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Sleep Among Young Adults Living in Rural Poverty

Susan Barber Skinner, PhD

Abstract

Sleep problems are implicated in individual health and public safety issues. **This phenomenological study used semi-structured interviews (n = 12) of young adults living in rural poverty.** Thematic analysis was used to identify themes including a struggle to balance sleep with preferred activities and a belief that the body controls sleep behavior.

Problem

Sleep issues are associated with:

- increased risk of injury,
- alcohol use,
- relationship problems,
- negative perceptions of personal health

These issues are more pronounced among young adults and are further exacerbated by:

- socio-economic status
- the challenges of rural life
- low health literacy
- insufficient resources

(Chang et al., 2012; Hale & Hale, 2010; Liu et al., 2013)

The study addressed the need for an approach to sleep problems that is sensitive to culture and community that explores the experience beyond the limitations imposed by use of traditional survey or evaluation instruments (Bischoff et al., 2014; Canto, Brown & Deller, 2014).

Purpose

The purposes of the study were to explore and gather rich descriptions of the lived experience of sleep among young adults living in rural poverty to inform development of culturally relevant prevention and intervention strategies to improve health behaviors in this population.

Relevant Literature

Sleep quality, quantity, and daytime sleepiness, are the focus of what the Centers for Disease Control (CDC, 2014a) have labeled a “public health epidemic.”

Poverty and characteristics of rural life exacerbate sleep issues and their consequences (Chang et al., 2012; Liu et al., 2013). Insomnia is reported by 38% of those living in rural areas and by 24% of those whose incomes are at 100% of federal poverty guidelines (CDC, 2014b; Kocoglu, Akin, Cingil, & Sari, 2013).

Knutson (2013) urged **moving beyond sleep as a biological function** to explore how cultural perspectives vary regarding sleep to aid in identifying novel targets for interventions to improve sleep.

Theoretical Framework

The theory of planned behavior (TPB) constructs were employed as a framework in this study and informed development of the interview protocol. (Ajzen, 1991). Selection of theory based on its use in sleep medicine.

Research Questions

RQ1: What is the lived experience of sleep among young adults living in rural poverty?

RQ2: What do young adults living in rural poverty believe about sleep?

RQ3: How do subjective norms influence sleep behavior among young adults living in rural poverty? Sub-question: What sources of external input are most influential?

RQ4: How do young adults living in rural poverty perceive their ability to control their sleep behavior?

RQ5: What are the intentions of young adults living in rural poverty about sleep? Sub-question: How does this influence sleep quantity and quality?

RQ6: How are personal experiences with sleep linked to a larger cultural context?

Procedures

Recruitment: Flyers posted in community locations in Clinton, Essex, Franklin, Herkimer, and St. Lawrence counties of NYS.

Eligibility: Based on age (18-24) and income (<\$20,000), and educational status (not enrolled in secondary education); determined through telephone interviews.

Interviews: Conducted using a protocol informed by qualitative methodology, the theory of planned behavior, and instruments commonly used in the sleep medicine: the *Sleep Hygiene Index*, and the *Dysfunctional Beliefs and Attitudes about Sleep* instrument. (Ajzen, 1991; Mastin & Corwyn, 2006; Morin, Vallières, & Ivers, 2007).

Data Analysis

Thematic analysis was conducted using a six-phase process (Braun & Clarke, 2006).

Findings

The struggle to balance external demands and preferred activities with the need for sleep is evident in all aspects of decisions about sleep from initiation to the impact of sleep on health and productivity.

Participants expressed a preference for making sleep decisions based on their experience and relationships with important referents

- **Beliefs:** “the body” controls sleep behavior. This belief influenced perceived behavioral control as well as intention and motivation to sleep.
- **Subjective norms:** Family, employers, authority figures (e.g., physician), and agencies providing services to the individual or their family were identified as influencers of sleep behavior.
- **Perceived behavioral control:** Participants expressed a lack of agency in regard to sleep citing limited power and capacity, especially as it concerned the sleep environment.
- **Intention:** Cautious and conditional statements were made about ability to act on intention to sleep
- **Context:** Pronounced skepticism existed about information on sleep, health, or safety issues involving sleep (e.g., drowsy driving).

Limitations

The sample size is too small to generalize the findings.

Participants may have been unwilling or unable to accurately share details of their lived experience of sleep.

Conclusions

Participant responses regarding obtaining information from healthcare providers, social media, and public health brochures revealed **substantial skepticism** about the information and a **reluctance to act** on that information.

The findings suggest that public health educators and healthcare providers developing educational programs and treatment protocols face significant challenges rooted in strong beliefs about sleep behavior.

Social Change Implications

At an individual level, positive social change may be realized through **the participants’ experience of being heard** and having opinions documented for sharing with others.

Qualitative research provided a vehicle for helping these individuals to find their voices and share information within a theoretical framework appropriate for examination of health behaviors.

Public health and healthcare professionals may be able **to develop more meaningful assistance for marginalized populations by learning about their lived experiences** with health behaviors such as sleep.

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