

01. Investigation of Social Media Addiction, Anxiety, and Related Factors among Medical and Health Sciences Students at Bursa Uludağ University

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Abstract

Background: Social media comprises digital platforms enabling communication, content sharing, and interaction. Uncontrolled use causes "social media addiction," leading individuals to neglect responsibilities. Especially in stressed health sciences students, social media addiction is considered associated with anxiety. Furthermore, lifestyle habits like smoking and alcohol use can trigger this anxiety cycle. This study aimed to investigate social media addiction, anxiety, and associated factors—including sociodemographic characteristics and harmful habits like alcohol and cigarette use—among medical and health sciences students at Bursa Uludağ University. **Methods:** The study population comprises 2286 Medicine and 1086 Health Sciences students. It was conducted on 613 students (329 Medicine, 284 Health Sciences) representing this population (N:2286, N=1086, Z=95%, d=0.05). Responses from 521 participants were included, reaching 99% of Medicine and 66% of Health Sciences samples. Data were collected via questionnaires assessing sociodemographics, lifestyle habits, social media usage time, and psychological well-being. Scales used: Perceived Stress Scale, Social Media Addiction Scale, BAPIRI-Alcohol, and Fagerström Test for Nicotine Dependence. Statistical analysis utilized SPSS. **Results:** Participants' (n=521) age distribution was 17-29, averaging 19.45 ± 1.88 years. Positive correlations existed between Social Media Addiction, Fagerström, and Perceived Stress Scale scores ($r=0.136$, $p<0.01$). Gender/faculty comparisons (Independent Samples t-test): In Medicine, females' social media addiction score (72.60 ± 11.34) was significantly higher than males' (67.78 ± 12.41) ($p<0.01$). Similarly, in Health Sciences, females' score (73.27 ± 10.23) was significantly higher than males' (67.52 ± 17.87) ($p=0.029$). Anxiety scores showed no significant gender differences ($p>0.05$). Comparing faculties, significant differences existed between cognitive and emotional subscale score averages ($p<0.05$). No significant faculty differences were found in total social media addiction, behavioral subscale, and total anxiety scores ($p>0.05$). Inter-class comparisons (One-Way ANOVA): In Medicine (4 groups), significant differences emerged in total social media addiction and emotional subscale score averages ($p<0.05$). Post-hoc Bonferroni revealed 6th-grade students had significantly lower emotional subscale and significantly higher anxiety scores than other classes. Health Sciences showed no significant inter-class differences ($p>0.05$). High-level anxiety frequency (Pearson Chi-Square): detected in 17.2% of Medicine and 12.8% of Health Sciences students ($\chi^2=13.66$, $df=2$, $p<0.01$). **Conclusion:** Our study shows the need to stay constantly online and anxiety over missing daily developments fundamentally elevate stress and anxiety in health sciences students. Intertwining smoking and alcohol use with this addiction indicates intensely stressed students resort to mutually reinforcing unhealthy escape mechanisms. While the cross-sectional design restricts establishing clear cause-and-effect relationships, findings highlight crucial multiple addiction risks. Future longitudinal and multicenter studies are recommended to determine these relationships' direction. To protect future health professionals' mental health, developing university-based

preventive psychosocial interventions on digital detox, stress management, and combating addiction is critical.

Table 1. Multiple linear regression analysis for social media addiction score (n=517)

Predictor	B (unstandardized)	95% CI for B	Standardized β	p- value
(Constant)	63.322	58.91 – 67.74	–	<0.001
Gender (male vs female)	4.883	2.62 – 7.15	0.191	<0.001
Faculty (Medicine vs Health Sci.)	1.659	–1.37 – 4.69	0.068	0.282
Year of education (1 through 6)	–0.863	–1.59 – –0.14	–0.143	0.020
Anxiety score (continuous)	0.195	0.09 – 0.31	0.149	<0.001
Nicotine dependence (Fagerström score)	0.075	–1.59 – 1.74	0.004	0.930
Risky alcohol use (yes=1 vs no=0)	–3.934	–10.35 – 2.48	–0.052	0.229

Model F(6,510)=6.93, $p<0.001$, adjusted $R^2=0.065$

Coding: Gender (1=male, 0=female); Faculty (1=Medicine, 0=Health Sciences); Risky alcohol use (1=yes, 0=no); other variables are continuous.

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