

The Interaction between Social Media Addiction, Generational Grouping and Gender on an
Individuals Quality of Life

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Abstract

Aims: This study examined the relationship between generational groups and gender on social media addiction, while also investigating the impact they have on quality of life.

Method: Participants ($n = 106$) were recruited through a link posted on social media sites, containing demographic questions, the social media addiction scale and the quality of life and

satisfaction questionnaire. **Results:** Results of standard multiple regression showed that social media addiction was most prevalent amongst females and was seen more in younger generations such as Gen Z. A two-way between-groups Anova discovered that social media addiction, generational groups or gender had a statistically significant impact on a person's

quality of life. **Conclusion:** Findings demonstrate how social media is more prominent in younger generations when compared to older generations. No significant relationship between social media addiction and a person's quality of life was discovered, however a change in design may produce significant findings in the future.

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Literature Review

Social Media

Social media is an online tool that facilitates sharing information and networking through electronic forms of communication such as text, photos, and videos (Idrees & Ahmad, 2022). With the expanding development of the internet, social media platforms are growing creating updated and modern ways for people to socialise and work (Bojic, 2022). Johnston et al. (2013) state that the purpose of social networking sites was to create and maintain social connections, however Park et al. (2009) claim that social media has developed other primary objectives among its users such as self-seeking affirmations and information seeking. A study by Park and Lee (2014) explained that motivations to use social media can be summed up into a source of entertainment, enable relationship maintenance, a source of self-expression and a form of communication. The increasing popularity of social media over recent years has resulted in higher rates of social media addiction (Saputri & Yumarni, 2021).

Addiction

When discussing the term 'addiction' many are reminded of abusing chemicals such as drugs or alcohol, however addiction is what is used to describe a behaviour a person has from dependency of an object or substance (Baltaci, 2019). In accordance with the DSM, addiction is determined when a behaviour that was once preformed with ease to provide rewarding feelings while creating an escape from harsh realities, transforms into a behaviour that the individual can no longer control and is no longer manageable (Goodman, 1990). When a person is an addict their brain's motivational system allocates an unhealthy amount of priority to the object of addiction within the individuals life. West and Brown (2013) state that addiction can come in three forms: 1) when the motivational system shows abnormalities, however it was not caused by the addictive stimulus, 2) addictive stimulus

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directly affected the motivational system and 3) when motivational systems show normalities however, external environments have a negative effect, causing the individual to be unable to cope. Addiction can fall into one of these categories or have elements of multiple. This latter form is the type of addiction people have when they are addicted to social media, meaning there is no physical or biological component that is driving the addiction, the addiction is fuelled by their surrounding environment (West & Brown, 2013). Gökçearsan et al. (2021) explains that this behavioural addiction which is empowered by the individuals' surroundings can be difficult to overcome as those around them reinforce the addiction, creating difficulty when attempting to fight the addiction.

Addiction also has a biological component underpinning how an individual becomes dependant on a substance or object. A rush of dopamine is released from the ventral tegmental area in the mid brain which is transported to the limbic system and the brains frontal cortex when a social media addict enters a social media platform (Phillips et al., 2003). This release of dopamine gives a euphoric feeling to the individual causing dopamine levels to build in the synapses to an exceeding amount. After some time, the amount of building dopamine is not satisfactory for the person, and they need to increase their social media usage to feel this euphoric feeling. This need for satisfaction is what drives a person's addiction.

Social Media Addiction

Koob and Volkow (2010) claim that social media addiction occurs when the individual has a compulsion to use social media, finds themselves losing control of how they use it and display anxiety or irritability when withdrawn from it. In relation to social media, individuals often feel a sense of belonging and involvement within a community after the usage of platforms such as Facebook or Instagram, which acts as an emotional reward for them (Malak et al., 2022). This sense of belonging causes them to repeatedly visit the social

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media sites, with the time between each visit potentially increasing. This daily habit of scrolling through social media affects a growing total of 4.5 billion people (Abir et al., 2022). An increased amount of time spent on social media resulted in individuals reducing their physical social interactions (Idrees & Ahmad, 2022). Carmeli (2003) states that this lack of physical interaction results in reduced emotional intelligence. This in turn hinders individuals' ability to form mature successful relationships, which has been seen to cause an increase in loneliness and social anxiety (Baltaci, 2019; Jovanović et al., 2021; Rachubińska et al., 2021). Nur-A Yazdani et al. (2022) concludes that social media addiction is higher in males than females with Lin and Wang (2020) hypothesising that this is due to females having a higher awareness of the risks associated with the use of social media. This rise in social media addiction causes alarm as Soraci et al. (2020) states that the symptoms of those with an addiction to social networking sites share similarities to substance addiction, such as mood modification, withdrawal, creating conflict and relapse (Andreassen, 2015). However, many of these impacts can only be related to adolescents as there is limited research available on the impact of social media addiction on the greater population.

Teenagers often turn to social media when they are not socially fulfilled by their offline reality, to fulfil that sense of belonging (Marengo et al., 2022), This reliance on social media is seen to cause a decrease in imagination and creativity which also stints their productivity (Bojic, 2022; Hou et al., 2019). Social media has been a platform for those to post flattering and photoshopped images, with a person's attractiveness impacting their popularity (Rodgers & Melioli, 2016). Mohsenpour et al. (2023) explains that this can cause social comparison among young people potentially resulting in poor body image and troubling eating behaviours (Mesce et al., 2022). Addiction to social media is a growing issue within society, with Bojic (2022) claiming social media is the most addictive media outlet available, and Csibi et al. (2022) stating that it has an impact on people within many

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generational groups. The possible dangers of social media addiction cause many to question the future of younger generations and how to reduce their reliance on it. The development of algorithms explains one way a person can become addicted to social media.

Algorithms are one of the ways social media can present as an addictive substance. Many social media platforms use algorithms, which is a process where content is filtered to ensure the user is consuming content that is appropriate to them (Cetina-Presuel & Sierra, 2019). These social media platforms then expose individualised content, allowing users worldwide to receive information in a way that is tailored to them (Bojic, 2022). This customisation of filtered media was developed from a profitable perspective with large companies ensuring that individuals spend as much time as possible absorbed in custom content, without recognising the potential negative outcomes on people, impacting their quality of life (Bojic, 2022; Kaufhold et al., 2020). Every social media user consuming content specific to their interest makes it easier to continue using the platform and harder for them to put the device away.

Quality of Life

The investigation of a person's quality of life often includes examining the individual's perception of their social relationships, physical health, daily functioning, and their status economically while also interpreting their enjoyment and satisfaction in life (Rapaport et al., 2005). Within the volumes of research available, it can be concluded that poor levels of psychological wellbeing have a negative impact on a person's quality of life (Boals & Schuler, 2018). A person's mental well-being can be influenced by almost anything in their environment (Luk et al., 2022), however, the use of social media's impact on psychological well-being is an area of great interest due to its growing popularity within modern society.

Social Media and Quality of Life

Minhas et al. (2021) found that adults with an addiction have a lower quality of life which might be due to addiction controlling impulsivity levels which determines the level of control the person has over their life. This has been seen amongst those with social media addiction as Kaufhold et al. (2020) state that a symptom is difficulty putting devices away and Bojic (2022) explains that algorithms provide less control over the media you intakes. Garrison et al. (2022) discovered that their participants with a chronic illness will refrain from taking recommended medication for fear of growing an addiction, due to the social stigma surrounding addiction and addicts' quality of life. It was also discovered that those with addictions form a poorer quality of life as they are more susceptible to stress (Lichtenstein et al., 2019), which has been documented within multiple studies examining social media addiction (He et al., 2023; Idrees & Ahmad, 2022; Malak et al., 2022).

Addiction to social media has been seen to have negative implications on an individual's mental health, especially in relation to stress and anxiety levels (Malak et al., 2022) with Baltaci (2019) finding that reliance on social media leads to an increase in predominantly social anxiety. This is when the individual avoids public speaking, shows hesitancy when meeting new people, and worries about situations that include authority figures or controversy, feeding their comfort of communicating online. Turel et al. (2018) concluded that social media addiction had a negative impact on overall wellbeing with a stronger negative effect on females when compared with males. Keles et al. (2020) found that those who do not receive social support offline develop a dependency for mutual support online. This leaves them feeling vulnerable when searching for social support in the real world, leaving a gap of anxious feelings involved in reaching out to others. A solid social support network has been seen to improve quality of life levels both in the real world and

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online, which potentially leaves those dependent on social media with a poorer quality of life. Research displays a relationship between high levels of anxiety and social media addiction (Arslan et al., 2021; Şentürk et al., 2021), however Jovanović et al. (2021) stated that the negative implication of these is seen when social media is predominantly used to relieve boredom, comfort their own loneliness, and aid self-image.

Stress is another aspect of psychological well-being that is impacted by social media addiction. Stress is composed of multiple factors, such as psychological, physical, and emotional, that causes the body to display tension (Selye, 1966). It is an assumption among society that the usage of social media platforms would be stress inducing for multiple factors such as peer pressure, having to maintain a façade of having a perfect life and answering incoming messages in a timely manner among many others (Malak et al., 2022). The current literature shows mixed results in relation to if social media addiction causes high stress levels among its users with a study by Idrees and Ahmad (2022) concluding that there was no significant relationship between the two variables. On the contrary, studies by He et al. (2021) and Cannito et al. (2022) stated that there was a distinct relationship between the two variables. This inconsistency within the literature, alongside recognising that all studies were conducted within the same age cohort creates a bias in the research, concludes Sheppard-Jones et al. (2022) in their recommendation of further research.

Current Research

This study seeks to broaden the participant population in relation to other studies conducted on social media addiction. The sample size among available studies investigating social media addiction, were completed primarily on student samples (Baltaci, 2019; Hou et al., 2019; Tutgun-Ünal & Deniz, 2015; Zivnuska et al., 2019), with the remaining not addressing the age of the sample (Leong et al, 2019; Idrees & Ahmad, 2022). This encouraged the current study to investigate the greater population and not only the student

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population, but among many generational groups. To the researchers knowledge, there is no current studies researching the difference between generational groups and their addiction to social media. This study aims to investigate if the relationship that students have with social media is present among older generations. There was a fair distribution between males and females within previous literature, concluding that the available data is a true representation of the greater population in regard to gender.

To the researchers knowledge, no research has been completed on this topic to this degree as there is limited research investigating the direct relationship between an individual's quality of life and their social media addiction. This study will investigate the potential correlation between social media addiction, gender, and age among levels of quality of life. These aims produce the following research questions and hypothesis.

Research question 1: Is social media addiction impacted by a person's generational group? Hypothesis for research question 1: Those part of younger generational groups, such as Gen Z and Millennials, will produce higher social media addiction scores than those in older generational groups such as Baby Boomers and Gen X.

Research Question 2: Is social media addiction impacted by a person's gender? Hypothesis for research question 2: There will be no difference between males, females, and non-binary participants within their social media addiction scores.

Research Question 2: Does having an addiction to social media impact a person quality of life? Hypothesis for research question 2: Those with a greater addiction to social media will produce poorer quality of life scores.

Method

Participants

Participant recruitment was completed through convenience sampling on online platforms using the researcher's social media accounts. Participant recruitment consisted of following a link alongside a brief summary of the study which was distributed among various social media sites such as Facebook, Instagram, Snapchat and WhatsApp, with participants permitted to forward the link to other eligible participants. The target sample size was calculated using G*Power: Statistical Power Analyses which returned the result of 176. In total 106 participants were collected; however, this is acceptable according to Tabachnick and Fidell (2013) which is calculated using the formula ($N > 50 + 8m$). The sample of 106 participants with possible year of birth ranging from 2004-1946, with the majority of the sample being born between 2004-1997 (67.9%), 13 participants being born between 1981-1986 (12.3%), 17 participants born between 1965-1980 (16%) and 4 being born between 1946-1964 (3.8%). The sample was skewed towards females as 66.4% of the total sample identified as female, with 30.8% identifying as male and 2.8% as non-binary. However, due to the low number of non-binary participants, they were excluded from the inferential analysis to ensure meaningful statistical comparisons.

Design

This cross-sectional study to investigate the impact of social media addiction on a person's quality of life, age and gender adopted a quantitative approach. A relational screening model was used to examine the possibility or degree of change that occurred between variables. A test of standard multiple regression was completed to determine how the independent variables, which are social media addiction, age, and gender, impacts the dependant variable, quality of life. ANOVA will be used to investigate the between groups on the independent variable.

Materials

The questionnaire designed for this study contained a demographic section alongside two scales and composed using Google Forms, an online survey creator. Demographics contained questions investigating participant birth year and their gender (see Appendix C).

Bergen Social Media Addiction Scale. Bergen's Social Media Addiction Scale is an easy-to-use psychometric instrument of addiction developed by Andreassen et al. (2016). It is a self-report measure to investigate the addiction to social media and is an adaptation of the Bergen Facebook Addiction Scale that has shown improvements as it assesses general social media usage rather than investigating one platform (Lin et al., 2017). Mengistu et al. (2023) states that BSMAS underwent advanced psychometric testing that explained the scales validity and reliability as well as stating it had a good sensitivity and specificity rating. The scale is used to measure social media addiction over the past month by examining the six points of addiction (salience, mood modification, tolerance, conflict, relapse, and withdrawal). These six items are measured on a five-point Likert scale ranging from 1 (very rarely) to 5 (very often). Samples include 'You use social media to forget about personal problems' and 'You use social media so much that it has had a negative impact on your job/studies'. The scale is scored out of 30, with higher scores indicating problematic social media usage. A score of 19 indicates a high risk of addiction however the clinical cut off for BSMAS according to Stănculescu (2022) is 24 in relation to clinical diagnosis of addiction. The Cronbach alpha for this study was .840, indicating a high level of internal consistency, with Cronbach alphas typically ranging from .84-.88 for this scale (Stănculescu, 2022).

The Quality of Life Enjoyment and Satisfaction Questionnaire. The Quality of Life Enjoyment and Satisfaction Questionnaire was developed to investigate the quality of life and life satisfaction for clinical and non-clinical populations (Anderson et al., 2022). The

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scale was created by Rapaport et al. (2005) and consisted of a 15 item self-report measure, however, this was adjusted to a 13 item questionnaire to better fit the purpose of this study. This Likert scale is used to measure quality of life and life satisfaction over the past month, containing questions ranging on a scale from 1 (very poor satisfaction) to 5 (very good satisfaction) with the premise of the higher the score the greater the quality of life. Sample questions include rating physical health, mood, work, and household activities. The total score can range from 13 (minimum) to 65 (maximum). The Quality of Life Enjoyment and Satisfaction Scale displayed good consistency as the Cronbach Alpha score reported .848.

Procedure

No pilot study was necessary for the completion of this study. Data was collected online via Google Forms. Participants were informed about the study through online platforms such as Facebook, Instagram, Snapchat, or WhatsApp, where they were provided with a link (see Appendix A). After following the link, participants were presented with the information sheet informing them of the nature of the study, the protection of their identity, participant expectations, the author, the supervisor, eligibility criteria and the opportunity to provide consent (see Appendix B). Here it is ensured that participants are aware that the completion of this questionnaire is voluntary and withdrawal from the study is possible while completing the questionnaire, however once completed the removal of their information from the study is not possible as all information provided is unidentifiable. Once the participant has read and understood all the information presented, they must click a box that states that they have understood all the information they were provided with and are willingly giving consent to participate in this study. Consent must be obtained before the participant proceeded with the questionnaire.

The first part of the questionnaire was comprised of demographic questions (see Appendix C). Once completed they were presented with the Social Media Addiction

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Questionnaire (Monacis et al., 2017), where they were questioned about their social media usage along with their dependency on it (see Appendix D). This was followed by the Quality of Life Enjoyment and Satisfaction Questionnaire (Rapaport et al., 2005), where they reported about their lifestyle (see Appendix E). The completion of both questionnaires did not take any longer than 10 minutes per participant, therefore no breaks were required while completing the study. Once both questionnaires were completed, they were presented with a debriefing sheet thanking them for participating in the study and informing them of support lines they may feel the need to contact after the completion of the survey as well as contact details of the researcher and the supervisor of the researcher (see Appendix F).

Results

Descriptive Statistics

The current study consisted of 107 participants ($n = 107$), with the breakdown of 66.4% female ($n = 71$), 30.8% male ($n = 33$) and 2.8% non-binary ($n = 3$) (see Appendix G), however, to ensure meaningful statistical comparisons non-binary participants were excluded from the data set when completing inferential analysis. Participants age was measured using generational grouping which consisted of 68.2% of participants were Gen Z ($n = 73$), 12.1% were Millennials ($n = 13$) and 19.6% were Baby Boomers and Gen X. Baby Boomers were collapsed with Gen X to ensure greater statistical strength.

Table 1:

Descriptives for Quality of Life and Social Media Addiction on gender and generational groups (N = 107)

| Variable | | M (95% Confidence Intervals) | SD |
|------------------------|---------------------|------------------------------|-----|
| Quality of Life | | | |
| Male | Gen Z | 3.64 (3.44, 3.84) | .44 |
| | Millennials | 3.70 (3.31, 4.07) | .46 |
| | Baby Boomer / Gen X | 3.35 (2.40, 4.30) | .59 |
| Female | Gen Z | 3.55 (3.38, 3.73) | .61 |
| | Millennials | 3.17 (2.28, 4.07) | .56 |
| | Baby Boomer / Gen X | 3.60 (3.30, 3.90) | .59 |
| Non-Binary | Gen Z | 3.31 (1.35, 5.26) | .22 |
| | Millennials | N/A | N/A |

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| | | | |
|-------------------------------|---------------------|----------------------|------|
| | Baby Boomer / Gen X | N/A | N/A |
| Social Media Addiction | | | |
| Male | Gen Z | 2.70 (2.31, 3.10) | .87 |
| | Millennials | 2.80 (2.48, 3.11) | .38 |
| | Baby Boomer / Gen X | 1.92 (1.15, 2.68) | .48 |
| Female | Gen Z | 3.25 (3.05, 3.45) | .71 |
| | Millennials | 2.50 (1.92, 4.07) | .99 |
| | Baby Boomer / Gen X | 2.22 (1.81, 2.64) | .80 |
| Non-Binary | Gen Z | 3.00 (-22.41, 28.41) | 2.82 |
| | Millennials | N/A | N/A |
| | Baby Boomer / Gen X | N/A | N/A |

Note: N/A signifies that there are no participants in that group.

Preliminary analysis was conducted for all continuous variables and confirmed variables followed the assumptions of normality. The results are displayed in Table 1 below, displaying the mean (*M*) and standard deviation (*SD*). A non-significant result ($p > .05$) of Kolmogorov-Smirnov of both continuous variables informed that data is normally distributed. Evaluation of the histograms revealed that the data had a symmetrical distribution.

Table 2:

Descriptives for all continuous variables (N = 107)

| | Mean (95% Confidence Intervals) | <i>SD</i> |
|------------------------|---------------------------------|-----------|
| Social Media Addiction | 2.87 (2.70 - 3.04) | .88 |

| | | |
|-----------------|--------------------|-----|
| Quality of Life | 3.54 (3.44 – 3.65) | .56 |
|-----------------|--------------------|-----|

Inferential Statistics

A Levene's test was conducted to investigate if samples have equal variances. The results for social media addiction were non-significant ($p = .59$) displaying that the variance was equal, and that data does not violate the assumption of homogeneity of variance. A two way between group analysis of variance was conducted to explore individual and joint effects of two independent variables (generational group and gender) on the dependant variable (social media addiction). Participants were divided into generational groups which included Gen Z, Millennials, and Baby Boomers and Gen X. The interaction effect between generational groups and gender was non significant, $F(2) = 1.46, p = .24$, displaying equal variance across groups, concluding that the homogeneity and variance assumptions were not violated. There was a statistically significant main effect for generational groups, $F(2) = 8.14, p < .001$, with a large effect size (Partial Eta Squared = .14). Post-hoc comparisons using the Tukey test indicated that the mean score for Gen Z ($M = 3.09, SD = .79$) was significantly different from Baby Boomers and Gen X. ($M = 2.16, SD = .74$), displaying the comparison between the two generational groups ($p < .001$). Millennials ($M = 2.69, SD = .61$) did not display any significant differences from the other two generation groups. The main effect for gender, $F(1) = .76, p = .38$, did not display statistical significance.

A standard multiple regression analysis was conducted to investigate if social media addiction, generational groups and age had an impact on quality of life. Preliminary analyses were preformed to ensure no violation of the assumption of normality, linearity, and homoscedasticity. The correlations between the predictor variables were assessed and r values ranged from .06 to -.07. Tests for multicollinearity indicated that Tolerance and VIF

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values were in an acceptable range, concluding there was no violation of the assumption of multicollinearity and that data available is suitable for multiple regression analysis. The percentage of variance explained by the predictors was 1.1% in quality of life scores ($F(3, 100) = .38, p = .765$). All three predictor values were found to have no statistically significant contribution to quality of life. This concluded that social media addiction, generational groups and gender are not significant predictors for quality of life as all p values were greater than .41. However out of these three predictor variables social media addiction had the largest impact on quality of life ($\beta = -.09, p = .41$). (See Table 2 for full details).

Table 3:

Standard Multiple Regression Model (N = 104)

| | R^2 | B | SE | β | t | p |
|---------------------------------|-------|------|------|---------|------|-----|
| Model | .01** | | | | | |
| Total Social Media Addiction | | -.06 | .07 | -.09 | -.83 | .41 |
| Generational Groups | | .05 | .12 | .04 | .41 | .68 |
| Gender | | -.04 | .07 | -.07 | -.62 | .54 |

*Note: ** $p < .01$*

Discussion

The aim of this study was to investigate if generational groups or gender impacted a person's likeliness to be addicted to social media. It also sought to determine if social media addiction impacted a person's quality of life. As hypothesised, social media addiction was more prevalent in younger generations, such as Gen Z and Millennials, when compared to older generations, such as Baby Boomers and Gen X. The second hypothesis was not supported as a difference was found amongst gender, with the majority of females displaying a greater addiction to social media than males or non-binary participants. The third hypothesis was also not supported as the analysis of standard multiple regression found that there was a non-significant relationship between social media addiction, generational groups, and gender on quality of life.

It was noticed that social media addiction was highest among Gen Z. This is consistent among prior research as many studies conclude that social media addiction is most prevalent among college students, which is the primary generational group for students (Hawi & Samaha, 2017; Mohsenpour et al., 2023; Sahin, 2017; Simsek et al., 2019). The lowest social media addiction scores were seen among Baby Boomers and Gen X. This may be due to the time period of the launch of social media. The first successful social media platform was MySpace (Gerbaudo, 2021) which rose in popularity in 2003. Since then, many other platforms have been created and the attraction, accessibility and popularity of social media have grown (Newman, 2009). Gen Z are the only generation that has lived in an era with this much dependence on technology, with no life experience without the internet (Turner, 2015). This means that Gen Z have been surrounded and reared in the presence of social media usage, causing it to be perceived as a social norm with social media being their main source of communication, entertainment, and interaction (Ha & Hwang, 2014). This may result in an

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uptake in its usage within this generation, creating a possible reason why social media addiction was higher for Gen Z.

Social media addiction was more prevalent in females than in males. This result did not support the hypothesis of this study, however, coincides with previous literature and may be due to the gender differences in how the internet is used (Greenwood et al, 2016).

Research shows that females have a greater tendency to use social media when compared with men (Turel et al., 2018; Vyjayanthi et al., 2014). The main outlet of internet addiction among men was seen in gaming and gambling (Dufour et al., 2016; Stavropoulos et al., 2020). This would explain that despite millennial males displaying slightly higher scores, females displayed a greater social media addiction within this study.

Both Gen Z and Millennial males displayed greater positive results than females in relation to quality of life. Schmid et al. (2020) explain that males are more likely to engage in physical activity post childhood when compared with females. Exercise has been seen to boost mental health, be a catalyst for social relationships and release endorphins which have a positive effect on overall wellbeing, improving quality of life (Waldhauser et al., 2021). The positive outcomes of exercise, and the higher likelihood of males staying active is a possible explanation as to why there was greater quality of life results among Gen Z and Millennial males. As male generational groups aged their quality of life declined. However the opposite effect was notes within females. This may be due to males experiencing more loneliness, having higher anxiety and depression rates, and at a higher rate for experiencing memory loss than females as they age (Gutman et al., 2022; Sharifian et al., 2019).

This study concluded that there was no significant relationship between social media addiction and an individual's quality of life, which was controversial considering the findings of current research. Current research suggests that excessive social media usage can lead to increased anxiety rates, with extreme cases resulting in people questioning their self-worth

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(Lyvers et al., 2022; Şentürk et al., 2021). Social comparison theory (Festinger, 1954) explains the natural behaviour of comparison, which can be seen on an extreme level on social media platforms. White-Gosselin and Poulin (2022) explains that these comparisons have the potential to lead to depression, with Steers et al. (2014) stating that comparison while using Facebook increases internalising symptoms. This comparison online has also been seen to cause distort body image, causing disillusionment and potential eating disorders (Delgado-Rodríguez et al., 2022; Mesce et al., 2022; Yilmazel, 2021). Many studies support the relationship between social media addiction with low self-esteem, commenting on how it negatively impacts their self-worth (Anam et al., 2021; Hawi, & Samaha, 2017; Hou et al., 2019). Social media has been seen to stunt the emotional growth of younger generations, as many of their social interaction occurs digitally (Carmeli, 2003). Research shows that high levels of anxiety and depression, low levels of self-esteem, and lack of emotional intelligence have all been seen to lower a person's quality of life, (Dugger et al., 2022; Ho et al., 2021; Ngan et al., 2021). These results led the researcher to hypothesise that social media addiction would negatively impact a person's quality of life, however this hypothesis was not supported within the findings of this study.

The most recent health crisis may be an explanation as to why this hypothesis was not supported, with Arslan et al. (2022) claiming that usage of social media was profoundly higher over the course of lockdown. Over the past three years, social isolation was enforced worldwide due to the Covid 19 pandemic, which was also when the literature identifies the largest spike in social media addiction (Geçer et al., 2020; Nur-A Yazdani et al., 2022). Lockdowns prohibited physical social interaction causing people to become reliant on social media for communication, entertainment, and information (Karakose et al., 2022). Higher rates of social media addiction were seen among women, singles, and the unemployed (Duran & Kaynak, 2022). With the return of social interactions, limited remote working and the

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return to in person education post pandemic, people are less reliant on social media to complete daily tasks. The return to normality could explain the lack of significant findings within this study regarding social media addiction on quality of life, as the use and dependency on social media has now decreased.

Another reason why a non-significant result was found may be due to the cross-sectional design of the study as it only evaluated a short time period, or the scale used to measure social media addiction. A study conducted by Csibi et al. (2022) produced significant findings when investigating social media addiction among different age groups. Using the Brief Addiction to Smartphone Scale, demonstrated by Csibi et al. (2022), over the Social Media Addiction Scale may produce results that coincide better when investigating a person's quality of life. Future research should use a different measure of social media addiction and implement a longitudinal design to investigate if the change in design produces significant results.

Practical Implications

Findings of this study further demonstrates the strength of the relationship between social media addiction and Gen Z when compared with the generations before them. Implementing interventions within schools may help reduce the reliance of social media for younger generations. Gen Z's reliance on social media may be a danger to parents as they may be less informed of the activities their children are interacting with online, restricting the parents' knowledge of how to protect them. The implementation of interventions to provide parents with information on the possible dangers of social media may help reduce social media addiction among Gen Z and future generations. Similar interventions have displayed that parental involvement in their child's social media addiction has improved the child's overall well-being (Yue et al., 2022). Implementing further physical activities within schools,

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such as introducing new sports teams, could introduce children to new hobbies, potentially reducing their time spent on social media.

Limitations

A strength of this study is that it expands and adds to the current literature. To the researcher's knowledge, there has not been a previous study investigating the direct relationship between quality of life and social media addiction. Results uncovered that there was no significant relationship between the two variables, which may be due to the lack of specificity into the factors that contribute to a person's quality of life. Directing focus on specific areas that would impact a person's quality of life, such as physical health, mood disorders or social relationships is a recommendation for future research.

When investigating social media addiction many studies focus on the usage of one platform (Asur et al., 2011, Longobardi et al., 2020 & Sriwilai & Charoensukmongkol, 2016). This study investigated the general use of social media. The trends set among social media help to determine the demographic of its users, with younger people currently using Instagram and TikTok more often than Facebook (Punyanunt-Carter et al., 2017). Limiting research to investigating one platform could result in data becoming outdated in the future due to the collapse in popularity of the platform, such as Vine or Myspace (Farooqi & Baig, 2017). Investigating social media as a whole allows all generations to relate to questions asked as they could interpret them in relation to the social media platform they used most often. This allowed the researcher to gain a greater insight into multiple generational groups, giving a broader insight into social media addiction in general.

However, there are multiple limitations within this study. Firstly, the sample did not reach the recommended target participant recommendation calculated by G*Power of 176, with participants in this study reaching a total of 106. This would limit the generalisability of the results, causing difficulty in determining the reliability of the outcome of the findings.

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Secondly, the sample size was disproportionate in regard to gender. The overwhelming majority of 66% of participants identified as female. Dickinson et al. (2012) explains that this may be due to women being more inclined to participate in studies when compared to other genders, however it is important to note the imbalance of gender within this sample. The sample contained 3 non-binary participants, which were removed from the data set when completing inferential statistics. The researcher believed the removal of these participants would produce a meaningful statistical comparison. Future research should aim to recruit more participants in this gender group to add to the literature.

When recruiting for this study, participants were segregated into generational groups to draw a comparison across each group. However, it was difficult to recruit from the populations of Baby Boomers and Gen X. To ensure statistical strength the researcher collapsed these two groups. Future research should aim to obtain more participants from these generational groups by seeking participants from social groups that those in these generations would partake in, such as retirement groups.

Another limitation of this study is that both the Social Media Addiction Scale and the Quality of Life and Satisfaction Questionnaire relied on self-report measures, which can leave the study open to methodological weaknesses. This leads answers to be open to the possibility of exaggeration, especially for those that may feel embarrassed about answering truthfully. In relation to measuring social media addiction, Bhandari and Wagner (2006) explain that even high results on the social media addiction scale are not sufficient for an addiction diagnosis as self-report measures can be inaccurate. When investigating social media addiction in the future, clinical settings with a registered clinician would be more applicable to receive a diagnosis. The completion of a study similar to this without the presence of a certified clinician should investigate the severity of social media usage.

Conclusion

This study concludes that social media addiction is strongest within younger generations, with the intensity of the addiction decreasing as the participants' generational groups increased. These results coincide with the overall current literature, strengthening prior findings. This study was the first to investigate the impact of social media addiction on quality of life, however no significant relationship was found. Targeting specific areas that contribute to a person's quality of life, such as investigating mood disorders, social relationships, and physical ability, individually may produce a greater significant result in future research. Future studies may benefit from the change in design to a longitudinal study when investigating how an addiction to social media impacts a person's quality of life.

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Appendices

Appendix A

Link to Questionnaire

Participate in study about social media addiction. Must be over 18 to participate.

<https://forms.gle/onrz7Mm2RCdtkDX56>

Appendix B

Participant Information Sheet

The Interaction between Social Media Addiction and a Persons Quality of Life

I invite you to take part in a study to investigate the relationship between social media addiction and the impacts it has on a persons quality of life. Before you proceed to the questionnaire, please read all the information provided as it gives a brief overview into the study and what will be required from participants. If there are any questions about this study, please use the contact details at the end of this document to contact me for more information.

I am a student at the National College of Ireland who is in their final year of the BA in Psychology program, where it is necessary to complete an independent research project. For this study you will be asked about how you use and view social media along with questions about your daily life. There have been many studies investigating social media addiction completed on students; however very little research completed on the general population. This study will be supervised by Dr Lynn Farrell of the National College of Ireland.

If you decide that you wish to participate in this study, you will be asked to complete an online questionnaire that should take no longer than 20 minutes to complete. You must be 18 years of age or older and a user of one or more social media platforms such as Facebook, Instagram, Twitter to complete this study.

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Your participation within this study is voluntary. You can choose to withdraw your consent for this study at any time during the completion of the questionnaire. However, due to the design of the study, you cannot withdraw the information you provided on the questionnaire once it is completed as this study is conducted anonymously and your data will be unidentifiable.

Your results will be stored on the researcher computer, with only the researcher and study supervisor having access to results as all data is password protected. Your data will be retained and managed in accordance with the NCI data retention policy. This anonymised data may be archived on an online data repository and may be used for secondary data analysis. The data will be anonymous so no participant will be identifiable at any point. The results from your questionnaire will be used in my dissertation as a final year student and further submitted to the National College of Ireland. The results of this study will be presented in March of 2023 for grading purposes and may be presented at relevant conferences.

If you have any further questions please contact:

Aoife Dooley, Researcher at x20375286@student.ncirl.ie

Lynn Farrell, Supervisor at Lynn.Farrell@ncirl.ie

In order to continue onto the questionnaire please tick the box present the box presented below. By clicking this box, you are confirming that you have read and understood all the information provided above and are submitting consent to participate in this study. Once any data has been submitted, it cannot be retrieved or deleted as all data is anonymous.

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Appendix C

Demographic Questionnaire

Which gender to you identify with

| | |
|------------------------------|--|
| Male | |
| Female | |
| Non-Binary | |
| Transgender | |
| Prefer not to say | |
| Other (please specify below) | |
| <input type="text"/> | |

What year group were you born in

| | |
|-----------|--|
| 1946-1964 | |
| 1965-1980 | |
| 1981-1996 | |
| 1997-2004 | |

Appendix D

Social Media Addiction Scale

Please tick the box that best applies to you.

| | | | | | |
|--|--------|--------|-----------|-------|-------|
| | Very | Rarely | Sometimes | Often | Very |
| | Rarely | | | | Often |

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| | | | | | |
|--|--|--|--|--|--|
| You spend a lot of time thinking about social media or planning to use it | | | | | |
| You feel the urge to use social media more and more | | | | | |
| You use social media to forget about personal problems | | | | | |
| You have tried to cut down on the use of social media without success | | | | | |
| You become restless or troubled if you are prohibited from using social media | | | | | |
| You use social media so much that it has had a negative impact on your job/studies | | | | | |

Appendix E**Quality of Life Enjoyment and Satisfaction Questionnaire**

Please select, by clicking the box, the response that you feel represents how much satisfaction you received from each of the following aspects within the past month.

| | Very Poor Satisfaction | Poor Satisfaction | Neutral | Good Satisfaction | Very Good Satisfaction |
|----------------------|------------------------|-------------------|---------|-------------------|------------------------|
| Physical Health | | | | | |
| Mood | | | | | |
| Work | | | | | |
| Household Activities | | | | | |
| Social Relationships | | | | | |

SOCIAL MEDIA ADDICTION ON QUALITY OF LIFE

| | | | | | |
|-------------------------------------|--|--|--|--|--|
| Family relationships | | | | | |
| Leisure | | | | | |
| Ability to function in daily life | | | | | |
| Sexual drive | | | | | |
| Economic status | | | | | |
| Living or housing situation | | | | | |
| Ability to get around physically | | | | | |
| Overall sense of well-being | | | | | |

Appendix F**Debriefing Sheet****The Interaction between Social Media Addiction and a Persons Quality of Life**

Thank you for taking the time to participate in our study. The information you provided will help evaluate the relationship between an individuals quality of life and how it is impacted by social media addiction, gender and generational groups. The information you provided will be used in a final year student at National College of Ireland's dissertation. All information that you provided will remain anonymous and will only be accessed by the researcher and their supervisor. For those who may feel distressed after completing the questionnaire, please contact your GP or use the contact information provided below. If you have any further questions about the study please contact Aoife Dooley, researcher, at x20375286@student.ncirl.ie or supervisor, Lynn Farrell, at Lynn.Farrell@ncirl.ie. If you feel any distress

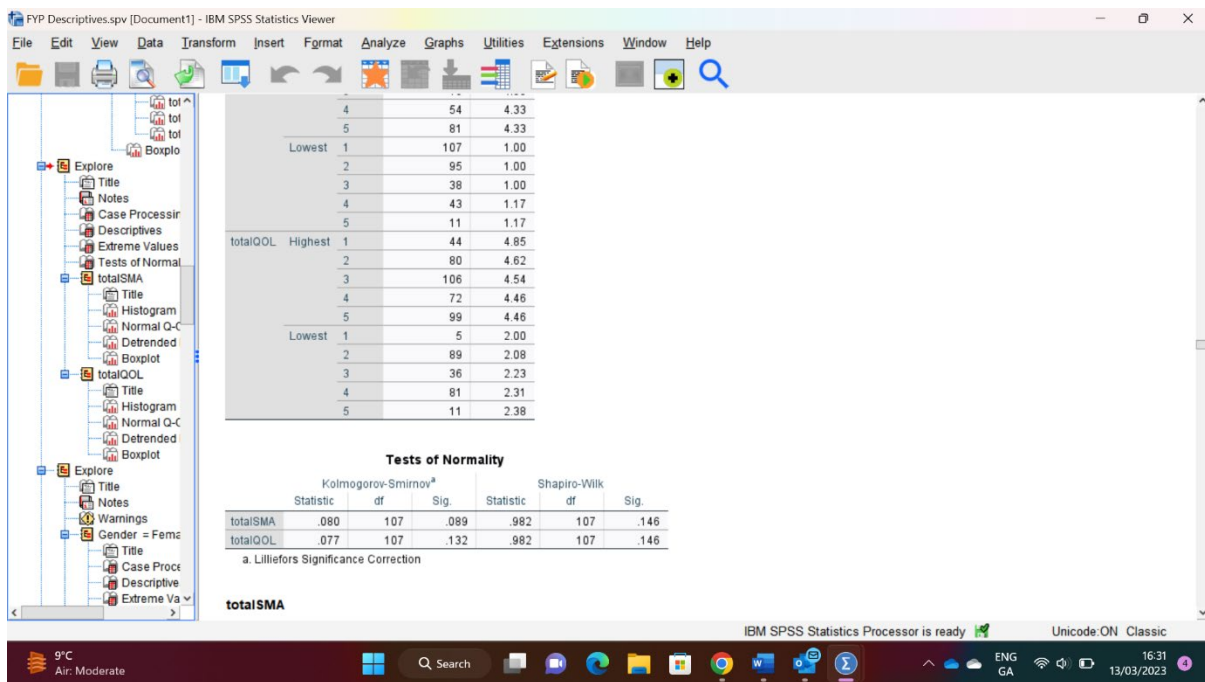
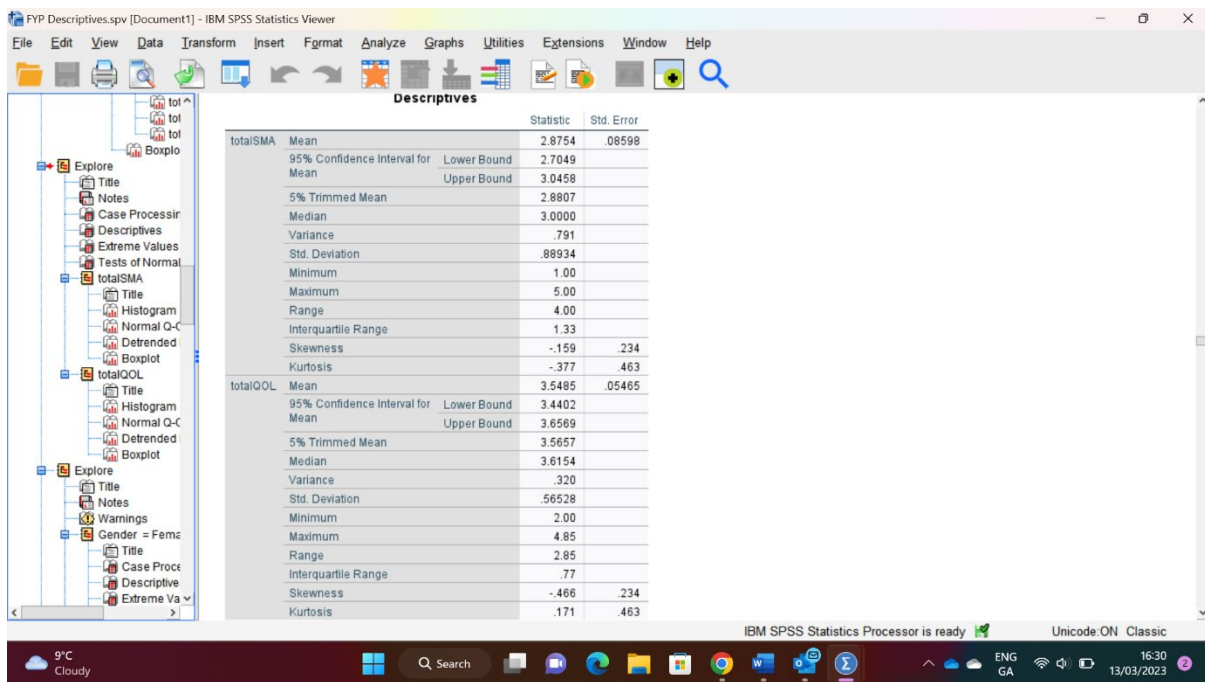
Helpline Contact Information

Samaritans Ireland: Phone number - (01) 671 0071

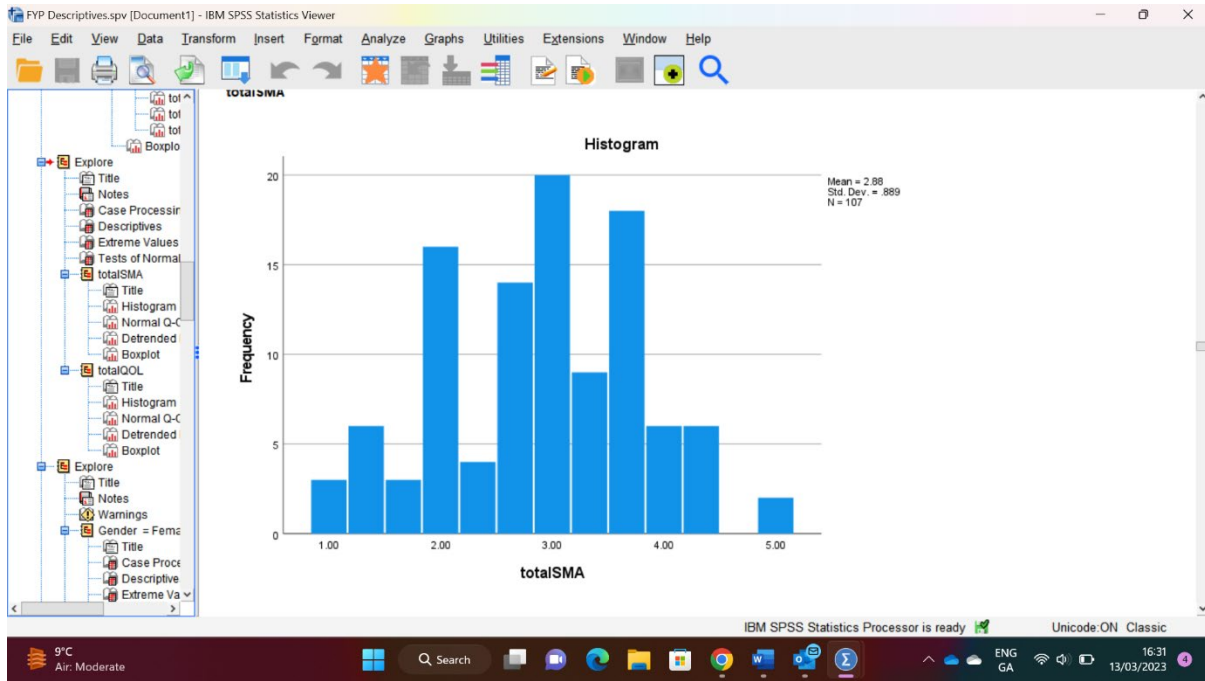
SOCIAL MEDIA ADDICTION ON QUALITY OF LIFE

Text 'Hello' to 50808 for a free and anonymous text support service.

Appendix G



SOCIAL MEDIA ADDICTION ON QUALITY OF LIFE



Between-Subjects Factors

| | Value Label | N |
|----------------------------------|-------------|----|
| Which gender do you identify as | 1 Female | 71 |
| | 2 Male | 33 |
| What year group were you born in | 1 1997-2004 | 71 |
| | 2 1981-1996 | 12 |
| | 3 1946-1980 | 21 |

Descriptive Statistics

Dependent Variable: TotalSMA

| Which gender do you identify as | What year group were you born in | Mean | Std. Deviation | N |
|---------------------------------|----------------------------------|--------|----------------|-----|
| Female | 1997-2004 | 3.2533 | .70810 | 50 |
| | 1981-1996 | 2.5000 | .99070 | 4 |
| | 1946-1980 | 2.2255 | .79918 | 17 |
| | Total | 2.9648 | .86231 | 71 |
| Male | 1997-2004 | 2.7063 | .86748 | 21 |
| | 1981-1996 | 2.7917 | .37533 | 8 |
| | 1946-1980 | 1.9167 | .48113 | 4 |
| | Total | 2.6313 | .77253 | 33 |
| Total | 1997-2004 | 3.0915 | .79322 | 71 |
| | 1981-1996 | 2.6944 | .61477 | 12 |
| | 1946-1980 | 2.1667 | .74907 | 21 |
| | Total | 2.8590 | .84563 | 104 |

SOCIAL MEDIA ADDICTION ON QUALITY OF LIFE

Levene's Test of Equality of Error Variances^{a,b}

| | Levene Statistic | df1 | df2 | Sig. |
|--------------------------------------|------------------|-----|--------|------|
| TotalSMA Based on Mean | 2.212 | 5 | 98 | .059 |
| Based on Median | 1.911 | 5 | 98 | .099 |
| Based on Median and with adjusted df | 1.911 | 5 | 94.150 | .100 |
| Based on trimmed mean | 2.223 | 5 | 98 | .058 |

Tests the null hypothesis that the error variance of the dependent variable is equal across groups.
 a. Dependent Variable: TotalSMA
 b. Design: Intercept + Whichgenderoyouidentifias + Whatyeargroupweryeyoubornin + Whichgenderoyouidentifias * Whatyeargroupweryeyoubornin

Tests of Between-Subjects Effects

Dependent Variable: TotalSMA

| Source | Type III Sum of Squares | df | Mean Square | F | Sig. | Partial Eta Squared |
|---|-------------------------|----|-------------|---------|-------|---------------------|
| Corrected Model | 19.191 ^a | 5 | 3.838 | 6.906 | <.001 | .261 |
| Intercept | 315.340 | 1 | 315.340 | 567.418 | <.001 | .853 |
| Whichgenderoyouidentifias | .424 | 1 | .424 | .762 | .385 | .008 |
| Whatyeargroupweryeyoubornin | 9.046 | 2 | 4.523 | 8.139 | <.001 | .142 |
| Whichgenderoyouidentifias * Whatyeargroupweryeyoubornin | 1.622 | 2 | .811 | 1.459 | .237 | .029 |

a. R Squared = .261 (Adjusted R Squared = .223)

Post Hoc Tests

What year group were you born in

Dependent Variable: TotalSMA

Multiple Comparisons

Tukey HSD

| (I) What year group were you born in | (J) What year group were you born in | Mean Difference (I-J) | Std. Error | Sig. | 95% Confidence Interval Lower Bound | Upper Bound |
|--------------------------------------|--------------------------------------|-----------------------|------------|-------|-------------------------------------|-------------|
| 1997-2004 | 1981-1996 | .3971 | .23268 | .208 | -.1566 | .9508 |
| 1946-1980 | 1981-1996 | .9249 [*] | .18518 | <.001 | .4842 | 1.3656 |
| 1981-1996 | 1997-2004 | -.3971 | .23268 | .208 | -.9508 | .1566 |
| 1946-1980 | 1981-1996 | .9249 [*] | .18518 | <.001 | .4842 | 1.3656 |
| 1997-2004 | 1981-1996 | -.3971 | .23268 | .208 | -.9508 | .1566 |
| 1946-1980 | 1997-2004 | -.9249 [*] | .18518 | <.001 | -1.3656 | -.4842 |
| 1981-1996 | 1997-2004 | .3971 | .23268 | .208 | -.1566 | .9508 |

Based on observed means.
 The error term is Mean Square(Error) = .556.
 *. The mean difference is significant at the .05 level.

Homogeneous Subsets

TotalSMA

Tukey HSD^{a,b,c}

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Descriptive Statistics

| | Mean | Std. Deviation | N |
|----------------------------------|--------|----------------|-----|
| TotalQOL | 3.5651 | .55860 | 104 |
| TotalSMA | 2.8590 | .84563 | 104 |
| Which gender do you identify as | 1.32 | .468 | 104 |
| What year group were you born in | 1.52 | .812 | 104 |

Correlations

| | TotalQOL | TotalSMA | Which gender do you identify as | What year group were you born in |
|---------------------|--|----------------|---------------------------------------|--|
| Pearson Correlation | TotalQOL 1.000 | TotalSMA -.072 | Which gender do you identify as .062 | What year group were you born in -.029 |
| | TotalSMA -.072 | 1.000 | Which gender do you identify as -.184 | What year group were you born in -.439 |
| | Which gender do you identify as .062 | -.184 | 1.000 | What year group were you born in -.029 |
| | What year group were you born in -.029 | -.439 | -.029 | 1.000 |
| Sig. (1-tailed) | TotalQOL . | .235 | .267 | .385 |
| | TotalSMA .235 | . | .030 | .000 |
| | Which gender do you identify as .267 | .030 | . | .385 |
| | What year group were you born in .385 | .000 | .385 | . |

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Correlations

| | TotalQOL | TotalSMA | Which gender do you identify as | What year group were you born in |
|---------------------|--|----------------|---------------------------------------|--|
| Pearson Correlation | TotalQOL 1.000 | TotalSMA -.072 | Which gender do you identify as .062 | What year group were you born in -.029 |
| | TotalSMA -.072 | 1.000 | Which gender do you identify as -.184 | What year group were you born in -.439 |
| | Which gender do you identify as .062 | -.184 | 1.000 | What year group were you born in -.029 |
| | What year group were you born in -.029 | -.439 | -.029 | 1.000 |
| Sig. (1-tailed) | TotalQOL . | .235 | .267 | .385 |
| | TotalSMA .235 | . | .030 | .000 |
| | Which gender do you identify as .267 | .030 | . | .385 |
| | What year group were you born in .385 | .000 | .385 | . |
| N | TotalQOL 104 | TotalSMA 104 | Which gender do you identify as 104 | What year group were you born in 104 |
| | TotalSMA 104 | 104 | 104 | 104 |
| | Which gender do you identify as 104 | 104 | 104 | 104 |
| | What year group were you born in 104 | 104 | 104 | 104 |

Variables Entered/Removed^a

| Model | Variables Entered | Variables Removed | Method |
|-------|---|-------------------|---|
| 1 | TotalQOL, TotalSMA, Which gender do you identify as, What year group were you born in | | Stepwise: Criteria: Based on Statistics |

SOCIAL MEDIA ADDICTION ON QUALITY OF LIFE

Output Males and Females.spv [Document3] - IBM SPSS Statistics Viewer

What year group were you born in 104 104 104 104

Variables Entered/Removed^a

| Model | Variables Entered | Variables Removed | Method |
|-------|---|-------------------|--------|
| 1 | What year group were you born in, Which gender do you identify as, TotalISMA ^b | | Enter |

a. Dependent Variable: TotalQOL
b. All requested variables entered.

Model Summary^b

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|-------|-------------------|----------|-------------------|----------------------------|
| 1 | .107 ^a | .011 | -.018 | .56369 |

a. Predictors: (Constant), What year group were you born in, Which gender do you identify as, TotalISMA
b. Dependent Variable: TotalQOL

ANOVA^a

| Model | Sum of Squares | df | Mean Square | F | Sig. |
|-------|----------------|----|-------------|---|------|
| 1 | | | | | |

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Output Males and Females.spv [Document3] - IBM SPSS Statistics Viewer

a. Predictors: (Constant), What year group were you born in, Which gender do you identify as, TotalISMA
b. Dependent Variable: TotalQOL

ANOVA^a

| Model | Sum of Squares | df | Mean Square | F | Sig. |
|-------|----------------|--------|-------------|------|-------------------|
| 1 | Regression | .365 | .122 | .383 | .765 ^b |
| | Residual | 31.774 | .318 | | |
| | Total | 32.139 | | | |

a. Dependent Variable: TotalQOL
b. Predictors: (Constant), What year group were you born in, Which gender do you identify as, TotalISMA

Coefficients^a

| Model | | Unstandardized Coefficients | | Standardized Coefficients | | t | Sig. | 95.0% Confidence Interval for B | | Correlations | | |
|-------|----------------------------------|-----------------------------|------------|---------------------------|--|--------|-------|---------------------------------|-------------|--------------|---------|-------|
| | | B | Std. Error | Beta | | | | Lower Bound | Upper Bound | Zero-order | Partial | Part |
| 1 | (Constant) | 3.749 | .361 | | | 10.374 | <.001 | 3.032 | 4.465 | | | |
| | TotalISMA | -.062 | .075 | -.094 | | -.830 | .409 | -.211 | .086 | -.072 | -.083 | -.083 |
| | Which gender do you identify as | .051 | .122 | .042 | | .415 | .679 | -.191 | .292 | .062 | .041 | .041 |
| | What year group were you born in | -.048 | .077 | -.069 | | -.620 | .536 | -.200 | .105 | -.029 | -.062 | -.062 |

a. Dependent Variable: TotalQOL

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SOCIAL MEDIA ADDICTION ON QUALITY OF LIFE

Output Males and Females.spv [Document3] - IBM SPSS Statistics Viewer

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Univariate Analysis of Variance

instant), What year group were you born in, Which gender do you identify as, TotalSMA

Table: TotalQOL

| | Sum of Squares | df | Mean Square | F | Sig. |
|----------------------------|----------------|-----|-------------|------|-------------------|
| Corrected Total | 32.139 | 103 | | | |
| Corrected Between Subjects | 31.774 | 100 | .318 | | |
| Corrected Within Subjects | .365 | 3 | .122 | .383 | .765 ^b |

Table: TotalQOL

instant), What year group were you born in, Which gender do you identify as, TotalSMA

| | Unstandardized Coefficients | | Standardized Coefficients | | t | Sig. | 95.0% Confidence Interval for B | | Correlations | | | Collinearity Statistics | |
|----------------|-----------------------------|------------|---------------------------|--|--------|-------|---------------------------------|-------------|--------------|---------|-------|-------------------------|-------|
| | B | Std. Error | Beta | | | | Lower Bound | Upper Bound | Zero-order | Partial | Part | Tolerance | VIF |
| Constant | 3.749 | .361 | | | 10.374 | <.001 | 3.032 | 4.465 | | | | | |
| gender do you | -.062 | .075 | -.094 | | -.830 | .409 | -.211 | .086 | -.072 | -.083 | -.083 | .768 | 1.301 |
| group were you | .051 | .122 | .042 | | .415 | .679 | -.191 | .292 | .062 | .041 | .041 | .951 | 1.052 |
| group were you | -.048 | .077 | -.069 | | -.620 | .536 | -.200 | .105 | -.029 | -.062 | -.062 | .795 | 1.258 |

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FYP Descriptives.spv [Document1] - IBM SPSS Statistics Viewer

File Edit View Data Transform Insert Format Analyze Graphs Utilities Extensions Window Help

Explore

Case Processing Summary

| | Valid | | Cases Missing | | Total | |
|----------|-------|---------|---------------|---------|-------|---------|
| | N | Percent | N | Percent | N | Percent |
| totalSMA | 107 | 100.0% | 0 | 0.0% | 107 | 100.0% |
| totalQOL | 107 | 100.0% | 0 | 0.0% | 107 | 100.0% |

Descriptives

| | Statistic | Std. Error |
|----------------------------------|---------------------|------------|
| totalSMA Mean | 2.8754 | .08598 |
| 95% Confidence Interval for Mean | Lower Bound: 2.7049 | |
| | Upper Bound: 3.0458 | |
| 5% Trimmed Mean | 2.8807 | |
| Median | 3.0000 | |
| Variance | .791 | |
| Std. Deviation | .88934 | |
| Minimum | 1.00 | |
| Maximum | 5.00 | |
| Range | 4.00 | |
| Interquartile Range | 1.33 | |
| Skewness | -.159 | .234 |
| Kurtosis | -.377 | .463 |
| totalQOL Mean | 3.5485 | .05465 |
| 95% Confidence Interval for Mean | Lower Bound: 3.4402 | |
| | Upper Bound: 3.6568 | |

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