




# Does the smartphone use affect the determination of daily goals: A nursing students' example?

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## Abstract

**Purpose:** To examine how the risky use of smartphone in nursing students affects their daily goals.

**Design and Methods:** A total of 419 nursing students participated in this study. A Descriptive Data Form, Smartphone Addiction Scale-Short Version, and Daily Goals Scale were used to collect the data.

**Findings:** According to our study results; students who are afraid of forgetting or losing their phone have a higher risk of being smartphone addiction. As the risks of students' smartphone addiction increase, their daily goal setting levels decreased.

**Practice Implications:** The risky use of smartphone effects negatively daily goals setting. Education and counseling programs that will prevent the risky use of smartphones and the associated risk of addiction should be provided for nursing students.

## KEYWORDS

daily goals, nursing students, smartphone

## 1 | INTRODUCTION AND BACKGROUND

Smartphones have become one of the indispensable elements of daily life especially among young people all over the world as well as in Turkey.<sup>1-3</sup> Interactions with others on social networks, watching and sharing videos and pictures, email, online shopping, and easily accessible applications have increased the use of smartphones. Besides, the convenience they provide for daily life such as getting health care information, online banking, and finding addresses and routes while waiting in traffic or in a queue attract consumers, resulting in constantly increasing sales of smartphones with frequent addition of new features.<sup>4</sup>

Although using smartphones facilitates daily activities, it can also have a negative effect on interpersonal relationships, and physical and mental health.<sup>3,5-8</sup> The use of mobile phones during driving can especially cause problems and even traffic accidents. Smartphone users are more likely to experience somatic symptoms, insomnia, social dysfunction, anxiety, and depression compared to the non-smartphone users and it is also possible to become addicted to smartphones as seen with alcohol and other substances.<sup>9-11</sup>

Smartphone addiction is a relatively new phenomenon.<sup>12,13</sup> Although it has not been included under the category of nonsubstance-related disorders in *Diagnostic and Statistical Manual of Mental Disorders* (5th Edition), it is predicted that smartphone use will be included as a separate diagnosis under behavioral addiction in future clinical studies.<sup>14,15</sup> Repetitive behaviors are at the root of behavioral addictions. Behaviors that give pleasure to the person become habitual with repetition. However, one must be careful when considering a habitual behavior as an addiction. An addiction entails the person's excessive involvement with a certain behavior, repeating this behavior to escape from the real world or to create a pleasant feeling, the development of tolerance as the behavior is repeated, and the disruption of functionality with the emergence of withdrawal symptoms such as tension, irritability, and restlessness when the repetition of the behavior is prevented.<sup>16-20</sup>

Excessive and uncontrolled use of smartphones can also disrupt the person's daily life. Time can be taken under control if used in accordance with the person's priorities and plans can be performed. Life consists of actions that one wants to do and those that one must

do and it is often difficult to choose between these two. Although a contradiction between having fun and the actions that must be done is inevitable, it should be possible to set goals and plan the day accordingly to lead a healthy and happy life. "In general, a person has daily goals and long-term goals consisting of future expectations. Daily goals enable taking care of daily tasks such as homework, completing a project, or exercising while conforming to a time plan. Achieving long-term goals is possible by determining the daily targets clearly and reaching them in a planned manner."<sup>21-23</sup> In contrast, lack of goals can lead to mental problems. It has been reported that determining daily goals minimizes mental problems such as depression by ensuring that the individual experiences a sense of accomplishment and satisfaction.<sup>22,24,25</sup>

The university period is the time when future goals become more definite and the realization of daily goals becomes important. For a university student, there is a contradiction between fun activities such as using a smartphone and mandatory activities such as studying. This contradiction usually affects the daily schedule and the goals for that day cannot be achieved. Some studies have evaluated to determine the relationship between smartphone addiction in university students and psychosocial factors such as sleep, depression, anxiety, burnout, and loneliness, both in Turkey and globally.<sup>1,5,6,9,11,26</sup> However, we have not come across a previous study on how using smartphones at the addiction level affects the realization of the daily goals. Our study is important in terms of investigating the risky use of smartphone in nurse candidates, who will play important roles in healing and also in protecting others in the society from substance abuse, and showing how this risky use affect their determination of daily goals.

## 2 | METHODS

### 2.1 | Study type and participants

This study was planned to investigate the potential relationship between the risky use of smartphone in nursing students and their levels of determining daily goals.

This descriptive study was performed in the 2015 to 2016 academic year at a total of three nursing schools in two different provinces of Turkey. A total of 419 nursing undergraduate students including 190 from the first school, 121 from the second school, and 108 from the third school were included in the study. Sample selection was not used and all students who volunteered to participate were included in the study sample.

### 2.2 | Data collection tools

The study data were collected with a Descriptive Data Form, Smartphone Addiction Scale-Short Version (SAS-SV), and Daily Goals Scale (DGS).

### 2.2.1 | Descriptive data form

This form consisted of questions to determine the sociodemographic characteristics of the students and their state of smartphone use and was prepared by the researchers in line with the literature information.

### 2.2.2 | Smartphone Addiction Scale-Short Version

The SAS-SV has been developed by Kwon, Kim, Cho, and Yang<sup>27</sup> to measure the risk of smartphone addiction in adolescents. It consists of 10 items and is evaluated using 6-point Likert grading where the items are scored from 1 to 6 and the total scale scores range from 10 to 60. The risk for addiction increases with increasing test scores. The Turkish validity and reliability study of SAS-SV was performed by Noyan et al<sup>19</sup> on the university students in our country and no cut-off point was reported. The scale has one factor and no subscales. Noyan et al<sup>19</sup> reported a Cronbach  $\alpha$  value of .91 while the value obtained in our study was 0.77.

### 2.2.3 | Daily Goals Scale

The DGS was developed by Asgari and Ricciardelli<sup>22</sup> to measure the university students' levels of determining daily goals. The original DGS form consists of 12 items and one dimension. The 5-point Likert grading (1: *fully disagree*, 5: *fully agree*) is used for scoring, providing a total score between 12 and 60. Increasing scores mean a higher ability to determine daily goals.<sup>22</sup> The Turkish validity and reliability study of DGS was performed by Bakioğlu and Capan<sup>23</sup> on university students in our country. Bakioğlu and Capan<sup>23</sup> reported a Cronbach  $\alpha$  value of .92 and the value found in our study was 0.75.

## 2.3 | Data collection

Local ethics committee permission, institution permission, and the students' consent were obtained to conduct the study. The students were informed that participation was voluntary.

Data collection forms were distributed to the students by the researchers in the classroom and the students were asked to complete them. The forms were applied after the final exams so that the students could answer the questions without feeling under pressure. It took approximately 15 to 20 minutes to complete the data collection tools.

## 2.4 | Ethical considerations

The study was approved by the institutional review board of the Gulhane Military Medical Academy, Turkey (9th session, approval no.

**TABLE 1** Descriptive statistics for participants (N = 419)

Age (mean ± SD), y	19.75 ± 1.43	
	n	%
Gender		
Female	368	87.8
Male	51	12.2
Living place		
Village	30	7.2
Town	109	26.0
Center province	275	65.6
Rural province	5	1.2
Family income per month		
Income less than expenditure	39	9.3
Income equals to expenditure	334	79.7
Income more than expenditure	46	11
Accommodation place in the training process		
With family	115	27.4
With relatives	6	1.4
Student residence	265	63.2
At home	33	7.9
Having a smartphone		
Yes	410	100
Number of checking the smartphone during the day		
<10	8	1.9
10-20	51	12.2
20-30	51	12.2
30-40	76	18.1
>40	233	55.6
Hours spent on a smartphone (daily)		
Less than 1 h	21	5.0
1-2 h	91	21.7
3-4 h	176	42.0
More than 5 h	131	31.3
Fear of forgetting the smartphone at home		
Yes	320	76.4
No	99	23.6
Discomfort priority in forgetting a wallet or smartphone		
Smartphone	44	10.5
Wallet	154	36.8
Equally	221	52.7

Abbreviation: SD, standard deviation.

289) and according to the Declaration of Helsinki. All subjects were informed about the study and provided informed consent before participation.

## 2.5 | Data analysis

The Statistical Package of Social Sciences (SPSS Inc, Chicago, IL) 21.0 software program was used to evaluate the data. Mean ± standard

**TABLE 2** Descriptive statistics for SAS-SV and DGS scores

	Scale's min-max scores	Participants' min-max scores	Mean	SD
SAS-SV	10-60	10-52	29.23	10.73
DGS	12-60	35-62	49.58	6.0

Abbreviations: DGS, Daily Goals Scale; SAS-SV, Smartphone Addiction Scale-Short Version; SD, standard deviation.

deviation, numbers, and percentages were provided for the descriptive statistics. Sampling data were evaluated with the Mann-Whitney *U* test and the Kruskal-Wallis test as the data did not meet the parametric test assumptions (with the Kolmogorov-Smirnov test).

## 3 | RESULTS

The descriptive characteristics of the study students are presented in Table 1. Females made up 87.2% of the total of 419 students and all the students had a smartphone. The mean age was 19.75 ± 1.43 years and 65.6% resided in the province center. The family income level of 79.7% was equal to the expenses, 63.2% of stayed at the dormitory. A total of 55.6% checked their smartphones more than 40 times a day, and 42% spent 3 to 4 hours a day on the phone. Fear of forgetting to take the smartphone was reported by 76.4% while 52.7% felt equally uncomfortable when they lost their wallet and their smartphone (Table 1).

Table 2 presents the SAS-SV (29.23 ± 10.73) and DGS (49.58 ± 6.0) mean scores of the participants.

Table 3 presents the SAS-SV and DGS scores of the participants according to their descriptive characteristics and the relevant comparisons. No statistically significant difference was present between the SAS-SV and DGS mean scores according to the age, gender, residence, family income level, or accommodation ( $P > .05$ ).

A statistically significant difference was found between the SAS-SV mean scores according to the participants' number of times they checked their smartphones during the day (KW = 53.664,  $P = .001$ ). Bonferroni-corrected post hoc analysis was performed to determine the group causing this difference. Analysis results showed that students who checked their smartphone more than 40 times a day had higher mean SAS-SV scores ( $P < .05$ ) (Table 3).

A statistically significant difference was found between the mean SAS-SV (KW = 79.683,  $P = .001$ ) and DGS (KW = 9.463,  $P = .024$ ) scores according to the time the participants spent with a smartphone during the day ( $P < .05$ ). A post hoc analysis was performed to find the group causing this difference and the mean SAS-SV scores of those spending more than 5 hours a day with a smartphone were found to be higher ( $P < .05$ ). The analysis also showed that the mean DGS scores of those who spent less than 1 hour a day with a smartphone were higher ( $P < .05$ ) (Table 3).

The mean SAS-SV scores of the students who were afraid to forget their smartphone were found to be statistically significantly higher than those who were not ( $U = -5.490$ ,  $P = .001$ ) (Table 3).

**TABLE 3** Comparison of the SAS-SV and DGS scores of participants according to their descriptive characteristics

Descriptive characteristics	SAS-SV	DGS
Age	$r = -.086, P = .358$	$r = -.060, P = .504$
Gender		
Female	$27.99 \pm 0.54$	$48.93 \pm 0.32$
Male	$28.70 \pm 1.82$	$49.54 \pm 0.93$
	$U = -0.085, P = .933$	$U = -0.395, P = .693$
Living place		
Village	$28.33 \pm 2.16$	$50.20 \pm 1.37$
Town	$27.37 \pm 1.02$	$48.90 \pm 0.57$
Center province	$27.37 \pm 1.02$	$48.90 \pm 5.99$
Rural province	$28.23 \pm 0.64$	$49.08 \pm 0.36$
	$KW = 1.489, P = .685$	$KW = 6.603, P = .086$
Family income per month		
Income less than expenditure	$25.79 \pm 10.68$	$49.02 \pm 5.86$
Income equals to expenditure	$28.18 \pm 11.54$	$48.70 \pm 6.32$
Income more than expenditure	$29.21 \pm 11.54$	$51.19 \pm 5.98$
	$KW = 5.672, P = .059$	$KW = 2.366, P = .306$
Accommodation place in the training process		
With family	$29.40 \pm 11.52$	$49.53 \pm 6.45$
With relatives	$33.16 \pm 14.79$	$50.83 \pm 5.98$
Student residence	$27.63 \pm 10.25$	$48.76 \pm 6.32$
At home	$26.09 \pm 10.81$	$48.81 \pm 6.21$
	$KW = 5.456, P = .141$	$KW = 1.235, P = .745$
Number of checking the smartphone during the day		
<10	$16.12 \pm 6.51$	$54.37 \pm 5.73$
10-20	$22.58 \pm 8.78$	$22.58 \pm 8.78$
20-30	$23.98 \pm 8.42$	$49.74 \pm 5.93$
30-40	$26.73 \pm 8.53$	$49.35 \pm 4.94$
>40	$31.02 \pm 11.28$	$48.54 \pm 6.76$
	$KW = 53.664, P = .001$	$KW = 5.456, P = .072$
Hours spent on a smartphone (daily)		
Less than 1 h	$20.38 \pm 8.65$	$52.38 \pm 5.90$
1-2 h	$23.64 \pm 10.31$	$49.53 \pm 5.70$
3-4 h	$26.64 \pm 9.08$	$48.86 \pm 6.74$
More than 5 h	$34.30 \pm 10.56$	$48.28 \pm 5.94$
	$KW = 79.683, P = .001$	$KW = 9.463, P = .024$
Fear of forgetting the smartphone at home		
Yes	$29.52 \pm 10.60$	$49.07 \pm 6.05$
No	$23.39 \pm 9.94$	$48.81 \pm 6.99$
	$U = -5.490, P = .001$	$U = -0.874, P = .874$
Discomfort priority in forgetting a wallet or smartphone		
Smartphone	$34.20 \pm 12.33$	$47.09 \pm 6.38$
Wallet	$24.82 \pm 9.50$	$48.81 \pm 6.68$
Equally	$29.12 \pm 10.55$	$49.53 \pm 5.90$
	$KW = 31.018, P = .001$	$KW = 6.113, P = .047$

Abbreviations: DGS, Daily Goals Scale; KW, Kruskal-Wallis test; SAS-SV, Smartphone Addiction Scale-Short Version; U, Mann-Whitney U test.

A statistically significant difference was present between the mean SAS-SV ( $KW = 31.018, P = .001$ ) and DGS ( $KW = 6.113, P = .0479$ ) scores according to the importance ascribed to forgetting the smartphone or wallet. A post hoc analysis was performed to find

which group this difference originated from and the mean SAS-SV scores were found to be higher in the students who thought it was more annoying to forget the smartphone ( $P < .05$ ). The analysis revealed that the mean DGS scores of students who thought forgetting

the smartphone and the wallet were equally disturbing were higher than in those who found forgetting the smartphone to be more disturbing ( $P < .05$ ) (Table 3).

The correlation between the SAS-SV and DGS scores of the students was also investigated but is not presented in the table. A statistically significant weak negative relationship was found between the SAS-SV and DGS scores ( $r = -.101$ ,  $P = .038$ ).

## 4 | DISCUSSION

This study was conducted to investigate the risky use of smartphone in nursing students together with the levels of determining daily goals and also to determine the relationship between them. The students' risk of smartphone addiction was found to be low and the levels of determining daily goals were slightly higher than the mean scale score. The cut-off point for the Turkish versions of the data collection tools was not determined in this study. However, since the SAS-SV scores were below the reported mean score of this scale, the risks of smartphone addiction were considered to be low. Similarly, previous studies on nursing students<sup>28,29</sup> and other university students<sup>1,6</sup> in Turkey have found the smartphone addiction risk to be low. Smartphone addiction was found in 62.4% of the university students in Egypt,<sup>30</sup> 60.3% in Saudi Arabia,<sup>8</sup> 44.7% in South India,<sup>11</sup> and 22.3% in the United States.<sup>9</sup> These different rates could reflect social, economic, and cultural differences.

Students who check their smartphone more than 40 times a day were found to have a higher risk of smartphone addiction. Repetitive behaviors are at the root of behavioral addictions where the person intensely repeats the action that is thought to be enjoyable and contribute to wellbeing, even if the person is aware that it can lead to negative consequences.<sup>17,18</sup> The behavior of constantly checking the phone is associated with smartphone addiction in the literature.<sup>13,31,32</sup> Thus, it can be said that our study finding is similar to the literature, and checking the smartphone too often creates a risk of addiction.

Students who spend more than 5 hours with their smartphone were found to have higher risks of smartphone addiction. Increased daily use hours have been defined as a trigger factor for addictive behavior.<sup>13</sup> Aktürk et al<sup>1</sup> reported that university students using smartphones for more than 4 hours a day had a high risk of smartphone addiction. Jilisha, Venkatachalam, Menon, and Olickal<sup>33</sup> found that an increase in daily usage duration may lead to "fear of smartphone withdrawal" in their study on arts and science students. Serin et al<sup>29</sup> found that the risk of smartphone addiction increased with increasing daily usage in their study on nursing and midwifery students. Many studies on university students have shown that smartphone addicts spend more time on their smartphones.<sup>8,9,34</sup> We also found that spending more than 1 hour a day with the smartphone impaired the students' ability to set daily goals (Table 3). University years are an important life period in which the career goals, relationships, and interests are determined. The realization of life goals requires the individual to determine daily goals very well and act

accordingly.<sup>23,25</sup> Studies have shown that problematic smartphone use negatively affects daily activities and interpersonal relationships<sup>1,34</sup> and is also associated with anxiety, depression, poor sleep quality, and poor education.<sup>7</sup> Considering that daily goals in university years have a significant effect on future life goals, our results revealed the need to provide counseling on smartphone usage and managing the time spent on the internet not only for nursing students but for all university students. These students should also be monitored later on.

The students who were afraid to forget their smartphones were seen to have a high risk of becoming addicted to smartphones in this study (Table 3). Smartphone addiction has been shown to increase as the fear of forgetting the smartphone increases.<sup>33,35</sup> Daei et al<sup>35</sup> in Iran and Jilisha et al<sup>33</sup> in India found that it is common to experience intense anxiety when students forget to take their smartphone with them or when their charge is depleted and that this is associated with addiction to the internet, social media, and the smartphone. Ayar, Özalp Gerçeker, Özdemir, and Bektaş<sup>36</sup> found students to experience anxiety regarding not being able to stay away from the smartphone due to their problematic Internet usage in their study on 755 students in Turkey.

We found that the students who experienced more discomfort after losing their smartphones than after losing their wallet had a higher risk of smartphone addiction. In addition, the level of determining daily goals was also found to be decreased in students who were equally uncomfortable about losing their wallets and smartphones. Smartphones used by the young population especially influence the individual's priorities, habits, and behaviors. This situation may compromise the school, family, and social life and the social interactions with family and friends, deteriorate the physical health, and decrease the academic success of the students who use their phone for hours.<sup>5,6,8,28,37,38</sup> In our research, the presence of students who were more concerned about losing their smartphone rather than the wallet with identity and money in which proves the existence and is important in meeting their primary needs was noteworthy. It is thought that these students should be evaluated at the point of addiction, and it would be beneficial for them to get counseling services in the early period.

As the risks of the students' smartphone addiction increased, their levels of determining daily goals decreased in this study. This may suggest that students are not able to establish daily goals due to smartphone addiction. On the other hand, it is possible that students whose ability to determine daily goals is impaired are closer to the risk of smartphone addiction. The fact that the individual has a goal or purpose to achieve during the day ensures that his/her time is spent on meaningful things.<sup>39</sup> Samaha and Hawi<sup>34</sup> and Aktürk et al<sup>1</sup> reported a high level of smartphone addiction risk in university students with low academic success. Students with a high risk of smartphone addiction in our study had difficulty determining daily goals and achieving them. We believe that the students start to get used to this deterioration and see it as normal and then do not take care of their responsibilities or various tasks and duties such as completing a project before its deadline or preparing for exams.

A descriptive study on university/higher education students of various technical institutes in India by Nayak<sup>40</sup> has shown both male and female students got addicted to smartphones, thus affecting their academic performance. Thus, it can be said that the risky use of the smartphone affects the candidate student for every profession group in the society.

## 5 | LIMITATIONS

This study has certain limitations such as a small sample size, only nursing students being included, and the data collection tools being based on self-reporting.

## 6 | CONCLUSIONS

Smartphones have become indispensable parts of life. Nowadays, almost everyone has a smartphone, and the improper use of smartphones or using them just to spend the time can result in significant time loss in the individual's daily life. The risk of smartphone addiction was increased in the participants who used smartphones for more than 5 hours a day, were afraid of forgetting their smartphone, and were more afraid of losing their smartphone than losing their wallet in this study. Our findings indicate that spending time with a smartphone for more than an hour a day decreases the determination and realization of the individuals' daily goals, resulting in increased smartphone addiction risk. This has revealed the necessity of training and consultancy programs where the importance of time management, goal determination, and questioning life, as well as the negative effects of smartphone use on daily life and academic performance can be evaluated together. Such a program can increase the level of awareness and prevent problematic smartphone use.

Educators have an important obligation to educate health care professionals who will protect the mental health of and become a model for other individuals in the society. The risky or problematic use of smartphones should, therefore, not be ignored. The effects of education and counseling programs that will prevent the use of smartphones and the associated risk of addiction should be investigated in not only health care professionals but also every age group and for different disciplines in future studies.

## 7 | NURSING IMPLICATIONS

As the risks of students' smartphone addiction increase, their daily goal setting levels decreased. Therefore, education and counseling programs that will prevent the risky use of smartphones and the associated risk of addiction should be provided for nursing students.

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## CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

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