

Original Research Article

Digital dinacharya and workplace burnout: a cross-sectional analytical study of occupational health

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ABSTRACT

Background: Prolonged screen exposure, after-hours connectivity, and sedentary work are linked to poor sleep and occupational burnout among Indian working professionals. Ayurvedic Dinacharya regulates waking, Vyayama, Bhojana Vidhi, and Nidra Vidhi; however, digital-era disruption of these domains among working adults remains unstudied. This study aimed to assess digital lifestyle behaviours mapped to Dinacharya principles as behavioural markers of Pragyaparadha, in relation to sleep quality and occupational burnout among working adults, and to identify behaviours independently associated with poor sleep and higher burnout.

Methods: A cross-sectional analytical survey (STROBE-reported) was conducted at the All-India Institute of Ayurveda (AIIA), New Delhi, during (January 2026 to July 2026), among 400 working adults aged 25-40 years with ≥ 1 year of occupational experience. A structured proforma captured sociodemographic details and Dinacharya-mapped digital behaviours across five domains (morning routine, bedtime device use, after-hours connectivity, screen breaks/sedentary time, mealtime practices). Sleep quality and burnout were assessed using the PSQI and Copenhagen burnout inventory.

Results: Of 400 participants, 56.8% had poor sleep quality, 61% personal burnout, and 55.8% work-related burnout. Bedtime device use and inadequate screen breaks/sedentary behaviour independently predicted poor sleep (aOR 1.76 and 1.98). After-hours connectivity, sedentary behaviour, and mealtime digital engagement predicted personal burnout; bedtime device use, sedentary behaviour, mealtime digital engagement, and digital overload predicted work-related burnout (all $p < 0.05$).

Conclusions: Digital lifestyle behaviours reflect patterns of Pragyaparadha in daily digital conduct. Interpreted through Dinacharya and Nidra, the findings support a culturally grounded, preventive Digital Dinacharya framework for digital-era occupational health.

Keywords: Ayurveda, Digital lifestyle, Dinacharya, Occupational burnout, Sleep quality

INTRODUCTION

Digital technology has become an integral part of contemporary working life, with smartphones, computers, and online communication extending occupational engagement beyond conventional working hours. This shift has introduced behavioural changes such as prolonged screen exposure, delayed disengagement from work, sedentary work patterns, and frequent device use during routine activities. Such disruptions may interfere with restorative sleep and psychological recovery,

contributing to two important occupational health concerns poor sleep quality and burnout.^{1,2} The magnitude of these concerns is evident in the Indian workforce; a large multicentric survey among university faculty ($n=3,987$) reported a mean daily screen time of approximately 5 hours and a mean Pittsburgh Sleep Quality Index (PSQI) score of 7.5, while studies using the Copenhagen Burnout Inventory (CBI) have reported burnout prevalence as low as 33% in one study and as high as 68% in another among Indian working professionals.³⁻⁵ These observations emphasize the importance of

understanding not merely the amount of digital exposure, but the manner in which it becomes integrated into everyday routines.

Ayurveda conceptualizes health as dependent upon disciplined regulation of daily activities through Dinacharya, which includes Brahma Muhurta (early morning waking), Vyayama (physical activity), Bhojana Vidhi (regulated eating practices), and Ratricharya (a structured night regimen) supporting adequate Nidra.^{6,7} From this perspective, inappropriate timing and excessive engagement in activities that disturb these routines may compromise the balance of Ahara-Vihara and the natural rhythm of daily living. The principles of Dinacharya therefore offer a culturally relevant framework for interpreting contemporary digital behaviours and identifying practical areas for behavioural modification.

The need for such an approach arises from the increasing dependence on digital devices in professional settings, where complete avoidance of screen use is neither realistic nor desirable. However, specific habits such as device use around bedtime or meals, inadequate movement during screen-based work, and continued occupational connectivity after working hours may be more amenable to intervention. Although previous research has explored digital exposure, sleep, and burnout, systematic evaluation of these behaviours within a Dinacharya-mapped framework is limited, particularly among Indian working adults. The present study consequently aimed to assess five relevant digital lifestyle domains in relation to sleep quality and occupational burnout and to determine which behaviours independently predict these outcomes, thereby providing an evidence-based foundation for a preventive “Digital Dinacharya” framework.

The study aimed to (i) assess digital lifestyle behaviours across five Dinacharya -relevant domains as contemporary expressions of Pragyaparadha, along with sleep quality measured by the Pittsburgh Sleep Quality Index (PSQI) and occupational burnout assessed using the Copenhagen Burnout Inventory (CBI), among working adults aged 25-40 years; and (ii) determine the digital behaviours independently associated with poor sleep quality and higher burnout after adjusting for age, sex, and co-occurring behaviours.

METHODS

Study design and setting

A cross-sectional analytical survey was conducted and reported in accordance with the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines for cross-sectional studies. The study population comprised working adults engaged in desk-based and mixed-field occupations, including information technology/software, corporate and administrative services, marketing, teaching/academia, customer support, banking, human resources, and other

predominantly desk-based professions. The study was conducted at the All-India Institute of Ayurveda (AIIA), New Delhi, during the period (January 2026 to July 2026)

Inclusion criteria

Individuals aged 25-40 years, employed full-time in a desk-based or mixed-field occupation involving at least 5 hours of work per day, with at least one year of continuous occupational experience, regularly using a smartphone or computer, and providing written informed consent to participate, were included in the study.

Exclusion criteria

Participants were excluded if they had a physician-diagnosed major psychiatric disorder, chronic insomnia unrelated to lifestyle factors, or any condition likely to substantially affect sleep quality or digital behaviour.

Sample size

The required sample size was estimated using Cochran's formula for a single population proportion, assuming a 95% confidence level ($Z=1.96$), a reference prevalence of 49.4%, and an absolute precision of 5%. The calculated minimum sample size was 384 participants. To account for potential minor non-response and ensure adequate sample size, the target was increased to 400 participants, which constituted the final analytical sample ($N=400$).

Data collection tool and digital behaviour domains

Data were collected using a structured proforma covering sociodemographic and occupational characteristics. Digital lifestyle behaviours were assessed using 23 items (Q10-Q32) on a five-point ordinal scale based on frequency or duration. Higher scores indicated greater digital-behavioural risk. The two protective items scheduled screen breaks and movement during prolonged screen work were reverse-scored.

The items were a priori classified into five Dinacharya -mapped domains: (1) Morning digital engagement, (2) Bedtime device use, (3) After-hours connectivity, (4) Screen breaks and sedentary behaviour, and (5) Mealtime and digital-free practice. Two supplementary indicators, overall screen-time exposure and digital overload/dependency, were also derived. Domain scores were calculated as the mean of constituent items (range 1-5), with higher scores representing greater risk. These were exploratory constructs developed for the present study and were not considered validated psychometric scales.

Assessment of sleep quality

Sleep quality was assessed using the Pittsburgh Sleep Quality Index (PSQI), comprising seven components scored 0-3 and yielding a global score of 0-21. A score >5 was classified as poor sleep quality.

Assessment of occupational burnout

Burnout was assessed using the Copenhagen Burnout Inventory (CBI), including Personal Burnout (6 items) and Work-related Burnout (7 items). Scores were calculated on a 0-100 scale, with a domain score ≥ 50 indicating burnout.

Statistical analysis

Data were analysed using the IBM SPSS version 26 Statistics. Continuous variables were expressed as mean $\pm$ standard deviation (SD) or median (IQR), as appropriate, while categorical variables were presented as frequencies and percentages. Prevalence estimates for poor sleep quality, personal burnout, and work-related burnout were reported with 95% confidence intervals (CI) calculated using the Wilson score method.

Normality was assessed using the Shapiro-Wilk test, along with skewness and kurtosis. As the continuous variables were non-normally distributed ($p < 0.05$), non-parametric methods were applied. The Mann-Whitney U test was used to compare digital behaviour domain scores between outcome-positive and outcome-negative groups, while Spearman's rank correlation (ρ) assessed associations between digital behaviour domains and continuous PSQI and CBI scores. Associations between categorical sociodemographic/occupational variables and categorical outcome measures were examined using the chi-square test of independence; expected cell counts were ≥ 5 .

To identify independent predictors, multivariable binary logistic regression was performed separately for poor sleep quality (PSQI > 5), personal burnout (CBI ≥ 50), and work-related burnout (CBI ≥ 50). Models were adjusted for age and sex and included the seven digital behaviour indicators simultaneously. Adjusted odds ratios (aOR) with 95% CI were reported. Multicollinearity was assessed using the variance inflation factor (VIF), with all values < 1.6 , indicating no significant multicollinearity. All statistical tests were two-tailed, and $p < 0.05$ was considered statistically significant.

RESULTS

Sociodemographic and occupational characteristics

A total of 400 working adults were included in the analysis, with a mean age of 32.6 ± 4.6 years and mean occupational duration of 7.7 ± 4.1 years. The sample comprised 217 (54.2%) males and 183 (45.8%) females. Most participants were engaged in primarily desk-/screen-based work (337, 84.2%), while 63 (15.8%) had mixed desk/field work. Regarding working hours, 170 (42.5%) worked 8-10 h/day, 147 (36.8%) worked 6-8 h/day, and 83 (20.8%) worked > 10 h/day. Fixed daytime schedules were most common (222, 55.5%), followed by flexible daytime (141, 35.2%) and rotational shifts (37, 9.2%). By work mode, 175 (43.8%) worked on-site, 167 (41.8%) in hybrid mode, and 58 (14.5%) remotely/from home. By

occupation, IT/software professionals constituted the largest group (109, 27.3%), followed by corporate/administrative staff (69, 17.2%) and marketing professionals (48, 12.0%), with teaching/academic staff (46, 11.5%), customer support executives (41, 10.2%), bank employees (38, 9.5%), HR professionals (26, 6.5%), and other desk-based occupations (23, 5.8%) comprising the remainder (Figure 1 and 2).

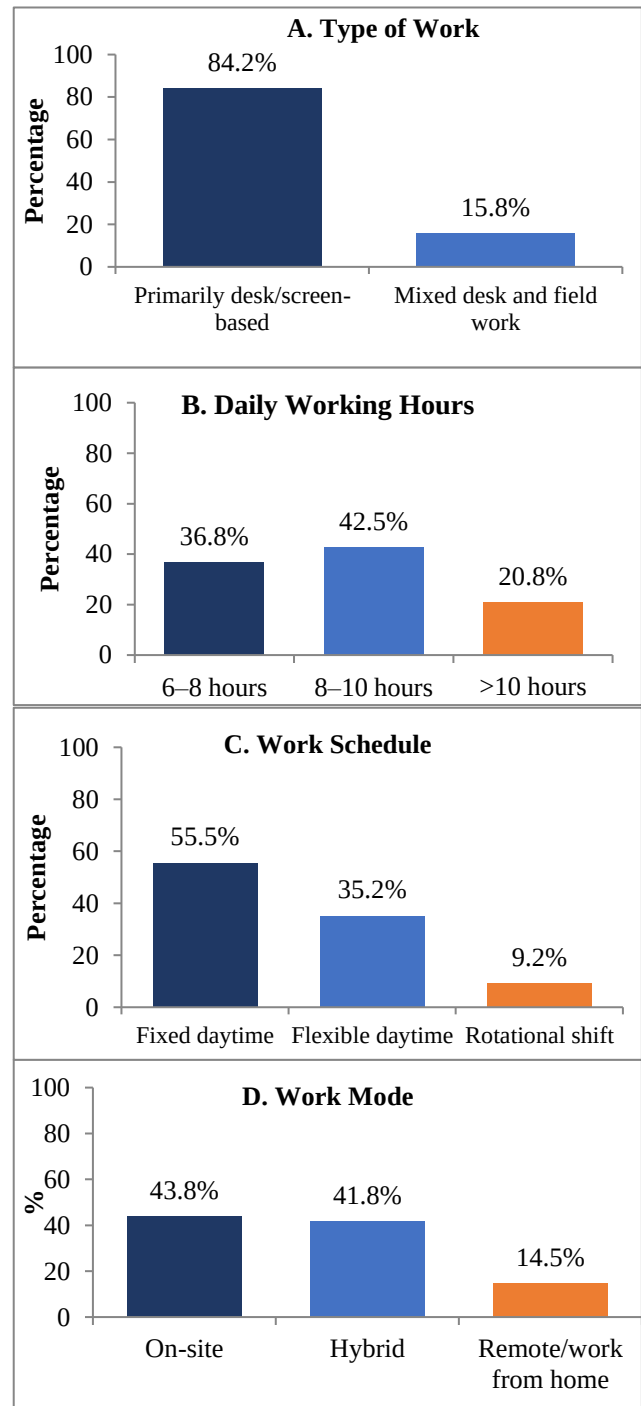


Figure 1: Sociodemographic and occupational characteristics of study participants (n=400): (A) type of work; (B) daily working hours; (C) work schedule; (D) work mode.

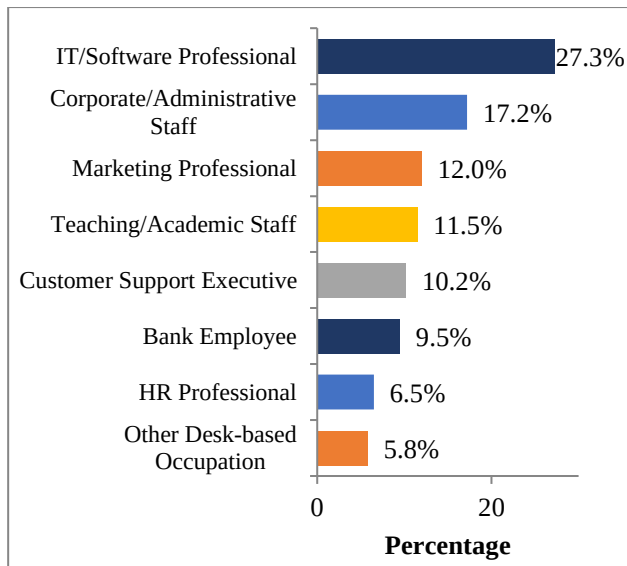


Figure 2: Sociodemographic and occupational characteristics of study participants (n=400) in occupation category.

Incidence of poor sleep quality and burnout

The mean PSQI Global score was 6.23 ± 2.79 , while the mean CBI scores were 51.58 ± 14.07 for personal burnout

and 50.23 ± 13.19 for work-related burnout. More than half of the participants met the criteria for poor sleep quality and burnout across both CBI domains (Table 1).

Table 1: Incidence of poor sleep quality and burnout among study participants.

Outcome	n/N	Incidence	95% CI (Wilson)
Poor sleep quality (PSQI Global >5)	227/400	56.8	51.9-61.5
Personal burnout (CBI ≥ 50)	244/400	61	56.1-65.7
Work-related burnout (CBI ≥ 50)	223/400	55.8	50.9-60.5

Digital behaviour domains and study outcomes

Participants with poor sleep quality, personal burnout, and work-related burnout each showed significantly higher scores across all seven digital behaviour domains than their respective unaffected groups (Mann-Whitney U test), with the association reaching significance for all domain-outcome pairs ($p < 0.05$). The largest differences were consistently observed for bedtime device use, screen breaks/sedentary behaviour, and mealtime/digital-free practice across all three outcomes (Table 2).

Table 2: Comparison of digital behaviour domain scores between outcome-positive and outcome-negative groups for poor sleep quality, personal burnout, and work-related burnout (Mann-Whitney U test).

Digital behaviour domain	Sleep quality U	Sleep quality p value	Personal burnout U	Personal burnout p value	Work-related burnout U	Work-related burnout p value
Morning digital engagement	22675.5	0.007*	23272.0	<0.001*	25015.5	<0.001*
Bedtime device use	26759.0	<0.001*	23657.0	<0.001*	28164.0	<0.001*
After-hours connectivity	24373.0	<0.001*	24895.0	<0.001*	26571.5	<0.001*
Screen breaks and sedentary behaviour	27624.0	<0.001*	24769.0	<0.001*	27566.0	<0.001*
Mealtime and digital-free practice (risk)	21931.0	0.044*	23473.5	<0.001*	25043.5	<0.001*
Overall screen time exposure	24391.0	<0.001*	22313.5	0.003*	26516.0	<0.001*
Digital overload/dependency	25147.0	<0.001*	23888.0	<0.001*	26253.0	<0.001*

* $p < 0.05$ indicates statistical significance; U, Mann-Whitney U statistic.

Correlation between digital behaviour domains and outcome scores

Spearman's rank correlation demonstrated significant positive correlations ($p < 0.05$) between all seven digital behaviour domains and PSQI, CBI Personal Burnout, and CBI Work-related Burnout scores. The strongest associations observed for bedtime device use and screen breaks/sedentary behaviour, particularly with work-related burnout (Table 3).

Sociodemographic and occupational factors in relation to outcome

Chi-square analysis revealed no significant associations of sex, working hours, work schedule, or work mode with poor sleep quality, personal burnout, or work-related burnout ($p > 0.05$). Type of work was significantly associated with personal burnout ($\chi^2 = 5.16$, $df = 1$, $p = 0.023$), with a higher proportion observed among primarily desk/screen-based workers. Overall, sociodemographic and occupational factors showed limited associations with the study outcomes compared with digital behaviour domains (Table 4).

Table 3: Spearman's correlation coefficients (ρ) between digital behaviour domains and PSQI/CBI scores.

Digital behaviour domain	PSQI Global(ρ)	CBI Personal(ρ)	CBI Work(ρ)
Morning digital engagement	0.17*	0.21*	0.27*
Bedtime device use	0.35*	0.26*	0.44*
After-hours connectivity	0.28*	0.28*	0.35*
Screen breaks and sedentary behaviour	0.37*	0.29*	0.39*
Mealtime and digital-free practice (risk)	0.18*	0.19*	0.25*
Overall screen time exposure	0.28*	0.22*	0.36*
Digital overload/dependency	0.28*	0.24*	0.36*

* $p < 0.05$ indicates statistical significance; ρ , Spearman's rank correlation coefficient

Table 4: Chi-square test of association between sociodemographic/occupational categorical variables and outcome categories.

Variable	PSQI Category	CBI Personal	CBI Work
Sex	$\chi^2=1.81$, $p=0.178$	$\chi^2=1.46$, $p=0.227$	$\chi^2=1.71$, $p=0.191$
Type of work	$\chi^2=0.04$, $p=0.836$	$\chi^2=5.16$, $p=0.023^*$	$\chi^2=0.14$, $p=0.703$
Working hours/day	$\chi^2=1.91$, $p=0.384$	$\chi^2=0.49$, $p=0.781$	$\chi^2=2.40$, $p=0.302$
Work schedule	$\chi^2=2.25$, $p=0.324$	$\chi^2=3.82$, $p=0.148$	$\chi^2=1.16$, $p=0.559$
Work mode	$\chi^2=2.47$, $p=0.290$	$\chi^2=0.60$, $p=0.741$	$\chi^2=0.48$, $p=0.788$

* $p < 0.05$ indicates statistical significance; χ^2 , chi-square statistic.

Independent predictors: multivariable logistic regression

Multivariable binary logistic regression was performed separately for poor sleep quality, personal burnout, and work-related burnout. Each model was adjusted for age and sex and included all seven digital behaviour indicators simultaneously. Multicollinearity was assessed using the variance inflation factor (VIF), with all values < 1.6 , indicating no meaningful multicollinearity. Adjusted odds

ratios (aOR) with 95% confidence intervals (CI) were reported.

Across the three outcomes, bedtime device use and screen breaks/sedentary behaviour emerged as the most consistent independent predictors: bedtime device use was significant for poor sleep quality (aOR=1.76, 95% CI 1.20-2.59, $p=0.004$) and work-related burnout (aOR=1.82, 95% CI 1.22-2.72, $p=0.003$), while screen breaks/sedentary behaviour was significant across all three outcomes (poor sleep quality aOR=1.98, $p < 0.001$; personal burnout aOR=1.58, $p=0.003$; work-related burnout aOR=1.74, $p < 0.001$). After-hours connectivity was an independent predictor of personal burnout (aOR=1.48, $p=0.012$) and showed a borderline association with work-related burnout (aOR=1.37, $p=0.054$). Mealtime/digital-free practice was independently associated with both personal burnout (aOR=1.24, $p=0.028$) and work-related burnout (aOR=1.26, $p=0.026$), and digital overload/dependency was a significant independent predictor of work-related burnout (aOR=1.29, $p=0.036$), with borderline associations for poor sleep quality (aOR=1.24, $p=0.069$) and personal burnout (aOR=1.24, $p=0.067$). Morning digital engagement and overall screen-time exposure were not independently significant for any outcome, and age and sex were not significant predictors in any model. Multicollinearity was assessed using the variance inflation factor (VIF), with all values < 1.6 , indicating no meaningful multicollinearity (Table 5).

Table 5: Multivariable logistic regression-predictors of poor sleep quality (PSQI >5), personal burnout (CBI ≥ 50), and work-related burnout (CBI ≥ 50), adjusted for age and sex.

Predictor	Sleep quality aOR	Sleep quality 95% CI	Sleep quality p value	Personal burnout aOR	Personal burnout 95% CI	Personal burnout p value	Work-related burnout aOR	Work-related burnout 95% CI	Work-related burnout p value
Age (years)	0.99	0.94-1.04	0.582	1.01	0.96-1.06	0.709	0.97	0.92-1.02	0.254
Sex (Male vs Female)	0.82	0.53-1.27	0.371	0.81	0.52-1.26	0.352	0.84	0.53-1.34	0.466
Morning digital engagement	1.01	0.86-1.20	0.876	1.14	0.96-1.34	0.125	1.15	0.97-1.37	0.099
Bedtime device use	1.76	1.20-2.59	0.004*	1.18	0.81-1.72	0.380	1.82	1.22-2.72	0.003*

Continued.

Predictor	Sleep quality aOR	Sleep quality 95% CI	Sleep quality p value	Personal burnout aOR	Personal burnout 95% CI	Personal burnout p value	Work-related burnout aOR	Work-related burnout 95% CI	Work-related burnout p value
After-hours connectivity	1.15	0.85-1.56	0.365	1.48	1.09-2.00	0.012*	1.37	0.99-1.88	0.054
Screen breaks and sedentary behaviour	1.98	1.46-2.68	<0.001*	1.58	1.17-2.13	0.003*	1.74	1.27-2.38	<0.001*
Mealtime and digital-free practice (risk)	1.00	0.82-1.21	0.971	1.24	1.02-1.50	0.028*	1.26	1.03-1.53	0.026*
Overall screen time exposure	1.06	0.81-1.39	0.660	0.92	0.70-1.20	0.520	1.23	0.93-1.63	0.138
Digital overload/dependency	1.24	0.98-1.55	0.069	1.24	0.99-1.55	0.067	1.29	1.02-1.64	0.036*

*p<0.05 indicates statistical significance; aOR, adjusted odds ratio; CI, confidence interval

Across the three multivariable models, bedtime device use and screen breaks/sedentary behaviour emerged as the most consistent independent predictors. After-hours connectivity, mealtime/digital-free practice, and digital overload/dependency showed additional independent associations, particularly with burnout outcomes rather than poor sleep quality.

DISCUSSION

Digital exposure has been linked separately to poor sleep and burnout, but not previously examined as a disruption of the classical Dinacharya sequence among Indian working adults. Dinacharya prescribes waking at Brahma Muhurta followed by Danta Dhavana and Snana, a sequence classical texts regard as essential for the natural rhythm of bodily function.⁶ This timing coincides with the pre-dawn rise in cortisol and decline in melatonin that anchors the circadian clock, while graded sensory-cleansing activities support the transition from parasympathetic sleep dominance to daytime sympathetic activity. Ayurvedic physiology frames this as the ordered engagement of Indriya with Indriyarthas under Atma and Man (Indriya-Indriyarthas-Atma-Man Sannikarsha). Digital Dinacharya disrupts this sequence by introducing intense, non-physiological stimulation at points when it would otherwise proceed undisturbed, altering the timing of cortisol, melatonin, and dopamine signalling underlying the sleep-wake and stress-recovery cycles.

This maps onto the framework of Pragyaparadha: sustained engagement of Chakshurindriya and Shrotrendriya with digital stimuli constitutes Atiyoga of these Gyanendriya, at the expense of Karmendriya-directed activities such as Vyayama and Snana, representing their Ayoga. Sustaining this pattern requires repeated suppression of natural urges, a Vegdharana that itself constitutes Mithyayoga. This Atiyoga-Ayoga-Mithyayoga pathway plausibly underlies both outcomes examined here, with bedtime device use, inadequate

screen breaks, after-hours connectivity, mealtime engagement, and digital overload each locatable within this triad, its disproportionate link with work-related burnout consistent with the sustained Vegdharana of occupational digital engagement.

The principle of Yat Pinde Tat Brahmande, wherein the body's rhythm mirrors nature's external rhythm, helps explain the strongest finding: bedtime device use and inadequate screen breaks were independently associated with poor sleep quality. Bedtime device use, by introducing artificial light and cognitive stimulation when the body is meant to align with the setting day, may blunt the evening melatonin rise and delay the nocturnal cortisol decline, while prolonging engagement close to bedtime reduces the opportunity for a stable pre-sleep routine and maintains psychological alertness.^{6,8,9} Prolonged uninterrupted screen work with inadequate movement may similarly reflect insufficient behavioural recovery during the day, contributing to fatigue without an adequate work-rest transition.¹⁰

For personal burnout, after-hours connectivity, inadequate screen breaks, and mealtime engagement remained independently associated. After-hours connectivity may reduce psychological detachment from work by extending work-related attention beyond formal hours, blurring the work-personal boundary and limiting recovery.^{11,12} For work-related burnout, bedtime device use and inadequate screen breaks again emerged as key factors, with mealtime engagement and digital overload also independently associated possibly reflecting a cycle in which digital work extends into the evening, recovery is reduced, and the next working day begins without adequate restoration; given the cross-sectional design, this remains a plausible pathway rather than established causality.¹³

Overall screen-time exposure and morning digital engagement were significant at the bivariate level but not independently associated with any outcome after

adjustment, suggesting duration alone does not capture the behavioural consequences of digital technology¹⁴two individuals with similar total screen time may differ in whether use occurs during work, before sleep, at meals, or with movement breaks. These supports shifting from a simple "reduce screen time" approach towards recommendations addressing digital timing, interruption, and boundaries, and indicates that digital behaviours are interconnected, representing overlapping manifestations of a shared underlying pattern.

The association between mealtime digital engagement and both burnout domains may reflect loss of a natural interruption from occupational demands when meals are accompanied by device use, and a disengagement of Indriya from Ahara wherein incomplete sensory engagement with food precludes Tripti despite adequate intake manifesting as fast or slow eating, overeating, and inadequate mastication, contributing to Agnimandya and incomplete Ahara Paka.¹⁵ Persistent after-hours connectivity and digital overload may thus reflect Mithyayoga, or Atiyoga when excessive, while inadequate screen breaks reflect Ayoga of restorative disengagement a triad particularly relevant to work-related burnout, paralleling the classical description of disease arising from improper use, non-use, or excess use of the senses and mind.

Sociodemographic and occupational factors showed limited association with outcomes, apart from type of work with personal burnout, suggesting digital behaviours cut across occupational arrangements and represent an additional, modifiable layer through which work patterns influence sleep and burnout.

These findings can further be interpreted through Dinacharya and Ratricharya: bedtime device use as disruption of the evening routine, sedentary digital activity as relevant to Vyayama, and mealtime engagement as relevant to Bhojana Vidhi as conceptual mappings rather than direct equivalence between classical constructs and modern outcomes.^{16,17}

Taken together, digital lifestyle risk is multidimensional: not simply screen exposure, but disruption of sleep-related routines, inadequate interruption of prolonged digital work, persistent occupational connectivity, and reduced protection of routine activities from digital engagement. This supports a preventive "Digital Dinacharya" framework regulating digital behaviour by timing and purpose as a device-free pre-sleep period, regular screen breaks, protected digital-free meals, and clearer after-hours boundaries complementing organisational interventions for healthier digital work practices.

The study's strengths included a priori sample-size calculation, use of validated instruments (PSQI and CBI), STROBE-guided reporting, and assessment of digital behaviours across predefined domains. Multivariable logistic regression with adjustment for demographic

factors and co-occurring behaviours, along with multicollinearity assessment, strengthened the interpretation of the findings.

Limitations included the cross-sectional design, which prevents causal inference and allows reverse causation. Self-reported digital behaviours may be affected by recall and social-desirability bias. The five Dinacharya -mapped domains were exploratory and not independently validated as a psychometric scale. The predominantly urban, desk-based sample may limit generalisability, while unmeasured factors such as anxiety, depression, household responsibilities, and commuting may have influenced the observed associations.

CONCLUSION

In line with the study's objectives, digital lifestyle behaviours across five Dinacharya -relevant domains were assessed in relation to sleep quality and occupational burnout among working adults, and the behaviours that remained independently associated with these outcomes after adjustment for co-occurring behaviours, age, and sex were identified. Bedtime device use and inadequate screen breaks/sedentary behaviour emerged as the most consistent independent predictors, with after-hours connectivity, mealtime digital engagement, and digital overload/dependency showing additional associations, particularly with burnout. These behaviours reflect patterns of Pragyaparadha in digital conduct and support the interpretation of digital lifestyle risk through the classical principles of Dinacharya and Nidra, underscoring the need for a culturally grounded, preventive "Digital Dinacharya" framework for digital-era occupational health.

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Ethical approval: The study was approved by the Institutional Ethics Committee

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