

香港大學民意研究計劃
The University of Hong Kong Public Opinion Programme


Better Sleep Through Science．＂蒂 夢 思

## Quality Sleep Series II ：

The Sleep Quality and Quantity of HK＇s Working Population
Presentation of Survey Findings

July 17， 2003

## Presentation outline Data analysis by Dr. Ting-Yiu Chung

- Research methodology and contact information
- The sleeping habits and patterns of HK's working population
- Sleeping deprivation and its effects on HK's working population
- Knowledge on quality sleep in HK's working population
- Cross tabulation analysis (male VS female / sleeping with partner VS sleeping without partner)


## Presentation outline <br> Analyses and comments by Dr. Ka-Fai Chung

- Signs of sleep deprivation in HK's working population
- Occurrence of insomnia and its effects in HK's working population
- The concept of "Quality Sleep"
- Size of mattress and sleeping habits
- Improving the quality of sleep
- Sleep IQ test


## Contact information

Date of survey:
Target population:

Survey method:
Sample size:
Effective response rate:
Sampling error:

June 9-13, 2003
Local working population aged between 25-55

Telephone survey with interviewers
1,032 successful cases
76.8\% (Based on target population)

Less than 1.6\%

The sleeping habits and patterns of HK's working population

## Self-reported adequacy of sleep quantity



## Respondents' bedtime on working days (Combined data)


 1:00 2:00 3:00 4:00 5:00 6:00 7:00 8:00 9:00 10:00 11:00 12:00 13:00 14:00 15:00 19:00 20:00 11:00 12:00 3:00 0:00

## Respondents' ideal bedtime on working days (Combined data)



## Comparison between actual and ideal bedtime (Combined data)

--- Ideal getting out-of-bed time ( $\mathrm{N}=1,032$ ) --- Actual getting out-of-bed time ( $\mathrm{N}=\mathbf{1 , 0 3 2 \text { ) }}$
--- Ideal going-to-bed time ( $\mathrm{N}=1,031$ ) --- Actual going-to-bed time ( $\mathrm{N}=1,032$ )





- On average, respondents slept 1 hours 23 minutes less than their ideal length of sleeping hours


## Size of mattress




## Respondents' preference of sleeping with/ without partner



$$
\mathrm{N}=1,027
$$

## Reasons for preferring to sleep without partner (Percentage of respondents)

$\mathrm{N}=665$

83\%



## Reasons for preferring to sleep with partner (Percentage of respondents) <br> 

$21 \%$


Habit
Sense 0
securit affecting comfortable
relationship with partner

## Respondents' current habit of sleeping with/ without partner

Hard to say
2\%
Sleeping without partner
$38 \%$

Sleeping with
partner
$60 \%$

$$
\mathrm{N}=1,027
$$

## Change of sleeping patterns because of atypical pneumonia

| Hard to say | Yes |
| :---: | :---: |
| $<1 \%$ | $4 \%$ |

No
96\%
$\mathrm{N}=1,032$

## AP's effects on respondents'sleeping habits (Percentage of respondents) <br> Yes <br> 4\% <br>  <br> Hard to say <br> <1\%



## A recapitulation

- Most respondents went to bed between 11pm-00am, and got up between 6am-7am.
On average, respondents slept for 6 hours on working days.
- "10pm-11pm" was the most commonly cited ideal going-to-bed time. Yet, only one quarter of them could go to bed at the time mentioned above. On average, respondents slept 1 hours 23 minutes less than their ideal length of sleeping hours.
- Respondents preferred sleeping alone to sleeping with partner because it was more comfortable to sleep alone, whereas the latter said they had already formed the habit. Yet, in reality, the number of respondents sleeping with partner far exceeded that of sleeping alone.


## Sleeping deprivation and its effects on HK's working population

## Ability of having uninterrupted sleep in the past 7 days



## Frequency of mid-night awakenings (Percentage of respondents)

## DK/HS

 1\%$60 \%$ $50 \%$ $40 \%$ $30 \%$ $20 \%$ $10 \%$

## Reasons for mid-night awakenings (Percentage of respondents)

Don't know/
Hard to say
1\%
nnot
$61 \%$


## Time needed for falling asleep

| Mean : 22 mins $\quad$ Standard error : 0.62 min | Base : 929 |
| :--- | :--- | :--- |



## Experience of bad-quality sleep for 3 consecutive days or more



$$
\mathrm{N}=1,032
$$

## Effects of bad-quality sleep on daily lives (Percentage of respondents) <br> 



## Effects of bad-quality sleep on appearance

## Effects of bad-quality sleep on appearance (Percentage of respondents)




## Effects of bad-quality sleep on work performance



## Effects of bad-quality sleep on work performance (Percentage of respondents)



## A recapitulation

- $\mathbf{6 1 \%}$ had the experience of midnight-awakenings in the past 7 days.
- $46 \%$ of the sub-sample woke up twice or more every night, "going to toilet" was the main reason.
- $\mathbf{4 1 \%}$ needed 30 minutes or more to fall asleep.
- Half of the respondents had the experience of badquality sleep for more than 3 consecutive days, most of them believed their performance at work was affected.
- Findings on the effects of bad-quality sleep on respondents' daily life showed that $63 \%$ of the sub-sample believed that bad-quality sleep had affected their appearance and work performance.


## Knowledge on quality sleep in HK's working population

## Knowledge on functions of sleep (Percentage of respondents)


$\mathbf{N}=1,030$

## Criteria for quality sleep (Percentage of respondents)



## Ways of improving the quality of sleep (Percentage of respondents)

$\mathrm{N}=1,025$


## Experience of improving the quality of sleep



## Methods used to improve sleep quality (Percentage of respondents)

( $\mathrm{N}=337$ )
Yes
33\%

DK/ HS
<1\%


- Using quality pillows
- Relaxation exercises
- Regular exercises
$\square$ Using quality mattress
- Regular cycle of resting
- Balanced diet
- Mediation


## Reasons for not attempting to improve the sleep quality (Percentage of respondents)



- Not necessary
$\square$ Ignorance of the methods available
- Others
$\square$ Never thought of it
$\square$ No time
- DK/ HS


## A recapitulation

- "Restoring the functions of organs" and "restoring energy" were the most commonly mentioned functions of sleep.
- A significant number of respondents regarded uninterrupted sleep till a specified time as the key criterion of quality sleep.
- Two-thirds have never tried to improve the quality of sleep, in which $64 \%$ of them ( $43 \%$ of the overall sample) believed it was not necessary, another $10 \%$ ( $6 \%$ of the overall sample) did not know how to improve the quality of sleep.


# Cross tabulation analyses 

## I. Male VS Female

## II. Sleeping with partner VS sleeping without partner

## Ability of having uninterrupted sleep in the past 7 days (Gender difference)


$\square$ Female $(\mathrm{N}=483) \quad \square$ Male $(\mathrm{N}=549)$

## Effects of bad-quality sleep on appearance (Gender difference)



## Effects of bad-quality sleep on appearance (Gender difference)



## Respondents' preference of sleeping with/ without partner



Respondents sleeping without partner ( $\mathrm{N}=387$ )

Respondents sleeping with partner $(\mathrm{N}=611)$

## Reasons for preferring to sleep without partner (Percentage of responses)

Respondents sleeping without partner ( $\mathrm{N}=325$ )

Respondents sleeping with partner ( $\mathrm{N}=321$ )

## Reasons for preferring to sleep with partner (Percentage of responses)



Respondents sleeping without partner ( $\mathrm{N}=23$ )

Respondents sleeping with partner ( $\mathrm{N}=182$ )

## Size of mattress



Respondents sleeping without partner ( $\mathrm{N}=388$ )

Respondents sleeping with partner ( $\mathrm{N}=611$ )

## Sleep preference for respondents currently using small beds ( $4^{\prime} \times 6^{\prime}$ or below)



Respondents using small beds and sleeping without partner ( $\mathrm{N}=244$ )

Respondents using small beds and sleeping with partner ( $\mathrm{N}=287$ )

# Comments on research findings 

## By Dr. Ka-Fai Chung, Assistant Professor

 Department of Psychiatry, HKU
## Amount of sleep is insufficient in HK's working population (1)

- $40 \%$ agreed that their amount of sleep is insufficient

Percentage of respondents
(Excluding those who answered "not applicable")


1. I often sleep extra hours on weekend mornings.
2. I often need an alarm clock or other people to wake me up at the appropriate time.
3. I sometimes feel drowsy while driving.
4. It's a struggle for me to get out of bed in the morning.
5. I often fall asleep in boring meetings or lectures.
6. I often fall asleep watching TV.
7. I often fall asleep while relaxing after lunch or dinner.

## Amount of sleep is insufficient in HK's working population (2)

- $\mathbf{6 1 \%}$ often needed to sleep longer during weekends. $\mathbf{5 6 \%}$ often needed alarm clock or someone to wake them up in each morning and $41 \%$ had to struggle hard to wake up each morning.
- $36 \%$ often dozed off while watching TV, $38 \%$ often dozed off at meetings. 28\% often dozed off during rest after lunch or dinner.
- Of particular importance, $\mathbf{4 6 \%}$ of those who drove agreed that they sometimes were very sleepy while driving.
- A high proportion of HK's working population (92\%) had 1 or more signs indicative of insufficient sleep.


## Test on the signs of sleep deprivation (collapsed data)



## Effects of insufficient sleep

- Of course there is an individual variation in sleep requirement, some may require less and some more. This study showed that the majority of respondents were sleep-deprived, on average, respondents slept 1 hours 23 minutes less than their ideal length of sleeping hours.
- Although insufficient sleep does not cause harm to our health directly, the result of insufficient sleep, i.e. sleepiness can lead to:
- neuropsychological dysfunctions, such as decreased creativity, logical thinking; emotional instability
- motor vehicle and work-related accidents, impaired performance
- poor quality of life
- Sleeping is essential to us, it is not a waste of time.


## Insomnia is common in HK's working population

- $41 \%$ of the respondents often require 30 minutes or more to fall asleep.
- The majority of the respondents ( $60 \%$ ) could not enjoy uninterrupted sleep, in which $26 \%$ of them often woke up 2 times or more during sleep.
- Only $53 \%$ of the respondents reported that they could sleep more than $85 \%$ of the time in bed.
- Half of the respondents had experienced badquality sleep for 3 or more consecutive days.


## Insomnia in HK's working population (Collapsed data)



## Insomnia in HK's working population (Male VS female, collapsed data)



## What is a quality sleep?

- An uninterrupted sleep
- Appropriate sleeping time and hours
- The sleep cycle
- Most importantly, reducing disturbances from inside and outside during sleep


## The sleep cycle



The architecture of a night＇s sleep（eight hours）．
睡夢工程結構（以八小時睡眠為例）

## Bed sizes and sleeping habits

- About half of the respondents sleeping with partner (47\%) were using small-size beds (4ft x 6ft or below); and more than half of them (55\%) prefer sleeping alone.
- Although this survey showed that people's preference of sleeping alone and insomnia were not significantly related to bed sizes, apparently most of the respondents wanted more space in bed.


## Bad quality sleep and its remedies

- More than a half of the respondents who suffered from bad quality sleep ( $63 \%$ ) reported that their work performance was affected.
- Many respondents (67\%) had never tried to improve their sleep quality.


## Conclusion

- Sleep deprivation is a widespread phenomenon.
- Bad quality sleep and insomnia are also common.
- Respondents generally lacked initiative and awareness in improving their sleep quality:
- slept 1 hours 23 minutes less than their ideal length of sleeping hours.
- $\mathbf{9 2 \%}$ had signs indicative of insufficient sleep, but only $40 \%$ were aware that they were sleep deprived.
- $67 \%$ had never tried to improve their sleep quality, in which $43 \%$ of them believed it was unnecessary.


## What can we do to improve our sleep?

- Similar to having a good diet habit, a healthy sleep habit is important and easy to obtain:
- adequate and regular sleep
- regular relaxation activities - exercise, music, etc
- devoted the sleeping hours to "sleep"
- reducing possible disturbances during sleep, e.g., less water intake before going to bed, drawing a curtain, using a larger bed, sleeping on a mattress that can minimize motion transfer across bed, etc.


## The End

(Survey findings soon be available at http://hkupop.hku.hk)

