Original Article

Social Media Policies of Medical Colleges of Pakistan

Sakina Mohammad Joiya¹, Maheen Qutab²
1 Demonstrator Department of Medical Education, Multan Medical & Dental College, Multan, Pakistan.
2 Demonstrator Department of Medical Education, Al-Aleem Medical College, Gulab Devi Teaching Hospital, Lahore, Pakistan.

ABSTRACT

Introduction: A total of 144 medical colleges are contributing to the country's progress. Excessive usage of social media is a cause of not only the deterioration of physical and psychological health of medical students, but has also become a defining reason of procrastination and attaining less than ideal grades. Where most western institutes implement strict social media policies in medical schools, those in Pakistan are gravely lacking.

Objective: The objective of this research implementation of social media in medical schools of Pakistan and then identify the need to develop such policies.

Methods: We conducted qualitative research in which method of data collection was primarily focus group discussions (FGD) of a total of 40 participants from five different medical colleges of Pakistan. The participants included medical practitioners and medical students(n=20) who were further divided into four groups of five participants each. FGD was conducted online.

Results: Content analysis revealed seven core themes as point of discussions to be highlighted. Almost all participants were grossly unaware of the importance of social media usage regulation and its implementation in medical schools.

Conclusion: At the end of the FGD it was unanimously agreed upon that there must be a uniform and standard social media policy defined by the regulating bodies of medical schools. This research may further be conducted by including policymakers in the sample.

INTRODUCTION

In the 21st Century, medical students rely heavily on social media to connect with friends, peers, class fellows and other academic personnel. This frequency increased many folds during the Covid Pandemic. It has become essential for students to receive educational benefits from the world wide web; hence we as teachers and facilitators of medical education must strive to expand educational uses of social media. However, this must be done with certain regulatory policies.

The student of today spends a substantial amount of time on social media websites such as Facebook, YouTube, Instagram etc., which not only serves to provide a platform for social networking, but also provides novel interactive learning opportunities for them (Pempek, Yermolayeva, & Calvert, 2009).

This trend will now only continue to increase, hence higher education programs have no option but to include this aspect of education in the curriculum. Using digital technologies, all stakeholders of medical education may keep with students' online educational needs (Ternes, 2013). Sun Hee Bhang (2009) in her article suggests that students' use of social media must be incorporatedinto teaching & learning activities since the digital platform provides multiple interactive learning opportunities (Bang, 2012). Facilitators and instructors must use social networking sites to support online education amongst medical students in a way similar to how they, as medical practitioners, use medicine-related information to be shared via social network contacts (Alhabash & Ma, 2017), such as linkedin.com. hence, social media can help make medical education more effective and meaningful. Moreover, Practitioners can utilize social media to educate their patients by including them in national and international professional networks. They may help patients get valid and relevant knowledge required about their health (General Medical Council, 2013).

Physicians and practitioners now make extensive use of online networking as well as various social media tools for personal as well as professional endeavors, which primarily includes Facebook, YouTube, Instagram, etc. This fact benefits patients and patient communities already seeking information online as well as involves people in public health discussions. This can help build up global networking related to patient care helping people to improve their health (GMC, 2013). Hence, it is safe to say that social media provides multiple ways to improve patient care (Arnbjörnsson, 2014).

Dolan et al. noted that medical practitioners in the United States of America (USA) use social media platforms like Facebook and

Correspondence:
Dr. Dr. Maheen Qutab
Email address: qutab.maheen@gmail.com, Cell: +92 324 4127733
Received: *March 9, 2022* **Accepted:** *October 03, 2022*

Twitter for professional purposes such as offering complimentary consultations and communicating with peers (Dolan, Conduit, Fahy, & Goodman, 2016). All this information is also open for medical students to learn from.

Hence it is established that social media significantly contributes to online education, facilitates communication and information sharing, and helps medical students achieve their educational and academic goals.

However, despite all the promising avenues of social media, what all is reflected online is not always obvious or suitable (Pickering & Bickerdike, 2017). Professional and personal images get meddled and one is judged on the bases of the other. Unprofessional and inappropriate online posting by medical students has been documented one too many times, and has often resulted in expulsion of students (Gorea & Victimology, 2017).

Trainees often make public profiles containing information not traditionally given in a doctor-patient relationship (Hayman, Wilkes, & Jackson, 2012). Disparaging remarks about patients and doctors are freely accessible online (Thompson et al., 2008). Moreover, the most prevalent reason for people from all kinds pf profession to be compelled to use social media is casual communication and amusement (Jacob, 2018). The impact of internet and social media on mental health has been reported to affect the young generation's lifestyle; causing dangerous health issues and unhealthy behavioral changes (O'Hanlon & Shannon, 2011).

Social Media Addiction is a compulsive need to check social media platforms over and over again. Most social media users are reported to suffer with the mental disease. Unfortunately, many people ignore the seriousness of the matter and do not accept it as an issue, let alone a mental disease. Students are exposed to digital technologies since an early age, increasing the risk of social media misuse and/or addiction. Hence, it is vital to discuss these issues and develop healthy answers (Mahmood, Jafree, Sohail, & Addiction, 2020).

A majority of research on social media use has been undertaken in western countries, with very little data on Pakistani medical students; whose patterns of use and subsequent symptoms may differ from those in western countries.

Pakistan has a greater internet usage rate than other countries in South Asia. Where social media is known to be a place of unregulated flow of information and behavior, its improper use by medical students and practitioners can result in far-reaching negative consequences. Students using social media platforms such as Tic Tok and Snapchat in Clinics, Wards, Operation Theaters and classrooms is quickly becoming a norm in medical institutes. Such habits often change the perspective through which medical professional are perceived by the general public. This highlights the need for social media usage policies for medical students to regulate the flow of information and behaviors online (Kind, Genrich, Sodhi, & Chretien, 2010). To address this predicament, the presence of vigorous social media policies by medical schools of Pakistan is required.

A literature review of social media policies for medical schools in Pakistan revealed the need for extensive research in the domain. No substantial work has been done to study the impact of social media on medical students across medical schools in Pakistan. Neither is any peer reviewed publication available on the internet that might highlight any similar studies conducted in Pakistan. The literature review also revealed several gaps in the proposed research such as the fact that both qualitative and quantitative data collection is required to properly study the amount and quality of time spent on social media platforms; including the types of social media platforms most commonly used by medical students, official and unofficial websites most commonly visited by medical students, and what social media groups and pages exist of medical institutes and how medical students interact on them (Pomerantz, Hank, & Sugimoto, 2015). Another gap revealed the need to research and report the amount and type of medical information exchanged amongst medical students, instructors and other stakeholders (Henry & Webb, 2014).

Taken into account the above-mentioned considerations, our study's objective is to

a) Examine the pattern of internet and social media usage at medical schools,
b) To determine whether publiclyavailable social media usage rules at these schools directly address the use of social media, and,
c) How important and necessary it is to develop social media usage policies at medical schools.

METHODS

Purposeful sampling was done and the final sample consisted of 30 participants (medical professionals n=15, medical students n=15). Sample was collected from two private and one public medical school of Lahore, all of which had official website and official social media pages on Facebook, Twitter and Instagram.

A Focus Group Discussion (FGD) was conducted to include the process of constructing and comprehending the meaning of the construct (Ortiz, 2007). My fellow researcher and I were present as moderators of FGD to guide the group ofparticipants by introducing the topic an intent of research and generating discussion amongst them. The medical professional (n=15) and the medical students (n=15) were divided in to five separate groups of six members each. The FGD was conducted online on Zoom.

Each group was provided with a video message stating the purpose of the study and their contribution to the research, along with assurance that the information they will provide will remain confidential and only used for research purposes. The demographic information was acquired via a google form which included information of age, gender, professional rank, city, institute, and email address. Once the discussions commenced, participants were advised write their answers in another google form shared with them which contained questions regarding their social media usage, time spent on social media, interactions of doctors with patients online, general behavior related to their professional lives and how much of that includes social media, and their clarity of understanding of the questions asked of them. The duration of time given toanswer the questionnaire remained the same for all groups; set for 1 hour, so each participant is able to express his ideas in a good manner with ample time to ponder. At the end of the FGD, a thank you note was delivered to each participant through email.

The data analysis showed a mixed response from the participants regarding the effects of social media on their student and professional lives. All participants said that they use one or more than one social media platforms on a daily basis and spend a minimum of two hours each day on them. Almost all participants stated that they have had a direct or indirect exposure to medical information available on these platforms without any reference to the validity of that information. Moreover, most of the participants were unaware of the impact, if any, which social media brings on their day to day lives. This fact was in congruence with what Donald Polkinghome (2015) stated in his article (Polkinghorne, 2005).

We identified a list of overarching themes based on the content of transcripts of participants responses in FGDs. Initially, the original themes were revised using a recursive discussion process that included the following steps:
a) Returning to the raw data
b) Identifying categories and/or core ideas
c) Comparing one category to another
d) Discussing and eventually reaching a consensus.

The main themes were then derived from the transcripts and phrased, as precisely as possible, to the participants' comments. Once an agreement on the initial themes was established, we recorded the raw data separately.

RESULT

According to the qualitative data analysis, thefollowing themes were extracted by analyzing content of data acquired:

1. Website of Medical Colleges

There are a total of 144 Pakistan Medical Commission (PMC) recognized medical colleges in Pakistan. Out of these, 70 medical colleges belong to the private sector and 44 medical colleges belong to the public sector. Out of these 144 medical colleges, 120 medical colleges have a social media presence. However, only the University of Health Sciences, Lahore (UHS) and hence the medical colleges which come under the umbrella of UHS have social media usage guidelines for medical students. These 120 medical colleges have official websites as well as pages on Facebook, Twitter and Instagram where sensitive and private information is on display for anyone to access. 35 of these have unofficial Facebook pages as well, mostly run by students where they post "memes" regarding teachers, the institute and students.

2. Usage of social media

All participants said that they use social media while in medical school premises. They respond to notifications from various social media platforms even if they are in class taking a lecture or in wards/clinics working or attending to patients. The most prevalent reason for them to check their social media again and again is casual communication and amusement. Some medical colleges claim to have social media policies but they haven't been effectively conveyed to the stakeholders, and those of UHS need to be updated as well. This unregulated and unapologetic use of social media by students and young doctors at all times of the day only serves to show how unaware they are about professionalism.

3. Using social media websites by practitioners and students for various purposes

According to the data analysis, professional practitioners use social websites to develop professional networking, increase personal awareness of latest news and discoveries related to theirfield, and provide healthcare information to the masses. In medical colleges, professionals use digital technologies to prepare their lectures. Students are of the impression that their instructors use digital technology as well as social media for academic purposes, to get updates and latest news regarding their institute and to communicatewith students and theircolleagues. The students believe that social media such as WhatsApp, serves to make communication amongst their entire class, study groups, senior and junior class fellows, and teachers much easier and effective. Moreover, online websites give them easy access to different study materials such as relevant articles, journals and eBooks. This also gives them an opportunity to discovernew medical innovations happening globally. They are able to access these tools in a single "click" of their fingers.

Students rely heavily on social media to connect and communicate with friends and fellow academics. To help students receive educational benefits from the internet, we must expand educational uses of social media for them keeping in place regulatory policies. Facebook is the most popular social

media platform for medical students to chat with friends, share pictures and information, as well as be able to check other people's pictures and information as well. Social networking platforms hence do provide new interactive learning opportunities for the youth (Pempek et al., 2009).

4. Negative consequences of social media

There are many advantages of using social media platforms for academic purposes, but there are some negative consequences to this as well. The most immediate ones are that excessive use digital tools leads to some physical health problems such as backaches, headaches, deuteriation of eyesight, sleep disturbances, and fatigue. Mental health problems are also widespread and include anxiety, depression, and social media addiction being the most common. The participants also mentioned that often they are late for their classes/work because they are on social media and are unable to manage time. The medical student participants also added that excessive usage of social media leads to procrastination and hence affects their academic grades. They also mentioned that they often find themselves being bullied or harassed on social media, which often causes them to be deeply disturbed andunable to meet their daily tasks and study schedules. They often find their pictures and videos being shared on different websites without their consent and knowledge.

Parents and teachers of students are concerned about the growing presence of social media in young adults' lives and the impact it has on their mental health (Alt, 2017). The general public and journalistic media have also raised concerns about the detrimental consequences oof excessive social media usage by young adults. One study overstates the negative effects of social media, particularly Facebook, citing "moral panic" and publication bias as explanations (Yuan et al., 2020). In a different perspective, Steers (2016) proposes that social media usage reduces depression by increasing social capital. However, the evidence of social media usage causing low self-esteem, anxiety, jealousy, and sleep disturbances in young adults is more significan(Baker, 2019).

Most people are of the impression that online connections have replaced in-person encounters and the former has become a stronger form of socialization. Thus, social media may serve to be one of the main underlying causes of decreased social, intellectual, and behavioral functioning in young adults (Becker, Alzahabi, Hopwood, & networking, 2013).

5. Social Media Usage Policy implemented in Medical Colleges of Pakistan

All participants were if the opinion that there are no social media policies followed in medical schools. The institutes have no check and balance on the usage of social media on campus. Students are easily able to use smartphones during academic sessions. Some medical colleges do try to implement some form of social media usage policies;however, they are not standard or uniform, and are usually not implemented strictly. On a national level, there are no standard policies regarding social media usage in hospitals and medical schools by students and doctors.

The Pakistan Medical Council's (PMC's) code of ethics is out of date regarding social media usage. It fails to address the doctor-patient relationship or their social media connection rules. International medical communities may be consulted in this respect. The social media guidelines from United Kingdom's (UK) General Medical Council encourages clinicians to err on the side of caution with patients, and that substantial and/or persistent non compliance will result is loss of medical registration of the clinician. The same must also be quantified in Pakistan. The alarming proposition is that inappropriate internet engagement between doctor and patient constitutes a violation of confidentiality and may cause psychosocial harm (Ayub, 2019).

6. Importance of Social Media Policies

The medical practitioner participants were of the opinion that it is essential that clear and uniform social media policies be defined and shared with all stakeholders in order to better the medical school environment. This will regulate the use of social media in medical schools, prevent students from wasting precious study time, better the physical and psychological issues that students and practitioners go through and hence eventually aid them in their studies and professional tasks. Students will be more inclined to visit libraries and use the digital technology services provided there. The participants believed that social media usage must be restricted in medical schools so that it does not distract students from their studies and they are able to pat more attention to their academics.

A practitioner and a medical student must be acutely conscious of their position in society, and they must strive to ensure that their patient is at ease at times during treatment. A major argument in the western world is around the question of why patients must not be allowed to add their doctors on Facebook, Instagram or other such websites. The contrary is not seen to be a legitimate concern because the concept of personal boundaries in a doctor-patient interaction is clearly defined and reinforced within the medical profession through numerous trainings and lawsuits. It is important to note that western social norms do not appear to conflict with these moral guidelines either (Jadoon et al., 2011).

7. Recommendations

All participants recommended that apart from important academic websites such as journal databases, reviewed article websites, Learning Management Systems (LMS) and WhatsApp

to connect and share important and urgent information, all other social media websites must be blocked in the medical school premises. There must be a clear policy regarding usage of social media in the institute's premises, as well as penalty of cyberbullying, sharing improper and offensive content, sharing content of others without consent and cyber harassment.

DISCUSSION

In Pakistan, the use of social media websites has increased manifolds in the past twenty years. More than 100 million people in the country have access to active internet connections. Many medical schools are unable to implement social media usage policies effectively amongst medical students (Javed, K. 2019). Unregulated social media usage can bring far-reaching negative consequences to the medical fraternity. It may lead to inappropriate conduct of students, increased likelihood of learning unauthentic, invalid and outdated medical knowledge, unethical behaviors and inappropriate networking habits. To address these challenges, the presence of definitive social media policies by medical schools is urgently required (Kind et al., 2010). Our data analysis also supports the same idea. It is crucial to create a standard and uniform social media policy document for everyone to follow in an institution, which clearly defines "who is allowed what" with regards to social media usage in the premises of the institute. However, policies alone will not make any change. It is equally, if not more, important to make sure that these policies are strictly implemented as well.

Western argument has centered on why people should not add their doctors on social media platforms such as Facebook, Instagram etc. personal boundaries in patient-doctor interactions are strongly defined and maintained within the medical profession.

There may be some websites allowed access to in medical school premises which are important and beneficial to medical education and learning, however there must be clear policy about usage of any social media platform which is primarily focused around entertainment. There must also be strict and absolute policies defined for atrocities committed on social media platforms such as cyber bullying, cyber harassment, sharing of inappropriate and/or improper content.

Our study's main contribution is the FGD methodology. FGD contain dynamic participant-to-participant interaction, maximizing information from participant engagement and collective resistance narratives (Madriz, Leiva, & Henn, 2018). They also help to provide a deep sense of self-validation, especially for marginalized groups (Currie et al., 2009).

CONCLUSION

At the culmination of the focus group discussion, all participants unanimously agreed upon:a). A uniform and standard social media policy for all universities must be defined by a competent authority, b) A standard social media policy must be defined by medical schools and universities for all undergraduate and post-graduate medical students as well as faculty and resident doctors of teaching hospitals, c) Every medical school may have their own social media policy over and above the standard social media policies of medical schools and universities according to their own culture, traditions and rules, and d) Violation of defined social media policies must result in strict disciplinary action against the committer which will harm their high stake assessments.

DECLARATION

The author report no declaration of interest.

REFERENCES

Alhabash, S., & Ma, M. J. S. m. s. (2017). A tale of four platforms: Motivations and uses of Facebook, Twitter, Instagram, and Snapchat among college students? , 3(1), 2056305117691544.

Arnbjörnsson, E. J. C. e. (2014). The use of social media in medical education: a literature review. 5(24), 2057.

Baker, E. (2019). The Influences of Social Media: Depression, Anxiety, and Self-Concept.

Bang, S. H. J. J. o. L. L. S. (2012). A study on strategies of self-directed learning to promote smart learning. 8(1), 93-112.

Alhabash, S., & Ma, M. J. S. m. s. (2017). A tale of four platforms: Motivations and uses of Facebook, Twitter, Instagram, and Snapchat among college students? , 3(1), 2056305117691544.

Arnbjörnsson, E. J. C. e. (2014). The use of social media in medical education: a literature review. 5(24), 2057.

Baker, E. (2019). The Influences of Social Media: Depression, Anxiety, and Self-Concept.

Bang, S. H. J. J. o. L. L. S. (2012). A study on strategies of self-directed learning to promote smart learning. 8(1), 93-112.

Becker, M. W., Alzahabi, R., Hopwood, C. J. J. C., behavior,, & networking, s. (2013). Media multitasking is associated with symptoms of depression and social anxiety. 16(2), 132-135.

Currie, C., Zanotti, C., Morgan, A., Currie, D., De Looze, M., Roberts, C., Barnekow, V. J. H. B. i. S.-a. C. s. i. r. f. t. (2009). Social determinants of health and well-being among young people. 2010, 271.

Dolan, R., Conduit, J., Fahy, J., & Goodman, S. J. J. o. s. m. (2016). Social media engagement behaviour: a uses and gratifications perspective. 24(3-4), 261-277.

Gorea, R. J. I. J. O. E., Trauma, & Victimology (2017). Social media and the medical profession. 3(01), 6-11.

Hayman, B., Wilkes, L., & Jackson, D. J. N. r. (2012). Journaling: Identification of challenges and reflection on strategies. 19(3).

Henry, R. K., & Webb, C. J. J. o. d. e. (2014). A survey of social media policies in US dental schools. 78(6), 850-855.

Jadoon, N. A., Zahid, M. F., Mansoorulhaq, H., Ullah, S., Jadoon, B. A., Raza, A., making, d. (2011). Evaluation of internet access and utilization by medical students in Lahore, Pakistan. 11(1), 1-7.

Javed, K. (2019). Smart Phones: A new modality to enhance knowledge for medical students [Review of Smart Phones: A new modality to enhance knowledge for medical students]. PJMHS, 13(1), 79–84. https://pjmhsonline.com/2019/jan_march/pdf/79.pdf

Kind, T., Genrich, G., Sodhi, A., & Chretien, K. C. J. M. e. o. (2010). Social media policies at US medical schools. 15(1), 5324.

Madriz, C., Leiva, J. C., & Henn, R. J. S. B. I. R. (2018). Human and social capital as drivers of entrepreneurship. 2(1), 29-42.

Mahmood, Q. K., Jafree, S. R., Sohail, M. M. J. I. J. o. M. H., & Addiction. (2020). Pakistani youth and social media addiction: the validation of bergen Facebook addiction scale (BFAS). 1-14.

O'Hanlon, S., & Shannon, B. J. M. e. (2011). Comments further to: Privacy, professionalism and Facebook: a dilemma for young doctors. 45(2), 209.

Pempek, T. A., Yermolayeva, Y. A., & Calvert, S. L. J. J. o. a. d. p. (2009). College students' social networking experiences on Facebook. 30(3), 227-238.

Pickering, J. D., & Bickerdike, S. R. J. A. s. e. (2017). Medical student use of Facebook to support preparation for anatomy assessments. 10(3), 205-214.

Polkinghorne, D. E. J. J. o. c. p. (2005). Language and meaning: Data collection in qualitative research. 52(2), 137.

Pomerantz, J., Hank, C., & Sugimoto, C. R. J. P. O. (2015). The state of social media policies in higher education. 10(5), e0127485.

Thompson, L. A., Dawson, K., Ferdig, R., Black, E. W., Boyer, J., Coutts, J., & Black, N. P. J. J. o. g. i. m. (2008). The intersection of online social networking with medical professionalism. 23(7), 954-957.

Weinsier, R., Boker, J., Morgan, S., Feldman, E., Moinuddin, J., Mamel, J., Brooks, C. J. T. A. j. o. c. n. (1988). Cross-sectional study of nutrition knowledge and attitudes of medical students at three points in their medical training at 11 southeastern medical schools. 48(1), 1-6.

Yuan, Y., Lu, Y., Chow, T. E., Ye, C., Alyaqout, A., & Liu, Y. J. A. o. t. A. A. o. G. (2020). The missing parts from social media–enabled smart cities: Who, where, when, and what? , 110(2), 462-475.

AUTHOR'S CONTRIBUTION