



College of Nursing \ University of Basra

A Study on Insomnia among students of Basra University

*A project submitted to the College of Nursing with partial
achievement of the Bachelor's degree in Nursing*

By

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

(هُوَ الَّذِي جَعَلَ لَكُمْ اللَّيْلَ لِتَسْكُنُوا فِيهِ وَالنَّهَارَ مُبْصِرًا ۗ إِنَّ

فِي ذَلِكَ لآيَاتٍ لِّقَوْمٍ يَسْمَعُونَ)

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Abstract

Background: a common sleep disorder, is a public health concern, as it can lead to physical and mental exhaustion. Insomnia is defined as the inability to initiate and/or maintain sleep, and/or poor sleep quality that results in daytime impairment. Students are more vulnerable to the problem of insomnia due to many factors. Changes in the university academic atmosphere, academic overload, competitions, and concerns about the future are most commonly implicated.

Objective of this study:

- 1_ Evaluation of insomnia among Basra University student**
- 2_ Knowing the factors that lead to insomnia**
- 3_ guiding recommendations**

Methodolog : the projects carried out in university of basrah .the study started from December 2021 to January 2022. the number of the sample is 200 students from all college 113 male and 87 femal

Results: This study was conducted for Basra University students to find out the insomnia among Basra University students. Various questions were asked to a number of Basra University students of both sexes (males and females). the study was approved and presented to experts. and Students' sleep hours percent 4-6 (38%) , 7-9 (44%), 10-12 (18%). And the result Moderate = (0.34 – 0.67) .

Conclusion: A mean rate of 7-9 hours of sleep was found among Basrah University students. However, students may be educated through lectures about the importance of getting enough hours of sleep so that the body is mentally and physically stable.

Recommendation

Avoid taking naps

Try not to eat too late

Avoid alcohol, caffeine, and tobacco

Limit screen time before bed

Maintain healthy lifestyle Have a consistent sleep schedule

Avoid using mobile and internet for long periods

keyword : studay , Insomnia ,among, students

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Chapter

Introduction **ONE**

1.1 Introduction

Insomnia is not going to sleep, which occupies your mind in thinking and it is associated with various psychiatric conditions like depression, anxiety, (1).

Many recent studies have found that insomnia is a common psychiatric problem among young adults and university students (2).

Poor sleepers have reported decreased daytime performance. Regarding sleep habits, waking times explained large amounts of GPA variance (3).

The majority of adults will normally need between 7.5 and 8.5 hours of sleep per day. However, the sleeping pattern may not be similar in all of them. The lifestyle of each person, the age, the physical and psychological health status, and many other factors can affect the mode of sleep for each person. Mainly, the non-rapid eye movement (NREM), and specially Stage 1 of it, is the main sleeping period which can be affected and prolonged during sleeping disturbances (4).

Poor sleep quality and insomnia are sleep problems that negatively affect people's lives. Produces tiredness, lack of energy, anxiety, irritability or depression, excessive daytime sleepiness, difficulty concentrating, paying attention, remembering or memorizing things, among other skills that complicate work or learning (5).

Sleep is essential for the maintenance of cognitive functions related to academic success in higher education, including learning and memory consolidation, decision making, and critical thinking (6).

Sleep is a pivotal modulator of hormone release, cardiovascular activity and glucose regulation, and it has been demonstrated that changes in sleep quality or duration have a significant impact on morbidity (7).

As such, metabolic and energy reboosting for proper brain function during the daily waking hours can occur during our sleep(8).

psychological perspective, is defined as “an imbalance or a potential imbalance between someone’s requirements and the ability to meet them” This growing problem affects more and more people in many highly developed countries, resulting from lifestyle and social conditions (9) .

1.2. Importance of the Study

Evaluation of insomnia among Basra University students

1.3. Statement of the problem

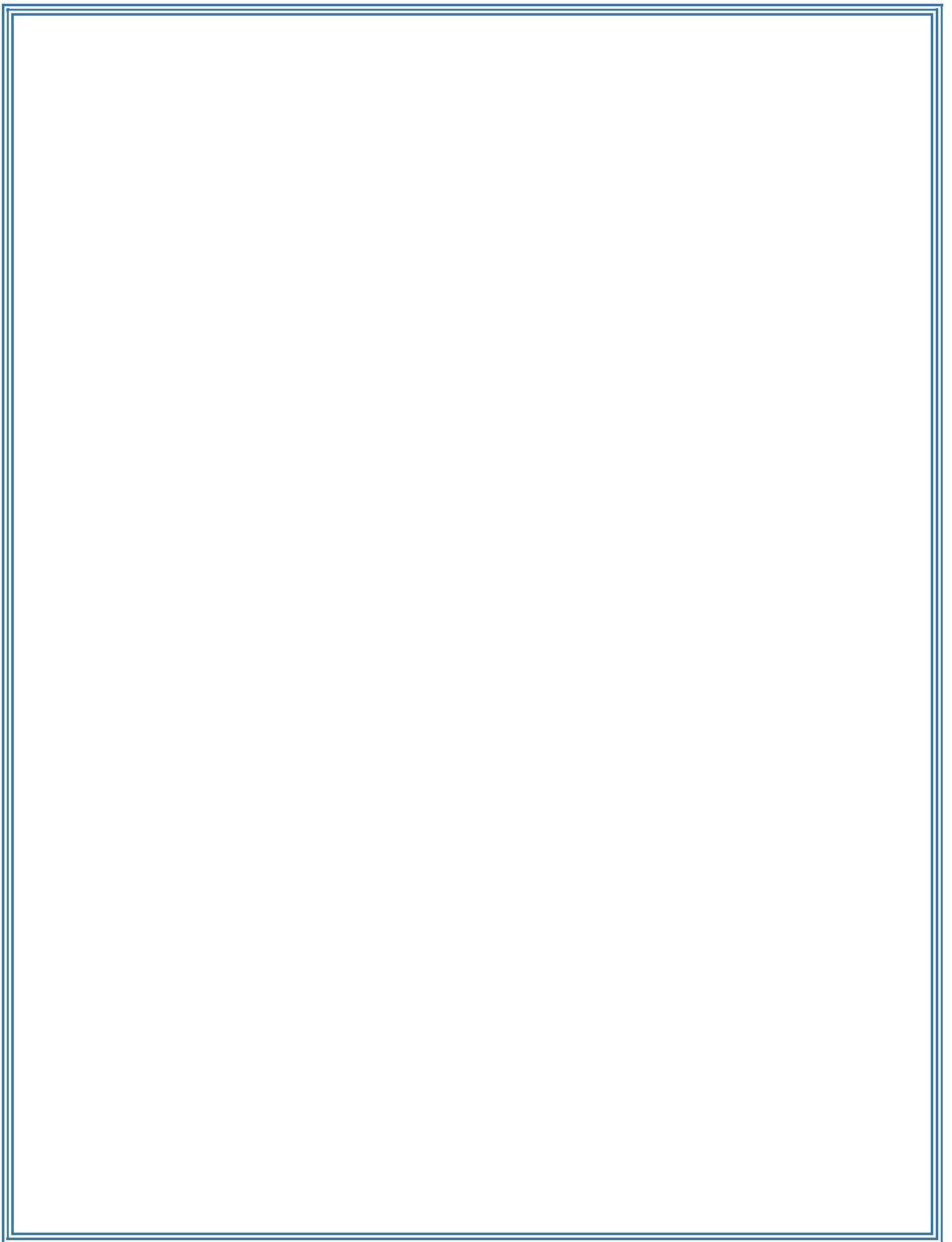
A Study on Insomnia among students of Basra University

1.4. Objectives of the Study

1_ Evaluation of insomnia among Basra University students

2_ Knowing the factors that lead to insomnia

3_ guiding recommendations



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Chapter TWO
Review of Literature

2-1 . Definition of insomnia

Insomnia is a pathological condition when an individual finds it difficult to fall asleep or stay asleep [16]. and it is associated with various psychological conditions such as depression, anxiety, etc. [17-18]. Several recent studies have found that insomnia is a common psychological problem among young people and college students [19-20]. Other studies have found that the prevalence of poor sleep is high among undergraduate students in the world [21]. The quality and quantity of sleep has been changed among young people especially college students due to the rapid development of technology such as the use of social media, internet, etc. [22-23] There is a positive relationship between insomnia and online social media use [24]. Poor sleep quality is believed to have an impact on physical and mental health as well as cause mental problems such as anxiety and depression [25-26]. Another study found that the effects of sleep disturbance have secondary behavioral consequences such as poor social relationships, increased risk-taking behaviour, road accidents, etc. [27]. Sleep restriction among healthy young adults has had adverse effects on endocrine function, metabolic and inflammatory responses [28]. Several studies have shown that sleep is associated with and influenced by increased years of college education [29-30]. As college students represent the future of society, the cost of sleep disorders is high [31-32]. Students with insomnia have been reported to have increased risk of substance use, suicidal ideation, smoking, and alcohol use [33] . Insomnia can even decrease students' driving performance, which leads finally to an increase in the risk of road traffic accidents [34]. Prevalence rate of poor sleep quality [35], internet addiction [36] and depressive symptoms [37] is high among undergraduate students worldwide An earlier study showed that students with sleep problems spend more time watching television and surfing the social networking websites [38]. These students who spend greater time in internet – are more likely to develop depressive symptoms [39]. On the other hand, internet addict students have higher chance of experiencing sleep problems (39). These students – with sleep problems – are more likely to develop depressive symptoms (40) .

2-2. Insomnia Causes and Symptoms

Insomnia is believed to originate due to a state of hyperarousal that can impact sleep-onset and sleep maintenance. Hyperarousal can be mental, physical, or a combination of both. Environmental, physiological, and psychological factors can all play a role in insomnia[41]. These include the following: Ingestion or consumption of substances that negatively affect sleep. These include alcohol, nicotine, and other drugs, as well as caffeine. Certain medications can also hinder sleep, such as diet pills and cold remedies. People may also experience sleep-onset or sleep maintenance issues as their bodies acclimate to new medications or cope with withdrawal from medications after finishing use. Health problems. Physical pain and discomfort can make it harder to fall and/or remain asleep, leading to daytime impairments. Conditions that necessitate frequent trips to the bathroom at night, such as pregnancy or an enlarged prostate, can also cause insomnia symptoms. The same is true of sleep apnea, a disorder characterized by irregular breathing episodes known as apneas that occur throughout the night. Chronic pain, restless leg syndrome, heart, and lung diseases are also associated with insomnia. Behavioral and mental health disorders. Insomnia is a common symptom of depression. Stress and anxiety can also contribute to insomnia, which in turn may exacerbate stressful and anxious feelings. Mental health disorders like bipolar disorder can cause insomnia, as well. Excessive worrying about sleeplessness is known to cause insomnia.

2-3. Pathophysiology of insomnia

Insomnia is thought to be a disorder of hyperarousal experienced throughout the entire day. This hyperarousal may exhibit itself as a state of hypervigilance during the day and difficulty initiating and maintaining sleep at night.[42,43] This arousal is currently explained by both cognitive and physiological models of insomnia. The cognitive model suggests that worry and rumination about life stresses disrupt sleep, creating acute episodes of insomnia, especially in initiating sleep and returning back to sleep after an awakening.[44] Then, once an individual begins to experience sleep difficulties, worry and rumination shift from life events to worries about sleep itself and about the daytime consequences of not getting enough sleep. This negatively-toned cognitive activity is further fueled if a sleep-related threat is detected or a sleep deficit is perceived . In parallel with the cognitive models, another model of the evolution of insomnia proposes that hyperarousal is primarily due to ... 2-5. Tips for Preventing Insomnia Chronic insomnia may necessitate prescription medication, cognitive- behavioral therapy, and other types of formal treatment. For some people, practicing healthy lifestyle habits and good sleep hygiene can alleviate insomnia symptoms and help them sleep more soundly. The following sleep hygiene measures can be beneficial for people with insomnia: Limiting or eliminating naps, especially late in the day Restricting the use of alcohol, caffeine, and tobacco products in the evening Avoiding late-night meals Limiting screen time prior to bedtime Maintaining a healthy diet and exercise regularly during the day [45]• Follow a consistent sleep schedule that includes the same bedtimes and wake- up times every day Use your bedroom, and mattress, for sleep and sex avoid working, playing video games, and other stimulating activities Reference

2_4.The effect of insomnia on students :

1_Produces fatigue, lack of energy, anxiety, irritability or depression, excessive daytime sleepiness, difficulty concentrating, paying attention, remembering or memorizing, among other skills that complicate work or learning

2_It affects both physical and mental health and causes mental problems such as anxiety and depression

3_Changes in sleep quality or duration have a significant impact on disease incidence

4_It has secondary behavioral consequences such as poor social relationships, increased risk-taking behaviour, road accidents, etc.

5_Increased risk of students with insomnia drug use, suicidal ideation, smoking, and alcohol use

6_Increased risk of road traffic accidents.



Chapter **THREE**
Methodology

Chapter three methodology

3-1 Design of the study: cross-sectional study.

3-2 Setting of the project :the projects carried out in university of basrah .the study started from December 2021 to January 2022.

3-3 Sample of the project: the number of the sample is 200 students from all college 113 male and 87 female.

3-4 project instruments:

The questionnaire divided in to Main parts, the first part was to identify the demographic characteristics include gender, age, stage , sleep hours, status and The place of residence and Second part consist of 12 questions yes ,No questions.

The last part includes the scientific axis consisting of 12 yes or no questions about knowing the hours of sleep, and the effect on the human body. Data was collected by filling out a questionnaire during attendance. Before any attempt to collect data, the study was approved and presented to experts.

Chapter **FOUR**
RESULTS

Chapter four result

**Table(4-1)Distribution of the Variables Related Demographic Characteristics
N=200 students**

Table 4.1 Descriptive Statistics for Students' age					
Statistics	N	Min	Max	Mean	Std. Deviation
age	200	18	34	22.07	2.474

Table 4.1 Descriptive Statistics for Students' sex			
Statistics		Frequency	Percent
Sex	Male	113	56.5
	Female	87	43.5
	Total	200	100.0

Table 4.1 Descriptive Statistics for Students' stage			
Statistics		Frequency	Percent
Stage	First	29	14.5
	Second	71	35.5
	Third	43	21.5
	Fourth	57	28.5
	Total	200	100.0

Table 4.1 Descriptive Statistics for Students' living			
Statistics		Frequency	Percent
Living	City center	167	83.5 %
	Out center	33	16.5 %
	Total	200	100 %

Table 4.1 Descriptive Statistics for Students' sleep hours			
Statistics		Frequency	Percent
sleep hours	4 – 6	76	38.0
	7 – 9	88	44.0
	10 – 12	36	18.0
	Total	200	100.0

The result of Table (4-1) showed that the number of participants was 200 male and female students, and the number of students in the first stage was 29, and the number of students in the second stage was 71, the number of students in the third stage was 43, and the number of students in the fourth stage was 57. Also, the table contains students who live in the city and their percentage was 83.5% and the students who live in the countryside, and the percentage was 16.5%. Also, the table contains the number of sleep hours from 4-6, was 76 students and their percentage was 38%, and also the number of hours of sleep from 7-9 was 88, and their percentage was 44%, and the number of hours who slept from 10-12 were 36, and their percentage was 18%, which is the lowest percentage

Table(4-2) Results the Assessment of Insomnia for students, N=200

Table 4.2 Assessment of Insomnia questions						
Questions	N	Min	Max	Mean score	Std. Deviation	Asst.
Q1	200	0	1	0.47	0.500	Moderate
Q2	200	0	1	0.58	0.495	Moderate
Q3	200	0	1	0.57	0.496	Moderate
Q4	200	0	1	0.51	0.501	Moderate
Q5	200	0	1	0.28	0.453	Low
Q6	200	0	1	0.53	0.500	Moderate
Q7	200	0	1	0.59	0.493	Moderate
Q8	200	0	1	0.58	0.495	Moderate
Q9	200	0	1	0.30	0.459	Low
Q10	200	0	1	0.69	0.466	Severe
Q11	200	0	1	0.35	0.480	Moderate
Q12	200	0	1	0.55	0.499	Moderate

*Low = (0 – 0.33), Moderate = (0.34 – 0.67), Severe = (0.68 – 1) Mean Score

Table (4-2) represents the frequency of the participants' responses to the insomnia questions. The trend was positive as the number of students reached 200 and the percentage of students sleeping 4-6 (38%), 7-9 (44%), 10-12 (18%). The result was moderate = (0.34 - 0.67).

Table 4.2 Mean Score assessment for sample about Insomnia						
Statistics	N	Min	Max	Mean score	Std. Deviation	Asst.
Insomnia	200	0.00	1.00	0.50	0.239	Moderate

* Moderate = (0.34 – 0.67) Mean Score

Table(4 – 3) Overall assessment for insomnia of students N =200

Table 4.3 Overall assessment for insomnia of students			
Mean Score	Frequency	Percent	Assessment
0 – 0.33	76	38 %	Low
0.34 – 0.67	88	44 %	Moderate
0.68 - 1	36	18 %	Sever
Total	200	100 %	

Table No. (4-3) showed the rate of insomnia assessment among students, the low rate was 38%, the average rate, which was the highest, was 44%, and the lowest rate, which was religious, was 18%

Table(4 – 4) The Relationship of insomnia levels with sleep hours, N= 200

Table 4.4 The Relationship of insomnia levels with sleep hours							
Sleep hours	Insomnia of students			Total	Significant		
	Low	Moderate	Sever		X ²	P – value	Sig.
4 – 6	14	39	23	76	13.180	0.01	S
7 – 9	35	42	11	88			
10 – 12	13	17	6	36			
Total	62	98	40	200			

Table (4-4) represents the frequency of the participants' answers to the insomnia questions. The trend was positive, as the number of students reached 200 and the percentage of students who slept 4-6, and the students had insomnia, the low percentage was 14, the average percentage of insomnia was 39, the intermittent percentage was 23, and the total was 76, while the number of hours was from 7-9, and the insomnia among students was the low percentage. It was (35), and the average percentage of insomnia was 42, and the intermittent percentage was 11, where the total was 88, 10-12, and the insomnia among students was the low percentage was 13, the average percentage of insomnia was 17, and the intermittent percentage was 6, and the total was 36

Chapter Five

discussion

5-1. Discuss the results:

By discussing the results of previous studies in research The results showed that insomnia was associated with a higher risk of failed examinations (adjusted for background variables, odds ratio (OR adjusted) $\frac{1}{4}$ 1.31, 95% confidence interval (CI) 1.25e1.37, $p < 0.001$) and delayed study progress (OR adjusted $\frac{1}{4}$ 1.32, 95% CI: 1.22e1.42, $p < 0.001$) (6). There were 977 responses. Prevalence of clinical insomnia was 26.0%. Students who self-reported good sleep quality had significantly lower ISI scores compared with those who self-reported bad quality of sleep. Students who slept >7 hours (8). A total of 264 students aged 22.22 ± 1.5 years were involved in the study. High stress levels occurred in 10% of the respondents. A statistically higher level of stress was revealed in people suffering from chronic diseases ($p=0.006$) and in cigarette smokers ($p=0.004$). The most common stress-coping strategies were active coping and planning. Insomnia was present in 19.7% of the students. Insomnia level was correlated with the intensity of perceived stress ($p=0.00$; $r=0.44$) (9). Prevalence of poor sleep quality was at more than half (58.5%) of medical students. Poor sleep quality was detected more in the first three years students. Statistical significant effect of female sex, BMI, and sharing room with others was reported. Significant factors related to poor sleep quality was presence of learning difficulties, worry about exams and the need of sleep late and getting up early. Poor sleep quality was significantly affecting participation in routine and social activities, depressed mood, attention deficit, being late for morning classes and loss of enthusiasm in doing ordinary subjects (16).

This study was conducted for Basra University students to find out the insomnia among Basra University students. Various questions were asked to a number of Basra University students of both sexes (males and females).

Demographic information shows that the majority of students who answered the questionnaire

of males. The majority of students participating in the study were from the suburbs at 56%. As for females, 43% (Table 4_1).

Through the questionnaire, the results were positive, with the average percentage reaching 98. The lowest percentage was 62, while the highest percentage was 40. (Table 4_2)

Through the comprehensive assessment of knowledge about insomnia among Basra University students, the average results were 44% (Table 4_3)

Chapter *Six*

Conclusions and recommendations

Conclusion: Recommendation

6-1 Conclusion:

A mean rate of 7-9 hours of sleep was found among Basrah University students. However, students may be educated through lectures about the importance of getting enough hours of sleep so that the body is mentally and physically stable.

6-2 Recommendation

- We recommend conducting health awareness sessions for university students, and some points must be instilled, the most important of which are:
- Avoid taking naps
- Try not to eat too late
- Avoid alcohol, caffeine, and tobacco
- Limit screen time before bed
- Maintain healthy lifestyle Have a consistent sleep schedule
- Avoid using mobile and internet for long periods

References

1. Mason EC, Harvey AG. Insomnia before and after treatment for anxiety and depression. *J Affect Disord* 2014;168:415-21. <https://doi.org/10.1016/j.jad.2014.07.020> 10.1016/j.jad.2014.07.020 [PubMed] [CrossRef] [Google Scholar].
 2. Wali S, Krayem A, Samman Y, Mirdad S, Alshimemeri A, Almobaireek A. Sleep disorders in Saudi health care workers. *Ann Saudi Med* 1999;19:406-9. <https://doi.org/10.5144/0256-4947.1999.406> 10.5144/0256-4947.1999.406 [PubMed] [CrossRef] [Google Scholar].
 3. Lund HG, Reider BD, Whiting AB, Prichard JR. Sleep patterns and predictors of disturbed sleep in a large population of college students. *J Adolesc Health*. 2010;46(2):124–132. PubMed.
 4. Ferrara M., De Gennaro L. How much sleep do we need? *Sleep Medicine Reviews*. 2001;5(2):155–179. doi: 10.1053/smr.2000.0138. [PubMed].
 5. Paulina Ojeda-Paredesa, Damaris Francis Estrella-Castilloa, Héctor Armando Rubio-Zapataa,* , Sleep quality, insomnia symptoms and academic performance on medicine students, *Investigación en Educación Médica*, <http://dx.doi.org/10.22201/facmed.20075057e.2019.29.1758>.
 6. ystein Vedaa a, b, c, * , Eilin K. Erevik d , Mari Hysing d , Amie C. Hayley e, f , Børge Sivertsen , Insomnia, sleep duration and academic performance: a national survey of Norwegian college and university students, journal homepage: www.elsevier.com/locate/sleep, *Sleep Medicine: X* 1 (2019) 100005.
 7. Shu Hui Cheng a,b,1 , Chi-Chen Shih c,1 , I. Hui Lee b,d , Yi-Wen Hou c , Kao Chin Chen b,d , Kow-Tong Chen a,e , Yen Kuang Yang a,b,d,f , Yi Ching Yang c,e, A study on the sleep quality of incoming university students, journal homepage: www.elsevier.com/locate/psychres, *Psychiatry Research* 197 (2012) 270–274.
 8. Mohammad Alqudah , 1 Samar A. M. Balousha,1 Othman Al-Shboul , 1 Ahmed Al-Dwairi,1 Mahmoud A. Alfaqih , 1 and Kareem H. Alzoubi 2, Insomnia among Medical and Paramedical Students in Jordan: Impact on Academic Performance, *BioMed Research International*, Published 31 October 2019.
 9. Anna Średniawa, Dominika Drwiła, Anna Krotos, Damian Wojtaś, Natalia Kostecka, Tomasz Tomasiak, Insomnia and the level of stress among students in Krakow, Poland, *Trends Psychiatry Psychother*. 2019;41(1).
- 10_ Jensen, D. R.(2003). Understanding sleep disorders in a college student population. *Journal of College Counseling*, 6(1), 25-34.
- 11_ Lund, H. G., Reider, B. D., Whiting, A. B., & Roxanne Prichard, J. (2010). Sleep patterns and predictors of disturbed sleep in a large population of college students. *Journal of Adolescent Health*, 46(2),124_132
- 12_ Taylor, D. J., Bramoweth, A. D., Grieser, E. A., Tatum, J. I., & Roane, B.

M. (2013). Epidemiology of insomnia in college students: Relationship with mental health, quality of life, and substance use difficulties. *Behavior Therapy*, 44(3), 339-348.

13-Ohayon, M. M. (2002). Epidemiology of insomnia: What we know and what we still need to learn. *Sleep Medicine Reviews*, 6(2), 97-111

14_Roth, T. (2007). Insomnia: Definition, prevalence, etiology, and consequences. *Journal of Clinical Sleep Medicine: JCSM: Official Publication of the American Academy of Sleep Medicine*, 3(5 Suppl), S7.

15-Goldman-Mellor, S., Gregory, A. M., Caspi, A., Harrington, H., Parsons, M., Poulton, R., & Moffitt, T. E. (2014). Mental health antecedents of early midlife insomnia: Evidence from a four-decade longitudinal study. *Sleep*, 37(11), 1767-1775

16-Roth T. Insomnia: definition, prevalence, etiology, and consequences. *JCSM* 2007;3(Suppl. 5):S7

17-Mason EC, Harvey AG. Insomnia before and after treatment for anxiety and depression. *J Affect Disord* 2014;168:415-21 .

18_Terauchi M, Hiramitsu S, Akiyoshi M, Owa Y, Kato K, Obayashi S, Matsushima E, Kubota T. Associations between anxiety, depression and insomnia in peri-and post-menopausal women. *Maturitas* 2012;72:61-5.

19_Wali S, Krayem A, Samman Y, Mirdad S, Alshimemeri A, Al mobaireek A. Sleep disorders in Saudi health care workers. *Ann Saudi Med* 1999;19:406-9 .

20_Ohayon MM. Epidemiology of insomnia: what we know and what we still need to learn. *Sleep Med Rev* 2002;6:97-111.

21_Jiang XL, Zheng XY, Yang J, Ye CP, Chen YY, Zhang ZG, Xiao ZJ. A systematic review of studies on the prevalence of insomnia in university students. *Public Health* 2015;129:1579-84. Conclusions

22_Siomos KE, Avagianou PA, Floros GD, Skenteris N, Mouzas OD, Theodorou K, Angelopoulos NV. Psychosocial correlates of insomnia in an adolescent population. *Child Psychiatry Hum Dev* 2010;41:262-73 .

23_Brunborg GS, Mentzoni RA, Molde H, Myrseth H, Skouverøe KJ, Bjorvatn B, Pallesen S. The relationship between media use in the bedroom, sleep habits and symptoms insomnia. *J Sleep Res* 2011;20:569-75 .

24_Jha RK, Shah DK, Basnet S, Paudel KR, Sah P, Sah AK, Adhi kari K. Facebook use and its effects on the life of health science students in a private medical college of Nepal. *BMC Res Notes Acknowledgements* 2016;9:378 .

25_Carney CE, Moss TG, Lachowski AM, Atwood ME. Under standing mental and physical fatigue complaints in those with All the authors whose research participated in this sys tematic review. *Depression and insomnia. Behav Sleep Med* 2014;12:272-89 .

26_Sivertsen B, Krokstad S, Øverland S, Mykletun A. The epide miology of insomnia. Associations with physical and mental Funding sources: this research did not receive any spe cific grant from funding agencies in the public, commer cial, or not-for-profit sectors. *Health: the HUNT-2 study. J Psychosom Res* 2009;67:109-16

27_Sweileh WM, Ali IA, Sawalha AF, Abu-Taha AS, Sa'ed HZ, Al-Jabi SW. Sleep habits and sleep problems among Palestin- ian students. *Child Adolesc Psychiatry Ment Health* 2011;5:25 .

28_Tootoonchian F. Evaluation of effect of sleep hygiene education program on insomnia, daytime sleepiness and sleep quality in shift work nurses. *J QUMS* 2015.

29_Tsai L-L, Li S-P. Sleep patterns in college students: gender and grade differences. *J Psychosom Res* 2004;56:231-7 .

30_Galambos NL, Vargas Lascano DI, Howard AL, Maggs JL. Who sleeps best? Longitudinal patterns and covariates of change in sleep quantity, quality, and timing across four university years. *Behav Sleep Med* 2013;11:8-22.

31_Jhaveri M, Seal B, Pollack M, Wertz D. Will insomnia treatments produce overall cost savings to commercial managed-care plans? A predictive analysis in the United States. *Curr Med Res Opin* 2007;23:1431-43.

32_Siriwardena AN, Apekey T, Tilling M, Harrison A, Dyas JV, Middleton HC, Ørner R, Sach T, Dewey M, Qureshi ZM. Effectiveness and costeffectiveness of an educational intervention for practice teams to deliver problem focused therapy for insomnia: rationale and design of a pilot cluster randomised trial. *BMC Fam Pract* 2009;10:9 .

33_Hershner, S. D., & Chervin, R. D. (2014). Causes and consequences of sleepiness among college students. *Nature and Science of Sleep*, 6, 73.

34_Roane, B. M., & Taylor, D. J. (2008). Adolescent insomnia as a risk factor for early adult depression and substance abuse. *Sleep*, 31(10), 1351-1356 .

35_Yang J, Ye CP, Chen Y, Zhang ZG, Xiao Z1. Systematic review of studies on the prevalence of insomnia in university students. *Public Health*. 2015;129(12):1579-84 .

36_Yang CY, Sato T, Yamawaki N, Miyata M Prevalence and risk factors of problematic internet use: a cross-national comparison of Japanese and Chinese university students. *Transcult Psychiatry*. 2013;50(2):263-79 .

37_Ibrahim AK, Kelly SJ, Adams CE, Glazebrook CA systematic review of studies of depression prevalence in university students. *J Psychiatr Res*. 2013;47(3):391-400 .

38_Tavernier R, Willoughby T. Sleep problems: predictor or outcome of media use among emerging adults at university? *J Sleep Res*. 2014;23(4):389-96.

39_Ko CH, Liu TL, Wang PW, Chen CS, Yen CF, Yen JY. The exacerbation of depression, hostility, and social anxiety in the course of internet

addiction among adolescents: a prospective study. *Compr Psychiatry*. 2014;55(6):1377-84 .

And adolescents: a longitudinal study. *J Sleep Res*. 2016;25(4):458-65.

40_ Chen YL, Gau SS Sleep problems and internet addiction among children

41_ Roane BM, Taylor DJ. Adolescent insomnia as a risk factor for early adult depression and substance abuse. *Sleep*. 2008;31(10):1351-6. 9.

42-A.D.A.M. Medical Encyclopedia. (2018, March 26). Insomnia.

Retrieved August 20, 2020,

43_ Stepanski E, Zorick F, Roehrs T, Young D, Roth T. Daytime alertness in patients with chronic insomnia compared with asymptomatic control subjects. *Sleep*. 1988;11:54-60.

44_ Harvey AG. A cognitive model of insomnia. *Behav Res Ther*. 2002;40:869- 93.

45_ Bonnet MH, Arand DL. Heart rate variability in insomniacs and matched normal sleepers. *Psychosom Med*. 1998;60:610-5.

46_ Kaur, H., Spurling, B.C., Bollu, P.C. (2020, July). *Chronic Insomnia*. StatPearls Publishing.

Appendices

Appendix [a]

Agreement

ت	الاسم	اللقب العلمي	الشهادة والاختصاص	مكان العمل
1.	أ.د. سجاد سالم عيسى	استاذ	دكتوراه في طب الاسرة	كلية التمريض
2.	م. افكار فاضل كريم	مدرس	ماجستير في علم النفس	كلية التمريض
3.	م.م. دعاء باجي محمد	مدرس مساعد	ماجستير في علم النفس	كلية التمريض

APPENDIX B

QUESTIONNAIRE

استمارة استبيان

دراسة الارق لدى طالب جامعة البصرة

السؤال الاول : المعلومات الديموغرافية

						العمر:
						الجنس : ذكر
						المرحلة : اولى
						السكن: مدينة
						ساعات النوم :

السؤال الثاني : المحور العلمي

ت	السؤال	نعم	كلا	نوعا ما
1.	اجد صعوبة في النوم			
2.	نومي متقطع ومضطرب			
3.	استيقظ عدة مرات اثناء نومي			
4.	استيقظ في الصباح الباكر قبل الحصول على قسط كاف من النوم			
5.	اشعر بالاكتناب عندما يحين وقت الذهاب الى النوم			
6.	قبل النوم لدي افكار سيئة			
7.	اشعر بالتعب عندما استيقظ			
8.	عادة استيقظ في مزاج سيء			
9.	اشعر بالتوتر عندما استيقظ			
10.	نومي المتقطع يزعجني			
11.	يؤثر نومي المتقطع على عالقتي في الاخرين			
12.	يؤثر نومي المتقطع على اداء عملي			

QUESTIONNAIRE

Study of insomnia among a student at Basra University

The first question: demographic information

		<input type="text"/>	the : age
			:
		<input type="text"/>	<input type="text"/> : gender
four	<input type="text"/>	thir d	<input type="text"/> seco nd
			<input type="text"/> first :stage
		<input type="text"/> rural	<input type="text"/> city :Residence
			<input type="text"/> sleeping :hours

The second question: the scientific axis

	question	YES	NO	kind of
Q1	I find it hard to sleep			
Q2	I sleep interrupted and disturbed			
Q3	I wake up several times in my sleep			
Q4	Wake up early in the morning before getting enough sleep			
Q5	I feel depressed when it's time to go to sleep			
Q6	Before I sleep, I have bad thoughts			
Q7	I feel tired when I wake up			
Q8	I usually wake up in a bad mood			
Q9	I feel nervous when I wake up			
Q10	My interrupted sleep is bothering me			
Q11	My interrupted sleep affects my relationship with others			
Q12	My interrupted sleep affects my work performance			

الخلاصة

الخلفية : اضطراب النوم الشائع هو مصدر قلق للصحة العامة ، حيث يمكن أن يؤدي إلى الإرهاق البدني والعقلي. يُعرّف الأرق بأنه عدم القدرة على بدء النوم و / أو الحفاظ عليه ، و / أو نوعية النوم السيئة التي تؤدي إلى ضعف النهار. الطلاب أكثر عرضة لمشكلة الأرق بسبب العديد من العوامل. التغييرات في الجو الأكاديمي بالجامعة ، والزائد الأكاديمي ، والمسابقات ، والمخاوف بشأن المستقبل هي الأكثر شيوعاً

الهدف من هذه الدراسة: 1_ تقييم الأرق لدى طلاب جامعة البصرة

2_ معرفة العوامل التي تؤدي إلى الأرق

3_ توجيهات التوصيات

تحديد المشروع : المشاريع المنفذة في جامعة البصرة وبدأت الدراسة من كانون الاول 2021 الى كانون الثاني 2022. وبلغ عدد العينة 200 طالب وطالبة من جميع الكليات 113 طالبا و 87 طالبة

النتائج: أجريت هذه الدراسة لطلبة جامعة البصرة لمعرفة حالة الأرق لدى طلاب جامعة البصرة. وطرحت أسئلة مختلفة على عدد من طلبة جامعة البصرة من الجنسين (ذكورا وإناثا). تمت الموافقة على الدراسة وعرضها على الخبراء. ونسبة ساعات نوم الطلاب 4-6 (38%) ، 7-9 (44%) ، 10-12 (67 - 0.34) = (18%). وكانت النتيجة معتدلة

الاستنتاج : تم العثور على متوسط 7-9 ساعات من النوم بين طلاب جامعة البصرة. ومع ذلك ، يمكن تثقيف الطلاب من خلال المحاضرات حول أهمية الحصول على ساعات كافية من النوم حتى يكون الجسم مستقرًا عقليًا وجسديًا

التوصية :

- حاول ألا تأكل بعد فوات الأوان .
- تجنب الكحوليات والكافيين والتبغ .
- الحد من الوقت أمام الشاشات قبل النوم .
- الحفاظ على نمط حياة صحي .
- حصل على جدول نوم ثابت

تجنب استخدام الهاتف والإنترنت لفترات طويلة

الكلمات المفتاحية: الدراسة ، الأرق ، بين الطلاب



كلية التمريض / جامعة البصرة

دراسة عن الأرق لدى طلبة جامعة البصرة

مشروع بحث

دراسة مقدمة الى مجلس كلية التمريض في جامعة البصرة بواسطة

مقدم من قبل الطالبات

رانيا زيدان خلف - نور عبدالصمد نجم - فاطمة حسين كاظم

بإشراف

الاستاذ المساعد لؤي عبدالواحد شهاب

البصرة

2021-2022