



Predictive Effects of Social Media Addiction on Emotional Intelligence and Communication Skills among Healthcare Professionals

Sağlık Çalışanlarında Sosyal Medya Bağımlılıklarının Duygusal Zekâ ve İletişim Becerileri Üzerine Yordayıcı Etkisi

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Abstract:

The use of social media has been increasing steadily. Rising levels of social media addiction among healthcare professionals may affect their emotional intelligence and communication skills. This study aimed to determine the predictive effect of social media addiction on emotional intelligence and communication skills among healthcare professionals. This descriptive, cross-sectional study was conducted between June 15 and August 15, 2024, with 260 healthcare professionals employed at a state hospital in Yalova; 74.8% of participants were female. The Personal Information Form, the Social Media Addiction Scale–Adult Form, the Schutte Emotional Intelligence Scale, and the Communication Skills Scale were administered. Using SPSS for Windows version 25.0, the predictive effect of social media addiction on emotional intelligence and communication skills was analyzed with simple linear regression. The findings indicated a significant negative association between social media addiction and both emotional intelligence and communication skills ($p < .05$). However, the predictive power of social media addiction was low for emotional intelligence (adjusted $R^2 = 0.018$) and for communication skills (adjusted $R^2 = 0.068$). These findings indicate that social media addiction explained 1.8% of the variance in emotional intelligence and 6.8% of the variance in communication skills. The relationship between social media addiction and emotional intelligence and communication skills appears to be limited. To increase the model's explanatory power, incorporating additional variables related to social media use is recommended, along with developing awareness programs on responsible social media use.

Keywords: Healthcare professionals, Social media addiction, Emotional intelligence, Communication skills.

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Öz:

Sosyal medya kullanımının her geçen gün arttığı bilinmektedir. Sağlık çalışanlarının sosyal medya bağımlılığına ilişkin artış duygusal zekâ ve iletişim becerilerini etkileyebilir. Bu çalışmanın amacı sağlık çalışanlarında sosyal medya bağımlılıklarının duygusal zekâ ve iletişim becerileri üzerine yordayıcı etkisini belirlemektir. Tanımlayıcı ve kesitsel nitelikteki bu çalışma, 15 Haziran–15 Ağustos 2024 tarihleri arasında Yalova'daki bir devlet hastanesinde görev yapan 260 sağlık çalışanıyla gerçekleştirildi; katılımcıların %74,8'i kadın. Sağlık çalışanlarına kişisel bilgi formu, Sosyal Medya Bağımlılığı Ölçeği-Yetişkin Formu, Schutte Duygusal Zeka Ölçeği ve İletişim Becerileri Ölçeği uygulandı. Çalışma verileri, SPSS Windows 25.0 programı kullanılarak sosyal medya bağımlılığının duygusal zekâ ve iletişim becerileri üzerindeki etkisi basit doğrusal regresyonla analiz edildi. Araştırma bulgularında sosyal medya bağımlılığı ile duygusal zekâ ve iletişim becerileri arasında negatif yönde anlamlı bir ilişki olduğu belirlendi ($p < 0,05$). Ancak sosyal medya bağımlılığının duygusal zekâ (Adjusted $R^2 = 0,018$) ve iletişim becerileri (Adjusted $R^2 = 0,068$) üzerindeki yordama gücünün düşük olduğu tespit edildi. Bu bulgular, sosyal medya bağımlılığının duygusal zekâyı %1,8 ve iletişim becerilerini %6,8 oranında açıkladığını saptadı. Sosyal medya bağımlılığı ile duygusal zekâ ve iletişim becerileri arasındaki ilişkinin sınırlı olduğu sonucuna varılmıştır. Ayrıca, sosyal medya bağımlılığına yönelik yeni değişkenler eklenerek modelin açıklayıcılığının artırılması ve sosyal medya kullanımına yönelik bilinçlendirme programlarının geliştirilmesi önerilmektedir.

Anahtar Kelimeler: Sağlık çalışanları, Sosyal medya bağımlılığı, Duygusal zekâ, İletişim becerileri.

Introduction

Social media is a digital network that facilitates content creation, sharing, and communication on internet-based platforms (Madakam & Tripathi, 2021). These environments enable individuals to interact with other users by publishing short messages, photos, or videos that convey their ideas, thoughts, emotions, experiences, and perspectives (Elkatmış, 2024). While social media permeates many areas of daily life and offers various conveniences, excessive use raises concerns about addiction (Sağar, 2019). Social media addiction is defined as an excessive preoccupation with platforms—devoting so much time and effort that everyday routines such as social activities, work, and relationships are impaired (Andreassen & Pallesen, 2014; Balci, Tiriyaki, & Karakuş, 2024). Empirical studies indicate that individuals who are heavily engaged in social media exhibit addiction-like symptoms, including impairments in emotion regulation, heightened susceptibility to distraction, and declines in academic performance (Weinstein, 2023; Ulvi et al., 2022). Moreover, research has suggested that emotional intelligence may play a pivotal role in the emergence and development of social media addiction (Chen et al., 2025).

Emotional intelligence refers to a constellation of socioemotional competencies that enable individuals to recognize and manage their own emotions, build positive relationships through empathy, and leverage personal skills in pursuit of life goals (Cankurtaran & Şakiroğlu, 2020). As a people-centered profession requiring continuous interaction, healthcare work makes emotional intelligence especially important (Cerit & Öz, 2019). Higher levels of emotional intelligence among healthcare professionals support awareness and regulation of emotions, empathy, social competence, motivation of both healthcare professionals and patients, and, consequently, strong communication skills (Cleary, Visentin, West, Lopez, & Kornhaber, 2018).

Conversely, low emotional intelligence hampers emotional expression and leads to communication

problems (Demir & Kara, 2019). Effective communication is critical in healthcare; misinterpretation of messages directed to individuals, families, and communities can lead to serious medical errors. Communication skills play a crucial role in stress management, problem-solving, and accurate understanding of health information, and they help prevent communication-related problems (Kim & Sim, 2020). Inadequate communication competencies among healthcare professionals may adversely affect patient and public satisfaction, treatment adherence, and health outcomes (Cleary, Visentin, West, Lopez, & Kornhaber, 2018). Research further suggests that individuals who struggle with self-expression and communication may increase their internet use (Polat, 2023). Similarly, a study among nursing students found that social media addiction negatively affected communication skills (Kaplan & Özdemir, 2023).

A review of the literature reveals limited studies that simultaneously examine the predictive effect of social media addiction on emotional intelligence and communication skills among healthcare professionals (Begen & Şantaş, 2024; Racişsi et al., 2025). We therefore anticipate that our findings will contribute to the literature by addressing this gap.

Objective

This study aims to determine the predictive effect of social media addiction on emotional intelligence and communication skills among healthcare professionals.

Research Questions

1. Do levels of social media addiction among healthcare professionals significantly predict their emotional intelligence and communication skills?
2. Is there a significant relationship between healthcare professionals' levels of social media addiction and their levels of emotional intelligence and communication skills?

Methods

Research Design

This study is descriptive, cross-sectional, and correlational.

Setting and Timeframe

The research was conducted at a training and research hospital in Yalova Province between June 15 and August 15, 2024.

Population and Sample

The study population comprised all healthcare professionals (physicians, nurses, midwives, and technicians) working at a state hospital in Yalova (N = 600). Using the finite population sample size formula with a 95% confidence level and a 0.05 margin of error, the minimum required sample size was calculated as 197 (Özdemir & Adıgüzel, 2021). A total of 260 participants who provided informed voluntary consent were included.

Data Collection Instruments

Data were obtained using a personal information form, the Social Media Addiction Scale–Adult Form, the Schutte Emotional Intelligence Scale, and the Communication Skills Scale.

Personal Information Form

Developed by the researchers, this 10-item form collects demographic characteristics, including sex, age, marital status, and profession (Özdemir & Adıgüzel, 2021).

Social Media Addiction Scale–Adult Form (SMAS-AF)

The scale, designed by Şahin and Yağcı (2017) to measure social media addiction in adults (aged 18–60), consists of 20 items on a 5-item Likert scale (1 = Not suitable for me at all, 5 = Very suitable for me). The lowest possible score is 20, and the highest possible score is 100. As the score increases, there is an increase in the level of social media addiction. Items 5 and 11 on the scale are reverse-coded. The scale has two sub-dimensions: Virtual Tolerance (items 1–11) and Virtual Communication (items 12–20) (Şahin & Yağcı, 2017). The Cronbach's Alpha internal consistency coefficient for the scale was determined as 0.94 (Şahin & Yağcı, 2017). Cronbach's alpha for this study was 0.928.

Schutte Emotional Intelligence Scale (SEIS)

To assess individuals' emotional intelligence, Nicola Schutte developed the Schutte Emotional Intelligence Test in 1998, drawing on Salovey and Mayer's (1990) model. The Schutte Emotional Intelligence Scale has been

translated into Turkish, with a participant application of different types, without altering the factor structure or the number of items, in accordance with the original. This five-point Likert-type scale consists of 5 sub-factors: "Strongly Disagree (1), Disagree (2), No Opinion (3), Agree (4), Strongly Agree (5)". The scale contains reverse-scored items, which are numbered 5, 28, and 38 (Tatar, Tok, Bender & Saltukoğlu, 2017). The Cronbach's alpha value for this study was 0.904. High scores obtained from this scale indicate a high level of emotional intelligence.

Communication Skills Scale (CSS)

Developed by Korkut, Owen, and Bugay (2014) to measure individuals' communication skills, this 25-item, 5-point Likert scale yields total scores ranging from 25 to 125; higher scores indicate more advanced communication skills. The internal consistency coefficient reported by the developers was 0.88 (Korkut, Owen, & Bugay, 2014); in this study, $\alpha = 0.892$.

Ethical Considerations

The study was prepared in accordance with the Declaration of Helsinki. Ethics approval was obtained from the Yalova University Non-Interventional Ethics Committee on April 3, 2024 (2024/13). Institutional permissions were granted by the Yalova Provincial Health Directorate and the participating hospital (E-59566904-770-247868315). Written and verbal informed consent was obtained from all participants.

Data Collection Procedures

Data were collected between June 15 and August 15, 2024, on dates and times compatible with staff work schedules. The researcher informed eligible healthcare professionals about the study; those who volunteered completed the self-administered forms.

Statistical analysis

Data were analyzed in Windows using IBM SPSS Statistics 25.0. Descriptive statistics (frequency, percentage, mean, standard deviation) were calculated. The assumption of normality was evaluated using the ± 2 criteria for skewness and kurtosis (George, 2011), and the scale scores met these criteria. Pearson correlation analysis was used to examine relationships among variables. Multiple linear regression was conducted to test the effects of independent variables on the dependent variables. Statistical significance was set at $p < .05$.

Results

Table 1: Demographic Characteristics of the Participants

Variable		Number of Participants	Percentage (%)
Age ($\bar{X}$:34,97; SS:8,48; min-max:21-55)	21-30	108	41,9
	31-40	74	28,7
	41+	76	29,5
Gender	Female	193	74,8
	Male	65	25,2
Marital status	Married	145	56,2
	Single	113	43,8
Educational level	High school and below	22	8,5

	Undergraduate graduate	180	69,8
	Postgraduate graduate	56	21,7
Professions	Doctor	30	11,6
	Nurse	203	78,7
	Other	25	9,7
Social media preference *	Instagram	225	87,2
	Youtube	150	58,1
	Twitter	113	43,8
	Facebook	88	34,1
	Tiktok	13	5,0
	Snapchat	18	7,0
	Linkedin	6	2,3
	Other	4	1,6
Daily social media usage time	1 – 3 hours	119	46,1
	4 – 6 hours	82	31,8
	7 hours and over	57	22,1
Busiest time of day *	Morning	19	7,4
	Noon	35	13,6
	Evening	180	69,8
	Night	90	34,9
Time spent actively using social media platforms	6 years and under	83	32,2
	7 – 9 years	66	25,6
	10 – 12 years	68	26,4
	Over 12 years	41	15,9
Areas of using social media *	Information gathering	222	86,0
	Socializing	154	59,7
	Texting	141	54,7
	Shopping	147	57,0
	Taking photos and videos	102	39,5
	Video calling	101	39,1
	Other	8	3,1

The distributions of participants' descriptive characteristics are presented comprehensively in Table 1. The mean age was 34.97 years; 41.9% were 21–30 years old; 74.8% were female; 56.2% were married; 69.8% held a bachelor's degree; 78.7% were nurses; 87.2% reported

Instagram as their preferred platform; 46.1% used social media 1–3 hours per day; 69.8% reported peak use in the evening; 32.2% had actively used social media platforms for ≤ 6 years; and 86.0% reported using social media primarily to obtain information.

Table 2: Average Total Scores Obtained by Healthcare Professionals from the Scales

Scales	Min	Max	$\bar{X}$	SD	Distortion	Kurtosis
Communication principles and basic skills	22	50	39,41	4,66	-0,423	0,582
Self expression	7	20	16,03	2,27	-0,370	0,602
Active listening and nonverbal communication	15	30	23,94	2,95	-0,238	0,497
Willingness to communicate	8	25	18,37	2,69	-0,382	1,010
Communication Skills Scale (CSS)	59	125	97,74	10,40	-0,280	1,033
Virtual tolerance	11	55	30,32	8,66	0,053	-0,511
Virtual communication	9	42	22,16	7,18	0,158	-0,692
Social Media Addiction Scale–Adult Form (SMAS-AF)	21	87	52,48	14,86	0,060	-0,762
Schutte Emotional Intelligence Scale (SEIS)	78	161	126,62	13,61	-0,737	1,427

Min: Minimum; Max: Maksimum; $\bar{X}$: Average; SD: Standard Deviation

Examining the participants' total and subscale mean scores, the following values were observed: communication principles and basic skills, 39.41 ± 4.66 ; self-expression, 16.03 ± 2.27 ; active listening and nonverbal communication, 23.94 ± 2.95 ; willingness to communicate, 18.37 ± 2.69 ; Communication Skills Scale

(CSS) total, 97.74 ± 10.40 ; virtual tolerance, 30.32 ± 8.66 ; virtual communication, 22.16 ± 7.18 ; Social Media Addiction Scale–Adult Form (SMAS-AF) total, 52.48 ± 14.86 ; and Schutte Emotional Intelligence Scale (SEIS) total, 126.62 ± 13.61 . Skewness and kurtosis values for all scales were within ± 2

Table 3: Results of Inter-Scale Correlation Analysis for Healthcare Professionals

Scales	CSS	SMAS-AF	SEIS
Communication Skills Scale (CSS)	1		
Social Media Addiction Scale–Adult Form (SMAS-AF)	-0,253**	1	
Schutte Emotional Intelligence Scale (SEIS)	0,516**	-0,201**	1

*p<0,005; **p<0,001; Pearson korelasyon

Correlation results are presented in Table 3. There was a statistically significant, negative correlation between CSS and SMAS-AF ($r = -0.253$, $p < .001$) and between SEIS

and SMAS-AF ($r = -0.201$, $p < .001$), and a significant, positive correlation between CSS and SEIS ($r = 0.516$, $p < .001$).

Table 4: Results of Regression Analysis to Explain the Impact of Social Media Addiction on Emotional Intelligence and Communication Skills

Dependent Variable	Independent Variable	β	t	P	F	Model (p)	Adjusted R2
SEIS	Constant	134,158	36,780	0,000*			
	SMAS-AF	-0,162	-2,421	0,016*	5,859	0,016*	0,018
CSS	Constant	107,817	46,164	0,000*			
	SMAS-AF	-0,192	-4,471	0,000*	19,987	0,000*	0,068

Schutte Emotional Intelligence Scale (SEIS), Communication Skills Scale (CSS), Social Media Addiction Scale–Adult Form (SMAS-AF) *p<0,005

Social media addiction's effects on emotional intelligence and communication skills were examined using simple linear regression analyses. Based on the significance levels corresponding to the F statistics, the fitted models were statistically significant ($F = 5.859$, $p < 0.05$; and $F = 19.987$, $p < 0.05$). Examination of the regression coefficient (β), t statistic, and associated p value indicated that SMAS-AF had a statistically significant effect on SEIS ($t = -2.421$, $\beta = -0.162$; $p < 0.05$). Accordingly, higher SMAS-AF scores may be associated with lower SEIS scores. The model explained 1.8% of the variance in SEIS (adjusted $R^2 = 0.018$). Similarly, SMAS-AF had a statistically significant effect on CSS ($t = -4.471$, $\beta = -0.192$; $p < 0.05$), suggesting that increasing SMAS-AF scores may be associated with decreased CSS scores. The model accounted for 6.8% of the variance in CSS (adjusted $R^2 = 0.068$).

Discussion

In this study, there was a statistically significant but weak negative association between social media addiction and emotional intelligence. Accordingly, lower levels of social media addiction were associated with higher emotional intelligence. The simple regression model examining this effect was statistically significant and indicated that social media addiction accounted for approximately 1.8% of the

variance in emotional intelligence, consistent with the weak correlation observed. Prior research similarly reports significant, negative relationships between problematic or addictive internet/social media use and emotional intelligence (Ergen & Akacan, 2021; Erginsoy, 2019; El-Gazar et al., 2024; Fernández-Martínez, Sutil-Rodríguez, & Liébana-Presa, 2023). One plausible explanation is that excessive social media engagement reduces attention to one's inner experiences and diminishes face-to-face interaction, thereby undermining self-awareness and social competencies—and, in turn, emotional intelligence. Our findings may also suggest that they could be influenced by factors such as the heavy workload faced by healthcare professionals, individual personality characteristics, and the burnout they experience. Indeed, it is emphasized that a high workload is a key determinant of both psychological well-being and professional performance (Begen & Santas, 2024). In this context, the observed variables are considered to arise not only from external factors but also from individuals' internal responses to stressors (i.e., personality structure).

We also found a statistically significant but weak negative association between social media addiction and communication skills. Thus, lower addiction levels were linked to better communication skills. The regression model was significant and showed that social media

addiction explained 6.8% of the variance in communication skills, again aligning with the weak correlation. Consistent results have been reported in the literature (Aliusta, Akmanlar, & Gökkaya, 2019; Kaplan & Özdemir, 2023). While social media use can support healthcare professionals by facilitating information access and professional networking, the small effect sizes observed here may indicate that participants generally maintain professional–personal boundaries in their social media use or that their communication competencies outweigh any detrimental impact of addictive use.

Finally, emotional intelligence was positively and significantly associated with communication skills: as emotional intelligence increased, so did communication competencies. This aligns with prior studies among healthcare professionals and nurses reporting positive links between emotional intelligence and communication (Begen & Şantaş, 2024; Raeissi et al., 2025; Kou et al., 2022; Kang & Kim, 2024; Karakaya et al., 2021). Professionally, the ability to recognize patients' and colleagues' emotional states, regulate one's own responses, and convey information appropriately requires both robust emotional intelligence and effective communication skills.

Conclusion

We identified significant negative associations between social media addiction and both emotional intelligence and communication skills; however, the predictive power of social media addiction for these outcomes was modest (explaining ~1.8% and ~6.8% of the variance, respectively).

In light of these results, it may be inferred that reducing social media addiction among healthcare professionals could support improvements in emotional intelligence and communication skills. Interventions aimed at mitigating addiction risk—particularly those tailored to healthcare settings—are warranted. Psychiatric nurses, in particular, could play a pivotal role by delivering awareness and psychoeducation programs focused on problematic social media use. In addition, periodic, sustained training

programs are recommended to strengthen emotional intelligence and communication competencies among healthcare professionals.

Given the pervasiveness of social media in everyday life and its potential to hinder essential clinical communication skills, such as accurate perception and appropriate expression of emotions, planning preventive and remedial educational programs is crucial. Based on our findings, we recommend implementing needs-based and sustainable training initiatives for healthcare professionals.

Limitations

This study has several limitations: (1) data were collected from healthcare professionals working in a single training and research hospital in a province of the Marmara Region, which limits generalizability; (2) the predominance of female participants constrains the generalizability of findings across genders; and (3) all measures relied on self-report, which may introduce response bias.

Declarations

Ethics Approval and Consent to Participate

Ethics approval was obtained from the Yalova University Non-Interventional Ethics Committee on April 3, 2024 (2024/13). Institutional permissions were granted by the Yalova Provincial Health Directorate and the participating hospital (E-59566904-770-247868315).

Publication Permission

Not applicable.

Availability of Data and Materials

Not applicable.

Conflict of Interest

The authors declare that they have no conflict of interest.

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Author Contributions

VA is responsible for the research. The author has read and approved the final version of the article.

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