Fifty Shades of Grey: Social Media and How Online Behaviours of Healthcare Providers Affect

Real-World Professional Practice

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I would like to dedicate this paper to our unsung frontline healthcare professionals everywhere. The global pandemic has brought to light your essential role in our healthcare system. Continue to use your voice to not only champion quality patient care, but to also advocate for the best care possible for our patients and loved ones.

Abstract

The advent of social media in recent years has created an enormous opportunity for information to be exchanged at a global level. Healthcare providers in particular appear to be turning to social media at increasing rates for both personal and professional use. However, due to its viral nature, the use of social media can lead to the blurring of personal and professional boundaries in the healthcare world. As well, healthcare providers working in regulated professions are often governed by regulatory bodies and are expected to adhere to each profession's codes of ethics and conduct, even in the virtual world. This study looks at the current literature and research to better understand how the online behaviours and the personal use of social media by healthcare professionals in regulated professions affects them professionally. Current research and literature demonstrates that great strides have been made to better prepare digital natives and future healthcare graduates in navigating the benefits and challenges of the social media world. However, there appears to be little research on how digital immigrants learned about and navigate online communication platforms while maintaining their respective professions' codes of ethics and conducts. Each healthcare profession's regulatory bodies also appear to handle acceptable online behaviours in silos, with each profession apparently dealing with their own unique challenges. There is an opportunity for regulatory bodies to not only collaborate together interprofessionally, but to also work with established online communication experts as well as their frontline healthcare workers when setting social media policies. This would not only improve online behaviours of regulated healthcare workers through better understanding of each regulatory body's codes of conduct and ethics, it would empower front-line healthcare workers to better utilize e-professionalism to promote overall communication best practices, ultimately improving positive patient outcomes.

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Introduction

The advent of social media in recent years has created an enormous opportunity for information to be exchanged at a global level. Social media not only provides a venue for businesses and organizations to pass on information for users to readily consume, it allows individuals an opportunity to create user-generated content of their own, with the ability to build and engage further with the original communication. Online engagement typically takes place in the form of postings, photos, as well as auditory and visual media (Kaplan, 2018). These interactions are a key component of social media, allowing users to connect and engage with each other. Continuous dialogue with other users, reacting or commenting on posts, and building content off of original posts are some examples of this online engagement (Sloan & Quan-Haase, 2016).

As with all tools, it is important to fully understand the benefits and the inherent risks of using social media as a communication tool. While it is relatively easy for a user to create content and to post information online in the matter of minutes or seconds, it is possible that the content may be formed out of personal opinion instead of facts, or may be taken out of context or later used against the user. This may hold true if the content of the post is somewhat controversial or goes against accepted social or professional norms. In one example, a Twitter user on his way to Africa joked, 'Going to Africa. Hope I don't get AIDS. Just Kidding. I'm White!' Upon landing 11 hours later, the resulting viral backlash from this tweet was trending worldwide, ultimately leading to the user losing her job (Long, 2018).

With the rapid adoption of social media as a communication tool, organizations faced the challenge of trying to control the flow of online information. However, with the number of social

media platforms growing, each with their own evolving features, many organizations realized

that it would be difficult to fully control the online narrative of their brand. They needed to

quickly mitigate any online risks resulting from the rapidly evolving use of social media by their

clients and employees. As a form of risk mitigation, several organizations and regulatory bodies

quickly implemented social media policies and guidelines in an attempt to set the code of

conduct, define risks, provide guidelines for online content, and govern the online behaviours of

their members (Zakkar et al., 2021). As a means to mitigate this risk, many of these policies were

created to be overly restrictive and protective, often linked to the organization's existing policies

on communication and codes of conduct (Khan et al., 2014).

In healthcare, workers are governed by their professional societies, associations, and

regulatory bodies and are expected to adhere to their respective codes of ethical and professional

conduct (Ethics and Professionalism Committee 2019). At least 88% of healthcare professionals

utilize social media (Surani et al., 2017). As digital natives and those who grew up with and are

more familiar with social media platforms continue to enter the workforce, it is likely that

healthcare worker use of social media will only increase with time (Surani et al., 2017).

The use of social media can lead to the blurring of personal and professional boundaries

(Cox, 2020). One such example took place in 2015 where an off duty registered nurse in

Saskatchewan posted critical comments on Facebook and Twitter about the quality of her

grandfather's end of life care in a palliative setting. In an attempt to advocate for her grandfather

(who had passed away a few weeks before her post), she named the healthcare site, praised some

of the staff for their level of care, and criticized the remaining staff's level of empathy and

commitment to patient dignity. The healthcare staff reported the nurse's comments to the

Saskatchewan Registered Nurses' Association (SRNA) who in turn found her online behaviour a

breach of professional conduct. The SRNA found her guilty of misconduct, obligating her to pay fines totalling in excess of $26,000 (Maciura & Wade, 2019). After the SRNA's decision, a GoFundMe page was created by a third party to raise money for the nurse to help her pay the fines. She received support from the Saskatchewan Union of Nurses, as well as other healthcare groups and individuals from across the country, eventually raising in excess of $30,000 from donors who vocalized she did nothing wrong and was exercising her personal right for free speech and her nursing right for patient advocacy (*Support Nurses Right To Speak Out!, Organized by Natalie Doucet*, 2019). In October 2020, the Saskatchewan Court of Appeal overturned the SRNA, deciding that the nurse did not commit professional misconduct but was expressing her right to freedom of expression. The court also noted that it is in the public interest to have criticism of the healthcare system, and feedback from front-line workers can bring about positive change (Sciarpelletti, Laura, 2020).

With the recent COVID-19 pandemic, healthcare workers posted memes and videos, showing what life was like for front line workers while the world tried to flatten the curve. In 2020, several videos of dancing nurses started trending on TikTok (a rapidly growing and widely used short video platform), many of which had garnered millions of views. Most of the videos featured choreographed dances, likely as an attempt to help lighten the mood during the pandemic. However, several of the dances featured movements that could be construed as inappropriate and even sexually suggestive (e.g., twerking, gyrations, pelvic thrusting), violating the American Nurses Association's Code of Ethics, social networking principles, and workplace communication guidelines (Lancaster et al., 2022). Such videos could damage the professional image and credibility of the nursing profession in the public eye.

The use of social media in healthcare has several inherent risks; online behaviours by members of the healthcare community may have real world (offline) consequences, such as breach of patient confidentiality, taking constructive healthcare system feedback negatively, and legal consequences (Zakkar et al., 2021). There is also the risk of spreading false or outdated information, possible disciplinary action as a result of violating professional codes of conduct, and risk to personal and professional reputation (Lagu & Greysen, 2011). Yet despite these risks, healthcare workers continue to use social media to disseminate information and advocate for effective patient care and resource management. Early in the COVID-19 pandemic, healthcare professionals and authorities turned to social media for rapid information dissemination and to inform the most up-to-date COVID-19 care practices (Murri et al., 2020). Frontline doctors, provincial nursing unions, and national medical associations turned to social media to promote provincial and national dialogue with public health key decision makers, expressing concerns about the mounting pressures that the pandemic was placing on Canada's front-line healthcare workers (Moran, 2020). One ICU doctor brought to light on social media platforms the need for rotating lockdowns and more concrete government guidance around exponentially increasing COVID-19 infections in already overwhelmed healthcare facilities, referencing very vague leadership from local health authorities (Snowdon, 2020).

Despite these risks, there are clear benefits and pitfalls of social media use by healthcare workers. Areas of benefit include professional networking, collaboration, education and training, while some of the dangers may include loosened accountability, compromised confidentiality, blurred professional boundaries, depicted unprofessional behaviours, and legal issues (Vukušić Rukavina et al., 2021). What may not be clear is whether healthcare professionals truly understand the policies, guidelines, codes of ethics, and codes of conduct that are designed to

inform "professional social media use." This is an important matter to explore as healthcare professionals will continue to use their voice on online platforms to share information, to advocate for patient care, to interact when necessary with healthcare providers and patients, and to tell their stories online.

This paper hopes to inform what information currently exists, either published, peer reviewed, or other documents, that explores how healthcare professionals utilize social media channels while skirting their regulated profession's social media policies, guidelines, codes of ethics and conduct. By analyzing the policies of healthcare regulatory authorities in Alberta, it may provide a more clear framework through which healthcare professionals may better advocate for patients online without fear of real world consequences.

Purpose

Social media appears to be a ubiquitous and versatile communication tool. In conjunction with mobile electronic communication devices (e.g., smartphone) technology, communication through social media channels is now a facet of everyday life. It is an empowering tool for helping individuals connect, communicate, unite, and support one another (Moorley & Chinn, 2014). Literature suggests that an increasing number of professionals and people working in regulated professions (such as healthcare) are engaging in social media for personal and professional online networking opportunities, making connections, and for consuming and creating user-generated content (Moorley & Chinn, 2014).

While social media has created numerous professional development and growth opportunities for healthcare workers (Gholami-Kordkheili et al., 2013), its instantaneous and viral nature has presented an environment where user-generated content can potentially blur the lines between the personal and the professional, leading to online professionalism challenges and offline consequences. For example, health authorities and regulatory bodies find themselves taking increased disciplinary action against "...a remarkably high number of [healthcare workers]" (Scott, 2013) for inappropriate social media behaviours. These behaviours include social media posts by healthcare workers that inadvertently breach patient confidentiality and privacy, the blurring of therapeutic boundaries by "friending" patients and their family members, posting private front-line activity photos, and publicly airing work grievances in online forums and channels (Evatt & Guttendorf, 2017). At the same time, personal activities taking place during non-work hours are affecting the professional image and public trust of the healthcare system e.g., healthcare workers participating in and posting photos of drug and alcohol consumption, provocative alternative lifestyles and non-mainstream events (Vukušić Rukavina et

al., 2021). Even the act of "liking" a social media post of a current or former patient sparks debate on blurring professional boundaries that should be evaluated carefully and intentions fully explored (Slobogian et al., 2017). One study found that one in eight public health professionals in Canada are likely to search and "creep" for members of the public with whom they previously treated or had contact with (Weijs et al., 2017).

In response, healthcare authorities and regulatory bodies have created explicit guidelines and policies to govern appropriate social media use and the healthcare workplace (Cronquist & Spector, 2011). Despite the existence of these policies and guidelines, an increasing number of healthcare professionals are violating the policies and being disciplined for misconduct, with sanctions ranging from letters of concern to fines, suspensions, and job terminations (Chronquist & Spector, 2011; Greysen et al., 2012).

This study will examine the current state of the literature as it pertains to healthcare workers, social media practices, and the implications of online behaviour and how it may affect real-world practice. The following is the resultant question guiding this study:

RQ: To what extent does the current body of literature and research exist that addresses how the online behaviours and the personal use of social media by healthcare professionals in regulated professions affects them professionally?

An exploration of the question will provide a deeper understanding of the current research, what is known, and what is not known about this topic. The literature review will also help isolate key themes, help inform and develop my expertise by laying down foundational knowledge, help

identify research gaps, issues, and omissions that can be further explored, as well as help refine

and develop my research question to be explored in my capstone research project.

Methodology of the Literature Review Process

To approach the question of what current body of literature and research exists that

addresses the benefits, challenges, and ethical considerations when it comes to social media use

by healthcare professionals in regulated professions, I will first want to establish the motivations

and larger practice, benefits, and hazards of healthcare online communication in general. From

this perspective, it is possible to better understand the uses of healthcare social networking from

a professional healthcare lens. Many healthcare practitioners participate in social media, such as

doctors, nurses, medical laboratory professionals, and other allied health professionals from

multiple disciplines (Barrett, 2019; Bernhardt et al., 2014, Gorrindo & Groves, 2011). It is

therefore important to consider not only the viewpoints of social media policy authorities, but

also the different streams of front-line (i.e., have patient contact or are more in the public eye)

healthcare providers that are governed by these policies. Keeping these different viewpoints in

mind while performing a systemic library search and deciding on article eligibility criteria will

hopefully present a more balanced approach to the review of the literature.

Systemic library search. In order to provide a thorough search, I feel it is important to

initially approach the research questions from a broad perspective and from multiple angles and

disciplines (Booth et al., 2016). Although this capstone's focus is primarily the considerations

and perspectives of healthcare professionals and the multiple disciplines they represent, it would

be interesting to see if other regulated non-healthcare disciplines whose members practice online

social networking would appear in this research. It is also important to consider the viewpoints of

the employers, healthcare authorities, and regulatory governing bodies that create, guide, and

sometimes enforce workplace social media use policies.

Booth et al. (2016) also recommend a systemic approach that will result in a more

comprehensive retrieval of meaningful and credible literature findings that are less prone to

biases. In order to better answer my research question, I initially utilized Boolean logic and

combinations of keywords (see Table 1 below) in the University of Alberta Library EBSCO

database and Google Scholar.

Keywords:		
social media	misconduct	violation
professionalism	e-professionalism	confidentiality
regulated professions	corporate policies	free speech
blurring	professional standards	therapeutic boundaries
policies	breach	code of conduct
code of ethics	healthcare	user-generated content
Facebook	Twitter	Instagram
Tiktok	Snapchat	regulation
inappropriate	reprimand	legislation
ethics	organizational communication	content analysis

Table 1: Literature review keyword search terms used in systemic library search

After discussions with librarians at both the University of Alberta Rutherford Library and

NorQuest College, I further explored other recommended databases (knowing there would be

some overlap with my previous EBSCO searches) such as SAGE, Business Premium, CINAHL,

Business Source Complete, AMED, and PubMed. I also utilized SciSpace Copilot to help summarize related research papers, technical blog posts, reports and other online content. SAGE, CINAHL, and PubMed proved to be most useful from healthcare, social media, and professionalism perspectives. It was also recommended that I create Google Scholar alerts to keep abreast of the latest publications revolving around these most useful perspectives. I feel that a scholarly attempt was made to identify all the available knowledge related to my research question, helping minimize biases of my findings, as recommended by Booth et al. (2016).

Eligibility criteria: As social media use and its impact on professional practice is a relatively new concept, the majority of the literature in this review was focused on recent findings. The literature reviewed consisted of sources from the last fifteen years, specifically from 2008 to present date. There did not appear to be a significant amount of literature prior to 2008 that was relevant to the research questions asked in this literature review.

Another eligibility factor to consider moving forward was whether the literature was peer-reviewed. The focus of these criteria was to identify research published in academic peer reviewed journals. Favouring peer-reviewed articles that were cited in other articles helped ensure that the literature that was researched were consistent with high academic standards. That said, the articles reviewed also included a limited number of grey literature such as editorials, opinion pieces, healthcare regulatory body social media work policies and guidelines, legislated acts by government, codes of ethics, and practical "how to" best practice social media guides. These sources were included as they help contribute to the understanding of the research questions.

Where possible, the methodology of the research articles was taken into consideration. Of note, the majority of the research methodologies involved healthcare students (nurses in

particular) and qualitative surveys. A limited number of methodologies were qualitative in design and delivery. Most were survey and questionnaire based, and a few were scoping reviews.

Research that was done in cultural healthcare environments similar to Canada's were included in the literature review. This included articles from English speaking countries (United States, Australia, United Kingdom, and South Africa). As well, articles that discuss similar social media policy challenges in non-healthcare settings were also eligible for review, such as those from law. The inclusion of these articles provided culturally relevant context and broader academic understanding of adjacent literature from similarly regulated professions.

It should be noted that my background as a front-line healthcare worker (medical laboratory technologist) and college healthcare/professionalism educator has shaped my research. I gave more weight to articles that involved front-line healthcare workers/students and professionalism in the workplace with the hope of better informing the research question that is posed. I also included professional commentaries as there appeared to be a common denominator across all healthcare disciplines when it came to promoting social media best practice in a healthcare setting.

Search Results and Categorization of Data: After applying the eligibility criteria listed above, there were approximately one hundred and twenty potential literary sources for review. These sources were uploaded into the Zotero web-based bibliography and database manager. In Zotero, duplicate sources were deleted and the list was alphabetized by lead author, where applicable. Once organized in alphabetical order by authors, I documented them in a Microsoft Excel spreadsheet, categorizing them to help determine their effectiveness at informing the research question as well as to help identify emerging themes later in the research. The

categories in the spreadsheet include: APA citation; abstract; source; type of literature; year of

publication; methodology; how it informs the RQ; strengths; and potential gaps.

Following Oliver's (2012) successful literature review advice of looking ahead to connect

and converse different sources, I identified similar and different viewpoints, arguments, and

conclusions with the intent to present a narrative exposition of themes that emerge from the

relevant literature. At this stage of the literature review, key takeaways and relevant quotes were

noted in the spreadsheet. Fifty of the most relevant sources were annotated in a bibliography and

further solidified into the emerging theme framework.

The review of the literature follows the following thematic framework: policies, codes,

and guidelines around social media use and the workplace; healthcare and social media best

practice at the post-secondary education level; case studies of negative online behaviours having

real-world challenges; and current healthcare practitioner social media best practice.

Review of the Literature

Policies, codes, and guidelines around social media use and the workplace: As a

basis for the literature review, it would be helpful to start with specific examples of codes of

ethics and policies that members of regulated professions must adhere to. It would also be useful

to explore the nature of the regulatory bodies and associations that oversee these policies. The

American Nurses Association (ANA) currently represents 4.0 million registered nurses. Their

aim is to improve the quality of health care for all. According to Provision 3 of the ANA Code of

Ethics, registered nurses protect the rights of privacy and confidentiality, and these rights extend

to social media and other rapidly evolving communication technology (2017). "The Code" as it

is simply referred to states that nurses must maintain constant vigilance regarding online posts,

images, recordings, or commentary that intentionally or unintentionally breaches these rights. The Code plays an important role in that any breaches of the code may lead to violations and misconduct. Of note, this Code was originally drafted in 2015 (appears to be the most recent version) and is only available free of charge as a web-based javascript read-only online document. If a person wanted to access the print or electronic .pdf versions of the Code, they would have to purchase them separately for (at the time of this writing) $57.95USD or $46.35USD discounted price for ANA members (*Code of Ethics for Nurses*, 2017).

In 2021, the ANA released Social Media Principles, likely in response to the increasing amount of healthcare worker-generated social media content being created during the COVID-19 pandemic. The Principles not only acknowledge that social media can increase the visibility of the nursing profession and its role in healthcare systems, but must also be used carefully in order to best safeguard nursing professionals, the nursing profession, and their patients (*ANA Social Media Principles*, 2017). The Principles highlight in particular two important factors when nurses engage on social media: the dissemination of credible and reliable information to protect the well-being of the public, and the need for respectful content that is not derogatory, harmful, racist, nor derogatory in nature (*ANA Social Media Principles*, 2017).

In similar fashion to the ANA's Code, the American Medical Association issued a professionalism and social media policy in 2011, during an advent of increased social media use at the time by medical professionals. In alignment with their mission "to promote the art and science of medicine and the betterment of public health," the policy encouraged physicians to carefully weigh several considerations when maintaining an online presence (2011). The policy's main focus was to encourage awareness and recognition of professional boundaries, ethical guidelines, and maintaining privacy and confidentiality while using social media. There appeared

to be little in regards to the positive uses of social media by medical professionals, implying that it may be better to stay clear of social media use for healthcare professionals.

In contrast, the Canadian Medical Association (CMA) collaborates with Hootsuite (an established social media management platform) to create a guide not only outlining the benefits of social media in healthcare, but also offering tips for healthcare organizations. Recognizing the powerful combination of healthcare and social media, the CMA and Hootsuite offer tips (and give examples) on how to create social content that is "factual, accurate, and not up for debate; engaging and friendly; informative, timely, and accurate; and compliant with all relevant rules and regulations" (Beveridge, 2022). Having guidelines co-lead by medical and social media experts in their field is important since not all online content is factual. A recent Ipsos study found that misinformation is rampant on social media, with as many as 86% of global citizens exposed to "fake news" (*Fake News*, 2019).

Social media policies and issues can vary among the different health professions. In some professions, practical recommendations for professional social media behaviour are noticeably absent (Bennett et al., 2018). In the province of Alberta, one study explores the current state of social media policies developed by healthcare regulators for healthcare providers. Interviews from 29 different healthcare colleges and regulators found very different approaches to social media use by their members; some colleges had constantly evolving guidelines for members while others had taken little to no specific actions to address social media challenges and issues (Chow, 2020). Each college appeared to face "...very different social media related issues with no two colleges facing the same set of concerns" (Chow, 2020).

It appears that some academics are divided when it comes to social networking policies and practices within the healthcare context. The need for health professionals to maintain patient

confidentiality, to maintain the public image of their healthcare professions, to keep positive

interprofessional relationships, to have clear policies on digital media usage, and to avoid

defamation has led some to recommend steering clear of social media altogether (Grobler &

Dhai, 2016).

Despite some of these policy makers leaning towards cautionary avoidance of social

media practices by healthcare professionals, several authors recognise that social media is here to

stay, and that online behaviours must mirror established face-to-face best practice (Farnan et al.,

2013). Lifchez et al. (2012) also recognized the evolving nature of social media communication

and the importance of having evolving policies that reflect the changing ways in which society

communicates and interacts with the professional world. Bernhardt et al. (2014) outlined both

positives and potential hazards of using the different social media platforms (e.g., Facebook,

LinkedIn, Twitter, etc.). While there are certain risks involved in online communications (such

as privacy breach risks, content taken out of context, global-stage nature of the media), it appears

that the benefits of effective social media use by professionals far outweigh the risks (Bernhardt

et al., 2014). Healthcare providers can instantly connect with communities to help improve

health outcomes, develop professional networks, obtain timely health news, motivate patients,

and inform patient care to the community (Ventola, 2014). These conclusions are a stark contrast

to the hesitant and cautionary approaches that are often raised and encouraged by those who are

in positions of regulation and public health i.e., a position of policing social media channels

through a limited in scope and sometimes punitive lens.

Although attempts have been made to make robust policies around social media use in

regulated professions, having a clear and comprehensive social media policy does not always

ensure online professional conduct; employees may not understand or follow the policies that

govern them. In cases where workers were the subject of termination due to social media postings, teachers were seemingly unaware of potential real-world consequences of their online behaviour (O'Connor et al., 2016). New hires may not be properly onboarded with social media policy awareness, current employers may not always understand the policy, and senior workers may have started prior to the policies being adopted (O'Connor et al., 2016).

One possible method of demonstrating proper social media behaviour is to have it modelled effectively by the employer. However, it was found that many healthcare leaders across several institutions have little awareness of social media use in their respective organizations, and limited their own social media use to LinkedIn and Facebook (Halevi et al., 2018). Of note, the average age of people in CEO positions across the healthcare industry is 59 years old (*Age and Tenure in the C-Suite*, n.d.). As potential digital immigrants i.e., a person who started using digital technology, computers, and the internet in their adult life, but did not grow up using them (*Digital Immigrant*, 2023), it is possible that this may affect C suite healthcare leaders' levels of comfort and awareness when it comes to digital communication platforms.

Post-secondary education and e-professionalism awareness: Several of the articles in the literature revolved around healthcare students who are currently enrolled in or are soon to graduate from medical, nursing, and allied health academic programs. Many of the post-secondary education health programs have social media and e-professionalism etiquette as part of the healthcare curriculum, as the majority of students going into healthcare programs have active social media accounts (Baker, 2013; Barnable et al., 2018; Casella et al., 2014; Chauhan et al., 2012; Ellaway et al., 2015; Henry, Rachel, 2013; Hilty et al., 2018; Kaczmarczyk et al., 2013; Kitsis et al., 2016; Nason et al., 2018; Peck, 2014; Walton et al., 2015).

E-professionalism is defined as traditional professionalism attitudes and behaviours, but manifested through digital media and communications (Kaczmarczyk et al., 2013). The authors who represent the Department of Obstetrics and Gynecology from the Philadelphia College of Osteopathic Medicine discuss the evolving challenges of educators and the challenges of e-professionalism. They recommend that because of the nature of the consequences of e-professionalism violations (e.g., from academic sanctions to revocations of licensure), curricula for students should include a positive approach to professionalism and social media use. Faculty members who model professionalism best practice behaviour, on or offline, are also included in this positive approach.

There appears to be a need for more professionalism advocacy when it comes to personal use of Facebook. A study through the Dublin Dental University Hospital in Ireland aimed to assess the level of online professionalism of the Facebook profiles of dental students. Doing a Facebook search via a new profile account, 287 accounts were identified as dental students, 34% having unprofessional content and 3% had definite violations of professionalism on their profile; almost half of the accounts with unprofessional content had visible affiliations with dental schools (Nason et al., 2018). Another study follows medical care givers who successfully utilized Google and Facebook to successfully locate a suicidal patient and follow up with the patient's family, ultimately blurring a few lines of patient care (Ben-Yakov & Snider, 2011). An additional study noted increasing amounts of unprofessional content and behaviours that include nudity, alcohol, and material that was sexual by nature (Scruth et al., 2015).

Medical school faculty members at the Northern Ontario School of Medicine (Thunder Bay, ON), University of Colorado (Denver, CO), and the University of Calgary (Calgary, AB), explored a digital professionalism/e-professionalism framework through which medical

professionals should and should not do in regards to proficiency, reputation, and responsibilities

with digital media such as social media. The medical school faculty recognizes that team

members must respond to the challenges of learners' use of digital media, or they risk focusing

on problems and risk vs. support and shaping medical practice (Ellaway et al., 2015). This

demonstrates the collaborative needs for both educators and students to work together in shaping

best medical practice around digital communications vs. passive learning and facilitation.

One particular study found that simply exposing students to social networking best

practice is not enough (by itself) to promote the best practice. Medical professionals from

hospitals in Melbourne, Australia, in conjunction with the Mayo Clinic in Rochester, Minnesota,

administered a voluntary online survey open to all medical students in Australia. Of the 880

students who completed the survey, more than a third (34.7%) self-reported posting

unprofessional content online (Barlow et al., 2015). The authors found that exposure to

guidelines on professional online conduct had no significant effect on social media posting

behaviour. This finding in particular is important in that simple exposure to guidelines is not

impactful. Perhaps other factors play key roles e.g., professionalism educators who use social

media and emulate best practice, active learning curriculum focused on e-professionalism.

Another paper measured the effects of modelling (and not modelling) the professional

behaviour to healthcare students. Representing different American hospitals in Boston, Seattle,

and Milwaukee, Mostaghimi et al. (2017) sought to explore the changes of professional

behaviours of third year medical students at the beginning and at the end of their clinical

practicum. After formal education on digital professionalism, 51 students were administered a

survey on technology and professionalism related behaviours. The students were surveyed again

at the end of the academic year. Researchers found that considerations in acceptable behaviours

changed, especially among medical students who observed unprofessional behaviours. It would appear that a culture of consistently modelling social media best practice is critically important in promoting positive professional behaviours to healthcare students.

There may be challenges when it comes to faculty modelling social media and healthcare best practice, especially when the majority of these faculty members were trained pre-social media. One such study involved nursing educators at the Centre for Nursing Studies in St. John's, Newfoundland. A descriptive study explored student and faculty utilization of social media and its potential impact in nursing education. Of the 337 students and 29 faculty members who responded, they found that there were more students than faculty who were aware of social media privacy features (Duke et al., 2017). Additionally, 100% of students surveyed had posted online content that they would not want a prospective employer or academic staff to view. This is important in that it would appear that all students (in this case) have posted questionable content (e.g., drugs and alcohol consumption, vulgarities, inappropriate photos, etc.) on their social media accounts at one point or another.

What is considered appropriate and inappropriate to post online is currently up for debate. A Boston Medical Center in Massachusetts study was performed to determine to what degree do medical students, doctors, and the public perceive online content as unprofessional for medical students (future doctors) to post on social media sites such as Facebook. Using fake Facebook profile screenshots, online survey participants used a 5 point Likert scale to grade the photos. The study indicated a significant threshold difference between faculty and the public, compared to medical students, as to what was considered inappropriate (Jain et al., 2014). Despite professionalism and social media guidelines, there appears to be different thresholds as to what is considered appropriate to post online between the three demographic groups.

In a similar study, researchers evaluated all 499 dental and dental hygiene students at the College of Dentistry at Ohio State University. They found that the majority of students have Facebook profiles, most of whom have some sort of privacy setting (only 4% were completely public). Of note, some profiles had content that was not reflective of a dental professional e.g., objectionable behaviour or content (Henry & Molnar, 2013). This article paints a similar descriptive image of the current state of online professionalism, through dental student Facebook profiles. One area of critique is their definition of "objective evaluation" as well as what kind of rubric they used to classify objectionable behaviour, which appears to be subjective and subject to opinion. This is where institutional social media use policies can fill in the educational gaps.

The education and awareness around policies and procedures play an important role in disseminating information. One novel project, designed to protect staff members, helped bring more awareness around institutional policy on social media use. NICU staff at Baylor All Saints (Lofton, 2015) Medical Center were surveyed pre and post-educational presentation on how to maintain professional boundaries when using social media. Results showed a 100% awareness of the difference between personal and professional relationships, 95% awareness of the Baylor Healthcare System Social Media Policy, and 76% of the National Council of State Boards of Nursing position on social media usage (Lofton, 2015).

Another novel project involved members from the Faculty of Medicine and Dentistry at the University of Alberta (Edmonton, AB) who systematically searched for the public Facebook profiles of 152 members of the graduating medical class, as part of an educational session on social media and professionalism. One month later, a follow-up search was repeated, showing that many students had altered their privacy settings to make information less publicly available.

This article clearly demonstrated the positive effects of an interactive educational intervention, resulting in positive changes in student online behaviour.

Online social networking behaviours have real-world consequences: Although efforts appear to be taken to best educate current and future healthcare providers around the benefits and perils of social media use in regulated professions, there are several examples of when negative outcomes still occur. Westrick (2016), a nursing professor from Southern Connecticut State University in New Haven, discusses how breaches of confidentiality and the release of private or inappropriate information have jeopardized student clinical placements and industry relationships, leading up to student dismissals from nursing programs as a consequence for misusing social media platforms.

Author Lori Andrews (2012), an American law professor at the Illinois Institute of Technology Chicago-Kent College of Law, discusses a multitude of examples of privacy breaches on social network sites, ranging from leaks of intimate personal information to examples of professional reputations being harmed due to inappropriate posts. Some negative social media-related leaks of information have real-world consequences, including divorces, firings, college admission rejections, and suicides. Outlining several case studies, the book provides several examples of when social media use may go awry. The examples in the book appear to be mostly one-sided in that there are not as many examples outlining positive social media outcomes. However this is to be expected based on the nature of the book. While not specific to healthcare per se, it does nicely outline the online cause and effect.

Article authors Brous (a nurse and attorney from New York City) and Olsen (an associate professor at Michigan State University College of Nursing) analyze the 2016 case of a Saskatchewan nurse who publicly aired on Facebook and Twitter the quality of care her family

member received. On February 25, 2015, registered nurse Carolyn Strom posted the following on

her Facebook page, regarding her grandfather's palliative care at a different hospital where she

did not work:

> My grandfather spent a week in palliative care before he dies and after hearing
>
> about his and my family's experience there, it is evident that not everyone is 'up
>
> to speed' on how to approach end of life care or how to help maintain an ageing
>
> senior's dignity… I challenge the people involved in decision making with that
>
> facility to please get all your staff a refresher on this topic and more. Don't get me
>
> wrong, 'some' people have provided excellent care so I thank you so very much
>
> for your efforts, but to those who made Grandpa's last years less than desirable,
>
> please do better next time… As an RN [registered nurse] and avid health care
>
> advocate myself, I just have to speak up… Whatever reasons/excuses people give
>
> for not giving quality of life care, I do not care. It just needs to be fixed (Dihn,
>
> 2016).

Strom's social media post lead to misconduct disciplinary action and ~$30,000 in fines

by the Saskatchewan Registered Nurses Association (SRNA) licensing board. This article sheds

some important light on what could go wrong when perceived breaches of codes of conduct

occur online, and when professional and personal boundaries overlap (Brous & Olsen, 2017). In

an interesting turn of events in October 2020, the Saskatchewan Court of Appeal overturned the

SRNA's decision, stating that Strom was not guilty of committing professional misconduct, but

was instead using her right to freedom of expression (*International Covenant on Civil and

Political Rights*, n.d.), while off duty, as well as advocating for the patient (Sciarpelletti, Laura,

2020) . The Court also mentioned that feedback from front-line healthcare workers, with the

intent to bring about positive change, is in the best interest of the healthcare system (Schabas, 2020).

With more and more social media users turning to public forums for their customer service needs, it is perhaps inevitable that this kind of public discourse would eventually take place around healthcare services provided from the other side of the healthcare coin: the perspectives of the patient and their families. Eijkholt et al. (2017) discuss a case study where tensions arise for healthcare providers when negative statements around a patient's experience surface in social media and online forums. They discuss if and how healthcare workers should address publicly aired complaints. They go on to suggest strategies for managing electronic criticisms. I feel the strategies suggested by the authors have value in that, with the nature of social media, there is a high likelihood that healthcare providers will eventually encounter online criticism challenges.

Representing the Faculty of Medicine, eHealth Strategy Office and the School of Population and Public Health at the University of British Columbia, as well as the University Health Network and University of Toronto, Grajales III et al. (2014) recognize a large number of stakeholders (e.g., clinicians, administrators, professional colleges, institutions, etc.) are unaware of social media's potential impact on day-to-day activity, as well as its risks and mitigation. Using a critical-interpretivist framework, the authors used qualitative methods to review articles, policies, websites, and reports; traditional (peer-reviewed), non-traditional (e.g., case studies, policies, social media content), and environmental scanning (Google searches) were used. The authors conclude that social media use has powerful outreach, striking what I feel is an interesting balance in creating engaging content (have fun, be authentic, grab attention, and engage) and attenuating risk by maintaining professionalism at all times.

The positive uses of social media and healthcare professionals: There are several positive uses for social media integration into healthcare practice. Beneficial examples of social media use and the new opportunities it affords include information sharing, discussion, and peer support for learning disability nurses (Abdulla et al., 2013). Social media has a lower transaction cost compared to traditional forms of communication. Other uses include demonstrating best practice, problem solving, and professional development (Grobler & Dhai, 2016). Developing modern approaches to information sharing and communication should be prioritized in order to advance and enhance the role of disability nurses.

Several authors mention how effective social media use may benefit healthcare workers in general. Other examples include enhanced career development, joining communities of practice, participation in events, and enriched classroom learning (Roman, 2014). Social media offers cost-effective opportunities for professional growth and building a skill set that will become highly desirable as more organizations like health departments integrate social media into their initiatives. Harris et al. (2013) found that local health departments who had larger populations were more likely to be innovators with new communication technology, leading to more social media connections. They also found that social media platforms (Facebook and Twitter) had potential to be excellent disseminators for information across public health systems. Twitter in particular was found to be a particularly powerful platform to build social capital for physicians wanting to share research with colleagues, connect with patients, and extend a personal touch on their employer brands for interactive consumers wanting to consume healthcare content (Hanzel et al., 2018).

Analysis of Findings from the Literature Review

After reviewing the literature, it would be useful to identify findings that stand out and to discuss any key observations as they pertain to the research question. Discussion of these findings and observations will provide insight on what the current body of literature addresses in regards to the benefits, challenges, and opportunities of social media use by healthcare professionals in regulated professions, especially as they pertain to the Alberta context. In addition to localizing these findings through an Alberta lens, it would be important to also identify any gaps, implications, and further studies and actions. This will help provide guidance for future recommendations and areas of research and further exploration moving forward.

Key findings and insights: In terms of the review of the current literature and research exploring how social networking and personal online behaviours affect real-life healthcare worker professional practice, as well as identifying which factors and conditions lead to social media workplace policy violations, several key observations are noted. There is increasing recognition of both the many benefits and the potential hazards of social networking within the healthcare setting. Due to the nature of social media and the regulated environment in which most healthcare workers practice, special care must be taken when communicating in and creating content in a public forum, so as not to purposefully or accidentally breach patient privacy and confidentiality, professional codes of ethics, and codes conduct. As long as the healthcare communicator is aware of these limitations, they are afforded the same personal and professional development opportunities as those in other professions. There appears to be a trend of healthcare professionals increasingly turning to social media as a means of professional networking and collaboration, networking professional training and education, and patient education and health promotion (Vukušić Rukavina et al., 2021). Newer articles from the

literature review in particular appear to be more liberal with social media professional

development opportunities, likely as a result of more healthcare professionals becoming familiar

with online opportunities and turning to social media platforms with time (Wilson et al., 2014).

When it comes to social media policies and guidelines for regulated healthcare workers, it

seems that the older the social media policy and guidelines, the more risk averse and restrictive

the policy. On the other hand, newer updated policies tend to take a more balanced approach

when it comes to social media use by regulated members. It also appears that each healthcare

profession may have its own unique issues and concerns (Gettig et al., 2016). As a result,

regulatory colleges handle online challenges and engagement opportunities of their membership

in their own ways. One study in particular compares and contrasts the social media policies of 29

different healthcare regulatory colleges in Alberta. Each regulator's approach varies: from

guidelines that are constantly evolving for its members to others that were either drafted years

ago or have no apparent action to address online behaviour issues (Chow, 2020). This possibly

implies that different healthcare regulators have differing levels of familiarity and comfort levels

when it comes to social media use by their regulated members. It may also be related to each

profession's scope of practice and differing levels of personal interaction with patients, patient

confidentiality, and other healthcare professionals.

There appears to be great strides taken towards incorporating online professionalism best

practices and e-professionalism into the current curriculum of healthcare professionals.

Healthcare institutions of higher learning and their faculty members recognize the need to

address and to model the behaviours of social networking best practice, especially through the

lens of healthcare providers. While teaching and modelling best online practices still present

some challenges, the aim of producing digitally savvy healthcare graduates will better serve the

public and their health needs in the longer term. In particular, future healthcare graduates learn about and are generally more likely to use social media for healthcare promotion, employment opportunities, recruiting new patients, marketing, professional development, mental health advocacy, all while navigating the ethical principles they are bound to toward patients, colleagues, and the public (Farsi, 2021).

Gaps and limits in the literature: Online professionalism and social media training for healthcare workers appear to now be the norm at most post-secondary university and college institutions that offer medical, nursing, and allied health programs. However, simply incorporating e-professionalism curricula into these programs does not always guarantee successful online behaviour outcomes by its students. A few articles in the literature review suggest that, despite adding online behaviour best practices curricula, students enrolled in these formal healthcare education programs are still struggling with ethical social media use and understanding online professionalism concepts (Bennett & Vercler, 2018; Engelbrecht, 2017; Manral et al., 2018; Peck, 2014). While studies mention that faculty members are encouraged to also model online behaviour best practices (Mostaghimi et al., 2017), this literature review did not identify articles specifically identifying how else e-professionalism curricula is specifically delivered or modelled. It would be of interest to know which teaching modalities are more effective at producing positive social media outcomes for future healthcare workers e.g., passive vs. active learning, the use of case studies, simulation and role play, guest speakers, etc. It would also be interesting to identify if the people who deliver the e-professionalism curriculum are themselves online communication subject matter experts. For example, a healthcare educator (unless they are media trained or have a communications background) may deliver the e-professionalism curriculum in a fashion that might differ from an online marketing and

communications expert from outside of the healthcare profession i.e., a person whose job is to constantly engage online with customers and clients on different social media platforms on a daily basis.

Looking through the healthcare and social media lens, there was little research specifically focused on medical professionals who are currently in the mid to late stages of their career. Specifically, some focus should be on healthcare workers who were already in the healthcare profession prior to and during the advent of digital communications and social media. It would be a good area to explore and to better understand how digital immigrants in the healthcare field came to not only know more about, but also learn to use and communicate on social media platforms. Studying these healthcare workers could provide some insight on early adopter mentality, how they initially learned to trust online digital communication platforms, and how they navigate (at the time) uncharted healthcare worker territory. Although these healthcare providers, While this initial time would most likely be prior to the creation of policies specifically addressing online use of social media and potential real-world consequences. In addition to researching these healthcare workers and their use of social media, it would also be of interest to know if there were certain healthcare professions and groups that were earlier or later adopters of digital communications and online forums.

Other potential research gaps of note revolve around the types of research methodology from several of the studies included in this literature review. Many of the peer-reviewed studies and articles focus on surveys and questionnaires. Based on search parameters set at the onset of this literature review, no articles were identified whose methods involve semi-structured interviews, such as with frontline healthcare workers and policy makers, especially as they

pertain to factors that may influence how healthcare professionals breach work related social media policies and codes of conduct.

Another area that I feel would be of value for further research and exploration is to evaluate how regulatory bodies disseminate the information found within their various social media policies to their membership i.e., how do regulatory colleges ensure healthcare workers understand their policies and codes. One localized example would be the College of Licensed Practical Nurses of Alberta's P*ractice Guidelines: Professionalism on Social Media* (CLPNA, 2017)*.* Originally released in 2017, the guidelines were more recently updated in 2021 and are also readily available to download for free on the CLPNA's website (to compare and contrast ANA's 2015 codes that are only downloadable for purchase). Although the CLPNA's guidelines are more accessible and current, it would be of value to know how the CLPNA relays updates to its membership e.g., email, website, public forums, educational events, etc. Breaches in these policies may still occur, especially if the medium, language, or the style of communication in these policies creates a lack of understanding or awareness of the policies' minutiae. Regulated members may not be made fully aware of their healthcare profession's policies and guidelines existence and implications until they inadvertently breach them (Maciura & Wade, 2019).

Future priorities and areas for investigation: There are several areas that would be of importance for further investigation. A potential focus for future research would be to qualify the effectiveness of social media policies in regulated professions, not only on their abilities to protect its healthcare workforce and public health, but also its ability to promote positive patient outcomes. It would be interesting to follow these policies through their respective healthcare professions, i.e., compare and contrast policies and guidelines to see which are more effective overall at promoting positive patient care and the profession's advocacy in the long term. One

could identify which policies appear to be more effective at preventing breaches of codes of ethics, confidentiality violations, and codes of conduct, and which ones afford better autonomy and professional development for healthcare workers. Perhaps some of the healthcare professions offer unique opportunities or risks when workers engage in online activities, based on their scopes of practice.

It would be important to compare and contrast the online behaviours and social media activities between digital immigrants (those who learned how to use digital communications during their career years) and digital natives (those who have always had access to digital communication media technology). There is value in seeing how the healthcare workers who are newer to social media platforms and online communications utilize and behave on these channels compared to the ones who have had access to digital communication their whole lives. It is possible that one demographic is more prone to social media policy violations, while another may have more positive patient and professional outcomes. Perhaps both populations are equally afforded opportunities and prone to hazards of social media use.

It would be of importance to see how healthcare workers in these regulated professions understand the social media policies and guidelines that govern their profession. By their nature, regulatory bodies and colleges exist to protect public health. Therefore these policies overall protect the patient and generally the image of the healthcare profession. It is unclear if those workers on the front lines of healthcare have the same understanding of the policy documents as those who drafted them. A possible area of study would be to have focus groups from both key policy decision makers and frontline healthcare workers review and separately discuss the contents of social media guidelines from several regulatory agencies and colleges. Using qualitative research methods, comparing these two populations would be of interest as it may

help identify any communication and interpretation gaps as they pertain to perceptions of acceptable and unacceptable online behaviours. This future priority may also pave the way for policy makers to both identify and bridge any knowledge gaps.

Another area of immediate priority for future study is to observe the behaviours of healthcare workers who specifically utilize social media as an online means to combat and correct disinformation (deliberate attempt to deceive for political, personal, or monetary gain e.g., fake news) and misinformation (false, inaccurate, outdated, or misleading). One recent Ipsos survey identified that more than four out of five online global citizens believe they've been exposed to false information (Ipsos, 2019). As social media allows for the quick dissemination of information, it is now possible to share false or outdated information at a viral rate. Even if a healthcare worker champions the most up-to-date and accurate (read: founded in science) information, it is possible that their efforts are drowned out by a misinformed and/or deceitful or ignorant vocal minority. These healthcare workers, despite utilizing social media best practices in patient and profession advocacy, share sound information founded in medical science and keep a professional online persona (Villarruel & James, 2022). However, these workers may encounter the challenge of a disruptive or non-receptive public audience. One study noted the importance of social media use by healthcare workers to correct or update discrepant information, in particular during times of crisis management like the COVID-19 pandemic (Abbas et al., 2021). In the midst of the global pandemic, the US surgeon general put out a call to action for all Americans to combat a serious threat to public health: the creation and spread of health misinformation. Nurses, often cited as a most trusted voice for frontline honesty and trustworthiness, have the critical responsibility of combating misinformation and helping champion credible and trusted health information (Villarruel & James, 2022).

Findings in context: Even if healthcare providers follow online communications best practices and champion for both their patients and their professions, there can still be opportunity for conflict to occur. This conflict may arise when the voices of healthcare subject matter experts are not valued for their expertise, especially if their voices do not align with the ideologies or beliefs of a vocal minority or political personas with differing opinions or agendas. One such example took place in Alberta, where the newly elected United Conservative Party (UCP), following up on an election campaign promise, dismantled an already in-progress construction of a public health consolidated hub medical laboratory centre of excellence. The 'Superlab,' initiated by the previous New Democratic Party (NDP) government after collaborating with healthcare experts, had widespread buy-in and introduced significant cost-saving and infrastructure efficiencies that addressed almost three decades of systemic neglect of Alberta's public laboratories (Graff-McRae, 2022). The UCP cancelled the hub lab under the guise of "significant cost savings," although a Parkland Institute (a non-partisan public policy research institute) report documents that the savings are far less than claimed by the Province. The report specifically notes false economies, minimal savings, a smaller demoralized workforce, massive infrastructure deficit with little accountability, the UCP's "blatant lack of transparency" from its financial data and contract cancellation penalties, and also predicts that patient care will likely be a casualty of the government's predicated plan for the privatization of healthcare services (Graff-McRae, 2022). Medical experts from the Canadian Society for Medical Laboratory Science (CSMLS) turned to traditional and online communication channels to advocate for and amplify the voices of frontline medical lab professionals. The CSMLS attempted to champion the best elements of the previous hub lab plan, bridge patient turnaround time and disruption of services gaps, address Alberta's crumbling lab infrastructure urgency, and also inform the Alberta public

of the UCP's communication inaccuracies around its justification of the hub lab cancellation (Mertz, 2019). UCP health minister Tyler Shandro did not take kindly to being corrected in the public eye and had strong words for the CSMLS, saying the Society was misrepresenting and politicising the issue (Mertz, 2019). Ultimately, the UCP awarded the majority of Alberta's medical laboratory services to DynaLIFE, a privatized medical lab services healthcare provider. Since taking over most of the previously publicly operated medical laboratory services on Dec 5, 2022, DynaLIFE has been hit with numerous complaints by Albertans trying to access diagnostic services and has faced several challenges with meeting the demands of an already strained Alberta health care system (DaSilva, 2023). It now also appears that the UCP is in talks to buy out DynaLIFE, something that was part of the original NDP hub lab initiative from 2019 (Melgar, 2023).

Recommendations moving forward: Social media use and behaviours of healthcare workers in regulated professions is constantly evolving, continuously presenting new opportunities and hazards for healthcare professionals. More research is needed to better understand the nuances of how online behaviours on social media platforms affect healthcare communicators in the real world. It is the recommendation of this author to continue to promote digital literacy at the academic, employer, and regulatory level. It would also be of value to determine if healthcare workers in regulated professions truly understand the social media policies that govern them. The best way to ensure that they do is to involve several stakeholders in the creation and updates of these policies, namely front-line workers, regulators, employers, and online communication experts.

Conclusion

The purpose of this study was to provide foundational knowledge and to offer a snapshot of the current literature and research as it pertains to healthcare workers, social media practices, and the implications (for better and/or for worse) of online behaviour affecting real-world professional practice. The overall state of the literature and research helps provide informational background in better understanding my study question:

RQ: To what extent does the current body of literature and research exist that addresses how the online behaviours and the personal use of social media by healthcare professionals in regulated professions affects them professionally?

Key themes were identified in the literature and key observations were noted, in particular the proactivity of online professionalism in healthcare post-secondary education, as well as many professional development opportunities social networking in a healthcare environment may afford. It also appears that, at least at the local level, regulatory bodies that govern healthcare professions are facing their own unique social media professionalism challenges, perhaps related to each profession's scope of practice and level of interaction with patients and other healthcare providers.

Of importance, a few research gaps for further exploration were identified. For example, there appears to be a lack of articles that target the social media practices of healthcare digital immigrants i.e., healthcare professionals who adopted digital communications in the middle of their careers vs. those who have been exposed to online communication platforms their whole personal and professional lives. This report did not identify any qualitative interview research methods surrounding frontline healthcare workers and their key policy decision makers,

potentially addressing any miscommunication gaps between these two populations. Additionally, little information was found surrounding the dissemination, communication, and effectiveness of training around online behavioural policies and the guidelines in regulated professional practice environments. There is also an excellent opportunity for more healthcare communication collaboration in general, not only between regulatory colleges and the healthcare workers they govern, but also interprofessionally with other regulatory bodies as well as with online communication experts outside of the healthcare field.

It is clear that the online behaviours and personal use of social media does affect the professional practice of healthcare workers. It is the hope that these key observations and noted gaps identified from this report will inform and guide the need for future research in these areas. As healthcare workers continue to increase their use of social media, both for professional and personal use, it would be in the best interest of healthcare providers, their employers, and their regulatory bodies to collaborate together. This would not only help protect the image of their healthcare professions, it would ultimately best help those who are under their profession's care: the patient and their families.

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