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Investigation of the Relationship Between Social Media Addiction and Social Loafing Behavior Among Healthcare Workers

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ABSTRACT

Objective: The aim of this study is to investigate the relationship between social media addiction and social loafing behavior among healthcare workers. This is a descriptive study on social media use and social shirking behavior of healthcare workers. **Material and Method:** The study was conducted with the participation of 450 healthcare professionals (doctors, nurses, secretaries, and technicians) working in a university hospital. Social media addiction scale and social loafing scale were used to collect the data. AMOS (Analysis of Moment Structures statistical software) package program was used for the impact analysis. Before the analysis, KMO (Kaiser-Meyer-Olkin) and Bartlett's Sphericity test were performed and goodness of fit values were tested. **Results:** As a result of the reliability analysis, Cronbach's alpha values were found as $\alpha=0.914$, $\alpha=0.824$, $\alpha=0.854$, $\alpha=0.902$ for social loafing (SL), perceived social loafing (PSL), virtual tolerance (VT) and virtual communication (VC), respectively. It was found that social media addiction had a statistically significant and positive ($\beta=0.389$, $p<0.01$) effect on social loafing behavior. **Conclusion:** As a result of this study, it is thought that informing healthcare professionals about the harms of social media use and addictive behaviors will provide benefits both for the individual and organization. **Keywords:** Social Media, Addiction, Social Media Addiction, Social Lifting.

Sağlık Çalışanlarında Sosyal Medya Bağımlılığı ile Sosyal Kaytarma Davranışı Arasındaki İlişkinin İncelenmesi

ÖZ

Amaç: Bu çalışmanın amacı sağlık çalışanlarında sosyal medya bağımlılığı ile sosyal kaytarma davranışı arasındaki ilişkinin incelenmesidir. Bu çalışma sağlık çalışanlarının sosyal medya kullanımını ve sosyal kaytarma davranışını ele alan ilişkisel araştırma yöntemi kullanılarak yürütülen bir çalışmadır. **Gereç ve Yöntem:** Bir üniversite hastanesinde görev yapmakta olan 450 sağlık çalışanının (doktor, hemşire, sekreter, teknisyen ve tekniker) katılımı ile gerçekleştirilmiştir. Verilerin toplanmasında sosyal medya bağımlılığı ölçeği ile sosyal kaytarma ölçeği kullanılmıştır. Etki analizinin yapılması için AMOS paket programı kullanılmıştır. Analizler yapılmadan önce KMO ve Bartlett Küresellik testi yapılmış ve uyum iyiliği değerleri test edilmiştir. **Bulgular:** Güvenirlilik analizi sonucunda, kişisel sosyal kaçınma (KSK) algılanan sosyal kaçınma (ASK), sanal tolerans (ST) ve sanal iletişim (Sİ) için Cronbach alfa değerleri sırasıyla $\alpha=0.914$, $\alpha=0.824$, $\alpha=0.854$, $\alpha=0.902$ bulunmuştur. Sosyal medya bağımlılığının sosyal kaytarma davranışı üzerinde istatistiksel olarak anlamlı ve pozitif yönlü ($\beta=0.389$, $p<0.01$) bir etkisi olduğu tespit edilmiştir. **Sonuç:** Bu çalışma sonucunda sağlık çalışanlarının sosyal medya kullanımının zararları ve bağımlılık davranışları hakkında bilgilendirilmesinin hem bireysel hem de örgütsel olarak faydalı olacağı düşünülmektedir.

Anahtar Kelimeler: Sosyal Medya, Bağımlılık, Sosyal Medya Bağımlılığı, Sosyal Kaytarma.

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INTRODUCTION

Social media is a modern communication tool that has gained increasing importance and usage in contemporary society. It facilitates various aspects of human life, including entertainment, interaction, access to information, identity formation, and personal presentation. However, excessive and unnecessary use can lead to numerous problems, such as addiction, disconnection from reality, incitement of consumption, and violations of privacy. (Balcı et al., 2020).

Social media used individually can occupy the minds of users and create a basis for perceiving it as a need which is manifested as a symptom of addiction. Excessive use of social media that is called media addiction will negatively affect the health and work performance of individuals (Alan, 2019).

Although social media addiction has not been defined precisely as a disease entity the habit of overusing social media has been the subject of many researches and discussions. Especially after the COVID-19 pandemic, it has become common to attend trainings with remote access and to stay in front of the screen (computer, phone, tablet, etc.) for long hours to do business with remote access (Uslu, 2021). The widespread use of information technologies and social media also contributes negatively to the development of loafing behaviour (Alan, 2019).

Social loafing behavior is an important issue that requires investigation, preventive measures, and attention, particularly in organizations that involve group work. In contemporary organizations, the influence of globalization has made it almost imperative to work in groups to accomplish various tasks. Known as the Ringelmann effect, social loafing fundamentally posits that the contributions individuals make to a task are affected by the number of people in the group. Social loafing is an undesirable phenomenon for organizations, as it can harm organizational performance and lead to a decrease in employee productivity (Türe Orhan, 2022).

For this reason, in this study, the relationship between social media addiction and social loafing behaviour of healthcare workers working in a university hospital will be investigated.

Social media addiction

Social media is a medium where online sharing, and dialogues of not only individuals but also groups and institutions can be found. Today, the most practical and fastest way of information flow, communication and access to information is achieved through social internet networks and social media. The virtual network environment created by internet networks enables billions of people to connect and interact with each other. In this way, updates made for the needs of users help the system to grow gradually. Internet networks and social media, which are used by almost everyone in the society, are used for many purposes

from product promotion to obtaining information, from shopping to chatting (Daşlı & Baloğlu, 2020). Apparently, individuals use various platforms, especially facebook, and share their emotions (sadness, joy, etc.) and thoughts (political opinions, etc.) on social media platform, which has rapidly become a part of social life. Moreover, social media is actively utilized in various fields today, including journalism, advertising, non-governmental organization activities, shopping, political campaigning, marketing, and public relations (Çömlekçi & Başol, 2016). Excessive and prevalent use of social media, has resulted in the development of social media addiction (Tutgun Ünal & Bozkurt, 2020).

Individuals spend time on social media for reasons such as feeling lonely, wanting to follow current events and the lives of others, and seeking approval from society or a certain group. However, spending more time on social media platforms than it should be results in media addiction. Behaviours such as distancing from the real world due to social media addiction, the need for approval, emotional instability and sleep problems, as well as the desire to constantly follow the developments in social media and spend time in front of the screen for a long time constitute the symptoms of social media addiction.

The fact that individuals are happy as a result of the shares they made on social media platforms causes the emergence of behaviour patterns that cause the individual to share more, and more and increase the duration of social media use. Individuals who cannot balance the use of social media effectively are being constantly 'online' and 'online communication' using tablets or phones (Utma, 2019). Social media addiction refers to the situation of thinking that life consists of social media and spending more time than necessary (Arıbaş & Özşahin, 2022).

Apparently, individuals with social media addiction continue to spend time in applications and create content until they get the expected result. This preoccupation, which encompasses both private and business life of individuals, will cause some communication problems. Social media, which functions as 'medicine' for some people by relieving the loneliness of individuals on one hand, functions as 'poison' by causing addiction on the other hand. Especially with the introduction of smartphones and tablets into human life, social media addiction has become an increasingly serious problem (Utma, 2019). Social media addiction causes individuals to make compromises in their eating habits, sleep patterns and social lives and to postpone or not to do the work that needs to be done. For this reason, the fear of missing developments in working life and social media addiction negatively affect the work performance of employees (Çetinceli & Acar, 2023). Social media addiction can cause loss of time in working hours (spending most of the time on social media platforms), decrease in work efficiency

(inability to fully focus on work), social isolation (distancing oneself from real life), low self-esteem (feeling inadequate) and personal skill deficiencies (distraction, concentration disorder, communication skills, etc.) (Dinçer, 2023).

Social loafing

Social loafing behaviour (also called social shirking behaviour) is defined as the tendency of individuals working as a member of a group to show a decrease in their performance during teamwork compared to their individual work performance in doing the same job (Kafes & Kaya, 2017). Similarly, it is defined also as the tendency of employees to show lower effort than their expected level of individual performance in group work, although they perfectly perform their individual work (Ince, 2022). Apart from these definitions, it is defined as the employees' disregard for the teamwork and providing minimum support for the execution of the teamwork by assuming that other members of the teamwork also has the same opinion (Öneren et al., 2018).

The fact that the activities carried out in organisations are systematic and interconnected shows that employees must fully fulfil their duties and responsibilities. For this reason, the quality of human resources of organisations, their adaptation to the working environment and willingness to work are among the determining criteria on the effectiveness and efficiency of the business (Öneren et al., 2019).

Factors affecting social loafing behaviour are examined in terms of individuals, groups and organisations. Individual factors are personality, gender, culture, seniority/title, organisational commitment level, burnout level; regarding group factors which are group cohesion, group size, lack of interpersonal coordination, role ambiguity, lack of unity of purpose, underestimation of individual's effort in the group, interpersonal trust, social loafing behaviour of other group members, and with respect to organisational factors including organisational culture, working conditions, lack of reward system, organisational injustice in rewarding, intra and inter-group competition level (Öneren et al., 2019).

Before individuals exhibit social loafing behavior, there are numerous factors that influence this phenomenon. These factors are related to both internal and external elements. Therefore, it would be inaccurate to attribute the factors or conditions that may lead to loafing behavior solely to the individual's personal characteristics or exclusively to group dynamics. The factors influencing individuals' social loafing behavior can be categorized under four main headings. These are personal characteristics, situational characteristics, group characteristics, cultural and social norms. (Kafes and Kaya, 2017).

When the studies are examined, it is seen that the literature mostly focuses on the relationship between social media addiction and cyberloafing behavior (Alan, 2019; Turan et al, 2020; Chan et al., 2024). However, there is no research on determining the

relationship between social media addiction and social loafing behavior. In this context, some hypotheses have been established:

- Hypothesis 1. Virtual tolerance has an effect on one's own social loafing behaviour.
- Hypothesis 2. Virtual tolerance has an effect on perceived social loafing.
- Hypothesis 3. Virtual communication has an effect on one's own social loafing behaviour
- Hypothesis 4. Virtual communication has an effect on perceived social loafing

MATERIALS AND METHODS

Study type

This study was conducted in a university hospital in the Mediterranean region between February 2024 and July 2024 using the relational research method to examine the relationship between social media addiction and social loafing behaviour in healthcare workers.

Study population and sample

This study was conducted in a hospital that uses modern medical technologies and provides tertiary health care services. The population of the study consisted of 2511 employees working in a university hospital as doctors, nurses, medical secretaries, technicians and health officers.

The sample analysis was carried out by considering the quantitative methods cited in the literature (İslamoğlu, 2009). According to the analysis used in this study, at least 333 healthcare workers should participate in the study. Total of 450 healthcare workers participated in the study., other hospital personnel were not included in the study. In the study, a simple random sampling method was employed. Due to the presence of shift work conditions in healthcare institutions, the survey was conducted face-to-face with personnel who are on duty both during and outside of regular working hours. To ensure the anonymity of the data, the data collection process was conducted on a unit-by-unit basis. Once one unit was completed, the process proceeded to the next unit. No identifying information, such as name, surname, identification number, or personnel registration number, was collected from the voluntary personnel who agreed to participate in the study. The survey included only statements regarding demographic characteristics.

$$n = \frac{Z^2PQ}{E^2 + \frac{Z^2PQ}{N}} = \frac{1.96^2 * 0.5 * 0.5}{0.05^2 + \frac{1.96^2 * 0.5 * 0.5}{2511}} = 333$$

Z: 1.96 (Standard normal variable = 95% confidence level)

N: Sampling size

P: Proportion of the main population = (50%); margin of deviation: 0.5 (taken as maximum error),

Q: 1-P = 0.5

E: Default error (5%) = 0.05

Data analysis

In this study, the social loafing scale and the social media addiction scale were employed. In binary variable expressions, the T-test has been conducted, while in expressions with three or more variables, the ANOVA test has been performed. Based on the data obtained from voluntary participants, frequency analysis, impact analysis, and correlation analysis were conducted with consideration of the hypotheses. SPSS 29 and AMOS statistical software were utilized for the analyses.

Ethical considerations

Data collection and analyses were conducted in accordance with the World Medical Association *Declaration of Helsinki*. Ethical principles for medical research involving human subjects (Halonen et al., 2020). Two different scales were used to obtain the data. Therefore, ethics committee approval was obtained. Before application of the scale, the personnel who participated voluntarily in the study were given the necessary information about the scale and an informed consent forms were obtained from the participants.

Variables and scales

The survey data were collected with face-to-face interviews without using the online survey method. The scale in question consists of two main parts: items related to demographic characteristics and scale items. Social Loafing Scale (SLS) and Social Media Addiction Scale (SMAS) were used in the study.

Social Loafing Scale (SLS)

The SLS was developed by Mulvey and Klein (1998) and adapted into Turkish by Şeşen and Kahraman (2014). It is a 5-point Likert scale consisting a total of 9 items and two dimensions, namely social loafing for

self (SLS) (5) and perceived social loafing (PSL). Social loafing is defined as the reduction of effort by an individual during group work. The concept of perceived social loafing refers to the belief that individuals within a workgroup exhibit performance levels that are lower than what is expected by their group peers. This notion is distinct from social loafing itself, as it specifically pertains to the evaluation of team members' performance by their colleagues (Köksal, 2020; Olcay et al., 2018).

Social Media Addiction Scale (SMAS)

The validity and reliability study of the SMAS was conducted by Şahin and Yağcı (2017). The scale is a 5-point Likert scale consisting a total of 20 items and two dimensions namely virtual tolerance (VT) (11) and virtual communication (VC) (9). Virtual tolerance refers to the level of tolerance exhibited by individuals towards various situations and negative behaviors encountered in virtual environments. Virtual communication is the process of exchanging information using the internet or computers (Layng, 2016).

RESULTS

In this study, the AMOS structural equation model was applied. In order to apply the AMOS structural equation model, the data should be normally distributed (Byrne, 2001). Skewness and kurtosis values are indicators of whether the data set is normally distributed or not. If the skewness and kurtosis values of the data sets are between ± 3 , it means that the data set is normally distributed (Shao, 2022, p.28). The skewness kurtosis values in this study are within the specified range (Table 1).

Table 1. Results of normality test.

| Scales | Skewness | Kurtosis | State |
|--------|----------|----------|--------|
| SLSS | -1.000 | 0.479 | Normal |
| PSLS | 0.219 | -0.426 | Normal |
| VT | -0.120 | 0.115 | Normal |
| VC | -0.594 | 0.040 | Normal |

Abbreviations: SLSS: Social Loafing Scale for Self; PSLS: Perceived Social Loafing Scale; VT: Virtual Tolerance; VC: Virtual Communication

Confirmatory Factor Analysis (CFA) is critical for assessing construct compatibility. Items with factor loadings above 0.5 give more suitable results for analysis. If the values in AMOS structural equation modeling are low, a modification process can be applied to obtain acceptable goodness of fit indices (Gürbüz, 2019, pp.32-62). Some goodness-of-fit indices are as follows: CFI<5, RMSEA<0.08, SRMR<0.08, NFI>0.90, IFI>0.90, AGFI>0.85, GFI>0.90 and NNFI>0.90. In this study, the goodness of fit indices of the SL and SLS scales were within the specified range (Table 2).

Descriptive characteristics of health personnel

Study population consisted of 270(60%) female participants, 197(43.8%) nurses, 332(73.8%) day

workers, 238(52.9%) married individuals, and 201(44.7%) healthcare professionals with a bachelor's degree. Some of the study participants (n=228; 50.7%) worked in outpatient clinics Study participants were either in their first year in the profession (n=141; 31.3%) or in their first year in this hospital 184(40.9%). (Table 3).

Data related to hypotheses

In the study, priorly, the presence (if any) a statistically significant difference between gender, marital status and type of employment, and PSLS, PLS, VT and VC was analysed by t-test (Table 4).

Table 2. DFA goodness-of-fit indices.

| Goodness-of-fit indices | Perfect Correlation | Acceptable Correlation | SLSS | ASLS | VT | Vi |
|-------------------------|---------------------|------------------------|--------------|--------------|--------------|--------------|
| χ^2/df | <3 | <5 | 2.981 | 1.065 | 3.406 | 3.580 |
| CFI | >0.95 | >0.90 | 0.995 | 1.00 | 0.955 | 0.970 |
| RMSEA | <0.05 | <0.08 | 0.066 | 0.01 | 0.073 | 0.076 |
| SRMR | <0.05 | <0.08 | 0.019 | 0.019 | 0.042 | 0.052 |
| NFI | >0.95 | >0.90 | 0.993 | 0.993 | 0.937 | 0.960 |
| IFI | >0.95 | >0.90 | 0.995 | 1.000 | 0.955 | 0.971 |
| AGFI | >0.90 | >0.85 | 0.960 | 0.988 | 0.928 | 0.925 |
| GFI | >0.95 | >0.90 | 0.989 | 0.998 | 0.960 | 0.962 |
| NNFI (TLI) | >0.95 | >0.90 | 0.988 | 0.999 | 0.935 | 0.954 |
| Cronbach α | | | 0.914 | 0.824 | 0.854 | 0.902 |

Abbreviations: SLSS: Social Loafing Scale for Self; PSLs: Perceived Social Loafing Scale; VT: Virtual Tolerance; VC: Virtual Communication

χ^2 : Chi-square Test; df: Degree of Freedom; CFI: Comparative Fit Index; RMSEA: The Root Mean Square Error of Approximation; SRMR: Standardized Root Mean Square; NFI: Normal Fit Index; IFI: Incremental Fit Index; AGFI: Adjusted Goodness of Fit Index; GFI: Goodness of Fit Index; NNFI: Non-normal Fit Index; TLI: Tucker-Lewis Index

Table 3. Socio-demographic characteristics of the participants.

| Variables | n | % | PSLS | PSLS | VT | VC | |
|---|------------------|-----|------|-----------|-----------|-----------|-----------|
| Gender | Female | 270 | 60.0 | 3.94±0.97 | 2.96±0.89 | 3.62±3.49 | 3.86±0.81 |
| | Male | 180 | 40.0 | 3.70±1.08 | 3.03±0.91 | 3.49±0.78 | 3.58±0.88 |
| Marital status | Single | 211 | 46.9 | 3.65±1.05 | 2.97±0.94 | 3.42±0.73 | 3.63±0.81 |
| | Married | 239 | 53.1 | 4.01±0.97 | 3.01±0.85 | 3.71±0.77 | 3.85±0.86 |
| Age (years) | 20-29 | 154 | 34.2 | 3.49±1.03 | 2.97±0.87 | 3.23±0.70 | 3.53±0.81 |
| | 30-39 | 146 | 32.4 | 3.93±1.01 | 2.98±0.86 | 3.62±0.75 | 3.77±0.83 |
| | 40-49 | 108 | 24.0 | 4.11±0.90 | 3.00±0.96 | 3.88±0.73 | 3.96±0.91 |
| | ≥50 | 42 | 9.3 | 4.17±0.99 | 3.05±0.95 | 3.85±0.65 | 3.96±0.73 |
| Education level | High school | 68 | 15.1 | 3.71±1.09 | 3.04±0.98 | 3.77±0.68 | 3.86±0.98 |
| | Associate degree | 90 | 20.0 | 3.90±1.05 | 2.91±0.78 | 3.66±0.83 | 3.79±0.95 |
| | Undergraduate | 201 | 44.7 | 3.78±1.03 | 3.03±0.90 | 3.46±0.75 | 3.66±0.81 |
| | Master's degree | 64 | 14.2 | 3.91±0.90 | 2.87±0.88 | 3.50±0.80 | 3.77±0.73 |
| | Doctorate, PhD | 27 | 6.0 | 4.30±0.80 | 3.12±1.00 | 3.76±0.67 | 3.94±0.64 |
| Employment status | Day worker | 332 | 73.8 | 3.87±1.01 | 2.98±0.89 | 3.59±0.77 | 3.76±0.87 |
| | Shift worker | 118 | 26.2 | 3.76±1.06 | 3.02±0.90 | 3.50±0.76 | 3.71±0.77 |
| Length of service in the profession (years) | 1-4 | 141 | 31.3 | 3.79±1.01 | 3.00±0.92 | 3.61±0.72 | 3.86±0.77 |
| | 5-9 | 85 | 18.9 | 4.02±0.84 | 3.07±0.99 | 3.43±0.71 | 3.65±0.79 |
| | 10-14 | 71 | 15.8 | 3.76±1.19 | 2.88±0.92 | 3.56±0.80 | 3.78±0.87 |
| | 15-20 | 60 | 13.3 | 3.90±1.05 | 2.92±0.80 | 3.72±0.77 | 3.81±0.85 |
| | ≥20 | 93 | 20.7 | 3.81±1.03 | 3.05±0.80 | 3.55±0.84 | 3.60±0.96 |
| Term of office in this organisation (years) | 1-4 | 184 | 40.9 | 3.82±1.00 | 2.97±0.92 | 3.61±0.74 | 3.85±0.78 |
| | 5-9 | 89 | 19.8 | 4.05±0.84 | 3.06±0.97 | 3.44±0.72 | 3.73±0.79 |
| | 10-14 | 75 | 16.7 | 3.77±1.16 | 2.93±0.86 | 3.59±0.82 | 3.71±0.93 |
| | 15-20 | 47 | 10.4 | 3.78±1.04 | 2.89±0.76 | 3.66±0.80 | 3.71±0.81 |
| | ≥20 | 55 | 12.2 | 3.84±1.02 | 2.99±0.89 | 3.57±0.77 | 3.75±0.85 |

Abbreviations: SLSS: Social Loafing Scale for Self; PSLs: Perceived Social Loafing Scale; VT: Virtual Tolerance; VC: Virtual Communication

As a result of the analyses, a statistically significant difference between gender and the total score of social media addiction was detected ($t=2.787$, $p=0.006$). A statistically significant difference between SLSS ($p=0.017$) and VC ($p=0.001$) at 95% confidence level. There was a statistically significant

difference ($p<0.05$) between marital status and SLSS scores ($p=0.00$), also between VT ($p=0.000$) and VC ($p=0.005$). No statistically significant difference was found between the type of employment and any variable analysed (Table 4).

Table 4. Findings related to the differences between demographic characteristics and variables.

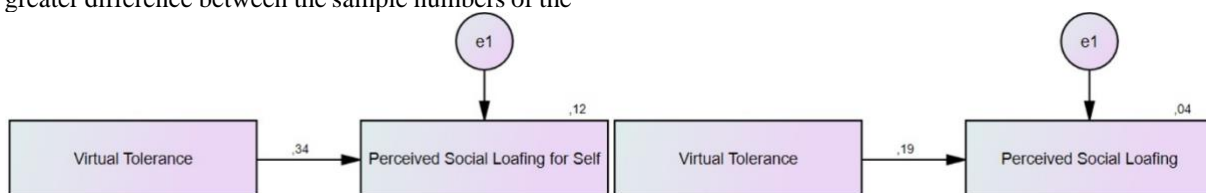
| Variables | | | n | \bar{x} | SS | df | t | p |
|-------------------|------|--------------|-----|-----------|------|---------|--------|---------------|
| Gender | SLSS | Female | 270 | 3.94 | 0.97 | 356.072 | 2.404 | 0.017* |
| | | Male | 180 | 3.70 | 1.08 | | | |
| | PSLS | Female | 270 | 2.96 | 0.89 | 378.306 | -0.787 | 0.432 |
| | | Male | 180 | 3.03 | 0.91 | | | |
| | VT | Female | 270 | 3.62 | 0.75 | 374.273 | 1.707 | 0.089 |
| | | Male | 180 | 3.49 | 0.78 | | | |
| | VC | Female | 270 | 3.86 | 0.81 | 360.962 | 3.395 | 0.001* |
| | | Male | 180 | 3.58 | 0.88 | | | |
| Marital status | SLSS | Single | 211 | 3.65 | 1.05 | 430.415 | -3.804 | 0.000* |
| | | Married | 239 | 4.01 | 0.97 | | | |
| | PSLS | Single | 211 | 2.97 | 0.94 | 427.837 | -0.425 | 0.671 |
| | | Married | 239 | 3.01 | 0.85 | | | |
| | VT | Single | 211 | 3.42 | 0.73 | 445.357 | -4.008 | 0.000* |
| | | Married | 239 | 3.71 | 0.77 | | | |
| | VC | Single | 211 | 3.63 | 0.81 | 446.146 | -2.826 | 0.005* |
| | | Married | 239 | 3.85 | 0.86 | | | |
| Employment status | SLSS | Day worker | 332 | 3.87 | 1.01 | 196.465 | 0.988 | 0.324 |
| | | Shift worker | 118 | 3.76 | 1.06 | | | |
| | PSLS | Day worker | 332 | 2.98 | 0.89 | 203.574 | -0.404 | 0.686 |
| | | Shift worker | 118 | 3.02 | 0.90 | | | |
| | VT | Day worker | 332 | 3.59 | 0.77 | 207.763 | 1.109 | 0.268 |
| | | Shift worker | 118 | 3.50 | 0.76 | | | |
| | VC | Day worker | 332 | 3.76 | 0.87 | 230.145 | 0.531 | 0.595 |
| | | Shift worker | 118 | 3.71 | 0.77 | | | |

Abbreviations: SLSS: Social Loafing Scale for Self; PSLS: Perceived Social Loafing Scale; VT: Virtual Tolerance; VC: Virtual Communication

In addition to the analyses, the difference between age and educational status and the research variables was examined. Gabriel test was applied to analyse the groups in the age factor data set. According to the analysis, a statistically significant difference between the age factor score and SLSS scores ($F=11.083$, $p=0.000$), VT ($F=19.579$, $p=0.000$) and VC ($F=6.670$, $p=0.000$). A statistically significant difference was also observed between 20-29 years old healthcare workers and all other age groups ($p<0.05$). In the age group of 50 years and over, social loafing behaviour was more frequently observed. A significant difference was found between the age group 40-49 and all other age groups ($p<0.05$). Social tolerance was at a comparatively higher level in the 40-49 age group. A significant difference was found between the VT scores of 20-29 years and all other age groups ($p<0.05$). In the age group of 50 years and over, social communication was entertained more frequently. Hochberg's GT2 test was performed because of the greater difference between the sample numbers of the

groups in the education level data set. According to the analysis, there was no statistically significant difference between the level of education and PLS ($p=0.100$), PLS ($p=0.586$) and VC ($p=0.307$) scores. However a statistically significant difference was detected between VC ($p=0.015$) and the level of education ($p<0.05$). We also determined that social tolerance scores were higher in high school graduates when compared with the undergraduate participants.

We also determined that social media addiction had a statistically significant and positive ($\beta=0.389$, $p<0.01$) effect on social loafing behaviour. The path analysis showing the effect of VT, one of the subdimensions of social media addiction, on PLS and PSL scores is given in the figure below (Figure 1). According to the analysis, it was found that VT had a statistically significant positive effect on PLS ($\beta=0.344$, $p<0.01$) and PSL ($\beta=0.194$, $p<0.01$).

**Figure 1. Path Analysis of the Effect of VT on PLS and PSL**

The findings related to the effect of VT on PSLS and PSL are given in Table 5. As shown in Table 5, VT has a statistically significant and weakly positive

effect on the PSLS and PSL ($p < 0.01$). According to the findings, Hypothesis 1 and Hypothesis 2 are confirmed.

Table 5. Findings related to the effect of ST on PSLS and PSL.

| Virtual Tolerance | | | | |
|----------------------|-----------|----------------|--------|-----|
| Direction of effects | Estimates | Standard Error | t | p |
| VT→PSLS | 0.344 | 0.044 | 10.093 | *** |
| VT→PSL | 0.194 | 0.039 | 4.192 | *** |

*** $p < 0.01$

Abbreviations: VT: Virtual Tolerance; PSLS: Perceived Social Loafing for Self; PSL: Perceived Social Loafing

The path analysis showing the effect of VC on PSLS and PSL is given in the figure below (Figure 2). According to the analysis, it is seen that VC has a statistically significant and positive effect on PSLS

($\beta = 0.352$, $p < 0.01$) and PSL ($\beta = 0.162$, $p < 0.01$). The findings related to the effect of VC on PSLS and PSL are given in Table 6.

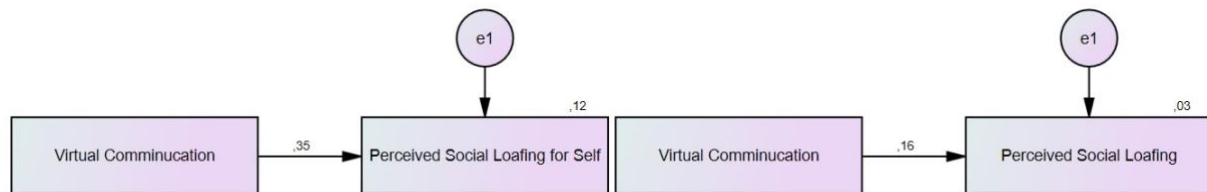


Figure 2. Path Analysis of the Effect of VC on PSLS and PSL

In Table 6, it is determined that VC has a statistically significant but weakly positive effect on the PSLS and PSL ($p < 0.01$). According to the findings, Hypothesis 3 and Hypothesis 4 were confirmed.

Pearson correlation analysis was applied to determine the relationship between the subdimensions of the scales used as data collection tools in the study. The results of correlation analyses are given in Table 7.

Table 6. Findings related to the effect of SI on CSC and ASC.

| Virtual Communication | | | | |
|-----------------------|-----------|----------------|-------|-----|
| Direction of effects | Estimates | Standard Error | t | p |
| VC→PSLS | 0.352 | 0.053 | 7.980 | *** |
| VC→PSL | 0.162 | 0.036 | 3.475 | *** |

*** $p < 0.01$

Abbreviations: VC: Virtual Communication; PSLS: Perceived Social Loafing for Self; PSL: Perceived Social Loafing

Table 7. Correlation analysis between variables.

| | 1 | 1a | 1b | 2 | 2a | 2b |
|--------------------------|---|---------|---------|---------|---------|----------|
| 1-Social media addiction | 1 | 0.927** | 0.921** | 0.304** | 0.379** | -0.046 |
| 1a-VT | | 1 | 0.723** | 0.266** | 0.344** | -0.056 |
| 1b-VC | | | 1 | 0.282** | 0.352** | -0.042 |
| 2-Social loafing | | | | 1 | 0.795** | 0.499** |
| 2a-PSLS | | | | | 1 | -0.129** |
| 2b-PSL | | | | | | 1 |

** $p < 0.01$

Abbreviations: VT: Virtual Tolerance; VC: Virtual Communication; PSLS: Perceived Social Loafing for Self; PSL: Perceived Social Loafing

According to the results of correlation analysis, a statistically significant and positive correlations were found between social media addiction and VT ($r = 0.927$, $p < 0.01$), VC ($r = 0.921$, $p < 0.01$), social loafing ($r = 0.304$, $p < 0.01$) and PSLS ($r = 0.379$, $p < 0.01$) (Table 7).

A statistically significant and positive correlation was also detected between VT and VC ($r = 0.723$, $p < 0.01$), social loafing ($r = 0.266$, $p < 0.01$), and PSLS ($r = 0.344$, $p < 0.01$) (Table 7).

A statistically significant and positive correlation was revealed between VC and social loafing ($r = 0.282$,

$p < 0.01$), and PSLS ($r = 0.795$, $p < 0.01$). In addition, a statistically significant and positive correlation was detected between the social loafing scale and its subdimensions of PSLS ($r = 0.795$, $p < 0.01$) and PLS ($r = 0.499$, $p < 0.01$) (Table 7).

DISCUSSION

This study was conducted to examine the relationship between social media addiction and social loafing behaviour among healthcare workers. Based on the results of the study a statistically significant difference was detected between gender and PSLS, VC; and also between marital status PSLS, VT and VC ($p < 0.05$). In addition, a statistically significant difference was revealed between the age factor score and VC ($F = 11.083$, $p = 0.000$), VT ($F = 19.579$, $p = 0.000$) and VC ($F = 6.670$, $p = 0.000$).

In this research study, as is seen, social media addiction has exerted a statistically significant and positive effect on social loafing behaviour ($\beta = 0.389$, $p < 0.01$). In addition, VT exerted a statistically significant and positive effect on PSLS ($\beta = 0.344$, $p < 0.01$) and PSL ($\beta = 0.194$, $p < 0.01$), and VC had a statistically significant and positive effect on PSLS ($\beta = 0.352$, $p < 0.01$) and PSL ($\beta = 0.162$, $p < 0.01$). As shown in Table 7, a significant relationship existed between social media addiction and social loafing behaviour at $p < 0.01$ level. In a study conducted on healthcare professionals, a statistically significant difference was observed between gender and social media addiction (Balci et al., 2020). However, in some studies, any statistically significant difference could not be demonstrated between gender and social media addiction (Kırık et al., 2015; Baz, 2018; Balci & Baloğlu, 2018; Arıbaş & Özşahin, 2022). In this study, although there is no statistically significant difference between VT, which is the subdimension of social media addiction, and gender, a statistically significant difference between VT and VC was noted ($p < 0.05$). However, a statistically significant difference was present between gender and the total score of social media addiction scale ($p < 0.05$).

Çizmeçi and Deniz (2016) stated in their study that health professionals mostly use the internet outside of their working hours to relax and get away from the stressful and intense working environment. In a study conducted by Saraç and Çiftçiöğlü (2011) involving 130 enterprises, the researchers concluded that non-work-related internet use during working hours makes employees happy and more productive. A study conducted on university students, revealed there was a statistically significant and negative relationship between social network use and significant cyberloafing behaviour (Alan, 2019). Similarly, in a study conducted by Black et al. (2013) on healthcare professionals, it was concluded that the time spent on social media negatively affects job performance.

According to Mahmoud's (2023) research, social media addiction negatively impacts the psychological

well-being of healthcare workers. It has been indicated that social media addiction can lead to psychological issues and feelings of loneliness. Individuals experiencing psychological problems may exhibit reluctance to actively participate in team activities, which could result in an increase in tendencies toward social loafing.

Limitations and strengths

This study was conducted using a cross-sectional design. Therefore, it cannot provide clear information on determining its causality. The main strength of this study is that it used scales with previously established validity and reliability to measure the study results.

CONCLUSION

According to the analyses conducted, it has been determined that social media addiction has a statistically significant and positive effect on social loafing (also called social shirking) behavior. When the results are evaluated comparatively with other studies in the field, it is thought that informing healthcare workers about the harms of social media use and addiction behaviors would be beneficial both individually and organizationally. In this context, in-house training is strongly recommended.

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Conflict of interest

The author declares no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

Author contributions

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