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Stress, Screens, And Sleep: An Assessment Of Cognitive Failures Among Female Teaching Professionals

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Abstract
Cognitive failures have been defined as minor errors in planned thought and action, as experienced in everyday life. Recognizing potential gender disparities in cognitive functioning across developing nations, there is a need to understand societal factors intersecting with professional life that influence cognitive health. This becomes especially salient in the Indian educational system, with its unique stressors of large class sizes, rising use of technology, privatization, and curricular reforms. Such stressors, when coupled with cognitive decline, may contribute to challenges in educational quality. The present study aims to assess the prevalence of cognitive failures among female teaching professionals in India, while also exploring its relationship with perceived stress, screen time, and sleep quality. Data was collected from 257 female teachers across India, who completed self-report measures, including the Cognitive Failures Questionnaire, the Perceived Stress Scale, and the Jenkins Sleep Scale. Spearman's correlation analysis was employed to test the relationships between all variables. The results indicate a significant positive relationship of poor sleep quality with cognitive failures, perceived stress and screen time, suggesting that participants with poorer sleep quality were likely to report higher cognitive failures, higher perceived stress and higher reported screen time. Findings from regression analysis indicated that perceived stress and screen time significantly predict poor sleep quality, which further predicts cognitive failures. A mediation model has been proposed, demonstrating the mediatory role of sleep quality between the three variables. These findings indicate the importance of interventions focused on improving sleep hygiene for reducing cognitive errors and stress experienced by teaching professionals.

Keywords: *cognitive failures, female teaching professionals, perceived stress, screen time, sleep quality*

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Broadbent and colleagues (1982) introduced cognitive failures as an everyday concept, referring to lapses or errors in cognition that disrupt intended physical and mental actions, such as forgetting a name, misplacing an item, or becoming easily distracted. Previous studies have found that excessive screen time, poor sleep quality, and work-related stress are all likely to be associated with increased cognitive difficulties, including problems with concentration, memory, and decision-making (Brossoit et al., 2019; Linden et al., 2005; Shaleha & Roque, 2025). The act of teaching requires intricate cognitive activities to facilitate classroom management and instruction, and teachers' cognitive performance is found to be a catalyst for change in the classroom environment (Carroll et al., 2021; Leinhardt, 2019).

Indian researchers in recent years have suggested that the teaching profession is one of the most stressful professions, with 60% teachers reporting feeling stressed (Anbazhagan & Selvan, 2022; Ravichandran & Rajendran, 2007). Some have found that while 64% are under moderate risk of stress, 34% have high risk (Alshammari et al., 2022). Such levels of stress among teachers may make them particularly susceptible to cognitive failures (Linden et al., 2005). Research on cognitive functioning has also often revealed a gender disparity, with women exhibiting a cognitive disadvantage in later life, and having a significantly faster decline in global cognition and executive function (Levine et al., 2021). Additionally, the limited research on cognitive failures among Indian teachers, highlights a significant gap in the literature. Thus, the present study aims to assess the cognitive failures experienced by female teachers in India, while also exploring relationships of cognitive failures with screen time, sleep duration and quality, and perceived stress. By examining cognitive failures specifically among female teachers, this study can help understand societal factors intersecting with professional life to influence cognitive health.

I. Review Of Literature

Cognitive Failures

Cognitive failures refer to minor errors in planned thought and action, experienced in everyday life (Carrigan & Barkus, 2016). Research has found a correlation between individual differences in cognitive abilities

and individual differences in everyday cognitive failures, suggesting that assessing cognitive failures could result in a better understanding of who is likely to commit such errors (Unsworth et al., 2012). Further, a qualitative study, exploring science and math teachers' turnover, observed a possible negative amplification of everyday experiences due to cognitive errors (Denton et al. 2021). This highlighted a critical consequence of cognitive errors among teachers. The Indian context explores the real-world impact of cognitive failures further by finding a negative correlation between conscientiousness and cognitive failures, and a higher occurrence of cognitive failures, particularly distractibility and blunders, among females (Kamboj et al., 2025). Therefore, there seems to be an influence of cultural, personality, and gender-related factors on cognitive failures, warranting further exploration.

Perceived Stress

Perceived stress has been understood as one's perception that environmental demands exceed their perceived capacity to cope. Research among teaching professionals in India has highlighted significant gender disparities, with female teachers generally reporting more stress than male teachers (Ravichandran & Rajendran, 2007; Singh et al., 2007; Solanki & Mandaviya, 2021). Elevated levels of perceived stress have been linked to a higher likelihood of poor cognition (Kulshreshtha et al., 2023). Further, stress has been found to excessively increase screen time, though this relationship can be mitigated by adequate sleep (Chandler et al., 2024; Roque & McGill, 2024). Studies have also found a strong relationship between higher perceived stress and poor sleep quality (Rayapureddy & Benerji, 2025).

Screen Time

Researchers have examined the relationship between screen time and cognitive failures, finding a positive correlation of excessive smartphone use and higher internet use with domains of cognition like forgetfulness, distractibility, false triggering, reduced decision-making and reduced attention control (Choudhary, 2025; Kancharla et al., 2022). Additionally, research has indicated a link between screen time and sleep, with Indian adults reporting strong correlations between extended screen time and negative sleep parameters, including increased sleep latency, extended disorientation on waking up, or sleep inertia, decreased sleep duration, and heightened daytime sleepiness (Biswas et al., 2025). Findings from teachers have revealed similar results, with increased screen time being correlated with elevated stress levels and poorer sleep quality (Aldughmi et al., 2024).

Sleep Quality

Sleep quality is inclusive of duration of sleep, sleep fragmentation or repeated wakefulness, sleep latency or time taken to fall asleep, and early awakenings (Desai et al., 2025). Sleep quality, when lower than human needs, affects cognitive performance, and has been noted to act as a mediating variable between high screen time and increased cognitive failures (Freitas et al., 2021; Xanidis & Brignell, 2016). Findings among Indian adults suggest that lower sleep quality is associated with increased screen time (Patel et al., 2024). It has also been found that insufficient sleep can impair emotional regulation, including suppressive effects on the stress system, thereby increasing susceptibility to stress (Palagini et al., 2013). Research also indicates that the issue is further complicated by gender, as a greater number of Indian females report insomnia when compared to males, highlighting the importance of sociodemographics (Panda et al., 2012).

II. Method

Research Design

A quantitative study was conducted to assess the relationship of cognitive failures with perceived stress, screen time, and sleep quality among female teaching professionals. A quantitative design for this study allows for collection of numerical data and a subsequent statistical assessment of the strength of the association between the variables.

Research Question

Are perceived stress, screen time, and sleep quality significantly related to the level of cognitive failures experienced by female teaching professionals?

Hypothesis

H1: There is a significant relationship between cognitive failures and perceived stress
H2: There is a significant relationship between cognitive failures and screen time
H3: There is a significant relationship between cognitive failures and sleep quality
H4: There is a significant relationship between perceived stress, screen time and sleep quality

Sample

Literature highlights the likelihood of frequent cognitive failures, high stress, increased screen time, and poorer sleep quality among teaching professionals, and also indicates an intersecting role of gender influencing these dimensions. Selecting only females allows for an in-depth, homogeneous study. This examines the gender experience of the unique pressures experienced in the high-demand field of education. Thus, purposive sampling was employed in the present study to recruit participants. This sampling strategy assumes that, based on the research objectives, a specific demographic of people may have important and unique ideas about the research topic and should thus be included in the sample (Robinson, 2014). The inclusion criteria required full-time female teaching professionals, excluding males and part-time teachers. Data was collected from a total of 257 participants. The age distribution was diverse, with 29.2% aged between 21-30, 39.7% aged 31-40, 21% aged 41-50, and 10.1% aged 51-60.

Instruments and Measures

Cognitive Failures Questionnaire

Broadbent and colleagues (1982) developed the Cognitive Failures Questionnaire (CFQ) as a 25-item self-report measure. The items were designed to assess cognitive deficits in three areas, namely forgetfulness, distractibility, and false triggering (Kumareswaran et al., 2023). Respondents were asked to indicate the frequency of cognitive errors made in the last six months on a 5-point Likert scale, from Very Often to Never, with scores being summed up and ranging from 0 to 100. Reliability is established, with a test-retest reliability of 0.71 (Bridger et al., 2013).

Perceived Stress Scale

The Perceived Stress Scale (PSS) was first developed by Cohen and colleagues (1983) with 14 items, and later, Cohen and Williamson (1988) revised it to a 10-item scale, and finally a four-item PSS was also introduced (Cohen & Williamson, 1988). The psychometric properties of the 10-item PSS have been found to be superior to the 14-item PSS, while the 4-item scale was found to be least favourable (Lee, 2012). The present study employed the PSS-10, with responses on a 5-point Likert scale ranging from Very Often to Never.

Jenkins Sleep Scale

The Jenkins Sleep Scale was developed as a brief 4-item scale for the purpose of research (Jenkins et al., 1988). The items assess common sleep problems, including trouble falling asleep, waking up several times per night, trouble staying asleep, and waking up tired. Responses are sought on a 6-point scale, and the final score is the sum of the item scores, ranging from 0-20. The internal consistency coefficient of the scale was found to be 0.79, and a Cronbach's alpha of 0.84 suggests good reliability (Hofmeister et al., 2020).

Assessing Screen Time

Participants were asked to report their average daily screen time on a 5-point scale, inclusive of all devices used for personal and professional purposes. The options included “less than 1 hour,” “1-3 hours,” “3-5 hours,” “5-7 hours,” and “more than 7 hours.”

Procedure

The data collection utilized an online form disseminated over a one-month period. The setting for this research was entirely online. Participants accessed an online form, completing it on their personal devices at a time and place of their convenience. The participants were informed of the purpose of the questionnaires to ensure informed consent, and were also informed that the data would only be used for the present study. Confidentiality was assured, keeping the responses anonymous, with all identifying information removed. Participation was voluntary, with participants having the right to withdraw at any point during the study, or to request removal of responses. Assurance was also given with respect to there not being any significant risks associated with participation.

Data Analysis

Statistical analysis was performed using the Statistical Package for the Social Sciences (SPSS) software. Descriptive statistics including mean, standard deviation, and range were calculated for the key variables. Following this, the normality of the data distribution was assessed for each variable using tests for kurtosis and skewness. This was important for further determining the appropriate statistical methods for subsequent relational analyses. Given that the data were not normally distributed, the Spearman's Rho correlation coefficient was employed. This non-parametric test was used to assess the strength and direction of the relationship between all the variables. Variables with significant relationships were further assessed through regression analysis to understand the degree to which the variables act as predictors.

III. Results

Table 1

Descriptive Characteristics of the Sample

Demographic Variables		Data (N=257)
Participant's Age (in years)		36.81 (±9.678)
	21-30	75 (29.2%)
	31-40	102 (39.7%)
	41-50	54 (21%)
	51-60	26 (10.1%)
Teaching Experience (in years)		9.90 (±7.209)

A total of 257 female teaching professionals participated in the study. With a mean age of 36.81, the largest proportion of the sample fell within the 31–40 age group (39.7%), followed by the 21–30 age group (29.2%), the 41–50 age group (21%), and finally the 51–60 age group (10.1%). Further, the participants reported a mean teaching experience of 9.9 years.

Table 2

Correlation between Relevant Variables

Variable Measured	*M*	*SD* (±)	CF	PS	ST	PSQ
Cognitive Failures (CF)	46.59	11.413	-			
Perceived Stress (PS)	19.88	4.656	.094	-		
Screen Time (ST)	1.97	1.155	-.060	.103	-	
Poor Sleep Quality (PSQ)	7.96	4.540	.150*	.139*	.539**	-

Note. *p < .05. **p < .01.

The CFQ yields a score between 0-100. The mean CFQ score of the sample was 46.59, suggesting that, on average, the participants reported a moderate frequency of everyday cognitive errors, indicating that the group as a whole reports neither an exceptionally low nor an exceptionally high rate of these failures. Further, the standard deviation (SD =11.413) suggests a relatively low dispersion of scores around the mean, indicating a general consistency in the reported frequency of cognitive failures across the sample.

Spearman's correlation was used to assess the relationships between the variables. Cognitive Failures show a weak positive relationship with Perceived Stress ($r = 0.094$), a weak negative relationship with Screen Time ($r = -0.060$), and a statistically significant positive relationship with Poor Sleep Quality ($r = 0.150$, $p < .05$). Further analyses revealed a statistically significant positive correlation of Poor Sleep Quality with Perceived Stress ($r = 0.139$, $p < .05$) and Screen Time ($r = 0.539$, $p < .01$).

Table 3

Regression Analysis: Sleep Quality as Dependent Variable

Predictors	R	R^2	Beta	F	sig.
Perceived Stress	.552	.304	.122	55.563	.021*
Screen Time			.527		.000**

Note. *p < .05. **p < .01.

A regression analysis, with perceived stress and screen time as the predictors, was conducted to predict sleep quality. The predictors explained a significant portion of the variance in Sleep Quality ($R^2 = .304$), indicating that approximately 30.4% of the variability in sleep quality is accounted for by these two variables. Both predictors were found to be significant. Screen Time was the stronger predictor ($\beta = .527$, $p < .01$), while Perceived Stress also contributed significantly ($\beta = .122$, $p < .05$). The positive Beta values indicate a positive association, suggesting that higher levels of Screen Time and Perceived Stress are associated with poorer self-reported Sleep Quality.

Table 4

Regression Analysis: Cognitive Failures as Dependent Variable

Predictor	R	R^2	Beta	F	sig.
Poor Sleep Quality	.191	.037	.191	9.676	.002**

Note. **p < .01

Further regression analysis was conducted with sleep quality as a predictor of cognitive failures. Poor Sleep Quality was found to be a statistically significant predictor of Cognitive Failures, accounting for 3.7% of the variation in the latter ($R^2 = .037$). A positive relationship ($\beta = .191$, $p < .01$) indicates that as self-reported Poor Sleep Quality increases, the frequency of self-reported Cognitive Failures also significantly increases.

IV. Discussion

This study assesses the relationship of cognitive failures with perceived stress, screen time, and sleep quality, among 257 female teaching professionals in India. Participants provided responses to the Cognitive Failures Questionnaire, the Perceived Stress Scale, and the Jenkins Sleep Scale, and reported their average daily Screen Time.

With respect to the study objectives, the findings of Spearman's correlation revealed a statistically significant relationship between Cognitive Failures and Sleep Quality. The positive correlation suggests that poorer self-reported sleep quality is associated with a higher frequency of everyday cognitive lapses. This finding is consistent with previous research highlighting the relationship between poor sleep quality and lower cognitive functioning (Haldar et al., 2024; Khan et al., 2025). For teaching professionals, whose work demands continuous focused attention, rapid decision-making, and high emotional regulation, this link is particularly important, underscoring the necessity of improved sleep quality within this demographic.

Conversely, the lack of significant associations of cognitive failures with perceived stress and screen time are in contrast to previous studies. Indian studies have revealed relationships between higher screen time and cognitive failures, including poorer reaction time, forgetfulness, distractibility, false triggering, reduced decision-making and reduced attention control (Biswas et al., 2025; Choudhary, 2025; Kancharla et al., 2022). Research on active screen time suggests that regular computer use, including word processing or emails, predicts a lower likelihood of cognitive decline, and that higher education is associated with more mentally active screen use and subsequently better cognition (Kurita et al., 2021; Moreira et al., 2022).

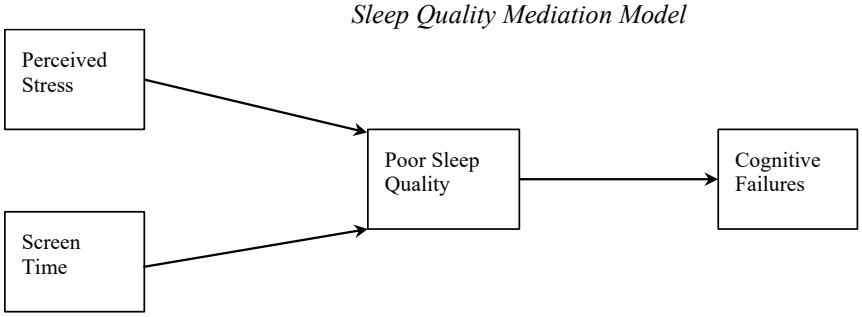
There is also evidence of links between perceived stress and poorer cognition (Kulshreshtha et al., 2023). However, it is suggested that mild stress could aid the improvement of cognitive functioning, including memory tasks (Hidalgo et al., 2012; Luethi et al., 2009). The sample reported a mean score of 19.88 on the Perceived Stress Scale, where scores range from 0-40. This moderate level of perceived stress could thus explain why cognitive failures are neither too low nor too high. Additionally, the extent of cognitive impairment often varies, depending on individual differences in stress response and brain function (Sweis et al., 2013; Tsai et al., 2019).

The findings also reveal a significant correlation of poor sleep quality with perceived stress and screen time. This suggests that poorer sleep quality is likely to be associated with higher perceived stress levels and higher screen time, consistent with other studies suggesting this association (Biswas et al., 2025; Patel et al., 2024; Rayapureddy & Benerji, 2025). These findings suggest a probable mediated pathway between the variables, indicating a possible indirect impact of high perceived stress and high screen time on cognitive failures through the intermediary variable of sleep quality. To test this statistically, a regression analysis was conducted.

The findings of the regression analysis suggest that perceived stress and screen time are significant predictors of poor sleep quality, which further significantly predicts cognitive failures. To further explain these findings, a mediation model has been proposed.

Figure 1

Sleep Quality Mediation Model



This framework explains the effect of perceived stress and screen time on the final outcome variable of cognitive failures. Poor sleep quality thus becomes the mechanism of action. These findings carry significant implications for the well-being and professional effectiveness of female educators in India. The results suggest that interventions focused on improving sleep hygiene, defined by Baranwal and colleagues (2023) as behavioral and lifestyle changes that positively influence sleep quality and duration, may be a crucial strategy for reducing cognitive failures. There should also be a focus on managing screen time and lowering stress experienced by teachers to further aid sleep quality. Educational institutions should consider implementing wellness programs focused on sleep hygiene, including managing screen use a few hours before sleeping, and relaxation-based stress management techniques that also aid in sleep onset and maintenance.

V. Limitations

Certain limitations of the study should be noted to guide future research. While the correlation and regression models suggest a directional flow between the variables, the causal direction remains plausible. Additionally, the study relies on self-report measures, which are likely to cause potential biases and impression management, including faking, lying, and self-enhancement (Paulhus & Vazire, 2007), which could account for reporting of moderate frequency of cognitive failures across the sample. Further, the study could have obtained more information on sociodemographics to understand the influence of other variables, including marital status, motherhood status, or socioeconomic status.

VI. Recommendations For Future Research

Future research should prioritize methodological enhancements to strengthen causal inferences and reduce self-report bias. An extension could involve adopting a longitudinal design, tracking these variables over a full academic session, to determine whether changes in stress and screen use precede changes in sleep, which subsequently predict changes in cognitive functioning. Additionally, a comparative study introducing a control group of non-teaching professionals or male teaching professionals would significantly enhance the understanding of whether these patterns are unique to this specific demographic and occupational environment. Finally, future research could systematically expand the sociocultural and demographic scope of the investigation. More detailed demographic variables, such as marital status, motherhood status, family size, and socioeconomic status (SES), could be integrated into the analysis as covariates or tested as potential moderators of the relationships.

VII. Conclusion

This study, assessing female teaching professionals in India, observed a statistically significant relationship between higher frequency of cognitive failures and poorer sleep quality. This indicates the importance of targeted sleep hygiene interventions to maintain the professional effectiveness and cognitive health of this demanding workforce. Significant correlations of poor sleep quality were also found with perceived stress and screen time. Results from regression analysis suggested that perceived stress and screen time are predictors of poor sleep quality, which further predicts cognitive failures. A mediation model provides the framework to explain the mediating pathway through sleep quality for other variables to influence cognition. The findings strongly recommend that educational institutions prioritize evidence-based programs focused on improving sleep hygiene as the most direct strategy for mitigating cognitive failures among educators.

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