

Social Cyberloafing as a New Antecedent of Nurse Work Performance

Abstract

Background: Because the use of social media and social networking sites during work hours is increasing, the effect of such behaviors (defined as social cyberloafing) on nurse performance must be investigated. This study was conducted to determine the effect of nurses' social cyberloafing on their individual work performance. **Materials and Methods:** This cross-sectional and descriptive study was conducted with 213 nurses working in private hospitals between April and May of 2022 in Turkey. Data were collected using the Social Cyberloafing Scale (SCS) and the Individual Work Performance Questionnaire (IWPQ). **Results:** The mean social cyberloafing score of the nurses was 3.20, and the mean individual work performance score was 3.66. A significant and positive correlation was found between the mean scores of the SCS and the IWPQ ($r: 0.41; p < 0.01$). SC had a significant and positive effect on IWP ($t: 5.37; \beta = 0.68; R^2 = 0.16$), SC had a significant and positive effect on Task Performance ($t: 5.97; \beta = 0.38; R^2 = 0.15$), SC had a significant and positive effect on Contextual Performance ($t: 4.13; \beta = 0.31; R^2 = 0.10$), and SC had a significant and negative effect on Counterproductive Work Behavior ($t: -3.27; \beta = -0.26; R^2 = 0.06$). **Conclusions:** In this study, nurses' social cyberloafing was found to be moderate, and their individual work performance was found to be high. It was found that as nurses' social cyberloafing increased, their individual work performance also increased.

Keywords: Nurse performance, nurses, social cyberloafing

Introduction

Health institutions are required to hire high-performing employees to cope with factors such as difficult competitive conditions, rapid changes, increasing patient expectations, and achievement of goals.^[1] Performance is defined as the achievement of previously planned goals and objectives as a requirement of the job, as well as the fulfillment of assigned roles and responsibilities. In this context, Individual Work Performance (IWP) is evaluated according to three components: Task Performance (TP), Contextual Performance (CP), and Counterproductive Work Behavior (CWB).^[2,3] Performance is the main criteria for organizational achievement.^[4] The performance of nurses, who constitute the majority of human resources in health institutions, is essential to the achievement of positive patient, nursing, and organizational outcomes, as well as to the evaluation of the quality of healthcare services.^[5] In national and international studies based

on the nurses' self-assessments, nurse performance was found to be at moderate^[6] and mostly high^[7-9] levels. However, when Moradi *et al.*^[10] compared the performance evaluation perceptions of managers and nurses, they found that while the performance perceptions of both groups were above average, the perception of managers was more positive than that of nurses. To increase nurse performance, its affecting factors must be investigated.^[11] Previous studies have shown that nurse performance is influenced by various factors such as leadership,^[9,12] work discipline,^[4] work motivation,^[4,12] work stress,^[13] workload,^[14] organizational culture,^[15] organizational commitment,^[1] nurses' trust in managers,^[16] creative team climate, and structural strengthening.^[9] Another factor associated with performance in recent years has been cyberloafing, which has become a significant organizational behavior.^[17] To date, many studies have investigated different aspects and types of cyberloafing, including its antecedents, consequences, and regulations.^[18-20] However, research on

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new types of cyberloafing such as “social cyberloafing” has been insufficient.^[21]

In recent years, the increase in smartphone use has attracted more attention to a new dimension of cyberloafing behaviors—social cyberloafing.^[22] Social cyberloafing refers to the use of social media applications and social networking sites by employees through private or corporate resources (e.g. smartphone, tablet, or computer) for non-work related purposes during working hours.^[23] It has been reported that behaviors described as social cyberloafing are often exhibited by healthcare professionals.^[24] This has become a significant problem, given that social media use (Facebook, WeChat, WhatsApp, Facebook, Telegram, etc.) has become a normal routine of working life.^[6,21] Previous studies on social cyberloafing are limited in number and have not been conducted with healthcare professionals.^[20,23,25,26] Given that social cyberloafing is an inevitable and addictive type of cyberloafing in workplaces,^[25] this study focused on the consequences of social cyberloafing activities, a new antecedent of nurse performance that is emerging in the literature. This study aimed to determine the effect of nurses' social cyberloafing on their individual work performance.

Considering that social cyberloafing is a frequently exhibited behavior in healthcare institutions,^[6,21] models designed to explain the underlying mechanisms and indirect relationships with nurse performance are needed.^[9,22] This study is based on Maslow's Hierarchy of Needs theory, which posits that individuals are motivated according to their needs. According to this theory, employees have five groups of needs that are illustrated with the help of a five-level pyramid. At the bottom of the pyramid are basic physiological needs (such as salary and working conditions). The second level of needs are safety needs (such as a safe working environment, insurance, and job security); these are followed by socialization needs (such as supportive team members) at the third level, esteem needs (such as status, responsibilities, and recognition) at the fourth level, and self-actualization needs (such as job challenges and creativity) at the fifth level.^[27] These needs contribute to an individual's internal motivation. Accordingly, social cyberloafing can meet nurses' social needs, while increase motivation, and improving performance. This study was conducted to determine the effect of nurses' social cyberloafing on their work performance. The hypotheses were: 1. Nurses' social cyberloafing affects IWP (H1), 2. Nurses' social cyberloafing affects TP (H2), 3. Nurses' social cyberloafing affects CP (H3), and 4. Nurses' social cyberloafing affects CWB (H4).

Materials and Methods

In this cross-sectional and descriptive study, data were collected from 213 nurses working in inpatient wards of private hospitals in Istanbul, Turkey, between April and May of 2022. Only participants, who had more than 1 year

of experience in the healthcare organization, were working as active nurses, volunteered to participate, and engaged in social media activities for personal purposes during working hours were included in the study. These inclusion criteria were listed in the beginning of the questionnaire. The study used a non-probability random and snowball sampling method, and data were collected via an online survey (due to ongoing COVID-19 measures). Initially, one of the population's units was contacted via snowball sampling. According to this method, the contacted unit then contacts the second unit, and the second unit then contacts the third. Accordingly, the sample size then expands like the growth of a snowball.^[28] The first question of the online survey was: “Do you agree to participate in the study voluntarily?”. Those who answered “Yes” to this question were able to continue the survey. Each nurse was authorized to fill out only one survey. Data were collected from 232 clinical nurses, with 19 being excluded (four did not agree to participate in the study, and 15 did not fill out the survey appropriately). In total, the final analysis was conducted among 213 nurses who agreed to participate in the study. As a measure of the sample's adequacy, the scale should include a minimum of five and a maximum of ten people for each item.^[29] G*Power (3.1.9.7) analysis was performed to determine the sample's adequacy, predicting that 156 people with an effect size of 0.2 at 80% power level would be sufficient (Critical t: 1.65; df: 155).^[30,31] The present study included a total of 21 items for both scales, showing adequacy according to the number of samples reached. The Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO) values of the scale revealed a KMO value of 0.86 for cyberloafing and 0.87 for individual work performance. Because the KMO of sampling adequacy values ranged between 0.80 and 1.0, the study's sample size was found to be adequate.^[29] To increase nurse participation, data were collected using the non-probability random and snowball sampling methods.^[32] An online survey (Google form) was shared via the WhatsApp and email groups of nurses with whom the researchers were in contact, and the survey took approximately 15 min to complete.

The majority 177 (83.10%) of the nurses participating in this study were female, 36 (16.90%) were male, 81 (38%) were married, 132 (62.0%) were single, 111 (52.10%) were under 25 years of age, and 102 (47.90%) were 25 years of age or older. In terms of education level, 62 (29.10%) of the participants did not hold a bachelor's degree, 126 (59.20%) held a bachelor's degree, and 25 (11.70%) held graduate degrees. Approximately half 116 (54.50%) of the nurses had been working between 1 and 5 years, and 55 (25.80%) had been working 6 or more years. Most 158 (74.20%) of the nurses had been working in their current institution between 1 and 5 years, 97 (45.50%) had been working in their current institution 6 or more years, 169 (79.30%) had willingly chosen their profession, 44 (20.70%) had

not willingly chosen their profession, 173 (81.20%) were satisfied with their department, and 40 (18.80%) were not satisfied with their department. In addition, 124 (58.20%) of the nurses worked shifts, 56 (26.30%) worked day shifts, 13 (6.10%) worked night shifts, and 20 (9.40%) worked other.

The data were collected using the "Personal Information Form," the "Social Cyberloafing Scale (SCS)," and the "Individual Work Performance Questionnaire (IWPQ)." The personal information form is a form consisting of nine questions related to the sociodemographic and professional characteristics of nurses; these included age, gender, marital status, educational level, professional experience, experience in the current institution, voluntary choice of profession, satisfaction with the current unit, and type of work.

SCS: The Turkish adaptation study of this scale, which was originally developed by Andreassen *et al.* to determine the social cyberloafing levels of healthcare professionals, was conducted by Yildiz and Yildiz.^[22,33] It is a five-point Likert type scale (with responses ranging from 5: strongly agree to 1: strongly disagree) and contains only one (seven items) dimension. The lowest possible score obtained from the SCS is 7, and the highest possible score is 35. Higher scores indicate that healthcare professionals engage in social media activities at work for primarily personal purposes, while lower scores indicate the opposite. In the adaptation study, Cronbach's alpha value of the SCS was found to be 0.87, while in the current study, Cronbach's alpha value was 0.89.

IWPQ: This scale, which was designed to determine the work performance level of nurses, was retested for cross-cultural validity by Koopmans *et al.* The Turkish adaptation study was performed by Koroğlu and Öztürk.^[2,3] The scale includes three subscales: TP (five items), CP (six items), and CWB (three items) and is scored on a five-point Likert type scale (with responses ranging from 1: Rarely to 5: Constantly). Scale scoring is calculated by dividing the overall scale score by the number of items. Higher scores indicate an increased level of perceived work performance. Items 14–18 in the CWB subscale are reverse scored. In the adaptation study, Cronbach's alpha values of the overall IWP and its subscales (TP, CP, and CWB) were found to be 0.80, 0.86, 0.78, and 0.72, respectively. In the present study, Cronbach's alpha values of the overall IWP and its subscales (TP, CP, and CWB) were found to be 0.88, 0.94, 0.91, and 0.82, respectively.

Data were analyzed using the IBM SPSS Statistics Version 26 (IBM Inc., Armonk, NY, USA) package program. Conformity of the data to normal distribution was tested. The research data showed normal distribution (valued between Skewness = (-1.246) and (-0.293); Kurtosis = (1.685) and (-0.596)). According to George and Mallery,^[34] data Skewness and Kurtosis

values between - 2 and + 2 indicate normal distribution. Descriptive statistics were used for socio-demographic variables and mean scale scores, Pearson's correlation analysis was used to determine the correlation between social cyberloafing and individual work performance, and independent sample *t*-test and one-way variance analysis were used for scale variables and demographic variables. The AMOS 22 (Analysis of Moment Structures) program was used to determine the effect of social cyberloafing on individual work performance, which was analyzed by structural equation modeling. Model fit indices were used in the interpretation of the structural equation model. The values of $2 < \chi^2/df \leq 5$; $0.05 < RMR$, $RMSEA \leq 0.08$; $0.90 \leq NFI$, CFI , IFI , RFI , and $TLI < 0.95$ were found to be acceptable.^[35]

Ethical considerations

Ethical approval for this study was obtained from the research ethics committee of a university in Turkey (date: 04/21/2022, no: 24372). Permission to use the SCS and IWPQ was obtained from the authors via email, and participation in the study was voluntary.

Results

Results regarding nurses' SC and IWP according to sociodemographic variables are shown in Table 1.

Social Cyberloafing and gender (t: 1.28; *p*: 0.201), marital status (t: -0.93; *p*: 0.353), age (t: 0.15; *p*: 0.875), education level (f: 0.28; *p*: 0.751), professional experience (t: -0.10; *p*: 0.919), experience in the current institution (t: -0.10; *p*: 0.919), having willingly/intentionally chosen the profession (t: -0.28; *p*: 0.778), satisfaction with department (t: -0.09; *p*: 0.928), and type of work (f: 0.57; *p*: 0.633) [Table 1]. This study found no significant difference between individual work performance and gender (t: -0.47; *p*: 0.638), marital status (t: 1.88; *p*: 0.059), age (t: -0.78; *p*: 0.432), educational level (f: 1.65; *p*: 0.194), professional experience (t: -0.51; *p*: 0.610), experience in the current institution (t: -0.66; *p*: 0.507), having willingly/intentionally chosen the profession (t: -0.66; *p*: 0.505), satisfaction with department (t: 1.17; *p*: 0.243), and type of work (f: 2.32; *p*: 0.076) [Table 1].

Nurses' means SC score was 3.20, the mean IWP score was 3.66, the mean TP score was 4.16, the mean CP score was 3.92, and the mean CWB score was 3.47 [Table 2]. Results of the correlation analysis conducted between SC and IWP and its subscales revealed a significant and positive correlation between SC, TP (*r*: 0.31), CP (*r*: 0.26), and IWP (*r*: 0.41), with a significant and negative correlation between SC and CWB (*r*: -0.28) (*p* < 0.01; Table 2). Pearson's correlation between SC and IWP and the mean score statistics are shown in Table 2.

SC had a significant and positive effect on IWP ($\beta = 0.68$; $R^2 = 0.16$; Figure 1). SC had a significant and positive

Table 1: Evaluation of SC and IWP according to sociodemographic characteristics

Variables	n (%)	SC*		IWP**	
		Mean (SD)	Test Value	Mean (SD)	Test Value
Gender***					
Female	177 (83.10)	3.31 (0.85)	<i>t</i> : 1.28	3.79 (0.49)	<i>t</i> : -0.47
Male	36 (16.90)	3.10 (1.07)	<i>p</i> : 0.201	3.84 (0.64)	<i>p</i> : 0.638
Marital Status***					
Married	81 (38.0)	3.20 (0.84)	<i>t</i> : -0.93	3.89 (0.44)	<i>t</i> : 1.88
Single	132 (62.0)	3.32 (0.92)	<i>p</i> : 0.353	3.74 (0.55)	<i>p</i> : 0.059
Age***					
25 and under	111 (52.10)	3.28 (0.88)	<i>t</i> : 0.15	3.77 (0.61)	<i>t</i> : -0.78
26 and over	102 (47.90)	3.26 (0.91)	<i>p</i> : 0.875	3.83 (0.39)	<i>p</i> : 0.432
Educational Level****					
Lower	62 (29.10)	3.23 (0.91)		3.84 (0.61)	
Undergraduate	126 (59.20)	3.31 (0.88)	<i>f</i> : 0.28	3.75 (0.47)	<i>f</i> : 1.65
Postgraduate	25 (11.70)	3.19 (0.94)	<i>p</i> : 0.751	3.94 (0.42)	<i>p</i> : 0.194
Professional Experience***					
1-5 years	116 (54.50)	3.32 (0.91)	<i>t</i> : 0.88	3.78 (0.52)	<i>t</i> : -0.51
6 or more years	97 (45.50)	3.21 (0.88)	<i>p</i> : 0.376	3.82 (0.51)	<i>p</i> : 0.610
Experience in the Current Institution****					
1-5 years	158 (74.20)	3.27 (0.91)	<i>t</i> : -0.10	3.79 (0.51)	<i>t</i> : -0.66
6 or more years	55 (25.80)	3.28 (0.84)	<i>p</i> : 0.919	3.84 (0.51)	<i>p</i> : 0.507
Did you choose the profession willingly/intentionally?***					
Yes	169 (79.30)	3.26 (0.90)	<i>t</i> : -0.28	3.79 (0.50)	<i>t</i> : -0.66
No	44 (20.70)	3.31 (0.87)	<i>p</i> : 0.778	3.85 (0.57)	<i>p</i> : 0.505
Are you satisfied with your department?***					
Satisfied	173 (81.20)	3.27 (0.92)	<i>t</i> : -0.09	3.82 (0.48)	<i>t</i> : 1.17
Not satisfied	40 (18.80)	3.28 (0.75)	<i>p</i> : 0.928	3.71 (0.63)	<i>p</i> : 0.243
Type of work****					
Shifts	124 (58.20)	3.29 (0.87)		3.72 (0.51)	
Day shifts	56 (26.30)	3.16 (0.92)	<i>f</i> : 0.57	3.93 (0.49)	<i>f</i> : 2.32
Night shifts	13 (6.10)	3.48 (1.02)	<i>p</i> : 0.633	3.84 (0.58)	<i>p</i> : 0.076
Other	20 (9.40)	3.32 (0.89)		3.88 (0.48)	

*SC=Social Cyberloafing; **IWP=Individual Work Performance; ***Independent sample *t*-test applied for two independent groups.

****One-way variance analysis applied for three or more independent groups. Sociodemographics were used as control variables

effect on TP ($\beta = 0.38$; $R^2 = 0.15$; Figure 2). SC had a significant and positive effect on CP ($\beta = 0.31$; $R^2 = 0.10$; Figure 3). SC had a significant and positive effect on CWB ($\beta = -0.26$; $R^2 = 0.06$; Figure 4) [Table 3].

SC had a significant and positive effect on IWP ($\beta = 0.68$; $R^2 = 0.16$), on TP ($\beta = 0.38$; $R^2 = 0.15$), and on CP ($\beta = 0.31$; $R^2 = 0.10$), while it had a significant and negative effect on CWB ($\beta = -0.26$; $R^2 = 0.06$) [Table 3].

Discussion

This study focused on IWP by including SC (a new type of cyberloafing) and CWB (which has been neglected in the evaluation of nurse performance). The present results illustrate that social cyberloafing can affect IWP. In this context, Maslow's Hierarchy of Needs theory was confirmed. The study found that nurses' SC was at a moderate level, while their IWP was at a high level. According to a study by Ahmead *et al.*,^[6] the average social media usage of physicians

and nurses was high, while average work performance was moderate.

Özüdoğru,^[13] however, found that the mean score of the Browsing subscale (which was integrated with social cyberloafing of the Cyberloafing Scale used with healthcare professionals) was at a low level, while employee performance was at a high level. In a study conducted by Kanik^[36] with healthcare professionals, cyberloafing levels were found to be low. These results may be associated with the workload of Turkish healthcare professionals,^[22] as differences in workload levels may lead to different results. Previous studies have revealed different perspectives concerning the relationship between workload and SC. Employees with excessive workloads have been found to engage in SC to reduce stress, while those with low workloads may attempt to engage in SC due to low motivation and boredom.^[37,38]

The present results showed that nurses' SC behaviors positively affected IWP, supporting H1. The literature

Table 2: Descriptive statistics and correlation of variables

	Min-Max	Mean (SD)	SC	TP	CP	CWB	IWP
SC	1-5	3.20 (0.90)	1	0.31**	0.26**	-0.28**	0.41**
TP	1-5	4.16 (0.77)		1	0.76**	0.01	0.74**
CP***	1-5	3.92 (0.76)			1	-0.07	0.79**
CWB	1-5	3.47 (0.60)				1	-0.60**
IWP	1-5	3.66 (1.04)					1
Cronbach's Alpha			0.89	0.94	0.91	0.82	0.88

** $p < 0.01$. SC=Social Cyberloafing; TP=Task Performance; CP=Contextual Performance; CWB=Counterproductive Work Behavior; IWP=Individual Work Performance

Table 3: Effects of exploratory variables on responsive variables

Variables	Standardized Estimate, β	Estimate, β	S.E	t	p	R ²	Lower Bounds	Upper Bounds	p
IWP ← SC	0.68	0.37	0.07	5.32	***	0.16	0.21	0.57	0.010*
TP ← SC	0.38	0.32	0.06	5.97	***	0.15	0.20	0.51	0.010*
CP ← SC	0.31	0.30	0.07	4.13	***	0.10	0.16	0.47	0.010*
CWB ← SC	-0.26	-0.29	0.09	-3.27	0.001*	0.06	-0.49	-0.11	0.021**

* $p < 0.01$, ** $p < 0.05$

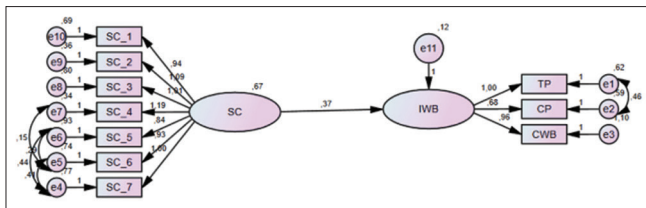


Figure 1: Effect of SC on IWP. SC = Social Cyberloafing; IWP = Individual Work Performance

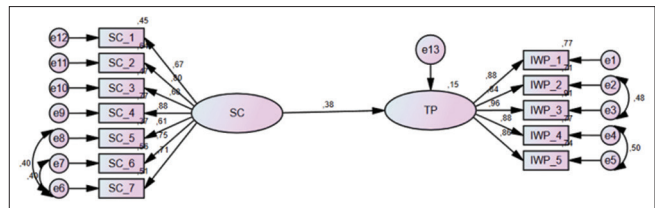


Figure 2: Effect of SC on TP. SC = Social Cyberloafing; MP = Mission Performance

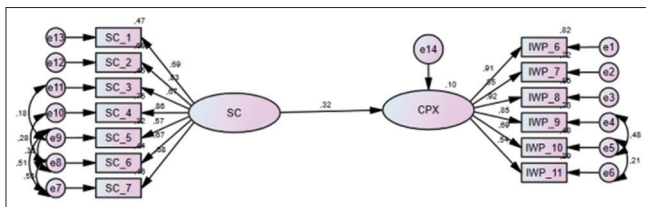


Figure 3: Effect of SC on CP. SC = Social Cyberloafing; CP = Contextual Performance

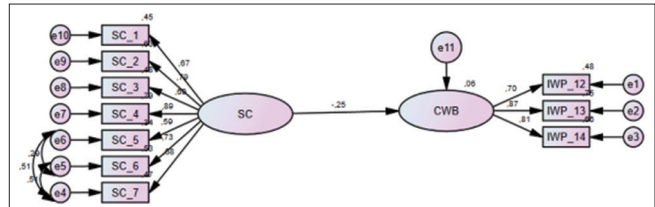


Figure 4: Effect of SC on CWB. SC = Social Cyberloafing; AWB = Anti-Productivity Work Behavior

defines this behavior as CWB, and researchers have mostly focused on its negative consequences.^[19] A study conducted by Özüdoğru^[13] with healthcare professionals reported that cyberloafing had a significant and negative effect on employee performance. However, in recent years, findings that reveal its positive aspects have increased, backed by theories such as Conservation of Resources Theory, Social Learning Theory, Border Theory, and Ego-Depletion Theory.^[23,26,39,40] Today, the use of social media applications and social networking sites has become indispensable in meeting everyday social needs. In this context, it can positively affect the mental health of employees through

psychological distancing.^[26] Short breaks for social cyberloafing can improve performance through renewing mental resources consumed while fulfilling tasks,^[23] and it has been reported that the use of social media applications and social networking sites also positively affects concepts related to the performance of healthcare professionals. These positive aspects may include following current developments in the field of health,^[41] sharing health information with colleagues and establishing professional communication,^[41,42] alleviating work overload and mental fatigue,^[26] providing health information to society, and improving health outcomes.^[43]

According to this study's results, social cyberloafing had a significant and positive effect on TP (H2) and CP (H3), and a significant and negative effect on CWB (H4), supporting H2, H3, and H4. Ahmead *et al.*^[6] found that the use of internet and social media applications in the workplace had a weak, positive, and significant relationship on the work performance of physicians and nurses. A total of 61.5% of physicians and nurses stated that their use of social media positively affected their performance, while 22.8% stated that it did not affect them at all. Their study also showed that it had a strong positive effect on the participants and that its benefits were greater than its harms. Similarly, it was reported that 84% of nurses believed that the use of social media had a positive impact on their performance,^[44] while another study revealed that 75.9% of Chinese urologists reported that social media use increased the effectiveness of medical education and that they received positive patient feedback through social media, which positively affected their performance.^[42] On the other hand, uncontrolled and excessive use of social media may put patients and employees at risk,^[45] causing errors by adversely affecting their perception and concentration.^[13]

Although this study has revealed some significant evidence, it also has limitations. This study used an online survey, which may have limited accessibility for those with less ability or inclination to use the internet. As such, use of a printed questionnaire may yield different results. Because a cross-sectional design was used, the study's results cannot provide a causal reference. Longitudinal study designs may facilitate a better understanding of the causal relationship between variables that affect work performance. In addition, the study's use of the snowball sampling method may have restricted access to some samples. Bias associated with giving the desired response may have skewed the results of the study. Future research may use different methods such as 360-degree performance assessment, which includes the evaluations of managers and nurses.

Conclusion

This study's results have shown that IWP increases nurses' engagement with SC. While SC can reduce the mental fatigue of employees and provide psychological relaxation, uncontrolled use of social media can cause errors that threaten patient safety. In this context, the management of time and workload should be regulated for SC to function positively. Therefore, its policies and procedures should be clearly outlined and included in organizational behavior regulations. Future studies revealing the relationship between social cyberloafing and other variables, including the study of specific mobile applications that lead to social cyberloafing in nurses, are recommended. Guidelines on the use and integration of the most frequently used social media applications in organizational policies may be used to create a healthier working environment. In addition, managers' transition to a more employee-centered system

may improve nurses' attitudes towards work. In-service training programs may be employed to raise nurses' awareness of social cyberloafing, and improved working conditions for nurses may prevent social cyberloafing and increase motivation. Traditional break approaches can lead to monotony, so alternative activities such as engaging in physical exercise, listening to music, or reading may be practiced during breaks, and all managers in the health sector should model such behaviors. It is important that nurses be accountable for their work, responsibilities, and roles so that patient safety and quality of care are not jeopardized. To ensure effective time management, warning systems such as alarms may be used if necessary.

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Conflict interests

Nothing to declare.

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