

Concept Analysis of INSOMNIA

Nofiea Dh. Al shamary

Abstract: Insomnia consider as a common sleep disorder , which has multiple impact on physical and psychological aspect on human life and these different aspect play a crucial role for human wellbeing ,there for we emphasize on the nursing role for provision of best health care by understanding, identifying and analysis the concept of Insomnia.

This paper aim is to evaluate the perception of insomnia through different literature review, I try to illustrate as possible as I can.

Keywords: Symptom Analysis, Insomnia, Sleep disturbance.

1. INTRODUCTION

Sleep performance has a vital role in our lives. The sleep pattern can be influenced by the Insomnia, one of the widespread occurrences. If an individual is experiencing difficulties in maintaining sleep for one or more than a month, then this condition would be referred to as the Insomnia (Espie, 2002). The humans can have mental and physical diseases, if it persists for long. The psychiatric illness could possibly accompany it in some instances (Winkels, 2019).

Insomnia is a severe issue having numerous aspects. Its understanding can help nurses to explore this issue for provision of better health care. Foregoing in view, the upcoming sections will examine the connotations, reasons, factors and treatment of insomnia, which is the primary objective of this research paper.

Aim

After reviewing the scientific literature, this paper aims to critically evaluate the perception of insomnia, so that its precise meaning could be established, which is associated with health care providers in general and nurses in particular.

2. METHOD

By considering Walker and Avant's (2005) model of concept analysis, various characteristics of insomnia were reviewed by this paper (Walker and Avant, 2005). The researchers will emphasize on key terms of insomnia through a broad search on scientific data and reliable web sources. In this article, the author will explain the descriptions, attributes, backgrounds and repercussions, the relevant examples, and empirical references of insomnia.

3. RESULTS

Identify Concept

There are a number of misunderstandings about insomnia. One of the mistaken beliefs is that it cannot be treated. Nonetheless, the health domain has explored this concept, but the literature has not corroborated this sign of disorder (Harvey, 2000; Lichstein and Morin, 2000; Espie, 2002). On average, an adult person can have seven to eight hours sleep in a night. However, this pattern is different among people. If the sleeping related complaints go beyond four weeks, the health experts conclude it to be insomnia, where the individual can have the experience of non-refreshing, have difficulty in maintaining sleep, a complaint of extended sleep latency. Moreover, dysphoria, fatigue, reduced alertness and exhaustion are included among poor sleep together with deficiencies of daytime functioning (Riemann et al., 2010).

The type, subtype and chronicity can be applied to explore the term insomnia. The 'acute' or 'chronic' are the two categories of chronicity. The type classifies the insomnia as follows: inadequate sleep hygiene, paradoxical insomnia, idiopathic insomnia, psychophysiological insomnia as well as insomnia comorbid with medical or psychiatric illness. On

the other hand, the subtype is indicative of the insomnia phenotype which entails initial, middle, mixed or late insomnia (Nortje, 2017). There could be other implications, where insomnia can be linked with the drugs, alcohol, sleep-induced respiratory ailment, sleep-related myoclonus and major affective diseases (Kupfer and Foster, 1978). An additional category of insomnia may encompass (a) sleep disorders connected with psychiatric, neurologic and other medical syndromes, (b) parasomnia, c) anticipated sleep disorders, for instance, those felt during pregnancy and menstrual cycle (Mahoney, 2012).

The primary insomnia (PI) or psychophysiological condition refers to the “hyperarousal” period that is severely associated with insomnia. A major indicator, which develops post-traumatic stress disorder (PTSD), is known as hyperarousal. By and large, it is materialized when an individual unexpectedly encounters high alert, which is triggered due to widespread thoughts about trauma (Spiegelhalder & Riemann, 2013). In contrast, the stress, depression, anxiety, psychological and emotional causes, for example, disorder, worry, anger, grief and trauma are thought to be included among the well-known causes of chronic insomnia (Ji et al., 2019). Nonetheless, daily psychosocial stressors and nightly sleep are strongly correlated with each other (Lee et al., 2016).

Compared to younger adults, the people with age above 60 are more likely to have insomnia. The risk of insomnia can be increased with the associated pain for chronic diseases. The issues, such as, Parkinson disease, Arthritis, Alzheimer disease, Kidney disease, Heart disease, Gastrointestinal reflux disease, fibromyalgia, Restless legs syndrome, Sleep apnea, Diabetes and heavy smoking with lung diseases are believed to be the other factors resulting in insomnia (Bliznak et al., 2018; Shamim et al., 2019). Most importantly, the insomnia cure attributed to cognitive-behavioral treatment (CBT) has higher worth than the possibilities integral to the pharmacological states, for instance, benzodiazepines (Kripke et al., 2006).

Identify Model Case

The surgical clinic was visited by a 35 years old male patient, once his abdomen was operated since one month ago because of cholecystitis. During the last 3 weeks, he was facing continuous difficulty of sleeping. He was recommended diazepam 10mg tablets per day. After taking it for 3 days, he could not sleep even till 3:00 a.m. followed by the complaints of severe pain in his abdomen. He feels less concentrated, anxious and tired during the day time. But, he revisited the clinic after three days, since he realized no benefit and he desired another effective remedy to his problem.

Foregoing in view, the patient experienced chronic pain because a surgery was carried out earlier. Subsequently, the patient was feeling difficulty in sleeping. That pain was a straight indicator of insomnia. The main symptoms connected with insomnia were clearly mentioned by this model case (Komada et al., 2010; Edinger, et al., 2011; Haack et al., 2012; Kanstrup et al., 2014).

Implications for Practices

For insomnia, numerous roles have to be offered by the health care providers. For instance, nurses have to be adept with critical assessments for identifying insomnia causes, symptoms, risk factors and treatment plan, through which, baseline data could be obtained for the evaluation of insomnia. To promote quality sleep among inpatients and care home residents, the patient education is believed to be the key nursing intervention. Reduction in stress can be realized through physical activities. The same can also be reduced, if good nutritional habits are inculcated among the patients. Nonetheless, to make the patients aware about relaxing activities and techniques is also a fundamental intervention. During the course of cognitive-behavioral cure, an effective role can eventually be exhibited by the nurses (Turkoski, 2006; Ross, 2011).

4. CONCLUSION

Sleep performance has both positive and negative effects on human lives. The sleep pattern can be affected as a result of insomnia (one of the general phenomena). Based on the model of Walker and Avant's (2005), the concept, i.e., insomnia is critically evaluated in this paper. Belief of the people that it cannot be treated is one of the most common misunderstandings. While, the health domain has reviewed this sign of disorder, however, the same has not been corroborated by the literature. It could have various types of symptoms. A primary symptom appearing post-traumatic stress disorder (PTSD) is known as hyperarousal. Nonetheless, nurses ought to be proficient with identification of

insomnia causes, indicators, risk factors and treatment patterns, so that baseline data could be acquired for its evaluation. The patient education is assumed to be the key nursing intervention aiming to promote quality sleep among care home residents and inpatients.

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