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Relationship between Social Media Addiction and Healthy Lifestyle Behaviors of Nursing Students

Hemşirelik Öğrencilerinin Sosyal Medya Bağımlılığı ile Sağlıklı Yaşam Biçimi Davranışları Arasındaki İlişki

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Abstract

Objective: The study aims to determine the relationship between social media addiction and healthy lifestyle behaviors of nursing students.

Method: This descriptive and correlational design study was conducted with 313 nursing students. Data were collected using Questionnaire Form, Social Media Addiction Scale-Student Form (SMAS-SF) and Healthy Lifestyle Behavior Scale-II (HLBS-II).

Results: The mean total scores students' on the SMAS-SF and HLBS-II were 67.65±17.95 and 140.67±22.77, respectively, indicating students' social media addictions were low and their healthy lifestyle behaviors were moderately-high. It was found that the mean of SMAS-SF mean scores of the students who are with poor academic achievement, having a high daily social media usage time, with poor health perception, stated social media affects health, were higher. It was also found that the mean of HLBS-II mean scores of the students who are with good academic achievement, and with good health perception, were higher. A negative, significant correlation was found between SMAS-SF and HLBS-II total mean scores.

Conclusion: Educational programs need to be prepared to reducing the use of social media and to increase healthy lifestyle behavior of nursing students.

Keywords: Social media, nursing students, addiction, healthy lifestyle

Öz

Amaç: Bu araştırma, hemşirelik öğrencilerinin sosyal medya bağımlılığı ile sağlıklı yaşam biçimi davranışları arasındaki ilişkinin belirlenmesi amacıyla yapılmıştır.

Yöntem: Tanımlayıcı ve ilişki arayıcı olarak yapılan bu araştırma 313 hemşirelik öğrencisi ile yürütülmüştür. Verilerin toplanmasında Kişisel Bilgi Formu, Sosyal Medya Bağımlılık Ölçeği-Öğrenci Formu (SMBÖ-ÖF) ve Sağlıklı Yaşam Biçimi Davranışları Ölçeği-II (SYBDÖ-II) kullanılmıştır.

Bulgular: Öğrencilerin SMBÖ-ÖF toplam puan ortalaması 67.65±17.95, SYBDÖ-II toplam puan ortalaması 140.67±22.77 olup, öğrencilerin sosyal medya bağımlılıklarının düşük, sağlıklı yaşam biçimi davranışlarının orta derecede yüksek olduğunu göstermektedir. Akademik başarı düzeyi kötü olan, günlük sosyal medya kullanma süresi yüksek olan, sağlık algısı kötü olan ve sosyal medya kullanımının sağlığa etkisi olduğu görüşünde olanların SMBÖ-ÖF puan ortalamaları daha yüksektir. Aynı zamanda, akademik başarı düzeyi iyi olan ve sağlık algısı iyi olanların SYBDÖ-II toplam puan ortalamaları daha yüksektir. SMBÖ-ÖF ile SYBDÖ-II toplam puan ortalamaları arasında negatif yönlü anlamlı bir ilişki saptanmıştır.

Sonuç: Hemşirelik öğrencilerinin sosyal medya kullanımının azaltılması ve sağlıklı yaşam biçimi davranışlarının artırılmasına yönelik eğitim programlarının hazırlanması önerilmektedir.

Anahtar Kelimeler: Sosyal medya, hemşirelik öğrencileri, bağımlılık, sağlıklı yaşam biçimi

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Introduction

Social media and network development are among the most important developments of the twenty-first century, which is the age of information technology (1). Social media is defined as "web-based applications built on the technological basis of Web 2.0, whose content is produced by the user and which allows interactive interaction (1,2). According to "Digital 2021: Global Overview Report", 4.20 billion people, 53.6% of the world population, are active social media users, and the number of social media users, which was 2.31 billion in January 2016, has increased by 13.2% (490 million) every year and more than doubled in the last five years (3). The results of the "Information and Communication Technology Usage Survey on Households 2019" of the Turkish Statistical Institute states that 81.4% of individuals use internet to create a profile on social media, send messages or share content such as photos (4).

Currently, social media is a vital part of life for many young people. At the same time, this situation has revealed the concept of "social media addiction", which is a new type of internet addiction (5,6). Social media addiction, which is assessed within the scope of behavioral addictions, is expressed as "excessive or problematic use of social media and spending at least 8.5-21.5 hours a week online" (2,7,8). Enjoying social media use encourages the development of a strong usage habit and emerges as a prerequisite for the formation of high-level addiction (5,6). Although the studies on the effects of problematic social media use on health are limited, the literature are emphasized the problems in physical, psychological and social areas arising from excessive social media use. Adverse conditions such as addiction, sleep disorders, social isolation, stress, sedentary life, eye disorders, headaches, neck, shoulder and back pains, and fatigue and stiffness in the neck muscles are among these effects (9,10). In this respect, it is important to protect and encourage health and gain positive and healthy lifestyle behaviours against negative health consequences related to problematic social media use.

A healthy lifestyle is defined as "having control on all the behaviours that might affect health and preferring the behaviours in the daily activities to promote health" (11,12). A healthy lifestyle behaviour (HLB) is stated to be the "behaviours believed and practiced to stay healthy and be protected from diseases" (13-15). These behaviours include adequate and balanced nutrition, stress management, regular exercise, spiritual development, positive interpersonal relationships, and taking responsibility for protecting and improving health (11-15). Healthy lifestyle behaviours should be gained to prevent diseases and related losses due to unhealthy lifestyles, and the existing health behaviours should be revealed in order to gain these behaviours.

Nurses play a critical role in protecting health, gaining healthy lifestyle behaviours and raising awareness. In this regard, it is important to determine the healthy lifestyle behaviours of nursing students who are the future healthcare providers and the level of social media use, which is becoming more prevalent in society and affecting health significantly. Therefore, it is thought that developing education programs in line with the needs will contribute to the development of positive behaviours in undergraduate nursing students. There is limited study in literature that examines the relationship between social media addiction and healthy lifestyle behaviours of nursing students (16). Therefore, the aim of this study to determine the relationship between social media addiction levels and healthy lifestyle behaviours of nursing students.

Method

Sample

The descriptive and correlational study was carried out from 13 July to 28 July 2021. The population of study consisted of 609 students studying at the Nursing Department of a public university located in the northwest part of Turkey. The minimum required sample size of the study was calculated as 235 using the formula of "calculating a sample size when the population size is known" (N= 609, p= 0.5, q= 0.5, t= 1.96, d= 0.05). A total of 334 student were included in the study. However, 21 were excluded from the study due to the great majority unanswered questions. The convenience sample of the study consisted of 313 students who met the inclusion criteria of the study. The inclusion criteria included: (a) be aged over 18, (b) be used at least one of the social media tools (c) enrolled in the nursing department in the summer term of the 2020–2021 academic year and (e) being volunteer to participate the study.

Procedure

The study was approved by Duzce University Non-Interventional Health Research Ethics Committee (approval number: 2021/169; approval date: 05.07.2021) and written research permission from the institution where the study was conducted were obtained. Participants were informed about their rights; objective of the study, no payment would made to research participants, and the voluntary nature of participation. Furthermore, permissions were obtained from the corresponding authors regarding the scales used in the study via e-mail. This study was conducted in accordance with the Declaration of Helsinki Principles.

The data collection forms, which consisted of two section, was administered online via an encrypted and secure online survey software program application "Google Forms" (Google Inc., Mountain View, CA, USA). The survey software program prevented the same user from completing the data collection forms more than once. The forms were sent via a mobile-messaging app

(WhatsApp Inc., Menlo Park, CA, USA), to student representatives of all grade levels to be shared only in class groups of the nursing students. The contact addresses of the student representatives were requested from the Department of Student Affairs of the Nursing Department. Students electronically approved an informed consent section on the first page of the online data collection form if they agreed to take part. A pilot study of the data collection forms was conducted with 10 participants in order to assess the accuracy and comprehensiveness. In the pilot study, the participants responding to the questions were excluded from the larger study. The completion time for the data collection forms were about 10-15 minutes.

Data Collection Tools

Data were collected using The Questionnaire Form, The Social Media Addiction Scale-Student Form (SMAS-SF) and The Healthy Lifestyle Behaviours Scale-II (HLBS-II).

The Questionnaire Form

The form was prepared by the researcher in compliance with the literature and included 12 questions on students' socio-demographic characteristics, social media usage characteristics, and health behaviours of the students (9,11,14,15).

Social Media Addiction Scale - Student Form

The SMAS-SF was developed by Şahin (2018) to determine the social media addiction levels of secondary school, high school and university students (8). The scale consists of 29 items and 4 subscales in five-point Likert type. The subscales are virtual tolerance (item 1-5), virtual communication (item 6-14), virtual problem (item 15-23) and virtual information (item 24-29). The lowest score that can be obtained from the scale is 29, and the highest score is 145. Depending on the scores obtained from the scale, addiction status is grouped as no addiction (29-51 points), little dependent (52-74 points), moderately dependent (75-97 points), highly dependent (98-120 points), and very highly dependent (121-145 points). A high score is assessed as the individual perceives himself as a "social media addict". In the study of Şahin (2018), the Cronbach Alpha of the scale was 0.94 (8). In the present study, the Cronbach Alpha of the scale was 0.91

Healthy Lifestyle Behaviour Scale - II

The HLBS was developed by Walker et al. (1987) to evaluate health-promoting behaviours associated with a healthy lifestyle (17). The scale was revised by Walker et al. (1996) and named as the HLBS-II (18). The Turkish validity and reliability study of the revised HLBS-II was performed by Bahar et al. (2008) (19). The scale consists of 52 items and 6 subscales in four-point Likert type. These subscales are health responsibility (9 items), physical activity (8 items), nutrition (9 items), spiritual development (9 items), interpersonal relationships (9 items) and stress management (8 items). The lowest score that can be obtained from the scale is 52, and the highest score is 208. As the score obtained from the scale increases, it means that the individuals develop positive healthy lifestyle behaviours. In the study of Bahar et al. (2008), the Cronbach Alpha the scale was 0.92 (19). In the present study, the Cronbach Alpha of the scale was 0.93.

Statistical Analysis

The data were analysed using IBM SPSS Statistics for Windows, version 23.0 (Armonk, NY: IBM Corp.) Descriptive analyses were used by counts, percentages, mean and standard deviation. As the sample size in the study was 313>50, the normality of the data was calculated using Kolmogorov-Smirnov test. Independent samples t-test (between two independent groups) and one-way analysis of variance (ANOVA) (between more than two independent groups) were used to compare of SMAS-SF and HLBS-II means according to some characteristics of students. When there were differences between the groups, the group where the difference originates was examined with the Tukey multiple comparison test. Pearson's correlation analysis was used to investigate the relationship between students' SMAS-SF and HLBS-II total scores. Statistical significance level was accepted as $p<0.05$.

Results

The mean age of the students was 21.08±2.33 (min: 19, max: 34), 77% were female and 31.3% were third grade. The daily average time for social media use of the students was 3.70±2.34 (min: 1, max: 16) and the most used social media accounts were WhatsApp (95.8%), Instagram (91.1%), YouTube (86.3%) and Twitter (47.3%), Snapchat (24.3%), Pinterest (14.4%) and Facebook (12.1%), respectively. Almost all students (96.3%) had problems related to the use of social media and these problems included loss of time (84.7%), burning eyes (47.9%), inactivity (46.3%), headache (44.7%) and insomnia (41.5%), fatigue (28.1%), forgetfulness (27.2%), depression (24.6%), disconnection in social relationships (24.0%), restlessness (22.4%) and unbalanced nutrition (15.0%) (Table 1).

The mean score of SMAS-SF of the students was 67.65±17.95 (min: 29, max: 132). When the scores obtained from the subscales of the scale were examined, the mean virtual tolerance score was 12.87±4.48, the mean virtual communication score was 19.35±6.36, the mean virtual problem score was 17.30±6.09, and the mean virtual information score was 18.12±5.01 (Table 2).

The mean HLBS-II score of the students was 140.67±22.77 (min: 52, max: 201). When the scores obtained from the subscales of the scale were examined, it was seen that the mean score of the sub-scale of health responsibility was 23.74±5.17, the mean

Tab le 1: The characteristics of students regarding the use of social media (n=313)		
Characteristics	**n**	**%**
Social media usage time M±SD	3.70±2.34 (min:1, max:16)	
Social media sites*		
Whatsapp	300	95.8
Instagram	285	91.1
Youtube	270	86.3
Twitter	148	47.3
Snapchat	76	24.3
Pinterest	45	14.4
Facebook	38	12.1
Problems related to the use of social media *		
Loss of time	265	84.7
Burning eyes	150	47.9
Inactivity	145	46.3
Headache	140	44.7
Insomnia	130	41.5
Fatigue	88	28.1
Forgetfulness	85	27.2
Depression	77	24.6
Disconnection in social relationships	75	24.0
Restlessness	70	22.4
Unbalanced nutrition	47	15.0
M: Mean, SD: Standard deviation		
*Students replied one or more items		

score of the physical activity subscale was 18.75±5.48, the mean score of the nutrition subscale was 21.62±4.26, the mean score of the spiritual development subscale was 28.02±4.92, the mean score of the interpersonal relations subscale was 27.82±4.86 and the mean score of stress management subscale was 20.70±4.48 (Table 3).

A statistically significant difference was found between the mean SMAS-SF scores of students and the variables of academic achievement level, daily time spared for social media use, health perception and the effects of social media use on health ($p<0.05$). Depending on this, the mean SMAS-SF scores of those with poor academic achievement were significantly higher than those with good academic achievement ($p<0.05$). The students using social media for 7 hours or more in a day have significantly higher mean SMAS-SF scores compared to those using social media for 1-3 hours per day ($p<0.001$). The mean SMAS-SF scores of those with poor health perception were significantly higher than those with good health perceptions ($p<0.05$). The mean SMAS-SF scores of those who think that social media use affects health are significantly higher than the mean scores of those who think that social media use does not affect health ($p<0.001$). Furthermore, the mean SMAS-SF scores of males, and the ones with smoking and alcohol habits were higher but there was no statistically significant difference ($p>0.05$) (Table 4).

A statistically significant difference was found between the mean HLBS-II scores of students and the variables of academic achievement and perception of health ($p<0.05$). In compliance

Table 2: The mean scores total and subscales the SMAS-SF (n=313)			
SMAS-SF subscales	**M±SD**	**Min-max (student)**	**Min-max (scale)**
Virtual tolerance	12.87±4.48	5-25	5-25
Virtual communication	19.35±6.36	9-45	9-45
Virtual problem	17.30±6.09	9-41	9-45
Virtual information	18.12±5.01	6-30	6-30
Total SMAS-SF	**67.65±17.95**	**29-132**	**29-145**
M: Mean, SD: Standard deviation, SMAS-SF: Social Media Addiction Scale - Student Form			

Table 3: The mean scores total and subscales the HLBS-II (n=313)			
HLBS-II subscales	**M±SD**	**Min-max (student)**	**Min-max (scale)**
Health responsibility	23.74±5.17	9-36	9-36
Physical activity	18.75±5.48	8-32	8-32
Nutrition	21.62±4.26	9-34	9-36
Spiritual development	28.02±4.92	9-36	9-36
Interpersonal relationships	27.82±4.86	9-36	9-36
Stress management	20.70±4.48	8-32	8-32
Total HLBS-II	**140.67±22.77**	**52-201**	**52-208**
M: Mean, SD, Standard Deviation; HLBS-II, Healthy Lifestyle Behaviour Scale -II			

with this, the mean HLBS-II scores of those with good academic achievement were significantly higher than those with moderate and poor academic achievement ($p<0.05$). The mean HLBS-II scores of those with good health perception were significantly higher than those with poor health perception ($p<0.05$). In addition, there was no statistically significant difference between the mean SMAS-SF scores and the variables of gender, daily use of social media, smoking or alcohol habits, and effects of social media use on health ($p>0.05$) (Table 4).

When the correlation between the total mean scores of SMAS-SF and HLBS-II was examined, it was found that there was a weak negative correlation between the total SMAS-SF scores and HLBS-II scores of students ($r=-0.364$, $p<0.001$) (Table 5).

Discussion

Social network addiction is one of the issues being under debate recently all over the world and gaining more and more importance. This study was conducted to examine the relationship between

Table 4: Distribution of SMAS-SF and HLBS-II means according to some characteristics of students (n=313)

Characteristics		SMAS-SF	HLBS-II
	n (%)	M±SD	M±SD
Gender			
Female	241 (77.0)	66.88±17.08	142.84±25.34
Male	72 (23.0)	70.20±20.53	140.02±21.95
p value[a]		0.169	0.358
Academic achievement level			
Good	184 (58.8)	65.54±17.70	143.89±20.58
Moderate	119 (38.0)	70.41±17.36	136.94±24.99
Poor	10 (3.2)	74.85±27.94	121.14±19.69
p value[b]		**0.037***	**0.002***
Daily use of social media (hours)			
1-3	164 (52.4)	63.21±17.08	142.38±22.73
4-6	123 (39.3)	70.65±17.50	140.49±23.51
≥7	26 (8.3)	81.42±15.97	140.56±2.92
p value[b]		**0.001****	0.924
Health perception			
Good	239 (76.4)	66.14±17.39	141.76±22.37
Moderate	64 (20.4)	70.00±20.28	139.70±23.86
Poor	10 (3.2)	72.92±18.90	120.90±16.59
p value[b]		**0.025***	**0.016***
Smoking			
Smoker	59 (18.8)	68.17±17.63	136.03±20.19
Non-smoker	254 (81.2)	65.40±19.29	141.75±23.23
p value[a]		0.287	0.082
Alcohol consumption			
Yes	44 (14.1)	68.26±18.35	140.87±22.56
No	269 (85.9)	63.90±14.96	139.45±24.21
p value[a]		0.136	0.701
Effects of social media use on health			
Yes	179 (57.2)	71.61±16.83	142.22±23.18
No	134 (42.8)	62.35±18.11	139.51±22.45
p value[a]		**0.001****	0.299

M, Mean; SD, Standard Deviation; SMAS-SF, Social Media Addiction Scale - Student Form; HLBS-II, Healthy Lifestyle Behaviour Scale -II
[a]independent samples t-test; [b]one-way analysis of variance (ANOVA)
*p<0.05, **p<0.001

Table 5: The correlation between the SMAS-SF and HLBS-II scores

Scales	HLBS-II	
	r	p
SMAS-SF	-0.364	0.001*

SMAS-SF: Social Media Addiction Scale-Student Form, HLBS-II: Healthy Lifestyle Behavior Scale-II, r, pearson correlation coefficient, *p<0.001

social media addiction levels and healthy lifestyle behaviours of nursing students, who are the health care providers of the future, and will play a critical role in gaining healthy lifestyle behaviours by increasing awareness of problematic behaviours. The results of the study are important in terms of revealing the necessity of reducing the use of social media and increasing positive health behaviours in undergraduate nursing students by developing intervention programs.

The increasing duration of using social media is considered as an important risk factor for social media addiction (16,20). In the present study, the average daily use social media usage time of the students was 3.70±2.34 hours. In the study conducted by Büyükgöze et al. with nursing students, the average daily time that students spend on social media was 3.25±2.10 hours (21). Digital 2021 data shows that a typical social media user worldwide spends 2 hours, 25 minutes on social media every day. In Turkey, users spend an average of 2 hours, 57 minutes per day on social media (3). This results is thought to be higher due to the fact that social media is used more frequently by the younger age groups.

Facebook is one of the most used social media platforms in the world. Facebook is followed by YouTube, WhatsApp and Instagram as the other most frequently used platforms (3). In the present study, the most used social networks by the students were determined to be WhatsApp, Instagram, YouTube and Twitter, respectively. In consistent with the present study results, especially WhatsApp and Instagram applications are the most frequently used applications by university students (15,22,23). The use of WhatsApp and Instagram is important in terms of social media addiction risk among young people, especially due to their features such as following the developments in their circle of friends, communicating with them and providing an environment for discussion by communicating new developments to each other.

The use of social media can negatively affect people in many ways and may have negative effects on daily life (5). In the present study, almost all students (96.3%) stated that they had various problems related to the use of social media. Among these problems, loss of time (84.7%), burning eyes (47.9%), inactivity (46.3%), headache (44.7%) and insomnia (41.5%) are frequently stated. In the study conducted by Eşer et al. (2019) with nursing students, the most common problems related to social media use are headache (51.9%), insomnia (43.1%), loss of time (80.1%) and disconnection in social relations (24.1%) (9). Similarly, studies conducted within the scope of problematic internet use which examined the effects of using social network sites found an association with sleeping disorders, loneliness, stress and learning problems (10,24-26).

Many studies are being conducted on the excessive and problematic use of social media. When these studies are examined, it is stated that excessive or problematic use of social media leads to addiction over time. The mean score of SMAS-SF in the present study was 67.65±17.95. When the total scores obtained from the scale are considered (min:29; max:132), it was found that the social media addictions of students were at "low level". In different studies conducted with university students in Turkey, students' social media addiction levels were stated to be "low" (27-29).

In the present study, the total mean score of HLBS-II was 140.67±22.77. Total score that can be obtained from the scale is (min: 52, max: 208) and therefore, this result indicates that the students have healthy lifestyle behaviours moderately-high level. This finding is consistent with the results of the study on healthy lifestyle behaviours of nursing students in Turkey and in different countries (11-14,30,31). Basing on these results, it can be thought that studying in a health-related department positively affects the healthy lifestyle behaviours of nursing students. In this context, it is important that nursing education focus on overcoming obstacles and encouraging participation in health-promoting behaviours in order to gain these behaviours as well as gain knowledge and skills related to health-promoting behaviours.

In the present study, it was found that students with poor academic achievement had higher SMAS-SF scores (p<0.05). This result shows that as the academic achievement levels of students increase, their social media addiction levels decrease. Similar to present study results, it has been revealed that students who spend less time on social media are more successful academically and that the duration of social media use negatively affects the academic success level of students (20,32). In this context, it is thought that students who spend more time than necessary on social media cannot allocate enough time to their lessons and their course success is negatively affected. In addition, it can be concluded that the facilitation of mobile access to social media networks negatively affects and reduces academic achievement by making students unable to focus on the course, be distracted by messages and decrease their motivation.

The increase in the time individuals spend on social media daily is an important factor on social media addiction. In the present study, it was found that the students with a higher daily time spent on social media had higher SMAS-SF scores (p<0.05). This

results shows that students with higher social media use have higher social media addiction levels. In the study conducted by Bilge et al. (2020) with university students, it was found that social media addiction levels were higher in those who used social media for more than 3 hours per day (25). In addition, it has been revealed by different studies that students who spend more than three hours on social media had higher social media addiction levels (9,28,33). The present study results are consistent with studies in the literature.

In the present study, it was found that the students who had a poor perception of health and who thought that social media had an effect on health had higher mean SMAS-SF scores ($p<0.05$). These results show that the students, who have negative health perception and think that social media has an effect on health, have higher social media addiction levels. In this context, it is thought that providing healthy lifestyle behaviours for students for a better health will be beneficial in terms of reducing the level of social media addiction.

In the present study, it was found that students with good academic achievement levels had higher HLBS-II mean scores. This result shows that as the academic achievement level increases, the healthy lifestyle behaviours of the students are at a more positive level. In the systematic review of Burrows et al. (2017), it was found that an appropriate diet increases academic achievement (34). Similarly, it was found that regular breakfast habits (35,36), moderate physical activity (36-38) and consuming fruits and vegetables (37,38) increased academic performance. Accordingly, it should be considered that implementation of healthy lifestyle behaviours in daily life will be useful for increasing the academic performance of nursing students and achieving success.

In the present study, it was found that the students with good health perception had higher HLBS-II mean scores ($p<0.05$). These results shows that the healthy lifestyle behaviours of the students with a good health perception are also at a positive level. This is an attention-drawing result as it shows that the health perceptions of students who spend less time on physical activity, do not have adequate healthy eating habits and do not have positive stress management skills are also negatively affected. The present study results are consistent with studies in the literature (39,40). It can be said that those with a good health perception practice healthy lifestyle behaviours more. In this context, it is thought that providing students with healthy lifestyle behaviours will be beneficial in having a positive health perception.

In the present study, a negative and significant relationship was found between the total score of SMAS-SF and the mean total score of HLBS-II ($p<0.05$). As the mean total SMAS-SF scores of students increase, their mean total HLBS-II scores decreases. This result is important in terms of showing that adopting healthy lifestyle behaviours will reduce the level of social media addiction. In this regard, the most important factor in developing healthy lifestyle behaviours is to avoid risky behaviours, and courses for developing healthy lifestyle behaviours can be added to the nursing curriculum in order to reduce problematic social media use.

The study has a number of limitations. Firstly, the sample of the study was limited to the nursing students of a university. Secondly, the study was performed as a single-centered study. The final limitation is the use of a convenience sample in the study. The limitations would limit representativeness and generalizability of the results. Therefore, more studies are needed with larger samples and different setting.

As a result in line with the present study results, it is recommended to include instructive and practical courses in the curriculum of nursing students, for creating intervention programs to reduce the use of social media of students and increasing healthy lifestyle behaviours, and to conduct studies with larger sample and different setting.

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