SLEEP & STRESS

When Work Follows You Into Bed

Work stress can disrupt sleep, but the answer is not necessarily a supplement or a perfect evening routine.

The shift ends. Your mind does not

You have closed the laptop, but tomorrow's conversation is still running. In bed, you revise an email you already sent, rehearse one you have not written and watch the night become shorter. Work has ended everywhere except inside your head.

Short-term insomnia can be triggered by stress at work. It may mean struggling to fall asleep, waking repeatedly or waking too early, and it can last for days or weeks. Poor sleep can then leave you sleepy, low on energy, irritable and less able to concentrate, learn or remember-the exact capacities tomorrow's work will demand.

This creates a persuasive loop: work feels harder after a poor night, while concern about work makes sleep harder to reach. Research supports a connection between stress and sleep, although it does not prove that one always causes the other. A 2022 review of 34 studies in undergraduates found moderate associations between stress and both poor sleep quality and insomnia. The studies varied considerably, so the authors urged caution.

That review concerned students, not every kind of worker. It cannot tell you whether changing a deadline, taking a bath or putting away your phone will solve your particular night. What it does show is that treating stress and sleep as entirely separate problems misses something important.

Sleep is not dead time

When work is overflowing, sleep can look like the only movable block left. But sleep is an active process that helps restore energy and supports learning, memory and health. Its quality matters as well as its length: repeated interruptions may keep you from spending enough time in particular sleep stages.

Most adults need about seven to nine hours a night, although individual need also depends on health, lifestyle, age and sleep patterns. The useful question is not whether you can force yourself to meet one perfect number. It is whether you are giving yourself enough opportunity to sleep and whether the sleep you get leaves you able to function.

Insomnia makes this more complicated. It can occur even when you have enough time and a suitable place to sleep. Chronic insomnia means sleep difficulty at least three nights a week for more than three months that is not fully explained by another health problem. At that point, another lifestyle tip may not be the answer.

Sleep difficulty also is not always work stress wearing pyjamas. Pain, depression, anxiety, medicines, caffeine, tobacco, alcohol and other sleep disorders can be involved. Shift work and major changes in working hours may disrupt the sleep-wake cycle. If your schedule itself keeps moving, your problem is not simply a failure to relax properly.

A dark bedroom cannot renegotiate a deadline.

Make the landing softer

Healthy sleep advice can sound almost insulting when the real problem is an impossible workload. A dark bedroom cannot renegotiate a deadline. Still, the conditions around sleep can either reduce the friction or add to it, and that gives you a few levers that do not require pretending the job is fine.

A cool, quiet, dark bedroom supports sleep. Electronic devices can interfere with the sleep-wake cycle, while a routine that helps you wind down may make the transition easier. Reading, soothing music and a hot bath are among the suggested options. None is a guaranteed off-switch. Think of them as a clearer boundary between working and trying to sleep.

Consistency matters too. Going to bed and waking at around the same time can support a regular sleep-wake cycle, while night shifts and changing schedules can disrupt it. That advice has limits: new parents and shift workers may not control their nights, and a recommendation is not the same thing as an available choice.

Caffeine, nicotine and alcohol close to bedtime can contribute to sleep problems. Alcohol may make falling asleep easier, but sleep can be lighter and more easily interrupted. Daytime physical activity may help, whereas activity close to bedtime can make falling asleep harder. These are possible pressure points, not a moral inventory of everything you did wrong.

Be wary of the quick fix

A supplement can feel more realistic than changing a job. The evidence is less tidy than the marketing. A 2022 review of 24 randomized trials found that melatonin did not significantly improve sleep onset, total sleep time or sleep efficiency in adults with chronic insomnia.

Evidence differed in younger people, and the authors said more work was needed on effectiveness and safety by age.

A 2024 review of 26 randomized trials reached a more encouraging conclusion: melatonin reduced the time taken to fall asleep and increased total sleep time. Timing and other treatment details appeared to influence the results. The disagreement matters. It means "melatonin works" is too confident, while "melatonin never works" goes beyond the evidence too.

Melatonin supplements are not regulated like medicines, so purity and contents can vary. Reported side effects include excess sleepiness, headache, blood-pressure changes, stomach upset and worsening depression symptoms. Supplements may also interact with medicines. Talk with a healthcare professional before using one rather than treating it as a harmless bedtime accessory.

Ashwagandha has thinner evidence. A 2021 review found a small improvement in sleep across five randomized trials involving 400 adults, with possible improvements in morning alertness and anxiety but no significant change in quality of life. No serious side effects were reported in those trials, yet the review said evidence about serious harms was limited and long-term safety remained uncertain.

For ongoing insomnia, cognitive behavioral therapy for insomnia (CBT-I) is generally recommended as the first option. It combines sleep education with methods that reduce anxiety about sleep and rebuild the connection between bed and sleeping. It can be delivered in person, by telephone or online. It asks more of you than swallowing a tablet, but it addresses the pattern rather than promising to erase one bad night.

Keep one week of evidence

On Monday, put a plain notebook and pen beside the bed. For the next week, write down when you went to bed, roughly how long sleep seemed to take, whether you woke during the night, when you got up and how sleepy or functional you felt the next day. Add a brief note about unusual work pressure, schedule changes, caffeine or alcohol.

A sleep diary is information, not a performance review. Do not use it to grade yourself or calculate a perfect score. Subjective sleep questionnaires are generally useful, but a 2021 review found uncertainty around factor structures and reliable cut-offs in several common tools. Your notes are best treated as a pattern to discuss, not a diagnosis you can award yourself.

The line between a pressured week and a medical issue is persistence, severity or signs that

point elsewhere. Speak with a healthcare professional if sleep trouble is ongoing or interfering with daily life. Regularly taking more than 30 minutes to fall asleep, repeatedly waking and struggling to return to sleep, or often feeling sleepy during the day can indicate a sleep disorder.

Do not assume stress is the explanation if someone reports loud snoring, gasping, choking sounds or pauses in your breathing. Those can point to sleep apnea, in which breathing repeatedly stops and restarts. Untreated sleep apnea is associated with serious health risks and needs professional assessment, which may include a sleep study.

Bring the notebook if you seek help. It turns "work is ruining my sleep" into a week of details you can actually examine together. You may spot a boundary you can change-or discover that the problem deserves more than another attempt to relax.

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
- Insomnia - What Is Insomnia?

  National Heart, Lung, and Blood Institute · https://www.nhlbi.nih.gov/health/insomnia
- Sleep Apnea - What Is Sleep Apnea?

  National Heart, Lung, and Blood Institute · https://www.nhlbi.nih.gov/health/sleep-apnea
- Sleep Disorder Treatments

  National Heart, Lung, and Blood Institute · https://www.nhlbi.nih.gov/health/sleep-disorder-treatments
- A systematic review and meta-analysis of poor sleep, insomnia symptoms and stress in undergraduate students.

  Sleep medicine reviews, 2022 · https://pubmed.ncbi.nlm.nih.gov/34922108/
- Effect of Ashwagandha (Withania somnifera) extract on sleep: A systematic review and meta-analysis.

  PloS one, 2021 · https://pubmed.ncbi.nlm.nih.gov/34559859/
- Optimizing the Time and Dose of Melatonin as a Sleep-Promoting Drug: A Systematic Review of Randomized Controlled Trials and Dose-Response Meta-Analysis.

  Journal of pineal research, 2024 · https://pubmed.ncbi.nlm.nih.gov/38888087/



- Efficacy of melatonin for chronic insomnia: Systematic reviews and meta-analyses.

  Sleep medicine reviews, 2022 · https://pubmed.ncbi.nlm.nih.gov/36179487/
- Measuring Subjective Sleep Quality: A Review.

  International journal of environmental research and public health, 2021 · https://pubmed.ncbi.nlm.nih.gov/33530453/