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A comparative study of insomnia among the IT professionals of various age groups

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Abstract

The Purpose of the study was to evaluate the severity of insomnia among the IT professionals and the possible causes for the sleep disturbances in sleeping problems of Various Age Groups, who work in shifts at various IT companies across Bengaluru and those. Athens Insomnia Scale (AIS) measuring sleep onset, night and early morning waking, sleep time, sleep quality, frequency and duration of complaints, distress caused by the experience of insomnia, and interference with the daily functioning of IT Professionals. Were applied on the subject to find out the significant difference among 3 age groups, one way analysis of variance (ANOVA) was calculated. Followed by LSD Post-hoc test. The results of the study indicated that, the IT professionals below the age group of 25 were found to have a significant level of insomnia which disturbed their daily routine, and the IT professionals of 26 to 31 years were also found to have complex level of insomnia when compared to the IT professionals of 32 years and above.

Keywords: Professionals, insomnia, IT compared, ANOVA

Introduction

Individual's sleep problems are not directly connected with any other health problem. Instead, they are triggered by major stress, emotional upset, travel, and work schedules. From a long time, many scholars have published many studies relating to insomnia based on information collected through various surveys of different communities so insomnia is disturbing everyone in general. The incidence of insomnia signs generally increases with age, while the rates of sleep displeasure and diagnoses have a little discrepancy with age. Persons with insomnia seem to be unduly physiologically aroused, though a number of questions remain. Most of these changes have been observed primarily in patients who have objective sleep disturbance seen on the polysomnogram, as contrasting to the very stimulating group who protest of sleep disturbance but who marked slight objective sleep changes. Whether this is an alteration of degree (as has been suggested by the whole-body metabolic rate studies) or embodies some fundamental difference in kind is not yet known. Likewise, whether these physiological changes have health consequences (and hence might be associated with the higher rate of health care use) is tentative.

Insomnia is a highly prevalent disorder that affects daytime functioning, behavior, and quality of life. Several reports have shown that insomnia impacts on the workforce and are associated with an increased risk of absenteeism. Depression is the leading cause of disability in both women and men in the worldwide and one of the 10 leading disorders for global disease burden. Major depression commonly co-occurs with symptoms of insomnia, defined in the DSM-IV-TR as difficulties in initiating/maintaining sleep or non-restorative sleep, accompanied by decreased daytime functioning, persisting for at least four weeks. Described in a sample of 60 individuals with depression that all of them had insomniac symptoms. Although this relationship between depression and insomnia is well known and its description dates back to the founder of modern psychiatry, its conceptualization has radically changed during the last decade. Insomnia has been traditionally conceptualized as a symptom of psychopathology, especially depression.

More recently, insomnia has been well-thought-out as a primary disorder if it is present without the co-existence of other clinically significant psychiatric or medical diseases, and as a secondary disorder if otherwise.

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On the other hand, with respect to the link to downheartedness, protracted insomnia can also exist years before the first onset of a depressive episode. Consequently, it has been suggested that “comorbid” insomnia may be a more appropriate term than “secondary” insomnia (McCrae and Lichstein, 2001; NIH, 2005; Lichstein, 2006) [8].

Technology insomnia

Besides technology, causes of insomnia can be working the night shift, working irregular hours, eating a heavy meal before bed, alcohol, caffeine, nicotine, medications and frequent jet lag. Some causes of insomnia, such as working the swing shift or jobs that require traveling, are hard to avoid.

Life without technology

Before we entered the technology era, our bodies were in sync with the rising and setting of the sun. In the evening, people had candles, fireplaces and oil lamps to light their environment. However, anyone who has used these sources of light knows that they are dim. Often they don't emit enough light to read by.

In those days, when the retina of our eyes detected the setting of the sun, the pineal gland, located in the centre of the brain, went to work to produce melatonin. Melatonin is a natural hormone, which the pineal gland releases it into the bloodstream. Melatonin causes us to feel sleepy and it remains elevated in the bloodstream during the night hours.

Any interruption in the smooth production and secretion of melatonin during the night results in interrupted sleep. In order for our bodies to enter the sleep cycle and come out of it only after a sufficient amount of time has passed, the pineal gland must create and secrete melatonin continually for the entire night.

When children or adults spend time in bed looking at an electronic device that emits blue light, the pineal gland is not stimulated to produce melatonin, so the body's sleepy state is

not triggered. Precious and needed sleep hours can be lost simply because blue light devices artificially delay our body's sleep cycle.

If you work at your computer at night, the light from your computer screen can prolong the wakeful state beyond what it should be.

Materials and Methods

For the purpose of the study, a sample size of 60 female IT professionals insomnia, on random basis, and the subjects were divided according to the three age groups Namely Below 25years, 26 to 31 years and above 32years, to know the severity of insomnia 8 item questionnaire Athens Insomnia Scale measuring sleep onset, night and early morning waking, sleep time, sleep quality, frequency, and duration of complaints, distress caused by experience of insomnia, and interference with daily functioning was used. The scale is a self-report questionnaire which requires 3-5 min for administration.

Statistical procedure

To find out the significant difference among 3 groups, an analysis of variance (ANOVA) was calculated. Followed by LSD Post-hock test.

Results and Discussions

Table 1: Mean and Standard Deviation of a variable of Insomnia scale of IT Professionals Below 25years, 26-31years and Above 32 years

| Nature of Age Group | Below 25 | 26-31 | Above 32 |
|---------------------|----------|-------|----------|
| Mean Value | 6.25 | 3.60 | 2.85 |
| Std. Dev. | 4.962 | 4.096 | 3.167 |

n=60

Table one shows mean and standard deviation value of Insomnia of IT Professionals Below 25years, 26-31years and Above 32 years respectively.

Table 2: One way ANOVA for Insomnia scale of IT Professionals among below 25years, 26-31years and Above 32 years

| Source | Sum of squares | Degree of Freedom | Mean square | 'F' ratio | p value |
|------------|----------------|-------------------|-------------|-----------|---------|
| Treatments | 127.633 | 2 | 63.817 | 3.723 | .030 |
| Error | 977.100 | 57 | 17.142 | | |
| Total | 1104.733 | 59 | | | |

Table two shows that there was a significant difference found in IT Professionals Below 25years, 26-31years and Above 32 years. Since the 'F' ratio was significant further, the LSD was calculated to find out the paired mean difference.

Table 3: Post-hoc analysis of the data on IT Professionals among below 25years, 26-31years and Above 32 years.

| Group | Below-25 1 st Mean | 26-31 Years 2 nd Mean | Above-32 3 rd Mean | Mean Diff. | significance difference |
|---------------------------------|-------------------------------|----------------------------------|-------------------------------|------------|-------------------------|
| Below-25Years and 26-31years | 6.25 | 3.60 | - | 2.65* | Significant |
| 26-31years and Above-32years | - | 3.60 | 2.85 | 0.75 | NS |
| Above-32years and Below-25Years | 6.25 | - | 2.85* | 3.4 | Significant |

Table three shows Below-25Years and 26-31years and Above-32years and Below-25Years were found significant in Insomnia Scale.

Table three shows 26-31years and Above-32 years were not significant in Insomnia Scale.

Discussions

From the study it is evident that there was a significant level of insomnia found among the IT professional of the age group 25 to 31, years the reasons might be higher level of work stress with completion of work targets poor coping abilities of individuals which lead to elevated level of anxiety and depression emotional trauma death of family members close relatives or friends in females disturbances in mensuration cycle due to thyroid pro, over weight issues, hypokinetic diseases, extreme weather conditions which are not bearable

for the individuals, poor personal hygiene in some cases environmental noise, parasitic infections might have led to the elevated stress level among the groups.

The age group of 32 years and above IT professionals found relatively better in coping with insomnia when compared to the other two groups. They might have a lesser level of work stress, after years of experience the anxiety and depression at work place would have reduced, managed sleeping patterns and managed eating patterns might have helped them to cope insomnia in a better way when compared to other two groups.

Conclusions

Hence from the results of the study it is concluded that, the IT professionals below the age group of 25 were found to have higher level of insomnia and the IT professionals of 26 to 31 years were also found to have higher level of insomnia when compared to the IT professionals of 32 years and above hence, a need for physical activity, cognitive behavioral therapy, managing sleeping, and eating patterns have to be taught for better management insomnia and related issues.

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