ASSESSMENT OF SMARTPHONE USAGE AMONG NURSING STUDENTS AT AAB COLLEGE Edona Haxhija¹, Zamira Shabani²

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INTRODUCTION

Smartphones are essential tools for students used for academics, socializing, and entertainment.

> However, excessive use can lead to **smartphone addiction**, affecting:

- Mental health: stress, anxiety, depression, isolation, and burnout
- Cognitive function: reduced attention span and poor sleep
- Academic performance: lower engagement, procrastination, and declining focus
- Social media platforms (e.g., Instagram, TikTok) intensify addiction due to their highly engaging design.

METHODOLOGY

- > Aim: To assess smartphone addiction among the nursing students at the AAB College.
- Study population: Nursing Bachelor students at the AAB College, Prishtinë, Kosovë
- Study design: Cross-Sectional Study, January- February 2025.
- ➤ Sample size: 420 students, predominantly female (85.7%, n=360).
- > Data collection:
 - *Online* self-administered questionnaire; shared anonymously via WhatsApp; 5-10 min to complete
 - Focus: smartphone use, dependence, and related psychological and behavioral factors
 - Informed *consent* obtained
- > Data analyses:
 - *Method:* Hierarchical regression using Ordinary Least Squares (OLS) estimation
 - *Tools:* Microsoft Office Excel 2010 and SPSS 19

HYPOTHESIS

> H1: Higher smartphone dependence is positively associated with daily smartphone use.

- H1a: Emotional/habitual dependence relates to higher smartphone use.
- H1b: Strain/external awareness dependence relates to higher smartphone use.

> H2: Smartphone-related behaviors and emotional reactions predict higher smartphone use.

- H2a: Nighttime checking predicts higher smartphone use.
- H2b: Anxiety when forgetting phone predicts higher smartphone use.

> H3: Behavioral and emotional responses moderate the dependence-use relationship.

- H3a: Emotional dependence has a stronger impact on use for those with phone anxiety.
- H3b: Strain dependence has a stronger impact on use for those who check phones at night.

➤ H4: Sociodemographic factors (age, gender, academic year) have weak or inconsistent associations with smartphone use.

> Dependent Variable:

Estimated Daily Smartphone Use: Self-reported average hours spent on smartphones daily (excluding voice calls), categorized into ranges (e.g., "1–3 hours"), then recoded into a continuous scale (0.5 to 10 hours).

> Independent Variables:

- Smartphone Dependence Scale: 10 items assessing emotional, behavioral, and physical dependence (e.g., anxiety without phone, prolonged use). Factor analysis identified two components:
 - **Emotional/Habitual Dependence** ($\alpha = .844$): Compulsive checking, emotional reliance.
 - Strain/External Awareness: Awareness of overuse consequences (e.g., concentration).
- *Phone Anxiety*: Binary variable for anxiety when separated from smartphone.
- *Nighttime Checking*: Binary variable for phone use during nighttime awakenings.
- > Control Variables: Demographics: Age, Gender, Urban Residence, and Year of Study.

RESULTS

Descriptive Statistics

- *Mean age:* 21.1 years (SD = 3.17), range 18-45 years.
- *Mean squared age:* 479.64 (SD = 218.77).
- *Female:* 85.7% (n=360), reflected by the high mean value for the gender dummy variable (M =0.90, SD = 0.29).
- Urban residence (M = 0.54, SD = 0.49), indicating a balanced distribution between urban and rural origins.
- *Academic year:* Fairly distributed across the three bachelor cohorts: Year 1 (M = 0.15), Year 2 (M = 0.54), and Year 3 (M = 0.63).

Variable	Ν	Min	Max	Μ	SD
Age	420	0	45	20.9048	3.
Age Squared (Age²)	420	100.00	2025.00	479.6405	218.779 <mark>1</mark>
Female (1 = Female, 0 = Male)	420	0.00	1.00	.9024	.297 <mark>1</mark>
Urban Residence (1 = Urban, 0 Rural)	= ₄₂₀	0.00	1.00	.5452	.4985
Study Cycle: Nursing	420	0.00	1.00	.9405	.2368
Bachelor Year 1	420	0.00	1.00	.1548	.362 <mark>1</mark>
Bachelor Year 2	420	0.00	1.00	.0548	.2277
Bachelor Year 3	420	0.00	1.00	.6333	.4824
Has Smartphone	420	0.00	1.00	.9857	.1188
Daily Use: <1 hour	420	0.00	1.00	.0500	.2182
Daily Use: 1–3 hours	420	0.00	1.00	.3357	.472 <mark>8</mark>
Daily Use: 4–6 hours	420	0.00	1.00	.4238	.494′
Daily Use: 7–9 hours	420	0	1	0.12	0.5
Daily Use: >9 hours	420	0	1	0.06	0.2
Estimated Smartphone Use (hours/day)	420	.50	10.00	4.4917	2.5932
Checks Phone at Night (1 = Yes)	420	0.00	1.00	.5167	.500
Anxious Without Phone (1 = Yes)	420	0.00	1.00	.8167	.3874
Dependence level based on average smartphone dependence score	420	10.00	60.00	34.0643	9.2982
Feels impatient when not holding phone	420	1.00	6.00	3.3786	1.444
Dependence – Emotional/Habitual (Factor 1)	420	1.00	6.00	3.4829	1.0788
Dependence–Strain/External Awareness (Factor 2)	420	1.00	6.00	3.3300	.938

RESULTS

- 98.6% of respondents **owned** a smartphone (M = 0.99, SD = 0.09).
- **Daily smartphone use**: M = 4.5 hours/day (SD = 2.6), range 30 min- 10 hours.
- 49.5% check their phone when they wake up at night.
- 81.9% experience **anxiety** when separated from their smartphone
- Total smartphone dependence score: M = 34.06 (SD = 9.29), range 10- 59 (out of a possible 60)
- The average item score: 3.4 (SD = 0.92), reflecting moderate levels of perceived dependence (moderate=57.9%, low =30.7% and high=11.4%).
- Factor analysis- the mean score:
 - Emotional/Habitual Dependence: 3.48 (SD = 1.07),
 - Strain/External Awareness scored: 3.35 (SD = 0.94).

Bivariate Correlations (Pearson)

•Age & Age Squared: Strong correlation (r = -0.044, p < .001). •Age: Negatively associated with smartphone use (r = -.004, p < .05) and dependence (r = -.100 to -.111, p < .05).

•Gender: No significant correlation with outcomes; females showed a slight tendency for higher use and dependence.

•Urban Residence: Weak, non-significant associations with smartphone behaviors.
•Smartphone Use & Dependence: Positive correlation with overall dependence (r = .439, p < .001), emotional dependence (r = .368, p < .001), and strain dependence (r = .418, p < .001).
•Nighttime Checking: Positive correlation with higher use (r = 253**, p < .001), emotional (r = . .272**, p < .001), and strain dependence (r = 0.248**, p < .001).
•Phone Anxiety: Positive correlation with all dependence measures (r = .366 to .393, p < .001).
•Dependence Subscales: Strong correlation between Emotional/Habitual and Strain/External

Awareness (r = .584, p < .001).

BIVARIATE CORRELATIONS (PEARSON)

Variable	e	1	2	3	4	5	6	7	8	9	10
Age	Pearson Correlation	1									
	Sig. (2-tailed)										
2. Age ²	Pearson Correlation	044	1								
	Sig. (2-tailed)	.365									
3. Female (1 = Yes)	Pearson Correlation	067	.071	1							
	Sig. (2-tailed)	.172	.145								
4. Urban (1 = Urban)	Pearson Correlation	.029	.051	091	1						
	Sig. (2-tailed)	.559	.298	.063							
5.Smartphone Use (hours/day)	Pearson Correlation	004	069	.007	.044	1					
	Sig. (2-tailed)	.939	.160	.891	.367						
6. Night Check (1 = Yes)	Pearson Correlation	033	033	.083	060	$.253^{**}$	1				
	Sig. (2-tailed)	.496	.496	.089	.216	.000					
7.Phone Anxiety (1 = Yes)	Pearson Correlation	059	021	.051	.034	002	.051	1			
	Sig. (2-tailed)	.224	.673	.301	.490	.971	.298				
8.Smartphone Dependence (Average Score)	Pearson Correlation	109*	.035	.083	.068	$.395^{**}$	$.283^{**}$.053	1		
	Sig. (2-tailed)	.025	.473	.088	.167	.000	.000	.283			
9.Emotional Dependence (Factor 1)	Pearson Correlation	- .111 [*]	.012	.074	.059	$.373^{**}$	$.272^{**}$.033	.933**	1	
	Sig. (2-tailed)	.023	.807	.128	.230	.000	.000	.503	.000		
10.Strain Dependence (Factor 2)	Pearson Correlation	090	.056	.080	.066	$.354^{**}$	$.248^{**}$.066	$.910^{**}$.699**	1
	Sig. (2-tailed)	.067	.254	.102	.174	.000	.000	.174	.000	.000	
*. Correlation is significant	at the 0.05 level (2-ta	ailed).									

******. Correlation is significant at the 0.01 level (2-tailed).

Hierarchical OLS regression models predicting average smartphone dependence

Model 1: Socio-demographics (age, gender, urban residence)

- Small but significant variance explained ($R^2 = .024$, p < .05)
- Age shows a curvilinear effect (↑ dependence with age, then levels off)
- Gender & urban residence: non-significant

Model 2: Adds daily smartphone use

- Model fit improves significantly ($R^2 = .179, p < .001$)
- Daily use is a strong predictor (b = 0.395, p < .001)
- Age becomes significant; curvilinear pattern remains

Model 3: Adds nighttime checking & phone anxiety

- Further increase in variance explained ($R^2 = .231$, p < .001)
- **Phone anxiety**: strong predictor (b = 0.137, p < .001)
- Night checking: marginally significant (b = 0.166, p = .000)
- Daily use remains a strong predictor (b = 0.325, p < .001)

Predictor	Model 1	Model 2	Model 3
Phone Anxiety (1=yes)			0.137 (0.003)***
Night Check (1=yes)			0.166 (0.000)*
Daily smartphone use		.395(000)***	0.325 (0.000)***
Urban (1=Urban)	0.077 (0.115)	.057(0.201)	0.072 (0 <mark>.098)</mark>
Female (1=yes)	-0.082 (0.095)	.076(.0093)	-0.084 (0.145)
Age	105 (0.031)	102(.022)	-0.095 (0. <mark>028)</mark> *
Age ²	021 (0.672)*	.049(.272)	.042(0.334)*
R ²	.024	.179	.231
Adjusted R ²	.015	.169	.218
F(df)	2.584 (415)*	18.08(414)***	17.664 (412)***
N	420	420	10 420
Constant	.361 (1.982)	746 (1.786)	-1.124 (1 <mark>.678)</mark>

DISCUSSION

- Universal Use: 98.6% of students reported smartphone use; 46.2% used phones 4–6 hours daily, consistent with global findings on rising smartphone addiction.
- Multifunctional Use: 50.4% used smartphones for social media, research, news, and entertainment, reflecting worldwide trends in academic and social reliance on smartphones.
- Emotional Dependence: 81.9% felt anxiety/distress when without their phones, indicating strong emotional attachment.
- Physical Impact: 18% reported wrist/neck pain from prolonged use, highlighting the need for ergonomic awareness.

CONCLUSIONS

- Rising Smartphone Dependency: Students at the AAB College show increasing smartphone dependence, impacting daily life and well-being.
- High Usage: Many students use smartphones for approximately 6 hours/day, indicating a high potential for addiction.
- Emotional Attachment: Significant distress when away from smartphones highlights the emotional impact of overuse.
- Physical Health Concerns: Many students report musculoskeletal pain (e.g., neck, wrists) linked to excessive smartphone use.
- Health Risks: Both physical discomfort and mental distress underscore the potential health risks of smartphone addiction.

RECOMMENDATIONS

- > Awareness Campaigns: Highlight risks of excessive smartphone use on health.
- > Workshops: Educate students on healthy smartphone habits and screen time management.
- > Counseling Services: Provide support for students struggling with smartphone addiction.
- > **Regular Breaks**: Encourage phone-free breaks during study sessions for better focus.
- > Guidelines: Establish responsible smartphone use, especially during classes.
- > Physical Activities: Promote stretching and exercise to counteract long phone use.

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Thank you for your attention!