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# “Sleep is on the back burner”: Working students and sleep

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### ABSTRACT

The current study examines on a potential high-risk sleep loss population: working students at a metropolitan university in a mid-sized Midwestern city in the United States. Open-ended interviews with nineteen working university students provide insight into their beliefs and behaviors regarding how they think about and “do” work, attend university and sleep. Sleep diaries provide information on perceived sleep duration, latency and quality. While students value sleep and recognize the connection between sleep loss and ill health, they accept tiredness as “normal” for their situation. For many students sleep is the one demand that can be “put off”, in the struggle to balance work, school and family demands, “until the bill comes due” when they fall ill. Exchanging sleep loss for educational progress is explored through “health capital” as part of a human capital conceptual framework.

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According to the Centers for Disease Control and Prevention (CDCP) insufficient sleep is a national public health problem in the United State (CDCP, 2015), with sleep amounts declining in employed adults over a three-decade period (Knutson, Van Cauter, Rathouz, DeLeire, & Lauderdale, 2010). Sleep loss or insufficient sleep over the long term is linked to an increased risk for obesity, insulin resistance, type-two diabetes (Knutson, Spiegel, Penev, & Cauter, 2007; Spiegel, Knutson, Leproult, Tasali, & Van Cauter, 2005) and heart disease (Eguchi et al., 2008; Simpson & Dinges, 2007). Short term sleep deprivation is associated with negatively affected mood, impaired emotional evaluation and impaired motor and cognitive functioning, particularly memory consolidation and executive attention (Durmer & Dinges, 2005; Pilcher & Huffcutt, 1996; Tempesta et al., 2010; Walker, 2008). However, sleep deprived individuals may not recognize a negative effect on their cognition (Pilcher & Walters, 1997).

Sleep, like health, has a social and cultural dimension as well as a physiological one. Anthropological and sociological research focuses on the roles that sleep plays in our social and cultural lives and how decisions to sleep (or not) occur. One approach is to examine how humans “do” sleep from a life course perspective. Thus beliefs and behaviors regarding infant sleep (Ball, Hooker, & Kelly, 1999; McKenna, Ball, & Gettler, 2007), parent–child co-sleeping (Ball, 2006; Volpe, Ball, & McKenna 2013), adolescent sleep (Moran-Ellis & Venn, 2007; Orzech, 2013; Orzech, Acebo, Seifer, Barker, & Carskadon, 2013), adult sleep (Hislop & Arber, 2003; Meadows, Arber, Venn & Hislop, 2008a; Meadows, Arber, Venn & Hislop, 2008b; Venn, Arber, Meadows, & Hislop, 2008), and older adult sleep (Luff, Ellmers, Evers, Cope, & Arber, 2011; Venn & Arber, 2011; Vigeta, Hachul, Tufik, & Menicucci de Oliveira, 2012) are all active research areas.

From a life course perspective, sleep loss is often viewed in U.S. dominant culture as a “normal” transition when students leave high school and enter a university environment. However, poor sleep habits may begin in high school and adversely affect both academic performance (Wolfson &

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Carskadon, 2003) and health (Orzech et al., 2013). Interestingly, adolescents with healthy lifestyle habits like a healthy diet may have poor habits when it comes to sleep (Ramos, Brooks, Garcia-Moya, Rivera, & Moreno, 2013), perhaps because eating, unlike sleep, facilitates rather than limits adolescent social roles. Orzech (2013) studying adolescent sleep notes “This large number of roles and activities often left sleep as a loser in the balancing act of teen life” (Orzech, 2013: 114).

Poor sleep habits in high school may carry over into higher education. Pullman et al. (2009) identify a change in sleep habits (increased sleep loss) as commonly occurring as students begin to attend a university. University students experience problems with both sleep quantity and quality (Buboltz, Brown, & Soper, 2001; Buboltz et al., 2009; Lund, Reider, Whiting, & Prichard, 2010), although they may not necessarily see it as an important problem in daily life (Orzech, Salafsky, & Hamilton, 2011). Poorer sleep habits in first year university students are associated with poorer academic performance as measured by grade point average (Trockel, Barnes, & Egget, 2000), a pattern that can continue throughout the university years (Galambos, Lascano, Howard, & Maggs, 2013; Gilbert & Weaver, 2010; Gomes, Tavares, & deAzevedo, 2011; Kelly, Kelly, & Clanton, 2001; Lack, 1986).

In the popular imagination, the sleep loss in university students results from an inability to balance social and academic demands. The reality is that work, social and academic demands balance against sleep needs as more and more undergraduates pursue paid employment while in school. In 2013, 40% of all full-time students and 76% of part-time students worked (NCES, 2015). As economic pressures have increased, students are working more hours, adversely affecting their GPA (Trockel et al., 2000) and possibly increasing time to graduation. However, there are also pressures from within higher education to improve four-year graduation rates. If students cannot adjust credit hours due to bureaucratic limitations, and cannot adjust working hours because they can only reduce their living expenses so far, they adjust the other thing that takes requires substantial time—their sleep.

The sleep loss for university students (or anyone) is not without a biological cost. Students working longer hours per week are more likely to report stress and engage in poorer health behaviors (Pedersen, 2013) including diminished sleep (Miller, Danner, & Staten, 2008; Nagai-Manelli et al., 2012). However, this sleep loss might not have an equal impact on all undergraduates. As previously noted, sleep loss is associated with an increased risk of obesity, type two diabetes, hypertension and heart disease. In the U.S., lower socioeconomic status (SES) is associated with health disparities including increased risks of developing obesity, type-two diabetes, hypertension and heart disease (see for example Banks, Marmot, Oldfield, & Smith, 2006). The specific mechanisms connecting lower SES and poorer health outcomes are still debated, but lower SES is associated with self-reports of poorer sleep quantity and quality (Grandner et al., 2010). Sleep problems affecting sleep quality are reported to occur more often in those with lower SES (Arber, Bote, & Meadows, 2009). Sleep quality may moderate the negative effects of SES on mental and

physical health (Moore, Adler, Williams, & Jackson, 2002) and cognitive function (Buckhalt, El-Sheikh, & Keller, 2007). Diminished sleep quality appears to have a greater negative impact on an individual with low SES compared to an individual with high SES. Thus the students likely to be working the most hours, and for whom a university degree will have the most transformative effect, potentially have the most to lose in giving up sleep.

From a theoretical perspective, students are sacrificing sleep, and ultimately health to increase social capital through educational attainment (Bourdieu, 1986), with the greatest gains from a university degree potentially for lower SES students for whom the sacrifice may be the most “rational”. Building on the social capital concept, Wadsworth (1996) proposed the term health capital, which considers the maternal prenatal environment, the genetic contribution from both parents and social and physical early childhood environmental influences on later health status. Blaxter (2003) developed the concept further to encompass the lifespan and defined health capital as “. . .bodily currency—strength fitness, immune status, inherited tendencies, developmental spurts and hiccups, physical damage, vulnerability” that is established before birth (79). In this model health capital can be increased through healthy behaviors, like nutritious food and sufficient sleep and depleted through aging and unhealthy behaviors like smoking or habitual short sleeping (Blaxter, 2003).

Most previous research looking at sleep and working university students has relied on forced choice survey instruments focusing on sleep habits, not on how students perceive and balance work, academics and sleep, with two exceptions. Orzech et al. (2011) interviewed college students who reported a connection between poor sleep habits and academic performance in the long term, but often minimized its importance in daily life. Coveney (2013) in a qualitative study found that working college students in the United Kingdom recognized relationship between sleep and health, but saw specific sleep needs as individualized and flexible in regards to other school and work needs. For them, everyday life included sleep loss.

This exploratory study adds to the small amount of qualitative work on university student sleep through open-ended interviews. Specifically, this exploratory study focuses on how they experience and think about sleep. Preliminary participant observation and informal interviewing among this population suggest that they view missing sleep as either a positive, because they gain a benefit from foregoing sleep, or a negative due to the physical and cognitive symptoms they experience as a consequence (Barone, 2008).

## 1. Methods

### 1.1. Sample

Pseudonym University is a metropolitan university, with approximately 15,000 students, 11,500 of whom are undergraduates. Pseudonym University differs from many metropolitan universities in its student profile: the student population is younger with 80% in the 18–24 age

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