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Development of a University Campus Healthy Sleep Promotion Program

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Abstract

This article provides a preliminary evaluation of a campus sleep health program for undergraduate university students. In this study, 5 focus groups with 38 undergraduates assessed perceptions about sleep in relationship to college experiences. Additionally, 35 undergraduate students participated in campus sleep improvement workshops, and completed a brief self-report survey before and after the workshop. Results showed five themes emerged from focus groups: (a) Sleep and its impact on academics, (b) Understanding of the importance of sleep, (c) Procrastination and its impact on sleep, (d) Stress, and (e) Sleep and extracurricular/social activities. Based on self-report surveys, there was no improvement in perceived sleep importance, but perceived sleep confidence of undergraduate student-participants increased significantly after the workshop. The sleep health program for undergraduates showed promising results, and should be evaluated using a larger, more rigorous design in future studies.

Keywords

college; sleep; health promotion

Sleep is vital for learning, growth and development, cognitive functions, and physical and mental health (Lund et al., 2010). College students often have poor sleep for a number of reasons, including erratic schedules, minimal supervision, and use of alcohol and marijuana (Pilcher & Waters, 1997; Dahl & Lewin, 2002; Buboltz, Brown, & Soper, 2001; Jean-Louis, Von Bizycki, Zizi, & Nunes, 1998). Emerging adulthood is a life stage between adolescence

and adulthood, usually between ages 18 and 25 years (Arnett, 2007). This developmental stage is characterized by five core features: (a) identity exploration, (b) instability, (c) focus on the self, (d) feeling in-between, and (e) possibilities (Arnett, 2005). College students typify many of the ideas of emerging adulthood, including living on/near campus, exploring a range of identities, expecting frequent mobility and change (Arnett, 2004). The characteristics of emerging adulthood described briefly below have positive and negative aspects, but may be associated difficulties with maintaining regular sleep patterns due to their transitory nature.

In emerging adulthood, *identity exploration* is the process of trying on life roles, typically in work, love/romance, and worldviews, and often finalizing a role toward the end of this stage. These explorations may begin in adolescence, but the crux of these processes often occurs in emerging adulthood, at least in industrialized nations. *Instability* refers to the extensive number of changes in life roles and contexts, including changes in living arrangements, romantic relationships, jobs, and school (including changing schools, majors, etc.), that occur in this life stage. Although children and adolescents may be self-centered, emerging adults are able to make more independent decisions because they are typically not living with parents, sibling, spouses, or children. The *feeling of in-between* may be due to having delays in meeting many markers of traditional adulthood, e.g., marriage, children, stable employment, home ownership. Although emerging adults are more developed cognitively than adolescents, they often do have the sense of not being fully adult. Emerging adults also have a great sense of *possibilities*. They are expected to make decisions in multiple areas, and can make dramatic changes at times.

Consistent with this notion, many students report poor sleep, and in fact many feel they must reduce their sleep in order to meet demands of academic, extra-curricular, athletic, and social activities. Empirical evidence is consistent, such as a recent national assessment of college students where 90% reported a problem with daytime sleepiness at least one day per week, 7% reported having insomnia or other sleep disorder, 29% reported sleep difficulties, and 20% believed inadequate sleep impaired academic performance (ACHA, 2015). Poor sleep has also been directly linked to poor academic performance and alcohol use of college students (e.g., Eliasson, Lettieri, & Eliasson, 2010; Singleton & Wolfson, 2009). In addition to academic difficulty, inadequate sleep has been linked to accidents, including motor vehicle accidents, when students drive when tired (e.g., Taylor & Bramoweth, 2009). Sleep disturbance is a symptom of depression, and insufficient sleep has been linked to increased depressive symptoms, even and suicidal ideation (Hershner & Chervin, 2014). There is even some evidence that improving sleep, e.g., with an behavioral insomnia intervention, may relieve depressive symptoms (Hershner & Chervin, 2014).

Despite the poor sleep that often occurs for emerging adults in college, only a handful of studies have tested sleep interventions for college students. One behavioral intervention, Mindfulness-Based Stress Reduction (MBSR; Caldwell, Harrison, Adams, Quin & Greeson, 2010) decreased student insomnia and improved mood, perceived stress, and sleep quality. A group psychoeducational intervention, the Sleep Treatment and Education Program (STEPS) improved sleep quality and hygiene (Brown, Buboltz, & Soper, 2006; Hershner & Chervin, 2014). Sleep 101, a psychoeducational program that covers healthy sleep habits, adaptive

thoughts about sleep, and suggestions to improve sleep had promising effects (Kloss, Nash, Walsh, Culnan, & Horsey, 2016). One novel cognitive behavioral self-help program (Refresh) delivered via email in eight weekly missives with information on ways to improve sleep, on sleep quality, and reducing symptoms of depression for first-year college students (Trochel, Manber, Chang, Thurston, & Taylor, 2011). Environmental-level programs, including class time adjustment and nap promotion improved sleep quality (Dahl & Lewin, 2002). One environmental program (Hughes Wagner, Mackert, & Lazard, 2014) increased intentions to nap with superhero themed posters on campus.

The Health Belief Model (Becker, Drachman, & Kirscht, 1974; Janz & Becker, 1984) is a well-researched, widely-used model used to explain health behaviors, in this case sleep behaviors. The Sleepy 'Canes Initiative was developed using the Health Belief Model. The name "Sleepy 'Canes" was chosen to be attractive to students at this university. The word 'Canes is the diminutive form of the university nickname, Hurricanes, and can be used to refer to students of the university. Thus "Sleepy 'Canes" suggested a student who was tired. For marketing efforts, the program was branded using a cute, infantilized version of the university mascot ibis that was sleeping. The Health Belief Model suggests that preventive health action with respect to a particular condition depends on a person's four component beliefs: (a) susceptibility, (b) self-efficacy, (c) severity, and (d) barriers. *Susceptibility* refers to perceptions of how likely the person will have the condition. *Self-efficacy* refers to the person's belief that positive change is possible and achievable. *Severity* refers to perceptions that the condition will have a significant negative impact on the person's life and functioning. *Barriers* refer to the perceived costs or obstacles to change to health behavior. Supporting this relevance of this model for informing sleep promotion programs, knowledge, and behaviors about sleep hygiene have been linked to sleep quality in college students (e.g., Brown, Buboltz, & Soper, 2002; Buboltz, Jenkins, Soper, Woller, Johnson, & Feas, 2009; Hershner & Chervin, 2014). The purpose of this paper is to expand on the existing small body of literature on sleep interventions for college students by describing the preliminary development and testing of The Sleepy 'Canes Initiative, a campus-wide sleep health promotion program with environmental and group components created by the university student health service.

Methods

Participants/Setting

Five focus groups and 4 workshops with undergraduate students were conducted at a large Southeastern (U.S) private university in February 2015. Each focus group had about seven students per group, with a total of 38 undergraduate students. The workshops had roughly nine participants per group, for a total of 35 undergraduate students. Students were recruited using purposeful sampling from student groups on campus, including international students, student athletes, Greek students, commuter students, and on-campus residents. More than half (20, 59%) of the students reported sleeping 5–6 hours per night, with 8 (24%) seven or more hours, and six (18%) four or fewer hours.

Focus groups assessed student feedback about sleep in general and program materials with a semi-structured interview guide, which was used to refine materials before campus

distribution. Each group was led by a facilitator, who were undergraduate student health peer educators trained by an author (AST). To assist with data collection, a semi-structured interview guide was used by facilitators. Each group was recorded and then transcribed. Transcriptions were uploaded and transcribed using NVivo 10. The data was analyzed by two coders using thematic analysis techniques (Lincoln & Guba, 1985) with NVivo 10. First each coder read the transcriptions in their entirety. Meaning units, or key phrases and thick descriptions of the phenomenon of interest, were identified. Each meaning unit was then labeled using a code and each code was organized into themes and categories. Coders met to discuss themes and categories in detail. Discrepancies were reviewed until consensus in major themes was attained. The coders relied on participant perspectives to provide thick descriptions of themes and categories. When uncertain of how to capture emergent themes, the coders went back to the original transcriptions for assistance.

Sleepy 'Canes Outreach.

The campus outreach had five posters focused on components of the Health Belief Model (Becker et al., 1974), i.e., perceived severity, susceptibility, barriers, and self-efficacy for sleep hygiene. Posters were in high traffic areas (e.g. elevator call stations, lobbies) in three residential colleges and the office of commuter students. Each poster showed the time, date, and location of skills-building workshops. Workshops were also advertised with trivia contests (prizes included sleep masks and ear plugs) in high traffic areas.

Sleepy 'Canes Workshops.

After two weeks of promotion, four workshops based on the HBM were held in three residential colleges ($n = 14$) and the office of commuter students ($n = 21$). Undergraduate workshop facilitators were trained by a masters-level health educator (AST). Workshop facilitators described the negative relationship between sleep and academics and demonstrated progressive muscle relaxation, meditation, and yoga to increase self-efficacy for relaxation and sleep. All students could then practice the relaxation techniques.

Self-report Survey Measures.

Before the workshop, students were asked four questions about the posters and workshops, and one question about their average sleep per night. Five satisfaction questions were asked after the workshop. Students completed these self-report surveys on a paper form, which was entered into electronic format for analysis. Two items asked students to rate the importance of sleep, and their confidence for getting 7–9 hours of sleep at night were asked before and after the workshop. Thirty-five students completed pre-workshop survey; of those, 33 (94%) completed a post-workshop survey, and eight (23%) completed an emailed survey 30–60 days later.

Results

Themes.

A total of five themes emerged upon data analysis related to students' sleep: (a) sleep and its impact on academics, (b) understanding of the importance of sleep, (c) procrastination and

its impact on sleep, (d) stress, and (d) sleep and extracurricular/social activities. Identified themes, categories, and supporting quotes are presented in Table 1.

Often students spoke about sleep and its relation to their academic performance. Students described sleep influencing their GPA and success. Two categories emerged within this theme: (a) sleep is necessary to do well in school, and (b) in order to do well in school, sleep gets sacrificed. Many students acknowledged that sleep is important and provided facts about healthy sleep habits. Students often recalled the recommended hours of sleep, but many were unaware of other healthy sleep habits. Two categories were identified for procrastination related to sleep: (a) procrastination would lead to all-nighters resulting in less sleep, and (b) sleep was a means of procrastination to avoid work. Students expressed that sleep, or lack thereof, was related to the daily stress of college. Many students said sleep was “secondary” to extracurricular/social activities, and described higher priority barriers to sleep, including social media use, gym time, and active social lives.

Responses to Posters.

Of students responding, 20 (63%) had seen the Sleepy ‘Canes posters. Less than a third (11, 32%) said the posters prompted a change in sleep, and about a quarter (9, 26%) talked with a friend about the poster. Ten (29%) of the respondents reported hearing of the workshop from a friend or RA, six (18%) from email or a university website, three (9%) from posters in a residence hall, and almost half reported finding the workshop in another way.

Workshop Responses

All (33, 100%) of the students reported learning about sleep in the workshop, said the program was well-organized, and provided enough information on sleep. Almost all (32, 97%) said it was useful, interesting, and used effective teaching methods. On the pre-test, most participants (25, 71%) strongly agreed with the statement, *sleep is important to me*, with 9 (26%) agreeing, and only 1 (3%) disagreeing. On the post-test, the majority (26, 79%) of respondents strongly agreed, and 7 (21%) agreed. There was no significant difference in pre- and post-test importance, $\chi^2 (df = 1) = 0.49, p = .338, OR = 1.49$. On the pretest, 3 (9%) students strongly agreed with the statement, *I feel confident that I can get 7–9 hours of sleep*, 8 (23%) agreed, 12 (34%) were neutral, 7 (20%) disagreed, and 5 (14%) strongly disagreed. On the post-test, 5 (15%) students strongly agreed, 12 (36%) agreed, 12 (36%) were neutral, 3 (9%) disagreed, and only 1 (3%) strongly disagreed. There was a significant increase in confidence from pre- to post-workshop, Fisher Exact $p = .030, OR = 3.78$.

Workshop Follow-ups.

Half (4, 50%) of respondents talked about the importance of sleep with peers since the workshop. Four (50%) students said they were sleeping 5–6 hours per night, and 4 (50%) said they were sleeping 7 or more hours per night. With regard to confidence in ability to sleep 7–9 hours a night, four (50%) rated their confidence as the same, and four (50%) said they were confident or very confident. Only three (38%) said they were getting more sleep since the workshop; and three (38%) students reported taking specific actions to improve their sleep, including turning off their phone and making set times to sleep.

Comment

This manuscript reports on the development and initial pilot testing of a sleep health program for undergraduate students, Sleepy 'Canes, with an environmental component (posters and direct outreach) and an individual component (sleep workshop). Posters described perceived severity of inadequate sleep, susceptibility of sleep problems, barriers to healthy sleep, and self-efficacy for sleep. Both components of the program were partially informed with the results of focus groups with undergraduate students at the university. Self-report surveys of workshop participants suggested that the environmental component had a modest influence on behavior with respect to sleep. Specifically, although nearly two-thirds of the respondents said they were aware of the posters and outreach, only a small proportion said these efforts changed their behavior regarding sleep or prompted them to discuss sleep with peers. With respect to the individual component of this program, students reported they were very satisfied with the workshops content and delivery. There was no evidence of change in the importance of sleep, but student's self-ratings of confidence getting sleep increased after they participated in the workshop.

Although this study did not directly measure sleep, the findings are consistent with the larger body of research on sleep interventions. Our study suggested that students felt they could improve their sleep after the workshops, which is consistent with the positive effects by similar individual-focused interventions shown in previous studies (e.g., Caldwell et al., 2010; Brown et al., 2006; Hershner & Chervin, 2014; Trockel et al., 2011; Dahl & Lewin, 2002). The change in perceptions of future behavior—confidence in this study and intentions in another (Hughes Wagner et al., 2014)—indicated that students respond in predictable ways to environmental programs. Future work could expand on the program developed and described in this manuscript. Future evaluations should measure sleep and related variables as outcomes, and test whether changes in concepts from the Health Belief Model (Becker et al., 1974; Janz & Becker, 1984), such as perceived barriers to sleep or self-efficacy for sleep improvements, are the mechanisms of action in changes in sleep.

Limitations

This small developmental study had several limitations to consider when interpreting results. The self-reported survey data was anonymous due to ethical concerns, so paired comparisons could not be analyzed. Future research should track individual students over time, with appropriate safeguards for protecting participants. They could also include more diverse measures of sleep, including constructs of sleep quality and duration. Participants were not sampled randomly, so generalizability of findings is questionable. We suggest that the Sleepy 'Canes program, or one adapted for other student populations, be evaluated in other samples, including campuses in the U.S. and outside the U.S. Nurses and other campus professionals may find it useful to consider how to adapt the program to the prevailing campus culture, e.g., by using a name that is appreciated by local students, or by focusing particular problems with sleep. The lack of a control group restricted causal inferences from this study; these data were designed to inform larger scale studies that could have a more rigorous design, as with a randomized trial. Future studies should also focus on students who need help with sleep, in contrast to the overall population of students, because they are most likely to benefit from this kind of intervention. We believe that advance practice nurses

working on campus student health centers or counseling centers have an important role in identifying these students, and with outreach and intervention efforts.

Implications for Campus Nurses

Students' overall response to this study's intervention program showed that sleep improvement programs can be well-received, and that they can be used to address areas of functioning that are important and meaningful. The Sleepy 'Canes Initiative has potential to influence student functioning, including academic performance and physical and mental health. Although this program was led by a student health professional, the authors of this study believe that campus nurses are well-suited and properly positioned to implement this, or a similar type of program, at their academic institution. Advanced practice nurses often work in student health centers, but psychiatric mental health advanced nurse practitioners are less often employed by campus counseling centers than other professionals, such as psychologists, social workers, counselors, and psychiatrists. Recent statistics show about 2% of NP work in school/college health service (U.S. Department of Health and Human Services, 2014). This under-representation is unfortunate because these campus nurse practitioners would likely be very successful implementing this kind of sleep program, with nursing's holistic focus on both physical and mental health.

Further, the results of this study showed that a relatively inexpensive, group- and population-based intervention program has the potential to positively influence sleep for undergraduate students. Although this study did not directly measure outcome variables besides sleep, one might hypothesize that improvements in sleep would lead to improvements in other areas, such as academic performance, mental health, and/or physical health. Therefore, it is necessary that future implementations of this type of program consider these other variables when evaluating the effects of such interventions. We suggest that brief self-report measures of mental health, e.g., depression and anxiety, would be easy to collect for evaluations of similar programs. With greater resources, nurses could even collect biological measures to assess physical health. The project team is now running a larger, more rigorous evaluation of the Sleepy 'Canes Initiative, which findings may help to further inform nurses' and other campus professionals' decisions about using this program on their local campus.

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Table 1.

Themes, Categories, and Supporting Quotes from Students.

Themes	Categories	Supporting Quote
Sleep and its Impact on Academics	Sleep is necessary to do well in school	"Honestly I think sleep is actually like really really important because I feel like at least for me what I'll find myself doing is if I'm studying and if I'm like sleep deprived like I'll start just like falling asleep into my study guide and then take like a quick 15 minute nap and then just like wake up and feel refreshed and then keep going, so I feel like you need sleep in the end"
	In order to do well in school, sleep often gets sacrificed	"For me like it helps me like whenever I study like I study and then I sleep and then I remember more things better after I sleep" "I know it's important to get sleep and I know there's probably some... there's definitely like long term benefits like that you may not think are important now but later you'll regret ... but ... short term wise I definitely care more about my grades than an extra 2 hours of sleep so I'm not gonna... I'm GONNA compromise sleep time... sorry" "I think as students we just prioritize our work, especially if you have like a hard major or you really want to do well in your classes. You just don't think about sleeping. You just focus on what needs to be done to get your grades. Or to just... yeah to you know improve your GPA or whatever your goal is. And it's, your motivated to do that so you don't think about sleep. Sometimes you don't even think about eating. So. As college students it happens to us"
Understanding the Importance of Sleep	Aware of healthy sleep habits	"I know okay I should get 8 hours of sleep"
	Unaware of healthy sleep habits	"I feel like lack of sleep definitely affects my mental functioning. And I always try to get at least seven hours, otherwise I just can't focus on anything the next day" "Restrict coffee within one hour... what do you mean?" "Wait, why we can't watch TV in bed? I don't get it" "Is it a proven like scientific fact that 8 hours of sleep is what everyone really needs?"
Procrastination and its Impact on Sleep	Procrastination leading to more sleep	"I find myself sleeping a lot more to avoid doing stuff during the week"
	Procrastination leading to less sleep	"I'd rather sleep than study soo... ima sleep!" "The procrastination leads to like staying up much later and all that so 8 hours? Nah. The best I can [inaudible 09:29] usually meet, on average, is like 5 hours"
Stress		"I think college students lack sleep cause they might have too much on their mind and sometimes, Uh, well I guess everybody could vouch for this like when you're thinking about something you're not gonna get any sleep, stress and just simply worrying about thing"
		"Well I just feel like the reason we can't get enough sleep is because since we're commuter students we have to worry about going to different labs and groups and things. Commuting for us is a factor but for, I feel like for residential students it'd just be a lot of club activities and going to different events and things"
Sleep and Extracurricular/ social Activities		"It depends on dates when you have like weights at 6:30 and then I go to bed late cause I'm either trying to do homework or just because I don't wanna go to sleep... then I'll only get like... like 2 days... yeah 2 days ago I was like on 2 and a half hours of sleep... then I took a 40 minute nap and that was all I had"
		"Instagram will keep me up too for no reason"

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Themes	Categories	Supporting Quote
		<p>"We're trying to keep a social life and everything and all the other things college offers and um trying to manage all those things with sleep it kinda conflicts a lot"</p> <p>"I think as students we just prioritize our work, especially if you have like a hard major or you really want to do well in your classes. You just don't think about sleeping. You just focus on what needs to be done to get your grades. Or to just... yeah to you know improve your GPA or whatever your goal is. And it's, your motivated to do that so you don't think about sleep. Sometimes you don't even think about eating. So. As college students it happens to us"</p> <p>"Especially during football season like that Saturday if you're going to the tailgates and stuff like you're not... that whole entire Saturday is committed to football. Well from hearing others stories, you know, everyone's out there from early in the morning to like or like prepping for the game"</p>