report symptoms consistent with delayed sleep phase syndrome.

Awaking up at the same time every day is a main factor which governs the sleep hygiene behavior, a generally used intermediation to mold sleep quality, which the non- hostellers usually tend to follow at their home. Though the low level of sleep quality is mainly due to the drug abuse, alcohol and maladaptive behaviors, Alshahrani and Al Turki (2019). Many students may be unaware that their uneven sleep habits can spread chronic sleep problems they falsely believe they can recompense for weeknight sleep insufficiency by sleeping long hours on the holiday. The fragile relationship between sleep-hygiene awareness and application and the absence of variance between insomniacs and healthy sleepers in sleep-hygiene information seem to conflict with findings in efficiency studies that advocate that training sleep hygiene to people with insomnia can meaningfully increase the standard of their sleep, Vail-Smith, Felts and Becker (2009). In view of the above researches we believe further investigation on the sleep hygiene and difference in the level of sleep hygiene awareness and use among the hostellers and home residents as well as in male and female students can give us understanding of how much important it is to have good sleep behaviors.

Objectives of present research are as following:

1. To find out the sleep hygiene in hostellers.
2. To find out the sleep hygiene in non- hostellers.
3. To do the comparison of sleep hygiene between hostellers and non- hostellers.

RESEARCH METHODOLOGY

Hypothesis

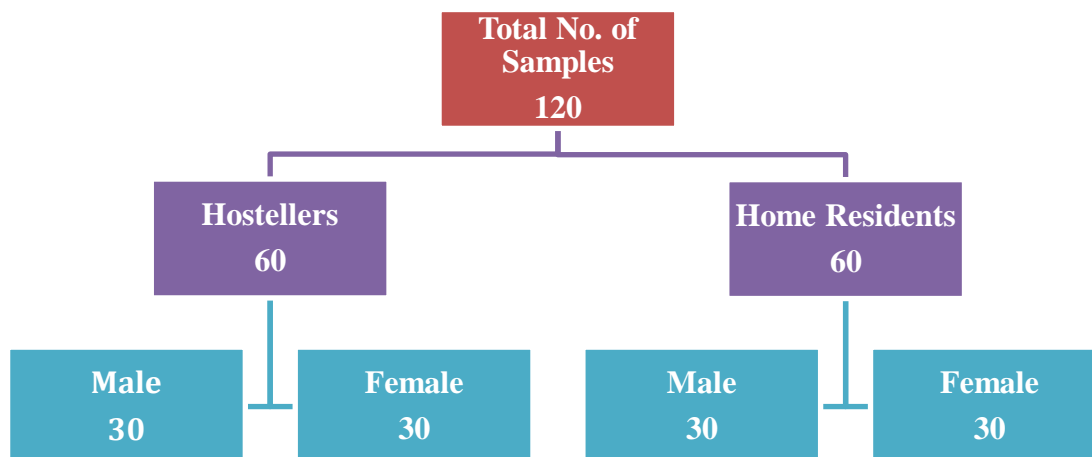
1. There is a significant difference in the sleep hygiene of Hostellers and Non hostellers.
2. The Hostellers have poor sleep hygiene as compared to Non- hostellers.

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Sampling:

In this study convenience sampling has been used, as per the convenience of researcher. There are two categories of students, in which first category is Residents of Hostel and the second category is Day scholars.

Sample Size: 120 as per following chart.



Research design: Ex-Post -Facto

Method of data collection

In present study the method of data collection is through the Questionnaire, in which the participants were asked to tick mark their opinion from the options and this type of questionnaire are called Likert type

Tools

Pittsburgh Sleep Quality Index. It is developed by Buysse in 1988. The PQSI is a self-report questionnaire. The measure consists of 19 individual items, creating 7 components that produce one global score. PQSI has a good internal consistency and a coefficient of 0.83 for its seven components.

Variables

Independent variables: Hosteller & Non- Hosteller

Dependent Variables: Sleep Hygiene

Statistical Method

Independent Sample t Test by SPSS software.

RESULTS

Table 1 Group statistics of Hostellers and Non- Hostellers

Variables	Hostellers (N= 60)		Non- Hostellers (N=60)		t value
	Mean	SD	Mean	SD	
Sleep quality	1.17	.67	.82	.57	3.09**
Sleep latency	1.27	.98	.98	1.01	1.60NS
Sleep duration	1.45	.89	.90	.89	3.38**
Habitual sleep	.92	.82	.88	.76	.22NS

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	Hostellers (N= 60)		Non- Hostellers (N=60)		t value
efficiency					
Sleep disturbances	1.45	.67	1.17	.45	2.67**
Medications	.17	.52	.15	.57	.16NS
Day dysfunction	1.20	.75	1.08	.64	.91NS
PSQI	7.60	3.07	5.97	2.90	2.9**

**0.01 level of significance *0.05 level of significance NS means Not Significant

Table 2 The group statistics of Male and Female Hostellers

Variables	Hostellers Male N= 30		Hostellers Female N= 30		t value
	Mean	SD	Mean	SD	
Sleep quality	1.13	.68	1.20	.66	.38NS
Sleep latency	1.10	.75	1.43	1.04	1.41NS
Sleep duration	1.33	.88	1.57	.89	1.01NS
Habitual sleep efficiency	.83	.79	1.00	.87	.77NS
Sleep disturbances	1.20	.55	1.70	.70	3.06**
Medications	.17	.64	.17	.37	0NS
Day dysfunction	.87	.62	1.53	.73	3.78**
PSQI	6.60	2.68	8.60	3.15	2.64*

**0.01 level of significance *0.05 level of significance NS means Not Significant

Table 3 The group statistics of Male and Female Non- Hostellers

Variables	Non- Hostellers Male N= 30		Non- Hostellers Female N= 30		t value
	Mean	SD	Mean	SD	
Sleep quality	.77	.67	.87	.43	.68NS
Sleep latency	.80	.99	1.17	1.02	1.40NS
Sleep duration	.83	.87	.97	.92	.57NS
Habitual sleep efficiency	1.03	.61	.73	.86	1.54NS
Sleep disturbances	1.07	.36	1.27	.52	1.72NS
Medications	.27	.78	.03	.18	1.58NS
Day dysfunction	.97	.61	1.20	.66	1.41NS
PSQI	5.70	2.91	6.23	2.90	.70NS

**0.01 level of significance *0.05 level of significance NS means Not Significant

Table 4 The group statistics of Male Hostellers and Male Non- Hostellers

Variables	Hostellers Male N= 30		Non-Hostellers Male N= 30		t value
	Mean	SD	Mean	SD	
Sleep quality	1.13	.68	.77	.67	2.08*
Sleep latency	1.10	.75	.80	.99	1.31NS
Sleep duration	1.33	.88	.83	.87	2.20*
Habitual sleep efficiency	.83	.79	1.03	.61	1.09NS
Sleep disturbances	1.20	.55	1.07	.36	1.10NS
Medications	.17	.64	.27	.78	.53NS
Day dysfunction	.87	.62	.97	.61	.62NS
PSQI	6.60	2.68	5.70	2.91	1.24NS

**0.01 level of significance *0.05 level of significance NS means Not Significant

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Table 5 The group statistics of Female Hostellers and Female Non- Hostellers

Variable	Hostellers Female N= 30		Non-Hostellers Female N= 30		t value
	Mean	SD	Mean	SD	
Sleep quality	1.20	.66	.87	.43	2.30*
Sleep latency	1.43	1.04	1.17	1.02	1.00NS
Sleep duration	1.57	.89	.97	.92	2.54*
Habitual sleep efficiency	1.00	.87	.73	.86	1.18NS
Sleep disturbances	1.70	.70	1.27	.52	2.71**
Medications	.17	.37	.03	.18	1.73NS
Day dysfunction	1.53	.73	1.20	.66	1.84NS
PSQI	8.60	3.15	6.23	2.90	3.01**

***0.01 level of significance *0.05 level of significance NS means Not Significant*

Interpretation

From Table 1 we can draw the fact that the mean value of the components of hosteller's sleep hygiene is relatively higher than that of the non- hostellers. This difference of mean shows us the fact that hostellers face more problems as compared to the non- hostellers in the sleep hygiene. The components like sleep quality, sleep disturbances, sleep duration of hostellers have a t value which is significant at 0.01 level, the t value of PSQI being significant 0.01 level shows the occurrence of problems in hostellers sleep hygiene is higher

From Table 2 it can be observed that the mean value of the components of Male hostellers sleep hygiene is relatively lesser than that of the Female hostellers. This difference of mean shows that the female hosteller's faces more sleep related problems as compared to the male hostellers. The various components like sleep quality sleep disturbances and day dysfunction tells us that the sleep hygiene of Males hostellers is way better than female hostellers. The factors like sleep quality sleep latency; habitual sleep efficiency came out to hold non-significant nature. Though the factors like sleep disturbances and day time dysfunction have a significant difference at 0.01 levels and the overall PSQI is significant at 0.05 levels.

From Table 3 we can observe that sleep quality, sleep latency and sleep disturbances in non-hostellers males is lower than that of non- hostellers females which tells us that the problems faced by the females are higher than that of males. The various components of the sleep hygiene show non-significant nature.

From table 4 we can draw the fact that male hostellers have higher mean as compared to the male non- hostellers especially in the components sleep quality, sleep latency and sleep duration which gives us the knowledge of issues faced by the male hostellers to be more drastic than that of male non- hostellers. All components of the sleep hygiene came out to be of non- significant nature.

From table 5 we can infer that female hostellers have higher mean as compared to female non-hostellers in almost every component which tells us that the sleep hygiene of hostellers is more poor than that of the female non- hostellers. The sleep disturbances are one such component which is significant at 0.01 levels. The PQSI has significance at 0.01 levels.

DISCUSSION

Sleep hygiene is related to the behavior, attitude and actions of the person which helps the individuals to have a good quality sleep. The results indicate the poor sleep across the

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sample and the lack of awareness towards the usage of good sleep behaviors. The components of the sleep indicate us the condition of the students. The level of sleep quality, sleep duration and sleep disturbances are the major areas of concern. The situation of the hostellers in the case of sleep is poor as compared to the non- hostellers, gender wise females are having poor sleep. The changes in lifestyle, one's priority, attitude and the maladaptive behaviors has been the path maker for the poor sleep hygiene. The chronic prevalence of the lack of good sleep can lead to various disorders which can be mental as well as physical. The relation of mental illness with lack of good sleep is strong; this is an issue of concern for the students. There can be various future implications of the findings, the awareness regarding the proper sleep should be given to the college students as it would help in getting good sleep, they will get to know the farfetched effects of lack of sleep. The lack of good sleep has its effects on the mental productivity of the individuals which is one of the reasons behind the motive of spreading the awareness regarding the need for good sleep. The limitations of the study are 1) The Paying guest students weren't added in the sample as due to difficulty in reaching out for them and allocating the questionnaires. 2) This study couldn't measure the healthy sleep habits precisely; we could only get to know the factors of sleep are mostly affected.

Within these limitations, the study could give us the knowledge regarding the intensity of various sleep hygiene components which are getting affected by the poor sleep, the components which are highly impactful for the health of the college students. These findings can be taken in to account in dealing with sleep issues, quality of life and the cognitive output of the students.

CONCLUSION

The findings of the current study indicate that various components of sleep of PSQI like sleep quality; sleep duration and sleep disturbances are the most negatively affected areas which can hinder the sleep of the individual. The overall PSQI depicts the difference of sleep hygiene level in hostellers and non- hostellers, where the sleep hygiene of hostellers came out to be poor and of concern, our findings are also in congruence with another study which says more than half of the university students have poor sleep hygiene, Sue, Tam and Hon. (2010)

The sleep disturbance is one such component which is observed to be problematic for both the categories as well as in the case of gender. The overall PSQI score which has a mean of 7.60 of hostellers and 5.97 for the non-hostellers indicates us that the hostellers have poor sleep quality, high level of sleep disturbances and sleep issues. Whereas in the case of assessment among the male and female hostellers we can draw the fact that females have higher sleep issues. In the case of assessment among male and female non- hostellers we can observe the females to have poor sleep hygiene. Results also approve the findings of Brown et al. (2002) which explains the strong relationship between sleep quality and sleep hygiene, from the results it can be observed that poor sleep quality indicates high PSQI value indicating poor sleep as whole. On comparing the residency style, Hostellers have poor sleep hygiene as compared to non- hostellers, in hostellers female have poor sleep as compared to males, in non- hosteller's females have poor sleep over males.

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Conflict of Interest

The author declared no conflict of interest.

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