

GUEST EDITORIAL

E-Professionalism: Challenges of being social in social media in health profession

Nazish Imran¹, Masood Jawaid²

1 Professor, Department of Child and Family Psychiatry, King Edward Medical University/Mayo Hospital, Lahore, Pakistan

2 Director Medical Affairs and Learning Innovations, PharmEvo (Pvt) Ltd, Consultant Surgeon, Darul Sehat Hospital, Karachi

doi: <https://doi.org/10.53708/hpej.v4i1.1301>

This is an Open Access article and is licensed under a creative commons attribution (4.0 international License).

Digital revolution is set to influence medicine significantly in coming days. Healthcare professionals should embrace the positive potential of social media (SM) and social networking sites (SNSs) and take advantage of these technologies and tools for their personal and professional development but also be aware of the potential impact of their online behaviors. Moorhead et al identified six arching domains of social media use by general public, patients and health professionals. These include Information provision and answering questions on various conditions; facilitation of dialogue between patients, and patients and healthcare professionals; data collection on patient experiences and opinions; SM use for health intervention; health promotion and health education; reduction of stigma & online consultations (Moorhead et al., 2013). Social media has various advantages, such as reaching an extensive audience, low cost, peer/social/emotional support, helping students to keep updated the latest health trends, helping them to formally and informally learn material, prompt communication & potential to influence health policy (Moorhead et al., 2013; Mostaghimi & Crotty, 2011). At the same time, there are various limitations of social media use in healthcare. These include lack of reliability, information overload, lack of confidentiality & privacy, risks associated with providing incorrect advice using social media, concerns about correct application of online information to one's personal health & adverse health consequences. Furthermore, in some cases social media may restrict patients from visiting health professionals (Moorhead et al., 2013).

Although Healthcare Professionals understands that professionalism and ethics is a significant aspect of their day-to-day work but they feel inadequately prepared in an increasingly digital world. One need to understand that the professional standards don't change because stakeholders are increasingly communicating through social media rather than traditional face to face interaction. Social media platforms unique characteristics of persistence, searchability, replicability and invisible audience lead to "permanent" digital footprint

and can blur personal and professional identities. Altogether, these pose serious challenges and considerations in terms of professionalism lapses. In this digital age, a professional approach is necessary to maintain trust in medical profession thus leading to a relatively new e-professionalism construct with regards to professional attitudes and behaviors displayed in online domains and as part of one's online presence on social networking sites like Facebook (Gettig, Lee, & Fjortoft, 2013). E-professionalism thus encompasses multiple aspects of social media including issues linked to online presence, professional boundaries, and appropriateness of content posted on social networking sites.

In healthcare settings, social media offers unlimited opportunities in social connectivity, professional development, and public outreach. Chretien and Kind in a commentary very nicely conceptualized: hierarchy of needs" on social media professionalism. They identified safety (knowing which behaviors may compromise one's career) as the most basic need. It advances to reflection on one's social media image and lastly discovery [use of social media to innovate and bring about improvement in healthcare systems] (Chretien & Kind, 2014).

Various studies have raised concerns that medical professionals may be unknowingly exposing themselves to risks related to lapses of professionalism by being less vigilant in the use of social media. They struggle at times to strive the right balance between personal and professional images. Troublesome themes of unprofessional conduct, defamation of faculty & institutes, breaches of patient confidentiality, sexual and violent content, friending patients and faculty are observed by researchers in this field (Chretien, Greysen, Chretien, & Kind, 2009; Thompson et al., 2008). Identifiable photographs of patients, information identifying patient or physician was observed in 17% of physicians blogs in a review (Lagu, Kaufman, Asch, & Armstrong, 2008). Reporting of physicians violations of online professionalism is also common, resulting in disciplinary actions including dismissals (Chretien et al., 2009; Gettig et al., 2013). Only some medical professionals consider risks of their online posts but that is also only in relation to their own career rather than for the medical profession as a whole (Chretien et al., 2009; Chretien & Kind, 2014). Peer posting of unprofessional

Correspondence:

Dr. Nazish Imran, MBBS; FRCPsych (London); MRCPsych (London); MHPE, PhD Professor, Department of Child & Family Psychiatry,

King Edward Medical University/Mayo Hospital, Lahore, Pakistan

E-mail: nazishimrandr@gmail.com

content was reported by both faculty and students (Mostaghimi & Crotty, 2011). Significance of online presence can be gauged from the fact that 11% of employers have reported going through Facebook profile of candidates in hiring decisions (Switzer, 2008). Different stakeholders in medicine i.e. faculty, students and public were found to have significant differences in perceptions related to e-professionalism. Unprofessional conduct online has been associated with consequences of suspension from medical school, staff being dismissed from jobs, license restrictions, impact on selection of candidates for future residency and jobs as well as raising trust issues in medical profession and physicians (Kitsis et al., 2016; Thompson et al., 2008).

Despite the fact that professionalism is considered as an integral & core component of medical curriculum, but to what extent e-professionalism is integrated in teaching in Pakistan, varies. Medical colleges have the uphill task of establishing foundations of professional behavior in medical students yet online medical professionalism in this digital age is perhaps not being given adequate attention. Majority of the literature in the field of e-professionalism hovers around the experience of medical colleges in the West. Our literature search revealed only one study that focuses on e-professionalism in the context of medical schools in Pakistan (Jawaid, Khan, & Bhutto, 2015). Also worthy of note is that medical education system as well as cultural values in Pakistan are different from West. In depth analysis of some publicly available Facebook accounts of Pakistani medical students identified potential unprofessional content related to politics and violence (Jawaid et al., 2015). Faculty has responsibility to teach professionalism including online professionalism to medical students, but their own familiarity with social media & e professionalism may not be adequate.

This scenario has led to various organizations to develop guidelines for physicians on how to conduct themselves in social media (Cork & Grant, 2016; Farnan, Reddy, & Arora, 2010). All guidelines emphasize the need to maintain patient confidentiality, be vigilant regarding privacy settings, maintain appropriate patient physician boundaries, provide accurate information, declare conflicts of interest, and maintain separate personal and professional profiles. Doctors & medical students are also advised not to accept patients friendship requests on social networking sites like Facebook. Educational interventions stressing a proactive approach to digital forums is need of the day as “connectivity should not come at the cost of Professionalism” (Farnan et al., 2010).

REFERENCES

- Chretien, K. C., Greysen, S. R., Chretien, J-P, & Kind, T. (2009). Online posting of unprofessional content by medical students. *Jama*, 302(12), 1309-1315.
- Chretien, K. C, & Kind, T. (2014). Climbing social media in medicine's hierarchy of needs. *Academic Medicine*, 89(10), 1318-1320.
- Cork, N, & Grant, P. (2016). Blurred lines: the General Medical Council guidance on doctors and social media. *Clinical Medicine*, 16(3), 219.
- Farnan, J. M., Reddy, S. T, & Arora, V. M. (2010). Connectivity need not come at the expense of professionalism. *Academic Medicine*, 85(6), 930-931.
- Gettig, J. P, Lee, N, & Fjortoft, N. (2013). Student and faculty observations and perceptions of professionalism in online domain scenarios. *American journal of pharmaceutical education*, 77(9).
- Jawaid, M., Khan, M. H, & Bhutto, S. N. (2015). Social network utilization (Facebook) & e-Professionalism among medical students. *Pakistan journal of medical sciences*, 31(1), 209.
- Kitsis, E. A, Milan, F. B., Cohen, H. W, Myers, D., Herron, P., McEvoy, M, Grayson, M. S. (2016). Who's misbehaving? Perceptions of unprofessional social media use by medical students and faculty. *BMC medical education*, 16(1), 1-7.
- Lagu, T., Kaufman, E. J., Asch, D. A., & Armstrong, K. (2008). Content of weblogs written by health professionals. *Journal of general internal medicine*, 23(10), 1642.
- Moorhead, S. A., Hazlett, D. E, Harrison, L, Carroll, J. K, Irwin, A., & Hoving, C. (2013). A new dimension of health care: systematic review of the uses, benefits, and limitations of social media for health communication. *Journal of medical Internet research*, 15(4), e1933.
- Mostaghimi, A., & Crotty, B. H. (2011). Professionalism in the digital age: American College of Physicians.
- Switzer, J. S. (2008). Impression formation in computer-mediated communication and making a good (virtual) impression. *Handbook of research on virtual workplaces and the new nature of business practices* (pp. 98-109): IGI Global.
- Thompson, L A, Dawson, K., Ferdig, R., Black, E. W., Boyer, J., Coutts, J, & Black, N. P. (2008). The intersection of online social networking with medical professionalism. *Journal of general internal medicine*, 23(7), 954-957.