

Nomophobia and its Association with Anxiety, Emotional and Social Distress



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Short Communication

Use of technology without restraint or responsibility is becoming more prevalent throughout society and, more especially, among young people though our focus is on young healthcare professionals or aspiring healthcare professionals. There are currently around 6.8 billion smart phone users, and smart phones are the more preferred technological devices due to its portability and the easy access, it offers to the internet, and social media; It is estimated that there are 4.95 billion internet users in 2023. Regardless, mobile phones tend to act as double-edged swords, and inducing addictive behavior is one of the primary disadvantages. A non-substance behavioral addiction and phobia of the modern age, nomophobia is a portmanteau for “no mobile phone phobia”, introduced by a UK office study in 2008; the study commissioned by ‘YouGov’. Nomophobia refers to discomfort, anxiety, nervousness, or anguish caused by being out of contact with a mobile phone [1]. Some common signs, discernable in Nomophobia patients are that they spend an unhealthy amount of time on their phones, keep their mobiles switched on for 24 hours straight, and stare and await notifications.

Moreover, state of anxiety and stress is observed when their phones are not charged, network is not available, or they have misplaced their phones. The situation may times exacerbate to the point where they always carry a charger and sleep with their devices nearby. All of these affect the quality of sleep, eating, health, productivity, concentration, and performance [2]. Numerous tools have been employed by researchers to identify nomophobia, but the most widely used tool is Nomophobia Questionnaire (NMP-Q) developed by Yildirim and Correia. Nomophobia is characterized by four key factors: losing the ability to communicate i.e., loss of network signals, losing access to social media or other online platforms, being unable to access general or specific information, and the inability to even imagine being without a smartphone. Numerous studies conducted worldwide indicate a significant, extensive, and widespread prevalence of nomophobia. For instance, 99.33% of students in Oman, 99.77% in India, 85.3% in

Saudi Arabia, 73.0% in Iran, and an undisclosed yet substantial number in Spain have been found to sustain nomophobia [3]. Although the percentage ratio varies depending upon the study, they all point to the focus of matter that demands immediate attention. Most of these studies have focused on healthcare students, those pursuing nursing, midwifery, or medicine (MBBS/MD), and have found that medical students experience the highest levels of nomophobia. According to Sharma et al., 75% of medical students suffered from nomophobia and experienced panic episodes if they lost access to their phones [4].

Despite being psychological in nature, nomophobia is observed to induce multiple mental dysfunctionalities and various psychosocial stresses. A meta-analysis, conducted by Notara et al, explicitly mentions the diseases, induced by nomophobia that include anxiety and stress (as priorly mentioned), depression, loneliness, excessive hostility, paranoia, psychoticism, restlessness, etc. [5]. Out of the symptoms enumerated, ‘Anxiety’ and ‘Stress’ are the most common ones as various studies weigh these emotions to judge the intensity of Nomophobia in people. For instance, a cross-sectional study, conducted by Mir et al., investigates the intensity of anxiety in undergraduate students when they lose their mobile phones. The research ascertains the causation between intensity of anxiety and the extent of nomophobia, which is implied by increased levels of anxiety and stress, in people with severe nomophobia [6]. Similar to anxiety and stress, decision-making capacity is also examined in relation to different levels of nomophobia. A study conducted by Márquez-Hernández et al used the ‘Melbourne Decision Making Questionnaire’ to substantiate the hypothesis. Time taken to decide has increased which is considered troublesome, especially for medical students and nurses as their actions are meant to save lives [7]. Deviating from the mental adversities, and focusing on physical symptoms, common of which are headaches and fatigue, neck pain, pain in the thumb, straining and watering of the eye, back pain, shoulder and wrist pain, and insomnia or troubled

sleeping, etc. [5] Furthermore, Brown and MedCalf-Bell provided evidence that nomophobia was indirectly influenced by an intolerance of uncertainty due to both poor emotion management skills and social interaction anxiety. This means that people who have trouble controlling their own emotions and people who struggle to manage face-to-face social interactions both tend to exhibit higher levels of intolerance for uncertainty, and people become more attached to and dependent on their smartphones [8].

Acknowledging Nomophobia and its positive correlations and consequences, including various negative outcomes such as psychopathological symptoms, anxiety, and lack of concentration; we view Nomophobia, keeping aspiring healthcare professionals in perspective. Several studies have established mobile phones as a distraction in healthcare settings, and healthcare professionals who are already dependent on their phones are more likely to make mistakes during patient-doctor interactions or surgical procedures, which can have serious consequences [9]. As previously mentioned, nomophobia can impair decision-making abilities and induce anxiety. This can be particularly detrimental to a surgeon during a surgical procedure. Healthcare professionals are typically trained to remain focused, determined, and resilient in face of uncertainty and anxiety, which are profound in hospital settings. However, introducing nomophobia during medical education can disrupt this training process. This is a global issue, with prevalence rates of 100.00% (99.86%; 100.00%) and 100.00% (99.91%; 100.00%), in Bahrain and Canada respectively; and 85.74% (80.36%; 91.11%) and 83.49% (64.23%; 100.00%) in India and Saudi Arabia, respectively, for their general populations.

Furthermore, western cultures have a relatively higher prevalence rate of all nomophobia symptoms compared to non-western cultures, with a rate of 95.30% (94.04%; 96.56%) vs. 93.38% (92.44%; 94.32%), $p = 0.02$ [10]. Therefore, it is essential to address the impact of nomophobia on the training and performance of healthcare professionals to ensure the safety and well-being of patients, and thus, one of the reasons why we write this article. Nomophobia, in accordance with its side effects and its prevalence must be regarded as a threat, especially for our younger generation of healthcare professionals as majority of the studies point towards its dominating prevalence in Medical Universities. Moreover, further intensification of condition was due to Corona outbreak, and the isolation, which followed, drove the world towards increased virtual operation and

communication, consequently increasing screen time. To mitigate the adversities of nomophobia, we must focus on reverting to human interactions, and one to one communication. Limiting screen time and dependence on technology, instead on banning it, would enable us to suppress nomophobia, without hindering our technological development. Moreover, the dependence of healthcare system on technology should be reduced as well, inputting more human elements into the system. In terms of a curative, cognitive-behavior therapies have observed to be fruitful with 'Tranlycypromine' and 'Clonazepam' drugs relieving the symptoms of nomophobia [11].

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