SLEEP & STRESS

How to Sleep When Work Happens at Night

Shift work can fight your body clock, but protecting darkness, quiet and consistency can make sleep easier-and show when you need medical help.

Your bedroom says night; the street says morning

You finish work as the rest of the city begins its day. Light is coming through the curtains, somebody is moving around next door, and your body has been asked to sleep at a time usually reserved for being awake. Shift-work sleep is not simply ordinary sleep moved a few hours. You are trying to make two clocks agree.

Your internal circadian clock runs in cycles of about 24 hours and uses environmental cues-including light and darkness, meals and physical activity-to align sleep with the world around you. Shift work can put that clock out of step with your required schedule. The result may be difficulty sleeping, poorer-quality sleep, extreme sleepiness, reduced alertness, and problems with memory or decision-making.

That is why "just go to bed earlier" can feel so useless. Your job has changed the required sleeping time, while daylight and daily life continue sending their usual signals. An irregular or frequently changing schedule adds another challenge. Night work and major changes in work hours are both linked with a higher risk of insomnia.

The target is not merely time spent in bed. Sleep quality matters, too. Frequently interrupted sleep may leave you without enough time in particular sleep stages, even if you protected a long stretch for rest. Poor-quality sleep can affect thinking, mental and physical health, and ordinary functioning. Shift work makes the setting around sleep part of the problem-and part of what you can change.

Tired is not a character flaw

After a bad sleep, everything can feel more personal. Concentration slips. Small problems become harder to absorb. You may feel irritable or anxious and then blame yourself for handling the day badly. But experimental evidence suggests that lost or broken sleep changes emotional functioning, not merely your willingness to cope.

A 2024 systematic review and meta-analysis combined 1,338 results from 154 studies involving 5,717 people. Extended wakefulness, shortened sleep and interrupted sleep all

reduced positive feelings and increased anxiety symptoms. Results for negative feelings and depressive symptoms were mixed, but the broader conclusion was firm: inadequate sleep adversely affects daytime emotional life.

Thinking can suffer as well. Sleep supports learning and memory, while insufficient uninterrupted sleep affects attention. A systematic review of 30 studies in university students found that inadequate sleep-across measures including duration, regularity, quality and sleepiness-was associated with poorer academic performance. That population is not identical to shift workers, but the finding reinforces something you may recognise: sleep loss follows you into mentally demanding work.

The body is not untouched, either. A 2018 review of 153 prospective studies, covering more than five million participants, associated short sleep with higher long-term risks of mortality, diabetes, high blood pressure, cardiovascular disease, coronary heart disease and obesity. These were associations, not proof that one difficult run of shifts caused disease. Still, sleep deserves to be treated as health protection rather than spare time left over after work.

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Build a night the sun cannot interrupt

The most useful general advice is also the least glamorous: give yourself enough opportunity to sleep, and make the bedroom cool, quiet and dark. For a daytime sleeper, those conditions may require deliberate construction. Curtains that block daylight, a sleep mask and earplugs turn broad advice into a room you can actually use.

Protecting consistency matters when your work permits it. Going to sleep and waking at roughly the same times supports a regular sleep-wake cycle, while changing schedules can disrupt it. That does not mean perfect regularity is always possible. Shift workers are specifically acknowledged as people for whom standard sleep advice can be difficult to follow. The aim is to reduce avoidable changes, not to pretend your rota is under your control.

The period before bed can also be made less stimulating. Electronic-device light can disturb the sleep-wake cycle, while a repeated wind-down routine may help you relax. Reading, soothing music or a hot bath are suggested options. Caffeine, nicotine and alcohol close to bedtime can interfere with sleep; alcohol may make falling asleep easier but produce lighter sleep and more waking during the night.

Some familiar advice may need translating rather than following literally. Recommendations to avoid afternoon naps or late-night meals are written around conventional daytime lives. For you, the relevant anchor is your own planned bedtime. The evidence supplied here does not

establish a perfect shift-worker timetable for food, exercise, caffeine or naps, so rigid instructions would be false precision. Start by defending the sleep period itself.

Light is powerful, but timing is not guesswork

Because light helps set the circadian clock, light therapy may be used for shift work disorder. It involves exposure to a light box or similar device and may help move sleep and wake times. But direction matters: light after waking can move sleep and wake times earlier, while light later in the day or early evening can move them later.

That makes light therapy different from simply making the bedroom darker. Darkness supports the sleep setting; therapeutic bright light is an intervention whose timing depends on the change being attempted. The sources do not provide a universal timetable for every shift pattern. If your rota changes or your required sleep time is unclear, a healthcare professional can help determine whether light therapy fits.

Light therapy may cause agitation, eye strain, headaches, migraines or nausea. You should ask a healthcare professional before using it if you have an eye condition or take medicines that increase sensitivity to light. This is one point where a lifestyle experiment becomes a medical conversation rather than another bedroom adjustment.

Sleep medicines and supplements deserve the same caution. Many sleep medicines have side effects and are not intended for long-term use. Melatonin supplements can vary in dose and purity, may interact with medicines, and can cause excess sleepiness and other side effects. Check with a healthcare professional before taking a medicine or supplement instead of assuming that "natural" means predictable.

Know when the rota is not the whole story

Shift work can explain a great deal, but it should not be made to explain everything. Regularly taking more than 30 minutes to fall asleep, repeatedly waking and struggling to return to sleep, waking too early, or often falling asleep at the wrong times can indicate a sleep disorder. Loud snoring, gasping, choking sounds or pauses in breathing also need medical attention.

Circadian rhythm disruption that interferes with daily activities may amount to a circadian rhythm disorder. Insomnia can also be ongoing, and shift work may be one factor rather than the only one. Health conditions, mental illness, medicines, caffeine, tobacco and alcohol can contribute to sleep problems. A clinician may review your medical and sleep history, perform an examination, or recommend a sleep study.

Drowsiness while driving is a particularly clear boundary. Insomnia can produce daytime sleepiness and make driving dangerous. If you are struggling to stay awake, this is no longer a question of optimising your room or pushing through until the next day off. It is a safety problem that needs to be taken seriously.

On Monday, inspect the place where you sleep in daylight. Use blackout curtains or a sleep mask for darkness and earplugs for noise, then write down when you tried to sleep, when you woke and what interrupted you. A darker room will not solve every shift-work problem. It will give sleep a fairer chance-and give you concrete details to take to a healthcare professional if it still does not come.

Where this comes from

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