

A DESCRIPTIVE COMPARATIVE STUDY TO ASSESS THE LEVEL OF NOMOPHOBIA AMONG B.SC. NURSING AND BAMS STUDENTS AT SANSKRITI UNIVERSITY, CHHATA, MATHURA (UP).

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ABSTRACT

INTRODUCTION: Nomophobia, a term derived from "no mobile phone phobia," describes the anxiety individuals experience when separated from their mobile devices. This modern affliction has emerged as a significant concern in our technology-driven society, affecting people across various age groups and cultures.1 METHODOLOGY: A descriptive comparative research design was employed among 80 students (40 students of B.Sc. Nursing and 40 students of BAMS) enrolled in 2024 at School of Nursing and School of Ayurveda, Sanskriti University, Mathura, U.P. Participants were selected using non-probability purposive sampling technique. Data were collected using a likert scale and structured questionnaire consisting of socio-demographic. Descriptive statistics such as frequency, percentage, mean, and standard deviation, standard error were used, while inferential statistics using the Chi-square test were applied to determine the association between level of nomophobia and selected demographic variables at a 0.05 level of significance. RESULTS: Among B.Sc. Nursing students, the majority had a moderate level of nomophobia (65%), followed by severe (32.5%) and mild (2.5%). In contrast, BAMS students mostly showed a moderate level (55%), followed by mild (40%) and severe (5%). Overall, moderate nomophobia was most common in both groups, though severe levels were higher in B.Sc. Nursing students, while mild levels were more common among BAMS students. Overall, the result indicating that there was significant difference in the level of nomophobia between B.Sc. Nursing and BAMS students and also there is significant difference between students level and demographic variable among B.Sc. Nursing students and BAMS students at Sanskriti University, Chhata, Mathura. Hence, H1 and H2 hyposthesis is accepted. CONCLUSION: This study concludes that nomophobia is prevalent among both BAMS and B.Sc. Nursing students, with moderate levels dominating in both groups. However, B.Sc. Nursing students exhibited a higher proportion of severe nomophobia, while BAMS students showed comparatively milder symptoms. These findings highlight the need for awareness programs, digital balance strategies, and early interventions within health professional education curricula, counseling services.

Keywords: Assess, Nomophobia, Impact, BAMS students, Nursing student, Nursing college, Impact, Comparative Study, Descriptive Study.

INTRODUCTION TO NOMOPHOBIA

Nomophobia is a modern problem that is becoming very common in today's digital world. The word *nomophobia* comes from the phrase "no mobile phone phobia." It refers to the fear, stress, or anxiety a person feels when they do not have access to their mobile phone. This may happen when the phone battery is low, there is no internet connection, the phone is lost, or the person forgets to carry their phone. With the rapid growth of technology, mobile phones have become an essential part of daily life, especially among students and young adults.²

In recent years, mobile phones have changed the way people communicate, study, work, and spend their free time. Smartphones are not only used for calling and messaging but also for social media, online classes, entertainment, shopping, and information searching. While these devices offer many benefits and convenience, excessive dependence on them can lead to unhealthy habits. Many people feel uncomfortable, restless, or anxious when they are away from their phones, which is a key sign of nomophobia.³

Nomophobia is more commonly seen among adolescents and young adults, particularly students. This is because students rely heavily on mobile phones for academic purposes, social interaction, and entertainment. Continuous use of smartphones can reduce face-to-face communication, disturb sleep patterns, and affect concentration and academic performance. Some individuals may check their phones frequently, even without any notification, due to fear of missing messages or updates. Over time, this behavior can negatively affect mental and emotional well-being. Nomophobia does not only affect mental health but also influences social life and daily activities. People may avoid social gatherings, family interactions, or outdoor activities because they are more focused on their phones. This over-dependence can reduce productivity and weaken personal relationships. Despite being a common issue, many individuals are unaware that their phone usage has become excessive and harmful.⁴

Understanding nomophobia is important to promote healthy mobile phone usage. Awareness programs, digital detox practices, and time management strategies can help reduce the risk of nomophobia. Encouraging balanced use of technology and promoting real-life interactions can improve mental health and overall quality of life. As technology continues to advance, it is essential to develop responsible habits to ensure that mobile phones remain helpful tools rather than sources of anxiety.⁵

PROBLEM STATEMENT

“A descriptive comparative study to assess the level of nomophobia among B.Sc. Nursing and BAMS students at Sanskriti University Chhata, Mathura (UP).”

OBJECTIVES: The objectives of assessing the level of nomophobia among BAMS (Bachelor of Ayurvedic Medicine and Surgery) and B.Sc. Nursing students are as follows:

1. To assess level of nomophobia among BAMS and B.Sc. Nursing students of Sanskriti University.
2. To compare level of nomophobia between BAMS and B.Sc. Nursing students.
3. To determine association between B.Sc. Nursing students and their demographic variable.
4. To determine association between BAMS students and their demographic variable.

METHODOLOGY

A quantitative research approach was used for this study. Quantitative research allows for the systematic investigation of phenomena through statistical, mathematical, or computational techniques. Since the aim of the study was to assess and compare the level of nomophobia among two distinct student groups, a quantitative approach was most suitable. The variables under study were level of nomophobia among students and **demographic variables** (Age, gender, religion, family type, monthly family income, current living status, currently studying course, place of residence).

The tool developed and used for data collection was likert scale and socio-demographic data (8 variables). the likert scale modified by researchers with the help of standardised tool given by **Yildirim and Correia (2015)**. The demographic tool was developed by the researcher on the basis of objective of the study. The study showed a significant difference in nomophobia levels between B.Sc. Nursing and BAMS students, as the calculated unpaired *t*-test value (7.02) was higher than the tabulated value (1.99) at the 0.05 level. Most students in both groups had moderate nomophobia. Severe nomophobia was more common among B.Sc. Nursing students, while mild nomophobia was higher among BAMS students. Chi-square analysis revealed no significant association between nomophobia and demographic variables among B.Sc. Nursing students. Among BAMS students, age, monthly family income, and place of residence were significantly associated with nomophobia, while other variables showed no significant association.

RESULT:

Table 1: Socio-Demographic Variables Of B.Sc. Nursing and BAMS Students.

Demographical variable	B.Sc. Nursing		BAMS	
	Frequency	Percentage	Frequency	Percentage
Age (in years)				
17 – 18 yrs	12	30	04	10
19 – 20 yrs	10	25	09	22.5
21 – 22 yrs	15	37.5	15	37.5
Above 23 yrs	03	7.5	12	30
Gender				
Male	17	42.5	12	30
Female	23	57.5	28	70
Others	00	00	00	00
Religion				
Hindu	38	95	35	87.5
Muslim	02	05	05	12.5
Christian	00	00	00	00
Other	00	00	00	00
Family Type				
Nuclear	24	60	27	67.5
Joint	13	32.5	11	27.5
Extended	03	7.5	02	05
Single parent family	0	00	01	2.5
Monthly family income				
Less than 20,000 rupees	00	00	00	00
20,001- 40,000 rupees	02	05	00	00
40,001-60,000 rupees	05	12.5	03	7.5
More than 60,001 rupess	33	82.5	37	92.5
Current living arrangement				
Hostel resident	13	32.5	17	42.5
Living with spouse	02	05	03	7.5

Living with parents	17	42.5	14	35
Relatives	08	20	06	15
Course				
BAMS	00	00	40	100
B.Sc. Nursing	40	100	00	00
Place of residence				
Urban	12	30	14	35
Rural	15	37.5	09	22.5
Semi urban	13	32.5	17	42.5
Other	00	00	00	00

Table 2: Comparison level of nomophobia among B.Sc. Nursing and BAMS students

S.NO.	Level of nomophobia	B.Sc. Nursing		BAMS	
		Frequency	Percentage(%)	Frequency	Percentage(%)
1.	Mild	01	2.5	16	40
2.	Moderate	26	65	22	55
3.	Severe	13	32.5	02	05

Table 3: Association of level of nomophobia with their selected demographic variables. (NS- Not Significant, S- Significant)

S. NO.	SOCIO DEMOGRAPHIC VARIABLE	B.Sc. Nursing		BAMS	
		df	Level of nomophobia Chi square	df	Level of nomophobia Chi square
1.	AGE 17-18 years 19-20 years 21-22 years Above 23 years	06	8.85 ^{NS}	06	13.38 ^S
2.	Gender Male Female Other	04	0.81 ^{NS}	04	1.47 ^{NS}

3. Religion				
Hindu				
Muslim	06	1.29 ^{NS}	06	1.50 ^{NS}
Christian				
Other				
4. Family type				
Nuclear				
Joint	06	1.18 ^{NS}	06	3.59 ^{NS}
Extended				
Single parent family				
5. Monthly family income				
Less than 20,000 rupees				
20,001 to 40,000 rupees	06	8.45 ^{NS}	06	40.0 ^S
40,001 to 60,000 rupees				
More than 60,001 rupees				
6. Current living arrangement				
Hostel resident				
Living with spouse				
Living with parent	06	4.57 ^{NS}	06	5.06 ^{NS}
Relatives				
7. Currently studying course				
B.Sc. Nursing				
BAMS	02	0.00 ^{NS}	02	0.00 ^{NS}
8. Place of residence				
Urban				
Rural				
Semi urban	06	2.13 ^{NS}	06	40.70 ^S
Other				

Table 4: Analysis of level score between B.Sc. Nursing and BAMS level of nomophobia mean, mean percentage, standard deviation

S.NO.	Level of nomophobia	Total level score (4,000)	Total mean	Total mean percent age	Standard deviation	Standard error	Unpaired 't' value
1.	B.Sc. Nursing	2252	56.3	56.3%	8.34	4.209	4.989
2.	BAMS	1676	41.9	41.9%	9.94		

RESULT:

The results of a Chi-square test conducted to assess the level of nomophobia among B.Sc. Nursing and BAMS students and selected demographic variables, based on a sample size of 80 participants.

- The table illustrates the calculated chi-square values used to assess the association between socio-demographic variables and the level of nomophobia among B.Sc. Nursing and BAMS students, with degrees of freedom ranging from 02 to 06 and significance tested at the 0.05 level.
- For age, the calculated chi-square value among B.Sc. Nursing students was 8.85 with df = 06, which was not significant. In contrast, among BAMS students, the calculated chi-square value was 13.38 with df = 06, showing a significant association between age and level of nomophobia.
- Regarding gender, the calculated chi-square value was 0.81 with df = 04 for B.Sc. Nursing students and 1.47 with df = 04 for BAMS students. Both values were not significant, indicating no association between gender and nomophobia levels.
- The calculated chi-square value for religion among B.Sc. Nursing students was 1.29 with df = 06, while for BAMS students it was 1.50 with df = 06. Both values were not significant, showing no relationship between religion and nomophobia.
- For family type, the calculated chi-square value was 1.18 with df = 06 among B.Sc. Nursing students and 3.59 with df = 06 among BAMS students. These results were not significant, indicating family structure had no influence on nomophobia levels.
- The calculated chi-square value for monthly family income among B.Sc. Nursing students was 8.45 with df = 06, which was not significant. However, among BAMS students, the value was 40.00 with df = 06, showing a highly significant association with nomophobia.

- For current living arrangement, the calculated chi-square value was 4.57 with $df = 06$ for B.Sc. Nursing students and 5.06 with $df = 06$ for BAMS students. Both values were not significant, indicating no association with nomophobia levels.
- The calculated chi-square value for place of residence among B.Sc. Nursing students was 2.13 with $df = 06$, which was not significant, while among BAMS students it was 40.70 with $df = 06$, showing a highly significant association. Additionally, the calculated chi-square value for currently studying course was 0.00 with $df = 02$ for both groups, indicating no association.

DISCUSSION

Nomophobia, commonly described as the fear or anxiety experienced when individuals are unable to use their mobile phones, has emerged as a significant concern among students in the modern digital era. With smartphones becoming essential tools for academic activities, social interaction, and entertainment, students are particularly susceptible to developing an excessive dependence on these devices. This growing reliance has led to increased attention toward the psychological and academic implications of nomophobia within student populations.⁶

Students frequently use smartphones for accessing online learning platforms, academic resources, and communication with peers and instructors. While these functions enhance convenience and connectivity, they also encourage continuous phone usage, making separation from the device uncomfortable. Many students experience feelings of restlessness, anxiety, or panic when their phones are unavailable due to low battery, poor network connectivity, or restrictions. Such reactions suggest an emotional attachment to mobile phones that extends beyond practical necessity.⁷

Psychological factors significantly contribute to nomophobia among students. Academic stress, social expectations, and the desire to remain connected contribute to excessive smartphone use. Social media plays a major role by reinforcing the fear of missing out (FOMO), which drives frequent phone checking and constant online presence. Over time, this behaviour can increase stress levels and reduce students' ability to concentrate, leading to emotional fatigue and decreased self-regulation.⁸

Nomophobia has also been linked to negative academic outcomes. Excessive smartphone use during lectures, study sessions, or examinations can distract students and interfere with learning processes. Although smartphones facilitate communication, overdependence on digital interactions can reduce face-to-face engagement. Students with strong nomophobic tendencies may prioritize online

communication over real-life interactions, which can weaken social bonds and contribute to feelings of loneliness or isolation.⁹

In overall, nomophobia among students is a growing issue driven by increased smartphone dependency and constant connectivity demands. While mobile phones offer numerous academic and social advantages, excessive reliance can negatively affect mental health, academic performance, and social relationships. Addressing nomophobia requires increased awareness, digital well-being education, and the promotion of healthy smartphone use to help students maintain a balanced relationship with technology and support their overall well-being.¹⁰

REFERENCES

1. King ALS, Valença AM, Silva ACO, Baczynski T, Carvalho MR, Nardi AE. Nomophobia: Dependency on virtual environments or social phobia? *Comput Human Behave*. 2013;29(1):140–4.
2. Yildirim C, Correia AP. Exploring the dimensions of nomophobia: Development and validation of a self-reported questionnaire. *Comput Human Behave*. 2015;49:130–7.
3. Bragazzi NL, Del Puente G. A proposal for including nomophobia in the new DSM-V. *Psychol Res Behave Manag*. 2014;7:155–60.
4. Pavithra MB, Madhukumar S, Mahadeva M. A study on nomophobia—mobile phone dependence, among students of a medical college in Bangalore. *Natl J Community Med*. 2015;6(3):340–4.
5. Sharma N, Sharma P, Sharma N, Wavare RR. Rising concern of nomophobia amongst Indian medical students. *Int J Res Med Sci*. 2015;3(3):705–7.
6. Dixit S, Shukla H, Bhagwat AK, Bindal A, Goyal A, Zaidi AK, et al. A study to evaluate mobile phone dependence among students of a medical college and associated health hazards. *Indian J Community Med*. 2010;35(2):339–41.
7. Secur Envoy. 66% of the population suffer from nomophobia, the fear of being without their phone. Secur Envoy White Paper. 2012;1–5.
8. Elhai JD, Levine JC, Dvorak RD, Hall BJ. Fear of missing out, need for touch, anxiety and depression are related to problematic smartphone use. *Comput Human Behave*. 2016;63:509–16.
9. Lepp A, Barkley JE, Karpinski AC. The relationship between cell phone use, academic performance, anxiety, and satisfaction with life in college students. *Comput Human Behave* 2014;31:343–50.
10. Gezgin DM, Çakır Ö. Analysis of nomophobia behaviours of adolescents regarding various factors. *J Hum Sci*. 2016;13(2):2504–19.