SLEEP & STRESS

How to Protect Your Health on Night Shifts

Night work disrupts more than bedtime, but a few evidence-based boundaries can protect your sleep, mood and safety.

When bedtime arrives after breakfast

You finish work as the day begins. Traffic thickens, phones start buzzing and sunlight finds every gap in the curtains. Your body may be tired, yet the world is sending a forceful message: stay awake. Night-shift sleep is not simply ordinary sleep moved across the clock.

Working at night or frequently changing work hours raises the risk of insomnia. Shift work can also contribute to a circadian rhythm sleep-wake disorder, in which you struggle to fall asleep or wake at the time your life requires. That mismatch is not a failure of discipline. Your working hours are colliding with the timing systems that help organise sleep.

Both quantity and quality matter. Most adults need about seven to nine hours of sleep, but uninterrupted sleep at the right time of day matters too. Sleep helps restore energy and supports learning, memory and health. If it is repeatedly interrupted, you may miss enough of particular sleep stages to feel and function differently when awake.

That is why "I can get by on less" is the wrong standard. The immediate questions are more concrete: Can you pay attention? Can you remember what you have just learned? Are you irritable, anxious or struggling to stay awake? Night work may be unavoidable. Treating its effects as unimportant is not.

Sleep loss follows you into daylight

The consequences can appear in places that do not look like a sleep problem. Insomnia can bring daytime sleepiness, low energy and difficulty focusing, learning or remembering. It can also leave you anxious, depressed or irritable. Poor-quality sleep affects mental and physical health, thinking and ordinary daily functioning.

A 2024 systematic review and meta-analysis combined 1,338 findings from 154 experimental studies involving 5,717 people. Extended wakefulness, restricted sleep and fragmented sleep all reduced positive feelings, increased anxiety symptoms and dulled arousal in response to emotional events. Findings for negative feelings and depressive symptoms were mixed, but the overall message was firm: inadequate sleep changes emotional life.

This matters after a difficult shift. A flat mood or short temper may feel like proof that the job, your colleagues or your home life has suddenly become intolerable. Sometimes the missing context is sleep. That does not make the feeling imaginary. It means important conversations and decisions deserve extra care when you are running on too little rest.

Safety is the harder line. Insomnia can make you drowsy while driving and contribute to a crash. If you are struggling to stay awake, the problem has already moved beyond whether you will sleep well later. Alertness is part of getting home safely, not a test of toughness you should expect yourself to pass.

Night-shift sleep is not simply ordinary sleep moved across the clock.

Light is doing a real job

Your bright workplace and sunny journey home are not neutral scenery. A 2020 systematic review of 128 studies found that light exposure in the evening, at night and in the morning affected the circadian phase of melatonin, a hormone involved in sleep timing. Even low light during sleep produced a circadian response in the research reviewed.

The evidence is not as tidy as that finding may sound. Researchers used varied definitions and methods, and 39 of the 128 studies involved no more than 10 participants. After the reviewers required at least 20 participants and detailed information about the light exposure, only 15 reports qualified for deeper analysis. Light matters, but highly precise claims often rest on a narrower evidence base.

This is also why an illuminated screen in bed is not merely a harmless way to unwind. Light from televisions and electronic devices can disrupt the sleep-wake cycle. A sleep-friendly room is cool, quiet and dark. For someone sleeping through daylight, those conditions may require more deliberate protection than they do for someone sleeping at night.

Bright-light therapy is sometimes used for shift work disorder, and its timing is intended to move sleep and waking later. But timing is part of the treatment, not an incidental detail. It can cause agitation, eye strain, headache, migraine or nausea. If you have an eye condition or take medicine that increases light sensitivity, ask your healthcare provider before considering it.

Protect the sleep you can get

Start by giving sleep a defended place rather than whatever time remains. General sleep guidance favours going to bed and waking at roughly consistent times, including at weekends, while acknowledging that this is particularly difficult for shift workers. If your rota changes,

perfect regularity may be impossible. A repeatable wind-down routine can still mark the transition from work to rest.

Make that routine quiet and unambitious. Reading, soothing music or a hot bath are established examples. Avoid television and electronic devices in the sleep space. Caffeine, nicotine and alcohol close to bedtime can interfere with sleep; alcohol may help you fall asleep but make sleep lighter and increase waking during the sleep period.

Regular physical activity can support healthy sleep, but activity close to bedtime may make falling asleep harder. Regular meals and limiting fluids close to bedtime may also reduce interruptions. These are not promises that you will sleep perfectly against your body clock. They are ways of removing avoidable obstacles from sleep that is already working under difficult conditions.

Sleep aids are not a casual workaround for a punishing rota. Many have side effects and generally should not be used long term. Supplements can also carry risks; melatonin products may vary in dose and purity and can interact with medicines. Talk with your healthcare provider before taking a medicine or supplement rather than trying to engineer sleep by yourself.

Know when the rota is no longer the whole story

Night work can explain disrupted sleep without explaining everything. Speak with a healthcare provider if you regularly take more than 30 minutes to fall asleep, repeatedly wake and cannot return to sleep, wake too early, or often fall asleep at the wrong times. Loud snoring, gasping, choking sounds or pauses in breathing also deserve medical assessment.

A provider may review your sleep and medical history, examine you and, when needed, recommend a sleep study. That can help separate shift-related timing problems from insomnia, sleep apnea or another disorder. If long-term insomnia is the problem, cognitive behavioural therapy for insomnia (CBT-I) is usually recommended as the first option and can be delivered in person, by telephone or online.

For the coming week, choose one boundary you can make visible: darkness. Check where daylight enters your sleep space and block it before your next run of shifts. This takes blackout curtains or a sleep mask. Silence electronic devices, close the door if that reduces noise, and let the room signal sleep even while the street signals morning.

Do not judge the experiment by whether you wake transformed. Notice instead whether sleep is less interrupted and whether you feel more alert, focused or emotionally steady afterward. Protecting daytime sleep will not make night work biologically identical to daytime work. It gives the sleep you can obtain a fairer chance to do its job.

Where this comes from

- Sleep Disorders

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/sleepdisorders.html
- Insomnia

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/insomnia.html
- Sleep Science and Sleep Disorders | NHLBI, NIH

  National Heart, Lung, and Blood Institute · https://www.nhlbi.nih.gov/science/sleep-science-and-sleep-disorders
- Sleep Disorder Treatments | NHLBI, NIH

  National Heart, Lung, and Blood Institute · https://www.nhlbi.nih.gov/health/sleep-disorder-treatments
- Sleep Resources | CDC

  Centers for Disease Control and Prevention · https://www.cdc.gov/sleep/resources/index.html
- [Sleep and academic performance in university students: a systematic review].

  Revista de neurologia, 2021 · https://pubmed.ncbi.nlm.nih.gov/32627159/
- Migraine and sleep disorders: a systematic review.

  The journal of headache and pain, 2020 · https://pubmed.ncbi.nlm.nih.gov/33109076/
- Sleep loss and emotion: A systematic review and meta-analysis of over 50 years of experimental research.

  Psychological bulletin, 2024 · https://pubmed.ncbi.nlm.nih.gov/38127505/
- Systematic review of light exposure impact on human circadian rhythm.

  Chronobiology international, 2020 · https://pubmed.ncbi.nlm.nih.gov/30311830/