

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

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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)



Online Social
Networks
(OSN)



Online Social
Media (OSM)

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
 - DeGagne *et al* (2019) 'cybercivility'

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

Aim

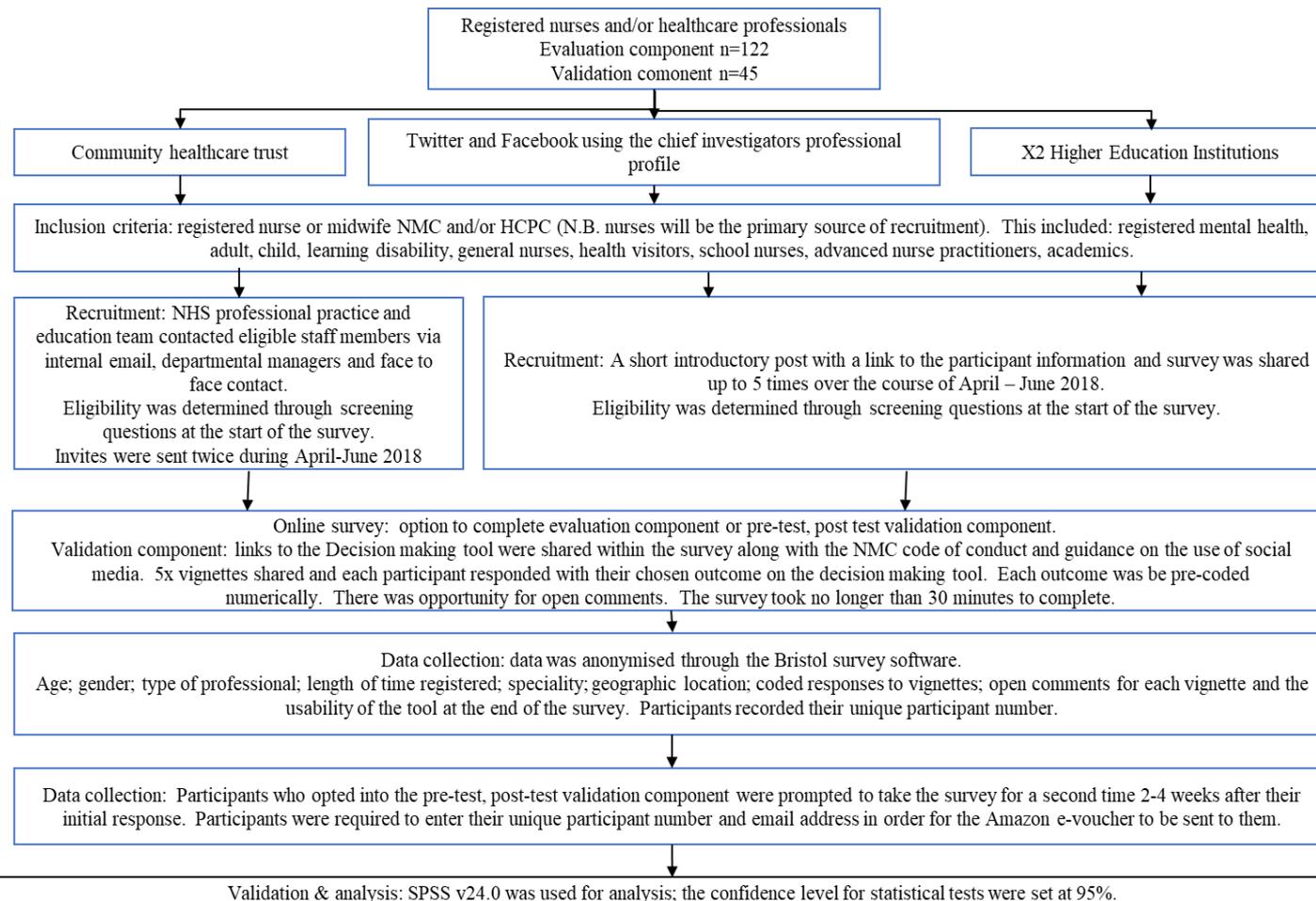
Validate the A2A 3Cs decision making tool to assist nurses, managers, academics and professional organisations to make consistent decisions about nursing related incidents and reported behaviours on social media. This will also serve to raise awareness of e-professionalism and manage risk.

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



Clarity, context, confirmability

Clarity asks the assessor 'Does the behaviour explicitly breach policy and/or guidelines?'

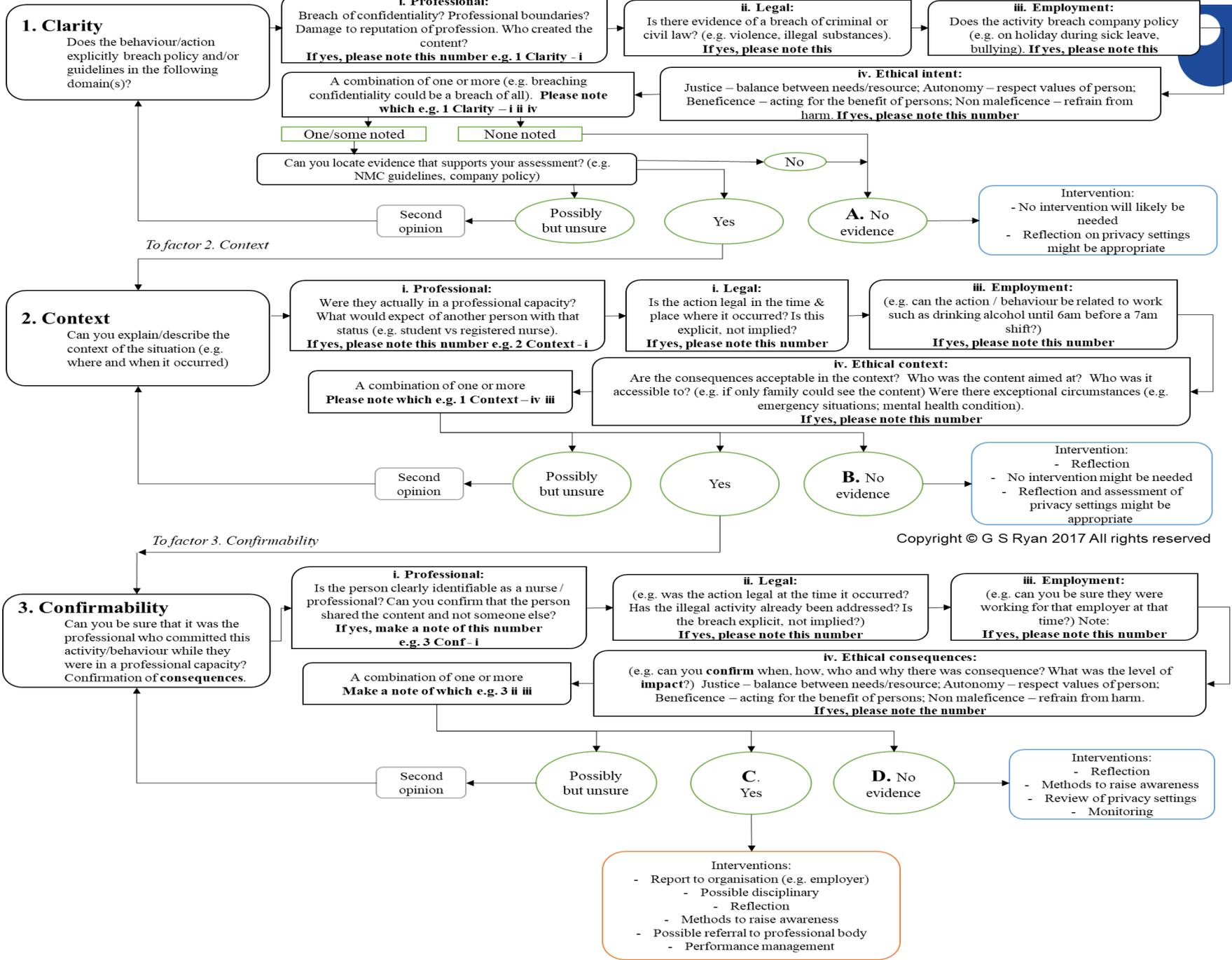
- i. *Professional*: is there any evidence of a professional breach? For example, a breach of patient confidentiality or professional code.
- ii. *Legal*: is there explicit evidence of criminal activity or civil violations such as fraud, theft or breach of government legislature?
- iii. *Employer*: is 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?



		n	Percentage %	Standard Deviation	Mean	Median	Mode
Length of time registered (years)		45		2.212	4.06	4.00	4.00
Age (years)	16-24	2	4.4				
	25-34	41	91.1				25-34
	35-44	2	4.4				
	45-54	0	0				
	55+	0	0				
<i>TOTAL</i>		<i>45</i>	<i>100</i>				
Gender	Male	1	2.2				
	Female	43	95.6				Female
	Other	1	2.2				
<i>TOTAL</i>		<i>45</i>	<i>100</i>				
Role	Clinical	42	93.3				Clinical
	Managerial	2	4.4				
	Academic	1	2.2				
<i>TOTAL</i>		<i>45</i>	<i>100</i>				
Region	Northern Ireland	1	2.2				
	Ireland	1	2.2				
	Scotland	0	0				
	Wales	43	95.6				England
	England						
<i>TOTAL</i>		<i>45</i>	<i>100</i>				

Results

Participants as part of the validation component (pre-test, post-test)

		n	Percentage %	Standard Deviation	Mean	Median	Mode
Length of time registered (years)		122	-	5.66	7.21	6.00	4.00
Age (years)	16-24	6	4.9				
	25-34	79	64.8				25-34
	35-44	33	27.0				
	45-54	2	1.6				
	54+	2	1.6				
<i>TOTAL</i>		<i>122</i>	<i>100</i>				
Gender	Male	11	9.0				
	Female	106	86.9				Female
	Other	5	4.1				
<i>TOTAL</i>		<i>122</i>	<i>100</i>				
Role	Clinical	83	68				Clinical
	Managerial	34	27.9				
	Academic	5	4.1				
<i>TOTAL</i>		<i>122</i>	<i>100</i>				
Region	Northern Ireland	6	4.9				
	Ireland	30	24.6				
	Scotland	20	16.4				
	Wales	66	54.1				England
	England						
<i>TOTAL</i>		<i>122</i>	<i>100</i>				

Results

Participants as part of the evaluation component (usability & usefulness)

Vignette	F	Significance	Description of vignette
1	-0.095	$P=0.249$	Sharing a non-identifiable patients leg ulcer. Patient had provided consent for this to be shared to consult with the wider nursing community on a professionally linked Facebook group.
2	0.057	$P=0.434$	Drinking alcohol outside of work. Shared with a select group of 'friends' on the social media profile.
3	0.102	$P=0.234$	Same as vignette 2 but shared via a public profile.
4	0.066	$P=0.491$	Sharing a name badge, workplace name and identified as a nurse. Breach of information governance policy for the workplace.
5	0.087	$P=0.288$	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.

High internal validity, no significant difference in repeated measures

Results

Internal validity

Cronbach's
Kappa

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*

Vignette	Age	Role	LOTR	Region
1	$P=0.854$	$P=0.856$	$P=0.168$	$P=0.737$
2	$P=0.129$	$P=0.144$	$P=0.456$	$P=0.161$
3	$P=0.01^*$	$P=0.003$	$P=0.368$	$P=0.003^*$
4	$P=0.587$	$P=0.524$	$P=0.056$	$P=0.128$
5	$P=0.996$	$P=0.033$	$P=0.035^*$	$P=0.001^*$

Results

- Assessing reliability: Intraclass correlation
- Assessing difference across participant groups: Kruskal Wallis

Results

Usability and usefulness (chi-square)



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'

Conclusion

Limitations and significance for nursing

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?

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