

Prevalence of Internet Addiction and Its Impact on Mental Health, Sleep, Coping and Academic Performance in Nursing and Para-Medical Students of a Medical University in Southern Rajasthan

Raghuvanshi Y.¹, Meena M.², Bamal I.³

^{1,2,3}Department of Psychiatry, Pacific Institute of Medical Sciences (PIMS), Umarda, Udaipur, Rajasthan, India

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Corresponding author: Dr. Meena M.

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Abstract

Background: Cheap smartphones and fast internet have changed the way health-science students study and live. Online platforms help with academics, but heavy and poorly controlled use can slide into Internet Addiction (IA), which affects mental health, sleep, coping and academic work. Nursing and para-medical students may be especially at risk because of heavy coursework, irregular clinical postings and hostel living, yet they are rarely studied in India.

Objectives: To find the prevalence of internet addiction among nursing and para-medical students in Southern Rajasthan, and to see how it relates to psychological distress, sleep quality, coping strategies and academic performance.

Methods: This was a quantitative, analytical, cross-sectional study in undergraduate Nursing and Para-medical students of a Medical University in Southern Rajasthan. Ninety students were approached by purposive sampling; five did not consent, leaving 85 for analysis. Data were collected through a structured, self-administered online questionnaire sent by a secure link. The proforma included Young's Internet Addiction Test (IAT-20), the GHQ-12, the subjective sleep-quality component of the Pittsburgh Sleep Quality Index, the Coping Strategies Inventory–Short Form (CSI-SF) and an academic performance scale. Data were analysed on SPSS version 25 using descriptive statistics and the Chi-square test, with $p < 0.05$ taken as significant.

Results: Of the 85 students, 28 (32.9%) had normal internet use, 39 (45.9%) mild, 6 (7.1%) moderate and 12 (14.1%) severe internet addiction, giving an overall prevalence of 67.1%. Psychological distress ($\text{GHQ-12} \geq 12$) was present in 40 students (47.1%), poor sleep in 27 (31.8%), maladaptive coping in 22 (25.9%) and low academic performance in 10 (11.8%). Increasing severity of internet addiction was significantly associated with greater psychological distress ($\chi^2 = 46.51$, $\text{df} = 3$, $p < 0.0001$), poorer sleep ($\chi^2 = 27.06$, $\text{df} = 3$, $p < 0.0001$), maladaptive coping ($\chi^2 = 25.39$, $\text{df} = 3$, $p < 0.0001$) and worsening academic performance ($\chi^2 = 95.67$, $\text{df} = 6$, $p < 0.0001$). Course type was not significantly associated with internet addiction ($\chi^2 = 3.38$, $\text{df} = 3$, $p = 0.3369$). Moderate addiction represented a Warning Stage and severe addiction a Crisis Stage.

Conclusion: Internet addiction is common among nursing and para-medical students, and the damage rises step by step with severity rather than appearing all at once. Moderate addiction is the point where distress, poor sleep, coping failure and falling grades start together, which makes it the sensible stage to screen for and intervene at.

Keywords: Internet Addiction; Sleep Quality; Psychological Distress; Students, Nursing; Academic Performance.

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Introduction

Internet addiction (IA) is now accepted as a behavioural addiction — compulsive, poorly controlled online use that carries the same core features as substance dependence without any substance being taken. Young was the first to describe it as a separate clinical entity, marked by preoccupation with the internet, a growing need for

more time online, repeated failed attempts to cut down, irritability or low mood when use is reduced, and continued use even when the person knows it is causing harm [1]. Later clinical work has firmed up the construct, listing salience, mood modification, tolerance, withdrawal, conflict and relapse as its defining features and showing that it produces real

impairment rather than simply heavy use [2]. The harm runs along two lines. Psychologically, IA goes with depressive and anxiety symptoms, poor emotional regulation, weak impulse control and reduced well-being. Functionally, it eats into sleep, study time and face-to-face contact, disturbs the daily routine and drags down academic and occupational performance. This growing evidence is what led to Internet Gaming Disorder being placed in DSM-5 as a condition for further study, and Gaming Disorder being included in ICD-11.

The global burden is heavy but unevenly spread. Cheng and Li, pooling data from 31 nations across seven world regions, put the global prevalence at roughly 6%, with regional figures varying widely and reaching the mid-teens in some populations; prevalence was inversely related to national indices of life satisfaction and quality of life [3]. Rates are consistently higher across Asia than in Western Europe or North America. A six-country survey by Mak et al. recorded clearly raised rates of problematic internet behaviour among Asian adolescents [4], and studies from West Asia report similar figures, including 30.6% among Saudi medical students, with significant links to psychological morbidity [5]. The Asian excess has been put down to dense smartphone ownership, fierce academic competition, heavy reliance on online teaching and the central place that digital social networks hold in young people's lives.

India sits at the upper end of this distribution. Cheap data, near-universal smartphone ownership among young adults and the rapid shift of education onto the internet have pushed penetration up faster than in most countries, and prevalence estimates have climbed with it. Joseph et al., in a systematic review and meta-analysis of Indian college students, reported a pooled prevalence of about 20%, with individual studies ranging as high as 40% — several times the global pooled figure [6]. Anand et al., in a multicentre study from South India, similarly found high rates of problematic internet use among medical college students along with a heavy load of psychological distress [7], and Gupta et al. reported comparable figures among undergraduates of a North Indian university [8].

Indian figures are not only high, they are climbing. Anant et al. found moderate-to-severe addiction in 33% of medical undergraduates, together with poor sleep and depressive symptoms in the same group [9], and more recent Indian work on digital addiction describes a continuing rise, attributed largely to online learning and entertainment becoming routine after the pandemic [10].

Put together, these studies show that what used to affect a minority on Indian campuses now affects somewhere between a fifth and a third of students, depending on the setting and the instrument used,

with the burden falling most heavily on younger students, hostel residents and those under academic pressure. Heavy internet use does not travel alone. It comes bundled with psychological distress, disturbed sleep and maladaptive coping. Alimoradi et al., in a systematic review and meta-analysis, confirmed a firm link between IA and sleep problems — shorter sleep, delayed sleep onset and poor sleep quality [11] — and the same pattern has been reported in medical students by Kashfi et al. [12] and Hammad et al. [13]. Screen exposure at night suppresses melatonin and pushes the circadian phase later, while the pull of online content stretches sleep-onset latency behaviourally as well. A multinational survey by Tahir et al. during the COVID-19 pandemic [14] and adolescent data from Garmy and Ward [15] both tie night-time internet use to short, broken sleep. Coping style seems to carry part of this relationship. Chou et al. showed that stress-coping strategies are significantly associated with IA in college students, with depression acting as a moderator [16], and Li et al. found that avoidant or disengaged coping strengthens the effect of stressful life events on adolescent internet addiction [17]. A student who goes online to escape academic stress or to dodge unpleasant feelings ends up in a loop where the avoidance feeds both the addiction and the distress. Indian community and clinical data support the psychological cost [18], and work on phone dependency links overuse to psychological disorders and academic burnout in nursing and midwifery students [19].

Even with all this literature, nursing and para-medical students remain poorly studied, though what little exists suggests they are among the more vulnerable groups. Jaafar et al. found significant associations between IA and depression, anxiety and stress symptoms in Malaysian allied health students [20]. Makwana et al. reported 42.6% prevalence among nursing students in Bhavnagar, with significant links to depression, anxiety, stress and poorer academic performance [21].

Closer to our own setting, Kalal et al., working in Western Rajasthan, documented moderate smartphone addiction among nursing students that ran inversely with both sleep quality and academic performance [22]. On the academic side, Varghese studied 80 nursing students in Uttar Pradesh and found a significant negative correlation between internet addiction and academic performance [23], while Afrin et al. reported the same inverse relationship in Bangladeshi medical students [24]. Nursing and para-medical courses combine a heavy theory load with irregular clinical postings, hostel living and few recreational outlets — a mix that plausibly raises both exposure and susceptibility — and yet most Indian research keeps returning to medical undergraduates. Data from Southern

Rajasthan are particularly thin, and hardly any study has looked at internet addiction, distress, and sleep, coping and academic performance together in one group of students. The present study was therefore taken up to find the prevalence of internet addiction and to examine its relationship with mental health, sleep quality, coping strategies and academic performance among nursing and para-medical students of a medical university in Southern Rajasthan.

Material and Methods

This quantitative, analytical, cross-sectional study was carried out among undergraduate Nursing and Para-medical students of a Medical University in Southern Rajasthan.

The aim was to find the prevalence of internet addiction and to examine how it relates to mental health, sleep quality, coping strategies and academic performance.

The study population was undergraduate students of Nursing and Para-medical courses who met the selection criteria. A purposive sampling method was used. Ninety students were approached; five did not give informed consent, leaving a final analysed sample of 85. Before participation, the purpose of the study and the confidentiality

measures were explained, and voluntary informed consent was taken. Data were collected on a structured, self-administered online questionnaire (Google Forms), which students reached through a secure link.

Inclusion Criteria

1. Undergraduate students enrolled in Nursing or Para-medical courses.
2. Age ≥ 18 years.
3. Willing participants who gave informed consent.
4. Students present on the day of data collection.

Exclusion Criteria

1. Students who did not give informed consent.
2. Incomplete or partially filled questionnaires.
3. Students with severe cognitive impairment or acute medical illness that would prevent valid completion of the questionnaire.
4. Students with a co-morbid psychiatric or substance use disorder.

Study Tools: A six-part structured proforma was used. Demographic details covered age, gender and academic course. Internet addiction was measured with Young's Internet Addiction Test (IAT-20) [1], which has twenty items each scored 0–5, giving a total range of 0–100, graded as follows:

IAT score	Category
0 – 30	Normal
31 – 49	Mild
50 – 79	Moderate
80 – 100	Severe

Psychological well-being was assessed with the GHQ-12, taking a score of ≥ 12 as distress. Sleep quality was assessed with the subjective sleep-quality component of the Pittsburgh Sleep Quality Index (PSQI) and grouped into good and poor sleep.

Coping was assessed with the Coping Strategies Inventory–Short Form (CSI-SF) on 1–5 Likert scoring, a tool with established reliability and construct validity across varied populations [25], and classified as adaptive or maladaptive. Academic performance was measured with an 8-item academic engagement scale and graded as

low, moderate or high. Ethical approval was obtained before data collection began. Analysis was done on SPSS version 25 using descriptive statistics and the Chi-square test. A p-value below 0.05 was taken as statistically significant.

Results

A total of 85 undergraduate Nursing and Para-medical students were included in the study.

Most participants were young adults, with the majority in the 18–21 year age group. Male students predominated, and nursing students formed the larger academic group (Table 1).

Table 1: Socio-demographic profile of participants (n = 85)

Variable	Category	n	%
Age (years)	18 – 21	51	60.0
	22 – 25	32	37.6
	> 25	2	2.4
Gender	Male	62	72.9
	Female	23	27.1
Course	Nursing	57	67.1
	Para-medical	28	32.9

Table 1 shows that the majority of students were aged 18–21 years (60.0%), followed by those aged 22–25 years (37.6%), and while 2.4% were above 25 years. Male students made up 72.9% of the sample. Nursing students formed the majority (67.1%) and 32.9% belonged to Para-medical programmes. Internet addiction was common

among the participants. Of the 85 students, 28 (32.9%) had normal internet use, 39 (45.9%) mild addiction, 6 (7.1%) moderate addiction and 12 (14.1%) severe addiction, giving an overall prevalence of 67.1%. Distress, poor sleep, maladaptive coping and low academic performance were all present in a substantial minority (Table 2).

Table 2: Distribution of internet addiction, psychological distress, sleep quality, coping and academic performance (n = 85)

Variable	Category	n	%
Internet addiction (IAT-20)	Normal	28	32.9
	Mild	39	45.9
	Moderate	6	7.1
	Severe	12	14.1
	Any internet addiction	57	67.1
Psychological distress (GHQ-12)	No distress (< 12)	45	52.9
	Distress (≥ 12)	40	47.1
Subjective sleep quality (PSQI)	Good sleep	58	68.2
	Poor sleep	27	31.8
Coping strategies (CSI-SF)	Adaptive coping	63	74.1
	Maladaptive coping	22	25.9
Academic performance	High	73	85.9
	Moderate	2	2.4
	Low	10	11.8

Table 2 shows that roughly two-thirds (67.1%) of participants had some degree of internet addiction. Mild addiction was the commonest category (45.9%), followed by severe (14.1%) and moderate (7.1%). Psychological distress was present in 47.1%, poor sleep in 31.8% and maladaptive coping in 25.9%, while academic performance was

low in 11.8%. Moderate internet addiction represents a Warning Stage and severe internet addiction a Crisis Stage. Psychological distress rose steadily as internet addiction deepened. Not a single student in the normal range screened positive on the GHQ-12, whereas every student in the moderate and severe categories did (Table 3).

Table 3: Association of internet addiction with psychological distress (n = 85)

IAT category	Distress	No distress	Total	% with distress
Normal	0	28	28	0.0
Mild	22	17	39	56.4
Moderate	6	0	6	100.0
Severe	12	0	12	100.0
Total	40	45	85	47.1

$$\chi^2 = 46.51, df = 3, p < 0.0001 \text{ (highly significant)}$$

Table 3 shows a clear progression. None of the students with normal internet use reported psychological distress, compared with 56.4% of those with mild addiction and 100% of those with moderate and severe addiction. The association between internet addiction severity and psychological distress was highly significant ($\chi^2 = 46.51, df = 3, p < 0.0001$). Sleep quality followed the same pattern. Poor sleep was absent in the normal group and rose at every step of severity (Table 4).

Table 4: Association of internet addiction with sleep quality (n = 85)

IAT category	Poor sleep	Good sleep	Total	% poor sleep
Normal	0	28	28	0.0
Mild	14	25	39	35.9
Moderate	4	2	6	66.7
Severe	9	3	12	75.0
Total	27	58	85	31.8

$$\chi^2 = 27.06, df = 3, p < 0.0001 \text{ (highly significant)}$$

Table 4 demonstrates that poor sleep quality increased progressively with internet addiction severity — 0% in the normal group, 35.9% in mild, 66.7% in moderate and 75.0% in severe addiction.

This is a clear dose–response relationship, and the association was highly significant ($\chi^2 = 27.06$, $df =$

3, $p < 0.0001$). Coping behaviour also varied markedly with severity.

Adaptive coping was universal among students with normal internet use, while maladaptive coping became progressively more common as addiction worsened (Table 5).

Table 5: Association of internet addiction with coping pattern (n = 85)

IAT category	Maladaptive	Adaptive	Total	% maladaptive
Normal	0	28	28	0.0
Mild	10	29	39	25.6
Moderate	4	2	6	66.7
Severe	8	4	12	66.7
Total	22	63	85	25.9

$\chi^2 = 25.39$, $df = 3$, $p < 0.0001$ (highly significant)

Table 5 demonstrates a highly significant association between internet addiction and coping pattern ($\chi^2 = 25.39$, $df = 3$, $p < 0.0001$).

Every student in the normal range used adaptive strategies, against 25.6% maladaptive coping in mild addiction and 66.7% in both moderate and

severe addiction. Students with moderate and severe addiction therefore showed particularly unfavourable coping patterns.

Academic performance deteriorated in the same graded fashion, though the fall was concentrated at the severe end (Table 6).

Table 6: Association of internet addiction with academic performance (n = 85)

IAT category	Low	Moderate	High	Total
Normal	0	0	28	28
Mild	0	0	39	39
Moderate	0	2	4	6
Severe	10	0	2	12
Total	10	2	73	85

$\chi^2 = 95.67$, $df = 6$, $p < 0.0001$ (highly significant)

Table 6 demonstrates a highly significant association between internet addiction and academic performance ($\chi^2 = 95.67$, $df = 6$, $p < 0.0001$). Every student in the normal and mild categories maintained high academic performance. In the moderate group, 33.3% had slipped to

moderate performance, and in the severe group 83.3% had low performance with only 16.7% maintaining high performance.

For course-wise analysis, participants were classified as Nursing (57; 67.1%) or Para-medical (28; 32.9%) students (Table 7).

Table 7: Association of internet addiction with type of course (n = 85)

IAT category	Nursing (n = 57)	Para-medical (n = 28)	Total
Normal	16 (28.1)	12 (42.9)	28 (32.9)
Mild	30 (52.6)	9 (32.1)	39 (45.9)
Moderate	4 (7.0)	2 (7.1)	6 (7.1)
Severe	7 (12.3)	5 (17.9)	12 (14.1)
Total	57 (100)	28 (100)	85 (100)

$\chi^2 = 3.38$, $df = 3$, $p = 0.3369$ (not significant).

Figures in parentheses are column percentages within each course. Table 7 shows no statistically significant association between course type and internet addiction ($\chi^2 = 3.38$, $df = 3$, $p = 0.3369$). Severe addiction was seen in 12.3% of nursing and

17.9% of para-medical students. Although nursing students made up a larger share of the sample, addiction severity did not differ significantly between the two streams, so neither course showed greater vulnerability than the other.

Table 8: Statistical summary of associations between internet addiction and study outcomes

Outcome variable	χ^2	df	p-value	Significance
IAT category $\times$ Psychological distress	46.51	3	< 0.0001	Highly significant
IAT category $\times$ Sleep quality	27.06	3	< 0.0001	Highly significant
IAT category $\times$ Coping pattern	25.39	3	< 0.0001	Highly significant
IAT category $\times$ Academic performance	95.67	6	< 0.0001	Highly significant
IAT category $\times$ Course type	3.38	3	0.3369	Not significant

Table 8 summarises the major associations. Internet addiction severity was highly significantly associated with psychological distress, sleep quality, coping pattern and academic performance, while course type showed no significant association.

Table 9: Severity gradient of outcomes across internet addiction classes (n = 85)

IAT class (n)	Distress %	Poor sleep %	Maladaptive coping %	Academic performance
Normal (28)	0	0	0	100% high
Mild (39)	56.4	35.9	25.6	100% high
Moderate (6)	100	66.7	66.7	33.3% moderate, 66.7% high
Severe (12)	100	75.0	66.7	83.3% low, 16.7% high

Overall, the findings show a consistent severity-related pattern (Table 9). Moving from normal internet use through mild, moderate and severe addiction, psychological distress increased, sleep quality deteriorated, coping became increasingly maladaptive and academic performance worsened. Moderate internet addiction represents an important Warning Stage, whereas severe internet addiction represents a Crisis Stage requiring greater preventive and clinical attention.

Discussion

We set out to see how common internet addiction is among nursing and para-medical students in Southern Rajasthan, and what it does to their mental health, sleep, coping and academic work. Two-thirds of our students (67.1%) had mild-to-severe addiction — 45.9% mild, 7.1% moderate and 14.1% severe, with 33% in the normal range — which is a substantial problem in a group that has drawn very little research attention. Makwana et al. found 42.6% prevalence among nursing students, with significant links to depression, anxiety and stress [21] — a lower figure than ours, though the distress burden runs along similar lines.

Psychological distress was present in 40 of 85 students (47.1%), and what stands out is where it sat: entirely within the addicted group. Not a single student in the normal range screened positive on the GHQ-12, whereas 56.4% of the mild group and every student in the moderate and severe groups did ($\chi^2 = 46.51$, $df = 3$, $p < 0.0001$). These findings are consistent with Anand et al., who reported significantly greater psychological distress among heavy internet users in a multicentre South Indian sample [7], with Gupta et al. among North Indian undergraduates [8], and with Jaishy et al., who demonstrated a link between problematic internet use and impaired psychological well-being [18]. Cheng and Li's meta-analysis also supports the relationship between internet addiction and poorer

psychological health and quality of life [3]. What sets our findings apart is not the overall level of distress but the way it climbed, and this degree of separation between addicted and non-addicted students argues strongly for early psychological screening of students with problematic internet-use patterns.

Sleep disturbance was another important finding. Poor sleep was reported by 27 students (31.8%), and it deteriorated stepwise with severity — 0%, 35.9%, 66.7% and 75.0% across the four categories ($\chi^2 = 27.06$, $df = 3$, $p < 0.0001$). Kalal et al. similarly reported that smartphone addiction among nursing students in Western Rajasthan was associated with poorer sleep and academic performance [22]. Anant et al. observed poorer sleep among medical students with higher IAT scores [9], Kashfi et al. reported significant sleep impairment with rising addiction [12] and Hammad et al. found the same in Saudi medical students [13]. Alimoradi et al. established the association across a large international evidence base [11], and both Tahir et al. [14] and Garmy and Ward [15] have linked excessive night-time internet use to delayed sleep onset and reduced sleep duration. These findings reinforce the value of sleep-hygiene interventions for students with problematic internet use.

Coping followed the same staircase. Every student in the normal range used adaptive strategies, against 25.6% maladaptive coping in mild addiction and 66.7% in both moderate and severe ($\chi^2 = 25.39$, $df = 3$, $p < 0.0001$). Previous studies have suggested that students often use the internet as an avoidance-oriented way of managing academic stress, negative emotions or stressful life events [16,17], and heavy reliance on such strategies may crowd out healthier problem-solving and engagement-based coping.

This backs up Chou et al., who found coping strategies significantly associated with IA and moderated by depression [16], and Li et al., who showed that disengaged coping magnifies the effect of stressful life events on adolescent internet addiction [17]. It suggests coping failure and addiction severity climb together rather than separately, and that strengthening adaptive coping skills deserves a place in prevention alongside restricting screen time.

Academic performance fell sharply in the severely addicted ($\chi^2 = 95.67$, $df = 6$, $p < 0.0001$), which agrees with Afrin et al. in Bangladeshi medical students [24]. Varghese, working with 80 nursing students in Uttar Pradesh, found a significant negative correlation between internet addiction and academic performance ($r = -0.25$, $p = 0.02$), with mild, moderate and severe addiction in 36.3%, 38.8% and 13.8% of his students [23]. His severe-addiction figure is almost identical to our 14.1%, which is striking given how differently the two overall prevalences came out, though the comparison should be read as directional only, since he used a self-structured 20-item scale with different cut-offs rather than Young's IAT-[20]. Kuss and Lopez-Fernandez concluded in their systematic review that heavy online use cuts concentration, eats study time and lowers learning efficiency [2], and work on phone dependency has linked overuse to academic burnout in nursing and midwifery students specifically [19]. One difference is worth flagging: Varghese found a modest linear correlation running across his whole sample, whereas our data suggest something closer to a threshold effect — grades held up perfectly through the normal and mild groups, began to slip in the moderate group, and collapsed in the severe group, where 83.3% performed poorly.

An important finding of the present study was the absence of a significant association between course type and internet addiction ($\chi^2 = 3.38$, $df = 3$, $p = 0.3369$). Addiction severity did not differ between nursing and para-medical students. This suggests that problematic internet use is a broader behavioural-health concern among health-science students rather than a problem confined to one academic stream, and it argues against singling out any single course. Preventive and supportive interventions should cover students from both Nursing and Para-medical programmes.

The severity distribution also carries practical weight. Mild addiction was the largest single category at 45.9%. Moderate addiction, seen in 7.1%, can reasonably be called a Warning Stage — the point at which effects on psychological well-being, sleep, coping and academic functioning all become evident together.

Severe addiction, in 14.1%, represents a Crisis Stage, with distress in everyone, 75% poor sleep and 83.3% low academic performance, indicating clear functional impairment and a need for focused assessment and intervention. Set against earlier studies, our overall prevalence is on the high side. Anant et al. reported moderate-to-severe addiction in 33% of medical undergraduates [9] and Joseph et al. found a pooled national figure of around 20% among Indian college students [6]. International figures are generally lower still — 30.6% in Saudi medical students [5], and raised but lower rates across the six Asian countries surveyed by Mak et al. [4]. The heavy academic load, the amount of teaching that now happens online and the hostel-based lifestyle of our students may all be feeding this. Direct comparison should nevertheless be made cautiously, because earlier studies have used different populations, different assessment instruments and different thresholds for defining problematic internet use. What our study adds is a demonstration of the burden specifically among nursing and para-medical students in Southern Rajasthan, and of how tightly the four outcomes track addiction severity.

The study's strengths are the use of validated instruments (IAT-20, GHQ-12, PSQI, CSI-SF), the fact that mental health, sleep, coping and academic performance were all measured in the same cohort, and the focus on nursing and para-medical students, a group repeatedly named as vulnerable but seldom studied [20,21]. Against this, the cross-sectional design cannot establish cause, so the relationships reported here should be read as associations rather than evidence of causation. A single-centre sample limits how far the findings can be generalised, and self-report always carries the risk of recall and response bias. The sample was also small, and several cells in the cross-tabulations had low expected counts, so the Chi-square values should be interpreted with that limitation in mind. Larger multicentre and longitudinal studies are needed to clarify the temporal relationship between internet addiction and student well-being.

Conclusion

The present study found a high prevalence of internet addiction among nursing and para-medical students, with 67.1% showing mild-to-severe addiction — mild in 45.9%, moderate in 7.1% and severe in 14.1%. Increasing severity was highly significantly associated with greater psychological distress, poorer sleep quality, maladaptive coping and worsening academic performance. Psychological distress affected 47.1% of participants and poor sleep 31.8%. The relationship was graded rather than all-or-none: students in the normal range had no distress, no poor sleep and no maladaptive coping at all, while those with severe

addiction had distress across the board and an 83.3% rate of low academic performance.

Moderate internet addiction represents an important Warning Stage, at which early identification and intervention may prevent further progression. Severe internet addiction represents a Crisis Stage, requiring greater preventive and clinical attention. There was no significant association between course type and internet addiction ($p = 0.3369$), indicating that problematic internet use affects nursing and para-medical students alike, irrespective of academic stream.

These findings support the need for early screening, structured digital-wellness programmes, mental-health support, sleep-hygiene promotion, adaptive coping-skills training and measures to strengthen academic self-regulation among health-science students.

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