

Digital Well-being Tools and Their Effectiveness Among Smartphone Users

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Abstract- Smartphone usage keeps rising - this brings concerns around excessive screen exposure, interruptions, frequent mental strain. Tools meant to support digital wellness, such as apps that log screen minutes or enable concentration settings, try shaping more balanced phone behaviors. Examining 100 individuals, researchers checked how familiar people were with these aids, along with their real-world impact. Participants claimed reduced device use and sharper attention spans after using them. Yet numbers revealed little connection between tool adoption and actual gains in output or emotional relief. In practice, features focused on digital balance seem less effective at changing outcomes than they are at reminding users what mindful interaction looks like.

Keywords: Digital Well-being, Smartphone Usage, Screen Time Management, Productivity, Stress Reduction, Mental Wellness, Digital Self-Regulation, Focus Mode, Mobile Applications, Behavioral Technology

I. INTRODUCTION

Phones now sit at the center of daily routines, linking how people talk, learn, do jobs, relax. Yet ease of access often brings long hours online - which ties to struggles like dependency on screens, shorter focus, blurred lines between job and personal time, trouble sleeping, tension building up. Younger users, along with those deep in careers, show these effects more clearly, given how much they interact with devices. With minutes spent staring at displays growing steadily, finding practical ways to manage one's own tech habits matters more than before.

Facing rising phone use, firms rolled out features such as Google's Digital Wellbeing, Apple's Screen Time, Focus Mode, plus apps like Forest and Headspace. Monitoring screen hours, cutting down on app binges, quieting interruptions - these aim to sharpen attention and shape smarter tech routines. Yet even with more people knowing about them, hard proof of lasting

impact stays thin. Nowhere is this gap clearer than in places like India, where smartphones spread fast but research lags behind.

Still, even when people know about these apps, regular use and real gains in focus or calm aren't always seen. That makes you wonder - do they actually shift habits or just highlight problems? For this reason, the research looks at how well digital wellness features cut down phone use, boost output, ease tension in daily life.

The Objective of study:

This paper sets out to measure how digital well-being tools affect the way people use smartphones, their daily output, along with emotional health. Rather than assuming benefits, it examines real shifts in habits where screen time meets self-awareness. Outcomes depend not only on app features but also user consistency, context playing a quiet yet strong role. Results may differ widely even when similar tools are used across individuals.

Specific objectives:

1. To assess the awareness and adoption of digital well-being tools among smartphone users.
2. To compare productivity levels between users and non-users of digital well-being tools.
3. To examine the relationship between reduced screen time and stress levels.
4. To analyze how demographic factors influence the adoption of these tools.
5. To determine whether regular use of digital well-being tools improves focus, self-control, and overall well-being.

Literature Review:

Research into digital tools for managing phone habits reveals mixed outcomes. Though certain app functions

appear helpful, solid evidence remains scarce - Rahmillah (2023) points out that most lack rigorous testing. A shift away from constant scrolling brings real gains: Peh et al. (2025) link reduced screen exposure to lower stress, deeper sleep, and improved daily functioning. Benefits emerge not just from using tech - but stepping back from it.

Though Almourad et al. (2021) and Zimmermann et al. (2021) noted screen-time tracking may boost awareness, sustained shifts in habits rarely follow. Digital solutions show promise - Goldberg et al. (2022), along with Groot et al. (2023), confirm this - but slip when users disengage or drop out. What stands out is variability; usage patterns evolve, as Parry et al. (2023) observed, shaped by shifting personal contexts. Studies now highlight how behavior-focused methods matter. Notably, work by Brockmeier and colleagues in 2025, alongside Vu's team the same year, showed that setting plans and using gentle prompts worked better than merely logging screen time when cutting down phone use. While apps aimed at digital wellness may boost mindfulness and encourage healthier routines, staying engaged over months depends heavily on tailored features, consistent interaction, and individual drive. Still, results hinge less on the tool itself and more on how people interact with it daily.

Research Methodology:

Study Design:

A single moment in time shaped how data came together for this work - via an internet-based form built with Google Forms. Awareness, use, and impact of digital wellness apps sit at the center of what was explored here. Numbers guided interpretation, revealing links across app habits, hours spent staring at screens, output during tasks, and emotional strain. The method leaned on snapshots rather than long-term tracking to capture user experiences

Research Design:

A closer look at how people engage with digital well-being tools shapes the core of this work. By analyzing habits in real-world settings, insight emerges about awareness and actual use.

Where attention turns is toward changes in daily screen exposure, efficiency during tasks, and shifts in mental load. Patterns take form through structured

observation rather than assumptions. What surfaces links tool interaction with measurable personal outcomes Sources of Data:

Using both firsthand and existing information shaped the study's foundation. From a web-based questionnaire, original responses arrived. Meanwhile, published papers, scholarly sources, alongside platforms like Statista and Google Scholar supplied additional context. Material collected later supported what emerged directly from participants

Data Collection Method:

A total of 100 responses were gathered during the data collection phase. Information came through an organized digital form built in Google Forms. Distribution happened mainly across online networks including WhatsApp groups, professional circles on LinkedIn, and direct email outreach. The entire process lasted seven days without extension. Response rates varied by platform type and user engagement level Population:

Aiming at adults eighteen years or more who rely on mobile phones, the research brought together learners, workers, and individuals regularly engaged online. Though varied in background, each participant shared frequent interaction with handheld technology as a common trait

Sampling Method:

Participants joined the study simply because they were around and agreed to take part. The approach did not rely on random selection, instead using whoever made themselves available at the time

Sampling Frame:

A total of one hundred participants used smartphones regularly, drawn from cities and outskirts alike. Their social and economic experiences varied widely across the group Data Collection Instrument:

A set of organized questions formed the basis, including personal background details along with knowledge and experience around digital wellness resources. Insights into habit changes came next, followed by ratings on how useful these tools seemed - measured through five-level agreement scores. Responses about overall experience closed the

sequence.

High – Non-Users 1213.44–1.442.07 0.15

DATA ANALYSIS:

High – Users 3634.561.44 2.07 0.06

Hypothesis 1

Relationship between Use of Digital Well-being Tools and Productivity Level

- H_{01} : There is no significant difference in productivity levels between users and non- users.
- H_{11} : There is a significant difference in productivity levels between users and non- users.

Calculated χ^2 Value $\chi^2=4.65$

Step 4: Degrees of Freedom

$$df = (r-1)(c-1) = (3-1)(2-1) = 2$$

Table value at $df = 2, \alpha = 0.05 = 5.99$ Since χ^2 calculated $(4.65) < \chi^2$ table (5.99)

→ Fail to reject H_{01}

There is no statistically significant difference in productivity levels between users and non- users of digital well-being tools.

Step 1: Observed Frequency Table (O)

(Productivity categorized as Low = 1–2, Medium = 3, High = 4–5)

Productivity Level	Non-Users	Users	Row Total
Low	8	8	16
Medium	8	28	36
High	12	36	48
Column Total	28	72	100

Hypothesis 2:

Screen Time Reduction vs Stress Level (After Usage)

- H_{02} : There is no significant relationship between reduced screen time and stress levels.
- H_{12} : Reduced screen time is significantly associated with lower stress levels.

Step 1: Observed Frequency Table (O)

(Stress categorized as Low = 1–2, Medium = 3, High = 4–5)

Stress Level	No Reduction	Reduced Screen Time	Total
Low	20	10	30
Medium	23	9	32
High	24	14	38
Total	67	33	100

Step 2: Expected Frequency Table (E)

$$E = (\text{Row Total} \times \text{Column Total})/100$$

Productivity Level	Non-Users (E)	Users (E)
Low	4.48	11.52
Medium	10.08	25.92
High	13.44	34.56

Step 2: Expected Frequency Table (E)

Stress Level	No Reduction (E)	Reduced (E)
Low	20.10	9.90
Medium	21.44	10.56
High	25.46	12.54

Step 3: Chi-Square Calculation Table

Cell	O	E	O-E	(O-E) ²	(O-E) ² /E
Low – Non-Users	8	4.48	3.52	12.38	2.76
Low – Users	8	11.52	-3.52	12.38	1.07
Medium – Non-Users	8	10.08	-2.08	4.33	0.43
Medium – Users	28	25.92	2.08	4.33	0.17

Step 3: Chi-Square Calculation Summary

Cell	(O-E) ² / E
Low – No Reduction	0.00

Low – Reduced	0.00	Age Group	Users (E)	Non-Users (E)
Medium – No Reduction	0.11	35+	14.4	5.6

Medium – Reduced	0.23
Cell	$(O-E)^2 / E$
High – No Reduction	0.08
High – Reduced	0.07

Step 3: Chi-Square Calculation Table

Age Group	O	E	$O-E$	$(O-E)^2$	$(O-E)^2 / E$
18–24 (Users)	30	28.81	1.2	1.44	0.05
18–24 (Non-Users)	10	11.2	-1.2	1.44	0.13
25–34 (Users)	28	28.8	-0.8	0.64	0.02
25–34 (Non-Users)	12	11.2	0.8	0.64	0.06
35+ (Users)	14	14.4	-0.4	0.16	0.01
35+ (Non-Users)	6	5.6	0.4	0.16	0.03

Calculated χ^2 Value

$$\chi^2 = 0.60$$

Step 4: Degrees of Freedom

$$df = (3-1)(2-1) = 2$$

Table value = 5.99

Since χ^2 calculated (0.60) < χ^2 table (5.99)

→ Fail to reject H_{02}

Reduction in screen time does not show a statistically significant relationship with stress levels.

Hypothesis 3

Age Group vs Adoption of Digital Well-being Tools

H_{03} : The adoption of digital well-being tools does not differ significantly across different age groups.

H_{13} : The adoption of digital well-being tools differs significantly across different age groups.

Step 1: Observed Frequency Table (O)

Age Group	Users	Non-Users	Row Total
18–24	30	10	40
25–34	28	12	40
35 & Above	14	6	20
Column Total	72	28	100

Step 2: Expected Frequency Table (E)

$E = (\text{Row Total} \times \text{Column Total}) / \text{Grand Total}$

Age Group	Users (E)	Non-Users (E)
18–24	$(40 \times 72) / 100 = 28.8$	$(40 \times 28) / 100 = 11.2$
25–34	28.8	11.2

Calculated Chi-Square Value

$$\chi^2 = 0.05 + 0.13 + 0.02 + 0.06 + 0.01 + 0.03 = 0.30$$

Step 4: Degrees of Freedom

$$df = (r-1)(c-1) = (3-1)(2-1) = 2$$

Table value at $df = 2, \alpha = 0.05 = 5.99$

Since χ^2 calculated (0.30) < χ^2 table (5.99)

→ Fail to reject H_{03}

There is no statistically significant difference in the adoption of digital well-being tools across different age groups.

Hypothesis 4

Frequency of Digital Well-being Tool Usage vs Mental Wellness

H_{04} : Active use of digital well-being tools does not significantly influence mental wellness.

H_{14} : Active use of digital well-being tools significantly influences mental wellness.

Step 1: Observed Frequency Table (O)

Mental Wellness Level	Regular Users	Others	Row Total
Low	10	14	24
Moderate	18	12	30
High	20	26	46
Column Total	48	52	100

Step 2: Expected Frequency Table (E)

Mental Wellness	Regular (E)	Others (E)
Low	$(24 \times 48) / 100 = 11.52$	12.48
Moderate	14.40	15.60
High	22.08	23.92

Step 3: Chi-Square Calculation Table

Mental Wellness	O	E	O-E	$(O-E)^2$	$(O-E)^2 / E$
Low (Regular)	10	11.52	-1.52	2.31	0.20
Low (Others)	14	12.48	1.52	2.31	0.18
Moderate (Regular)	18	14.40	3.60	12.96	0.90
Moderate (Others)	12	15.60	-3.60	12.96	0.83
High (Regular)	20	22.08	-2.08	4.33	0.20
High (Others)	26	23.92	2.08	4.33	0.18

Calculated Chi-Square Value

$$\chi^2 = 0.20 + 0.18 + 0.90 + 0.83 + 0.20 + 0.18 = 2.49$$

Step 4: Degrees of Freedom

$$df = (3-1)(2-1) = 2$$

Table value = 5.99

Since χ^2 calculated (2.49) < χ^2 table (5.99)

→ Fail to reject H_0

There is no statistically significant relationship between the frequency of digital well-being tool usage and mental wellness levels.

Results and Findings

Looking into smartphone habits revealed a pattern among users who spend more than four hours daily online. Despite knowing features exist to support digital balance, few applied them consistently. Awareness did not always lead to regular use, even when benefits showed up clearly. Some began noticing changes - tasks took less time, tension eased slightly - with continued tool access. Time spent shifted subtly where attention once stayed fixed without pause. Still, numbers showed little connection linking tool use to output, tension, years lived, or

emotional state. Mostly, these apps open eyes - nudging small shifts toward calmer screen routines.

Conclusion

This research highlights how digital well-being tools can assist smartphone users in tracking screen time while fostering more thoughtful interactions with devices. Even if such apps fail to boost productivity or improve psychological wellness right away, they still promote conscious usage through feedback loops that build user insight over time. Success often depends less on the tool itself but rather stems from ongoing engagement paired with internal drive and broader life adjustments.

Limits of This Research

This research comes with certain drawbacks. Although the approach relied on convenient access to participants, the number involved stayed low - limiting wider conclusions. While many answers came from city or near-city regions, voices from remote locations showed up too infrequently. Since people gave their own numbers about usage, work results, and tension, what they shared might tilt toward personal views rather than exact measures. What stood out was its reliance on subjective reports rather than established psychological scales. Over time, though, concentrating only on brief use makes lasting impacts of digital well-being apps unclear.

Suggestions :

Based on the findings, the following recommendations are proposed:

1. Focusing on digital wellness, some tools add game-like features alongside alerts that prompt actions, while offering incentives to maintain interest. A mix of these elements often keeps people coming back, simply because small wins feel satisfying over time.
2. Schools and workplaces should promote programs that raise awareness of digital wellness. Personalization matters when building tools for varied audiences. Features shaped around real usage tend to stick. Crafting options that reflect distinct preferences often leads to better fit. Designing with flexibility helps cover wider scenarios. Adjustments rooted in actual behavior show stronger results.
4. Together with digital wellness apps, services that

address psychological strain offer stronger outcomes. Mental fitness resources often pair effectively when linked to online platforms designed for daily balance.

5. When using these tools, people need steady habits, planning skills, along with breaks from screens. Looking ahead, stronger evidence will come from broader groups and extended observation periods to see how such apps truly affect daily life.

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