Frontiers in Health Informatics
ISSN-Online: 2676-7104
www.healthinformaticsjournal.com
2024; Vol 13: Issue 3
Open Access

Nomophobia and BMI Among Health Care Providers: A Prevalence and Association Study.

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Cite this paper as: Sarah Ahmed Abdelmoaty (2024) Nomophobia and BMI Among Health Care Providers: A Prevalence and Association Study. *Frontiers in Health Informatics, 13* (3), 4539-4546

Abstract
Background: *These days, smartphones are used in many aspects of our lives, particularly in the medical industry. One of the drawbacks of mobile phones that has significantly increased in recent years is nomophobia, also known as "No Mobile Phobia," which is the dread of feeling uneasy without a cell phone.*
Aim: *Assess the prevalence of nomophobia among health care providers and assess its relation to BMI.*
Methods: 137 participants were assessed for nomophobia level using nomophobia questionnaire as well as BMI assessment and their sociodemographic characters, the correlation between nomophobia level and BMI was assessed.
Results: *All the participants involved in the study (n=137) had nomophobia 100%, most of the participants had moderate nomophobia 59.85% and 16.79% had severe nomophobia and 23.36% had mild nomophobia, there was a significant positive correlation between nomophobia level and BMI.*
Conclusion: *As a common health issue in the modern world, nomophobia needs to be addressed and managed as well as it's associations and consequences.*
Key words:

Introduction

Since the invention of telegraphs, telephones, letters, pigeons, and Morse codes, communication has been a crucial aspect of social interaction in human history.1
Throughout the pandemic, mobile devices have been extensively utilized in the medical field to track patient outcomes.2
Nomophobia or -No Mobile PHOBIA- providing an original term, is the fear of feeling uncomfortable without a cell phone.3
Recent research has connected improper and excessive usage of mobile phones to several health disorders, such as chronic dry eye syndrome, lifestyle disorders like hyperactivity and burnout syndromes, and postural issues as well as increased body weight.4

Method:

Doctors working in the researcher's organization participated in a cross-sectional study.
Physicians who currently work at the researcher's institution, own and use a smartphone, and comprehend spoken English instructions were among the inclusion criteria.
Taking drugs that could impact psychological status and having a confirmed mental illness were among the exclusion criteria.
The protocol of the study was reviewed and approved by the institutional ethical committee.
The researcher gave a brief introduction to the study's potential participants at the outset.

All consenting individuals were then asked to provide written consent and provide a thorough background that included sociodemographic information.

After participants gave their consent, a physical examination was performed to determine their BMI.
A self-administered nomophobia questionnaire of twenty statements was then employed. Responses were recorded using a seven-point Likert scale, where seven indicates strong agreement and one indicates significant disagreement. Scores on the questionnaire that ranged from 21 ≤ to < 60 showed mild nomophobia. However, a moderate level of nomophobia was indicated by scores between 60 and less than 100, while a severe level was indicated by values between 100 and 140. (5)
The correlation between the nomophobia level and BMI was assessed.

Results:
Regarding the participants characteristics, 59.85% of the participants were females.
All the participants involved in the study (n=137) had nomophobia 100%, most of the participants had moderate nomophobia 59.85% and 16.79% had severe nomophobia and 23.36% had mild nomophobia.
Regarding the BMI 45.25% of the participants were of normal weight, while 33.58% were overweight and the remaining participants were obese.
There was a significant (p= 0.001) weak positive correlation between nomophobia level among the study participants and BMI as demonstrated in figure (1), with a correlation coefficient (r=0.274).

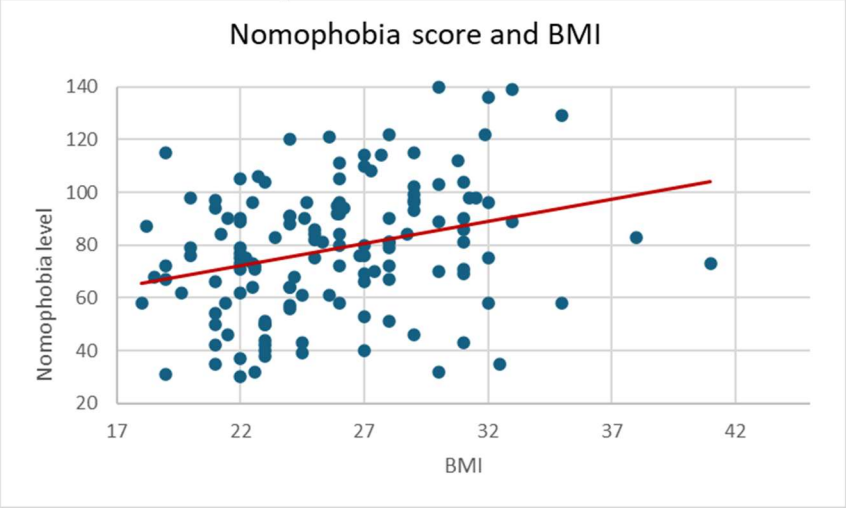

Figure 1: Correlation between nomophobia level and BMI among participants.

Discussion
Concerning nomophobia, as the study progressed, all the participants involved were found to have nomophobia (100%), most of the participants had moderate nomophobia (59.85%) and (16.78%) had severe nomophobia.

These findings are close to the findings of (Jahrami et al.,) as they stated in their study that the nomophobia level among participants was (100%), with (73%) of the participants having moderate nomophobia and (21%) of the participants suffering from severe nomophobia.6

Also, in the study of (Hala etal.,), The prevalence of both nomophobia was (100%) among the medical residents and about (54.8%) of participants had moderate nomophobia and (27.1%) had severe nomophobia. 7
While, in the study of (Devi & Masih,) (53.3%) of participants had moderate nomophobia and (43.3%) had severe nomophobia, this difference in the percent of severe nomophobes may be attributed to that the investigator used a convenient sampling technique aiming to collect a larger sample of moderate and severe nomophobes to study the effect of the proposed psychoeducation program on the level of nomophobia.8
Regarding BMI In this study, there was a significant weak positive correlation between nomophobia level

among the study participants and BMI.

In contrast to this study, (Ince) stated in their study that there was no significant correlation between nomophobia and obesity, and this difference from the current study could be due to the fact that most of the participants (84.2%) included in their study were either underweight or of normal BMI.9.

Conclusion

Nomophobia is a widespread phenomenon in this modern age that has a negative impact on several aspects of human health including BMI and obesity that need close observation and follow up.

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