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Digital Screen-Time Habits, Social Media Usage, and Self-Reported Digital Wellbeing in Everyday Life

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ABSTRACT

Digital technologies are increasingly part of everyday life, but we still have limited understanding of how screen time relates to social media use and well-being. This study measured digital screen time, social media use, smartphone behaviors and self-rated digital well-being in a cross-sectional survey sample of 1222 adults. Frequencies, percentages, chi-square tests and Spearman rank correlations were used to analyze responses to 14 questionnaire items. Thirty percent said they spend four to six hours a day using screens and 44.5% said six or more hours a day. The most frequent social media use was between 1 and 2 hours a day (27.3%) and 42.1% were classified as having an average digital wellbeing. The ordinal correlation of screen-time categories with wellbeing was not significant ($\rho = -.035$, $p = .227$) but was weakly significant ($\chi^2(16) = 28.60$, $p = .027$). The chi-square test for social media duration did not significantly relate to wellbeing ($p = .068$) while Spearman analysis yielded a weak negative relationship with wellbeing ($\rho = -.090$, $p = .002$). Digital distraction ($\rho = -.301$) and usage beyond intended duration ($\rho = -.292$) showed greater negative correlation. Such findings indicate that the regularity of device use more relevant to the findings than the amount of time spent using the device. Limited interpretability and generalizability due to self-reporting, undocumented sampling, and collection-provenance issues.

Keywords: *Digital Screen Time; Social Media Usage; Digital Wellbeing; Smartphone Behaviors; Self-Reported Wellbeing*

Introduction

Digital technology has become an integral part of everyday life and has changed the way in which communication, education, working life and entertainment are provided. Smartphones, computers and other digital devices allow people of all ages to be connected all the time, leading to more screen time at all ages. While digital technologies have many benefits, there have been concerns about the negative effects of too much screen time on psychological health, behavior, and well-being. Researchers have pointed to the complexity of digital relationships and psychological outcomes, and indicated that the effects of screen time are not always negative (Appel et al., 2020). Research has found links between screens and psychological well-being and between long screen time and depressive symptoms in adolescents (Basterra-Gortari et al., 2024; Boers et al., 2019). Thus, knowing daily screen time behaviors is crucial for assessing digital well-being. Social media has had a significant impact on everyday communication, information consumption, entertainment and interpersonal relationships. People often use digital technologies to socialize, share information, and play. The psychological aspects of social media use are, however, still open to debate. There have been indications that social media use linked to mental health outcomes, but this is not consistent across people and situations (Berryman et al., 2018). The relationship between social media engagement and depressive symptoms and related psychological experiences has also been investigated (Aalbers et al., 2019). Individual differences influence how digital interactions relate to well-being (Beyens et al., 2020). Longitudinal evidence also shows that the duration of social media use should be analysed carefully as it does not necessarily have direct psychological effects (Coyne et al., 2020). In addition, there has been research examining the association of social media usage with loneliness amongst adults (Gorman et al., 2025).

Digital wellbeing is about people's feeling that they can keep a healthy and balanced relationship with digital technologies and support their psychological, emotional and social functioning. Self-reported digital wellbeing is the individual's perception of their digital experiences, such as perceived benefits, distractions, emotions, and daily functioning. Previous studies have shown a relationship between social media involvement, psychological well-being, and mental health (Ansari et al., 2024). There has also been a systematic review of associations between social media use and sleep quality and psychological health (Ahmed et al., 2024; Alonzo et al., 2021). In addition, engagement with the smartphone and perceived screen exposure have been examined in relation to sleep-related behaviors in university students (Hjetland et al., 2021). Therefore, the investigation of perceived wellbeing in relation to digital habits can offer important information about people's daily digital experiences.

Although much research has been conducted on digital technologies and psychological health, there are still key methodological and empirical gaps. There is often a focus on a particular population, psychological disorder, or individual aspect of technology use in existing investigations. Research on screen-viewing behavior and psychological well-being has shown the importance of contextual factors (Chen et al., 2024). Self-reported measures, however, can vary from objectively recorded digital behavior, which can lead to limitations in measurement (Hodes & Thomas, 2021). Similar discrepancies have been found for self-reported and device-recorded social networking activities (Burnell et al., 2021). Therefore, further research should be conducted to investigate the amount of time spent in front of the screens, use of social media, use of the smartphone in general and wellbeing in total in an integrated manner. Such research may help to establish connections between digital behaviors and subjective wellbeing, but not to make any causal assumptions.

The present study focus on digital screen-time habits, social media consumption, and self-reported digital wellbeing in everyday life through a quantitative survey-based approach. More specifically, the research aims to examine the daily screen time of the respondents, their behavior with regard to social media, their behavior related to the use of smartphones, and the wellbeing perception of the respondents. Moreover, the research will try to find statistical connections between the daily screen time of the participants, social media usage, and wellbeing perceptions. The research covers multiple aspects of digital behavior of people on a daily basis and seeks to shed light on empirical data concerning differences in technology usage and wellbeing perceptions.

2. Materials and Methods

2.1. Research Design and Quantitative Approach

Research design employed in this study is Quantitative Cross-sectional Research Design. Descriptive and Inferential Statistics were employed in analyzing the secondary survey data. This study focused on establishing behavioral trends and statistics relations and not causation.

2.2. Dataset Description and Study Population

The survey data set used for the current research was the "Digital Wellbeing and Screen Time Habits Survey" data set that comprised of 1,222 subjects and 15 variables where 14 were questionnaires and one was a timestamp variable. The data set provided information about age, profession, screen exposure, use of social media, phone habits, and digital wellbeing. The respondents were from various age groups and occupations. There was no information provided about the sampling procedure or geographical coverage in the available dataset (Jain, 2026).

2.3. Variables and Measurement of Digital Screen-Time Habits

Screen time behaviors were assessed by daily screen exposure (Q3) and smartphone behaviors (Q6–Q12). Daily screen time was broken into 5 categories: <2 hours, 2-4 hours, 4-6 hours, 6-8 hours and >8 hours. Other factors were habitual phone checking, excessive time using a smartphone at night and in the morning, setting out a purposeful time out from the smartphone, using a smartphone management app, digital distractions, and extended use of a smartphone. The indicators were analyzed as categorical variables.

2.4. Measurement of Social Media Usage and Self-Reported Digital Wellbeing

Daily usage duration (Q4) was used to evaluate social media usage, ranging from less than one hour to over five hours, and primary device usage purpose (Q5) was used to give some behavioural context to the data. A five-category rating (Q14) was used to assess self-reported digital wellbeing, from very poor to excellent. To capture subjective digital experiences, the perceived effect of device usage over a longer period was also explored (Q13).

2.5. Data Preprocessing and Quality Assessment

The clean CSV data set was checked for missing, duplicate, inconsistent and variable formatting. There was no information lacking in any of the 1,222 observations, and no duplicate observations were found exactly. The categorical responses were left and grouped by the level of measurement. An examination of timestamp patterns was done to detect areas that may pose a data quality issue. There is a need to verify the original collection of these surveys.

2.6. Statistical Analysis Methods

Demographic characteristics, digital habits, social media usage and wellbeing ratings were summarized using descriptive statistics such as frequencies and percentages. Associations of categorical variables were determined using chi-square tests, and ordinal variables were suggested to be used in relation to Spearman's rank correlation. There was the possibility of using ordinal logistic regression for assessing adjusted associations with self-reported wellbeing, provided that the model assumptions are met. The criterion for statistical significance was $p < 0.05$ and 95% confidence intervals were provided when necessary. Inferential findings only be reported following analyses.

3. Results

3.1. Demographic Characteristics of Survey Respondents

The respondents consisted of 1222 people, whose demographic details are given in Table 1. The largest age group was 18–24 years (34.6%), followed by 25–34 years (23.7%). A large proportion of working (38.4%) and student (37.2%) backgrounds were represented among the most common occupational groups.

Table 1. Demographic Characteristics of Survey Respondents (N = 1,222)

Characteristic	Category	Frequency (n)	Percentage (%)
Age group	Below 18	216	17.7
	18–24	423	34.6
	25–34	290	23.7

	35–44	171	14.0
	45 and above	122	10.0
Occupation	Employed	469	38.4
	Student	454	37.2
	Self-employed/Business	138	11.3
	Homemaker	83	6.8
	Unemployed	49	4.0
	Other	29	2.4

Figure 1 illustrates the age distribution, showing that respondents aged 18–24 years constituted the largest proportion of the surveyed population.

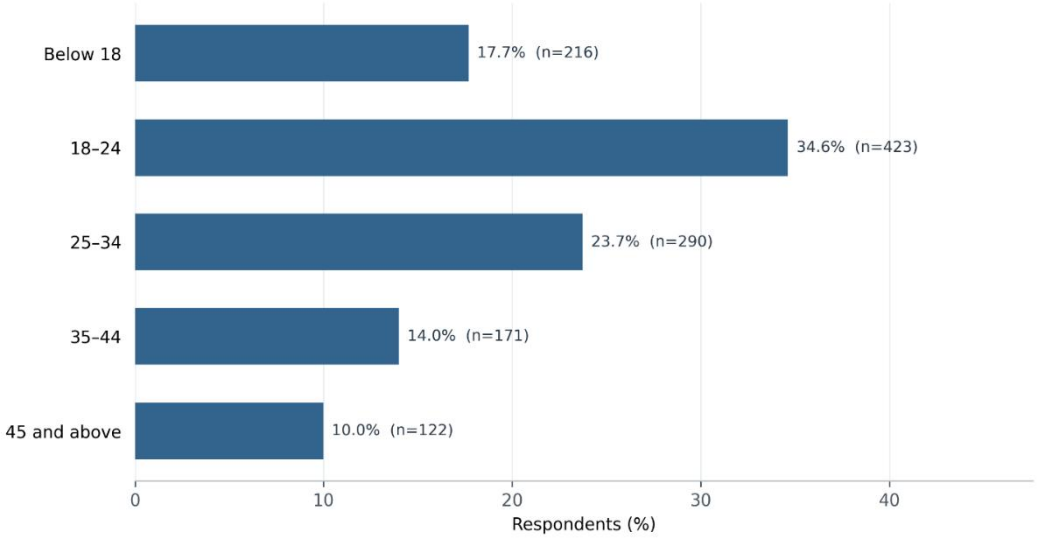


Figure 1. Age-Group Distribution of Survey Respondents

3.2. Distribution of Daily Screen-Time Habits

The daily screen exposure distribution is given in Table 2. The highest percentage of respondents indicated that they spend 4-6 hours (30.0%) on screens, followed by 6-8 hours (26.4%). Overall, 44.5% reported using a digital device for at least six hours a day, showing high levels of engagement among those surveyed.

Table 2. Distribution of Daily Screen-Time Duration

Daily screen time	Frequency (n)	Percentage (%)
Less than 2 hours	70	5.7
2–4 hours	241	19.7
4–6 hours	367	30.0
6–8 hours	322	26.4
More than 8 hours	222	18.2
Total	**1,222**	**100.0**

Figure 2 demonstrates the concentration of respondents within the intermediate and higher screen-time categories, particularly the 4–6-hour group.

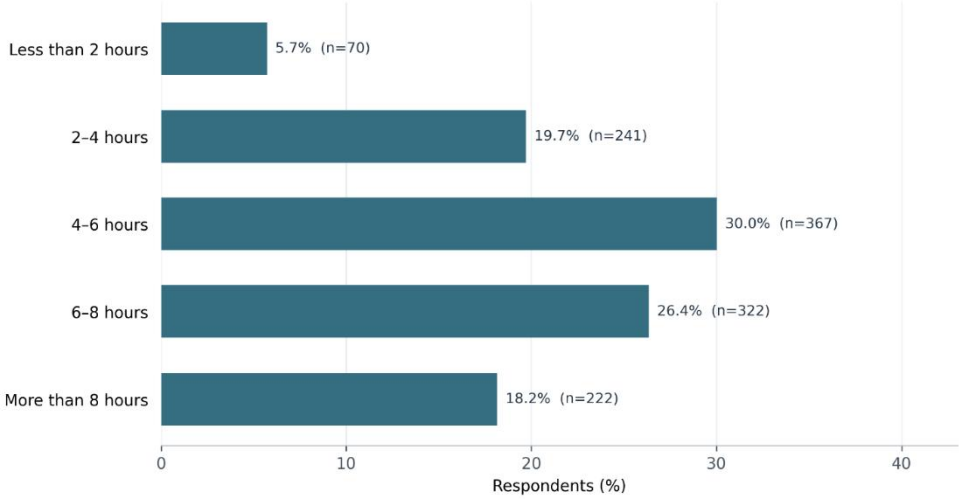


Figure 2. Distribution of Daily Screen-Time Habits

3.3. Social Media Usage Patterns and Digital Activities

The use of social media is summarized in Table 3. About 27.3% of the respondents said they were using social media for 1 – 2 hours a day and 25.0% for 3 – 5 hours. The top three reasons for using a digital device were found to be work or study (29.4%), social media (22.2%) and entertainment (16.9%).

Table 3. Social Media Usage Duration and Primary Digital Activities

Variable	Category	Frequency (n)	Percentage (%)
Social media duration	Less than 1 hour	173	14.2
	1–2 hours	333	27.3
	2–3 hours	284	23.2
	3–5 hours	305	25.0
	More than 5 hours	127	10.4
Primary digital activity	Work or study	359	29.4
	Social media	271	22.2
	Entertainment	206	16.9
	Communication	176	14.4
	Gaming	144	11.8
	Other	66	5.4

Figure 3 illustrates daily social media usage, highlighting the predominance of the 1–2-hour and 3–5-hour categories.

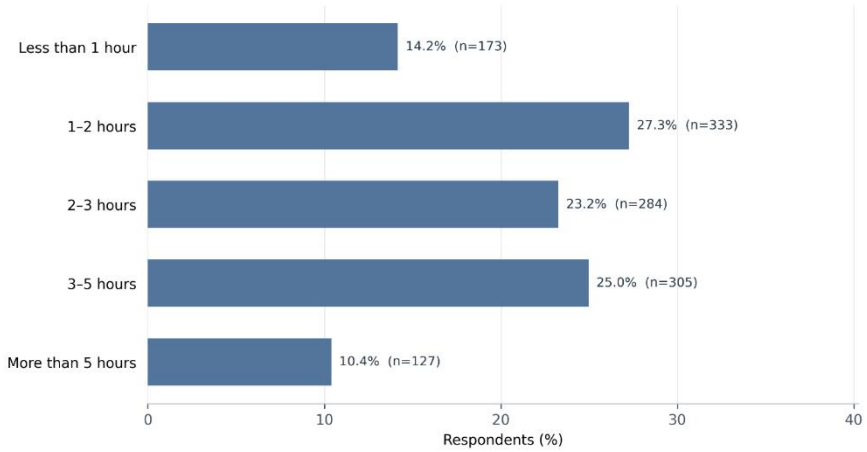


Figure 3. Distribution of Daily Social Media Usage

3.4. Smartphone Behaviors, Bedtime Usage, and Digital Distractions

Several repetitive behaviors associated with the use of mobile phones have been identified through the analysis process. Thirty-five percent (35.1%) stated that they used their mobile phones on a daily basis 30 minutes before going to bed and 47.8% stated that they checked their mobile phones often/daily 15 minutes after waking up. Also, 38.6% admitted that they were often or always distracted from their work by digital devices. 48.7% stated that they used their mobiles longer than planned. In terms of digital self-regulation, 41.2% regularly or occasionally used screen-time management tools and 33.4% purposefully took screen breaks sometimes. These results suggest significant differences in the level of device engagement and self-regulation.

3.5. Self-Reported Digital Wellbeing Among Respondents

Table 4 shows the overall digital wellbeing ratings and perceived experiences that respondents had after using their devices for longer periods of time. The majority indicated average digital wellbeing (42.1%) with 27.9% indicating good digital wellbeing. After long periods of use, 29.3% said they felt slightly tired or distracted and 23.8% said they felt very tired or distracted. The results show that there are significant differences in user experiences with digital technology.

Table 4. Self-Reported Digital Wellbeing and Perceived Effects of Prolonged Device Usage

Variable	Category	Frequency (n)	Percentage (%)
Digital wellbeing	Very poor	72	5.9
	Poor	197	16.1
	Average	515	42.1
	Good	341	27.9
	Excellent	97	7.9
Perceived effects	Very tired or distracted	291	23.8
	Slightly tired or distracted	358	29.3
	No significant effect	240	19.6
	More productive or connected	168	13.7
	Depends on activity	165	13.5

3.6. Association Between Screen-Time Habits, Social Media Usage, and Digital Wellbeing

The daily screen-time categories were associated with the self-reported digital wellbeing, however, this association was found to be statistically significant but not strong, $\chi^2(16) = 28.60$, $p = .027$, Cramér's $V = .076$. Spearman's correlation was not significant for a monotonic relationship ($\rho = -.035$, $p = .227$), however. The relationship between social media duration and wellbeing was not significant for the chi-square test, $\chi^2(16) = 25.08$, $p = .068$, but for the Spearman's correlation test the relationship was a weak negative ordinal relationship, $\rho = -.090$, $p = .002$.

Further analysis revealed negative relationships between wellbeing and digital distractions ($\rho = -.301$, $p < .001$) and between wellbeing and using the device beyond intended duration ($\rho = -.292$, $p < .001$). Frequent habitual behaviours were associated more highly with perceived wellbeing than total screen-time measure, indicating that these findings may highlight the importance of paying attention to the frequency of these behaviours and their association with wellbeing in children.

Figure 4 shows the percentage of people with a good or excellent digital wellbeing according to their social media use. This ratio was higher among those using social media for less than one hour a day (41.6%) than it was among those who used social media more than five hours a day (28.3%).

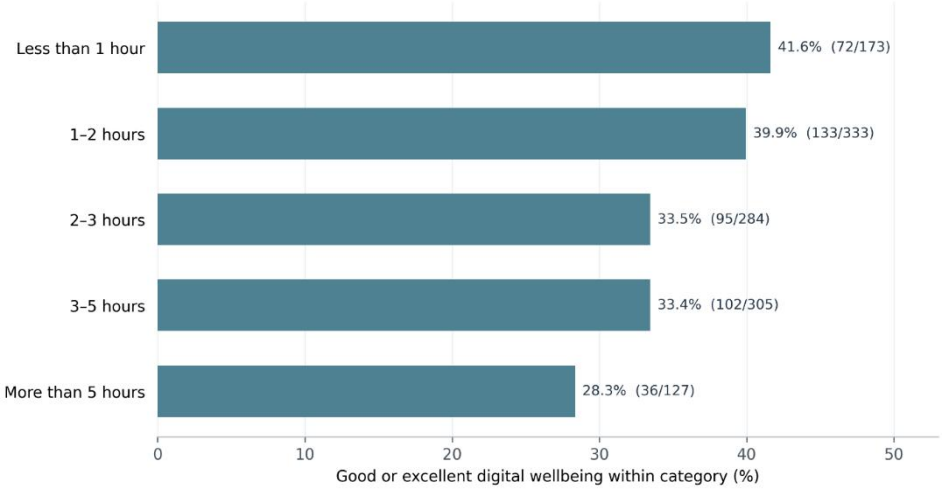


Figure 4. Good or Excellent Digital Wellbeing Across Social Media Usage Categories

In general, the results confirm that there are differences in digital wellbeing between the digital engagement patterns, and that these differences were more pronounced for self-reported experience of distraction and extended device use. Such relationships are to be considered only descriptive and not causal.

4. Discussion

This study is based on 1,222 respondents and their relationship with digital screen time, social media, and their self-reported digital wellbeing. Results indicated high digital engagement, with 44.5% saying they spend six hours or more on a screen each day, and 42.1% saying that their digital wellbeing is average. Digital distractions and time spent on screens were correlated more negatively with wellbeing than the amount of time spent on screens. These results indicate that the degree of digital engagement over time is more important to wellbeing than the amount of time spent on digital. Previous research also highlights the need to account for behavioral contexts and individual differences in relation to digital technology use and mental health (Meier & Reinecke, 2021).

There was a weak but statistically significant association between daily screen-time categories and digital wellbeing ($\chi^2 = 28.60$, $p = .027$), but no significant correlation ($\rho = -.035$, $p = .227$). This means that there was no consistent shape of relationship between screen-time categories and wellbeing. Previous research has also found that digital technology engagement–psychological wellbeing links tend to be complex and context-specific (Orben & Przybylski, 2019b). Large-scale study evidence also suggests that the use of digital technology accounts for relatively limited variation in adolescent wellbeing (Orben & Przybylski, 2019a). The results of these studies support the need to research digital behaviours in terms of more than screen time (Odgers & Jensen, 2020).

Respondents' daily use of digital media included a significant amount of social media engagement. The correlation between social media time and wellbeing was categorical, but not statistically significant (p = .068); Spearman's correlation revealed a weak, negative correlation (ρ = −.090, p = .002). This discovery indicates that there are some indications of a negative relationship between the length of social networking use and wellbeing ratings. The importance of research into social media outcomes, usage patterns, motivations, and psychological traits of users has already been highlighted (Kross et al., 2021). Further, the cumulative effects of negative online content, such as doomscrolling, have been studied alongside psychological distress and reduced wellbeing (Li & Yin, 2026). The present study, however, did not directly measure doomscrolling.

Results are in general agreement with studies that have linked social media usage to psychological outcomes. Previous studies have reported correlations between adolescents' social media exposure, depressive symptoms, anxiety and psychological distress (Keles et al., 2020). Evidence from the population level has also shown links between social media use and adolescent mental health (Kelly et al., 2018). Other studies conducted with adults also emphasize the diversity of psychological effects found with social media (Koh et al., 2024). There is limited experimental evidence that restricting social media contact enhances a few wellbeing measures (Hunt et al., 2018). However, the current cross-sectional results do not determine if a similar effect would occur with a reduction in screen time.

The results highlight the importance of not only addressing overall screen time but also managing habits that involve using smartphones. Digital distractions (ρ = −.301) and device use outside intended times (ρ = −.292) had relatively high negative correlations with wellbeing. The findings aligned with the application of active measures such as scheduled screen breaks, notification management, development of targeted patterns of device usage, and reduction of unnecessary surveillance from smartphones. Digital wellbeing can be incorporated within the existing health-promotion programs at the school level or workplace. But the efficacy of certain behavioral interventions needs to be evaluated through properly conducted longitudinal/experimental studies.

Causal interpretation is prevented by the cross-sectional design, and self-reported data can contain recall and reporting bias. There are known discrepancies between perceived and objectively recorded screen-time behaviors (Ohme et al., 2021; Parry et al., 2021). Digital wellbeing was assessed with only one ordinal item, not a validated multidimensional instrument. In addition, the sampling methods used were not documented, which limits generalizability. Unusually concentrated response time-stamps require validation of the provenance of the datasets, and consent procedures for respondents under the age of 18 are not confirmed. Longitudinal and objective measures of screen exposure, along with valid measures of wellbeing, and clearly defined recruitment processes would be useful for future research to explore the relationship between digital behaviours and psychological wellbeing over time.

5. Conclusion

The relationships among digital screen-time habits, social media use and self-reported digital wellbeing were analysed in this study, with a sample of one thousand two hundred and twenty-two survey respondents. The results showed that digital devices are highly ingrained in daily life with 44.5% of participants saying they use digital devices for six or more hours a day, and 42.1% of participants saying they feel their digital wellbeing is average. Wellbeing was significantly associated with each type of screen time, yet the relationship was not consistently monotonic and had small effect size. Time spent on social media correlated weakly negatively with wellbeing ordinal scale as well; therefore, amount of time should not be viewed as the only variable of interest here. In addition, frequent digital distractions and digital use outside the planned schedule displayed significant negative associations with wellbeing. Thus, there is a need to pay attention to behavioral characteristics rather than the quantity of screen time. Strategies of mindful use of smartphones, intentional setting of time limits for using screens, fewer checks of digital devices when needed, and better self-control can be used to develop healthier digital behavior. However, the cross-sectional study design, self-reporting method, undocumented sampling technique, and data collection validation problems make causal conclusions about the association unfeasible. In order to learn more about these associations and to develop evidence-based strategies for promoting balanced digital use and psychological wellbeing, further research could employ valid wellbeing scales, objectively measured digital use, clearly described recruitment technique, and longitudinal study design.

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