

Assessment of Social Media Addiction Levels Among Residents Working at Erciyes University Faculty of Medicine

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Abstract

Objective and Aim

The aim of our study is to determine the level of social media addiction among residents (trainees) working at Erciyes University Faculty of Medicine and to explore whether social media addiction is associated with sociodemographic and other specific characteristics.

Materials and Methods

The population of this cross-sectional and descriptive study consists of 344 residents working at Erciyes University Faculty of Medicine between the years 2023-2024. A total of 344 assistant doctors, including 180 females and 164 males, were included in the study. Residents completed the Sociodemographic Data Collection Survey,

Bergen Social Media Addiction Scale, and the Social Media Addiction Scale (SMAS) through face-to-face interviews. Data were analyzed using the SPSS (Statistical Package for the Social Sciences) 28.0 software package.

Results

Of the participants, 180 (52.3%) were female, and 164 (47.7%) were male, with a mean age of 29.83 (SD: 4.52). Among the participants, 185 (53.8%) were married/cohabiting, while 159 (46.2%) were single/separated. The percentage of participants with chronic illnesses was 14.5%, and those with psychiatric illnesses was 4.9%. Looking at the participants' smoking and alcohol use, the rate of smokers was 27.9%, and the rate of alcohol users was 18.6%. Research assistants, 22.7% in their first year and 16.9% in their fifth year of duty. Among the participants, 116 (33.7%) stated that they did not have on-call duties, and the rate of participants with 5 or more monthly on-call duties was 45.9%. The mean score of participants on the Bergen Social Media Addiction Scale (BSMBÖ) was 15.65 (SD: 5.35). The mean score obtained from the Social Media Addiction Scale (SMBÖ) used in the study was 86.87 (SD: 28.08). Female participants had significantly higher BSMBÖ scores than males ($t = 2.647, p = 0.008$). Similarly, female participants had significantly higher total SMBÖ scores than males ($t = 2.923, p = 0.004$). Scores obtained

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from the SMBÖ repetition subscale were significantly higher in single/separated research assistants compared to those married/cohabiting ($t = 2.219, p = 0.027$). The scale scores of research assistants with psychiatric illnesses were significantly higher than those without psychiatric illnesses. Participants who reported alcohol use had significantly higher scale scores than non-alcohol users.

Conclusion

Residents widely use social media in their daily lives. Excessive and unconscious use of social media can lead to addictive behaviors. One significant result obtained in our study is a positive relationship between alcohol use and social media addiction. Social media addiction was also found to be significantly higher in participants with psychiatric illnesses. Additionally, our study revealed a positive relationship between female gender and social media addiction. We identified a positive relationship between single residents and social media addiction. Moreover, our study found a negative relationship between age and social media addiction scores.

Keywords: Residents, Assistant Doctor, Social Media, Alcohol, Psychiatric Illness, Social Media Addiction.

1. Introduction

Social media has been playing an important role in social life since the first day it entered our lives. People can establish rapid interactions by sharing their feelings, thoughts and many other things through these platforms. For this reason, the use of social media is increasing and people are turning to meet their needs in this digital environment. People are influenced by social media on many issues, from their identities to their social lives. Nowadays, individuals mostly use social media to socialize and mingle with other people.¹ There are various definitions of social media made by many researchers. Social media are social

networking sites and applications that allow internet users to interact online, based on activities such as sharing and personal comments. According to another definition, social media are applications and websites that support individuals' sharing of information, thoughts, knowledge and interests and provide an online communication environment.¹ Social media are Web-based tools used for communication via computers and smartphones. It is used in the healthcare industry to facilitate doctor-patient communication, ensure corporate branding and increase the speed of interaction between different healthcare stakeholders. Examples of social media applications in the healthcare sector include access to educational and information resources by clinicians and patients, accessing and contributing to content-rich reference resources, evaluation and reporting of the prevalence of current diseases in the world, and participation of patients in online studies and clinical research.² Social media, which has become widespread among young people today, has become a means of communication with increasing popularity day by day. Individuals can share their thoughts and interests through their personal pages, communicate through various applications, easily obtain information, establish new friendships, and share their content such as photographs and images with other users. However, when used uncontrollably and excessively, a behavioral problem such as social media addiction may occur. It is known that social media addiction is associated with many factors.³ Social media tools offer people various interaction and communication opportunities using different communication tools and applications. With the spread of social media applications such as WhatsApp, YouTube, Facebook, Twitter and Instagram in recent years, the number of users is increasing rapidly. These platforms provide users with various communication experiences by offering them the opportunity to share various contents, interact with other users and participate in virtual communities.³ Internet addiction was one of the first types of information

technology addiction to be studied. The more recent concept of “smartphone addiction” has also been explored based on previous internet addiction research. The use of smartphones differs from traditional Internet use, such as on computers and laptops, because smartphones allow users to constantly access the Internet anytime and anywhere, regardless of time and place.

Smartphone addiction is increasing simultaneously with the uncontrolled and excessive use of the Internet. The increasing use of smartphones, as a result of addiction to social media, has led to most people communicating daily, online with interactive posts and messages rather than face-to-face communication. Smartphones offer an unlimited range of cognitive activities for users; Smartphones enable individuals to engage in a range of online activities, such as joining social media sites, playing video games, and “surfing the web.”⁴ Developments in internet and social media technologies have caused significant structural changes in the healthcare sector. Nowadays, the first source used for health issues around the world is usually the internet. Physicians use the internet for many purposes, such as researching diseases, looking at symptoms and signs, examining the side effects of drugs, inquiring about hospitals, sharing their experiences, discussing new information, communicating instantly with other doctors and following the blogs created by their colleagues. This has significantly increased communication and information sharing in healthcare by providing healthcare professionals and patients with greater access to information and interaction.⁵

Today, many physicians actively use social media to provide information to their patients, raise awareness about health issues, and establish closer communication with their patients. Social media platforms provide physicians with the opportunity to reach a wide audience and interact directly with their patients. Physicians contribute to the public's awareness of health issues by sharing information on topics such as health advice, symptoms of diseases and treatment

options. In addition, communicating with patients and answering questions, explaining treatment processes and providing support are examples of the use of social media in the field of healthcare.⁵ Health professionals open accounts on popular social media platforms such as Instagram, Twitter, Facebook and MySpace in order to support their professional development and inform the public about health issues. Applications such as WhatsApp and Twitter are places where physicians can share their various knowledge and establish interactive communication. Twitter, in particular, has been recognized as one of the most effective tools of social media among healthcare professionals. Physicians interact with their patients by sharing medical information and healthy life suggestions through these platforms.⁵ This study was conducted to determine the addiction level of assistant physicians working at Erciyes University Faculty of Medicine due to social media addiction, which has become an important problem in society today.

2. Materials and Method

The population of this cross-sectional-descriptive study consists of 344 assistant physicians working at Erciyes University Faculty of Medicine between 2023-2024. A total of 344 assistant physicians, 180 women and 164 men, were included in the study. Assistant physicians filled out the Sociodemographic Data Collection Survey, Bergen Social Media Addiction Scale and Social Media Addiction Scale (SMBÖ) by face-to-face interviews and survey method. Data, SPSS (Statistical Package for the Social Sciences) 28.0 package program.

3. Results

344 research assistants working at Erciyes University Faculty of Medicine Hospital participated in the current study. 180 (52.3%) of the participants are women, 164 (47.7%) are men, and the average age is 29.83 (sd: 4.52). While 185 (3.8%) of the participants are married/partnered, 159 (46.2%) are single/separated. The rate of

participants with chronic diseases is 14.5% (n = 50), and the rate of participants with psychiatric diseases is 4.9% (n = 17).

Considering the smoking and alcohol use status of the participants, the rate of participants who smoke is 27.9% (n = 96) and the rate of participants who use alcohol is 18.6% (n = 64). Descriptive characteristics of the participants are presented in Table 1.

Table 1: Descriptive characteristics of participants (research assistants) (n = 344)

	\bar{x}	ss
Age (years)	29.83	4.52
	n	%
Gender		
Woman	180	52.3
Male	164	47.7
marital status		
Married/Coupled	185	53.8
Single/Separate	159	46.2
chronic disease		
There is	50	14.5
None	294	85.5
psychiatric illness		
There is	17	4.9
None	327	95.1
smoking		
There is	96	27.9
None	248	72.1
alcohol use		
There is	64	18.6
None	280	81.4
<i>n : Number of units, %: Percentage value, \bar{x}: Mean, sd: Standard deviation</i>		

70 (20.4%) of the participants work as research assistants in the Department of Family Medicine, 41 (11.9%) in the Department of Internal Medicine, and 24 (7.0%) in the Department of Child Health and Diseases. 22.7% (n = 78) of the research assistants are in their first year of duty, and 16.9% (n = 58) are in their fifth year of duty. 116 of the participants (33.7%) stated that they were not on duty, and the proportion of participants with 5 or more monthly shifts was 45.9% (n = 158).

During the statistical analysis process, the psychometric properties of the scales used were examined.

The average of the participants' Bergen Social Media Addiction Scale (BSMDS) scores is 15.65 (sd : 5.35). The minimum score from the scale is 6 and the maximum score is 30. In the current sample, the internal consistency coefficient (Cronbach's alpha) of the scale was found to be 0.832.

The average of the scores obtained from the Social Media Addiction Scale (SMBÖ), another scale used in the research, is 86.87 (sd : 28.08) . The minimum score from the scale is 41 and the maximum score is 163 (Table 4).

In the current sample, the internal consistency coefficient (Cronbach's alpha) of the scale was found to be 0.949 for the entire scale. A correlation analysis was applied to examine the relationship between scale scores and participants' ages. As a result of the analysis, a negative correlation was found between age and all scale scores (Table 2).

Table 2: Correlations between age and scale scores

Variables	Age
BSMBÖ –total	-0.177***
SMBÖ –total	-0.135*
Busyness	-0.119*
mood regulation	-0.148**
Repeat	-0.151**
Conflict	-0.114*
<i>Spearman correlation analysis, BSMS: Bergen Social Media Addiction Scale, SMBÖ: Social Media Addiction Scale, *p<0.05, **p<0.01, ***p<0.001</i>	

When the changes in the scale scores according to descriptive characteristics are examined, it is seen that the scale scores differ significantly according to gender. Women's BSMBS scores are significantly higher than men (t = 2.647, p = 0.008). Similarly, women's SMDS total scores are significantly higher than men (t = 2.923, p = 0.004).

SMDS subscale scores of women are

significantly higher than men, except for the Mood regulation subscale. Although the difference for the mood regulation subscale is not statistically significant, it approaches the significance level ($t = 1.953$, $p = 0.052$) (Table 6).

Table 3: Distribution of scale scores by gender

	Woman		Male		Test value	p value
	\bar{x}	ss	\bar{x}	ss		
BSMBÖ -total	16.38	5.22	14.86	5.41	2,647	0.008
SMBÖ -total	91.04	27.13	82.28	28.47	2,923	0.004
Busyness	33.85	11.09	29.66	10.58	3,579	<0.001
Mood Regulation	12,23	4.75	11,16	5.40	1,953	0.052
Repeat	11.01	4.90	9.41	4.03	3,312	<0.001
	M.	[Q1, Q3]	M.	[Q1, Q3]	Test value	p value
Conflict	33	[24, 40]	29	[22, 39]	-	0.029

\bar{x} : Mean, SD: Standard deviation, M: Median, BSMS: Bergen Social Media Addiction Scale, SMB: Social Media Addiction Scale

Scale scores generally do not differ significantly according to the marital status of the participants. Only the scores obtained from the SMDS relapse subscale were significantly higher in single/separated research assistants than in married/partnered research assistants ($t=2.219$, $p = 0.027$) (Table 4).

No significant difference was detected between the scale scores of research assistants with chronic diseases and those of research assistants without any chronic diseases. Afterwards, it was examined whether the presence of a psychiatric disease had a relationship with the scores obtained from the scales. As a result of the analysis, it was determined that the scale scores of research assistants with psychiatric illnesses were significantly higher than those of those without psychiatric illnesses (Table 5). The only exception to this situation is that there is no statistically significant difference between the scores obtained from the SMDS repetition subscale ($t = 1.573$, $p = 0.117$).

Total scores obtained from the scales do not differ significantly according to smoking status. Only the scores obtained from the

SMDS relapse subscale were significantly higher in non-smoking participants than in smokers ($t = -3.677$, $p = <0.001$). Differences between scale scores according to alcohol use status are presented in Table 6. When the scores obtained from the SMAS mood regulation and relapse subscales are excluded, the scale scores of participants who report using alcohol are significantly higher than those who do not use alcohol. Although there is no statistically significant difference between the two groups in the scores obtained from the SMDS mood regulation and relapse subscales, the difference between the scores obtained from the mood regulation subscale is close to significance ($t = 1.959$, $p = 0.052$).

Multiple group analyzes were performed to evaluate whether the scale scores differed according to the number of seizures of the participants. Participants were divided into three groups according to their shift status: those who were not currently on duty, those whose monthly shift numbers varied between 1 and 4, and those who had 5 or more shifts. As a result of the analyses, no significant difference was found between the three groups in terms of scale scores. As a result of the multi-group analysis conducted to evaluate whether the scale scores of the research assistants differ depending on the year of their assistantship, no statistically significant difference was detected.

Discussion

The current study aimed to evaluate the social media addiction levels and related factors of research assistants working at Erciyes University Faculty of Medicine Hospital. Social Media Addiction Scale and Bergen Social Media Addiction Scale were used to evaluate social media addiction levels, and the scores obtained by the participants from these scales were 86.87 (sd: 28.08) and 15.65 (sd: 5.35), respectively.

In a similar thesis study in which the Bergen Social Media Addiction Scale was used, the average score obtained from the scale by research assistants working at Çukurova University Faculty of Medicine Hospital was

found to be 16.80 (Sd: 5.40).⁶

Table 4. Distribution of scale scores according to marital status

	Married/Coupled		Single/Separate		Test value	p value
	\bar{x}	ss	\bar{x}	ss		
BSMBÖ –total	15,12	5.04	16.25	5.67	1,950	0.052
SMBÖ –total	84.71	27.77	89.44	28.40	1,556	0.121
Busyness	31.06	11.06	32.79	11.00	1,449	0.148
Mood Regulation	11.35	5.05	12.15	5.13	1,463	0.145
Repeat	9.74	4.43	10.83	4.69	2,219	0.027
	M.	[Q1, Q3]	M.	[Q1, Q3]	Test value	p value
Conflict	30	[23, 39]	33	[24, 40]	-1.096	0.278

\bar{x} : Mean, SD: Standard deviation, M: Median, BSMS: Bergen Social Media Addiction Scale, SMB: Social Media Addiction Scale

Table 5. Distribution of scale scores according to psychiatric disease status

	There is		None		Test value	p value
	\bar{x}	ss	\bar{x}	ss		
BSMBÖ –total	18.88	5.59	15.48	5.30	2,569	0.011
SMBÖ –total	107.35	28.35	85,80	27.70	3,124	0.002
Busyness	38.94	11.06	31.48	10.93	2,743	0.006
Mood Regulation	15.35	5.95	11.54	4.98	3,052	0.002
Repeat	11.94	4.26	10,16	4.57	1,573	0.117
	M.	[Q1, Q3]	M.	[Q1, Q3]	Test value	p value
Conflict	41	[34, 49]	32	[19, 39]	-3.116	0.002

\bar{x} : Mean, SD: Standard deviation, M: Median, BSMS: Bergen Social Media Addiction Scale, SMB: Social Media Addiction Scale

Table 6. Distribution of scale scores according to alcohol use

	There is		None		Test value	p value
	\bar{x}	ss	\bar{x}	ss		
BSMBÖ –total	17,13	5.22	15.32	5.34	2,454	0.015
SMBÖ –total	95.11	27.08	84.98	28.01	2,625	0.009
Busyness	35,13	11,16	31,10	10.89	2,653	0.008
mood regulation	12.84	4.72	11.47	5.14	1,959	0.052
Repeat	10.34	4.42	10,22	4.61	0.193	0.847
	M.	[Q1, Q3]	M.	[Q1, Q3]	Test value	p value
Conflict	28	[34, 48]	23	[31, 39]	-3.028	0.002

\bar{x} : Mean, SD: Standard deviation, M: Median, BSMS: Bergen Social Media Addiction Scale, SMB: Social Media Addiction Scale

In another study evaluating the social media addiction levels of healthcare professionals in our country, the Bergen Social Media Addiction Scale was applied to 591 healthcare professionals, 409 of whom were women, and the average scale score of the participants was found to be 14.41 (sd: 6.02).⁷

Considering the score ranges of the scales and the results of studies conducted on a similar population, it can be concluded that the social media addiction levels of the current sample are at an average level. One of the important results obtained from our study is that female research assistants obtained statistically significantly higher social media addiction scores than their male colleagues. When the literature is examined, it is seen that there are contradictory results on the variation of social media addiction according to gender. For example, in the study conducted by Badri et al., it was concluded that the level of social media addiction among healthcare professionals and students working in Saudi Arabia did not differ by gender.⁸

In Kılıç's thesis study, no statistically significant difference was found between the social media addiction scores of male and female research assistants.⁶ In the study conducted by Hoşgör et al. with nurses working in our country, no statistically significant difference was reported between the social dependency scores between male and female nurses.⁹ In another study conducted with 400 healthcare professionals using face-to-face interview technique in Konya, social media addiction scores did not differ according to the gender of the participants.¹⁰

When we look at the studies that are compatible with the results of the current study, we see that they were generally conducted on a sample other than healthcare workers. For example; In a comprehensive study conducted by Andreassen et al.¹¹, it was found that the scores of female participants on the Bergen Social Media Addiction Scale were significantly higher than male participants. Similarly, studies

evaluating social media addiction in university students have shown that women have higher scores than men.¹²

On the other hand, a study conducted in Iran showed that male students studying in health sciences departments had higher social media addiction scores than female students.¹³

To summarize, the relationship between social media addiction and gender is complex. The main reason for this situation may be that social media addiction is manipulated by many variables. For example; Burnout in healthcare professionals is one of the variables that have been shown to be related to social media addiction.¹⁴

Similarly, individual characteristics such as self-efficacy and self-esteem have also been associated with social media addiction.^{14,15}

Since these variables were not considered in our study, it is not possible to comment. The findings of the current study revealed that research assistants with psychiatric illnesses had significantly higher social media addiction scores than their colleagues without psychiatric illnesses. Psychiatric diseases can cause problems in social relationships and social isolation. Such real-world challenges can increase individuals' need to connect and express themselves through social media. In other words, social media use offers a virtual "escape" and social interaction environment for individuals with mental illness.¹⁶

To be considered specifically, healthcare professionals often encounter psychiatric problems such as depression, anxiety disorders and burnout due to the challenging nature of their profession, both physically and spiritually.^{17,18}

This may cause healthcare professionals to use social media as an "escape". Supporting this proposition, a study conducted with 519 physicians and nurses in China found a strong relationship between social media addiction and burnout scores.¹⁴

Another study conducted in Saudi Arabia found a positive relationship between psychological distress and social media addiction scores of healthcare students and practitioners. In the same study, a positive relationship was found between participants' loneliness levels and social media addiction scores.¹⁹

In a systematic review study on the social media use of healthcare professionals during the pandemic, high social media use was associated with mental health problems, especially depression and anxiety disorders.²⁰

In conclusion, the findings of the current study support the literature; However, the fact that the mental illnesses of the research assistants are not detailed prevents commenting on which psychiatric diseases and social media addiction are more closely related and the strength of the relationship. Another finding that may be related to the above results is that research assistants who use alcohol have statistically significantly higher social media addiction scores than research assistants who do not use alcohol. As a matter of fact, alcohol use is one of the methods used as a coping mechanism to escape from the stressors of daily life, similar to the use of social media.^{21,22}

Again, alcohol use has been associated with loneliness, similar to social media addiction. This relationship can be considered in two ways. While individuals may use alcohol to alleviate feelings of loneliness, alcohol can also worsen loneliness by causing individuals to withdraw from loved ones and increase feelings of depression and isolation.^{23,24}

Apart from this, there are some common physiological mechanisms that are thought to underlie alcohol use and social media addiction. Both alcohol and social media use (thanks to the likes received on posts) activate the reward pathway in the brain, causing dopamine to be secreted in the reward center (nucleus 25–27accumbens). This situation is considered to be the basic mechanism underlying many addictions,

especially substance addictions, and may cause individuals to tend to continue these behaviors. A third proposition that may explain the relationship between social media addiction and alcohol use is the content on social media platforms. So much so that, on social media platforms, it is common to encounter posts in which adolescents and young adults (considering the average age of the researchers, this definition fits) may be exposed to alcohol-related content. Thus, individuals are exposed to pro-alcohol messages and images on social media platforms.²⁸

This study reveals that there is no statistically significant difference between the social media addiction scores of research assistants with and without chronic disease. In Kılıç's thesis study, no significant relationship was found between the presence of chronic disease and social media addiction among assistant physicians working at a university hospital.⁶ Similar to the results of the current study, ⁸ Badri et al. found that the presence of chronic disease was not associated with the social media addiction levels of healthcare professionals and students. On the other hand, in the same study, social media addiction levels were found to be lower in participants who exhibited healthy eating behavior and exercised regularly.⁸

A number of factors can be put forward that determine the relationship between social media addiction and health status. To look at this relationship from a positive perspective, social media use can provide an online environment where individuals with chronic diseases can provide social and spiritual support.²⁹

Moreover, social media platforms can also be used by individuals with chronic diseases to communicate health advice and promote a healthy lifestyle. On the negative side of the relationship, social media addiction itself causes a sedentary lifestyle and paves the way for chronic diseases.³⁰

In addition, individuals with chronic diseases are more prone to mental health problems,

especially depression, which poses a risk for social media addiction as mentioned above. In the light of these propositions, the reason why there is no relationship between the presence of chronic disease and social media addiction in our study may be that since our sample consists of physicians, they do not need social media platforms because they have sufficient knowledge about health problems. Additionally, the fact that the average age of our sample was not high may have caused health problems that may develop secondary to social media addiction to have not yet emerged. The findings from our study show that there is no statistically significant relationship between social media addiction scores and the marital status of research assistants; However, the results approached the significance level in favor of single research assistants. There are conflicting results in the literature regarding the relationship between these two variables. Consistent with our study, Kılıç's thesis study showed that there was no statistically significant difference between the social media addiction scores of single and married assistant physicians. ⁶ On the other hand, in the study conducted by Hoşgör et al. with 205 nurses, it was found that single nurses had significantly higher levels of social media addiction than married nurses.⁹ Another study conducted on a sample of 531 young adults reported similar results to the study of Hoşgör et al. ³¹

As mentioned above, although the results of our study are not statistically significant, they are close to the significance level and show that single research assistants have higher levels of social media addiction than their married colleagues. The main reason for this may be that married research assistants spend less time on social media because they devote time to their spouses and children. Studies have revealed that professional variables may be associated with social media addiction. For example; There are studies indicating that healthcare professionals with less professional experience have higher social media addiction scores.¹⁴

This may be attributed to the fact that

healthcare professionals with less professional experience are generally younger and young people are more familiar with using social media platforms. In parallel, Luo et al.'s study found that the social media addiction scores of healthcare professionals with less than three years of working experience were statistically significantly higher than those with more working experience.¹⁴

In the same study, it was stated that the majority of healthcare workers with less than three years of professional experience were between the ages of 18 and 30. In the current study, a negative relationship was found between age and social media addiction scores; However, no statistically significant relationship was found between professional experience (duration of assistantship) and social media addiction scores. Again, no statistically significant relationship was found between the number of shifts and total scale scores of the research assistants. No specific study has been found addressing the relationship between the number of seizures and social media addiction; However, the possibility that the number of seizures may affect social media addiction through variables such as sleep patterns should be taken into consideration. Our study contributes to the literature by evaluating the social media addiction levels and related factors of research assistants in a university hospital sample; However, the limitations of the current study should also be taken into account when considering the results. The first limitation is that the research is cross-sectional, which prevents the establishment of a cause-effect relationship between variables. Secondly, variables that have the potential to affect social media addiction have not been addressed. Examples of these variables are depression, anxiety disorder and burnout levels of healthcare professionals. Again, participants' self-esteem etc. Individual characteristics may also affect social media addiction levels. Thirdly, the fact that the study is single-centered causes the generalizability of the results to be questioned.

Conclusion

Assistant physicians use social media widely in their daily lives. Excessive and unconscious use of social media can cause addiction-like behaviors. One of the important results obtained in our study is that there is a positive relationship between alcohol use and social media addiction.

Social media addiction was also found to be significantly higher in assistant physicians with psychiatric illnesses. One of the important results obtained from our study is that female research assistants obtained statistically significantly higher social media addiction scores than their male colleagues.

Although the results of our study are not statistically significant, they are close to the significance level and show that single research assistants have higher levels of social media addiction than their married colleagues. In our study, a negative relationship was found between age and social media addiction scores.

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Conflict of interest

The authors declare no conflict of interest.

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