

Defining and improving healthy sleep in working populations

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We at the **Work Stress Lab** present our expert guide to: (a) what healthy sleep looks like, (b) its importance for personal health and organizational success, and (c) best practices for improving your sleep or the sleep of your workforce. We go beyond unrealistic, one-size-fits-all advice (e.g., avoid caffeine, never use technology before bed) to show you how to identify needs and target solutions. Better sleep starts here!

Read through our white paper for a full review, or click the links below to skip ahead.

1. Why does sleep matter?
2. What is the state of sleep today?
3. What is the role of organizations?
4. **How to identify sleep needs and appropriate interventions in your workforce!**

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Why does sleep matter?

1. **For public health.** Of the “big three” health behaviors (i.e., sleep, exercise, diet), sleep is the “biggest” (Wickham et al., 2020). Large-scale studies link poor sleep to:

- Heart disease and stroke (Cappuccio et al., 2011)
- Type II diabetes (Holliday et al., 2013)
- Depression (Zhai et al., 2015)
- Reduced memory (Leong et al., 2019)
- All-cause mortality (Cappuccio et al., 2010)

A single bad night of sleep alone may not be catastrophic, but consistently poor sleep alters immune, heart, and metabolic functions, explaining disease risk (Ganster & Rosen, 2013). Poor sleep is also a key contributor to health disparities across many of these conditions, given heightened vulnerability of racial and ethnic minorities to sleep problems (Laposky et al., 2016).

2. **For workplaces.** The advantages of good sleep for organizations and employees alike cannot be easily overstated. Organizations have an enormous financial and moral investment in their employees’ sleep health.

- **Better employee well-being:** Good sleep protects employees from fatigue, anxiety, and even physical symptoms like headaches (Litwiller et al., 2017).
- **More functional workplaces:**
 - i. Healthy sleep supports a workforce that is satisfied, has lower work-family conflict, and is less likely to turnover (Litwiller et al., 2017).
 - ii. Poor sleep, however, impedes basic job performance and increases likelihood of counterproductive behaviors like stealing (Henderson & Horan, 2021).
 - iii. A bad night’s sleep may even impact interpersonal functioning, such as abusive leadership (Barnes et al., 2015) and unethical behaviors (Barnes et al., 2020).
- **Minimizing costs:**
 - i. Good sleep linked to **23% lower risk of sick leave** (Amiri & Behnezhad, 2020)
 - ii. Getting fewer than 4-5 hours of sleep on a given night **doubles likelihood of a car crash** (Sprajcer et al., 2023)
 - iii. A staggering **13% of all work injuries** are due to sleep problems (Uehli et al., 2014), costing over **\$20 billion each year** (OSHA, 2019)

Who should invest in employee sleep health?

- Workplaces that care about **public health and equity**
- Workplaces that want to **boost productivity, attendance, and retention**
- Workplaces that want to **save thousands in healthcare and injury costs**

What is the state of sleep today?

First, let's define healthy sleep. Experts suggest assessing your sleep health across these dimensions (Buysse, 2014):

- **Quantity** – do you get 7-9 hours of sleep each night?
- **Quality** – do you personally feel satisfied with your sleep?
- **Regularity** – do you wake up and go to sleep at consistent times each day?
- **Timing** – do your bed and wake times align with your chronotype (i.e., biologically based preferences as a “night” or “morning” person)?
- **Efficiency** – do you stay sound asleep until it is time for you to wake up?
- **Onset latency** – do you fall asleep within 30 minutes of getting into bed?
- **Daytime function** – do you generally feel alert when you are awake?



But *half* of people are not healthy sleepers!

- In our own research, only 50% of our large and representative sample of workers were “good sleepers” across all dimensions (Smith et al., 2024)
- Over 100 million American adults regularly fall short of the recommend 7 hours of nightly sleep (CDC, 2022)
- Sleep disorders are prevalent at similar rates, with another 100 million each experiencing insomnia symptoms and sleep apnea (NCOA, 2024)
- Working adults are particularly vulnerable to short sleep duration and sleep disorder symptoms (Swanson et al., 2011)



What is the role of an organization in promoting healthy sleep?

Work is an appropriate and effective setting for sleep interventions, and many modern companies have gotten on board – think Google, Ben & Jerry’s, Aetna. **Why try to promote better sleep at work, instead of at home?**

- **What happens at work affects employee sleep.** Exposing employees to excessive mental and physical job demands, long work hours, lack of autonomy or support (Litwiller et al., 2017), and interpersonal stressors like workplace bullying (Nielsen et al., 2020) threatens their sleep!
- **Poor sleep is contagious;** it can “spread” within a workplace (Tariq et al., 2019). On the other hand, leaders who role model and advocate for good sleep promote positive contagion (Sianoja et al., 2020).

I want to create a sleep-healthy workforce. What should I do?

- **Existing workplace interventions** are underwhelming in their effectiveness. Around half do not sufficiently improve sleep (Robbins et al., 2019), and those that do tend to be inconsistent (Soprovich et al., 2020) and weak (Redeker et al., 2019) in their impact. We see two reasons for this:
 - **They ignore the full spectrum of healthy sleep indicators** (e.g., regular sleep schedule, time to fall asleep, daytime alertness) by hyper-focusing on sleep quantity.
 - **They offer one-size-fits all solutions.** Most interventions involve a one-time lecture on sleep hygiene (e.g., blue light, mindfulness, caffeine). These strategies do not account for the fact that sleep problems – and, in turn, appropriate solutions – differ based on:
 - Industry (e.g., service work vs. healthcare)
 - Demographics (e.g., age, gender)
- We have developed a state-of-the art tool that draws on meta-analyses and large cohort studies to help you (1) determine the **sleep needs** of your industry and workforce and (2) **identify targets for intervention** that are specific to those needs. Scroll to the next page to use our tool!
 - We also offer training and consulting services, for improving employee health. Contact us at: clairesmith3@usf.edu



How to identify sleep needs and appropriate interventions in your workforce

Step 1: Sleep needs assessment Identify sleep issues common to your industry and workforce		
<p style="text-align: center;"><u>Industry vulnerabilities</u></p> <ul style="list-style-type: none"> • Labor and craft: irregular sleep schedules, napping^a, lower quantity^b • Service jobs: lower quality^c • Shiftwork: insomnia symptoms^d, inappropriate quantity (too long or short), lower quality, long time to fall asleep, fatigue^{e,f}, daytime dysfunction^g • Commercial drivers: sleep apnea^h, low qualityⁱ, low quantity^{b,j} • First responders: low quality^{k,l} 	<p style="text-align: center;"><u>Workforce vulnerabilities</u></p> <ul style="list-style-type: none"> • Older age: lower quantity and quality^m, nappingⁿ, sleep apnea^o • Younger age: irregular sleepⁿ, fatigue^p • Men: shorter sleep^m, sleep apnea^o • Women: insomnia symptoms^q, fatigue^{q,r} • Single: low quality^m, long time to fall asleepⁿ • Racial/ethnic minorities: lower quality and long time to fall asleepⁿ, insomnia symptoms^q, low quantity^s • Lower education: lower quality, longer time to fall asleepⁿ 	
Step 2: Intervention target Determine the appropriate intervention, based on specific sleep needs		
<p style="text-align: center;"><u>Short sleep (<7 hours)</u></p> <ul style="list-style-type: none"> • Shorten work hours^m or increase schedule control^t • Limit workload^m • Add family-supportive^t or sleep-supportive^u leadership • Use light exposure therapy for shift workers^v 	<p style="text-align: center;"><u>Irregular sleep schedule</u></p> <ul style="list-style-type: none"> • Limit night-time work^{kj} • Consider challenges of mentally active jobs^q 	<p style="text-align: center;"><u>Sleep apnea</u></p> <ul style="list-style-type: none"> • Create role clarity^{cc} • Address physical labor demands^{ee} • Point toward medical treatment (i.e., Positive Airway Pressure or PAP^{ff})
<p style="text-align: center;"><u>Long time to fall asleep</u></p> <ul style="list-style-type: none"> • Reduce conflicting work pressures^{aa} • Enrich repetitive tasks^{aa} • Encourage physical activity during work (e.g., walks^{bb}) 	<p style="text-align: center;"><u>Sleepiness/fatigue</u></p> <ul style="list-style-type: none"> • Provide job resources (i.e., autonomy, support^{cc}) • Family-supportive leader^t • Reduce overtime work^{dd} • Protect against physical exposures (i.e., heat stress, noise, airborne dust^{cc}) • Address physical demands^{dd} 	<p style="text-align: center;"><u>Insomnia symptoms</u></p> <ul style="list-style-type: none"> • Limit work hours^{gg} • Reduce mental demands and add job resources (i.e. autonomy and support^q) • Balance rewards with employee efforts^{hh} • Address work-family conflict^{hh} • Offer stress management trainingⁱⁱ • Reduce sedentary work^{jj,kk}
<p style="text-align: center;"><u>Low-quality sleep</u></p> <ul style="list-style-type: none"> • Limit workload^{m,w} • Allow autonomy^m • Address job insecurity^{w,x} • Balance rewards with employee efforts^{x,y} • Tackle unfairness^y • Stop bullying^y and sexual harassment^w • Offer physical activity training and planning resources^z • Protect against physical exposures (e.g., heat stress, noise^x) 		



References

- Amiri, S., & Behnezhad, S. (2020). Sleep disturbances and risk of sick leave: systematic review and meta-analysis. *Sleep and Biological Rhythms*, 18(4), 283-295.
- Barnes, C. M., Lucianetti, L., Bhave, D. P., & Christian, M. S. (2015). “You wouldn’t like me when I’m sleepy”: Leaders’ sleep, daily abusive supervision, and work unit engagement. *Academy of Management Journal*, 58(5), 1419-1437.
- Barnes, C. M., Awtrey, E., Lucianetti, L., & Spreitzer, G. (2020). Leader sleep devaluation, employee sleep, and unethical behavior. *Sleep Health*, 6(3), 411-417.
- Buysse, D. J. (2014). Sleep health: can we define it? Does it matter?. *Sleep*, 37(1), 9-17.
- Cappuccio, F. P., Cooper, D., D’Elia, L., Strazzullo, P., & Miller, M. A. (2011). Sleep duration predicts cardiovascular outcomes: a systematic review and meta-analysis of prospective studies. *European heart journal*, 32(12), 1484-1492.
- Cappuccio, F. P., D’Elia, L., Strazzullo, P., & Miller, M. A. (2010). Sleep duration and all-cause mortality: a systematic review and meta-analysis of prospective studies. *Sleep*, 33(5), 585-592.
- CDC (2022). *Fast Stats: Sleep in Adults*. <https://www.cdc.gov/sleep/data-research/facts-stats/adults-sleep-facts-and-stats.html>
- Gallup (2022). *Poor sleep linked to \$44 billion in lost productivity*. <https://news.gallup.com/poll/390797/poor-sleep-linked-billion-lost-productivity.aspx#:~:text=The%20analysis%20assumes%20129.75%20million,are%20excluded%20from%20the%20analysis.>
- Ganster, D. C., & Rosen, C. C. (2013). Work stress and employee health: A multidisciplinary review. *Journal of management*, 39(5), 1085-1122.
- Henderson, A. A., & Horan, K. A. (2021). A meta-analysis of sleep and work performance: An examination of moderators and mediators. *Journal of Organizational Behavior*, 42(1), 1-19.
- Holliday, E. G., Magee, C. A., Kritharides, L., Banks, E., & Attia, J. (2013). Short sleep duration is associated with risk of future diabetes but not cardiovascular disease: a prospective study and meta-analysis. *PloS one*, 8(11), e82305.
- Laposky, A. D., Van Cauter, E., & Diez-Roux, A. V. (2016). Reducing health disparities: the role of sleep deficiency and sleep disorders. *Sleep medicine*, 18, 3-6.
- Lee, S., Smith, C. E., Wallace, M. L., Andel, R., Almeida, D. M., Patel, S. R., & Buxton, O. M. (2022). Cardiovascular risks and sociodemographic correlates of multidimensional sleep phenotypes in two samples of US adults. *Sleep Advances*, 3(1), zpac005.
- Leong, R. L., Cheng, G. H. L., Chee, M. W., & Lo, J. C. (2019). The effects of sleep on prospective memory: A systematic review and meta-analysis. *Sleep Medicine Reviews*, 47, 18-27.



- Litwiller, B., Snyder, L. A., Taylor, W. D., & Steele, L. M. (2017). The relationship between sleep and work: A meta-analysis. *Journal of Applied psychology, 102*(4), 682.
- Luckhaupt, S. E., Tak, S., & Calvert, G. M. (2010). The prevalence of short sleep duration by industry and occupation in the National Health Interview Survey. *Sleep, 33*(2), 149-159.
- National Council on Aging (NCOA). (2024). *Sleep Statistics and Facts*.
https://www.ncoa.org/adviser/sleep/sleep-statistics/#:~:text=*%20About%2030%20of%20adults%20have%20symptoms,adults%20are%20likely%20to%20have%20chronic%20insomnia.
- Nielsen, M. B., Harris, A., Pallesen, S., & Einarsen, S. V. (2020). Workplace bullying and sleep—A systematic review and meta-analysis of the research literature. *Sleep medicine reviews, 51*, 101289.
- OSHA. (2019). *Business Case for Safety and Health*. <https://www.osha.gov/businesscase>
- Redeker, N. S., Caruso, C. C., Hashmi, S. D., Mullington, J. M., Grandner, M., & Morgenthaler, T. I. (2019). Workplace interventions to promote sleep health and an alert, healthy workforce. *Journal of Clinical Sleep Medicine, 15*(4), 649-657.
- Robbins, R., Jackson, C. L., Underwood, P., Vieira, D., Jean-Louis, G., & Buxton, O. M. (2019). Employee sleep and workplace health promotion: a systematic review. *American Journal of Health Promotion, 33*(7), 1009-1019.
- Sianoja, M., Crain, T. L., Hammer, L. B., Bodner, T., Brockwood, K. J., LoPresti, M., & Shea, S. A. (2020). The relationship between leadership support and employee sleep. *Journal of occupational health psychology, 25*(3), 187.
- Smith, C. E., Lee, S., & Allen, T. D. (2024). Hard work makes it hard to sleep: work characteristics link to multidimensional sleep Health phenotypes. *Journal of Business and Psychology, 39*(2), 393-410.
- Smith, C.E., Lee, S., Allen, T.D., Wallace, M.L., Andel, R., Buxton, O.M., Patel, S.R., & Almeida, D.M. (In Press). Designing work for healthy sleep: A multidimensional, latent transition approach to employee sleep health. *Journal of Occupational Health Psychology*.
- Soprovich, A. L., Bottorff, J. L., Wozniak, L. A., Oliffe, J. L., Seaton, C. L., Duncan, M. J., ... & Johnson, S. T. (2022). Sleep health in male-dominated workplaces: a qualitative study examining the perspectives of male employees. *Behavioral sleep medicine, 20*(2), 224-240.
- Sprajcer, M., Dawson, D., Kosmadopoulos, A., Sach, E. J., Crowther, M. E., Sargent, C., & Roach, G. D. (2023). How tired is too tired to drive? A systematic review assessing the use of prior sleep duration to detect driving impairment. *Nature and science of sleep, 175*-206.
- Swanson, L. M., Arnedt, J. T., Rosekind, M. R., Belenky, G., Balkin, T. J., & Drake, C. (2011). Sleep disorders and work performance: findings from the 2008 National Sleep Foundation Sleep in America poll. *Journal of sleep research, 20*(3), 487-494.



- Tariq, H., Weng, Q., Garavan, T. N., Obaid, A., & Hassan, W. (2020). Another sleepless night: Does a leader's poor sleep lead to subordinate's poor sleep? A spillover/crossover perspective. *Journal of sleep research*, 29(1), e12904.
- Uehli, K., Mehta, A. J., Miedinger, D., Hug, K., Schindler, C., Holsboer-Trachsler, E., ... & Künzli, N. (2014). Sleep problems and work injuries: a systematic review and meta-analysis. *Sleep medicine reviews*, 18(1), 61-73.
- Wickham, S. R., Amarasekara, N. A., Bartonicek, A., & Conner, T. S. (2020). The big three health behaviors and mental health and well-being among young adults: a cross-sectional investigation of sleep, exercise, and diet. *Frontiers in Psychology*, 11, 579205.
- Zhai, L., Zhang, H., & Zhang, D. (2015). Sleep duration and depression among adults: A meta-analysis of prospective studies. *Depression and anxiety*, 32(9), 664-670.

References included in Figure

- a. Smith, C.E., Lee, S., Allen, T.D., Wallace, M.L., Andel, R., Buxton, O.M., Patel, S.R., & Almeida, D.M. (Accepted). Designing work for healthy sleep: A multidimensional, latent transition approach to employee sleep health. *Journal of Occupational Health Psychology*.
- b. Luckhaupt, S. E., Tak, S., & Calvert, G. M. (2010). The prevalence of short sleep duration by industry and occupation in the National Health Interview Survey. *Sleep*, 33(2), 149-159.
- c. Heo, Y. S., Chang, S. J., Park, S. G., Leem, J. H., Jeon, S. H., Lee, B. J., ... & Kim, H. C. (2013). Association between workplace risk factor exposure and sleep disturbance: analysis of the 2nd Korean Working Conditions Survey. *Annals of Occupational and Environmental Medicine*, 25, 1-11.
- d. Brito, R. S., Dias, C., Afonso Filho, A., & Salles, C. (2021). Prevalence of insomnia in shift workers: a systematic review. *Sleep Science*, 14(01), 47-54.
- e. Chang, W. P., & Peng, Y. X. (2021). Meta-analysis of differences in sleep quality based on actigraphs between day and night shift workers and the moderating effect of age. *Journal of Occupational Health*, 63(1), e12262.
- f. Lim, Y. C., Hoe, V. C., Darus, A., & Bhoo-Pathy, N. (2018). Association between night-shift work, sleep quality and metabolic syndrome. *Journal of Occupational and Environmental Medicine*, 75(10), 716-723.
- g. Yong, L. C., Li, J., & Calvert, G. M. (2017). Sleep-related problems in the US working population: prevalence and association with shiftwork status. *Journal of Occupational and Environmental Medicine*, 74(2), 93-104.
- h. Schwartz, D. A., Vinnikov, D., & Blanc, P. D. (2017). Occupation and obstructive sleep apnea: a meta-analysis. *Journal of Occupational and Environmental Medicine*, 59(6), 502-508.
- i. Tabrizi, R., Moosazadeh, M., Razzaghi, A., Akbari, M., Heydari, S. T., Kavari, S. H., ... & Lankarani, K. B. (2018). Prevalence of sleep quality disorder among Iranian drivers: a systematic review and meta-analysis. *Journal of Injury and Violence Research*, 10(1), 53.
- j. Birdsey, J., & Sussell, A. L. (2017). Prevalence of obesity, no leisure-time physical activity, and short sleep duration among occupational groups in 29 states. *Journal of Occupational and Environmental Medicine*, 59(12), 1221-1228.



- k. Garbarino, S., Guglielmi, O., Puntoni, M., Bragazzi, N. L., & Magnavita, N. (2019). Sleep quality among police officers: implications and insights from a systematic review and meta-analysis of the literature. *International Journal of Environmental Research and Public Health*, 16(5), 885.
- l. Khoshakhlagh, A. H., Al Sulaie, S., Yazdanirad, S., Orr, R. M., Dehdarirad, H., & Milajerdi, A. (2023). Global prevalence and associated factors of sleep disorders and poor sleep quality among firefighters: A systematic review and meta-analysis. *Heliyon*, 9(2).
- m. Litwiller, B., Snyder, L. A., Taylor, W. D., & Steele, L. M. (2017). The relationship between sleep and work: A meta-analysis. *Journal of Applied Psychology*, 102(4), 682.
- n. Lee, S., Smith, C. E., Wallace, M. L., Buxton, O. M., Almeida, D. M., Patel, S. R., & Andel, R. (2024). 10-Year stability of an insomnia sleeper phenotype and its association with chronic conditions. *Psychosomatic Medicine*, 10-1097.
- o. de Araujo Dantas, A. B., Goncalves, F. M., Martins, A. A., Alves, G. Â., Stechman-Neto, J., Correa, C. D. C., ... & Taveira, K. V. M. (2023). Worldwide prevalence and associated risk factors of obstructive sleep apnea: a meta-analysis and meta-regression. *Sleep and Breathing*, 27(6), 2083-2109.
- p. Åkerstedt, T., Hallvig, D., & Kecklund, G. (2017). Normative data on the diurnal pattern of the Karolinska Sleepiness Scale ratings and its relation to age, sex, work, stress, sleep quality and sickness absence/illness in a large sample of daytime workers. *Journal of sleep research*, 26(5), 559-566.
- q. Smith, C. E., Lee, S., & Allen, T. D. (2024). Hard work makes it hard to sleep: work characteristics link to multidimensional sleep Health phenotypes. *Journal of Business and Psychology*, 39(2), 393-410.
- r. Fuhrer, R., & Wessely, S. (1995). The epidemiology of fatigue and depression: a French primary-care study. *Psychological Medicine*, 25(5), 895-905.
- s. Jackson, C. L., Redline, S., Kawachi, I., Williams, M. A., & Hu, F. B. (2013). Racial disparities in short sleep duration by occupation and industry. *American Journal of Epidemiology*, 178(9), 1442-1451.
- t. Olson, R., Crain, T. L., Bodner, T. E., King, R., Hammer, L. B., Klein, L. C., ... & Buxton, O. M. (2015). A workplace intervention improves sleep: results from the randomized controlled Work, Family, and Health Study. *Sleep Health*, 1(1), 55-65.
- u. Adler, A. B., Bliese, P. D., LoPresti, M. L., McDonald, J. L., & Merrill, J. C. (2021). Sleep leadership in the army: a group randomized trial. *Sleep Health*, 7(1), 24-30.
- v. Robbins, R., Quan, S. F., Buysse, D. J., Weaver, M. D., Walker, M. P., Drake, C. L., ... & Czeisler, C. A. (2022). A nationally representative survey assessing restorative sleep in US adults. *Frontiers in sleep*, 1, 935228.
- w. Park, J. B., Nakata, A., Swanson, N. G., & Chun, H. (2013). Organizational factors associated with work-related sleep problems in a nationally representative sample of Korean workers. *International archives of occupational and environmental health*, 86, 211-222.
- x. Heo, Y. S., Chang, S. J., Park, S. G., Leem, J. H., Jeon, S. H., Lee, B. J., ... & Kim, H. C. (2013). Association between workplace risk factor exposure and sleep disturbance: analysis of the 2nd Korean Working Conditions Survey. *Annals of occupational and environmental medicine*, 25, 1-11.



- y. Linton, S. J., Kecklund, G., Franklin, K. A., Leissner, L. C., Sivertsen, B., Lindberg, E., ... & Hall, C. (2015). The effect of the work environment on future sleep disturbances: a systematic review. *Sleep medicine reviews*, 23, 10-19.
- z. Atlantis, E., Chow, C. M., Kirby, A., & Singh, M. A. F. (2006). Worksite intervention effects on sleep quality: a randomized controlled trial. *Journal of occupational health psychology*, 11(4), 291.
- aa. Knudsen, H. K., Ducharme, L. J., & Roman, P. M. (2007). Job stress and poor sleep quality: data from an American sample of full-time workers. *Social science & medicine*, 64(10), 1997-2007.
- bb. Hori, H., Ikenouchi-Sugita, A., Yoshimura, R., & Nakamura, J. (2016). Does subjective sleep quality improve by a walking intervention? A real-world study in a Japanese workplace. *BMJ open*, 6(10), e011055.
- cc. Mokarami, H., Cousins, R., & Kalteh, H. O. (2022). Comparison of the work ability index and the work ability score for predicting health-related quality of life. *International Archives of Occupational and Environmental Health*, 1-9.
- dd. Åkerstedt, T., Knutsson, A., Westerholm, P., Theorell, T., Alfredsson, L., & Kecklund, G. (2002). Sleep disturbances, work stress and work hours: a cross-sectional study. *Journal of psychosomatic research*, 53(3), 741-748.
- ee. Wendt, A., Flores, T. R., Silva, I. C. M., & Wehrmeister, F. C. (2018). Association of physical activity with sleep health: A systematic review. *Revista Brasileira de Atividade Física & Saúde*, 23, 1-26.
- ff. Patil, S. P., Ayappa, I. A., Caples, S. M., Kimoff, R. J., Patel, S. R., & Harrod, C. G. (2019). Treatment of adult obstructive sleep apnea with positive airway pressure: an American Academy of Sleep Medicine clinical practice guideline. *Journal of Clinical Sleep Medicine*, 15(2), 335-343.
- gg. Ribet, C., & Derriennic, F. (1999). Age, working conditions, and sleep disorders: a longitudinal analysis in the French cohort ESTEV. *Sleep*, 22(4), 491-504.
- hh. Yang, B., Wang, Y., Cui, F., Huang, T., Sheng, P., Shi, T., ... & Huang, Y. N. (2018). Association between insomnia and job stress: a meta-analysis. *Sleep and Breathing*, 22, 1221-1231.
- ii. Herr, R. M., Barrech, A., Riedel, N., Gündel, H., Angerer, P., & Li, J. (2018). Long-term effectiveness of stress management at work: effects of the changes in perceived stress reactivity on mental health and sleep problems seven years later. *International journal of environmental research and public health*, 15(2), 255.
- jj. Smith, C.E., Lee, S., Allen, T.D., Wallace, M.L., Andel, R., Buxton, O.M., Patel, S.R., & Almeida, D.M. (In Press). Designing work for healthy sleep: A multidimensional, latent transition approach to employee sleep health. *Journal of Occupational Health Psychology*.
- kk. Yang, Y., Shin, J. C., Li, D., & An, R. (2017). Sedentary behavior and sleep problems: a systematic review and meta-analysis. *International journal of behavioral medicine*, 24, 481-492.