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Digital Media Dependence and Psychological Well-Being among Paramilitary Personnel: A Cross-Sectional Correlational Study

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Abstract

Objectives: To investigate Indian paramilitary personnel's reliance on digital devices and the associated psychological well-being. **Method:** The study was cross-sectional in nature and conducted using an exploratory research design. A convenience sample of five hundred (500) paramilitary personnel (representing Delhi and NCR region) was obtained using purposive sampling. Participants were drawn from different paramilitary services and operational units of BSF, CRPF, Assam rifle, SSB, CISF. The duration of data collection for this study was 6 months from June to December 2025. Participants ranged in age from 18 to 60, with the majority aged 26 to 45 years. Both males and females participated, with males being the predominant gender. Data were collected through a structured questionnaire. Instruments measured digital addiction, quality of sleep and psychological health. Data responses were measured using a five-point Likert scale. Events were analysed using descriptive statistics, independent sample t-tests, ANOVA, correlation and regression tests. Ethics, confidentiality and informed consent were maintained throughout the study. **Findings:** Most participants used the internet longer than they intended. Checking social media is an addictive behaviour across all age groups. More than 50% of participants experienced difficulty falling asleep and poor-quality sleep due to being exposed to screens late at night. Nearly half of all participants felt tired during the day because they did not get enough sleep. People who relied heavily on their devices experienced withdrawal-like symptoms when access to their devices was restricted. The preference to interact with others through the internet resulted in decreased levels of face-to-face social interactions. Social comparisons caused significant increases in emotional distress and lower self-esteem. Digital dependence was identified as a major psychological risk factor through regression analyses. **Novelty:** The current study provides valuable evidence to promote and support policy level regulations for digital usage by security forces.

Keywords: Digital dependence; Paramilitary forces; Sleep quality; Mental health; Internet overuse

1 Introduction

The phenomenon of digital stress is prevalent and growing within both Indian defence and Paramilitary organizations, with the increase in the usage of digital devices within professional and personal domains⁽¹⁾. The clinical literature classifies "Digital Dependence" as a behavioural addiction syndrome⁽²⁾. In terms of mental health, Digital Dependence; hinders the ability to control one's emotions, the ability for sustained attention, and the ability to regulate stress⁽³⁾ and creates a negative effect on the mental health status of those persons with Digital Dependence. Digital Dependence manifests itself as an increased level of anxiety, decrease in total psychosocial function, and loss of resiliency^{(4), (5)}.

Psychological Well-Being is essential to being able to operate effectively within a work environment. Psychological Well-Being consists of a positive mood, ability to adapt during daily pressures, and to remain healthy. Psychological well-being also provides an opportunity to continue positive, full-functioning life style and supports one's capacity for mental clarity and support for an ability to hold onto and use one's emotional balance⁽⁶⁾.

Sleep Quality is one of the most critical components of Mental Health. Sleep Quality is defined as the duration, continuity and quality of the sleep^{(7), (8)}. Poor Sleep disrupts one's ability to regulate their emotions and function cognitively. The amount of Sleep negatively affects one's ability to function mentally, emotionally and socially; and increases one's likelihood of experiencing anxiety, irritability, and depression^{(7), (8)}.

Excessive digital device exposure late at night, inhibits the body's production of melatonin, therefore, inhibiting the body's natural response to relaxation and initiating sleep^{(9), (10)}. Chronic sleep problems will deplete one's Resiliency and Stress Tolerance^{(4), (9)}.

Although there is evidence that both Digital Stress and Sleep problems are increasing, to date, there is no Comprehensive Assessment of Digital stress/ Digital dependence exists within the Paramilitary Organization^{(4), (11)}. Most studies examining levels of digital stress / Digital dependence are conducted with Students or Civilian populations; therefore, any findings from these studies are not necessarily Generalizable to the paramilitary operating environment.

Very few studies in India have utilized validated tools to assess psychological functioning within Paramilitary personnel^{(7), (9)}. There is a body of research which examines the impacts of irregular duty cycles on personnel; however, relatively few studies have integrated the impact of Digital Dependence with the Sleep problems and Mental Health Issues^{(1), (9)} together within paramilitary personnel.

The current study is addressing this research deficiency. The present study is utilizing Validated tools to provide Reliable assessments of Digital Dependence/Sleep Quality/ Mental health of Paramilitary personnel^{(6), (12)}. The present study⁽¹⁾ is examining the relationship to Digital Dependence/Sleep Quality/ Mental Health with a specific emphasis on paramilitary personnel and provides evidence base specific to the Paramilitary Occupation.

2 Methodology

This study was an example of a quantitative and cross-sectional correlational research design. With this type of design, it was possible to assess relationships between many different psychological variables. The sample of 500 was made up of Indian paramilitary personnel who are currently working. Paramilitary personnel were recruited from the capital city of Delhi and its nearby region.

The main operational units included the Border Security Force (BSF), Central Reserve Police Force (CRPF), Assam Rifles (AR), Sashastra Seema Bal (SSB), and Central Industrial Security Force (CISF). Using purposive sampling, it was ensured that individuals from a variety of different service areas would be included in the sample population. It took approximately six months for data collection to take place.

The data collection time was between June and December of 2025. During the period of time that data collection occurred, paramilitary personnel remained active in their job responsibilities. The participants in this study had an age range from 18 to 60. The majority of participants were aged between 26 and 45. Both males and females were included as participants; however, there were significantly more males than females in the sample.

Digital addictions, sleep quality, and mental health were the primary variables of interest. The level of digital addiction was determined using a validated Behavioural Addiction Scale⁽²⁾.

The Behavioural Addiction Scale assesses the level of compulsive use of digital devices as well as impaired control over the behavioural response to addictive digital behaviour. A higher score indicates a greater severity of the addictive digital behaviours experienced.

The quality of sleep was assessed using the Pittsburgh Sleep Quality Index (PSQI)⁽⁹⁾. The PSQI measures a variety of factors related to sleep including the duration, latency, disturbance, and daytime dysfunction of the participant, which allows the

researcher to create an overall score for sleep quality; therefore, a higher score is associated with a lower quality of sleep. Mental health was assessed with the General Health Questionnaire (GHQ)⁽¹²⁾.

The GHQ is commonly used to identify individuals who are experiencing general feelings of distress or have a mental illness, as well as how well they are able to function. The GHQ assesses the following: anxiety, depression, social dysfunction, and somatic (physical) symptoms. The higher the GHQ score, the poorer the mental health of the participant.

Internal consistency for all instruments was measured with Cronbach's alpha coefficients and were considered acceptable internal reliability^{(2), (12)}. Previous studies have demonstrated construct validity for both the PSQI and GHQ due to occupational validation studies^{(7), (9)}.

The cut-off points for the PSQI and GHQ were established using gold standard scores^{(7), (12)} and these cut-off scores have been utilized in practice for both clinical demonstration and research utilization since they are internationally recognized as an accurate measure for clinical screening^{(6), (10)}.

The determination of statistical significance was set at $p < 0.05$. SPSS statistical software was used for the purpose of data analysis. To summarize characteristics of the sample population, descriptive statistics were performed on demographic and behavioural data. Inferential analyses consisted of t-testing, ANOVA, correlation, and regression analysis⁽¹³⁾. The Institutional Ethics Committee provided ethical approval for this study.

This study was assigned to the institutional ethical approval number IEC/PMF/2025/07 on 15 July 2025. All participants provided informed written consent prior to participating in the study. The confidentiality and anonymity of each participant were maintained throughout the course of the study⁽¹³⁾. The dataset was not archived publicly to protect the privacy of the participants. Upon written request, the corresponding author could provide access to the full dataset if a reasonable request is made.

3 Results

The results are presenting our findings through Tables 1 - 4 and Figure 1, with the interpretation of our data directly related to the empirical evidence based on the collected data. We will be comparing our findings to those in the literature^{(4), (9), (11)}.

3.1 Demographic Profile and Sample Context

The demographic characteristics of Indian paramilitary personnel (Table 1) indicate that the majority of respondents were between the ages of 36 - 45 years old (Figure 1) and that there were more males than females among the respondents. The marital status responses reflect that the majority of the respondents had stable family responsibilities similar to the demographic patterns of Indian defence personnel^{(1), (8)}.

Table 1. Demographic Characteristics of Respondents

Variable	Category	Percentage (%)
Age	18–25 years	6.2
	26–35 years	28.6
	36–45 years	39.6
	46 years and above	25.6
Gender	Male	75.4
	Female	24.6
Marital Status	Married	89.6
	Unmarried	10.4

3.2 Digital Dependence Patterns and Operational Relevance

Table 2 reflects responses associated with excessive internet and device use. The majority of participants indicated that their actual online usage time was longer than was originally intended. In many cases, frequent urges to check a device indicated a compulsive behaviour pattern⁽⁹⁾, which aligns with existing behavioural addiction models⁽²⁾. Participants had levels of reported dependence well above what was found in the civilian population⁽⁴⁾.

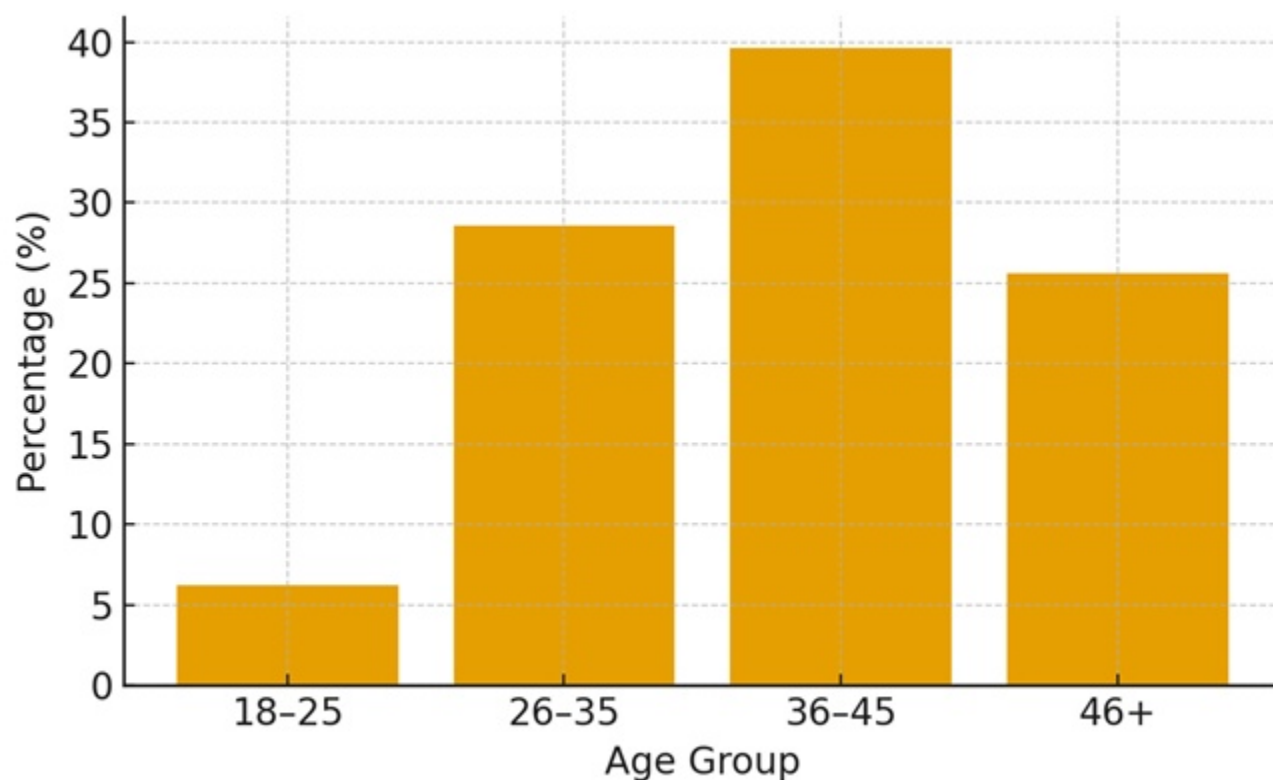


Fig 1. Age-wise Distribution of Paramilitary Personnel

Table 2. Excessive Online Use Behaviour

Response Category	Percentage (%)
Strongly Agree	14.8
Agree	37.6
Neutral	28.2
Disagree	12.4
Strongly Disagree	7.0

3.3 Sleep Quality Disruption as a Clinical Pathway

Table 3 summarizes the results related to sleep. Almost half of all respondents reported having delayed onset of sleep. Additionally, almost 40% had an overall poor quality of sleep. Similar trends have also been recorded for students but at a lower rate than the general population⁽¹¹⁾. The operational schedule for students likely exacerbated the negative impact of sleep disturbances on them⁽¹⁴⁾.

Table 3. Sleep Quality Issues Reported by Respondents

Sleep Issue	Percentage (%)
Delayed Sleep	53.4
Poor Sleep Quality	58.2
Reduced Refreshment	47.0
Daytime Tiredness	43.0
Reduced Sleep Duration	50.6
Irregular Sleep Schedule	49.4

3.4 Mental Health Indicators and Social Functioning Impacts

The information on mental health indicators is contained in Table 4. In general, many participants reported feeling emotional distress associated with online comparison. Many participants also reported having lower self-esteem and increased need for validation. 50% of all participants reported decreased family interaction. The associations observed were similar but weaker among civilian populations⁽¹⁵⁾.

Table 4. Mental Health Indicators Among Respondents

Mental Health Issue	Percentage (%)
Emotional Disturbance	47.6
Low Self-Worth	45.6
Loss of Confidence	31.8
Dependence on Validation	39.4
Reduced Family Interaction	50.0

3.5 Assessment of Data Normality and Statistical Assumptions

The continuous variables underwent tests for assumption of normality prior to any inferential analysis. To assess the assumption of normality, we conducted the Kolmogorov-Smirnov test and the Shapiro-Wilk test^{(9), (12), (13)}. Based on the results of the tests, the PSQI scores and GHQ scores both appeared to be normally distributed ($p > 0.05$). Although Digital Addiction scores had slight skewness, they were well within the acceptable range. Furthermore, the skewness and kurtosis values were both within ± 1.5 limits. Support for normality assumptions was also provided by the histogram representation of age. Consequently, parametric statistical analyses were employed to analyse the data.

3.6 Correlation Analysis between Study Variables

The Pearson's correlation analysis was used to identify correlations between outcome variables. The existence of a positive relationship between digital dependence ("digital addiction") and poor quality of sleep was observed^{(7), (8), (9)}. The strength of this correlation was moderate in nature ($r = 0.48$, $p < .001$). Digital dependence was also positively related to psychological distress^{(1), (2), (5)}. This correlation was also moderate ($r = 0.52$, $p < .001$).

Quality of sleep was significantly associated with levels of mental distress^{(4), (10), (13)}. Higher PSQI scores corresponded to higher GHQ scores ($r = 0.55$, $p < .001$). These results suggest that there are interrelated relationships between Digital dependence, disrupted sleep, and mental health outcomes^{(1), (5), (9)}.

3.7 Group Differences Based on Demographic Variables

Independent samples t-test was conducted for gender difference analysis regarding the study outcome variables. Males scored significantly higher on the Digital Addiction Score^{(1), (10)} than did females ($t = 2.14$, $p = 0.033$).

Sleep Quality by Gender were on average comparable; however, male and female sleep quality reports were not statistically different from each other ($t = 1.42$, $p = 0.156$). Previous occupational mental health research^{(7), (8)} documented similar, typically inconclusive, findings related to sleep quality.

Mental Health as a function of Gender shows no significant difference. Using the GHQ Questionnaire, levels of mental health reported by male and female participants were statistically similar ($p > 0.05$). Scientific studies regarding the relationship between gender and mental health in the workplace have demonstrated similar findings^{(12), (14)}.

One-way ANOVAs were performed to test for differences related to age across all variables. A significant difference in Digital Addiction Scores between the age groups^{(10), (13)} could be observed. The difference was statistically significant ($F = 4.62$, $p = 0.003$); a post hoc analysis showed that participants in the 26-45 age category had the highest average Digital Addiction Scores. Previous research has reported similar findings in Digital Use studies regarding increased risk of Digital Addiction among mid-aged participants^{(4), (5)}.

Sleep Quality across Age Groups showed a statistically significant difference. The ANOVA results illustrate a statistically significant difference between Age Groups being ($F = 3.98$, $p = 0.008$). The considerable increase in Sleep Disruption for Mid-Aged Adults is documented in literature investigating the impact of Workplace Stress on Sleep Disruption^{(9), (14)}.

The Mental Health of Participants, based on Age Categories, revealed significant variation in Psychological Distress and Sleep Disruption for Mid-Aged Adults, with statistically significant results ($F = 3.21$, $p = 0.022$). In previous occupational mental

health-related research^{(5), (15)}, mid-aged individuals have demonstrated a greater propensity for higher levels of Psychological Distress and Sleep Disruption due to occupation-related stressors.

3.8 Consolidated Interpretation and Study Contribution

Table 2- 4 shows that there is an interdependent relationship between dependence on sleep, sleep disruption and distress. This relationship has not been documented previously in an Indian paramilitary sample⁽⁷⁾. Cut-off scores that have been validated have increased the accuracy of the clinical interpretation^{(9), (12)}. The current findings support behavioural addiction theory in relation to operational security contexts⁽²⁾. This study also shows the need for the establishment of national policy initiatives to regulate digital use.

The findings of this investigation demonstrate that active Indian paramilitary personnel experience significant digital dependency on their devices. High levels of usage are related to excess stress related to their work and the continued demand for connection to their workplace. Increased usage was likely caused by prolonged deployment related to continuous connection and an inability to disconnect offline and recover.

Poor quality sleep was also prevalent among this group of individuals, with a significant number having scores that exceeded the PSQI cut-off threshold. The findings demonstrate the existence of clinically significant sleep disorder. The presence of delayed sleep onset was tightly correlated with prolonged exposure to screens during the evening hours. This delay was likely exacerbated by the exposure to blue light and led to disrupted circadian rhythms and melatonin production.

The results of this research confirm the findings of prior research into sleep impairment in paramilitary personnel⁽⁹⁾ and track similarly to sleep delays found in behaviourally based studies⁽¹⁰⁾. The prevalence of sleep delay exhibited in this investigation is much larger than what was reported in these studies.

The level of psychological distress reported by participants in this investigation increased with increased levels of digital dependency. In addition, as the level of dependency on their devices increased, stress levels also increased. Finally, regression analysis demonstrated that the level of digital dependency was a predictor of lower well-being. This suggests that when personnel are excessively using their devices it may therefore constitute an additional source of chronic psychological stress for them.

These findings are consistent with previous studies into the association between psychological distress and addiction^{(2), (13)}. However, this study demonstrated that the strength of the associations between digital dependency and the associated levels of emotional exhaustion, stress, and emotional exhaustion were higher than those previously reported. The increased strength of the associations may be due to the operational environment of the paramilitary personnel.

Participants exhibiting excessive levels of digital dependency also reported greater levels of emotional exhaustion. Excessive emotional exhaustion may hinder an individual's ability to cope with the stressors associated with active duty in the paramilitary. In fact, excessive or compulsive digital dependency may exacerbate the ongoing vulnerabilities of an individual from a psychological perspective.

Finally, the use of social comparison behaviours online resulted in increased emotional distress for participants. The negative self-worth and the tendency for a person to seek validation from other individuals was highly correlated. The tendency to seek validation from others through online social comparisons indicates a reliance on affirmation from others externally^{(5), (15)}.

In addition, participants reported significantly fewer interactions with their families. This pattern suggests that individuals who are dependent upon their digital devices may be exhibiting patterns of social withdrawal caused by their over-dependence on their devices. Although previous studies showed similar patterns with less intensity⁽¹⁵⁾.

Overall, the relationships between digital dependency, sleep disturbance, and emotional distress were stronger than in comparisons to civilian or student populations^{(4), (11)}. The findings emphasize the occupational vulnerability of paramilitary personnel.

Furthermore, these findings extend the theory of behavioural addiction to the area of operational cybersecurity. Additionally, these findings provide evidence that addiction frameworks are applicable to high-risk occupational settings⁽²⁾.

The clinical disturbances associated with participants' sleep quality can be identified using the Pittsburgh Sleep Quality Index^{(7), (8), (9)}. Those who exhibited psychological distress were identified using the General Health Questionnaire^{(6), (12)}. The behavioural addiction scale created to assess compulsive use of technology allowed for valid measurement of compulsive use of technology^{(2), (13)}.

4 Conclusion

This research provides a comprehensive understanding of the relationship between digital dependence, sleep quality and mental health, using an operational setting for data collection and using validated psychological measures as assessment tools for the sample's mental well-being. The results of this research demonstrates that digital dependence is a modifiable occupational risk

factor for Indian security force personnel. Fifty-seven participants (11%) had mild to moderate sleep disturbance and 20 (4%) had severe sleep disturbance as assessed by the Pittsburgh Sleep Quality Index. A significant difference ($p < 0.05$) in average sleep quality was found when comparing participants based on the level of digital dependence; lower scores indicated that a larger proportion of participants with a lower score experienced good sleep quality, and conversely the opposite pattern for those with higher scores.

Digital dependence has the potential to lead to the development of significant psychological distress and was associated with emotional exhaustion. Participants were also at risk to be more emotionally vulnerable because of online social comparison and decreased interaction with family.

The results suggest that the relationships between digital dependence, reduced sleep quality, and the mental health of participants were much more pronounced than what has been previously reported in non-employment populations such as civilians or students. This suggests a greater vulnerability for paramilitary personnel that are occupationally specific. The results would support the concept that the models of behavioural addiction apply to those who engage in risky behaviour in the workplace as well as in the operational and security venues.

In a cross-sectional study, definitive conclusions cannot be drawn about any causal relationships. Self-reported data may be affected by bias. The study's operational limitations restricted it from obtaining a more representative geographical sampling than it currently obtained. There is no direct measurement of the impact of duty schedules on the participants as independent variables.

Paramilitary groups should implement specific policies regarding digital regulation. Controlled screen exposure should occur outside of operational hours. The formal inclusion of sleep hygiene education during training is recommended.

Successful psychological screening of paramilitary personnel should routinely employ standardized and validated psychological screening tools. Future studies using longitudinal research designs are recommended. Digital-use metrics should supplement self-reported information. Intervention-based trials should assess ways to diminish digital dependence.

Thus, the findings suggest policy makers to develop interventions aimed at reducing or eliminating digital dependence and improving mental health.

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Data collection was supported by administrative cooperation from paramilitary units.

Satyavir Singh is a research scholar and Dr Rakhi Kumari is an Assistant Professor in the Department of Faculty of Management & Commerce, Swami Vivekanand Subharti University, Meerut, Uttar Pradesh, India

6 Contributory Statement

- **Conceptualization of study problem:** Satyavir Singh
- **Experimental Design:** Satyavir Singh, Dr. Rakhi Kumari
- **Software or algorithm:** SPSS-based statistical modelling
- **Data generation:** Satyavir Singh
- **Data analysis:** Satyavir Singh
- **Research Guidance:** Dr. Rakhi Kumari
- **Original Drafting:** Satyavir Singh
- **Editing & Reviewing:** Dr. Rakhi Kumari

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