

Social media guidance, designed by students for students, is well-received and may prompt changes in online behaviour

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ABSTRACT: Social media offers opportunities to network and build a positive online profile; however, there is growing evidence that used unwisely, such sites can blur the lines between the personal and professional (Devi 2011) resulting in unanticipated negative consequences. In response to this, a number of health professional bodies have generated social media guidance for their members. Examination of this guidance reveals a range of content and formats. There is currently a paucity of research into healthcare students' views on available guidance. The paper reports on an investigation of healthcare students' views regarding currently existing social media guidance, the development of a new guide, that can be used by any healthcare student group (uni or multi professional) and commentary on the value of a student lead research project which results in a learning resource, developed by students, for students.

1. Introduction

Social media is characterised by user generated content associated with internet based publishing technologies (Terry 2009) and is a growing global phenomenon. Common forms include chat rooms, blogs and social networking sites (SNSs) e.g. Facebook, Twitter. Social media enables users to construct and share materials which could demonstrate an individual's interests and skills whilst extending networks.

In the UK approximately half the population are Facebook members, accounting for over 30 million UK profiles (Socialbakers 2012). Although the use of social media transcends population demographics, a large proportion are students and new graduates between the ages of 18-24 (Quale and Taylor 2011). The positive uses of social media have been tempered by well publicised cases of online misconduct and negative media coverage (CSP 2010, MPS 2012).

1.1 Social media use: healthcare students and professionals

Inappropriate use of social media has led to increasing incidence of disciplinary action against staff in many healthcare establishments (Laja 2011). The majority of nursing boards in the USA have taken disciplinary action in response to complaints about nurses and student nurses violating patient privacy by posting confidential material on SNS (NCSBN 2010). In most cases social media misconduct is unintentional; however, consequences have led to employee dismissal and legal action (Aylott 2011, BMA 2011). Such instances of misconduct threaten the reputation of individuals, healthcare professions in general and the trust that the public has in them (Devi 2011).

There is a growing body of research into the underlying reasons for social media misconduct and more generally students understanding of the uses of social media (e.g. Heil 2011, Camacho et al. 2012), however, research involving healthcare studies is still relatively limited (with exception of: Garner and O'Sullivan 2010; Macdonald et al 2010; Fox 2012). Macdonald et al (2010) conducted a cross-sectional survey of 220 newly graduated doctors' use of social-networking via Facebook. Thirty seven percent of students were found to be at risk of bringing their profession into disrepute through highly personal and sensitive online

content. This included membership of offensive groups and photographs depicting professionals drinking alcohol to excess. Many participants had not activated privacy settings (SNS features that restrict online visibility), such that all content was publicly accessible. The culmination of student/professional uncertainty in relation to issues of privacy, what comprises e-professionalism and expectations of conduct online there emerges the need for guidance (Cain et al 2009, Finn et al 2010, Aylott 2011).

1.2 Social media guidance for healthcare students/professionals

Social media guidance has been produced by a number of professional and regulatory bodies for healthcare students and professionals to support understanding about social media use and online behaviour (BDA 2008, BAOTCOT 2010, BMA 2011, CSP 2011, HCPC 2011, NMC 2011). The content of the guidance ranges from simple recommendations (HCPC 2011) to evidence-based information, explanations and advice (BMA 2011). Layout and writing style also vary from concisely written text paragraphs (BDA 2008, HCPC 2011) to more formal language (BMA 2011) and screen shots of social networking sites (BAOTCOT 2010).

As four of these documents are directed at both students and qualified professionals (BDA 2008, BMA 2011, HCPC 2011, NMC 2011) this guidance may fail to sufficiently explore key issues of specific relevance for healthcare students. Chandra and Chatterjee (2011) noted that guidance varied in quality and content, ranging from brief and lenient to the relatively overbearing. The variety of guidance and the branding by specific professions may mean that it is not perceived to be relevant to different groups e.g. would a student of physiotherapy appreciate the relevance of many of the messages in guidance written for doctors?

This raises concerns to whether current guidance is relevant, evidence-based and accessible to all healthcare students. The literature search identified a gap in research exploring students' opinions of current social media guidance and its impact on their online conduct.

The aims of the study were: to explore healthcare students' perspectives of current health professional social media guidance; to construct new social media guidance shaped by the views of those students, current guidance and the wider literature; and to evaluate the self reported impact or lack of impact of the new guidance following its dissemination to healthcare students.

2. Method

There were two elements of data collection: 1. two semi-structured focus groups which explored healthcare students' views on currently available social media guidance were conducted, 2. new social media guidance (crafted by the four student researchers/authors and informed by the focus group findings) using a short questionnaire was piloted.

Ethical approval was granted by the Queen Margaret University (QMU) Research Ethics Committee. Written, informed consent was obtained from all participants. Data were stored securely with identifying features removed to protect the identity of participants.

Recruitment was conducted via an internal university email. Participants were third or fourth year healthcare students at QMU and deemed to be active users of social-media i.e. they self-reported using social media at least once per month. All participants completed a questionnaire capturing information about age, gender and healthcare discipline as well as information on the nature and frequency of their social media use. These data facilitated sampling of participants into one of the two phases within the study, ensuring that each

phase had representation from a number of healthcare professional programmes and a mix of males and females.

2.1 Focus groups

Focus group participants were tasked with reading two social media guides (BMA 2011, HCPC 2011) alongside guidance available from their own professional body (BDA 2008; CSP 2010; NMC 2011; BAOTCOT 2010) prior to attending the focus group. The student researchers/authors had selected the BMA and HCPC guidance as examples of the best available at the time of the study. Focus group questions elicited students' views on the usefulness of the guides, format/style and any particular strengths/weaknesses. Each focus group lasted approximately one hour. Digital recordings of the focus groups were transcribed within 24 hours of completion.

2.2 Data analysis and creation of the new social media guide

Transcripts were thematically analysed (Boyatzis 1998) to inform the development of a new, student informed social media guide, reflecting focus group participants' preferences for content, layout etc. These findings were then integrated with the researchers' analysis and understanding of currently available social media guidance to produce text-based guidance specific to the needs of a mixed professional group of healthcare students.

2.3 Piloting the new guide

The newly created Social Media: A Practical Guide for Healthcare Students was subjected to individual feedback from two volunteer healthcare students regarding readability and comprehension and modified accordingly prior to piloting.

The new guidance was disseminated to participants either via email or through participant attendance at a drop-in session, where the researchers distributed hard copies of the guide. Participants were asked to read the new guidance before completing a short questionnaire designed to ascertain students' views on the guide and its possible impact or lack of impact on social media behaviours.

Questions included in the questionnaire: 1. Thinking about the guidance, can you briefly explain whether you found it useful or not? 2. Do you think that the guidelines have altered your view of social media in any way? If so please explain how. 3. Having read the guidelines – would you now consider taking any action regarding your online activity? Can you explain what you intend to do? Questionnaire responses were subject to simple descriptive analysis of content.

3. Findings

Twenty seven healthcare students entered the study; 24 (89%) female and three (11%) male. Two participants were third year students, the remaining 25 were in fourth year. Mean age was 22.7 years (SD 2.9). Students from five different healthcare programmes participated: 13 (48%) from physiotherapy, five (19%) from occupational therapy, three (11%) from speech and language therapy, three (11%) from dietetics and three (11%) from nursing.

All participants were active users of social-media; 26 (96%) used social-media at least once per day. Eight (30%) participants had previously received guidance regarding social media conduct; this mainly consisted of informal guidance from tutors. Two students had seen guidance from health profession bodies prior to this study. All participants stated that healthcare students needed guidance regarding the use of social media.

3.1 Focus group findings

Each of the two focus groups had six participants and were mixed in relation to healthcare programme membership. The following headings convey the key themes from the focus group phase of data collection.

3.1.1 A need for healthcare student guidance that is balanced and supportive

All participants stated that there was a definite need for social media guidance which was specific to their needs as developing healthcare professionals. Awareness of current guidance was poor and participants' appraisal of that guidance was that none of the guides presented an ideal balance of relevant and comprehensive information.

'It's [social media] is just a massive grey area.'

'I don't know where the boundaries are at all.'

The majority opinion was that guidance provided by the BMA (2011) was preferable to the other resources reviewed. Participants were positive about the BMA guide's depth of reasoning and the accessibility of its structured sections. Participants highlighted that the inclusion of case examples made the guidance engaging. Participants also liked the practical nature of the solutions for common problems encountered by social media users. Nonetheless, participants stated that the vocabulary employed by the BMA was overly formal and tiresome to read. It was reported that because the BMA guidance was written for medical professionals and trainees, it lacked a sense of connection with the non-medical readership.

The majority of focus group participants were critical of the remaining guidance documents for either being too brief and/or vague in content (BDA 2008, BAOTCOT 2010, HCPC 2011). Participants stated that these resources failed to provide adequate depth of explanation associated with the advice they offered.

'This one's [gestures to the HCPC guidance] just like basic bullet points and it doesn't... kinda give you the whole reasoning.'

However, participants expressed a preference for the writing style of these documents, perceiving that they were easier to understand than the BMA (2011) guidance. The majority stated the need to establish a 'happy medium' between all resources reviewed.

3.1.2 Guidance should be practical and engaging

Participants reported that future guidance should provide clear, reasoned suggestions for professional social media conduct along with engaging case examples and practical solutions. Participants also commented that the tone of the guidance should be relatively informal or at least presented in an easy to read manner. Participants outlined a number of key issues that the guidance should address:

- Direction about what constitutes inappropriate social media content.
- The (relatively) permanent nature of some social media content.
- The issue of patients/clients seeking to befriend a healthcare student online.
- How to best use privacy settings.

3.2 The researchers/authors development of the new guidance

Following focus group sessions, the four student researchers/authors reviewed the current body of healthcare social-media guidance. Researchers felt that a visually appealing layout such as that exemplified by the BMA (2011) would facilitate student engagement with guidance content. It was decided that a social media page 'screen shot' image, as used by BAOTCOT (2010) guidance, could illustrate an online scenario. Researchers decided that new social-media guidance should include a reference list linked to further information.

The newly constructed guidance took the form of a five page, written guide, covering topics including: standards expected of healthcare students; potential risks/consequences of using social media; permanence of online content; social media privacy settings and managing friend requests. The document made use of relevant and recognizable case studies to illustrate important points. The content was specific to healthcare students and adopted an informal tone communicating practical social media advice.

3.3 Piloting the new guidance: questionnaire findings

Fourteen (52%) participants took part in the second phase of the study. These students reviewed the new guidance and completed a short questionnaire.

Questionnaire responses indicated that all participants found the new guidance useful and felt it was necessary for healthcare students to receive this kind of guidance. Twelve (86%) participants stated that they would now take action to change their online activity. Nine (64%) participants stated that the new guidance had altered their overall view of social media.

The following sections convey the key themes representing majority opinions from the written questionnaires responses.

3.3.1 Increased awareness and motivation to change behaviour

Most participants felt they had some previous understanding of the risks associated with social media. However, they stated that the guidance had enabled them to develop this understanding and encouraged reflection on social media use. The majority also reported that the guidance made them consider modifying aspects of their personal behavior related to social media. These changes included activating more stringent privacy settings, screening personal content for appropriateness and adopting a more thoughtful approach to managing patient/client friend requests. Participants also stated that this guidance made them aware of the permanence of some social media content and that participants would be mindful of this issue when posting in future.

'They (the new guidance) highlight some points which I would never have thought of, one being that if you delete something it doesn't necessarily mean it has gone completely – this is definitely something I am going to think about the next time I log on.'

Participants noted that the new guidance could play an important role in informing healthcare students of potential consequences of social media misconduct. It was also noted that the guide appeared to be balanced, presenting some of the benefits of social media use.

'Im glad that the guideline didn't completely focus on the potential pitfalls of using social media but also highlighted some of the benefits it may offer, giving a balanced view.'

Participants stated that the guidance would benefit healthcare students attending practice placement who might not have thought through the real life consequences of breaching professional boundaries through communication via social media. Participants reported that the guidance conveyed how the careless or thoughtless use of social media can also cause

problems regarding future employment.

3.3.2 Having guidance sooner rather than later

The majority of participants emphasised that students should receive this kind of guidance as soon as possible. Participants commented that early guidance might encourage incoming healthcare students to avoid posting inappropriate content that could have a negative impact in later years. They proposed that the impact of the guidance may be greater if it were used periodically throughout the duration of their programmes; thus helping to, '*get students into a habit of ensuring professionalism at all times*'. Participants also suggested that the guidance must be regularly revised in order to remain up to date with the ever evolving nature of social media.

4. Discussion

The student participants demonstrated high levels of social media usage with 96% engaging with social media at least once per day. It is interesting to note this frequent use coupled with a consensus statement on the need for social media guidance and the finding that only two had previously accessed published guidance prior participation in the study. Although a number of social media guides are available for health professions/students they tend to be profession specific and are disseminated through professional bodies, which may only reach those students who have professional body membership. Guides tend to be written for particular professional groups, potentially alienating or failing to appeal to other health profession members, health professionals who often share a common set of standards of conduct and ethics.

Bringing student scrutiny to the fore in the focus groups and by mixing the health profession groups demonstrated that the common ground of being a student and an emerging health professional were uniting features. Students found value in all elements of all of the existing guides, irrespective of their intended audience, but did not perceive that any had the right balance between content, tone and format. The development of a guide that is deemed relevant by a mixed group of healthcare students supports the possibilities of integrating the material in inter-professional education modules or those accessed by different student groups.

The new Social Media: A Practical Guide for Healthcare Students elicited a positive response, with all participants commenting that the new guide was useful, readable and needed. Eighty five percent stated that they intended to change aspects of their behavior related to their use of social media. This outcome was more pronounced than that reported by Cain et al (2009), one of the few, relatively comparable studies, who reported that 52% of 244 pharmacy students stated an intention to change online behaviour following a lecture on social media guidance. It is notable that the sample size in the current study is significantly smaller than that of Cain and the relationship between student-project / student-participants (in the current study) may have introduced bias. However, it may be that the product, produced by students, for students did indeed engage them in a way that would not occur without their central role. The wider issue of what the student-researchers brought to the process and ultimately the outcome (the guide), this is worth considering further.

Reflections of the supervisor

The supervision process for the group was no different from other final year projects, however, it was notable how engaged the student-researchers were in all elements of the process. Having initially been concerned that the topic was not linked to physiotherapy management or assessment issues; appearing to more associated with issues of professionalism, there was a degree of concern, at most disappointment from some

members (this type of topic never scores highly on students rating of most wanted project title). However, having read the literature in the area and understood the 'gap' which their project could fill set the group on a trajectory of excited enthusiasm for the task in hand.

The most striking element of the project is the product or the new guidance document. It does not resemble something which I, or perhaps my colleagues, would have generated.. It is characterised by being a degree humorous, light on text, pages punctuated by images and icons, and examples of experiences from other students, all presented in an informal but supportive tone. The next question was, how would this be received by other cohorts of students, would it make an impact?

Six months after the study concluded the guide was used to support a session for third year students on professionalism and issues related to practice placement. Materials were also used to help illustrate a session linked to employability and the benefits of social media in enhancing profile. Anecdotal evidence from the events, from tutors and staff indicated the guide material was well received, however, longer term follow up, in fourth year indicated that less than half of students were confident in their knowledge and understanding related to the use of social media.

There are multiple reasons for students not being able to recall past learning events and demonstrate the knowledge they had, superficial engagement with the materials, lack of opportunity to apply the new knowledge, lack of ongoing feedback and integration of the materials at future dates and in new, applied settings. In response to this, in September 2013 the physiotherapy programme will see the introduction of social media guidance into multiple levels of the programme, including modules on professional development and conduct, employability, practice placement communication and interaction. The guide will be used as trigger material for tutorials and student centered learning activities.

In a wider context a small team from health, drama and performance and sociology are meeting to develop the guide into a resource that all students (not only healthcare students) would find engaging and useful. The most important element being to involve students from the beginning to ensure the guide does not move to being shaped by academic staff, diluting the elements which the students found to be most vital.

Reflections of the student researchers

All students noted a significant impact related to the study on their own awareness of the positive and negative influences of social media, potentially shaping their careers and employability, how they were perceived by others and how their new knowledge influenced everyday interaction with social media. Two of the students, now graduates have provided their own written accounts on the lasting impact of the project work. These are presented in their own words.

Account One

'The relevance of the project became surprisingly apparent at my first graduate job. I was working as an intern at the office of one of the physiotherapy special interest groups, when I was tasked with developing a guidance document to assist members with using social media safely and professionally. This demonstrated to me the significance of this issue to working professionals as well as a student population – many of the members were contacting the head office feeling unsure about whether they should even be using social media, and if so, how could they do so safely and even take advantage of the many benefits that are possible through the use of social media. This project differed in its intended audience and overall tone of the document and aimed to encourage professionals to promote themselves and their practice using social media; however, the underlying theme of uncertainty when using

social media was clear. My previous experience and involvement in researching forms of guidance as well as my knowledge regarding social media greatly contributed to my creation of this guidance for the company to adapt as they saw fit. The need for such a document in my opinion demonstrates that not only is this an issue for younger generations and students but also working professionals. Additionally this project has undeniably had a lasting effect on my personal behaviour. I question what I post online to ensure it does not appear inappropriate or reflect badly on myself. I do this automatically and habitually; I believe this is proof that my behaviour and opinions have been irrevocably altered through this project.'

Account Two

'Before taking part in this study, I believed that I had a good knowledge of social media and was always conscious of my online activity. In many cases, I would notice the activity of friends', especially if I felt it was inappropriate content to be displaying so publicly and strongly believed that it was purely "common sense" to behave appropriately online. In my opinion, my online content was perfectly acceptable and didn't worry about the negative consequences recently been reported in media. However, the whole process of the study has taught me a great deal about social media and people's perceptions of one another.

During the focus groups, it became clear that although most students shared my belief that this was purely a matter of common sense, everybody appeared to have very different views on what exactly would be appropriate content. Some people's idea of appropriate content was viewed to be unacceptable by others, especially when this content (pictures, status updates etc) were being viewed out of context. This made me question my own activity more and I now question whether others could misjudge my online activity as inappropriate when viewed out of context. ... I have modified my security settings .. I now make sure I never discuss anything work related as I think this makes it easier to control the "blurring" between the professional and personal, an area which I have learned to be the key factor in contributing to negative consequences. .. In addition to changes in my online activity, I also am now very aware of things I discuss when out in public as I have learned that blurring the lines between professionalism and personal life in a public environment can also result in very similar consequences.

Conducting the study not only taught me about social media but the process as a whole also has developed skills such as organisation, communication, listening and analysing information. As social media sites are growing in popularity, most participants had lots to say about their own experiences and often the focus group discussion would fall off track. As there was only limited time, we had to listen closely to what participants were saying whilst ensuring that the discussion was brought back to the key points of focus so that the information required for developing new social media guidance could be gathered. Two hours of focus groups provided us with a mass of information, however, our aim was to make the new guidelines as short and as concise as possible. Because of this I feel I have really developed my skills in analysing information as we spent lots of time abstracting only the points that conveyed a strong message, making our guidelines more engaging. Having four members in our study group was often challenging as many of us would have differing views on how information should be generated or what points should be included in the guidelines. Through this I feel I developed my team working skills by listening to others ideas and often negotiating and rearranging our plan in order to come up with a set of guidelines that we were all happy with.

Revisiting this study after a period of time and reflecting on the whole process has been very worthwhile and has made me realise how much I have learned about social media, perceptions of others, inappropriate online behaviour and what is required to minimise this in the future. Since graduating and beginning work as a physiotherapist, I feel fortunate to have had the chance to explore this topic more and realise that this is a massive issue, not

only for healthcare students/professionals, but for all individuals who have online profiles.'

5. Conclusion

This study has achieved its aims and despite a relatively small sample size the development of guide for healthcare students who use social media or would like to start using social media is a positive step towards evaluation of the most effective way to use the guide and/or develop related, student focused learning materials. Previous research has established that students and professionals require social media guidance; however no literature was found concerning healthcare students views on such guidance. This study attempted to fill this gap, to a small degree. The findings demonstrated that no single, pre-existing social media guide had content and format that matched students' needs. The development of the new Social Media: A Practical Guide for Healthcare Students elicited encouraging responses from students, suggesting the guide may be influential in directing students' online behaviours, in a way that promotes a positive image of self, as a student and an emerging healthcare professional.

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