

# Social Media Etiquette among Healthcare Professionals

Irene Stafford<sup>1</sup>, Bethany Cluskey<sup>2</sup>, Robert diBenedetto<sup>2</sup>, Alexandra Berra<sup>1</sup>, Monica Lai<sup>1</sup>, Lian Chen<sup>1</sup>, Katherine Folse<sup>1</sup>, Angelle Billiot<sup>1</sup>, Roselle Bissonett<sup>1</sup>, Jay Davis<sup>1</sup>, Joseph Hagan<sup>1</sup>, Mark Hiraoka<sup>3</sup> and Chi Dola<sup>2\*</sup>

<sup>1</sup>Department of Obstetrics and Gynecology, Louisiana State University School of Medicine, New Orleans, LA 70112, USA

<sup>2</sup>Department of Obstetrics and Gynecology, Tulane School of Medicine, New Orleans, LA 70112, USA

<sup>3</sup>Department of Obstetrics and Gynecology, University of Hawaii, John A Burns School of Medicine, Hawaii, HI 96813, USA

\*Corresponding author: Chi Dola, Email: cdola@tulane.edu

Received: 16 June 2018; Accepted: 15 August 2018; Published: 21 August 2018

## Abstract

**Objective:** Social media use among healthcare professionals (HCPs) has skyrocketed in recent years, unveiling both benefits to professional practices as well as pitfalls and cautionary tales. The objective of this study was to survey HCPs on their social media practices and knowledge of social media etiquette as well as the American Medical Association (AMA) policy, and to give objective data on the responses of HCPs to the appropriateness of standardized scenarios involving social media use.

**Methods:** A prospective survey was performed. HCPs from Louisiana State University Health Sciences Center and Tulane University Health Sciences Center were asked to complete a ten-minute survey pertaining to different social media practices. The questionnaire queried time spent on social media, reasons for use, and management of friendship requests. Knowledge on social media etiquette and AMA social media policy were then assessed by answers to hypothetical social media scenarios. Categorical variables were analyzed using the chi-square test and continuous variables were compared using analysis of variance.

**Results:** Fifteen hundred questionnaires were distributed; 1,069 HCPs responded (71.2%); 96% reported using social media of some form. Of all the social media utilized by respondents, Facebook was the most common platform. Respondents who displayed a personal photograph or their real name on their non-work social media profile differed significantly by occupation group, with attending-physicians least likely to do so ( $p < 0.001$ ). Attending physicians were more likely to receive a friend-request even though they used Facebook the least ( $p < 0.001$ ). Only 28% of HCPs were aware of the AMA social media policy, and 37% received education on social media usage. Medical students were less likely to receive lectures on proper use of social media (22%) compared to residents (40%) and attending physicians (53%), ( $p < 0.001$ ). Students scored lower on social media etiquette scenarios than residents and attending physicians ( $p < 0.05$ ).

**Conclusion:** Our study confirmed that despite a large number of HCPs using social media, a much smaller proportion of respondents had received training in social media etiquette or were aware of the AMA policies. More work is needed to educate HCPs in this emerging area.

**Keywords:** Social media; Facebook; AMA; Ethics; Medical education

## Background

In recent years, social media has expanded to the point of being

nearly ubiquitous, with nearly every demographic having some online presence, and healthcare professionals (HCP) are no exception [1]. Although social media use was initially focused primarily on social networking, over time it has exploded throughout the medical community as an ever-growing platform used for both communication and advertisement as well as entertainment. Widespread social media marketing has redefined business models for both private and academic institutions, and patients are increasingly relying on information found online to gather healthcare commentary and communication, share experiences, and select facilities and doctors [1-3]. Social media use in medical school and residency training programs has been welcomed to enhance educational mechanisms such as live feedback to speakers, increased communication, outreach for research efforts, and future employment opportunities [4-6].

Social media profiles and online behaviors, including social and personal disclosure, are often considered by users as offering possible social and professional gain, albeit at the expense of some level of privacy. With an approximate 90% usage rate among youth under 26 years old, strategies to protect privacy and manage audiences remain variable, with inconsistent disclosure habits and attitudes [7,8]. Inappropriate use of social media can have severe consequences for physicians' professional careers, patient relationships, and institutional reputations [7,3]. When U.S. medical schools were given a survey regarding social media use among students, 60% of the participating schools reported that inappropriate online posting incidents had occurred [8,9]. A cohort study that evaluated the Facebook profiles of orthopedic residency match applicants in 2010 found unprofessional content in 16% of applicants' profiles [10].

The American Medical Association (AMA) has developed a policy to guide physicians with social media use. AMA policies center on monitoring one's own use as well as that of co-workers, but do indicate the potential need for oversight or intervention by medical boards. For instance, the AMA encourages sequestration of personal and professional social media use, with separate pages for each so that providers may provide important facts and links related to their practice and care strategies independent of personal disclosures. Regardless of these recommendations, "friending" policies, disclosures, and privacy settings continue to be fluid and individual choices among providers throughout all levels of medical training [11]. Given the widespread use of social media and the aforementioned evidence of its misuse by HCPs, the purpose of this study was to evaluate current trends in social media use and etiquette among HCPs and to determine knowledge gaps concerning the AMA policy and etiquette on social media use across all educational strata of medical professionals. While previous studies in this area have examined HCP attitudes toward social media and whether or not pitfalls had previously been avoided, our study is original in that it also prospectively assessed whether and to what extent the recent AMA social media guidelines were being understood and implemented by quizzing subjects about the appropriateness of standardized hypothetical scenarios.

## Methods

### Study setting

A ten-minute anonymous questionnaire was distributed to HCPs at Tulane University Hospitals and Clinics and Louisiana State University Health Sciences Center, New Orleans, Louisiana.

### Study design

This was a prospective survey of HCPs. Categorical variables were compared with the chi-square test, and continuous variables were

compared with analysis of variance with Tukey’s Honestly Significant Differences test used for post-hoc analysis. Spearman’s correlation ( $r_s$ ) was used to examine the association between age and number of social media etiquette scenarios answered correctly. SAS version 9.4 (SAS Institute Inc., Cary, North Carolina) was used for data analysis. A .05 (5%) significance level was used for hypothesis tests.

**Study population**

The study included medical students, residents, attending physicians, and ancillary supporting staff at Tulane University and Louisiana State University hospitals and clinics.

**Study period**

Questionnaires were distributed between January 1, 2015 and August 31, 2016.

**Sampling**

The survey was primarily distributed during educational times such as conferences, student/resident lectures, and during work shifts for ancillary supporting staff and physicians. For surveys obtained from didactic conferences, the questionnaires were distributed at the beginning of the conference activities and completed surveys were collected. For surveys obtained during work shifts, the questionnaires were given at shift meetings and collected over the course of the shifts as they were completed.

**Study tools**

The questionnaire was developed to assess the attitudes and knowledge of HCP in the areas discussed above and to test specific situational responses. In the questionnaires, participants were asked about their level of medical training, type of social media usage (e.g. Facebook, Instagram, Twitter), response to friend requests initiated by patients, and disclosure of personal information on non-professional social media sites. Participants were also asked whether they were aware of the social media policy published by the AMA and whether

they received instructions on social media policy and etiquette. In addition, participants were given specific scenarios related to social media etiquette and asked whether or not each demonstrated appropriate behavior (Table 1). These included eight scenarios related to discussing and posting of patient and hospital experiences on social media sites.

**Ethical approval**

Approval for this study was obtained from the institutional review boards of Tulane University Health Sciences Center, New Orleans LA and Louisiana State University Health Sciences Center, New Orleans, LA

**Results**

Over the study period between January 1, 2015 and August 31, 2016, 1,500 questionnaires were distributed; 1,069 participated in the survey, giving a response rate of 71.3%. Seven hundred sixty (71%) were medical students, 168 (16%) were residents, 107 (10%) were attending physicians, and 34 (3%) were other types of health care providers (Table 2). Ninety-six percent of all participants reported using some form of social media, most commonly Facebook (93%). Table 3 describes details of participants’ usage of social media. Ninety-four percent of participants who responded to the question reported using social media mainly for “social networking with friends,” 82% displayed their real name, and 90% displayed their personal photo. The proportion of respondents who displayed a personal photograph (80% of attending physicians vs. 93% for other HCPs,  $p<0.001$ ) or their real name on their non-work social media profile (79% of attending physicians vs. 85% for other HCPs,  $p<0.001$ ) differed significantly by occupation group, with attending physicians least likely to do so. The proportion of respondents reporting that they have ever received a Facebook friend request from a patient differed significantly across occupational group with attending physicians most likely to have received (33% vs. 4% for other HCPs,  $p<0.001$ ) and accepted (18% vs. 2%,  $p<0.001$ ) a Facebook friend request, (Table 4) despite using Facebook the least (79% vs. 94% other HCPs,  $p<0.001$ ).

**Table 1:** To assess health care professionals’ knowledge on social media etiquette, they were given the following scenarios and were asked whether it was appropriate or inappropriate.

Mary, a nursing student, has just completed her first day of clinical nursing duties. She comes home and excitedly tells her mother, “I got to place my first IV of a real patient. It was a guy who came in with a gunshot. Everyone was rushing around but I got it on my first try.”	Correct answer: Appropriate
After a month of working together in the medical intensive care unit, the attending of the team takes a picture of the medical students, residents and himself in their common work area. There are notes and charts visible but no words can be read on them. He posts this to his Facebook account.	Correct answer: Not appropriate
Tammy has just finished her first night of night float. It was very busy and just as cesarean section is finishing, a complicated patient presents to the floor. The upper level resident un-scrubbed and attended to the patient, while Tammy closed the skin as the only MD in the operating room. She posted on her Twitter account that she “closed skin by myself today!”	Correct answer: Not appropriate
John, a medical student, has been doing an OBGYN rotation for the past month. Today a patient presents to labor and delivery in active labor. His fourth year resident, under close supervision, allowed him to deliver both the baby and the placenta. He delivered a healthy baby boy without complications. He immediately told the other students on labor and delivery and posted to his Facebook account, “Delivered my first little nugget today!!”	Correct answer: Not appropriate
Dr. Smith posted on his Facebook page: “My day ended late today because I had a difficult exploratory laparotomy.” No patient’s name or identifier was posted.	Correct answer: Not appropriate
Nurse Mary is a student-nurse and is excited to be caring for a patient having an exploratory laparotomy. Patient had intraoperative hemorrhage. She was excited to see all that was going on and she posted at the end of the day: “It was a blood bath in the OR today.” No patient’s name was mentioned.	Correct answer: Not appropriate
The intern working in the ER consulted his chief resident on a rash on this patient arm. He took a picture of the rash with his cell phone and sent it to his chief resident. Patient’s face and name were not visualized on the photo.	Correct answer: Not appropriate
A first-year resident films another doctor inserting a chest tube into a patient. The patient’s face is not clearly visible. The resident posted the film on YouTube for other first-year residents to see how to properly do the procedure.	Correct answer: Not appropriate

Questions modified based on Model Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice. Report of the Special Committee on Ethics and Professionalism - Adopted as policy by the House of Delegates of the Federation of State Medical Boards-2012, and Duke Medicine Social Media Policy Frequently Asked Questions- 2012.

**Table 2:** Respondents' characteristics.

Characteristic	Frequency (%)
Medical students	760 (71)
Residents	168 (16)
Attending physician	107 (10)
Other	34 (3)
Age in years	
21-23	204 (19)
24-26	349 (33)
27-29	216 (20)
30-35	141 (13)
36-40	32 (3)
41-50	22 (2)
51-60	22 (2)
>60	7 (1)
Not specified	76 (8.5)

Data presented as frequency and percentage (%)

**Table 3:** Respondents' social media usage.

Characteristic	Frequency (%)
Type of social media used	
Facebook	991 (93)
Instagram	457 (43)
Twitter	293 (27)
Main use of social media	
Social networking	948 (89)
Work related	64 (6)
No response	57 (5)
Display real name	
Yes	880 (82)
No	168 (16)
Not specified	21 (2)
Display personal photo	
Yes	957 (90)
No	95 (9)
No response	17 (2)
Ever received Facebook friend request from a patient	
Yes	74 (7)
No	965 (90)
No response	30 (3)
If/when receive a Facebook friend request from a patient, if yes	
Automatically decline	662 (62)
Decide on an individual basis	333 (31)
Automatically accept	6 (1)
No response	68 (6)
Did you receive lectures on proper social media use in medicine	
Yes	397 (37)
No	640 (54.6)
No response	32 (4.0)
Aware of AMA social media policy	
Yes	301 (28)
No	742 (69)
No response	26 (2)
Hours per week of social media use	
0-2	333 (31)
3-5	321 (30)

6-8	135(13)
9-11	137 (13)
12-14	61 (6)
>14	41 (4)
No response	41 (4)

Data presented as frequency and percentage (%)

**Table 4:** Occupational groups' likelihood of having ever received and accepted a Facebook friend request from a patient.

Characteristics of participant	Received a Facebook friend request from a patient	Never received a Facebook friend request from a patient	Accepted a Facebook friend request from a patient	P
Medical student	19 (2.55)	727 (97.45)	8 (1.09)	p<0.001
Resident	14 (8.59)	149 (91.41)	1 (0.62)	
Attending physician	32 (32.99)	65 (67.01)	17 (17.89)	

Data presented as frequency and percentage (%)

The median time spent on social media use was 3-5 hours per week (ranging from 0 to >14 hours). The proportion of respondents reporting that they use social media more than 2 hours per week differed significantly by occupational group, with residents least likely to do so (53% compared to 69% for all other HCPs), (p<0.001).

Only 28% of HCPs were aware of the AMA social media policy. A significantly smaller proportion of medical students (33%) were aware of the AMA policy regarding use of social media compared to residents (52%) and attending physicians (58%), (p<0.001) (Table 5). Also, a significantly smaller proportion of medical students (22%) received lectures on proper use of social media compared to residents (40%) and attending physicians (53%), (p<0.001) (Table 5). Consequently, medical students scored significantly lower (55% correct answers) on the social media etiquette scenarios than residents (60% correct answers, p<0.05) and attending physicians (67.5% correct answers, p<0.05) (Table 5). There was a positive association between age and the number of scenarios answered correctly, ( $r_s = 0.117$ ,  $p < 0.001$ ) with older respondents answering more questions correctly.

**Table 5:** Comparison of different occupational groups on awareness of AMA social media policy, attendance on social media etiquette lectures and correct answers to scenarios.

Occupational Group	Aware of AMA social media policy	Received lectures on social media etiquette	Correct answers to scenarios*	P
Medical student				
Yes	240 (33)	167 (22)	4.4 ± 1.8	
No	492 (67)	593 (78)		
Resident				
Yes	87 (52)	67 (40)	4.8 ± 1.9	<0.05
No	80 (48)	101 (60)		
Attending				
Yes	61 (58)	56 (53)	5.4 ± 1.7	
No	44 (42)	51 (47)		

Data presented as frequency, percentage (%) or mean ± standard deviation

\*Maximum score is 8.

## Discussion

The presence of social media in modern society, both for personal use and for professional networking, cannot be denied. It is not surprising that the vast majority of respondents in our study (96%) participated in social media. Healthcare providers are using social media to expand and disseminate information not only to professional colleagues and patients, but also to hospital administration and ancillary staff [12,5]. Hospital systems often use this technology for emergency alerts and updates in addition to advertisement and education [12]. As patients and their families seek transparency in the healthcare paradigm, providers are pressured to meet expectations in this growing field of communication by providing avenues for patient sharing and online discussions. However, despite the advances in this growing landscape, only 26% of hospitals incorporate the use of social media for these purposes [12]. Guidelines and policy concerning professional responsibility, protection, and privacy remain as yet undefined. We were able to highlight the discrepancy that although most respondents participated in social media, only 28% knew about the AMA policy, and only 67.5% of responses to social media scenarios were correct, even among attending physicians, who had the highest scores on this section. This brings into focus that more work is needed in this area to ensure better understanding and compliance with published policies. As social media platforms comprise a larger and larger portion of societal interaction, this foundation of knowledge and attitudes becomes more and more relevant.

The rate of migration to online sites by the younger population, along with more fluid disclosure and privacy values, may present a significant risk for personal and professional negative outcomes [7]. As our study demonstrates, the younger trainees were less educated about measures and practices used for privacy, protection, and the possible adverse consequences related to personal disclosures (22% of students compared with 53% of attending physicians). This is troubling, as younger populations are more likely to display confidential information [7,8]. This highlights the need for educational activities that target younger age groups and the importance of early education in these areas.

Social media is an ever-changing arena for growth in medicine for patients, their families, and hospital systems, even as demand for transparency and patient autonomy increases [4,7]. Various medical educational systems have benefited from incorporating social media as an educational tool, appealing particularly to younger people who more heavily utilize these platforms [4]. Standardized training is available to medical students and residents only to a limited degree, with only 22% of the medical students and 40% of the residents in our study having received education on social media etiquette. This demonstrates a concerning knowledge gap regarding privacy and protection in social media usage, as evidenced by the low percentage of correct answers to the eight scenarios, ranging from 55% correct answers among the medical students to 60% among the residents and 67.5% among the attending physicians. This study indicated that implementation of hospital-based policies consistent with the structured guidelines described by the American Medical Association for private and public social media use is very much needed within the sampled health care systems. This would include ensuring that all health care professionals understand and are familiar with the etiquette of social media usage by incorporating social media etiquette and privacy standards training early in the medical training curriculum. Medical students, residents and fellows in training, and attending physicians must recognize that their “digital footprints” represent their institutions and the profession of medicine [13]; therefore, they must be taught the correct etiquette for social media use and continues to demonstrate their high ethical standard online [13].

One limitation of the study is the potential for sampling bias. Although performed at two separate institutions in the same geographic

region, it might not reflect the results in other institutions in different areas of the country. Fellow in-training and other non-physician track health care students were not surveyed; this would be an area of potential future study. Supporting staff such as nurses, scrub technicians, medical office assistants, and other HCP's only composed 3% of respondents; due to their low total representation in the survey, their data were excluded in the comparison analysis and only those from medical students, residents, and attending physicians remained for analysis. Further efforts should be directed at better understanding the knowledge and attitudes of this group of HCPs, as they often have a higher degree of interaction with patients than do attending physicians, residents, or medical students. Finally, the survey design of this study is limited by inherent problems with the method, including respondents' reluctance to disclose truthful answers, variations in attention while reading the questions or scenarios, and not responding to all of the questions.

A major strength of our study is that it assesses the social media knowledge of HCPs through giving standardized scenarios rather than retrospectively reviewing previous social media use. Another strength of the study is its examination of variance in attitudes and knowledge among different levels of training rather than within one specialty or level of experience. Although it is possible that the respondents in this survey might not be an accurate representation of all health care professionals at our institutions since respondents were surveyed at random, it is likely to be a representative sample of the medical student body and residents, given that the questionnaires were distributed during conference time and at educational meetings where attendance is required. The simplicity of the study design is both elegant and affords further expansion of its research using the same study tools.

Our study helps to delineate the scope of the complex social media problems among HCPs at our institutions and highlights the difference in knowledge and attitudes among differing levels of training and ages. It shows with objective data that even with recent publications of AMA policies, there is a significant amount of training still necessary among all levels of medical education to ensure more appropriate professional use of these emerging methods of social interaction. Implementation of hospital-based policies consistent with the structured guidelines described by the American Medical Association for private and public social media use is much needed for all health care systems. This would include ensuring that all health care professionals understand and are familiar with the etiquette of social media usage by incorporating social media etiquette and privacy standards training early in the medical training curriculum.

*Note: This study was previously presented as an abstract poster at the “Association of Professors of Gynecology and Obstetrics” in March, 2016 in New Orleans, LA.*

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