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Research Article

# Online professionalism and Facebook – Falling through the generation gap

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Conclusions: Professionals lack awareness of their professional vulnerability online. They are not careful in restricting access to their posted information and are not mindful that the principles of professionalism apply to SNSs.

This trust is underpinned by the values, behaviours and duties of a doctor and the suggestion that moral communities are built on the trust that members will look beyond personal interests and individual concerns (Pelligrino [1992](#)). However, this



recently that research on the ethics and implications of the use of online technologies has started appearing. In a sense, the online rulebook is unwritten and there is the concern that those currently in a position to influence guidelines are not the best placed to do so with regards to SNSs. There is also the expectation that elements of professionalism must adapt in unison with societal changes, but SNSs are principally tools of the younger generations and as such it may be that these young medical professionals, who understand how intricately these technologies are woven into the fabric of modern society, are the best-placed to set novel, yet acceptable boundaries.

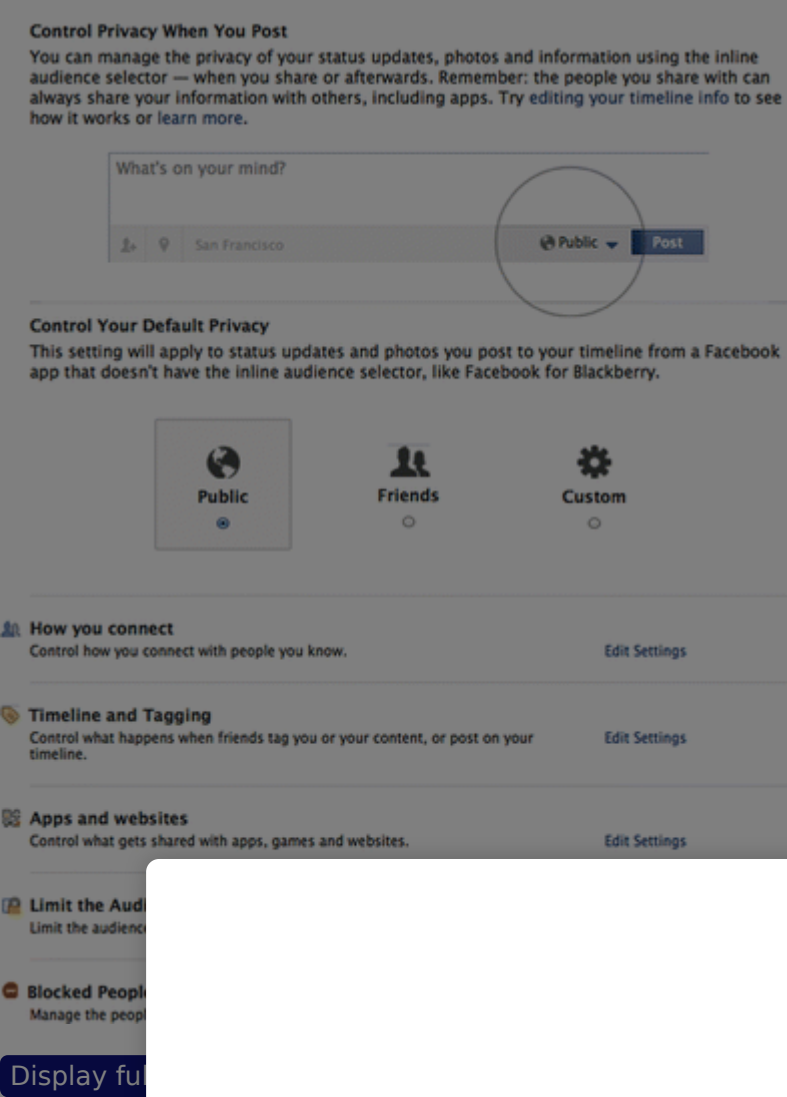
Facebook is the most popular SNS worldwide with over 500 million active users (Facebook Factsheet [2011](#)). The site was founded 7 years ago at Harvard University and its popularity quickly spread internationally and exponentially (Facebook Statistics [2011](#)). Facebook allows users to create a 'profile' – a page through which they share personal information such as photographs, videos, contact details, relationship status, sexual orientation, political views and religious beliefs. The profile also specifies the individual's friends, social calendar and the 'groups' of which they are members as well as a personal 'wall' on which other users can post comments, web-links and media – as such users have relatively little control over the total content of their pages.

Members can, however, activate privacy settings that would allow them to control access to their information. Normally, one must add other members as 'friends' before they are able to view their profile. Being aware of these settings and making sure that they are set appropriately is essential. If a user is not aware of these settings, they could be inadvertently sharing personal material with a much wider audience than they intended. Default privacy settings are often set to 'public' which means that anyone can view the profile. As societal changes occur, so too do the expectations of what is acceptable. It is important that users are made in aware of these changes and that they take the time to adjust their settings accordingly. Facebook allows users to make a range of privacy settings that allows them to control who can view their profile and what information is shared. This includes the ability to customise the audience for each post, so that only 'friends' or a specific group of friends can see a particular post. A user's profile has a default privacy setting, but this can be changed at any time. It is important that users become aware of these settings and make sure they are set appropriately. Facebook also allows users to connect with other users who have similar interests, so that they can share information and resources. This can be a useful way to stay up to date with the latest research and to connect with other professionals in the same field. However, it is important to be aware of the potential for misinformation and to ensure that any information shared is accurate and reliable. Facebook also has a range of features that allow users to share information and resources, such as the ability to create a group and share information with members of the group. This can be a useful way to share information and resources with a specific group of people. However, it is important to be aware of the potential for misinformation and to ensure that any information shared is accurate and reliable. Facebook also has a range of features that allow users to share information and resources, such as the ability to create a group and share information with members of the group. This can be a useful way to share information and resources with a specific group of people. However, it is important to be aware of the potential for misinformation and to ensure that any information shared is accurate and reliable.



scope of this article. Importantly, it is possible to protect yourself sufficiently on Facebook using the aforementioned settings, however, it is the awarness of these options and their necessity that lie at the inherent root of this problem.

Figure 1. The standard privacy settings as seen on a new Facebook profile (Facebook Privacy Settings [2011](#)).



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A recent study at the University of Florida found that social networking with Facebook is common amongst medical trainees, with 44.5% having an account, but only one-third of profiles restricting access (Thompson et al. [2008](#)). A smaller study carried out in the UK at the University of Liverpool found similar results with the majority of students having Facebook accounts but also reported that over half of students reported seeing unprofessional behaviour by colleagues (Garner & O'sullivan [2010](#)). A further study in New Zealand concluded that young doctors were active members of Facebook, however a quarter did not activate privacy settings. This rendered their personal information available to the public including information that might cause, 'Distress to patients or alter the professional boundary between patient and practitioner' (MacDonald et al. [2010](#)). It is important to note that primarily in the United States, and more recently in the UK, there have been media reports of students being disciplined or dismissed as a result of posts on Facebook (Read [2006](#)). The consequences for many of these students are likely to have been unexpected, and certainly unintended, but the lack of awareness of professional responsibility online as well as the lack of guidelines make this an essential area of research. These students were not mindful that the principles of clinical professionalism also apply to the use of SNS's – a potentially widespread phenomena amongst younger professionals and students.

As the numbers of medical professionals and patients using these SNS's soar, it is therefore...ly described as 'e-pro... the social and ethi... students and doc... professionals their onl... these forums is not a... on-gap'.

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3. Assess the degree of awareness of specific guidance on online privacy and professionalism in each of these groups.

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## Methodology

### Participants

The study sample for medical students was taken from third-year students at the University of Bristol. This is the first year of clinical teaching with high levels of patient contact and so provided a relevant comparison to doctors, whilst an analysis of aspects of professional behaviour was more appropriate to this cohort. All doctors included in this study were NHS employees in the Severn Deanery.

### Design

The cross-sectional design of this study was chosen to ensure relevance regarding 'days' (workdays) (weekdays) were appropriate. Responses were compared to an Excel spreadsheet characterised by Kruskal–Wallis test.

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### Results

Table 1 summarises the characteristics of all three groups. As expected, the average age increased with career progression; but, whilst the ratio of men to women was relatively equal in both doctor groups, the medical student sample was 70% female, reflecting the general population of the cohort group. 100% of both medical students and FYDs currently engage in Facebook whilst only 30% of SSGs were members.

Table 1. Respondent characteristics



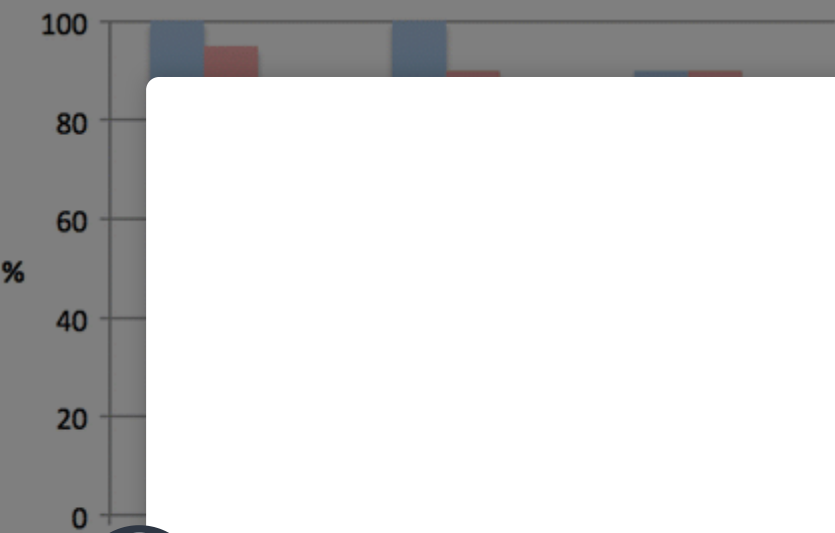
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## Facebook activity levels

Of the participants on Facebook, the activity levels were very similar between students and FYDs with 90% of subjects in each of these two groups having used Facebook within the last 24 hours. SSGs were less active with only 50% having used their accounts in the last month (Figure 2).

Figure 2. Facebook activity levels according to the last point of use.



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students and in the student and SSG groups, the most personal information was included on the ‘info’ page as presented in Table 2. The higher activity level of students was reaffirmed by 64% of students posting comments or updating their ‘status’ more than once a month.

Table 2. Questionnaire results regarding privacy settings with figures as a percentage (%)

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Perceptions, implications and future plans of Facebook use

Only 26% of students, 50% of FYDs and none of the SSGs were aware of any advice or regulations regarding the use of Facebook (Table 3). In those that were aware, this resulted directly in a change of behaviour or account accessibility in 55% of students and 50% of FYDs. 76% of students, 90% of FYDS and 33% of SSGs thought their professional integrity was compromised by the use of Facebook.

Table 3. Perceptions, implications and future plans of Facebook use

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We used the same questionnaire model put forward by Garner and O'sullivan (2010), but made small modifications to make it applicable to doctors as well as students. Participants were asked how much they agreed with a series of statements. These statements focused on the perception of current guidance specific to Facebook as well as perceptions of online behaviour and professionalism. The results suggest contradictory opinions amongst participants at all three career levels. For example, whilst students are aware of acting professionally, in general they appear not to be aware of the importance and implications of 'e-professionalism'. Similar inconsistencies are seen in both the doctor groups, as shown in Table 4. Furthermore, only 19% of students, 10% of FYDs and 17% of SSGs agree that they are aware of how the GMCs guidelines apply to the use of Facebook. Quite strikingly, 46% of students disagreed that they knew what the medical school would classify as unacceptable behaviour online.

Table 4. Respondant perceptions of current guidance and online professionalism



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The perceptions of current guidance and what constitutes 'e-professionalism' appear to be greatly varied amongst the three study groups – but this is in itself a key finding and suggests that students

The Australian Government is committed to tackling

In the United States the American Medical Association has also produced a concise document outlining their policy on professionalism in the use of SNS's [American Medical Association [AMA] [2011](#)]. In comparison to the efforts of the Australian and New Zealand medical associations, this document is very short and vague in its description, relating normal professional expectations to the online environment. This is a good starting point, as we found this association to be a weakness amongst our three study groups; however, the great advantage of the methods used in Australia and New Zealand is that online media was employed to communicate the guidelines, a strategy likely to obtain greater exposure and in turn greater awareness of 'e-professionalism' and improved guideline compliance. As we found in our study, students were aware of GMC guidelines and in the UK they are given the GMC's booklets on Good Medical Practice – but it is clear that updating these documents to incorporate 'e-



versus private life and issues such as Facebook 'friend-requests' separately and specifically. The document also incorporates true case studies which outline the dangers of online exposure and the necessity to employ a cautious and professional attitude online. The supplementation with examples of the actions and consequences faced by colleagues in the past is likely to be an effective way to educate students and junior doctors of the reality of the situation and to act as a deterrent for unprofessional behaviour online.

Whilst the impact of these documents and other approaches to tackle this issue within medical education are yet to be assessed, it is imperative that measures are taken to refine and improve these approaches as the evidence base for their impact grows. What is certain is that current approaches in medical education are not sufficient. A key point to be taken from the initiative in Australia and New Zealand is that medical students were involved in producing the guidelines, following on from the generation gap we have illustrated, this is a critical point in ensuring guidelines are acceptable to the younger generations of medical professionals.

In data collection for this study, all the questionnaires were fully anonymised and therefore presented little ethical risk. This study is borderline with regards to NHS NRES (NREG [2011](#)) criteria but following advice from the University of Bristol Ethics Committee (UK) it was decided that ethical approval was not required. Conversely, Macdonald et al. (2011) did not seek ethical approval after their study was made available for publication (editorial board [2011](#)), who put forward the idea. Whilst one could argue that it was not intentional, the lack of a catalogue of incidents, blind to the public and what is considered their behaviour, design, and involvement to the wider Facebook community is



publicly available information are widely acknowledged, as well as the perceptions of online exposure and the details of the available content itself, all of which are likely to be the subject of such studies.

Limitations of this study include the small sample sizes, its cross-sectional nature and the fact it was reliant on self-reported behaviour although, as explained, this was an ethical necessity. This study was also confined to one deanery in the UK, limiting its generalisability. However, the strengths of this study are that it is the first study of Facebook activity by medical professionals to compare medical students and doctors at different career grades regarding the publicly available material posted by these groups, as well as the perceptions of exposure and awareness of guidelines and ‘e-professionalism’. To further this area of research, it would be of interest to assess changes over time and the impact of the novel guidelines introduced by associations such as the BMA. Differences in approaches internationally and sociocultural expectations may also have an impact and so studies comparing the impact of SNS's and medical education approaches to ‘e-professionalism’ may be of great value in refining techniques through the adoption of successful models. This article does not directly address how medical schools or hospital trusts have dealt or would deal with issues of ‘e-professionalism’, but it is clear that students are not certain of what is expected. This is an important issue, as whilst the online rulebook is relatively unwritten, it is becoming increasingly dramatic. A factor in this is the fact that ‘e-professionalism’ is becoming a more professionalised concept.

## Conclusion

Facebook activity by medical professionals is becoming increasingly significant and is likely to be a common feature of the professional lives of students and younger unprofessionalised medical professionals. The material posted in public spaces by medical professionals is not sufficient to ensure that the professional standards are specifically



whether senior medical professionals are the best placed to produce such guidelines. SNSs are primarily a tool of the younger generations, who understand its significance in the social fabric of a rapidly developing society. As such, we conclude that it is essential that medical professionals at all levels of career progression are involved in producing these guidelines.

Declaration of interest: The authors report no declaration of interest.

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