What do nurses do in professional Facebook groups and how can we explain their behaviours?

Conference or Workshop Item

How to cite:

For guidance on citations see FAQs.

© [not recorded]
Version: Accepted Manuscript

Link(s) to article on publisher’s website:

Copyright and Moral Rights for the articles on this site are retained by the individual authors and/or other copyright owners. For more information on Open Research Online’s data policy on reuse of materials please consult the policies page.
What do nurses do in professional Facebook groups and how can we explain their behaviours?

Gemma Sinead Ryan; Senior Lecturer in Health & Social Care (Nursing), University of Derby Online Learning, g.ryan@derby.ac.uk

AIM
To explore and explain the causal (mechanisms) relationships between nurse’s actions and behaviours in Facebook groups.

BACKGROUND
Online Social Networks such as Facebook have rapidly diffused through the nursing profession with an estimated 60% using social media every day. There have been a range of concerns linked to unprofessional behaviours on Facebook despite professional guidance being in place. However, there is little evidence that explores the causal and influencing factors that lead to nursing behaviour and actions on Facebook.

METHOD
Bhaskarian critical realist ethnography (CRE) employing structured observation and reflective field notes of publicly accessible, groups and profiles on Facebook explicitly relevant to the nursing profession. For ethical approval reasons, these groups and pages will remain anonymous. Observations were conducted over a 6 month period during 2015-2016 by applying a selective case sampling approach to post. Observations occurred at two time points during the 6 month period by a single researcher. This allowed for a range of ‘typical’ and more extreme behaviours to be observed.

CRITICAL REALISM & DATA ANALYSIS
Causal mechanisms are a ‘reality’ that cannot be directly observed (this is not the same as cause-effect; reality is much more complex). However, the components and outcomes of this reality can be observed and measured. Components for coding data were: morphostatic and morphogenic structures, entities, tendencies, events, behaviours and outcomes. These were then ‘mapped’ to explain how they interacted. Theories based on past research and other theoretical models were established and the maps were used to test which of these best explained nurses’ actions and behaviours in the Facebook environment.

RESULTS
Components from the data were mapped (e.g. figure 1). This identified that despite having awareness of being professional and being in the domain of the professional group with other nurses a shift from professional-unprofessional seemed to occur. Indicating that awareness (self-efficacy) does not always result in professional behaviours and actions. For example, swearing would be deemed to be unprofessional but heightened emotions in response to politicians and policy changes that affect nursing created resulted in offensive language being ‘accepted’ within the group. Figure 2 provides an example framework illustrating how personal-professional-social values can create conflict and a shift in one may then affect the behaviours of an individual or group in the online environment.

CONCLUSION
Personal-professional-social values overlap in the Facebook environment and triggers in one domain may result in unprofessional or unacceptable behaviours in another. Further research needs to examine the nature of these and methods by which awareness of professionalism translates into action (i.e. the areas where conflicting values may occur).