



MINDFULNESS AND SLEEP HYGIENE: STRATEGIES FOR BETTER SLEEP AMONG CALL CENTER PROFESSIONALS

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Abstract

Call center professionals represent a vulnerable occupational group exposed to irregular work schedules, night shifts, high job demands, and prolonged screen exposure, all of which adversely affect sleep health. Poor sleep hygiene is increasingly reported among young adults employed in call centers, leading to insomnia, fatigue, emotional dysregulation, and reduced quality of life. Mindfulness-based practices have gained attention as effective, low-cost, non-pharmacological interventions for improving sleep quality and psychological well-being. The present study investigates the role of mindfulness in promoting healthy sleep hygiene and improving sleep quality among young adult call center professionals. Using a cross-sectional research design, data were collected from 200 call center employees aged 18–30 years. Standardized instruments measuring mindfulness, sleep hygiene behaviors, and sleep quality were administered. Results revealed a significant positive relationship between mindfulness and sleep hygiene practices, and a significant negative relationship between mindfulness and sleep disturbances. The findings suggest that mindfulness-based strategies can serve as effective interventions for enhancing sleep hygiene and overall well-being in call center professionals. The study emphasizes the importance of integrating mindfulness and sleep education into workplace mental health programs.

Keywords: Mindfulness, Sleep Hygiene, Sleep Quality, Call Center Professionals, Occupational Stress, Young Adults

1. Introduction

Sleep is a fundamental biological process essential for physical restoration, cognitive functioning, emotional regulation, and psychological well-being. In recent years, sleep-related problems have become increasingly prevalent among young working adults, particularly those employed in high-demand service industries such as call centers. The call center sector operates around the clock to meet global business demands, requiring employees to work night shifts, rotating schedules, and extended working hours. These occupational demands often disrupt circadian rhythms and interfere with healthy sleep patterns.

Sleep hygiene refers to a set of behavioral and environmental practices that promote optimal sleep quality and duration. Poor sleep hygiene, characterized by irregular sleep schedules, excessive screen exposure before bedtime, caffeine consumption, and lack of relaxation routines, has been strongly linked to sleep disturbances and insomnia. Among call center professionals, poor sleep hygiene is further compounded by work stress, performance pressure, and constant digital engagement.

Mindfulness, defined as purposeful, non-judgmental awareness of the present moment, has emerged as a promising psychological intervention for stress reduction and sleep improvement. Mindfulness-based practices enhance emotional regulation, reduce cognitive arousal, and promote relaxation, all of which are critical for healthy sleep. Despite growing interest in mindfulness-based interventions, limited empirical research has examined their role in improving sleep hygiene among call center professionals, particularly in the Indian context.



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The present study aims to bridge this gap by examining the relationship between mindfulness, sleep hygiene practices, and sleep quality among young adult call center professionals.

2. Review of Literature

2.1 Sleep Hygiene

Sleep Hygiene encompasses behavioral and environmental factors that facilitate restorative sleep. These include maintaining a consistent sleep schedule, creating a comfortable sleep environment, limiting stimulant intake, and engaging in relaxation activities before bedtime. Research consistently indicates that poor sleep hygiene is a major contributor to insomnia and sleep dissatisfaction (Irish et al., 2015).

2.2 Sleep Problems among Call Center Professionals

Call center employees are at heightened risk for sleep disorders due to shift work, night duties, and circadian rhythm disruption. Studies have reported high prevalence rates of insomnia, excessive daytime sleepiness, and fatigue among call center workers. Shift work has been associated with long-term health consequences, including cardiovascular disease, depression, and metabolic disorders.

2.3 Mindfulness

Mindfulness originates from contemplative traditions and has been adapted into psychological interventions such as Mindfulness-Based Stress Reduction (MBSR). Mindfulness practices enhance awareness, reduce rumination, and decrease physiological arousal, making them particularly relevant for sleep improvement.

2.4 Mindfulness and Sleep

Several studies have demonstrated that mindfulness-based interventions improve sleep quality, reduce insomnia severity, and decrease pre-sleep cognitive arousal. Mindfulness helps individuals disengage from work-related thoughts and worries, facilitating relaxation and sleep onset.

2.5 Research Gap

While existing literature supports the role of mindfulness in improving sleep outcomes, limited research has specifically examined its relationship with sleep hygiene behaviors among call center professionals. This study addresses this gap by exploring mindfulness as a behavioral and cognitive strategy for improving sleep hygiene and sleep quality.

3. Objectives of the Study

1. To assess the level of mindfulness among call center professionals.
2. To evaluate sleep hygiene practices among call center professionals.
3. To examine the relationship between mindfulness and sleep hygiene.
4. To study the association between mindfulness and sleep quality.
5. To explore gender differences in mindfulness and sleep hygiene practices.

4. Hypotheses

1. There will be a significant positive relationship between mindfulness and sleep hygiene practices.
2. Higher mindfulness levels will be associated with better sleep quality.
3. Poor sleep hygiene will be negatively associated with sleep quality.
4. There will be significant gender differences in mindfulness and sleep hygiene.



5. Research Methodology

5.1 Research Design

A cross-sectional, correlational research design was adopted.

5.2 Sample

The sample consisted of 200 call center professionals (100 males and 100 females) aged 18–30 years, employed in night or rotational shifts.

5.3 Sampling Technique

Purposive sampling was used to select participants from call centers in urban areas.

5.4 Tools Used

1. Mindfulness Scale
2. Sleep Hygiene Index (SHI)
3. Pittsburgh Sleep Quality Index (PSQI)

5.5 Procedure

Participants were informed about the purpose of the study and assured confidentiality. Informed consent was obtained prior to data collection.

5.6 Statistical Analysis

Data were analyzed using descriptive statistics, Pearson's correlation, and t-tests.

6. Results

- Mindfulness showed a significant positive correlation with healthy sleep hygiene practices.
- Higher mindfulness levels were associated with better sleep quality.
- Poor sleep hygiene was significantly related to poor sleep quality.
- Females reported slightly higher mindfulness levels, while males reported poorer sleep hygiene practices.

Tables: Mindfulness and Sleep Hygiene Study

Table 1. Demographic Characteristics of the Sample (N = 200)

| Variable | Category | n | % |
|----------------|------------------|-----|------|
| Gender | Male | 100 | 50.0 |
| | Female | 100 | 50.0 |
| Age (Years) | 18–21 | 54 | 27.0 |
| | 22–25 | 86 | 43.0 |
| | 26–30 | 60 | 30.0 |
| Work Shift | Night Shift | 118 | 59.0 |
| | Rotational Shift | 82 | 41.0 |
| Marital Status | Unmarried | 132 | 66.0 |
| | Married | 68 | 34.0 |



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Table 2. Descriptive Statistics of Study Variables

| Variable | Mean (M) | Standard Deviation (SD) |
|----------------------|----------|-------------------------|
| Mindfulness | 62.48 | 8.72 |
| Sleep Hygiene Index | 26.35 | 5.91 |
| Sleep Quality (PSQI) | 7.84 | 3.12 |

Table 3. Pearson's Correlation Matrix

| Variable | 1 | 2 | 3 |
|----------------------|--------|-------|--------|
| Mindfulness | — | .46** | -.52** |
| Sleep Hygiene | .46** | — | .58** |
| Sleep Quality (PSQI) | -.52** | .58** | — |

Table 4. Gender Differences (t-test)

| Variable | Gender | Mean | SD | t | p |
|---------------|--------|-------|------|------|------|
| Mindfulness | Male | 61.12 | 8.94 | 2.18 | .030 |
| | Female | 63.84 | 8.21 | | |
| Sleep Hygiene | Male | 27.61 | 6.12 | 2.74 | .007 |
| | Female | 25.09 | 5.54 | | |

Table 5. Summary of Hypotheses Testing

| Hypothesis | Statement | Result |
|------------|---|-----------|
| H1 | Mindfulness is positively related to sleep hygiene | Supported |
| H2 | Mindfulness is associated with better sleep quality | Supported |
| H3 | Poor sleep hygiene is related to poor sleep quality | Supported |
| H4 | Gender differences exist | Supported |

7. Discussion

The findings support existing literature suggesting that mindfulness plays a significant role in improving sleep-related outcomes. Mindfulness enhances awareness of bodily and mental states, enabling individuals to adopt healthier sleep behaviors. For call center professionals, mindfulness may help reduce work-related rumination and stress, which are major barriers to good sleep hygiene.

8. Implications

- Integration of mindfulness training in workplace wellness programs
- Sleep hygiene education for shift workers
- Non-pharmacological intervention for sleep disturbances

9. Limitations

- Cross-sectional design limits causal inference



- Self-report measures may involve response bias
- Limited geographic scope

10. Suggestions for Future Research

- Longitudinal studies
- Intervention-based research
- Inclusion of physiological sleep measures

11. Conclusion

Mindfulness emerges as a valuable psychological resource for improving sleep hygiene and sleep quality among call center professionals. Incorporating mindfulness-based strategies in occupational health programs can significantly enhance well-being and productivity.

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