Impact of Information Module on Knowledge Regarding Nomophobia and Its Prevention among Undergraduate Nursing Students

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Abstract

Nomophobia is a behavioural addiction associated with smartphones, particularly the anxiety that arises when an individual is disconnected from mobile networks or unable to access their device. The study objective was to assess the impact of the information module on knowledge regarding nomophobia and its prevention among undergraduate nursing students. A quantitative research approach was adopted a with a pre-experimental one-group pre-test and post-test design with a sample of 200 undergraduate nursing students using a non-probability purposive sampling technique. A self-structured questionnaire was used to assess the knowledge regarding nomophobia and its prevention. The results revealed that in the pre-test, 192 (96%) participants had obtained a poor grade, 06 (03%) participants an average grade, 02 (01%) a good grade, and none (0%) obtained an excellent grade. In the post-test, none of the participants had obtained a poor grade, 20 (10%) obtained an average grade, 64 (32%) a good grade and 116 (58%) participants had obtained an excellent grade. The intervention was effective in increasing the knowledge of the undergraduate nursing students. A statistically significant association was found between age, marital status and current residence and pre-test knowledge score (p=0.05). Thus, the information module was effective in increasing the knowledge of undergraduate nursing students regarding nomophobia and its prevention.

Key words: Nomophobia, Information module, Nursing students

The term 'nomophobia' is derived from definitions outlined in the DSM-IV and refers to a specific phobia, often labelled as the fear of being without a mobile phone (Bragazzi et al, 2014). Nomophobia (short for No Mobile Phone phobia), describes a psychological condition where individuals experience anxiety or distress at the thought of being disconnected from mobile phone connectivity. This problem is increasingly becoming a global concern. Nomophobia is emerging as a significant threat to social, mental, and physical health. Common signs and symptoms associated with nomophobia include anxiety, respiratory changes, trembling, sweating, agitation, disorientation, and tachycardia (Bhattacharya et al, 2019).

As of October 2024 a total of 5.52 billion people worldwide were using the internet, representing 67.5 percent of the global population. The vast majority of internet users (96.2%), access the web via mobile phones. Additionally, 94.5 percent of internet users engage with social media every month (Digital 2024 October Global Statshot Report). Nomophobia is considered a modern phobia in the digital age. It is structured around four primary dimensions: the fear or anxiety of being unable to communicate with others, the fear of losing connectivity, the fear of not having immediate access to information, and the fear of relinquishing the comfort that mobile devices provide (Dolan, 2024).

The prevalence of nomophobia among adults and adolescents was high (68.6%) and a significant association was found between social class and mobile phone addiction, with the middle class exhibiting higher levels of addiction (Balamurugan et al, 2024). Nomophobia contributes to the higher levels of nervousness, fear, or anxiety that stand out due to the inability to communicate instantaneously (Moreno-Guerrero et al, 2020) and challenges related to self-esteem, and feelings of loneliness among college students. Nursing students' nomophobia was found to have a positive influence on social media usage, while negatively affecting their motivation and attention. These factors, such as social media use, motivation, and attention, directly impact the academic performance of students (Berdida et al, 2023).

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Need of the study: Nomophobia is strongly linked to internet usage and dependence on social media platforms (Ayar et al, 2018). Research indicates in 15.2 to 99.7 percent of young adults, excessive smartphone use leads to a range of psychological, emotional, social, and physical side effects (Notara et al, 2021). Reward dependence has been identified as a factor connected to two key aspects of nomophobia: mobile phone addiction and the loss of control, suggesting a link between nomophobia and personality traits (Olivencia-Carrión et al, 2018).

This modern phenomenon heightens the fear of losing immediate access to information and the ability to communicate. Yildirim et al (2016) found that 42.6 percent of young adults experienced nomophobia with their primary fears centred around communication and access to information. These fears contribute to increased emotional instability (Argumosa et al, 2017), including symptoms of depression, anxiety, anger, and aggression (Darvishi et al, 2019). Further, nomophobia has been linked to sleep disturbances (Gentina et al, 2018) and elevated levels of stress and nervousness (González-Cabrera et al, 2017).

The traits have caused adolescence to be the most vulnerable period for experiencing nomophobia, in addition to challenges such as addiction to the Internet and video games, which can lead to considerable psychological and emotional repercussions (Rojas et al, 2018). The continuous and intense involvement in such activities results in numerous cognitive, behavioural, and physiological alterations (Moral et al, 2016). This creates difficulties such as a sedentary lifestyle, eating disorders, sleep disruptions, depression, irritability, aggression, and reduced self-esteem. Hence, nomophobia is categorised as a digital disorder, with an increased likelihood of prevalence among the youth population, particularly individuals between the ages of 12 and 18 years (Betoncu & Ozdamli, 2019), as well as those who display traits of emotional dependence in their personalities (Arpaci et al, 2017). Kumar et al (2021) showed that 74.8 percent of the undergraduate students had moderate nomophobia, 18.9 percent had severe nomophobia, and 6.3 percent had mild nomophobia.

Previous research has shown that growing dependence of young people has led to psychological and behavioural issues.

Review of Literature

El-Ashry et al (2024) found that 40.3 percent of the nursing students surveyed experienced severe nomophobia, suggesting a significant reliance on their mobile devices. This high rate of nomophobia was linked to a pronounced tendency for impulsive sensation-seeking behaviour.

The results of a quantitative, non-experimental correlation retrospective research design conducted on 150 students from the Nano-science Technology & Advanced Materials Department of Saurashtra University, Rajkot revealed that 18.67 percent of students had low, 76 percent moderate, and 5.33 percent high mobile phone addiction, while 49.33 percent experienced mild and 50.67 percent moderate negative impacts. The analysis, using Pearson correlation and chi-square tests, revealed a mean nomophobia score of 108.52 (SD = 19.08) and a mean negative impact score of 59.80 (SD = 12.4), with a correlation coefficient of 0.10, indicating a perfect correlation between nomophobia and its negative impacts.

An article by Deniz et al (2024) highlighted that as students' nomophobia levels rose, so did their levels of depression, anxiety, and stress. The average nomophobia score was 102.51 ± 27.06. Among the students, 65.6 percent experienced depression, 66.2 percent had anxiety, and 35.8 percent reported varying levels of stress. Assessing the knowledge and impact of nomophobia among students at selected degree colleges, Nidhin et al (2014) revealed that the majority (89.5%) of the students had poor knowledge about nomophobia, and half (51%) experienced a moderate impact from it. Similarly, Saraswathi & Sheela (2019) found that half (50%) of nursing students had poor knowledge, 41.6 percent had average knowledge, and only 8.3 percent had good knowledge of nomophobia.

In a non-experimental descriptive study aimed at assessing the knowledge of nomophobia and its prevention among nursing students at a college in Lucknow Using a self-structured questionnaire, (LIP). Shalini (2024) surveyed 114 students. Among them, 86 (75.45%) had moderate knowledge, 28 (24.6%) had inadequate knowledge, and none had adequate knowledge, with an overall mean score of 12.7 indicating moderate knowledge.

This pre-experimental study was undertaken among undergraduate nursing students in the selected college of Indore (MP), considering a knowledge gap among college students regarding nomophobia and its prevention in previous studies.

Objectives

- To assess the (a) pre-intervention and (b) post-intervention knowledge score regarding nomophobia and its prevention among undergraduate nursing students.

- To evaluate the impact of the information module on knowledge regarding nomophobia and its prevention among undergraduate nursing students.
- To find out the association between pre-test knowledge score regarding nomophobia and its prevention among undergraduate nursing students with their selected socio-demographic variables.

Hypothesis

H_1: There will be a significant difference between mean pre-test and mean post-test knowledge score regarding nomophobia and its prevention among undergraduate nursing students at a p≤ 0.05 level of significance.

H_2: There will be a significant association of pre-test knowledge scores regarding nomophobia and its prevention among undergraduate nursing students with selected socio-demographic variables at a p≤ 0.05 level of significance.

Assumption: Nursing students may have some knowledge regarding nomophobia and its prevention.

Method and Materials

A quantitative research approach with a pre-experimental one-group pre-test and post-test design was used. The setting of the study was the Index Nursing College, Indore (MP). By using the non-probability purposive sampling technique, 200 undergraduate nursing students were selected. the study conducted in April 2024.

Sampling criteria: Undergraduate male and female students who were willing to participate in the study, between the age group of 18-21 years, studying in the 2nd and 3rd year BSc Nursing, owning a smartphone for more than a year and those accessible during the time of study were included.

Description of tool: The tool used consisted of two sections. *Section 1:* Socio-demographic tool having 11 variables - Age, gender, year of the study, type of family, family income per month in rupees, marital status, current residence, taking the phone to the bathroom, duration of smartphone ownership, daily time spent on the smartphone and frequency of checking the smartphone. *Section 2:* A self-structured questionnaire to assess the knowledge regarding nomophobia and its prevention with 36 multiple-choice questions.

Content validity and reliability of tool: The tools were validated by the experts in the field of nursing. A pilot study involving 20 undergraduate nursing students (who were not included in the final study) confirmed that the study tool was precise, easily understood, and suitable for the research population. The reliability of the tool was obtained by establishing the Karl Pearson correlation coefficient (r)= 0.820 for the knowledge questionnaire.

Ethical consideration: The ethical clearance was obtained from the Institutional Ethical Committee of the college. Informed consent was taken from the study participants. Privacy and confidentiality of the participants were maintained. No ethical issues were encountered during the study.

On day 1, written consent was obtained, and pre-test knowledge was evaluated. An information module was then administered to the undergraduate nursing students regarding nomophobia and its prevention. On the day 7 after the intervention, post-test knowledge was evaluated. The data analysis was done using descriptive and inferential statistics.

Results

The analysed data was organised according to the objectives. Pre-and post-intervention knowledge scores of undergraduate nursing students regarding nomophobia and its prevention are depicted in Tables 1 and 2, respectively. Table 3 and Figure 1 show the categorical differences before and after intervention, regarding knowledge of nomophobia and its prevention. Table 4 and Figure 2 show the comparison of mean pre-test knowledge score and mean post-test knowledge score, and standard deviation knowledge scores of undergraduate nursing students regarding nomophobia and its prevention.

Table 1: Frequency and percentage distribution of pre-intervention knowledge score of undergraduate nursing students regarding nomophobia and its prevention (N=200)

S. No.	Knowledge grades	Pre-test		Mean	Standard deviation
		Frequency	Percentage		
1	Poor (0-09)	192	96	7.50	5.4
2	Average (10-18)	06	03		
3	Good (19-27)	02	01		
4	Excellent (28-36)	00	00		
	Total	200	100.0		

Table 2: Frequency and percentage distribution of post-intervention knowledge score of undergraduate nursing students regarding nomophobia and its prevention (N=200)

S. No.	Knowledge Grades	Post-test		Mean	Standard deviation
		Frequency	Percentage		
1	Poor (0-09)	00	00	28.6	36.24
2	Average (10-18)	20	10		
3	Good (19-27)	64	32		
4	Excellent (28-36)	116	58		
	Total	200	100.0		

Table 3: Categorical differences before and after intervention, about knowledge regarding nomophobia and its prevention (N=200)

S. No.	Knowledge grades	Pre-test		Post-test	
		No.	%	No.	%
1	Poor (0-09)	192	96	00	00
2	Average (10-18)	06	03	20	10
3	Good (19-27)	02	01	64	32
4	Excellent (28-36)	00	00	116	58
	Total	200	100.0	200	100.0

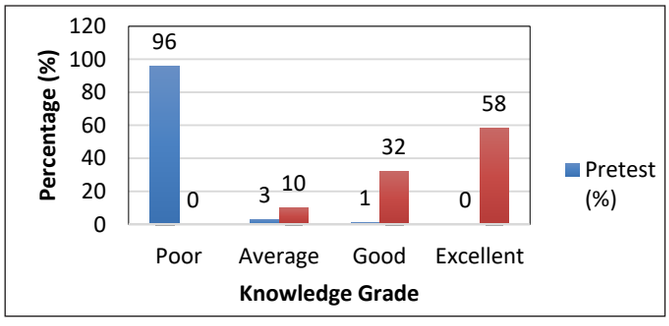

Fig 1: Comparison of pre-test and post-test knowledge grades.

Table 4: Comparison of pre- and post-mean percentage and standard deviation knowledge scores of nursing students regarding nomophobia and its prevention (N=200)

Pre-test / Post-test	Mean	Mean difference	SD	't' value, df	p value
Pre-test	7.50	21.1	5.4	-41.12, df=199	*0.05**
Post-test	28.6		36.24		0.001*

Paired 't' test applied. p < 0.05 - Significant, p < 0.001 - Highly significant

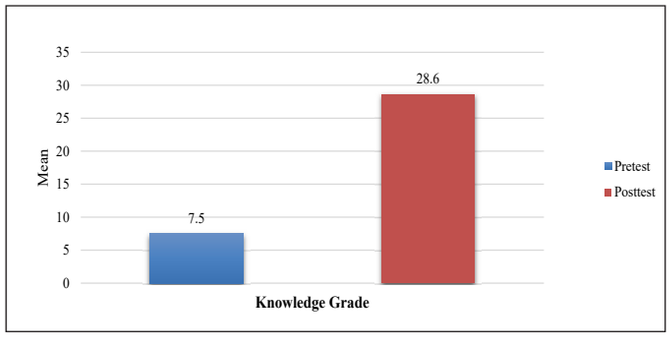

Fig 2: Comparison of mean pre-test and post-test knowledge scores.

Description of the samples according to socio-demographic variables

- The majority of the participants, 187 (93.5%), were in the age group 18-19 years and 157 (78.5%) participants were female.
- 135 (67.5%) participants belonged to joint families; 73 (36.5%) had a family income between Rs 20,000-30,000; 186 (93%) participants were single.
- 187 (93.5%) participants were day scholars; 153 (76.5%) did not take their phones to the bathroom; 58 (29%) had a smart smartphone ownership duration of 2-3 years,
- 60 (30%) participants spend more than 5 hours on their smartphones daily; 50 (25%) participants had the frequency to check their phone 1 hourly.

Impact of information module on knowledge regarding nomophobia and its prevention among undergraduate nursing students

In the pre-test, 192 (96%) participants had obtained a poor grade, 6 (3%) obtained an average grade, 2 (1%) obtained a good grade and none had an excellent grade; the mean pre-test knowledge score was 7.50 ± 5.48 (Table 1). In the post-test, none of the participants had obtained a poor grade, 20 (10%) obtained an average grade, 64 (32%) participants had a good grade and 116 (58%) participants had obtained an excellent grade (Table 2). The intervention was effective in increasing the knowledge grade of the participants, and the mean post-test knowledge score was 28.6 ± 36.24

Table 3 and Fig 1 show the distribution of participants according to pre-test and post-test knowledge grades. In the pre-test, 192 (96%) participants had obtained a poor grade, 6 (3%) had obtained an average grade, 2 (01%) obtained a good grade, and none of the participants had obtained an excellent grade. In the post-test, none of the participants had obtained a poor grade, 20 (10%) obtained an average grade, 64 (32%) had a good grade and 116 (58%) participants had obtained an excellent grade. The intervention was effective in increasing the knowledge grade of the participants. Table 4 and Figure 2 show that the mean pre-test knowledge score was 7.50 ± 5.48 and the mean post-test knowledge score was 28.6 ± 36.24. Computed 't' value (-41.12), shows that there is a significant difference between pre- and post-interventional knowledge scores. The difference was found to be statistically significant (p=0.001), showing a significantly higher mean post-test score in comparison to the mean pre-test score. The intervention was effective in increasing the knowledge grade of the participants. Hence, hypothesis H_1 is accepted.

The chi-square test was used to determine the association between pre-test knowledge score and socio-demographic variables. A statistically significant association was found between age, marital status and current residence. Pre-test knowledge score (p=0.001) showed that the pre-

test knowledge score is dependent on age, marital status and current residence.

Discussion

In the pre-test, 192 (96%) participants had obtained a poor grade, 6 (3%) had an average grade, 2 (1%) obtained a good grade, and none was in excellent grade. In the post-test, none of the participants had obtained a poor grade, 20 (10%) had average grade, 64 (32%) participants had good grade and 116 (58%) were in excellent grade. The intervention was very helpful in increasing the knowledge of the undergraduate nursing students. The pre-test mean knowledge score of experimental group was 8.02.

In their study on impact of a structured educational intervention on enhancing nursing students' knowledge regarding nomophobia and its prevention Sachan et al (2024) showed that the majority of the nursing students (83.67%) had poor knowledge, 16.33 percent had average knowledge, and none had good knowledge in the pre-test. The post-knowledge score showed that 87.76 percent had good knowledge and 12.24 percent had average knowledge.

Similarly, the present study is supported by a study by Kumari (2023) to assess the effectiveness of a structured teaching programme on knowledge regarding nomophobia among college students. In pre-test, 42 (70%) students had average knowledge, 18 (30%) had poor knowledge, 0 (0%) had good knowledge. In post-test 51 (85%) had good knowledge, 9 (15%) had average knowledge and none (0%) had poor knowledge. Data suggested that a structured teaching programme was effective in increasing the knowledge regarding nomophobia among college students.

Our study is supported by another study by Thakur (2016) to assess the effect of a structured teaching programme on knowledge regarding nomophobia among students of selected colleges. It showed that in the pre-test, among the experimental group, 72 percent students had poor knowledge scores, and 28 percent of the students had average knowledge. In the post-test among the experimental group, 76 percent of students had good knowledge score, 24 percent had an average knowledge score, and no one had a poor knowledge score.

Implications

Nursing practice: Nurses are positioned to play a crucial role in educating nursing students about nomophobia, as well as elucidating the negative effects of mobile phone usage and its associated health consequences.

Nursing education: Education plays a crucial role in enhancing and updating an individual's knowledge. Nurse educators can facilitate this process by organising a range of workshops and seminars focused on nomophobia and its prevention.

Nursing administration: The nursing administrator plays a crucial role in the planning, organisation, and execution of in-service educational programmes for nursing personnel. Ongoing education is essential for nurses as it enables them to enhance their knowledge and contributes to their professional growth.

Nursing research: The topic has significant importance for nursing students. Nurse researchers need to take the initiative to conduct more studies related to this topic. The findings of the present study can support future research efforts aimed at achieving comparable outcomes**.**

Limitation

1. The study was limited to 200 nursing students in Indore (MP), which constrains the ability to generalise the findings.
2. Knowledge score was evaluated using a questionnaire.
3. Behavioural changes, emotional responses, or the actual reduction of nomophobia symptoms are not assessed as the study is focused primarily on knowledge enhancement.

Recommendations: (1) A larger-scale study could be undertaken to facilitate broader generalisations; (2) Longitudinal studies are required to assess the long-term impact of interventions on nomophobia and its prevention among nursing students, tracking changes in knowledge and behaviour over time; (3) Comparative study may be performed between government nursing college students versus private nursing college students concerning nomophobia; (4) Study on effectiveness of diverse intervention strategies, such as digital detox programmes, mobile usage guidelines, and mental health counselling, on reducing nomophobia and improving academic performance is recommended; (5) Students from other disciplines or age groups, may be included to understand the broader implications of nomophobia and its prevention across various populations.

Conclusion

The information module was effective in enhancing the knowledge of undergraduate nursing students about nomophobia and its prevention. This underscores the urgent need to raise awareness among nursing students about the negative effects of excessive mobile phone use, helping them avoid the risks associated with nomophobia.

Awareness programmes may be conducted for nursing students to educate them on the dangers of nomophobia, and promoting healthier mobile phone usage habits.

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