Daytime Sleepiness Among Staff at a Higher Education Institution in the Amazon Region

Sonolência Diurna em Servidores da Instituição de Ensino Superior da Região Amazônica

Somnolencia Diurna en Servidores de una Institución de Educación Superior de la Región Amazónica

RESUMO

Objetivo: Analisar sonolência diurna de servidores de instituição de ensino superior da região amazônica e fatores sociodemográficos e de saúde associados. **Métodos:** Estudo epidemiológico descritivo e quantitativo realizado com servidores técnicos e docentes em uma universidade pública localizada no norte do Brasil. A amostra probabilística não intencional foi de 270, onde 145 eram docentes e 125 técnicos administrativos. A coleta ocorreu entre maio e outubro de 2024, com os instrumentos: Questionário Sociodemográfico e de Saúde (QSDS) e Escala de Sonolência diurna de Epworth (ESE). Excluiu-se servidores em afastamento. Realizou-se análise estatística descritiva e seguiu-se os critérios éticos.v**Resultados:** Verificou-se que a sonolência moderada foi mais frequente em docentes (77,78%) e apresentou maior predominância no gênero feminino (77,78%). **Conclusão:** Observar a sonolência diurna pelas lentes de gênero, presença de lazer traz a superfície debates sociais necessários ao entendimento das complexidades do fazer em saúde.
DESCRITORES: Sono; Empregados do Governo; Universidades.

ABSTRACT

Objective: To analyze daytime sleepiness among staff at a higher education institution in the Amazon region and the associated sociodemographic and health factors. **Methods:** This was a descriptive and quantitative epidemiological study conducted with technical and teaching staff at a public university located in northern Brazil. The non-probabilistic sample included 270 participants, comprising 145 faculty members and 125 administrative technicians. Data collection took place between May and October 2024, using the Sociodemographic and Health Questionnaire (SDHQ) and the Epworth Sleepiness Scale (ESS). Staff members on leave were excluded. Descriptive statistical analysis was performed, and ethical guidelines were followed. **Results:** Moderate sleepiness was more frequently observed among faculty members (77.78%) and was more prevalent among women (77.78%). **Conclusion:** Observing daytime sleepiness through the lenses of gender and leisure presence brings to light necessary social debates for understanding the complexities of healthcare practice
DESCRIPTORS: Sleep; Government employees: Universities

RESUMEN

Objetivo: Analizar la somnolencia diurna de los servidores de una institución de educación superior de la región amazónica y los factores sociodemográficos y de salud asociados. **Métodos:** Estudio epidemiológico descriptivo y cuantitativo realizado con servidores técnicos y docentes de una universidad pública ubicada en el norte de Brasil. La muestra no probabilística intencional fue de 270 participantes, de los cuales 145 eran docentes y 125 técnicos administrativos. La recolección de datos se llevó a cabo entre mayo y octubre de 2024, utilizando los instrumentos: Cuestionario Sociodemográfico y de Salud (QSDS) y la Escala de Somnolencia Diurna de Epworth (ESE). Se excluyeron los servidores que estaban de licencia. Se realizó un análisis estadístico descriptivo y se siguieron los criterios éticos. **Resultados:** Se verificó que la somnolencia moderada fue más frecuente en los docentes (77,78%) y presentó mayor predominio en el género femenino (77,78%). **Conclusión:** Observar la somnolencia diurna a través de las lentes de género y la presencia de ocio saca a la superficie debates sociales necesarios para comprender las complejidades del quehacer en salud.
DESCRIPTORES: Sueño; Empleados del Gobierno; Universidades

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INTRODUCTION

Daytime sleepiness is defined as the difficulty a person has in staying alert and awake during stages of wakefulness during the day, causing involuntary lapses of sleepiness. The propensity for increased sleep with the need to nap during the day is related to impaired personal performance, as well as affecting learning, social interaction, and quality of life [1].

Daytime sleepiness may be associated with changes in the circadian rhythm, which is closely related to the sleep-wake cycle. This rhythm operates like a biological clock with a duration of approximately 24 hours, synchronized with hormone release and the environmental cycle of light and darkness. When there is a misalignment between this internal clock and th , natural cycle of day and night, daytime sleepiness or insomnia may occur, in addition to stress and physical, psychological, and professional impacts [2].

Factors such as late-night use of electronic devices, caffeine consumption, academic stress associated with lack of physical activity, internal and external social pressures, and poor sleep quality can also contribute to daytime fatigue, which leads to daytime sleepiness [3].

In the age of productivity, industrialized society, combined with the contemporary lifestyle, has contributed to the emergence of several factors that hinder quality rest. Excessive exposure to artificial light at night interferes with the receptors responsible for perceiving sunlight in the body, affecting the production of melatonin, a sleep-inducing hormone, which can lead to poor sleep quality and daytime sleepiness as a result [4].

Despite the importance of the subject, there are still few scientific studies that investigate sleep patterns in northern Brazil in depth. The lack of specific research on this location hinders the creation of effective public policies and intervention strategies to deal with sleep disorders, daytime sleepiness, and their effects on the mental health of public servants in the region. This deficiency highlights the need for studies that provide consistent data appropriate to the local reality.

Given this scenario, the objective is to analyze the sociodemographic and health characteristics of daytime sleepiness among teachers and technical-administrative staff at Higher Education Institutions (HEIs) in the Amazon region.

METHOD

This is a descriptive epidemiological study with a cross-sectional design and a quantitative approach. Data collection was carried out at three different campuses of a public higher education institution (HEI) located in the extreme north of Brazil in the Amazon region, between May and October 2024.

The study population consisted of

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teaching and technical-administrative staff. Staff on leave or any type of absence were excluded. The sample was 270 and was non-intentional probabilistic.

Daytime sleepiness was measured using the Epworth Sleepiness Scale (ESS). The ESS is a widely used instrument for assessing excessive daytime sleepiness. The validated version for Brazilian Portuguese consists of a series of eight non-diagnostic everyday situations. in which the individual is given a score from 0 to 3, representing, respectively, no chance and high probability of dozing off. The final score is obtained by adding the scores assigned to each situation and is interpreted according to the following intervals: between 0 and 10 points, no danger; between 10 and 16 points, slight danger; between 16 and 20 points, moderate danger; and between 20 and 24 points, dangerous.

The Sociodemographic and Health Questionnaire (QSDS) was used to characterize sleep quality patterns.

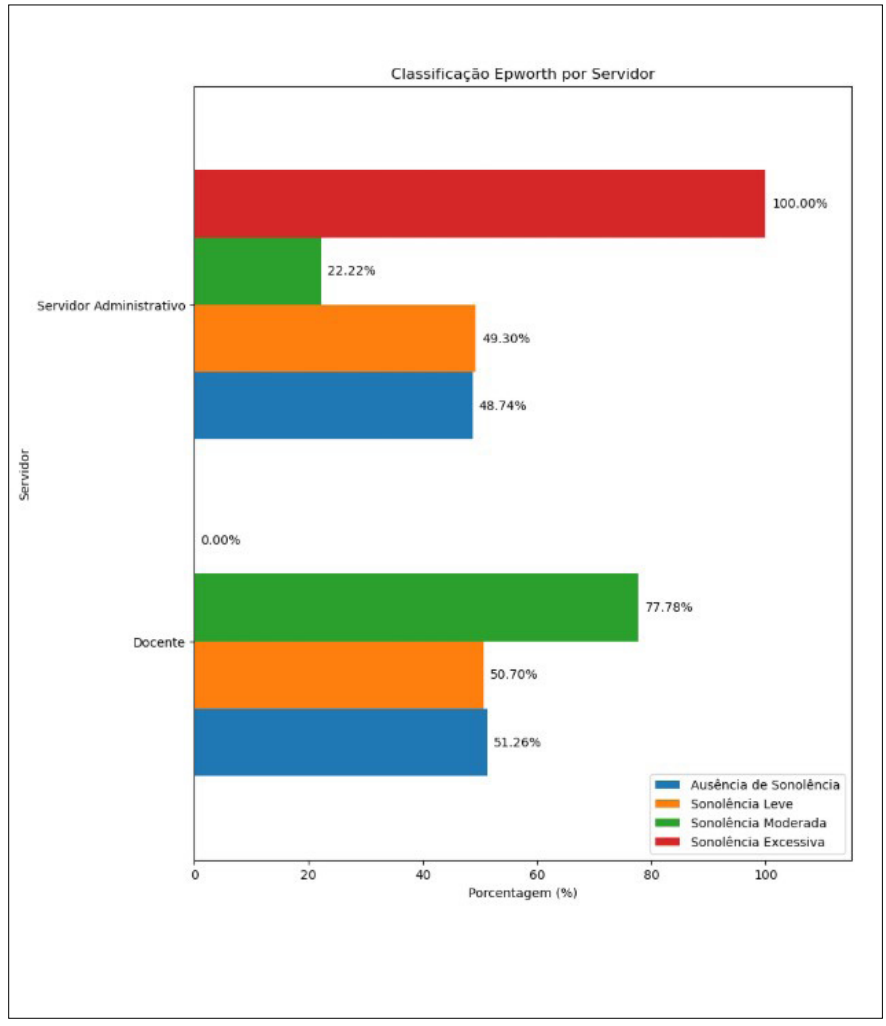
Data analysis was performed using descriptive statistical analysis based on absolute and relative frequencies. Subsequently, sociodemographic and health aspects were explored according to daytime sleepiness using Pearson's chi-square and Fisher's exact tests. The data obtained were tabulated and coded by the research team in Microsoft Windows Excel (16.0), using double data entry. The analyses were performed in Stata 13.

The article followed the recommendations of the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) instrument[6]. This research followed the standards of Resolution CNS/MS № 466/12, which regulates the guidelines and standards for research involving human beings, and was carried out after approval by the Research Ethics Committee (CEP) with CAAE: 66050522.0.0000.5302.

RESULTS

A total of 270 employees were interviewed, of whom 145 were teachers and 125 were administrative technicians. Graph 01 shows the distribution of the type of sleepiness in the study population. Moderate sleepiness was more frequent among teachers (77.78%), while excessive sleepiness occurred only among administrative technicians (100.00%).

Graph 01: Distribution of the type of daytime sleepiness in administrative technicians and teachers at a higher education institution according to the Epworth classification (N= 270), Boa Vista, 2024.



Regarding sociodemographic characteristics, it was possible to verify that the majority of employees were female (55.39%), aged between 30 and 39 years (40.67%), self-declared brown (54.85%), belonging to social class B (60.31%), and single (47.57%).

In addition, the largest portion reported living with 1-4 people (75.76%) and with family (73.51). Regarding religion, there was a higher frequency of Catholics (42.26%), with a large portion being practicing (51.52%) (Table 1).

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Table 01 – Sociodemographic characteristics according to the Epworth e Scale in employees of an HEI, Boa Vista, 2024.

Characteristics	Absence of sleepiness	Excessive sleepiness	Mild sleepiness	Moderate sleepiness	Total	p-value*
	N (%)	N (%)	N (%)	N (%)	N (%)	
Gender						
Female	109 (57.07)	0 (0.00)	33 (48.53)	7 (77.78)	149 (55.39)	0.011
Male	82 (42.93)	1 (100.00)	34 (50.00)	1 (11.11)	118 (43.87)	
Non-binary	0 (0.00)	0 (0.00)	1 (1.47)	1 (11.11)	2 (0.74)	
Total	191 (100.00)	1 (100.00)	68 (100.00)	9 (100.00)	269 (100.00)	
Age						
20	23 (12.11)	0 (0.00)	13 (19.12)	2 (22.22)	38 (14.18)	0.701
30	74 (38.95)	1 (100.00)	31 (45.59)	3 (33.33)	109 (40.67)	
40	54 (28.42)	0 (0.00)	16 (23.53)	3 (33.33)	73 (27.24)	
50	28 (14.74)	0 (0.00)	5 (7.35)	1 (11.11)	34 (12.69)	
60	12 (6.28)		3 (4.41)	0 (0.00)	15 (5.58)	
Total	191 (100.00)	1 (100.00)	68 (100.00)	9 (100.00)	269 (100.00)	
Ethnicity						
Yellow	1 (0.53)	0 (0.00)	2 (2.94)	1 (11.11)	4 (1.49)	0.051
White	73 (38.42)	1 (100.00)	19 (27.94)	4 (44.44)	97 (36.19)	
Brown	105 (55.26)	0 (0.00)	38 (55.88)	4 (44.44)	147 (54.85)	
Black	11 (5,79)	0 (0.00)	9 (13.24)	0 (0%)	20 (7.46)	
Total	190 (100.00)	1 (100.00)	68 (100.00)	9 (100.00)	268 (100.00)	
Social class						
Class A	6 (3.35)	0 (0.00)	1 (1.47)	1 (11.11)	8 (3.11)	0.597
Class B	111 (62.01)	1 (100.00)	39 (57.35)	4 (44.44)	155 (60.31)	
Class C	50 (27.93)	0 (0.00)	21 (30.88)	3 (33.33)	74 (28.79)	
Class D/E	12 (6.70)	0 (0.00)	7 (10.29)	1 (11.11)	20 (7.78)	
Total	179 (100.00)	1 (100.00)	68 (100.00)	9 (100.00)	257 (100.00)	
Marital status						
Married or Partner	87 (45.79)	0 (0.00)	27 (40.30)	6 (66.67)	120 (44.94)	0.478
Divorced or Separated	13 (6.84)	0 (0.00)	6 (8.96)	1 (11.11)	20 (7.49)	
Single	90 (47.37)	1 (100.00)	34 (50.75)	2 (22.22)	127 (47.57)	
Total	190 (100.00)	1 (100.00)	67 (100.00)	9 (100.00)	267 (100.00)	
Lives with How Many People						
1	149 (79.68)	1 (100.00)	44 (65.67)	6 (66.67)	200 (75.76)	0.133
5	14 (7.49)	0 (0.00)	11 (16.42)	2 (22.22)	27 (10.23)	
Alone	24 (12.83)	0 (0.00)	12 (17.91)	1 (11.11)	37 (14.02)	
Total	187 (100.00)	1 (100.00)	67 (100.00)	9 (100.00)	264 (100.00)	
Lives with						
Family	143 (74.87)	0 (0.00)	46 (68.66)	8 (88.89)	197 (73.51)	0.385
Relatives	2 (1.05)	0 (0.00)	2 (2.99)	0 (0.00)	4 (1.49)	
Republic	1 (0.52)	0 (0.00)	0 (0.00)	0 (0.00)	1 (0.37)	
Alone	45 (23.56)	1 (100.00)	19 (28.36)	1 (11.11)	66 (24.63)	
Total	191 (100.00)	1 (100.00)	67 (100.00)	9 (100.00)	268 (100.00)	
Religion						
Afro-Brazilian	4 (2.13)	0 (0.00)	4 (5.97)	0 (0.00)	8 (3.02)	0.462
Agnostic	12 (6.38)	0 (0.00)	3 (4.48)	0 (0.00)	15 (5.66)	
Catholic	83 (44.15)	0 (0.00)	25 (37.31)	4 (44.44)	112 (42.26)	
Spiritist	12 (6.38)	0 (0.00)	1 (1.49)	1 (11.11)	14 (5.28)	
Other	40 (21.28)	0 (0.00)	17 (25.37)	1 (11.11)	58 (21.89)	
Protestant	37 (19.68)	1 (100.00)	17 (25.37)	3 (33.33)	58 (21.89)	
Total	188 (100.00)	1 (100.00)	67 (100.00)	9 (100.00)	265 (100.00)	

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Religious practice						
No	94 (50.00)	1 (100.00)	29 (43.94)	4 (44.44)	128 (48.48)	
Yes	94 (50.00)		37 (56.06)	5 (55.567)	136 (51.52)	
Total	188 (100.00)		66 (100.00)	9(100.00)	264 (100.00)	

With regard to behavioral aspects, it was found that most were non-smokers (95.15%), and a large proportion also reported not drinking alcohol (50.56%). Most participants engaged in leisure activities (83.27%), with a significant difference between the groups, with a higher proportion of subjects without sleepiness (84.82%) (83.27%) (Table 2).

Table 02 – Behavioral characteristics according to the Epworth scale in employees of an HEI, Boa Vista, 2024.

Characteristics	Absence of sleepiness	Excessive sleepiness	Mild sleepiness	Moderate sleepiness	Total	p-value*
	N (%)	N (%)	N (%)	N (%)	N (%)	
Tobacco use						
No	182 (95.79)	1 (100.00)	63 (92.65)	9 (100.00)	255 (95.15)	0.600
Yes	8 (4.21)	0 (0.00)	5 (7.35)	0 (0.00)	13 (4.85)	
Total	190 (100.00)	1 (100.00)	68 (100.00)	9 (100.00)	268 (100.00)	
Alcohol use						
No	99 (52.38)	1 (100.00)	31 (45.59)	4 (44.44)	135 (50.56)	0.615
Yes	90 (47.62)	0 (0.00)	37 (54.41)	5 (55.56)	132 (49.44)	
Total	189 (100.00)	1 (100.00)	68 (100.00)	9 (100.00)	267 (100.00)	
Leisure						
No	29 (15.18)	1 (100.00)	11 (16.18)	4 (44.44)	45 (16.73)	0.028
Yes	162 (84.82)	0 (0.00)	57 (83.82)	5 (55.56)	224 (83.27)	
Total	191 (100.00)	1 (100.00)	68 (100.00)	9 (100.00)	269 (100.00)	

Regarding clinical characteristics, Table 3 shows that most individuals had previously consulted a physician (54.28%) and that a significant portion had also undergone therapy (51.52%). Most did not report a previous medical diagnosis (64.23%), and 64.91% reported not using medication (64.91%). Regarding current therapy, 79.48% reported not undergoing any. In addition, most had no history of hospitalization (97.56%), 68.28% were infected with COVID-19 (68.28%), but most did not lose anyone to COVID-19 (58.58%).

Table 03 – Clinical characteristics according to the Epworth scale in employees of an HEI, Boa Vista, 2024.

Characteristics	Absence of sleepiness	Excessive sleepiness	Mild sleepiness	Moderate sleepiness	Total	p-value*
	N (%)	N (%)	N (%)	N (%)	N (%)	
Previous medical consultation						
No	94 (49.21)	0 (00)	26 (38.24)	3 (33.33)	123 (45.72)	0.242
Yes	97 (50.79%)	1 (100)	42 (61.76)	6 (66.67)	146 (54.28)	
Total	191 (100)	1 (100)	68 (100)	9 (100)	269 (100)	
Underwent therapy in life						
No	34 (50.00)	-	12 (50.00)	2 (28.57)	48 (48.48)	0.631
Yes	34 (50.00)	-	12 (50.00)	5 (71.43)	51 (51.52)	
Total	68 (100.00)	-	24 (100.00)	7 (100.00)	99 (100.00)	
Previous Medical Diagnosis						
No	112 (64.74)	0 (0.00)	40 (63.49)	6 (66.67)	158 (64.23)	0.694
Yes	61 (35.26)	1 (100.00)	23 (36.51)	3 (33.33)	88 (35.77)	
Total	173 (100.00)	1 (100.00)	63 (100.00)	9 (100.00)	246 (100.00)	

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Takes medication						
No	119 (63.64)	0 (0.00)	46 (67.65)	7 (77.78)	172 (64.91)	0.48
Yes	68 (36.36)	1 (100.00)	22 (32.35)	2 (22.22)	93 (35.09)	
Total	187 (100.00)	1 (100.00)	68 (100.00)	9 (100.00)	265 (100.00)	
Therapy						
No	152 (80.00)	1 (100.00)	53 (77.94)	7 (77.78)	213 (79.48)	0.901
Yes	38 (20.00)	0 (0.00)	15 (22.06)	2 (22.28)	55 (20.52)	
Total	190 (100.00)	1 (100.00)	68 (100.00)	9 (100.00)	268 (100.00)	
Hospitalizations						
No	146 (97.99)	1 (100.00)	46 (95.83)	7 (100.00)	200 (97.56)	0.67
Yes	3 (2.01)	0 (0.00)	2 (4.17)	0 (0.00)	5 (2.44)	
Total	149 (100.00)	1 (100.00)	48 (100.00)	7 (100.00)	205 (100.00)	
Had COVID-19						
No	61 (32.11)	0 (0.00)	23 (33.82)	1 (11.11)	85 (31.72)	0.606
Yes	129 (67.89)	1 (100.00)	45 (66.18)	8 (88.89)	183 (68.28)	
Total	190 (100.00)	1 (100.00)	68 (100.00)	9 (100.00)	268 (100.00)	
Lost someone to COVID-19						
No	113 (59.47)	0 (00)	38 (55.88)	6 (66.67)	157 (58.58)	0.662
Yes	77 (40.53)	1 (100)	30 (44.12)	3 (33.33)	111 (41.42)	
Total	190 (100.00)	1 (100.00)	68 (100.00)	9 (100.00)	268 (100.00)	

When comparing the groups in terms of sleepiness severity according to the Epworth Sleepiness Scale, mild sleepiness was more prevalent among males (50.00%), while moderate sleepiness was more prevalent among females (77.78%), with a statistically significant difference (p = 0.011) (Table 1). Regarding behavioral aspects, a significant difference was also identified between the groups in terms of leisure, with 83.82% of individuals with mild sleepiness and 55.56% with moderate sleepiness (p = 0.028) (Table 2).

DISCUSSION

This study investigated the prevalence and factors associated with daytime sleepiness in employees of a Higher Education Institution (HEI), revealing that moderate sleepiness is more common among teachers, while excessive sleepiness was observed exclusively in administrative technicians. These findings highlight the importance of considering the specificities of each professional group when addressing occupational health, especially with regard to sleep disorders. Excessive daytime sleepiness (EDS) is a public health problem that affects quality of life, professional performance, and can increase the risk of accidents [7]. The difference in prevalence between teachers and administrative technicians may be related to the demands and characteristics of each role, such as workload, type of activity, and stress levels, which directly influence sleep quality.

The sociodemographic characteristics of the participants, such as gender, age group, ethnicity, social class, marital status, and family arrangement, were detailed, although most of these variables did not indicate statistical significance in relation to sleepiness, with the exception of gender (p=0.011). The predominance of moderate sleepiness in women (77.78%) suggests a possible influence of gender on the manifestation of sleepiness, an aspect that deserves further investigation.

The predominance of moderate sleepiness in women is also found in other studies. The same picture is observed in a study stating that women tend to report more sleep-related complaints, which may be related to multiple social roles, hormonal factors, and a greater tendency toward emotional overload [1]. A vast literature points to the female gender as a strong indicator of daytime sleepiness, which reinforces the need for institutional policies that propose health promotion measures such as flexible working hours, health education, and intersectional assessment, among others.

Previous studies have shown that sociodemographic factors can influence sleep quality and the prevalence of SDE, although results may vary depending on the population studied and the methods used [8]. This premise may justify the findings of this study, which has a limited sample size. Far from disqualifying the data found, understanding these limitations is crucial to guide the development of future research.

With regard to behavioral aspects, most civil servants were non-smokers and did not drink alcohol, and a large proportion engaged in leisure activities. Leisure activities, in particular, have been positively associated with sleep duration, as evidenced by studies correlating physical activity with improved sleep quality [9]. The absence of smoking and alcohol consumption, which are known risk factors for sleep disorders, may indicate a relatively favorable health profile in the sample studied. However, even in populations with healthy habits, daytime sleepiness may persist, suggesting the

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influence of other factors, such as occupational stress or underlying health conditions.

The results found are consistent with the literature, as it has been observed that these factors compromise the health and quality of life of the individual. Leisure, for example, plays a protective role by modulating stress and facilitating the balance between work demands and the psychophysiological needs of the individual. Its absence, on the other hand, is related to increased exhaustion and cognitive impairments to health [10].

It is worth noting that excessive daytime sleepiness in work environments, such as that of civil servants, is a growing concern. Sleep deprivation and SDE can lead to errors, accidents, and decreased productivity [11]. The nature of work in HEIs, which often involves long hours, tight deadlines, and high intellectual demands, can contribute to fatigue and sleepiness. The identification of administrative technicians who presented excessive sleepiness exclusively is a critical point, as these professionals often perform essential support functions that require attention and precision, and daytime sleepiness can compromise the safety and efficiency of their activities.

It is essential that institutions consider implementing health promotion programs that address sleep quality among their employees. Interventions that encourage regular physical activity, sleep hygiene, and stress management may be beneficial. In addition, raising awareness about the risks of daytime sleepiness and offering support to those who suffer from sleep disorders are important steps toward ensuring a healthy and productive work environment. Continued research on the specific factors that contribute to sleepiness in different categories of public servants is essential for the development of more effective prevention and treatment strategies.

CONCLUSION

The results of this study provide valuable insights into the prevalence and factors associated with daytime sleepiness among employees at an HEI, highlighting the need for differentiated approaches for teaching and administrative staff. The relationship between gender and sleepiness, as well as the influence of behavioral habits, reinforces the complexity of the issue. Continuing research and implementing evidence-based occupational health policies are crucial to mitigate the negative impacts of daytime sleepiness in the workplace and on the quality of life of employees.

Nursing plays a fundamental role in identifying signs and symptoms related to daytime sleepiness. Given this, it has the function of adopting preventive health practices, which can reduce the incidence of daytime sleepiness that directly affects an individual's work performance and quality of life.

The findings of this study reinforce the need for institutional policies that contribute to the well-being of civil servants, paying attention to the associated factors identified in this study. A contextualized practice is in line with good nursing practices.

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