

The relationship between screen addiction and social isolation in nursing students

İrem Nur ÖZDEMİR DEMİRER^a, Abdullah YÜZDAĞ^b, Mehmet Nuri KARAKAYA^c, Hüseyin ÇELEBİ^d, Erkan ÜSTÜN^e, Emir AKSOY^f

ABSTRACT

Objective: This study aims to determine the relationship between screen addiction and levels of social isolation among nursing students. **Method:** This descriptive, cross-sectional study was implemented between November and December 2025 and included 251 nursing students. The data collection tools included a descriptive characteristics form, screen addiction scale and social isolation scale form were utilized to collect data. An independent samples t-test was applied to compare mean scores of screen addiction and social isolation between two sociodemographic groups, while Bonferroni-corrected one-way ANOVA was used for comparisons among three or more groups. The association between screen addiction scores and social isolation scores was assessed using Pearson correlation analysis. A p-value of <0.05 was accepted as the threshold for statistical significance. **Results:** Participants had a mean age of 21.09 ± 1.58 years, and 60.2% of them were women. The mean score on the screen addiction scale was 51.73 ± 19.46 and the mean score on the social isolation scale was 20.01 ± 7.18 . The mean score on the screen addiction demonstrated a moderate, positive correlation with the mean score on the social isolation scale. It was determined that students who spent more than nine hours per day in front of screens, felt restless when not using digital devices, and did not implement strategies to limit their device use had significantly higher screen addiction scores. **Conclusions:** The study found a moderate, positive and significant relationship between screen addiction and social isolation. These results underscore the interrelationship between excessive digital device use and social isolation, emphasizing the importance of addressing screen-related behaviours to promote psychological well-being and social engagement among nursing students.

Keywords: addiction, nursing, students, social isolation

Hemşirelik öğrencilerinde ekran bağımlılığı ve sosyal izolasyon arasındaki ilişki

ÖZET

Amaç: Bu çalışma, hemşirelik öğrencilerinde ekran bağımlılığı ile sosyal izolasyon düzeyleri arasındaki ilişkiyi belirlemeyi amaçlamaktadır. **Yöntem:** Tanımlayıcı ve kesitsel tipteki bu çalışma Kasım-Aralık 2025 tarihleri arasında 251 hemşirelik öğrencisi ile gerçekleştirilmiştir. Veriler ekran bağımlılığı ve sosyal izolasyon ölçekleri ile toplanmıştır. İki sosyodemografik grubun ekran bağımlılığı ve sosyal izolasyon puan ortalamalarını karşılaştırmak için bağımsız örneklem t-testi, üç veya daha fazla grup arasındaki karşılaştırmalar için tek yönlü ANOVA, ölçekler arasındaki ilişki Pearson korelasyon analizi kullanılarak değerlendirilmiştir. İstatistiksel anlamlılık için p değeri <0.05 olarak kabul edilmiştir. **Bulgular:** Katılımcıların yaş ortalaması 21.09 ± 1.58 yıldır. Ekran bağımlılığı ölçeği puan ortalaması 51.73 ± 19.46 , sosyal izolasyon ölçeği puan ortalaması ise 20.01 ± 7.18 . Ekran bağımlılığı ölçeği puan ortalaması ile sosyal izolasyon ölçeği puan ortalaması arasında orta düzeyde pozitif bir korelasyon bulunmuştur. Günde dokuz saatten fazla ekranda zaman geçiren, dijital cihaz kullanmadıklarında huzursuz hisseden, cihaz kullanımını sınırlama stratejileri uygulamayan öğrencilerin ekran bağımlılığı puanları anlamlı derecede daha yüksek bulunmuştur. **Sonuç:** Bu araştırma ekran bağımlılığı ile sosyal izolasyon arasında orta düzeyde, pozitif bir ilişki bulmuştur. Bu sonuçlar, aşırı dijital cihaz kullanımının ve sosyal izolasyonun karşılıklı ilişkisini vurgulayarak, hemşirelik öğrencilerinde sağlığın geliştirilmesinde psikolojik iyilik halini ve sosyal etkileşimi teşvik etmek için ekranla ilgili davranışların ele alınmasının önemini ortaya koymaktadır.

Anahtar Kelimeler: Bağımlılık, hemşirelik, öğrenciler, sosyal izolasyon

Geliş Tarihi: 08.04.2026

Kabul Tarihi: 27.07.2026

^aSağlık Bilimleri Üniversitesi, Hamidiye Hemşirelik Fakültesi, Halk Sağlığı Hemşireliği ABD İstanbul, Türkiye, e-posta: iremzur.ozdemir@sbu.edu.tr ORCID: 0000-0002-1122-0514

^bSağlık Bilimleri Üniversitesi Hamidiye Hemşirelik Fakültesi, İstanbul, Türkiye, e-posta: yuzdagabduallah1@gmail.com ORCID: 0009-0005-6004-9708

^cSağlık Bilimleri Üniversitesi Hamidiye Hemşirelik Fakültesi, İstanbul, Türkiye, e-posta: mehmetmurikarakaya7@gmail.com ORCID: 0009-0007-5606-5152

^dSağlık Bilimleri Üniversitesi Hamidiye Hemşirelik Fakültesi, İstanbul, Türkiye, e-posta: haseyinz.47750@gmail.com ORCID: 0009-0002-7990-8021

^eSağlık Bilimleri Üniversitesi Hamidiye Hemşirelik Fakültesi, İstanbul, Türkiye, e-posta: erkanustun44@icloud.com ORCID: 0009-0008-3839-2093

^fSağlık Bilimleri Üniversitesi Hamidiye Hemşirelik Fakültesi, İstanbul, Türkiye, e-posta: emir_aksoy123@outlook.com ORCID: 0009-0000-1216-8773

Sorumlu Yazar/Correspondence: İrem Nur Özdemir Demire e-posta: iremzur.ozdemir@sbu.edu.tr

Atıf/Citation: Özdemir Demire İN, Yüzdağ A, Karakaya MN, Çelebi H, Üstün E, Aksoy E. The relationship between screen addiction and social isolation in nursing students Journal of Health and Life Science 2026;8(2):73-80.

INTRODUCTION

Digital applications have become indispensable components of our daily lives. According to data published by the Turkish Statistical Institute in 2023, internet access in Türkiye approximately doubled between 2012 and 2023.¹ Advancements in technology and contemporary living conditions have enabled individuals to meet many of their needs through the internet. Parallel to the increase in internet use, the amount of time individuals spend in front of screens has also risen.² In some cases, prolonged screen exposure may lead to addictive patterns characterized by reluctance to spend time without screens and difficulty resisting being online. Screen addiction poses a risk to young people's ability to use their time efficiently. The internet stimulates emotions and evokes excitement and curiosity. While the internet and computer games are considered technological innovations that facilitate access to information, research activities, and the development of personal skills such as problem-solving, creativity, and critical thinking, their excessive, unconscious, and uncontrolled use can give rise to numerous problems. Broadly defined, screen addiction refers to prolonged use of screen-based devices such as televisions, tablets, and mobile phones, and the inability to refrain from using these devices even when there is no actual need. If not used appropriately, technology carries a risk of fostering addictive behaviours. This risk is particularly pronounced among children and adolescents who have been exposed to emerging technologies since birth and for whom such technologies are an integral and familiar part of daily life.³ Referred to as Generation Z, individuals born between 2000 and 2012 have grown up immersed in the digital world and spend a substantial portion of their 24-hour day online and in front of screens.

When used unconsciously, these screens, despite their potential to facilitate daily life may instead contribute to increasing difficulties rather than alleviating them. Loss of self-control and the excessive, unregulated use of technology and screen-based devices can lead to serious adverse consequences. The visual and auditory stimuli delivered through screens may further reinforce individuals' tendencies toward addictive behaviours. The desire to escape from real life, to avoid situational anxiety, or to distance oneself from distressing thoughts may drive individuals toward increased screen use. Easy access to desired information via digital platforms may lead individuals to disengage from reading books or conducting in-depth research. Similarly, a child who can effortlessly play any desired game on a screen may withdraw from social interactions and may subsequently fail to develop essential social skills needed throughout life. Moreover, excessive screen use has been associated with various psychological problems, including escapism from reality, low frustration tolerance,

personality disturbances, and elevated levels of anxiety.⁴⁻⁶

Social isolation is defined as "a condition in which an individual is unable to communicate with others, loses a sense of social belonging, engages in very limited social interaction, and such interactions are insufficient to maintain meaningful relationships." This definition encompasses both subjective and objective criteria. Specifically, social isolation is characterized by minimal contact with others and limited participation in community activities.⁷ It refers to a state in which individuals increasingly withdraw from society and other people, often accompanied by feelings of loneliness. Screen addiction typically restricts social interactions as individuals spend excessive amounts of time on digital devices, thereby contributing to social isolation.⁸ Excessive and uncontrolled screen use has been linked to a range of negative outcomes, including social isolation, loneliness, sleep disturbances, and diminished psychological well-being. From a public health perspective, such behavior represents a behavioral risk factor that warrants attention through primary prevention strategies.

Studies conducted with university students have demonstrated a significant association between smartphone addiction and loneliness.⁹⁻¹⁰ With the growing prevalence of screen addiction among young individuals, nursing students are among the groups affected by this digital transformation. Previous research involving nursing students primarily focused on smartphone or mobile phone addiction and its relationship with loneliness, social and emotional loneliness, or social anxiety. These studies have shown that higher levels of smartphone addiction are associated with increased loneliness and poorer psychosocial well-being.¹¹⁻¹² However, smartphone addiction represents only one aspect of digital technology use. With the widespread use of tablets, computers, televisions, and multiple internet-connected devices for both educational and recreational purposes, screen addiction has emerged as a broader behavioral construct that better reflects overall digital exposure. Despite this shift, few studies have specifically examined the relationship between screen addiction and social isolation among nursing students. Nursing students are among the groups most affected by this digital transformation. Intensive academic demands require prolonged use of digital devices for online learning, accessing educational resources, and completing academic activities. At the same time, nursing education aims to develop effective communication, empathy, interpersonal sensitivity, and therapeutic relationship skills, which are primarily strengthened through face-to-face interactions, clinical practice, and social engagement. Excessive screen addiction, accompanied by increased social isolation, may adversely affect the development of these essential professional competencies. By specifically

examining the relationship between screen addiction and social isolation among nursing students, the present study addresses an important gap in the literature and provides evidence that may guide interventions promoting healthy digital behaviours, psychosocial well-being, and professional competency development among future nurses. Accordingly, this study aims to determine the relationship between screen addiction and levels of social isolation among nursing students. In line with this objective, the following research questions will be addressed:

- What is the level of screen addiction and social isolation among nursing students?
- Is there a relationship between screen addiction and social isolation in nursing students?

METHOD

Study design

This study is a descriptive and cross-sectional study.

Study setting and sample

The study population consisted of students enrolled in the Faculty of Nursing at a public university on the Anatolian side of İstanbul. According to the enrolment records for the 2025–2026 academic year, 640 students were registered in this faculty. The sample size was calculated using a known-population formula to ensure representativeness, with a 95% confidence interval and a 5% margin of error. Based on this calculation, the required sample size was determined to be 241 students, and the study was completed with 251 participants. Inclusion criteria for participation in the study were as follows: actively continuing their education, voluntarily agreeing to participate in the research, being older than 18 years, and having no physical or mental illnesses or disabilities.

Data Collections Tools

A descriptive characteristics form, screen addiction scale and social isolation scale form were utilized to collect data.

Descriptive Characteristics Form: The questionnaire consisted of 10 items regarding the students' personal characteristics and their perspectives on screen addiction, and it was developed by the researchers based on the literature.^{8,13,14}

Screen Addiction Scale (SAS): The scale, developed by Tekin in 2024, consists of 21 items across four subdimensions. The first subdimension, Negative Consequences–Compulsive Use, includes 7 items; the second subdimension, Mood Regulation, comprises 4 items; the third subdimension, lying about Use, contains 4 items; and the fourth subdimension,

Withdrawal–Loss of Interest, consists of 6 items. Respondents rate each item on a 5-point Likert scale, where 1 indicates strong disagreement and 5 indicates strong agreement. Total scores on the scale range from 21 to 105, with higher scores indicating higher levels of screen addiction. There are no reverse-scored items on the scale. The Cronbach's alpha coefficient for the scale was reported as 0.925.¹⁵ Cronbach's alpha for the scale in the current study was calculated as 0.962.

Social Isolation Scale (SIS): The scale was developed by Çelikbaş and Tatar in 2021 and consists of 14 items. There are no reverse-scored items. Each item is rated on a 3-point scale. Each item is rated on a 3-point Likert scale ranging from 1 ("does not describe me at all") to 3 ("describes me well"). The total score is calculated by summing the scores of all 14 items, with higher total scores indicating higher levels of social isolation. Cronbach's alpha internal consistency reliability coefficient of the Social Isolation Scale was reported as 0.92.¹⁶ Cronbach's alpha for the scale in the current study was calculated as 0.956.

Data Collection

Data for the study were collected between November and December 2025 from nursing students at a university located on the Anatolian side of İstanbul. Prior to data collection, students were provided with an informed consent form, and both verbal and written consent were obtained. The study was conducted in accordance with the ethical principles of the Declaration of Helsinki. Ethical approval was obtained from the University of Health Sciences Hamidiye Non-Interventional Scientific Research Ethics Committee before data collection. Students who agreed to participate completed the questionnaire through face-to-face interviews under the supervision of the researchers. The administration of the questionnaire took approximately 15–20 minutes on average.

Statistical Analysis

Statistical Package for the Social Sciences-version (SPSS) 22.0 software was used for statistical analyses. While evaluating the study data, descriptive statistical methods (mean, standard deviation, median, frequency, percentage, minimum, and maximum) were employed. The normality of the data was examined using the Shapiro–Wilk test. For data showing a normal distribution, the t-test and ANOVA were applied, and Bonferroni post-hoc tests were conducted for statistically significant ANOVA results. Pearson correlation analysis was used to examine relationships, and a significance level of $p < 0.05$ was adopted.

RESULTS

Participants had a mean age of 21.09 ± 1.58 years, and 60.2% of them were women. Among the students,

42.6% reported spending 5–8 hours per day on screens, 42.6% indicated feeling restless or irritable when not using digital devices and 76.9% stated that they do not implement any strategies to limit their use of digital devices (Table 1).

The mean score on the Screen Addiction Scale was 51.73 ± 19.46 and the mean score on the Social Isolation Scale was 20.01 ± 7.18 . A moderate positive correlation was observed between the SAS and SIS scores ($r = 0.583$, $p < 0.001$) (Table 2).

Table 1. Demographic characteristics of the participants (n= 251)

Characteristics	n (%)	X ± SD (Min-Max)
Age (year)		21.09± 1.58 (18-27)
Gender		
Female	151 (60.2)	
Male	100 (39.8)	
Class		
1	62 (24.7)	
2	47 (18.7)	
3	64 (25.5)	
4	78 (31.1)	
How many hours per day do you use digital devices (e.g., mobile phones, computers, tablets, television)?		
1-4 hours	95 (37.9)	
5-8 hours	107 (42.6)	
More than 9 hours	49 (19.5)	
Do you feel restless or irritable when you are unable to use digital devices?		
No	144 (57.4)	
Yes	107 (42.6)	
Do you prefer spending time on digital devices rather than spending time with your friends?		
No	165 (65.7)	
Yes	86 (34.3)	
Do you implement any strategies to limit your use of digital devices?		
No	193 (76.9)	
Yes	58 (23.1)	

X= Mean, SD= Standard Deviation, Min= Minimum, Max= Maximum

Table 2. The mean scores on the Screen Addiction Scale and Social Isolation Scale and their correlations (n= 251)

	Mean	SD	Min-Max	Correlation
SAS	51.73	19.46	21.00-105.00	
SIS	20.01	7.18	14.00-42.00	
SAS * SIS				$r=0.583$; $p < 0.001$

SD= Standard Deviation, r= correlation, Pearson correlation, $p < .001$
SAS: Screen Addiction Scale, SIS: Social Isolation Scale

Significant differences were found in screen addiction and social isolation levels according to students' class years ($p < 0.05$). According to the Bonferroni post-hoc analysis, the mean screen addiction score of second-year students was significantly higher than that of students in other years ($p < 0.05$). Students who spent more than 9 hours in front of screens felt restless when not using digital devices, preferred spending time with digital devices over socializing with friends and did not limit their digital device use to have higher scores on the screen addiction scale ($p < 0.05$). Furthermore, students who spent more than 9 hours in front of screens felt restless when not using digital devices, preferred spending time with digital devices over socializing with friends and did not limit their digital device use also had higher scores on the social isolation scale ($p < 0.05$) (Table 3).

DISCUSSION

The present findings suggest that increased screen addiction is associated with higher levels of social isolation among nursing students, highlighting the potential psychosocial consequences of excessive digital device use. This relationship may be explained by the displacement of face-to-face social interactions, reduced opportunities for meaningful interpersonal engagement, and increased reliance on digital communication, all of which have been recognized as important factors influencing nursing students' social well-being. These findings reinforce growing concerns regarding the impact of excessive screen use on the psychosocial development of future healthcare professionals.

In our study, 42.6% of the students reported spending 5–8 hours per day in front of a screen, a finding that supports the high prevalence of screen dependency and problematic technology use among the young population. Similarly, studies in the literature indicate that high levels of social media and smartphone use are common among nursing students, with reported daily screen time reaching 4-5 hours or more.¹⁷ These findings suggest that screen use has become an integral component of daily life and may constitute a potential burden for students.

Table 3. The comparison of the mean scores on the SAS and the SIS between descriptive characteristics (n= 251)

Characteristics	SAS	SIS
Gender		
Female	50.22±16.84	33.30±9.30
Male	54.02±22.75	30.94±10.11
t- test	-1.516 p=0.131	-1.883 p=.061
Class		
1	45.58±12.59	20.00±7.30
2	73.51±17.14	23.57±7.18
3	47.10±19.26	18.65±6.96
4	47.29±16.31	19.00±6.67
ANOVA	33.849 p <0.001*	
	1vs2<0.05	5.397 p=0.001*
	2vs3<0.05	2vs3<0.05
	2vs4<0.05	2vs4<0.05
How many hours per day do you use digital devices (e.g., mobile phones, computers, tablets, television)?		
(1) 1-4 hours	40.75±12.65	18.50±6.25
(2) 5-8 hours	49.89±14.32	19.10±6.43
(3) More than 9 hours	77.04±17.34	24.57±8.32
ANOVA	69.050 p <0.001*	
	1vs2<0.05	9.611 p <0.001*
	1vs3<0.05	1vs3<0.05
	2vs3<0.05	2vs3<0.05
Do you feel restless or irritable when you are unable to use digital devices?		
No	42.73±11.81	17.99±5.83
Yes	63.85±21.13	22.73±7.91
t- test	-10.061 p <0.001*	-5.465 p <0.001*
Do you prefer spending time on digital devices rather than spending time with your friends?		
No	42.78±12.52	18.11±5.86
Yes	68.90±18.90	23.66±8.06
t- test	-13.082 p <0.001*	-6.228 p <0.001*
Do you implement any strategies to limit your use of digital devices?		
No	63.84±23.00	23.31±8.60
Yes	48.09±16.68	19.02±6.40
t- test	-5.738 p <0.001*	-4.106 p <0.001*

F= One-way ANOVA, Bonferroni, t= Independent sample t-test <.05
SAS: Screen Addiction Scale, SIS: Social Isolation Scale

In the present study, 76.9% of the students reported that they did not implement any strategies to limit their screen use, suggesting that problematic screen engagement is associated not only with duration but also with insufficient self-regulation skills. A study conducted by Gökçearslan et al. (2016)¹⁸ demonstrated that lower levels of self-regulation significantly increased problematic smartphone use. This finding is consistent with the literature indicating that screen addiction and problematic usage behaviours are often linked to a lack of individual awareness and inadequate strategy development.¹⁹ Among nursing students, the implementation of digital detox practices or similar control strategies has been shown to be effective in reducing screen use. Moreover, insufficient ability among nursing students who are future health professionals to manage their own digital health behaviors may affect not only their individual well-being but also their future roles as counsellors and role models. Therefore, incorporating content into the nursing curriculum that strengthens digital health literacy, promotes conscious technology use, and enhances self-regulation skills may be considered a preventive approach to reducing the risk of screen addiction.

The study identified a moderate, positive, and statistically significant relationship between screen

addiction and social isolation. A study conducted among university students in China reported that social isolation had a direct effect on smartphone addiction and that loneliness functioned as a significant psychological mediator strengthening this relationship.⁹ Similarly, another study involving nursing students found a positive association between smartphone addiction and levels of loneliness.¹¹ These findings demonstrate the association between problematic screen or smartphone use and social isolation and loneliness, suggest that increased time spent in digital environments may reduce face-to-face social interactions, thereby reinforcing perceptions of social isolation. Excessive engagement with digital devices may reduce opportunities for meaningful face-to-face interactions and participation in social activities, while socially isolated individuals may increasingly rely on digital environments to meet their communication and emotional needs. This cycle may further intensify both screen addiction and social isolation over time. Nursing education is fundamentally grounded in communication, empathy, and the development of therapeutic relationships. An increase in social isolation and a decline in face-to-face interactions may indirectly hinder the development of students' social communication skills. Therefore, the positive relationship between screen addiction and

social isolation should be evaluated not only in terms of individual psychosocial well-being but also regarding professional development.

In the present study, students who reported experiencing restlessness and similar negative emotions when not using digital devices had significantly higher screen addiction scores. This finding is consistent with the literature indicating that withdrawal symptoms are associated with problematic screen use. The condition described in the literature as nomophobia defined as the fear of being without a mobile phone or digital device is considered a significant indicator that may trigger anxiety, restlessness, or stress-related symptoms in individuals. Previous studies have demonstrated that such withdrawal symptoms tend to co-occur with higher levels of problematic use.^{20,21} This finding may be explained by the development of psychological dependence on digital devices, whereby individuals increasingly rely on screen-based activities for emotional regulation, stress relief, or coping with boredom. Consequently, being unable to access digital devices may trigger discomfort and reinforce repetitive patterns of screen use. This indicates that screen addiction is influenced not only by the amount of time spent in front of screens but also by how individuals emotionally and behaviorally respond when they are unable to use digital devices. Therefore, beyond merely measuring screen time, individuals' emotional and behavioral responses should also be considered in the assessment of screen addiction. Furthermore, our study revealed that nursing students who preferred spending more time with digital devices rather than engaging in face to face interactions with friends, as well as those who did not limit their digital device use, had significantly higher scores on the social isolation scale. This finding aligns with the literature demonstrating a relationship between screen focused social interaction preferences and the weakening of social bonds.^{10,22} Excessive screen use may restrict opportunities for in person social interaction, thereby increasing feelings of social isolation among students. Therefore, regulating screen use habits and controlling screen time may play an important role in reducing the risk of social isolation and in supporting both the individual and professional social competencies of students. Particularly in a group such as nursing students, for whom social skills are critical to professional competence, the substitution of face to face communication with online interactions may have important implications not only for individual psychosocial well-being but also for the development of future clinical and professional interaction skills.

Although this study examined the relationship between screen addiction and social isolation among nursing students, several limitations should be acknowledged. First, the cross-sectional design of the study precludes causal inferences. Second, the sample was limited to students from a single university, which may restrict

the generalizability of the findings to a broader population of nursing students. Third, the use of self-report instruments for data collection introduces the potential for bias, including social desirability and recall bias.

CONCLUSION

In this study, a positive and statistically significant relationship was identified between screen addiction and social isolation among nursing students. In particular, students who spent prolonged periods in front of screens, experienced restlessness when not using digital devices, preferred engaging with digital devices rather than spending face-to-face time with friends and did not limit their screen use obtained higher scores in both screen addiction and social isolation. These findings indicate that intensive screen use is closely associated with loneliness and a lack of social connectedness.

Considering these results, it is recommended that nursing students develop greater awareness in managing their digital screen use and adopt effective self-regulation strategies. Universities and educational programs may provide digital awareness training, time management support and structured social activity programs to encourage students to consciously regulate their screen time. Furthermore, to reduce the risk of social isolation and to strengthen professional communication competencies, face to face interactions among nursing students may be enhanced through group work, simulation-based learning, and structured social skills activities.

Ethical Consideration

The research was carried out following the ethical guidelines of the Declaration of Helsinki. Ethical approval for the study was obtained from the University of Health Sciences Hamidiye Non-Interventional Scientific Research Ethics Committee (Date: 29.05.2025 /Decision number: 12/12). In addition, written permission was obtained from the Faculty of Nursing at the university where the study was conducted (Date: 07.10.2025 /Decision number: 7189). Participants provided informed consent prior to the commencement of the study. Consent to use the scales for data collection was also obtained from the developers via e-mail.

Author Contributions

Study idea/design: İNÖD

Data collection: İNÖD, AY, MNK, HÇ, EÜ, EA

Data analysis and interpretation: İNÖD

Literature review: İNÖD

Writing of the article: İNÖD

Critical review: İNÖD

Final approval and accountability: İNÖD

Conflict of Interest: The authors declare no conflict of interest.

Financial Support: The authors declare no financial support.

REFERENCES

1. Turkish Statistical Institute [Internet]. Accessed: [https://data.tuik.gov.tr/Bulten/Index?p=Hanehalki-Bilisim-Teknolojileri-\(BT\)-Kullanim-Arastirmasi-2023-49407](https://data.tuik.gov.tr/Bulten/Index?p=Hanehalki-Bilisim-Teknolojileri-(BT)-Kullanim-Arastirmasi-2023-49407) Accessed date: 06.02.2026
2. Brooks SK, Webster RK, Smith LE, Woodland L, Wessely S, Greenberg N, et al. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet*. 2020;395(10227):912-20. [https://doi.org/10.1016/S0140-6736\(20\)30460-8](https://doi.org/10.1016/S0140-6736(20)30460-8)
3. Dinç M. Technology addiction and youth. *Gençlik Araştırmaları Dergisi*. 2015;3(3):31-65.
4. Balhara YPS, Verma K, Bhargava R. Screen time and screen addiction: beyond gaming, social media and pornography—a case report. *Asian J Psychiatr*. 2018;35:77-8. <https://doi.org/10.1016/j.ajp.2018.05.020>
5. Chang FC, Chiu CH, Chen PH, Miao NF, Chiang JT, Chuang HY. Computer/mobile device screen time of children and their eye care behavior: the roles of risk perception and parenting. *Cyberpsychol Behav Soc Netw*. 2018;21(3):179-86. DOI:[10.1089/cyber.2017.0324](https://doi.org/10.1089/cyber.2017.0324)
6. Lin TTC, Kononova A, Chiang YH. Screen addiction and media multitasking among American and Taiwanese users. *J Comput Inf Syst*. 2019;60(6):583-92. <https://doi.org/10.1080/08874417.2018.1556133>
7. Liang Y, Hao Q, Wu M, Hou L. Social isolation in adults with cancer: an evolutionary concept analysis. *Front Psychol*. 2022;13:973640. <https://doi.org/10.3389/fpsyg.2022.973640>
8. Tateno M, Teo AR, Ukai W, Kanazawa J, Katsuki R, Kubo H, et al. Internet addiction, smartphone addiction, and hikikomori trait in Japanese young adults: social isolation and social network. *Front Psychiatry*. 2019;10:455. <https://doi.org/10.3389/fpsyg.2019.00455>
9. Wang Y, Ma Q. The impact of social isolation on smartphone addiction among college students: the multiple mediating effects of loneliness and COVID-19 anxiety. *Front Psychol*. 2024;15:1391415. <https://doi.org/10.3389/fpsyg.2024.1391415>
10. Mestre-Bach G, Paiva U, San Martín Iniguez L, Beranuy M, Martín-Vivar M, Mallorquí-Bagué N, et al. The association between internet-use-disorder symptoms and loneliness: a systematic review and meta-analysis with a categorical approach. *Psychol Med*. 2025;55:e77. <https://doi.org/10.1017/S0033291725000376>
11. Sönmez M, Gürlek Kısacık Ö, Eraydın C. Correlation between smartphone addiction and loneliness levels in nursing students. *Perspect Psychiatr Care*. 2021;57(1):82-7. <https://doi.org/10.1111/ppc.12527>
12. Lazo-Caparrós MD, Gómez-Urquiza JL, González-Díaz A, Pérez-Conde I, Gómez-Torres P, Membrive-Jiménez MJ. Assessment Tools and Psychosocial Consequences of Smartphone Addiction in Nursing Students: A Systematic Review and Meta-Analysis. *Healthcare (Basel)*. 2025;13(20):2639. <https://doi.org/10.3390/healthcare13202639>
13. Gökalp ZŞ, Saritepeci M, Durak HY. The relationship between self-control and procrastination among adolescents: the mediating role of multi-screen addiction. *Curr Psychol*. 2023;42(15):13192-203. <https://doi.org/10.1007/s12144-021-02472-2>
14. Al-Kandari YY, Al-Sejari MM. Social isolation, social support and their relationship with smartphone addiction. *Inf Commun Soc*. 2021;24(13):1925-43. <https://doi.org/10.1080/1369118X.2020.1749698>
15. Gökçe Tekin Ö. Development and validation of a screen addiction scale for students. *Educ Inf Technol*. 2024;29:23859-76. <https://doi.org/10.1007/s10639-024-12812-x>
16. Çelikbaş B, Tatar A. Loneliness Scale, Solitude Scale and Social Isolation Scale: development and initial validation studies. *Soc Ment Res Thinkers J (SMART J)*. 2021;7(43): 597-676 <https://doi.org/10.31576/SMRYJ.847>
17. Yadav R, Arora S, Phalswal U, Dixit P. Smartphone addiction, insomnia, loneliness, and self-esteem among nursing students: a correlation study. *Florence Nightingale J Nurs*. 2025;33:1-7. <https://doi.org/10.5152/FNJJN.2025.24272>
18. Gökçearsan Ş, Mumcu FK, Haşlamam T, Çevik YD. Modelling smartphone addiction: the role of smartphone usage, self-regulation, general self-efficacy and cyberloafing in university students. *Comput Human Behav*. 2016;63:639-49. <https://doi.org/10.1016/j.chb.2016.05.091>
19. Upendra S, Kaur J. Break from digital screen using digital detox program in nursing students. *Nurs Health Sci*. 2024;26(3):e13157. <https://doi.org/10.1111/nhs.13157>
20. Tams S, Legoux R, Léger PM. Smartphone withdrawal creates stress: a moderated mediation model of nomophobia, social threat, and phone withdrawal context. *Comput Human Behav*. 2018;81:1-9. <https://doi.org/10.1016/j.chb.2017.11.026>
21. Wilcockson TDW, Osborne AM, Ellis DA. Digital detox: the effect of smartphone abstinence on mood, anxiety, and craving. *Addict Behav*. 2019;99:106013. <https://doi.org/10.1016/j.addbeh.2019.06.002>

22. MacDonald KB, Schermer JA. Loneliness unlocked: associations with smartphone use and personality. *Acta Psychol (Amst)*. 2021;221:103454.
<https://doi.org/10.1016/j.actpsy.2021.10345>