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The Relationship of Job Satisfaction with Nomophobia and Social Media Addiction in Healthcare Professionals: A Cross-sectional Study

Sağlık Çalışanlarında İş Doyumunun Nomofobi ve Sosyal Medya Bağımlılığı ile İlişkisi: Kesitsel Çalışma

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Abstract

Objective: The purpose of this study was to investigate the relationships between the levels of psychological health, nomophobia, and social media addiction and the job satisfaction levels of health workers.

Method: An observational (cross-sectional) study was designed between September 15th and December 15th, 2020, with 591 volunteer healthcare providers (HCPs) working in the period of pandemic in University of Health Sciences Turkey, Gaziosmanpaşa Training and Research Hospital. In a constructed questionnaire including socio-demographic data, Minnesota job satisfaction scale, nomophobia scale, Bergen social media addiction scale, and psychological health assessment questions were applied.

Results: A total of 182 male (30.8%) and 409 (69.2%) female HCPs with a mean age of 30.25±7.04 years were examined. Job satisfaction distribution rates were 1.2% (n=7) for low level, 83.6% (n=494) for moderate level, and 15.2% (n=90) for high level. The frequency of probable depression was found to be 46.4% (n=274) and the presence of nomophobia was 97.5% (n=579) in all. It was observed that higher job satisfaction was related to less time spent on social media, social media addiction and depression levels significantly (p=0.039 r=-0.086; p=0.040 r=-0.085; p=0.000 r=-0.314, respectively). Those with high job satisfaction had a significantly younger age (p=0.002), less work experience (p=0.001), more time spend on social media (p=0.004), lower social media addiction (p=0.005), less depression (p=0.000), and less nomophobia (p=0.042) levels compared to those with low and moderate satisfaction levels. Risk factors were evaluated by linear regression test and depression score was found as an independent risk factor affecting job satisfaction (F=8.826, p=0.000, R^2=0.111).

Öz

Amaç: Bu çalışmanın amacı sağlık çalışanlarının iş tatmin düzeyine göre psikolojik sağlık, nomofobi ve sosyal medya bağımlılık durumları arasındaki ilişkileri incelemektir.

Yöntem: 15 Eylül-15 Aralık 2020 tarihleri arasında Sağlık Bilimleri Üniversitesi, Gaziosmanpaşa Eğitim ve Araştırma Hastanesi'nde pandemi döneminde çalışan 591 gönüllü sağlık çalışanı ile gözlemsel (kesitsel) bir çalışma tasarlanmıştır. Sosyo-demografik verileri içeren yapılandırılmış bir ankette Minnesota iş tatmin ölçeği, nomofobi ölçeği, Bergen sosyal medya bağımlılığı ölçeği ve psikolojik sağlık değerlendirme soruları yer almıştır.

Bulgular: Araştırmaya yaş ortalaması 30,25±7,04 yıl olan 182 erkek (%30,8) ve 409 (%69,2) kadın sağlık çalışanı dahil edildi. İş tatmin düzeyi dağılımı %1,2 (n=7) düşük, %83,6 (n=494) orta, %15,2 (n=90) yüksek düzey olarak saptandı. Katılımcılarda olası depresyon sıklığı %46,4 (n=274) ve nomofobi görülme sıklığı %97,5 (n=579) olarak bulundu. İş doyumunun artmasıyla birlikte sırasıyla sosyal medyada geçirilen süre, sosyal medya bağımlılığı ve depresyon düzeylerinin anlamlı düzeyde azaldığı gözlendi (sırasıyla p=0,039 r=-0,086; p=0,040 r=-0,085; p=0,000 r=-0,314). Yüksek düzey iş tatminine sahip olanların düşük ve orta tatmin düzeyi olanlara göre anlamlı düzeyde daha genç yaşta (p=0,002) oldukları, daha az çalışma tecrübesi olduğu (p=0,001), sosyal medyada daha fazla zaman geçirdiği (p=0,004) ancak sosyal medya bağımlılık düzeylerinin daha düşük (p=0,005) olduğu, daha az depresif (p=0,000) ve daha az nomofobik (p=0,042) oldukları gözlendi. İş doyumu üzerinde etkili faktörler lineer regresyon ile değerlendirildiğinde depresyon düzeyinin bağımsız risk faktörü olduğu görüldü (F=8,826, p=0,000, R^2=0,111).

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Conclusion: Only one out of every six HCPs expressed high job satisfaction. Half of all were found to be depressed and almost all were nomophobic. Our study contributed to the literature, especially in showing that HCPs need support for mental health and professional support.

Keywords: Depression, job satisfaction, nomophobia, social media

Sonuç: Her altı sağlık çalışanından sadece bir kişi yüksek iş tatmini ifade ederken, yarısı depresif, tamamına yakını nomofobik bulunmuştur. Özellikle sağlık çalışanlarının ruh sağlığı ile mesleki doyuma yönelik desteğe ihtiyacı olduğunu göstermesi açısından çalışmamız literatüre katkıda bulunmuştur.

Anahtar kelimeler: Depresyon, iş tatmini, nomofobi, sosyal medya

Introduction

Job satisfaction is defined as any combination of psychological and environmental conditions that cause the employee to comment "I am satisfied with my job" (1). Job satisfaction has an unusually large impact on employee motivation and increases productivity (2,3). As a result of increasing cases and deaths during the pandemic period, individuals experience various psychological problems such as depression, anxiety and stress disorder, fear of death, post-traumatic stress disorders, burnout, and increase in addictions (4). Considering that there are 59 million health workers all over the world and the pandemic continues, all studies examining job satisfaction and effective factors as a factor that will increase productivity in the field of health are important (5,6).

The World Health Organization has declared that the world is facing two major health threats as "pandemic and information epidemic" (7). During pandemic, it has been observed that the use of the internet, tele-medicine applications, and social media has increased rapidly for both patients and employees, both for information purposes and protection from the epidemic (8). In addition, increasing usage trend has emerged as increasing addictions such as social media addiction, internet addiction, and mobile phone addiction through different social media applications (9). Nomophobia refers to the individual's fear of not being able to communicate via cell phone or internet and is derived from the abbreviation of the words "no mobile phobia" (10,11). Nomophobia is remarkable, especially in preventing the misuse of mobile phones, which can easily cause distraction and, therefore, irreversible errors in the clinical environment (12).

This study is based on the hypothesis of a possible relationship between the job satisfaction levels, psychological health, nomophobia, and social media addiction status of HCPs during the pandemic period. It has aimed to question the job satisfaction levels and risk factors.

Materials and Methods

The main population of the study included 2.200 healthcare workers in the hospital, and a pilot study was conducted with a group of 50 health professionals who volunteered to participate before the study. In the analysis performed with the G-Power program based on type 1 error of 0.05 and a 95% power, it was found appropriate to work with at least 574 cases, with preliminary job satisfaction points of nomophobia groups (3.02±0.64 for severe nomophobia and 2.84±0.55 for moderate nomophobia) explaining a 0.301 effect size for the study sample formula.

An online questionnaire including an online consent form at the first page was used to collect data. The health professionals who did not want to give consent did not participate in the study. Research data were collected through an online questionnaire after interviewing 591 healthcare professionals working at University of Health Sciences Turkey, Gaziosmanpaşa Training and Research Hospital and volunteering to participate in this study, between 15 September 2020 and 15 December 2020, after obtaining their consent. In the questionnaire, socio-demographic information, Minnesota job satisfaction scale (MSQ), nomophobia scale (NMP-Q), Bergen social media addiction scale (BSMAS), and psychological health assessment (PHQ-9) questions were applied.

The MSQ is a 20-item five-point Likert-type (with a score ranging from 1 to 5) instrument with features that reveal intrinsic and extrinsic satisfaction factors. While the scale expresses low, medium and high level of job satisfaction over the total score, values above 3 points on average can also be interpreted in favor of high satisfaction. The scale was firstly developed by Weiss et all. (13) and validated to Turkish language by Baycan (14).

The NMP-Q was developed by Yildirim and Correia (15). It is a 4-factor scale and consists of 20 questions. All 20 questions in NMP-Q were prepared in a 7-point Likert scale and rated from 1 to 7, with 1 corresponding to "strongly disagree" and 7 to "strongly agree". A score below 20 is

considered normal, 20-60: Mild nomophobia, 60-100: Moderate, 100 and over as severe nomophobia (15).

The BSMAS was developed by Schou Andreassen et al. (16) and its Turkish validity and reliability study was conducted by Demirci (17). It is a five-point Likert-type scale consisting of 6 questions questioning the use of social media (Facebook, Instagram, Twitter, etc.) by considering the last year. There is no specific cut-off value.

The Turkish validity and reliability study of the Patient Health Questionnaire (PHQ-9) was performed by Sarı et al. (18). The evaluation of the scale is done as follows; 0-4 points are grouped as no depression, 5-9 points as mild depression, 10-14 points as moderate, 15-19 points as moderate-severe, and 20 and above points as severe depression. A PHQ-9 score of 10 points and above has 88% sensitivity and 88% specificity for major depression (19).

Ethical Approval

This observational and cross-sectional study was approved by University of Health Sciences Turkey, Gaziosmanpaşa Training and Research Hospital Clinical Research Ethics Committee (decision no: 151, date no: 02.09.2020). Informed consent forms were obtained from the participants before the procedure.

Statistical Analysis

Descriptive analyses was given using the mean and standard deviation for normally distributed variables, and the median and interquartile range for non-normally distributed variables. Ordinal and nominal variables were given as numbers (n) and percent (%). Comparisons between the groups were analyzed using the Mann-Whitney U test and Kruskal-Wallis test. The chi-square test was used to examine the difference between categorical variables. The relationship between the variables was examined with the Spearman Correlation analysis. The Lineer regression analysis was performed to explain the factors affecting the MSQ score. The total type-1 error level was determined as 5% for statistical significance.

Results

A total of 591 healthcare professionals, including 182 men (30.8%) and 409 (69.2%) women, participated in this study. The mean age of the cases was 30.25±7.04 years and the mean working period was 7.37±5.35 years. According to the Minnesota scale job satisfaction levels, normal-moderate job satisfaction was 1.2% (n=7), moderate level job satisfaction was 83.6% (n=494), and high-level job satisfaction was 15.2% (n=90) of all. The rate of those who were possibly depressed was found to be 46.4% (n=274). The incidence of nomophobia was found to be 97.5% (n=579). Nomophobia was observed at mild level in 34.5% (n=204), moderate level in 45.5% (n=239), and extreme level in 20% (n=18). The mean scores of the scales used are shown in Table 1.

In Table 2, it was observed that gender (p=0.945), marital status (p=0.757), income status (p=0.232), and smoking (p=0.920) or alcohol use (p=0.072) did not make a significant difference in terms of job satisfaction. According to occupation group comparisons, health officers/medical secretaries had a significantly higher job satisfaction than other HCPs (p=0.001), and the lowest satisfaction was in the midwife/nurse group.

As shown in Table 3, those with high job satisfaction versus others had a significantly younger age (p=0.002), less work experience (p=0.001), and more time spend on social media (p=0.004) but lower social media addiction levels (p=0.005), and had less depression (p=0.000), less nomophobia (p=0.042).

In Table 4, the relationship between job satisfaction score and all scale scores in the study was demonstrated. It was observed that time on social media, social media addiction score and depression score had negative correlations with job satisfaction (p=0.039 r=-0.086; p=0.040 r=-0.085; p=0.000 r=-0.314, respectively).

In Table 5, the predictors of HCPs' job satisfaction were evaluated by linear regression. Age, work experience, time spent on social media, social media addiction score, nomophobia score and depression score were evaluated in the model, and the high level of depression was found to be an independent risk factor for low job satisfaction (F=8.826, p=0.000, R^2=0.111).

Table 1. The score values of the main scales and subgroup scales used in the study

Variable	X ± SD	Minimum-maximum
Minnesota job satisfaction scale total score	3.03±0.73	1.00-6.55
Bergen social media addiction scale score	14.41±6.02	0-30
Nomophobia scale total score	72.70±28.86	0-140
Patient health questionnaire total score	9.82±5.18	0-24

X ± SD: Mean ± standard deviation

Table 2. Evaluation of the differences between the variables of socio-demographic characteristics and job satisfaction

Socio-demographical characteristics	n (%)	Minnesota job satisfaction scale total score	
		Median (Minimum-M-maximum)	Test values (Z/X^2; p)
Gender			
Female	409 (69.2%)	3.10 (1.00-5.00)	Z=-0.069
Male	182 (30.8%)	3.38 (1.00-6.55)	p=0.945
Marital status			
Single	334 (56.5%)	3.10 (1.00-6.55)	Z=-0.310
Married	257 (43.5%)	3.10 (1.00-5.00)	p=0.757
Occupation			
Doctor	292 (49.4%)	3.05 (1.00-4.60)	X^2=18.324
Midwife/nurse	99 (16.8%)	3.00 (1.00-4.80)	**p=0.001**
Health officer/ medical secretary	65 (11.0%)	(1.35-6.55)	
Health technicians	35 (5.9%)	3.05 (1.85-4.30	
Others	100 (16.9%)	3.35 (1.00-5.00)	
Income level			
Low	135 (22.8%)	2.98 (1.00-4.95)	X^2=2.920
Moderate	302 (51.1%)	3.10 (1.00-6.55)	p=0.232
High	154 (26.1%)	3.15 (1.40-4.95)	
Smoking			
Never	417 (70.6%)	3.10 (1.00-6.55)	X^2=0.167
Smoker	140 (23.7%)	3.05 (1.00-5.00)	p=0.920
Ex-smoker	34 (5.8%)	2.93 (0.30-4.40)	
Alcohol use			
No	440 (74.5%)	3.10 (1.00-6.55)	Z=-1.801
Yes	151 (25.5%)	3.10 (1.00-5.00)	p=0.072
Mobile phone usage frequency for business			
Rare	123 (20.8%)	3.15 (1.00-4.95)	X^2=3.599
Often	312 (52.8%)	3.05 (1.00-6.55	p=0.165
Everytime	156 (26.4%)	3.05 (1.00-5.00)	

Z/KW: Mann-Whitney U test/Kruskal-Wallis test values, p: Statistical significance

Table 3. Comparison of age, years of employment, and time spent on social media between low, moderate and high job satisfaction level groups according to the Minnesota job satisfaction scale score

Variables	Job satisfaction levels by Minnesota job satisfaction scale score			
	[a]Low (n=7, 1.2%)	[b]Moderate (n=494, 83.6%)	[c]High (n=90, 15.2%)	Test value
	X ± SD	X ± SD	X ± SD	X^2, p
Age (year)	31.66±7.97	29.92±7.55	28.67±6.82	**X^2=13.081 p=0.002 p^{a-b}=0.016 p^{a-c}=0.019 p^{b-c}=0.048**
Job experience (year)	8.26±5.66	7.25±5.18	6.21±4.55	**X^2=12.342 p=0.001 p^{a-b}=0.055 p^{a-c}=0.006 p^{b-c}<0.001**
Time spent browsing the media (hour)	2.44±1.76	3.16±1.84	3.92±2.68	**X^2=45.639 p=0.004 p^{a-b}: 0.042 p^{a-c}: 0.005 p^{b-c}:** 1.000
Nomophobia score	107.43±37.48	73.33±27.58	70.44±29.85	**X^2=6.326 p=0.042 p^{a-b}: 0.046 p^{a-c}: 0.036 p^{b-c}:** 1.000
Bergen social media addiction score	20.57±63	14.65±5.91	13.10±5.99	**X^2=10.615 p=0.005 p^{a-b}:** 0.079 **p^{a-c}: 0.014 p^{b-c}: 0.048**
PHQ-9 score	14.86±6.39	10.26±5.05	7.82±4.78	**X^2=** 21.978 **p=0.000 p^{a-b}:** 0.055 **p^{a-c}: 0.006 p^{b-c}<0.001**

X ± SD: Mean ± standard deviation, X^2: Kruskal-Wallis test value, p: Statistical significance, [a]: Low satisfaction group, [b]: Moderate satisfaction group, [c]: High satisfaction group

Discussion

In this study, which was conducted to evaluate the job satisfaction level, psychological health, social media addiction and nomophobia of the HCPs were investigated and it was seen that half of the participants were likely to be depressed and almost all of them were nomophobic. The presence of depression was found to be an independent risk factor for job dissatisfaction. It was determined that with the increase in the level of depression, job dissatisfaction, social media addiction, nomophobia level and the time spent in social media via phone would increase.

In the study of Dağdeviren et al. (20), it was observed that the job satisfaction of the instructors was at a moderate level of 85.4%. While no difference was found in job satisfaction according to gender, it was observed that age and duration of professional experience period were significant factors that changed the level of job satisfaction (20). In our study, age and experience were not significant and the job satisfaction of the HCPs was similar, and moderate level of job satisfaction was observed in 83.6% of HCPs. In the study conducted in Egypt during the pandemic period, job satisfaction of nurses was found at 51% (21).

Table 4. Correlation analyses

		Age	Time spent on social media	Job experience	Bergen social media addiction scale score	Nomophobia total score	Patient health questionnaire total score	Minnesota job satisfaction scale total score
Age	r	-	-0.338	0.716	-0.251	-0.164	-0.156	-0.077
	p	.-	0.000	0.000	0.000	0.000	0.000	0.063
Time spent on social media	r	-0.338	-	-0.209	0.478	0.309	0.175	-0.086
	p	0.000	-.	0.000	0.000	0.000	0.000	0.039
Job experience	r	0.716	-0.209	-	-0.154	-0.150	-0.113	-0.051
	p	0.000	0.000	-.	0.000	0.000	-0.051	0.223
Bergen social media addiction scale score	r	-0.251	0.478	-0.154	-	0.519	*0.040	-0.085
	p	0.000	0.000	0.000	.-	0.000	0.000	0.040
Nomophobia total score	r	-0.164	0.309	-0.150	0.519	-	0.247	-0.040
	p	0.000	0.000	0.000	0.000	-.	0.000	0.332
Patient health questionnaire total score	r	-0.156	0.175	-0.113	0.268	0.247	-	-0.314
	p	0.000	0.000	0.006	0.000	0.000	-.	0.000
Minnesota job satisfaction scale total score	r	-0.077	-0.086	-0.051	-0.085	-0.040	-0.314	-
	p	0.063	*0.039	0.223	0.040	0.332	0.000	.

Table 5. Evaluation of the factors affecting general job satisfaction in healthcare workers by linear regression

	B	t	p
Factors affecting Minnesota job satisfaction scale score			
Age	-0.011	-1.749	0.081
Job experience (year)	-0.000	-0.022	0.982
Time spent on social media by phone daily	-0.020	-1.227	0.220
Bergen social media addiction score	-0.006	-0.911	0.363
PHQ-9 patient health questionnaire score	-0.045	-7.626	0.000
Nomophobia total score	0.001	0.575	0.565
F=8.826. p=0.000 R^2=0.111			

PHQ-9: Psychological health assessment

In another study conducted among nurses caring for older adults, job dissatisfaction was found in 68% of nurses, and it was observed that physical conditions of working areas and salary were negative determinants (22). In another study conducted with HCPs in emergency department, the mean job satisfaction score was 3.18±0.71 points (23) and it was observed to be close to the value of 3.03±0.73 in our study. In our study sample consisting of all subgroups of HCPs, the lowest satisfaction level was observed in the midwife/nurse group, while the highest satisfaction level was observed in medical secretaries. This result supports the high dissatisfaction rates in nursing studies. In a study conducted with nurses and medical secretaries, the average job satisfaction was reported as 3.16 and 3.32 points, respectively, and it was observed that medical secretaries had a higher job satisfaction (24). In the study of Ghawadra et al. (25), the nurses who were dissatisfied were found to be significantly associated with a high level of stress and depression. Similarly, our study found that depression score predicted job dissatisfaction of HCPs.

Balcı and Baloğlu (26) found a positive significant correlation between social media addiction and depression. Participants with severe depression symptoms have higher social media addiction scores than those with normal and mild depression (26). However, Emirza et al. (27) showed that there was a positive linear relationship between the level of social media use and job satisfaction, too. In the epidemic process, societies can see information and communication technologies as "saviors". This technology made it possible to reach and share information about the epidemic with large population segments. On the other hand, behaviors such as gambling, playing video games, watching TV series, using social media, or surfing the internet may be exhibited to reduce stress and anxiety and/or alleviate depressive mood due to the epidemic (28). According to the results of an international study, when the use of media at home during the worldwide Coronavirus disease-2019 pandemic was examined, it was found that 67% of individuals watched more news broadcasts, 45% spent longer on messaging services, 44% spent longer on social media, and 36% spent more time on computer/video games (29). Bunch video app had 1 million downloads in just seven days, and House party, a social video, and gaming app, showed a 70% increase in monthly signups (30). In the study conducted

by Alaika et al. (31), the BSMAS of the participants was 18 points, and above, 68.8% of them spent more than 4 hours a day browsing social media, and the most used applications were Facebook and WhatsApp. In the study of Balcı et al. (32) with healthcare professionals, the most used social media tools were reported to be Instagram, Facebook, and WhatsApp, respectively. In terms of social media addiction, the addiction level of healthcare professionals who use Instagram more in daily life is higher than those who use WhatsApp (32). In our study, it was observed that the most frequently used social media application was the Instagram application at the rate of 79.2%. It was thought that high rate of Instagram use might be one of the reasons of social media addiction among HCPs in our study sample.

Kuscu et al. (33) demonstrated that anxiety and depression symptoms were correlated with nomophobia. Therefore, nomophobia was questioned as it could be a symptom of depression. Correlations of high nomophobia scores versus high depression and low satisfaction scores in our study have shown that nomophobia level is an important sign of job dissatisfaction. In our study, the use of social media by the participants via mobile phones was questioned, and their nomophobia levels were compared in terms of inappropriate use. In the study conducted by Kaviani et al. (34), 37.3% of the participants had mild nomophobia, 48.7% moderate, and 13.2% extreme. In the study of Bartwal and Nath (35) 15.5% of the students had nomophobia. In terms of nomophobia level, 67.2% of them experienced moderate nomophobia, while 17.3% were found to be extremely nomophobic (35). A recent study by Gurbuz and Ozkan (36) in Bursa in our country has shown that 8.5% of young people are severely nomophobic, 71.5% are moderately and 20.0% are low nomophobic. While there was no statistically significant difference between gender, working status and nomophobia level, age was found to be significant. As young people's age increased, the levels of nomophobia decreased. Although nomophobia, which was at a higher level in high school years, decreased slightly in university years, the nomophobia levels of students were observed to be higher than graduates and working youth (36). In our study, it was observed that 34.5%, 45.5%, and 20% of the participants were mildly, moderately, and severely nomophobic, respectively, and they were generally moderately nomophobic according to the nomophobia score.

In the study conducted by Demirci (17), the time spent on social media daily varied between 1 and 12 hours, and a significant relationship was found between the level of social media addiction and anxiety, depression symptoms, and time spent on social media. Andreassen et al. (37) argued that the use of social networks in the workplace would impair job performance as it caused distraction while doing work. Some studies argue the opposite. Andreassen et al. (37) expressed the use of social networks, benefits such as increased job satisfaction that individuals obtained through sources such as emotional support from their social relationships and interactions, new ideas, and access to seemingly unnecessary information. However, in our study, it was observed that job dissatisfaction, depression, and nomophobia increased with the increase in time spent on social media.

Conclusion

In our study, very dramatic results were obtained. Especially PHQ-9 score and the MSQ scores were important. It was seen that only one out of every six health workers had high job satisfaction, and at least half of them were possibly depressed. The fact that almost all of the participants were nomophobic was attributed to the increase in the use of mobile phone applications both in in-hospital services and as a communication tool regarding the pandemic. The fact that entertainment platforms such as Instagram are mostly used shows that healthcare professionals try to achieve satisfaction through entertainment and socialization. Depression as an independent predictive factor for job dissatisfaction shows that HCPs need support for their mental health and job satisfaction. Additionally, all volunteers participating in the study were able to monitor their results and answers online.

Ethics

Ethics Committee Approval: Ethics committee approval was obtained with the official letter dated 02.09.2020 numbered 151 from the University of Health Sciences Turkey, Gaziosmanpaşa Training and Research Hospital Clinical Research Board of the Ministry of Health Provincial Health Directorate.

Informed Consent: All participants were informed about the study and their consent was obtained.

Peer-review: Internally peer-reviewed.

Authorship Contributions

Concept: A.F.A., M.M.B., O.B., Design: A.F.A., M.M.B., O.B., Data Collection or Processing: A.F.A., M.M.B., O.B., Analysis or Interpretation: M.M.B., Technical or Material Support: A.F.A., M.M.B., O.B., Final Approval and Accountability: A.F.A., M.M.B., O.B., Writing: A.F.A., M.M.B., O.B.

Conflict of Interest: No conflict of interest was declared by the authors.

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