Research Journal of Psychology (RJP)

Online ISSN: 3006-7219
Print ISSN: 3006-7200
Volume 3, Number 2, 2025, Pages 196 – 203
Journal Home Page
https://ctrjournal.com/index.php/19/index

Problematic Smartphone Usage and Quality of Life among Adults

Ahmad Hassan Naeem[1], Samreen Shabbir[2], Muhammad Nauman Sarwar[3] & Irum Shahzadi[4]

[1]*Lyallpur Institution of Management Sciences Faisalabad, Email: ahmad.naeem418@gmail.com*
[2]*Lecturer (Govt Graduate College for women 266 R.B. Khurrianwala, Faisalabad, Pakistan), Email: samreenshabbir002@gmail.com*
[3]*Lecturer (Lyallpur Institution of Management Sciences Faisalabad) LIMS, Email: mnaumansarwar74@gmail.com*
[4]*Lecturer (Lyallpur Institution of Management Sciences Faisalabad) LIMS, Email: irampsy@gmail.com*

ARTICLE INFO

Article History:

Received:	*March*	*13, 2025*
Revised:	*April*	*12, 2025*
Accepted:	*April*	*15, 2025*
Available Online:	*April*	*17, 2025*

Keywords:

Smartphone, Quality of life, Addiction

Corresponding Author:
Ahmad Hassan Naeem
Email:
ahmad.naeem418@gmail.com

ABSTRACT

Objective: *The objective of the study is assessing the addiction or use of smartphone. It is a major problem for students and others that effect daily life activities. The research assesses to check the influence of the smartphone addiction and daily life effect in general population in the last decade the use of smartphone is higher than other activates of the student, the uses of smartphone regarding the educational perspective, religious perspective and other activates like social media, games and use of different communication apps.*

Subjects and Methods: *The data collection based on the online sample survey (Google Form) from the students and general public in Punjab province, Pakistan. We used previously developed and validated questionnaires to elicit information on the extent and pattern of smartphone use and perceived quality of life.*

Results: *About 74% of participants were student and 30% were general population; there were 56% females while 44% males of respondents. The mean perceived smartphone addiction scale (SAS) and quality of life (QOL) scores in each of the four domains by demographic characteristics. The mean QOL scores for physical health and psychological health were significantly lower -0.1438 among the youngest age group (18-24 years), singles -.0587 and students -.0251. The mean quality of life (QOL) score for social relations was significantly lower -.114 among men but there were no significant differences by age, education. The mean QOL score for environment did not vary significantly by age, gender, marital status, education, or employment status.*

Conclusions: *Although the test comprised generally young university students, it too included older adults who were either employed or housewives. We found that problematic smartphone use was strongly related with poor perceived quality of life within the Punjab territory of Pakistan. Problematic smartphones use for the most part impacts physical and psychological health, although it is additionally related with social relationships. This affiliation continues after controlling for the impacts of gender, age, employment status, and marital status.*

Introduction

Quality of life (QOL) is defined by the World Health Organization (WHO) "as an individual's perception of their position in life within the setting of the culture and value systems in which they live and in connection to their objectives, desires, standards and concerns" (1).

In spite of the fact that studies have appeared that one's quality of life may improve by using certain applications on a smartphone (2,3), in the event that one's use gets to be problematic, it may unfavorably influence quality of life (4,5). Problematic smartphone use could be a developing concern since when use gets to be uncontrolled or intemperate; it has an effect on everyday living (6). There are numerous negative results, counting money related issues and sleep disturbance (7-9).

Excessive smartphone usage can be compared to addiction, similar to excessive gambling or shopping. It's a behavior that can be hard to stop, even if it causes problems (10). Numerous investigations (11-15) have indicated that having an addiction can worsen the overall experience of life. Excessive use of it can lead to adverse effects on your physical and mental health (16).

Quality of life is a hard thing to define. There are various ways to view it, from the general welfare of an entire community to the individual circumstances of individuals or groups. The way things have been thought about has been very different. The general indicators of social well-being have been utilized to gauge the overall happiness of a community (17-19). Researchers have made measures to show how people are doing in both social and psychological parts of their lives. The ways of defining quality of life are different, and they can be influenced by both societal and individual perspectives, as well as the different theories and academic views (20-22).

Excessive use of your smartphone can lead to decreased levels of happiness in your life. This is a result of its ability to create stress and alter your performance in school. Their results appeared that smartphone addiction was emphatically related to perceived stress, but perceived stress was adversely related to satisfaction with life. Also, a smartphone addiction was adversely related to academic performance, but academic performance was emphatically related to satisfaction with life(23). Another study found that life satisfaction levels expanded as the smartphone addiction level is decreased in participants (24).

The study sought to ascertain whether frequent smartphone use among young Turks is linked to a diminished standard of living. Simple and many studies were used to see how much using a smartphone is related to the risk of addiction. The study found that high school students in Turkey who are addicted to their smartphones have worse physical and mental health, as well as overall quality of life. Therefore, school counselors should help their students improve their self-control in order to effectively prevent smartphone addiction among high school students (11).

The research looks at how much college students are hooked on their smartphones and how it affects their school work during the COVID-19 pandemic. It also looks at how this might be different for students based on their sexual orientation and what year they are in college. Ultimately, it aims to determine if a student's tendency to procrastinate on school assignments and their level of happiness can be used to predict their level of phone addiction. Quality of life gets worse when you wait to get an education. Additionally, the study indicated that frequent use of smartphones may contribute to a decline in academic performance and a decrease in the overall quality of life for students (25).

Methodology

Study design and Settings

We conducted cross sectional survey of adult. We used online method to fill the questionnaires/forms through Google Docs Form. The sample size selected for the study was 100 participants including both males and females. We used randomized sampling technique. Between the 18-65 ages participants both males, females, married, single, widowed, divorced, students, employers and un-employers are included for the study. But the age between 18-65 years and children are not included for the study.

Questionnaire & procedure

The structured questionnaire included demographic information and the short version of the Smartphone Addiction Scale (SAS-SV). The SAS-SV is a 10-items scale developed and validated in South Korea to measure smartphone addiction among adolescents. We also included the World Health Organization Quality of Life (WHOQOL-BREF) scale aiming to assess our participant's quality of life. After receiving permission letter from Lyallpur Institute of Management Sciences (LIMS) Faisalabad, the data collected was carried out by online filling questionnaire from Google Doc form. Demographic information included participants' name, age, gender, educational level, marital status and occupational status.

Data analysis

IBM Statistical Package for the Social Sciences (SPSS-20).

Result

Our sample comprised in large part of students between the age 18 and 23, including 70% students of graduation, 19% students of intermediate and 11% students of master. About 21% of respondent's age between 24 and 29 whereas 6% of respondent's age above 30. Only about 18% of the respondents were employed while 8% respondents are unemployed. 44% are males while 56% are female respondents. 85% of respondents were single while 15% of respondents were married. Among the women 4% were housewives (Table 4.1).

Table 1: ***Demographic and socioeconomic characteristics of respondents***

		Number	**Percentage**
Age	18-23	73	73%
	24-29	21	21%
	30-35	4	4%
	>35	2	2%
	Total	**100**	**100%**
Education	Intermediate	19	19%
	Graduation	70	70%
	Master	11	11%
	Total	**100**	**100%**
Marital Status	Single	85	85%
	Married	15	15%
	Total	**100**	**100%**
Occupation	Student	74	74%
	Employee	18	18%

	Un-employee	8	8%
	Total	**100**	**100%**
Gender	Male	44	44%
	Female	56	56%
	Total	**100**	**100%**

Table 2 presents the mean perceived smartphone addiction scale (SAS) and quality of life (QOL) scores in each of the four domains by demographic characteristics. The mean score of SAS significantly lower in the age group of 18 and above 35, single, married, students, employed and unemployed respondents. The mean QOL scores for physical health and psychological health were significantly lower -0.1438 among the youngest age group (18-24 years), singles -.0587 and students -.0251. The mean quality of life (QOL) score for social relations was significantly lower -.114 among men but there were no significant differences by age, education. The mean QOL score for environment did not vary significantly by age, gender, marital status, education, or employment status.

Figure 1:

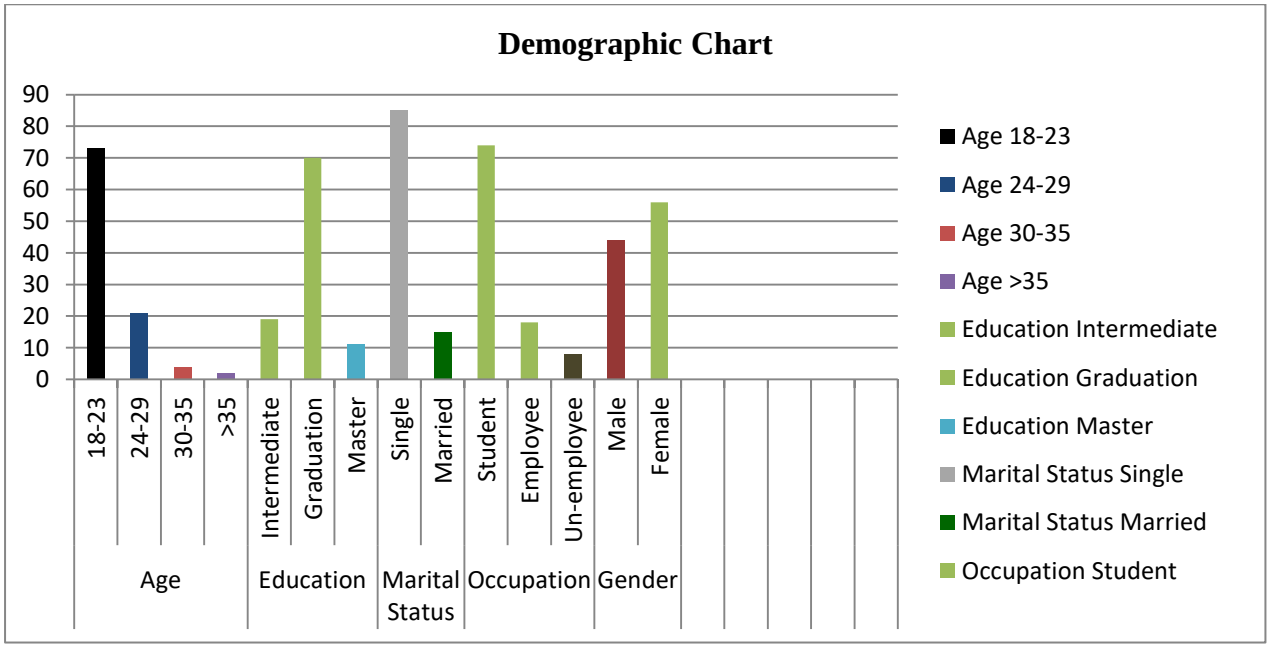

Table 2: ***Mean values of perceived smart phone addiction scale and quality-of-life domains scores by demographic variables***

Correlation

		SAS	Physical	Psychological	Environmental	Social	N
Age	18-23	-.1438	.0576	.0416	.027	.0153	73
	24-29	-.0413	.0165	.012	.008	.0044	21
	30-35	-.0078	.0031	.002	.001	.0008	4
	>35	-.0039	.0015	.001	.001	.0004	2
	Total	**-.197**	**.079**	**.057**	**.037**	**.021**	**100**
Education	Intermediate	.012	.0281	.0368	.0153	.0058	19
	Graduation	.045	.1036	.1358	.0567	.0217	70

	Master	.007	.0162	.0213	.0089	.0034	11
	Total	**.064**	**.148**	**.194**	**.081**	**.031**	**100**
Marital Status	Single	-.0587	.1343	.1045	.0578	.18105	85
	Married	-.0103	.0237	.01845	.0102	.03195	15
	Total	**-.069**	**.158**	**.123**	**.068**	**.213**	**100**
Occupation	Student	-.0251	-.017	-.0555	-.0525	.088	74
	Employee	-.0061	-.0041	-.0135	-.0127	.0214	18
	Un-employee	-.0027	-.0018	-.006	-.0056	.0095	8
	Total	**-.034**	**-.023**	**-.075**	**-.071**	**.119**	**100**
Gender	Male	.118	-.114	-.033	-.011	.037	44
	Female	.151	-.145	-.043	-.014	.048	56
	Total	**.269**	**-.26**	**-.076**	**-.025**	**.085**	**100**

Table 3 presents the correlation between smartphone addiction scale (SAS) and four domains of quality of life (QOL) including physical health -.048, psychological health -.105, social relation -.106 and environment -.077 which shows the lower or poor quality of life. That's means addiction of smartphone is effected on quality of life.

Ethical Consideration

The participants were given all the necessary information about the purpose of the research, and instructions relating to the fulfillment of the questionnaires. It was further passed on to them that full confidentiality would be maintained. Informed consent was obtained before the administration of the questionnaires.

Figure 2:

Correlation Chart

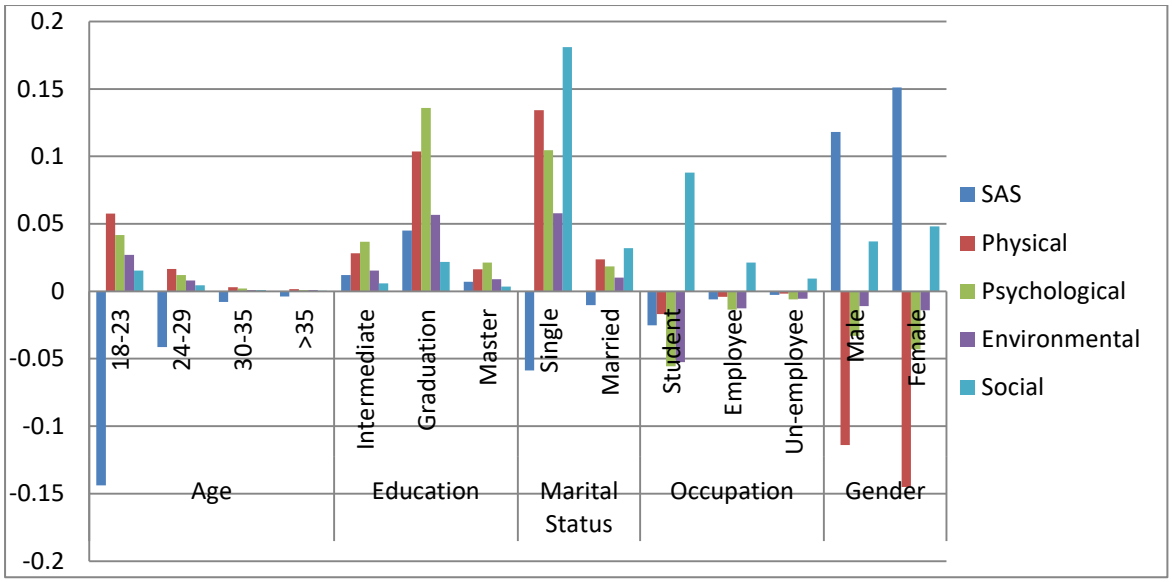

Table No: 4.3: ***Mean values of perceived quality-of-life domains scores by smartphone addiction scale***

Correlations

		N	Smartphone Addiction Scale short version	Physical health	Psychological health	Social relation	Environment
Smartphone Addiction Scale short version	Pearson Correlation	100	1				
Physical health	Pearson Correlation	100	-.048	1			
Psychological health	Pearson Correlation	100	-.105	.402**	1		
Social relation	Pearson Correlation	100	-.106	.230*	.217*	1	
Environment	Pearson Correlation	100	-.077	.276**	.320**	.305**	1

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

*. Correlation is significant at the 0.05 level (2-tailed).

Discussion

Our study has given prove that among our sample, comprising a large proportion of young, unmarried, male and female university students, but moreover including housewives and older adults, perceived quality of life is directly related to problematic smartphone use. Comparative findings have been detailed in a few other studies. For example, a review study from Iran detailed that problematic use of mobile phones unfavorably affected mental health and self-esteem(26). An Australian study comparing samples from 2005 and 2018 found that problematic use of mobile phones was increasingly related with mental health problems and was sometimes used as a coping strategy in times of life challenges (27). Similar findings were seen among medical students in two studies (28). As the intensity of problematic smartphone use increases, the perceived level of quality of life goes down in all four domains of the WHOQOL scale. As the intensity of problematic smartphone use increases, the perceived level of quality of life goes down in all four domains of the WHO-QOL scale. This finding remains valid after controlling for the effects of age, gender, marital status, and occupation. These findings are reliable with the comes about of Shahbaz et al (29). It takes after that problematic smartphone use affects perceived quality of life within the domains of physical health, mental health, social relations, and living environment. A study among medical students appeared that the domain most affected by smartphone addiction is the mental domain (12). The reasons behind this may be that smartphone addiction leads to sleep interference and is regularly gone with by substance and behavioral abuses and other comorbidities such as stress, anxiety, and depression. Another study showed that addiction to smartphones tends to create one's life more stressful and comes about in unsatisfactory relationships (30).

Conclusions

Although the test comprised generally young university students, it too included older adults who were either employed or housewives. We found that problematic smartphone use was strongly related with poor perceived quality of life within the Punjab territory of Pakistan. Problematic smartphones use for the most part impacts physical and psychological health, although it is

additionally related with social relationships. This affiliation continues after controlling for the impacts of gender, age, employment status, and marital status.

Recommendation

We advise starting campaigns to raise awareness on social and electronic media to decrease the problematic use of and/or addiction to smartphones among the general public, with uncommon center on younger population groups. It shows up that problematic smartphone use is increasingly a social and psychological issue in Pakistan. Physicians and psychiatrists should, therefore, be aware of this problem in order to provide help to patients appearing signs of such problematic use and/or addiction.

References

1. Group W. The World Health Organization quality of life assessment (WHOQOL): position paper from the World Health Organization. Social science & medicine. 1995;41(10):1403-9.
2. Martos-Cabrera MB, Velando-Soriano A, Pradas-Hernández L, Suleiman-Martos N, Cañadas-De la Fuente GA, Albendín-García L, et al. Smartphones and apps to control glycosylated hemoglobin (HbA1c) level in diabetes: a systematic review and meta-analysis. Journal of clinical medicine. 2020;9(3):693.
3. Nagaraj MK, Prabhu P. Internet/smartphone-based applications for the treatment of tinnitus: a systematic review. European Archives of Oto-Rhino-Laryngology. 2020;277:649-57.
4. Fischer-Grote L, Kothgassner OD, Felnhofer A. The impact of problematic smartphone use on children's and adolescents' quality of life: A systematic review. Acta Paediatrica. 2021;110(5):1417-24.
5. Turgeman L, Hefner I, Bazon M, Yehoshua O, Weinstein A. Studies on the relationship between social anxiety and excessive smartphone use and on the effects of abstinence and sensation seeking on excessive smartphone use. International journal of environmental research and public health. 2020;17(4):1262.
6. Billieux J, Philippot P, Schmid C, Maurage P, De Mol J, Van der Linden M. Is dysfunctional use of the mobile phone a behavioural addiction? confronting symptom-based versus process-based approaches. Clinical psychology & psychotherapy. 2015;22(5):460-8.
7. Nguyen-Phuoc DQ, Oviedo-Trespalacios O, Su DN, De Gruyter C, Nguyen T. Mobile phone use among car drivers and motorcycle riders: The effect of problematic mobile phone use, attitudes, beliefs and perceived risk. Accident Analysis & Prevention. 2020;143:105592.
8. Thomée S, Härenstam A, Hagberg M. Mobile phone use and stress, sleep disturbances, and symptoms of depression among young adults-a prospective cohort study. BMC public health. 2011;11(1):1-11.
9. Kleinman RA, Das S. Excessive Spending in a "Free-to-Play" Smartphone Game. The American Journal on Addictions. 2020;29(6):528-30.
10. Bianchi A, Phillips JG. Psychological predictors of problem mobile phone use. Cyberpsychology & behavior. 2005;8(1):39-51.
11. Kumcagiz H. Quality of life as a predictor of smartphone addiction risk among adolescents. Technology, Knowledge and Learning. 2019;24:117-27.
12. Awasthi S, Kaur A, Solanki HK, Pamei G, Bhatt M. Smartphone use and the quality of life of medical students in the Kumaun Region, Uttarakhand. Journal of Family Medicine and Primary Care. 2020;9(8):4252.

13. Jeong Y-W, Han Y-R, Kim S-K, Jeong H-S. The frequency of impairments in everyday activities due to the overuse of the internet, gaming, or smartphone, and its relationship to health-related quality of life in Korea. BMC Public Health. 2020;20(1):1-16.
14. Shahrestanaki E, Maajani K, Safarpour M, Ghahremanlou HH, Tiyuri A, Sahebkar M. The relationship between smartphone addiction and quality of life among students at Tehran University of medical sciences. Addicta: The Turkish Journal on Addictions. 2020;7(1):23-32.
15. Baek S-S, Cho J-Y. The influence of life stress, depression, smart-phone addiction on quality of life among college students. Journal of the Korea Academia-Industrial cooperation Society. 2017;18(8):248-56.
16. Park H-H, Jang M-Y. The effect of nursing students' smartphone addiction and emotional intelligence level on quality of life. Journal of the Korea Entertainment Industry Association. 2017;11(2):217-27.
17. Flax MJ. A Study in Comparative Urban Indicators: Conditions in 18 Large Metropolitan Areas. 1972.
18. Liu B-C. Quality of life indicators in US metropolitan areas: Praeger; 1976.
19. Felce D, Perry J. Quality of life: Its definition and measurement. Research in developmental disabilities. 1995;16(1):51-74.
20. Bigelow DA, McFarland BH, Olson MM. Quality of life of community mental health program clients: Validating a measure. Community Mental Health Journal. 1991;27(1):43-55.
21. Bradbum N. The structure of psychological well-king. Chicago: Aldine. 1969;1:969.
22. Campbell A, Converse PE, Rodgers WL. The quality of American life: Perceptions, evaluations, and satisfactions: Russell Sage Foundation; 1976.
23. Samaha M, Hawi NS. Relationships among smartphone addiction, stress, academic performance, and satisfaction with life. Computers in human behavior. 2016;57:321-5.
24. Hale K, Ayhan C, Soyer F, Kaçay Z. The relationship between smartphone addiction and life satisfaction: faculty of sport sciences students. International Journal of Psychology and Educational Studies. 2020;7(1):86-95.
25. Albursan IS, Al. Qudah MF, Al-Barashdi HS, Bakhiet SF, Darandari E, Al-Asqah SS, et al. Smartphone Addiction among University Students in Light of the COVID-19 Pandemic: Prevalence, Relationship to Academic Procrastination, Quality of Life, Gender and Educational Stage. International Journal of Environmental Research and Public Health. 2022;19(16):10439.
26. Amiri M, Dowran B, Salimi H, Zarghami MH. The problematic use of mobile phone and mental health: A review study in Iran. Journal of Education and Health Promotion. 2020;9.
27. Oviedo-Trespalacios O, Nandavar S, Newton JDA, Demant D, Phillips JG. Problematic use of mobile phones in Australia… is it getting worse? Frontiers in psychiatry. 2019;10:105.
28. Nagori N, Vala A, Panchal B, Ratnani I, Vasava K. Association Of Anxiety And Quality Of Life With Internet Addiction Among Medical Students. National Journal of Integrated Research in Medicine. 2016;7(5).
29. Shahbaz K, Rasul F, Khan A, Saba A, Saeed M, Nida A, et al. Phubbing positively predicts psychological distress and poor quality of life in community adults. Int J Manag(IJM). 2020;11:2229-40.
30. e Safa D, Majeed MS. Smartphone addiction, loneliness, interpersonal relationship and quality of life in adolescents and adults. European Journal of Research in Social Sciences Vol. 2020;8(1).