

SMARTPHONE ADDICTION, LONELINESS, INTERPERSONAL RELATIONSHIP AND QUALITY OF LIFE IN ADOLESCENTS AND ADULTS

Dur e Safa

MS Clinical Psychology
Riphah Institute of Professional and Clinical
Psychology, Riphah International University, Lahore
PAKISTAN
duresafa94@gmail.com

Ms. Sana Majeed

Senior Lecturer
Riphah Institute of Professional and Clinical
Psychology, Riphah International University, Lahore
PAKISTAN
sanamajeed@riphah.edu.pk

ABSTRACT

The purpose of the present study was to examine association between Smartphone Addiction, Loneliness, Relationship Satisfaction and Quality of Life in Late Adolescents and Early Adults. In this study data was taken from 200 Adolescents and Adults. Purposive sampling technique was used to recruit the sample. Smartphone Addiction Scale (Kwon, 2013) was used to measure the level of Smartphone Addiction, Moreover, UCLA Loneliness Scale (Russell, 1995) was utilized to assess the level of Loneliness in the current study, Relationship Satisfaction Scale (Din,1988) was also used to assess the level of relationship satisfaction, Furthermore, to measure the level of Quality of Life Quality of Life Scale (Burckhardt & Anderson, 1970) was used. Results revealed significant positive relationship between Relationship Satisfaction and Quality of Life. In present study, Smartphone Addiction and Loneliness showed significant negative relationship with Quality of Life in late adolescents and early adults. Furthermore, results also revealed that Relationship Satisfaction was significant predictor of Quality of Life.

Keywords: Smartphone Addiction, Loneliness, Relationship Satisfaction, Quality of Life, Early Adolescents, Late Adults.

INTRODUCTION

World health organization describes quality of life as “people” observation of their value in life in the perspective of nation and cultural structure in which they living, and associate their objectives, hopes, values and worries”. Additionally, quality of life is definite as a person’s personal observation of his/her happiness within the sociocultural background in which he lives in (Theofilou, 2011). An optimistic logic of smart phone usage is very powerfully combined into young individuals’ actions which are the indications of social addiction. Smart phone usage disturbing their daily life activities (Goswami & Singh, 2016). Unnecessary usage of smart phones is associated with the quality of life (Kim, Lee & Nam, 2014).

The current research was conducted to help educational leaders and Pakistani families especially parents and teachers to understand how much Smartphone addiction, loneliness and interpersonal relationship played an important influence in the quality of life of adolescents and adults. The core determination of the current study was to provide insight to parents and teachers about positive teaching style and its effects on the educational accomplishment and performance of their children (Maccoby & Martin, 1983).

SMARTPHONE ADDICTION

Smartphone addiction is definite as an extreme utilization of Smartphone which affect the overall lives of customers. And have many clinical structures, containing salience, lenience, and loss of control, attitude change, withdrawal signs and craving (Kim & Lee, 2014). A research was conducted to investigate the usage of mobile phones addiction and quality of life among university students. The findings of the research showed that addiction of mobile phones was negatively affected the association of respondents with their families because they don't bear any type of disruption from their parents when using mobile phones (Jami, 2019).

LONELINESS

Loneliness seems to consequence from being discontented with main features of relations with others, like the quality of the relations or the deficiency of a specific kind of relationship (Russell, 2012). Loneliness was a severe distress in aging people. Loneliness can disturb persons at any stage of life (Dykstra, 2009). Loneliness was a distress which can obvious itself in diverse phases of life. Researchers explained that adolescence was an age of high risk for facing loneliness. This stage of life was complete with numerous difficult and problematic clashes and disasters. Adolescents were challenged with excessive bodily, psychological, emotive and societal variations. Adolescents faced feelings of loneliness further frequently as compare to the other age groups (NMHA, 1991). Previous literature have originate that loneliness do not have positive influences on quality of life (Motl & McAuey, 2010).

INTERPERSONAL RELATIONSHIP

Interpersonal relationship can be definite as a durable profound or intimate association with groups, family, work coworkers and/or to a significant other (Hogg & Vaughan, 2011). Interpersonal relationships were a system in which individuals discussed themselves and trust the worth of related communication. The optimistic interpersonal relationships offered individuals with chances to care others and obtained care of others on societal workings and personal feeling. Moreover, to form a pleasant atmosphere of closeness and common loving (Snell & Janney, 2000). Some kind of interpersonal relationships might be affecting adversely the quality of life of adolescents (Raczova, 2006).

QUALITY OF LIFE

Quality of life was deliberated as a sign of general happiness, including pleasure and contentment with life as a complete. The utmost general description of quality of life, suggested by World Health Organization, was: 'the person's view of their value in life, within the perspective of nation and ethnic methods in which they live and in association to their objectives, hopes, values and worries' (Whoqol,1995).

METHOD

PARTICIPANTS

The research participants comprised of 200 adolescents and adults. The sample size was determined by "G Power Analysis". Data was taken from four colleges and universities of Lahore, Pakistan. The inclusion criteria were undergraduate and postgraduate students who used smartphones. Students had any physical disability was exclusion criteria for present research.

Research Design

Correlational research design used in present study.

Sample Size and Sampling Strategy

Purposive sampling technique was utilized to recruit sample. The sample of current research was 200 students. This was done by researcher on the basis of G-Power analysis.

ASSESSMENT MEASURES**SMARTPHONE ADDICTION SCALE**

Smartphone addiction tool was developed by Kwon (2013). Smartphone addiction tool has 6 aspects and 33 items with a six-point Likert scale (1= strongly disagree, 6=strongly agree). The six aspects were daily-life disruption, optimistic hope, withdrawal, cyberspace-oriented association, abuse, and acceptance. The Cronbach's alpha reliability of this test was 0.96.

UCLA LONELINESS SCALE

The UCLA Loneliness Scale (version 3) was developed by Russell (1996). This Scale consist on 20 items that measures loneliness level. The reversed score items of this scale are (1 = 4, 2 = 3, 3 = 2, 4 = 1), and the scores for each item then summed together. Higher scores indicate greater degrees of loneliness. The Cronbach's alpha reliability of this test was .89-.94.

RELATIONSHIP SATISFACTION SCALE

Relationship satisfaction scale was developed by Dricke and Hendrick (1988). This Scale consist of 7 items, which measure the interpersonal relationship satisfaction. It was graded from 1=(very dissatisfied) to 5=(very satisfied) in a 6 point likert scale. The chorbach's Alpha of this questionnaire was .74.

THE QUALITY OF LIFE SCALE

The Quality of life scale was developed by Burckhardt and Anderson (1970). It measured the quality of life by different aspects. The quality of life scores is summed so that a greater score shows greater quality of life. Normal total score for well people was around 90. The chorbach's alpha reliability of this scale was .82 to .92.

PROCEDURE

Permission was sought from the Principals of different government and private colleges and universities. Principals and teachers from these institutes were presented an informational letter in which the purpose of data collection. The information regarding the study about impact of smartphone addiction, loneliness, interpersonal relationship and quality of life was briefly explained. Each participant was provided with the information sheet for detail information regarding the research. A consent form was provide to make sure that the participants were willingly participated in the research. They were informed about the ethical consideration of the study. After that pilot study and main study was conducted.

RESULTS

The data was analyzed using Statistical Packages for Social Science, version 21(SPSS-21).

Table 1: Demographic description of research participants (N= 200)

Variables	<i>f</i>	(%)
Birth Order		
First	74	37
Middle	68	34
Last	58	39
Marital Status		
Married	26	13
Unmarried	174	87
Occupation		
Employee	31	15.5
Jobless	169	84.5
Residence		
Personal	153	67.5
Government	5	2.5
Rent	32	16
Other	10	5
Family System		
Nuclear	155	77.5
Joint	45	22.5
Family Background		
Urban	159	89.5
Rural	41	20.5
Financial Situation		
Very Poor	6	3
Poor	6	3
Neutral	59	29.5
Variables	<i>f</i>	(%)
Very Well	40	20
Satisfied	89	44.5
Any Physical Illness in Family		
Yes	68	34
No	132	66
Any Psychological Illness in Family		
Yes	28	14
No	172	86

Note: *f*= frequency, %= percentage

Table 2

Psychometric Properties of Questionnaires (N= 250)

Variables	<i>k</i>	<i>M</i>	<i>SD</i>	Potential		Actual		α
				<i>Min Scores</i>	<i>Max Scores</i>	<i>Min Score</i>	<i>Max score</i>	
SAS	33	91.49	23.74	33	198	1	174	.68
UCLAS	20	49.69	7.65	26	80	0	79	.74
RSS	7	10.48	10.21	0	42	0	42	.90
QoLS	16	41.25	13.41	16	112	1	63	.86

Note: *k*= Number of Items, *M* = Mean, *SD*=Standard Deviation, *Min Score* = Minimum Score, *Max Score* =Maximum Score, α = Reliability Co-efficient, SAS= Smartphone Addiction Scale, UCLAS= UCLA Loneliness Scale, RSS= Relationship Satisfaction Scale, QoLS= Quality of Life Scale.

Table 3*Pearson Product Moment Correlation Analysis between Study Variables in Students (N=200)*

Variables	1	2	3	4	5	6	7	8	M	SD
1. Age	-	.13	.17*	-.01	.04	-.10	.07	.15*	23.88	3.60
2. Residence	-	-	.08	-.03	.00	.07	-.04	.16*	1.49	.93
3. Family Background	-	-	-	-.09	.07	-.01	.07	.14*	1.20	.40
4. Effect for Using Cell Phone	-	-	-	-	-.01	.17*	-.0	-.14*	1.80	.91
5. Smartphone Addiction	-	-	-	-	-	-	.06	-.14*	91.49	23.74
6. Loneliness	-	-	-	-	-	.26**	-	-	49.69	7.65
7. Relationship Satisfaction	-	-	-	-	-	-	.29**	.18**	10.48	10.21
8. Quality of Life	-	-	-	-	-	-	-	.22**	41.25	13.41

** $P < 0.01$, * $P < 0.05$ **Table 4:** Hierarchical Regression Analysis Predicting Quality of Life on Quality of Life, Smartphone Addiction, Loneliness, Relationship Satisfaction and Quality of Life (n=200)

Predictors	Quality of Life	
	ΔR^2	β
Step 1	.02**	
Residence		.18**
Step 2	.03	
Smartphone Addiction		.07
Step 3	.05	
Loneliness		-.13
Step 4	.08*	
Relationship Satisfaction		.17*
Total R ²	21%	

Note: * $p < .05$, ** $p < .01$, *** $p < .001$.

a. Dependent Variable: Quality of Life

b. Predictors in the Models: Residence, Smartphone Addiction, Loneliness, Relationship Satisfaction.

DISCUSSION

Results of the present study showed highly significant positive correlation between smartphone addiction, loneliness and quality of life. Previous literature supported the hypothesis. A research was conducted to study the relationship between the influence of smartphone addiction and quality of life. Consequences revealed that smartphone addiction was significantly negatively affected quality of life (Gao, Xiangb, Zhanga& Mei, 2017). Another research was done to measure the effect of smartphone addiction levels on social and educational life in students. Results showed that the occurrence of smartphone use among students was quite high. The higher addiction scores negatively affected overall quality of life such as societal life, spoken communication, and existing problems to education (Sut, Kurt, Uzal&Ozdilek, 2016).

Moreover, research was conducted by Shahzad, Ahmed, Hussain and Riaz, (2015) to investigate the usage of mobile phones addiction and quality of life among university students. The findings of the present research shown that addiction of mobile phones was

negatively affecting the association of respondents with their families because they don't bear any type of disruption from their parents when using mobile phones.

Results of the present study showed significant positive correlation between interpersonal relation and quality of life. Previous researches supported the hypothesis. Another research was directed to examine the relationship between relationship satisfaction and quality of life among adolescents. Findings revealed relationship satisfaction was significantly positively related with quality of life of adolescents (Ayub, 2014).

Findings of present study showed significant prediction between interpersonal relationship and quality of life. Previous researches supported the hypothesis. Another study was conducted to assess the relationship between relationship satisfaction and quality of life among mothers. Participants completed relationship satisfaction scale and quality of life scale. Results revealed that relationship satisfaction was significantly predicted quality of life of mothers (Thorsteinsson, Loi & Rayner, 2017).

CLINICAL AND RESEARCH IMPLICATIONS

The findings of the present study could inform social workers and professionals about the harmful effects of smartphone addiction and loneliness which effect student's quality of life. This could help administrators and social workers to educate teachers and parents about the different level, styles and types of interpersonal relationships.

REFERENCES

- Theofilou, P. (2011). The role of socio demographic factors in health-related quality of life of patients with end-stage renal disease. *International Journal of Caring Sciences*. 4, 40-50.
- Vandana Goswami, Dr. Divya Rani Singh (2016). Impact of mobile phone addiction on adolescent's life: A literature review. *International Journal of Home Science*. 2(1): 69-74.
- Hye-Jin Kim , Jin-Young Min , Kyoung-Bok Min, Tae-Jin Lee and Seunghyun Yoo (2017). Relationship among family environment, selfcontrol, friendship quality, and adolescents' smartphone addiction in South Korea: Findings from nationwide data. *PLoS ONE* .13(2): e0190896. <https://doi.org/10.1371/journal.pone.0190896>
- Maccoby, E. E., Martin, J. A. (1983). Socialization in the context of the family: Parent-child interaction. In P. H. Mussen (Ed.), *Handbook of child psychology* (Vol. 4, pp. 1-101). New York: Wiley.
- Sadia Jamil (2019). Mobile Phone Usage and Its Socio economic Impact on Pakistan. *IGI Global Disseminator of Knowledge*. P (16). DOI: 10.4018/978-1-5225-7885-7.ch007
- Russell, Daniel & Cutrona, Carolyn & McRae, Cynthia & Gomez, Mary. (2012). Is Loneliness the Same as Being Alone?. *The Journal of psychology*. 146. 7-22. 10.1080/00223980.2011.589414.
- Dykstra, P. A. (2009). Older adult loneliness: Myths and realities. *European Journal of Ageing*, 6(2), 91.
- Motl RW, McAuley E (2010). Physical activity, disability, and quality of life in older adults. *Phys Med Rehabil Clin N Am*. (2):299-308. doi: 10.1016/j.pmr.2009.12.006.
- Vaughan, Graham M. (Graham Michael) & Hogg, Michael A., 1954- & Vaughan, Graham M. Introduction to social psychology & Hogg, Michael A., 1954-. Introduction to social psychology (2011). *Social psychology* (6th edition). Pearson Australia, Frenchs Forest, N.S.W.
- Snell, M., & Janney, R. (2000). Teachers' guide to inclusive practices: Social relationships and peer support. Baltimore: Paul H. Brookes Publishing.

- The World Health Organization Quality of Life assessment (WHOQOL): position paper from the World Health Organization. (1995). *PubMed govt.* 41(10):1403-9. DOI: 10.1016/02779536(95)00112k
- Min Kwon, Dai-Jin Kim, Hyun Cho and Soo Yang (2013). The Smartphone Addiction Scale: Development and Validation of a Short Version for Adolescents. *Plos One*. <https://doi.org/10.1371/journal.pone.0083558>.
- Russell, D. W. (1996). UCLA Loneliness Scale (version 3): Reliability, validity, and factor structure. *Journal of Personality Assessment*, 66(1), 20–40.
- Dicke, A., & Hendrick, C. (1998). The relationship assessment scale. *Journal of Social and Personal Relationships*, 15, 137-142.
- Burckhardt CS, Archenholtz B, Bjelle A: Measuring quality of life of women with rheumatoid arthritis or systemic lupus erythematosus: A Swedish version of the Quality of Life Scale (QOLS). *Scand J Rheumatol* 1992, 21: 190–195.
- José De-Sola Gutiérrez, Fernando Rodríguez de Fonseca, Gabriel Rubio Front Psychiatry. 2016; 7: 175. Published online 2016 Oct 24. doi: 10.3389/fpsy.2016.00175
- Ayub, Nadia. (2010). The Relationship between Self-concept and Satisfaction with Life among Adolescents. *The International Journal of Interdisciplinary Social Sciences*. 5. 82-92. 10.18848/1833-1882/CGP/v05i04/51663.
- Thorsteinsson, Einar & Loi, Natasha & Rayner, Kylie. (2017). Self-efficacy, relationship satisfaction, and social support: The quality of life of maternal caregivers of children with type 1 diabetes. *PeerJ*. 5. e3961. 10.7717/peerj.3961.