Sleep Habits in College Students

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Section 002

Introduction

In today's culture, sleep is often dismissed or thought of as unimportant; however, it plays a vital role in reaching maximal performance. Adequate sleep time is critical for memory, problem-solving, decision-making, constructive thinking, and emotional intelligence (Eliasson et al., 2017). All these functions contribute to the capacity to learn and can have consequential impacts on college students. Some reasons contributing to a decrease in total sleep time include earlier school start times, more frequent paid employment, more homework, less parental oversight, and changing circadian rhythms (Eliasson et al., 2017). From an academic perspective, college students face academic demands, including examination periods, term papers, and deadlines (Friedrich and Schlarb, 2018). However, researchers have found that the average college student obtains only six hours per night (Adams et al., 2020). Specifically, in college students, it has been shown that the cause of insufficient and irregular sleep schedules comes from a combination of social and academic stresses (Eliasson et al., 2017). Freedom from parental supervision, more widespread use of alcohol and drugs, and an increase in workload are examples of social and academic stressors. (Eliasson et al., 2017). Findings show that in college students, "Up to 60 percent report bad sleep quality, 14.9 percent indicate difficulties falling asleep, 25.9 percent report waking up frequently at night, and 7.7 percent fulfill all general criteria for insomnia" (Friedrich and Schlarb, 2018).

The entirety of the human body is affected by lack of sleep. Cognitive and psychomotor functions, including mood, thinking, concentration, memory, learning, vigilance, and reaction times, decrease in performance in correlation to minimal hours of sleep. Further, there are proven relationships between the amount of sleep and health problems. These health problems include hypertension, type 2 diabetes, obesity, cardiovascular disease, and total mortality risk. Specific sleep disorders include insomnia, obstructive sleep apnea, and restless leg syndrome (Hillman and Lack, 2013). More specifically, for college students, poor sleep results in reduced learning capacity, poor declarative and procedural learning, and general reduced neurocognitive functioning (Friedrich and Schlarb, 2018). Increased morbidity and mortality are also associated with these sleep-related problems (Hillman and Lack, 2013).

Adults should receive, on average, between seven and nine hours of sleep per day. (Estevan et al. 2021). In the United States, between 40 and 65 percent of college students meet cut-off criteria for poor sleep (Becker et al., 2018). A study was conducted to describe sleep

patterns and problems in college students in the United States. The study shows that many college students obtain insufficient sleep, have an extended sleep onset latency, and experience generally poorer sleep quality (Becker et al., 2018). Depressive symptoms are associated with sleep patterns. In the same study, depressive symptoms were reported by students with poorer sleep quality, longer sleep onset latency, more night awakenings, and more significant daytime sleepiness. Insomnia was notably related to depressive symptoms (Becker et al., 2018). High rates of sleep disorders among college students have been recorded (Albqoor and Shaheen, 2021). One statistic showed that 27 percent of college students are at risk for developing one of the following sleep-related problems: sleep apnea, insomnia, restless leg syndrome, or snoring. "Sleep efficiency is defined as the ratio of the total sleep time in a night compared with the total time spent in bed" (Albqoor and Shaheen, 2021). Among undergraduate students, the prevalence of low sleep efficiency was 30.3 percent. Potential threats introduced because of decreased total sleep time, are increased anxiety, fatigue, absence of concentration, and below average performance. (Albqoor and Shaheen, 2021).

Mortality statistics in a study were observed, showing that 24.3 percent of all adults aged between 18 and 85 in the United States were estimated to have been obese and have a mean body mass index of 27.2 kg/m^2 (Buxton and Marcelli, 2010). A similar proportion, 25.2 percent, were estimated to have been told by a doctor that they had high blood pressure; around 13 percent had been told they had cardiovascular disease. Seven percent had been told they had diabetes (Buxton and Marcelli, 2010). The conclusions of this study show that short and long sleep duration were both significant in all models studied. Sleep duration measures were strongly associated with various health risks relative to family and geographical variables. Sleep duration was most strongly related to even better-established predictors of the development of obesity, diabetes, high blood pressure, and coronary vascular disorder (Buxton and Marcelli, 2010). More specifically, a study looked at sleep behaviors and their effect on developing cardiovascular disease (CVD), coronary heart disease (CHD), and stroke. Healthy sleep patterns including, early chronotype, sleeping for 7 to 8 hours a day, none or rare episodes of insomnia, no snoring, and no frequent excessive daytime sleepiness, were all associated with reducing the risk of developing CVD, CHD, and stroke (Fan et al., 2020).

To reach desired sleep-promoting goals, Healthy People 2030 combats poor sleep habits through analyzing current data. According to Healthy People 2030, "1 in 3 adults do not get

enough sleep" ("About Healthy People 2030"). The baseline of adults in 2017 who obtained enough sleep was 67.5 percent of adults 18 years or older. Lack of sleep increases the likelihood of developing health problems, for example, obesity, diabetes, heart disease, stroke, dementia, and cancer ("About Healthy People 2030"). Inadequate sleep is also a risk factor related to drowsy driving. The target goal is to increase the proportion of adults who get enough sleep to 68.6 percent. In 2019, 2.8 vehicular crashes per 100,000,000 miles traveled were caused by drowsy driving. The target goal is to decrease drowsy driving-induced crashes to 2.2 vehicular crashes per 100,000,000 miles traveled. Healthy People focuses on improving overall health by highlighting the importance of good sleep, consequences from lack of sleep, and how to help others get more sleep than usual ("About Healthy People 2030").

Theory

Theories are critical in the health field because they help researchers analyze various factors influencing behavior. These components that makeup health theories are constructs or explanations of behaviors found within an approach. Since behaviors are studied at an individual level, there will be differences between the participants. Health theories eliminate the possibility for discrepancy because everyone is uniquely investigated. After each individual's behavior is broken down, it allows recommended interventions to implement behavior modifications and promote change.

Health Belief Model

The Health Belief Model (HBM) is a commonly used model that analyzes the importance of sleep in college students. Psychologists developed the health belief model in 1950 working for the U.S. Public Health Service. The HBM consists of six constructs that attempt to explain and predict health behaviors on the individual level (Jones et al., 2020). These prime aspects are perceived susceptibility (to ill-health, risk perception), perceived severity (of ill-health), perceived benefits (of behavior change), perceived barriers (to acting), and self-efficacy (perceived ability to take recommended action) (Green and Murphy, 2014). Further, individual behaviors derive from the right combination of perceptions resulting in an individual's readiness to act. At the same time, cues to action come from health promotion messages through mass electronic or print media, peer education, health practitioners, and other channels or interventions (Green and Murphy, 2014).

Sleep deprivation can affect achievement and performance in college students. Daytime performance including, learning and memory functions, is promoted by REM sleep, which helps support the brain and body (Jones et al., 2020). Researchers did an educational-based intervention to improve sleep quality and sleep hygiene behaviors in first-year undergraduate students. The HBM uses a theoretical outline for the Research on Freshman and Sleeping Habits study. In this specific study, college students are sent text messages, with the content worded to reflect the HBM construct; these text messages served as cues to action. The HBM was used to help change the behavior of sleep patterns in college students through text messages that attempted to influence students' perceptions about sleep and its association with academic performance and happiness. The importance of using the HBM is that sleep hygiene behaviors and sleep knowledge would be improved upon by identifying a cue to action. Many more cues to action could be studied, such as the lighting in the room and or repetition of receiving a text message, that would impact the individual behavior change (Jones et al., 2020). The HBM serves as an excellent outline for identifying the different stages and factors influencing the behavior of choice, sleep.

Theory of Planned Behavior

The Theory of planned behavior (TPB) is an extension of the Theory of Reasoned Action (TRA) that was proposed by Ajzen and Fishbein (Ryan and Carr, 2010). Both are on the basis that individuals evaluate available information regarding specific behaviors that ultimately persuade them to make logical, reasoned decisions. Further, the performance of a behavior is within their control (Ryan and Carr, 2010). The TPB serves to understand how behaviors can change individually (Arafat and Ibrahim, 2018). It begins by assuming the behavior is planned, therefore predicting a deliberate behavior. After discovering that behavior is not entirely voluntary and cannot always be controlled, the perceived behavioral control construct was added, creating the TPB. The other constructs include behavioral beliefs, normative beliefs, and control beliefs. It has been found that usually, the greater the good behavior, subjective norm, and perceived control, the stronger one's intention to perform the behavior (Arafat and Ibrahim, 2018).

The Theory of Planned Behavior (TPB) demonstrates how behavioral intention is predicted by presuming volitional behavior, such as engaging in healthy sleep patterns (Lao et al., Wu 2016). Behavioral intention indicates the amount of effort a person is willing to designate

towards accomplishing a particular behavior. Under the TPB, intentional behavior determines attitude, perceived norms, and perceived behavior control. Attitude is the evaluation of the favorability of the behavioral outcome. Perceived norms are the perceived social pressures that come with engaging in a behavior or not. Perceived behavior control is the perceived capability to perform a specific behavior. Injunctive and descriptive norms further classify perceived behavioral control. Injunctive norms refer to an individuals' perception of what significant others would want of them regarding their engagement in the target behavior. Descriptive norms refer to measuring an individual's belief about other people's behavior (Lao et al., Wu 2016). TPB is productive in evaluating the concepts such as attitudes, perceived norms, injunctive norms, and descriptive norms one uses to prioritize sleep compared to other daily tasks.

A study examined the psychosocial factors contributing to healthy sleep intention and practice in college students under the framework of the TPB (Lao et al., Wu 2016). It was hypothesized that both behavioral intention and self-reported sleep patterns of college students are positively correlated with attitude, injunctive and descriptive norms, perceived behavioral control, and parental nurturance, while negatively correlated with perceived invulnerability. The study was conducted by targeting students enrolled in introductory psychology courses. Of those students who had given their consent of participation, they received a self-administered anonymous questionnaire. Each construct in the TPB, except attitudes, was measured according to the 7-point Likert scale (ranging from 1 'strongly disagree' to 7 'strongly agree'). The TPB constructs are behavioral intention, perceived behavioral control, injunctive norm, and descriptive norm. Examples of the constructs are listed respectively, "in the future month, I plan to practice healthy sleep," "it is up to me whether or not I practice healthy sleep," "my friends want me to have healthy sleep patterns," and "my parents sleep healthily" (Lao et al., Wu 2016). Attitudes were measured using a six 7-point semantic differential scale. For example, "to me having a healthy sleep at night would be bad (1) to good (7)" (Lao et al., Wu 2016). The results concluded that healthy sleep patterns were positively associated with behavioral intention, attitude, injunctive norm, perceived behavioral control, and parental nurturance. The TPB allowed researchers to break down the underlying factors related to college students' sleep practices to raise awareness to those with negative sleep habits and further educate students on the importance of good sleep (Lao et al., Wu 2016). The study researched regarding the TPB produced results that allowed college students to physically observe their sleep habits and why

they choose certain behaviors based on the accumulation of constructs and concepts. This breakdown of behavioral choices resulted in the ability for college students to individualize confident behavioral choices aimed at sleep habits to correct negative patterns. Ultimately, the studies helped promote healthy sleep habits in college students.

Intrapersonal Factors

Intrapersonal factors include characteristics and perceptions of an individual such as knowledge, attitudes, beliefs, experiences, values, and self-efficacy. Also, it includes demographic factors such as age, gender, economic status, and education. Personal beliefs, attitudes, and knowledge can be primarily impacted by the behavior of sleeping. Belief could persuade the importance of sleep in one's life due to a level of confidence or lack thereof towards receiving adequate sleep. A positive or negative attitude towards sleep would influence the amount of sleep one allocates for themself. Knowledge of sleep corresponds to the amount of education one has or does not have about the importance of sleep. Demographic factors are characteristics that make up an individual and determine physical benefits or barriers that hinder or encourage a person to obtain rest. For example, the amount of sleep one should get nightly will change depending on one's age.

The lifestyles college students live do not prioritize sleep. Records show that college students exhibit a decrease in the quantity and quality of sleep, suffer from inadequate sleep hygiene, circadian dysrhythmia, insomnia, and poor sleep habits, including excess caffeine consumption, frequent naps, sparse sleep, and inconsistent sleep schedules (Kloss et al., 2016). All these primarily contribute to sleep interferences in this population. A study was conducted to educate college students about the importance of sleep. To improve and dissolve prior assumptions about sleep need, methods such as education, can be used to address the negative effects on cognitions and behaviors and develop new strategies to compensate for these sleep related problems. By raising awareness about the cognitive and behavioral effects of sleep and teaching strategies to overcome sleep problems, myths and assumptions about sleep and sleep need would be corrected and dismissed. This knowledge-based intervention aims to decrease potential issues and prevent adverse effects on sleep deprivation (Kloss et al., 2016).

The same study assesses maladaptive beliefs and attitudes. Maladaptive beliefs and attitudes about sleep refer to faulty opinions and appraisals, unrealistic expectations, and perceptual and attention bias about sleeplessness and its daytime consequences that most college

students usually exhibit (Kloss et al., 2016). Research shows that maladaptive beliefs and attitudes regarding sleep are associated with cognitive arousal and insomnia symptoms in older adults. This study targeted college students, using brief educational strategies to decrease previous biases. College students were divided into two groups, the sleep 101 education group and the control group. The summary of their research supported the use of brief intercessions to assist college students towards increasing their knowledge about sleep while decreasing maladaptive beliefs and attitudes toward sleep. The results can reduce negative adverse effects due to poor sleep habits (Kloss et al., 2016).

Demographic characteristics were obtained in a study measuring the prevalence and differences in habitual sleep efficiency, sleep disturbances, and the use of sleep medication among university students (Albqoor and Shaheen, 2021). These factors included age, gender, marital status, academic performance (measured by GPA), academic level (in years), employment status, monthly family income, residency, smoking status, physical activity level, height in meters, and weight in kilograms. An example of a gender discrepancy is women are 40 percent more likely to develop insomnia than men. Low socioeconomic factors include, minial income, little education, and unemployment. Among these individuals there is an increased number of health-related problems associated with poor sleep quality. The sleep disturbances produced differences that were statistically significant between sleep efficiency and students' marital status, smoking status, and academic achievement. Among married students, a significantly higher mean rank of sleep efficiency was measured compared to single students. Students who were smokers had a higher mean status of sleep efficiency than students who were not smokers. Lastly, students with high GPAs had the highest mean rank of sleep efficiency among college students. Regarding gender differences, women have a 40 percent increased risk for developing insomnia compared to men. It was concluded that students' gender, marital status, income, smoking status, and academic achievement are essential factors associated with positive sleep outcomes (Albqoor and Shaheen, 2021).

Alcohol, caffeine, stimulant, and technology use partly contribute to poorer sleep habits (Hershner and Chervin, 2014). These factors are mainly socially oriented and can alter one's personality to be well-liked by peers. Alcohol is consumed approximately by four out of five college students; it shortens sleep latency while promoting fragmented sleep during the latter half of the night. In this study, caffeine consumption produced effects that lasted 5.5 to 7.5 hours,

thus suggesting that if consumed too late in the day, it could hinder one's ability to fall asleep. Among energy drink users, 67 percent compensated for insufficient sleep with the use of energy drinks. College students' primary reason for stimulant use, prescribed or non-prescribed, is to "stay awake to study." There were reports of worse sleep quality among those who used stimulant medications. Students who engage in electronic screen use through methods such as video games and social media experience increased alertness and stimulation before bed; ultimately, delaying circadian rhythms, encouraging later bedtimes, and producing insufficient sleep (Hershner and Chervin, 2014).

Interpersonal Factors

Interpersonal factors include relationships between individuals and social groups, including family members, friends, co-workers, neighbors, peers, and bosses. Interpersonal relationships can be formal or informal. All of these have possible direct and indirect effects on sleep. These will be evaluated regarding the amount of sleep an individual receives because of relational effects.

An individual's interaction with their parents impacts interpersonal behavior, mental health, and personality development (Wang et al., 2020). Peers are also essential in the development of personal relationships. Interpersonal interactions affect one's emotions. Positive interpersonal interactions lead to lower levels of depression and detrimental feelings, while negative interpersonal interactions lead to higher levels of depression and more harmful emotions. These emotions can affect sleep in a cyclical cycle. Poor interpersonal interactions can lead to substandard sleep quality, shorter sleep time, and even insomnia. Poor sleep can thus result in more erratic and aggressive interpersonal interactions due to decreased neurobehavioral functioning and alertness. A study found that higher interpersonal interactions may result in less interpersonal pressures and more favorable emotional regulations, thus improving sleep quality (Wang et al., 2020).

Another study examines interpersonal stressors among college students that arise from the "fear of missing out" and can potentially impact mental health (Adams et al., 2020). The concept of "fear of missing out" (FOMO) comes from the lack of connectedness or closeness with others. The anxiety and worry about what others may be doing in one’s absence can lead to a poor mood, decreased sense of life satisfaction, and ultimately dysregulated sleep. Undergraduate students were evaluated, and it was also found that students had elevated rates of

depression and anxiety, reported poorer sleep quality or reduced sleep quantity. In 2015, of the undergraduate students surveyed, 61 percent showed anxiety symptoms, and 49 percent showed signs of depression. Those who met the criteria for insomnia reported increased rates of fatigue, mental health, hypnotic and stimulant use, and decreased quality of life. Also, interpersonal stressors tend to arise when individuals emphasize maintaining relationships and avoiding rejection. The study results concluded an association between higher levels of interpersonal stress, FOMO, and insomnia, resulting in poorer mental health outcomes. These mental health outcomes are both directly and indirectly influenced by compromised sleep. (Adams et al., 2020).

Interpersonal factors affect large portions of daily social interactions that affect individuals in a cyclical cycle. Interpersonal stressors can alter one's emotions, leading to a positive or negative perception of one's self-value and worth. These feelings can result in mental health outcomes, hindering sleep habits, thus affecting the quantity and quality of sleep an individual can obtain.

Organizational, Community, Environmental, and Policy Factors

Organizational or institutional factors include the rules, regulations, policies, and informal structures that constrain or promote healthy behaviors. "Sleep is an influential component of human health and effective daily functioning and yet is often undervalued in many organizations" (Pilcher and Morris, 2020). Organizations have an indirect effect on one's sleep habits. Organizations can influence the environment by creating more or less work. These potential tasks correspond to potential additional stressors that affect the individual and interact with friends, family, significant others, and professors. Organizational demands can also impact our circadian rhythms and create a sustained physiological drive for sleep (Pilcher and Morris, 2020).

Similarities and differences between organizations, such as workplaces and universities, can be researched to raise awareness. Human resource management monitors risk factors that impact employee health and well-being and productivity in the workplace (Pilcher and Morris, 2020). A common cause of sleep and sleepiness in the workplace is poor sleep-related habits or occupational requirements such as shift work. This undervalued behavior often has severe negative impacts on employee health. Sleep deprivation impacts issues including immune defense reaction, cardiovascular functioning, metabolic disorders, mood disorders, affective

reactivity, motivation, personal effort, accidents in the workplace, and performance on more complex cognitive tasks. Between 15 and 30 percent of the working population in developed countries use shift work schedules that often work against the body's endogenous circadian rhythm, ultimately promoting sleep disturbances and disorders (Pilcher and Morris, 2020).

The same is true for organizations such as universities. The primary goal of universities today is to equip students with the skills, knowledge, and ethical responsibility needed to succeed in the workforce in terms of the new global economy (Chan, 2016). The habits that one develops during college are likely to influence their behavioral patterns in the future. These habits can be positive or negative, producing both benefits and barriers (Chan, 2016). The rules, regulations, policies, and informal structures developed at an organizational level can affect one's sleep duration, affecting performance in other groups of the social-ecological model.

Community influences can be formal or informal social norms among individuals, groups, or organizations, limiting or enhancing healthy behaviors. In college students, sleep problems and alcohol misuse are two commonly experienced issues that can adversely affect overall health (Kenney et al., 2014). The study showed that poorer sleep quality and higher drinking motives predicted greater alcohol-related consequences than higher sleep quality and lower drinking motives. Drinking motives included coping, conformity, and enhancement. Reports indicate that 80 percent of students have consumed alcohol, and of those, 40 percent engage in heavy episodic drinking. Up to 50 percent of students report having erratic sleep schedules, later bedtimes, trouble sleeping, and sleeping minimal hours, and 60 percent report overall poor sleep quality. These prohibiting factors show that sleep span and quality have gradually diminished among college students (Kenney et al., 2014).

Increased normative drinking behaviors are most linked to social motives (Kenney et al. 2014). The link between alcohol consumption and social behaviors is an example of a community-level influence affecting college students' sleep. Sleep-deprived individuals may be more susceptible to an increase in motivation for drinking due to impaired physical and executive functioning. The study concluded that weekly consumption of alcoholic drinks positively correlates with being male, white racial status, poorer sleep quality, and coping, social, and enhancement motives (Kenney et al., 2014).

The physical environment affects health directly through exposure or indirectly by influencing people's perceptions of safety and risk. Environmental factors that primarily affect

sleep habits in college students are sound and light disturbances (Sexton-Radek and Hartley, 2013). Health surveys have identified predictors of stress related to self-care of young adults as sleep disturbances. Sleep hygiene practices include regular bedtimes and wake-up times, decreasing noise and light levels, maintaining agreeable room and body temperatures, avoiding caffeine, alcohol, and nicotine input before bed, and maintaining healthy diet and exercise. Sleep recommendations identify the use of comfortable mattresses, the number and types of pillows, and the temperature of the room, the need to darken the room during pre-sleep and prevent sunlight exposure during the early morning before the desired wake time, and the reduction of noise or the use of a relaxing noise. College residence halls rarely consider these recommendations. A study hypothesized that there would be a positive correlation between sleep disturbances and the environment in a college residence hall setting. The results confirmed the researcher's hypothesis, and conclusions regarding the five most endorsed environmental sleep disturbances were: disturbances in the room after going to bed, sunlight in the room, noise in the hallway at bedtime and earlier than regular wake up time, light on in the room and cell phone calls, texts, and chat bings (Sexton-Radek and Hartley, 2013).

Policy factors include local, state, and federal policies and laws regulating or supporting health actions and practices for disease prevention, including early detection, control, and management. A significant public health and safety problem in the United States is drowsy driving (Lee et al., 2016). Recent estimations show that 328,000 police-reported automobile crashes involved drowsy drivers. Of these, 109,000 hits resulted in injuries, and 6,400 were fatal. Drivers between the ages of 16 and 29 are at a greater risk for becoming involved in crashes with high prevalence rates of drowsy driving episodes, including college-aged students. Healthy People 2020 has recently created an objective regarding the U.S. Government's response to raising awareness and increasing knowledge of this national health issue (Lee et al., 2016).

A study was conducted to collect data on university students between the ages of 18 and 29. The results reported high rates of experience driving while drowsy or asleep (Lee et al., 2016). Around three-quarters of students said drowsy driving at least once in their lifetime. Three in twenty students reported drowsy driving more than once in the past 30 days. Over one-third of the students reported driving while asleep at least once in their lifetime, and of those, one in twenty students reported doing so within the past 30 days. This study implies that there are significant public health and safety concerns when it comes to drowsy driving. In this study, the

predictive utility of behavioral change theories is assessed scientifically in the context of drowsy driving. They promote the Theory of Planned Behavior and Prototype Willingness Model, as it may help predict intentions and willingness to engage in tired driving behaviors among university students (Lee et al., 2016).

Suggestions for Intervention

After conducting thorough research on the importance of sleep and the effects lack thereof can have on college students, interventions must be done. Sleep is essential in one's ability to properly function; especially, when performing higher cognitive levels of functioning, as do most college students. Some of the most common challenges found in maintaining adequate amounts of sufficient sleep are the lack of knowledge on the importance of sleep, social challenges, and academic stressors. Overall, the college experience possesses excellent value in equipping young adults with a structured environment centered around gaining the knowledge, skills, and independence necessary to chart their path, become employed, and contribute to society (Hershner and Chervin, 2014). Therefore, interventions to these poor sleep patterns must maintain college students' physical, social, and mental well-being.

Specific measures of quality and quantity are needed to obtain an abundant amount of sleep. One way universities could increase the importance of sleep among college students is through educational strategies. In a previously mentioned study, educational-based interventions successfully decreased maladaptive beliefs towards sleep and attitudes (Kloss et al., 2016). A weak association between knowledge and practice was found in another study evaluating the association between sleep hygiene awareness and sleep hygiene practice; however, good hygiene practice was strongly correlated with good sleep quality (Hershner and Chervin, 2014). This suggests that while knowledge-based interventions do produce some positive results, the act of putting one's knowledge into practice is where time and effort need to be directed.

Another intervention method, enforcing quieter living environments between certain hours, can promote better sleep quality and quantity. A study concluded that the five most common disturbances are in the room after going to bed, sunlight in the room, noise in the hallway late at night and early in the morning, light on in the room, and cell phone disturbances (Sexton-Radek and Hartley, 2013). Of these disturbances, authority figures can control noise in the hallways by enforcing stricter rules within a specific period. Also, lighting in the room can be controlled, in on-campus living, by providing darker shades and adjustable lighting. Educational

practices can control the amount of knowledge a college student receives on the importance of sleep; thus, helping regulate disturbances within rooms through indirect modifications. These coincide to produce better attitudes and beliefs on the importance of sleep, ultimately guiding the goal in which college students better prioritize sleep.

Another way to support good sleep habits, in my opinion, is by requiring professors within majors to collaborate with respect to scheduling exam dates. These communication practices would allow exam dates to be spaced out and decrease the likelihood that multiple exams would fall on the same day. Professors should also be required to give adequate time to complete assignments, noting that specific assignments, such as projects, may be more complex and time-consuming. As a college student who regularly experiences multiple examinations and due dates on the same day, I directly experience the behavior and effects of minimal sleep. The major problem arises when numerous exams and assignments are due all on the same day. Even if preparation were to take place weeks in advance, maintaining good grades and productive levels of sleep at the same time is impossible. There is a feeling of obligation to focus solely on the next major exam or assignment, and with multiple falling on the same day, prioritization of classes must occur. Thus, if there were a way to better regulate the scheduling of examination days, every college student would have a fair opportunity to perform. With the application of these strategies, good sleep behaviors in college students would be promoted, resulting in higher levels of overall performance.

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