

Insomnia in Medical Profession

Dr. Atithi Krishna Bandhu

California Institute of Behavioral Neurosciences and Psychology
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Abstract

Insomnia is the perception of inadequate sleep resulting in a variety of outcomes. It can lead to a continual sensation of exhaustion, anxiety, and burnout, which seriously impact the performance level. Medical personnel ranging from medical students to consultants are susceptible to sleeplessness. The management and prevention of insomnia require various levels of intervention. Individual-level interventions include setting sleep schedules, using beds properly, abstaining from drinking, and exercising regularly. Similar recommendations at the institutional level include improving the medical curriculum, making the workplace flexible, and keeping an eye on the burnout rate. Unfortunately, there is a shortage of verifiable information that justifies more research.

Keywords: insomnia, sleep, medical, profession, students, work

Introduction

The most prevalent sleep problem, insomnia, is characterized by the perception or complaint of insufficient or poor-quality sleep as a result of one or more of the following diseases(1).

- inability to sleep easily.
- recurring nighttime awakenings with difficulties falling back asleep.
- A morning awakening that is too early.
- Sleep that isn't reviving.

One subgroup of the general population that appears to be particularly susceptible to sleep problems is medical students, possibly as a result of their prolonged and intense study schedules, clinical responsibilities that include overnight on-call shifts, emotionally taxing jobs, and lifestyle choices(2).

Institutional-level recommendations include the following:

- Efforts to promote healthy sleeping are included early in the medical curriculum.
- encouraging medical professionals to consider their own and their patients' entire physical health when determining their sleep health
- implementation of programs for the early detection and treatment of sleep problems and related issues
- Support and encouragement of sound sleep by health systems and organizations
- Maximizing organizational flexibility to promote physician empowerment
- Monitoring burnout and fatigue rates
- Adequate sleeping accommodations whilst on duty
- Protected sleep time implementation to promote strategic naps while on duty
- Implement methods for requesting covering if you are too exhausted to work
- Scheduling regular pages or warnings that might be issued during the day to minimize disruptions

It is important to conduct further research on how sleep affects burnout's onset and effects. The idea of whether more sleep reduces the signs of burnout and enhances clinician health has not yet been studied. Future research in these areas is highly desirable. Research into the processes behind the emergence of shift work disorder and other circadian rhythm abnormalities, as well as the effects on health and safety, is also necessary. Interventions that improve clinician sleep and increase physician control over their schedules are required. In order to effect change, the health system must become more aware of the effects of sleep deprivation and implement effective therapies.

At a big academic US institution, two cohorts of preclinical medical students reported that more than one-third of students did not get the recommended 7 hours of sleep each night and that about 10% of them felt sleepy while driving(3). In a different study, pathologic drowsiness was linked to a higher rate of burnout in preclinical medical students(4). As a regular part of their responsibilities, interns, residents, and trainee doctors work extended on-call or night shifts, which causes them to be severely sleep-deprived and exhausted(5). Prior to the reform of duty hours, a prospective study of critical care fellows found higher levels of stress, higher levels of dehydration, arrhythmias, and lower amounts of uninterrupted sleep(6). Prior to the reform of the duty hour, a different study assessed the effects of removing lengthy duty periods for interns and found that there was better sleep and fewer attentional mistakes(7).

According to the literature, improvement in sleep can be achieved by using institutional and individual-focused methods(8)(9)(10)(11)(12)(13).

Individual-level recommendations include the following:

- Aim for 7-9 hours of sleep per night.
- Sleep only when you're exhausted
- Use of the bed should only be for sleeping or sexual purposes.
- Unless you are exhausted, get out of bed.
- Fix a wake-up time.
- Avoid taking naps
- Regular physical activity or exercise.
- Avoid drinking alcohol before bed.
- Driving while fatigued should be avoided.
- If you have concerns about a sleep issue, seek therapy.
- Make your bedroom tranquil and restful.
- Maintain a cozy and cool environment.
- Avoid being exposed to bright light (cell phones) after sunset.

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Correspondence to:

Dr. Atithi Krishna Bandhu
Research student,

California Institute of Behavioral Neurosciences and Psychology, California, USA

Email: atithi.krish@gmail.com