Policy Leeds

UNIVERSITY OF LEEDS

UK screen use in 2022: A need for guidance

Brief No. 9
10 March 2022

Policy Leeds
University of Leeds
leeds.ac.uk/policy-leeds

Rafe Clayton and Carmen Clayton

The use of screens has become integral to our work and leisure in the UK. New research looking at UK adults' use of screens during and after the coronavirus lockdowns has found a steep rise in total screen use. This was linked to perceived negative health impacts, with some groups being more vulnerable. Here we discuss the need for clear national guidance on screen use in the UK.

Overview

- **A national survey of UK adults looked at their screen use pre-, during and post-lockdown.**
- **Screen use increased during the lockdowns and has continued at a higher level. 50% of UK adults now look at screens for 11 hours or more a day.**
- **59% of study participants reported negative impacts on their health from looking at screens, with younger people, women and higher social grades being impacted most.**
- **93% of negative health impacts occur in those who use screens for 6 hours or more a day.**
- **There are no national guidelines on screen limits, but people overwhelmingly want clear guidance.**

UK screen use guidance

Current government policy sees screen use as a workplace concern, where it is covered to a limited degree by Health and Safety Executive (HSE) regulations. However, there are no formal guidelines for total daily usage of screens, factoring in education or leisure use. Whilst the Chief Medical Officer provided some guidance for children in 2019 (Davies et al. 2019), no such guidance exist for adults.

This lack of guidance increasingly needs addressing since, as envisaged by the Government's **digital strategy**, it is anticipated that people will be using technology and screens even more in the future. As digital technology permeates multiple aspects of our lives, some people may find themselves facing work and social pressure to use screens more, which may place vulnerable groups further at risk.

New uses of screens in post-lockdown Britain

The 'New Uses of Screens in Post-Lockdown Britain' (**NUSPB**) study carried out by the University of Leeds investigated the current lived experiences of British people and how screen technologies may or may not have become more permanently integrated within their day-to-day lives as a result of the pandemic.

NUSPB conducted a survey of 500 UK adults selected to be nationally representative for age, gender, marital status, presence of children in the household, socio-economic group, ethnicity and region. The sample size ensured a 95% confidence level so that the results are accurate.

Twenty qualitative interviews were completed to gain a deeper understanding of the survey results. The research builds upon a wider body of data collected during the pandemic by the '**British Families in Lockdown**' study.

Increasing screen use

The NUSPB study found that British people are looking at screens to an increasing extent as a result of the pandemic, with 54% of British adults saying they now use screens more often than before. 1 in 4 people (27%) are now using screens more at work following the lockdown experiences of 2020-2021 and 1 in 2 adults (51%) are using screens for leisure more than they did pre-pandemic. As a result of these changes in behaviour, half of the UK adult population (50% of people) are looking at screens for a combined total of 11 hours or more each day. 28% of adults are looking at screens for a combined total of 14 hours or more a day.

To identify which screens people are using most, data was collected on three types of display: TV screens, computer screens (including tablets) and smartphone screens.

- 67% of adults currently look at a TV screen for 3 hours or more each day.
- 12% of adults look at TV screens for 7 hours or more.

- 50% of adults currently look at a computer screen for 4 hours or more each day
- 26% of adults look at computer screens for 6 hours or more.

- 44% of adults currently look at a smartphone screen for 4 hours or more each day.
- 20% of adults look at smartphone screens for 6 hours or more.

In the interviews, many people say they simply have no choice, since their work demands that they spend long hours looking at screens. In addition to this, entertainment and communication in 2022 are commonly accessed via screens. Other recreational activities ranging from shopping, socialising, learning and general engagement with the wider world, are all commonly experienced positively through screen use and the internet. British adults find the ease and convenience of accessing the internet valuable and most interview participants felt that they could not function in every day society without using screens. A number of participants have also expressed a feeling that they were addicted to screens.

> *"Yeah I use my mobile phone for everything now"* **(Vanessa)**
>
> *"Well, work is, work is associated with screen time mostly"* **(Jason)**
>
> *"It doesn't do my back any good if you sit down for long hours… Maybe sixteen, seventeen hours a day [looking at a screen]"* **(Doug)**

Health impacts of screen use

Our study found that negative health impacts are perceived to be directly associated with screen use by most adults.

- 59% of British adults have said that screen use has had a negative impact on their health.
- 40% of British adults have said that screen use has negatively affected them physically.
- 28% say that screen use has negatively affected their mental health.

Negative health impacts perceived to be from screens are common and affect more than half of participants; furthermore, the longer people look at screens, the more likely they are to complain of negative health impacts. Amongst 'light' users (1-5 hours each day) 42% said their health was not affected by screens. Whereas amongst those who use screens for 6 or more hours each day, this number was reduced to 31%.

- 93% of negative health impacts occur in those who are exposed to screens for **6 hours** or more each day.
- 75% of negative health impacts also occur in those who are exposed to screens for **9 hours** or more each day.

Older generations seem affected least, with only 52% of over 55s suffering negative health impacts from screen use compared to 66% of 18-54 year olds. Women appear to be disproportionally affected by screens with 64% expressing negative health impacts compared to 54% of men. Those from higher social grades are also unequally impacted with 69% having experienced negative health impacts from screens compared to just 50% from lower social grades.

The health impacts identified in the NUSPB study are broad and varied, but have been shown to be largely consistent with those discussed in a range of existing literature.

Physical health impacts reported included: Eye strain,

headaches, dry eyes, lethargy, stiffness, body pain from posture, vision impairment, neck pain, finger problems, repetitive strain, fatigue, putting on weight, lack of exercise, less time outdoors, wrist pain, back ache, shoulder pain, phones catching fire, lack of fresh air.

Mental health impacts included: Less motivation, body image, depressing/negative content, vicarious living, mood swings, no social interaction, reclusiveness, dependency on screens, habitual use, arguing online, jealousy of others, feeling unproductive, guilt, toxic people online, socially anxious, hard to switch off, irritable, distracting, losing attention span.

It is perhaps difficult for individuals to determine whether a negative health impact has been directly caused by screen use or if it is an exacerbation of a previously held condition. A limitation of this study is that we did not collect data regarding pre-existing health conditions that we could cross-reference. However, all the health conditions identified in this survey have been connected to screen use by the participants themselves, a fact which is significant in itself.

The case for guidelines

Concerns about the health impacts of using screens are not new. Measures to limit exposure to screens in the workplace date back to the 'Health and Safety Display Screen Equipment (DSE) Regulations' of 1992, implemented in 1993 and amended in 2002. These 30-year-old regulations are still used today by the HSE to form the regulatory underpinning of current workplace guidance. The HSE has historically promoted the message that no permanent damage to human health can be caused from screens (Unison 2010) and as recently as 2019 the UK Chief Medical Officer (CMO) stated that research is inconclusive in supporting "evidence-based guidelines on optimal amounts of screen use" (Davies et al. 2019). People are therefore given significant autonomy in terms of moderating their daily screen time at home, in education and at work.

Self-management (or self-regulation) relies on people having the ability and awareness to recognise and understand their limits, which may not always be the case. When the participants in this study were asked how they self-regulate screen time, they told us that they respond to symptoms as and when they present. Waiting for the onset of symptoms may not be an appropriate strategy, particularly for cared for and vulnerable adults and children, as it relies on treatment of resulting problems rather than prevention, and requires someone to acknowledge there is a problem, which may be difficult in the case of internet addiction.

In 2019 the Science and Technology Committee collected evidence for its inquiry into the 'Impact of social media and screen-use on young people's health'. In the inquiry's report it was noted by several witnesses that screen-time guidance was needed. Sarah Hannafin from the National Association of Head Teachers emphasised that some "evidence-based central guidance on screen time would be fantastic, not just for schools but for families, communities and for all of us". However, the inquiry concluded that despite children asking for guidance on how to "recognise the signs of over-use of technology" (Gardner in UK Parliament 2019), there was a lack of clear evidence from which limits on screen-time can be reliably asserted. As such, no guidelines were created.

Months later, the experience of the coronavirus lockdowns transformed the lived experiences of British people (Vlassis 2021). The use of screens for human interaction became increasingly normalised throughout 2020 and 2021. Communication which had previously occurred face to face, now significantly moved online; this included medical appointments, job interviews, school lessons, work meetings, relaxing with friends and family and more. It was difficult for families to engage with the wider world unless it was through a screen (Clayton et al. 2020). Despite a multitude of health advice provided by the Government during the pandemic, there has been no consistent and widespread advice about limiting screen time.

This study asked British adults if they were aware of Government guidance on how much screen time is advised each day. Many of the interviewees expected or hoped that Government guidelines on limits to screen use existed and they were surprised to hear they did not. In the national survey 78% of British adults stated they did not know what the guidance was, with many questioning if there was any? Of the remaining 22%, their estimates on what they believed the guidance to be varied from 2 hours to 10 hours.

Despite most believing there either 'are guidelines' or 'should be guidelines', British adults currently feel unaware and unguided about how much screen time they should be exposing themselves to. In the absence of guidance, 1 in 6 British adults (17%) are currently looking at screens for a combined total of 16 hours or more each day. Some people have to look at screens for a long time as a prerequisite for their employment. Others felt that they were addicted to their screens.

> *"I can't avoid it in my job… I have to be able to interact with the system and the software"* **(Martin)**
>
> **"***I sleep eight hours and I don't look at a screen for the first two hours when I get up and then the rest of the time I do [laughs] more or less***". (Nancy)**

While most adults understand the benefits of using screens, it seems difficult for them to be able to recognise when screens begin to disadvantage them. They wait for the onset of physical symptoms before self-regulating their behaviour. This is an undesirable phenomenon that could unequally impact those working from home, those relying on screens to communicate, those studying, those self-employed, those on temporary contracts, those with poor literacy, immigrant workers, the disabled and children.

Policy Leeds

Recommendation

The demand and need for total screen use guidelines for adults is clear. The strong recommendation of this study is to make such guidelines available.

British adults want guidelines on total screen use and evidence suggests that they would benefit from being given a number of hours that they should consider not exceeding. Despite concerns that there is a lack of clinical evidence for direct causal relationships between screen time and certain medical conditions, there is a strong body of evidence to suggest that screen time overall should be limited (Hill et al. 2016, Madhav et al. 2017, Davies et al. 2019, Foster et al. 2020).

There are benefits to using screens (Davies et al. 2019) and nobody should feel dissuaded from using them. However, this should be balanced with an awareness of the risks. In particular, the UK must be educated about the risks of screen and internet addiction. Screen use may be a problem if it interferes with sleep, exercise and personal interaction (Davies et al. 2019, Hill et al. 2016). Sedentary screen leisure time such as playing computer games or watching TV has a recommended limit of two hours per day (Foster et al. 2020). International advice for children is that they limit their screen time to 1 hour per day if under 5; and to avoid screen time altogether if they are under 2 (WHO 2019, Hill et al. 2016).

All screen time presents a small risk to health, and the more time a person spends looking at screens the more likely they are to experience negative impacts on physical and mental health (NUSPB 2022, Madhav et al. 2017). Our data indicates that the likelihood of experiencing negative health impacts occurs almost exclusively amongst those looking at screens for 6 hours or more each day. Health impacts are significantly more likely to be perceived by those who look at screens for 9 hours or more each day. As such, if public perceptions are correct: to alleviate negative health impacts, it may be valid to recommend that people limit their screen use to under 6 hours each day and to try avoiding combined screen exposure that regularly exceeds 9 hours a day.

Further information

The 'New Uses of Screens in Post-Lockdown Britain' study (**NUSPB**) has been undertaken within the School of Media and Communication, University of Leeds, and funded by the Research England Policy Support Fund 2021-22.

Authors

Rafe Clayton is the Principle Investigator for 'New Screens in Post-Lockdown Britain' at the University of Leeds.
Email: R.M.Clayton@leeds.ac.uk

Carmen Clayton is the Principle Investigator for 'British Families in Lockdown' and is Professor of Family and Cultural Dynamics at Leeds Trinity University.
Email: C.Clayton@leedstrinity.ac.uk

References

Clayton et al. (2020) **British Families in Lockdown Initial Findings**

Davies et al. (2019) **United Kingdom Chief Medical Officers' commentary on 'Screen-based activities and children and young people's mental health and psychosocial wellbeing: a systematic map of reviews**. Department of Health and Social Care.

DCMS (2017) **UK Digital Strategy**

Foster et al. (2020) Understanding how much TV is too much: a non-linear analysis of the association between television viewing time and adverse health outcomes. Mayo Clinic Proceedings, 95(11), pp. 2429-2441. **doi: 10.1016/j.mayocp.2020.04.035**

Hill et al. (2016). Media and young minds. Pediatrics, 138(5) **doi: 10.1542/peds.2016-2591**

HSE (2003a) **Work with display screen equipment (pdf)**

HSE (2003b) **The law on VDUs: An easy guide (pdf)**

HSE (2013) **Working with display screen equipment (DSE): A Brief Guide (pdf)**

HSE (2022) **Working safely with display screen equipment**

Madhav et al. (2017). Association between screen time and depression among US adults. Preventive medicine reports, 8, 67–71. **doi: 10.1016/j.pmedr.2017.08.005**

UK Parliament (2019) **Impact of social media and screen-use on young people's health** Science and Technology Committee.

Unison (2010) **Eye Tests and VDUs: Health and Safety Information Sheet (pdf)**

Vlassis, A. (2021) 'Global online platforms, COVID-19, and culture: The global pandemic, an accelerator towards which direction?'. Media, Culture & Society, p.0163443721994537. **doi: 10.1177/0163443721994537**

WHO (2019) **To grow up healthy, children need to sit less and play more**

Tel. **+44 (0)113 2431751**
policyleeds@leeds.ac.uk
leeds.ac.uk/policy-leeds
@policyleeds

Leeds Trinity University

UNIVERSITY OF LEEDS

Policy Leeds
University of Leeds
Leeds, United Kingdom LS2 9JT