Professional Regulation In Social Media (PRISM): validation of a tool for making decisions about professional behaviours on social media

Conference or Workshop Item

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PRISM: Professional Regulation in Social Media. Validation and evaluation of a decision making tool

Dr Gemma Sinead Ryan
Background

E-professionalism, assessing online behaviours & the decision making tool

‘the attitudes and behaviours reflecting traditional professional paradigms that are manifested through digital media’ (Cain & Romanelli, 2009)
E-professionalism
• Organisational policy and professional guidance
• Ongoing issues with e-professionalism
• Inconsistent decisions about online incidents
• Can be subjective, based on social norms, attitudes and experience
• Literature reports the need for purposeful, evidence-based education and intervention

Assessing online behaviours
• Research literature reports a range of ‘assessment methods’
• For example,
  • Li et al (2017) not specific to OSNs/OSM
  • Clyde et al (2014) professional, healthy
  • Nason et al (2018) ‘scale’ of behaviours

Decision making tool (A2A 3Cs)
• Awareness to Action 3Cs
• 3Cs context, clarity, confirmability
• Developed as part of a 42-month realist ethnography
• Awareness of e-professionalism but behaviours often suggest otherwise
• What to challenge, report, when and why
• Based on Caulfield (2005) pillars of accountability: professional, legal, ethical, employer
Aims & objectives

Aim
Validate the A2A 3Cs decision making tool to assist nurses, managers, academics and professional organisations to make consistent decisions about nursing related incidents and reported behaviours on social media. This will also serve to raise awareness of e-professionalism and manage risk.

Objectives
I. Assess & validate the consistency of the decision-making tool through responses from nurses, nursing students and the public on a series of vignettes

II. Evaluate the usefulness and usability of the tool
Methods

Registered nurses and/or healthcare professionals
Evaluation component n=122
Validation component n=45

Community healthcare trust
Twitter and Facebook using the chief investigators professional profile
X2 Higher Education Institutions

Inclusion criteria: registered nurse or midwife NMC and/or HCPC (N.B. nurses will be the primary source of recruitment). This included: registered mental health, adult, child, learning disability, general nurses, health visitors, school nurses, advanced nurse practitioners, academics.

Recruitment: NHS professional practice and education team contacted eligible staff members via internal email, departmental managers and face to face contact. Eligibility was determined through screening questions at the start of the survey. Invites were sent twice during April-June 2018

Recruitment: A short introductory post with a link to the participant information and survey was shared up to 5 times over the course of April – June 2018. Eligibility was determined through screening questions at the start of the survey.

Online survey: option to complete evaluation component or pre-test, post test validation component.
Validation component: links to the Decision making tool were shared within the survey along with the NMC code of conduct and guidance on the use of social media. 5x vignettes shared and each participant responded with their chosen outcome on the decision making tool. Each outcome was be pre-coded numerically. There was opportunity for open comments. The survey took no longer than 30 minutes to complete.

Data collection: data was anonymised through the Bristol survey software.
Age; gender; type of professional; length of time registered; speciality; geographic location; coded responses to vignettes; open comments for each vignette and the usability of the tool at the end of the survey. Participants recorded their unique participant number.

Data collection: Participants who opted into the pre-test, post-test validation component were prompted to take the survey for a second time 2-4 weeks after their initial response. Participants were required to enter their unique participant number and email address in order for the Amazon e-voucher to be sent to them.

Validation & analysis: SPSS v24.0 was used for analysis; the confidence level for statistical tests were set at 95%.
A2A 3Cs tool principles

Clarity, context, confirmability

**Clarity** asks the assessor ‘Does the behaviour explicitly breach policy and/or guidelines?’

i. *Professional:* is there any evidence of a professional breach? For example, a breach of patient confidentiality or professional code.

ii. *Legal:* is there explicit evidence of criminal activity or civil violations such as fraud, theft or breach of government legislature?

iii. *Employer:* is there evidence that the behaviour is a breach of contractual obligation or employer policy and procedure? For example, being on a leave of sickness absence and showing photos of being on holiday or bullying against staff members.

iv. *Ethical:* consider the behaviour in the context of justice, autonomy, beneficence and non-maleficence.

**Context** asks the assessor ‘Can you explain/describe the context of the situation, when and where it occurred?’:

i. *Professional:* Was the offender in a professional capacity at the time and place? What would be expected of another professional of this standing in this circumstance?

ii. *Legal:* Is the action legal in time and place? Is this explicit and not implied?

iii. *Employer:* Can the action or behaviour be associated directly with the workplace? For example, does the person name their employer or place of work?

iv. *Ethical:* Are the consequences acceptable given the context of the situation? What was the intent? Who was it accessible to and what would the consequences be? Where there exceptional circumstances?

**Confirmability** asks the assessor ‘Can you be sure that it was the professional who committed this activity while they were in a professional capacity?’ ‘Can you confirm the consequences and the outcome?’

i. *Professional:* Is the person clearly identifiable as a professional from the online information? Can you confirm that the person shared the content themselves or whether it was someone else?

ii. *Legal:* What the action legal at the time it occurred? Has the illegal activity already been punished?

iii. *Employer:* Can you be sure that they were working for that employer at the time? Could the information be dated but just shared recently?

iv. *Ethical:* Can you confirm when, how and what the impact of the consequences were? Did harm come to anyone, what level of harm and what was the intent?
### Participants as part of the validation component (pre-test, post-test)

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## Results

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<td>Vignette</td>
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<tr>
<td>1</td>
<td>-0.095</td>
<td>P=0.249</td>
<td>Sharing a non-identifiable patient's leg ulcer. Patient had provided consent for this to be shared to consult with the wider nursing community on a professionally linked Facebook group.</td>
<td></td>
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<tr>
<td>2</td>
<td>0.057</td>
<td>P=0.434</td>
<td>Drinking alcohol outside of work. Shared with a select group of 'friends' on the social media profile.</td>
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<td>3</td>
<td>0.102</td>
<td>P=0.234</td>
<td>Same as vignette 2 but shared via a public profile.</td>
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<td>4</td>
<td>0.066</td>
<td>P=0.491</td>
<td>Sharing a name badge, workplace name and identified as a nurse. Breach of information governance policy for the workplace.</td>
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<tr>
<td>5</td>
<td>0.087</td>
<td>P=0.288</td>
<td>Profane language against a workplace and patient. Identified by name and as a nurse. Public profile. Breach of professional code, employer policy and ethical accountability.</td>
<td></td>
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High internal validity, no significant difference in repeated measures
Excellent reliability
Intraclass correlation of 0.979 [CI 0.940, 0.997]  
\( p=0.000 \)

Consistency across groups
High levels of consistency between age, role and length of time registered for all but two vignettes*

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<th>LOTR</th>
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<td>P=0.856</td>
<td>P=0.168</td>
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<td>P=0.368</td>
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<td>5</td>
<td>P=0.996</td>
<td>P=0.033</td>
<td>P=0.035*</td>
<td>P=0.001*</td>
</tr>
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</table>

*Assessing reliability: Intraclass correlation
*Assessing difference across participant groups: Kruskall Wallis
Usability and usefulness (chi-square)

**Results**

16-34 years more likely to recommend to a colleague  
$p=0.000$

Clinical roles more likely to recommend  
$P=0.000$

16-34 years and clinical found the tool easier to use  
$P=0.000$ and  
$p=0.001$

16-34 years more likely to see the relevance of the tool to their practice  
$p=0.005$

Increased LOTR less likely to recommend  
$p=0.020$  
AND found it more difficult to use  
$P=0.002$
Professional consensus about e-professionalism
Based on age, length of time registered (LOTR)

Digital immigrants, digital natives and experience

- In vignettes 3 and 5 employer policy was breached through identifying themselves as a nurse publicly, sharing images of drinking alcohol and profane language. Significant differences in opinion on the ‘professionalism’ of this based on age and length of time registered.
  - Those registered for 4 years or more were more likely to ‘take action’ on vignette 5 which contained profane language. Possibly due to experience and awareness of policy and guidance.
  - Also found in other research such as that from Smith & Knudson (2016).

Where were the main points of consensus?

- Breach of confidentiality
- Breach of employer policy
- Profane language against employers, staff, peers, patients and the public
- Drinking alcohol and ‘legal activity’ but should remain ‘private’
Limitations

Based in UK only

However, Ryan (2016) finds that the issues discussed in the vignettes exist in international professional guidance/nursing practice

87% of participants were female and majority were 24-44 years of age

However, this is considered to be similar to the UK & international demographic of nurses (George, 2008)

Significance

A validated, evidence-based tool that enables nurses, nurse managers and organisations to methodologically assess reports of incidents and online behaviours against professional, ethical and legal principles

Can promote consistent decisions and outcomes about e-professionalism across the nursing profession

Addresses a gap in knowledge and practice

[With minor amendment] may be transferable to other healthcare professions

Conclusion & recommendations

This study found high levels of internal validity and reliability of the A2A 3Cs tool

The tool does need some refinement and digitalisation to improve its usability based on the findings; which is in progress

Seeks to fill a gap in ‘knowledge’ and ‘decision making’

Could potentially be used to assess online incidents or as part of educational programmes; student nurse discussion and reflection which is being trialled in a level 4 content of nursing/nursing associate and HSC module from 2020
ANY QUESTIONS?

g.s.ryan@open.ac.uk

http://www.open.ac.uk/research/people/gsr47
• Nason, KN. et al. (2016) An assessment of professionalism on students’ Facebook profiles. European Journal of Dental Education. 22: 30-33
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• Smith, GC. & Knudson, TK. (2016) Student nurses’ unethical behaviour, social media and year of birth. Nursing Ethics. 23(8): 910-918