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

Dr Gemma Sinead Ryan

Background

E-professionalism, assessing online behaviours & the decision making tool

E-professionalism

- Organisational policy and professional guidance
- Ongoing issues with e-professionalism
- Inconsistent decisions about online incidents
- Can be subjective, based on social norms,

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.

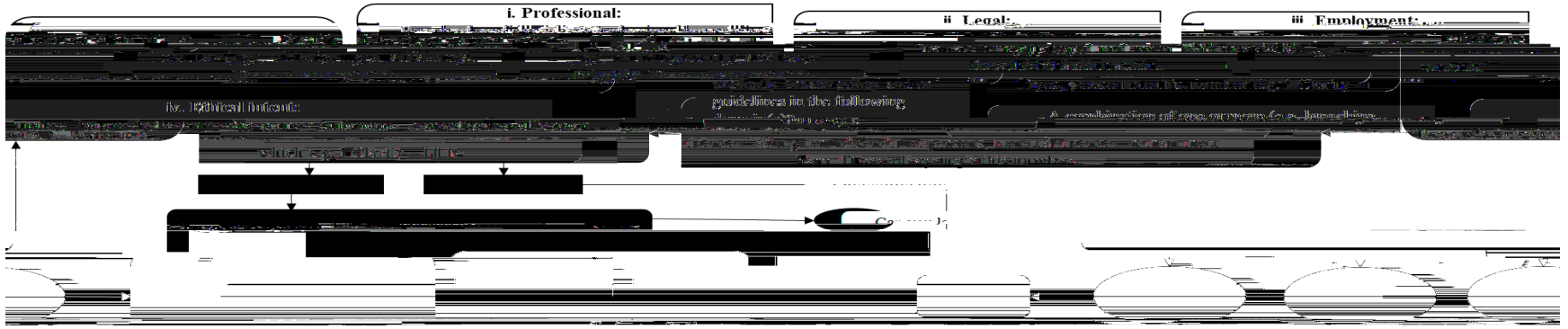
Objectives

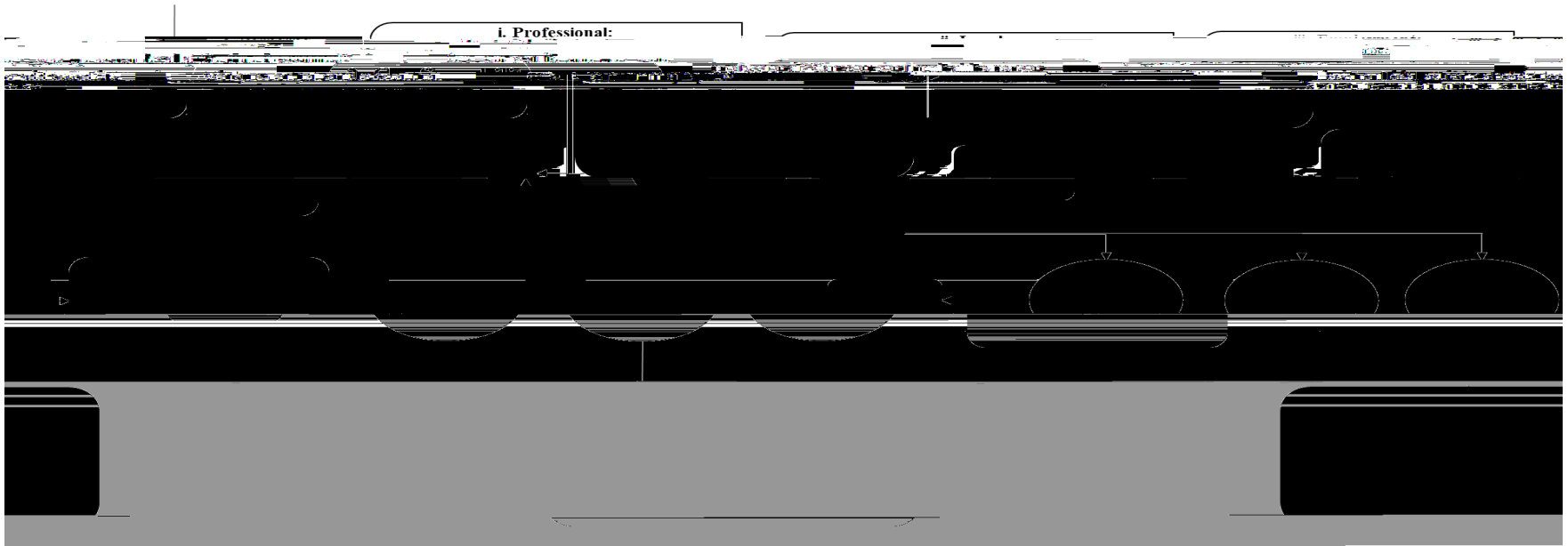
I. **Assess** & **validate** the consistency of the decision-making tool through responses from nurses, nursing students and the public on a series of vignettes

II. **Evaluate** the usefulness and usability of the tool

Methods


Registered nurses and/or healthcare professionals
Evaluation component n=122


i. Professional:
ii Legal:
iii Employment:
iv. Ethical intent:
guidelines in the following


i. Professional:

Results

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

		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				
	TOTAL	*122*	*100*				
Gender	Male	11	9.0				
	Female	106	86.9				Female
	Other	5	4.1				
	TOTAL	*122*	*100*				
Role	Clinical	83	68				Clinical
	Managerial	34	27.9				
	Academic	5	4.1				
	TOTAL	*122*	*100*				
Region	Northern Ireland	6	4.9				
	Scotland	30	24.6				
	Wales	20	16.4				
	England	66	54.1				England
	TOTAL	*122*	*100*				

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 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

Results

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**

Assessing reliability: Intraclass correlation

Assessing difference across participant groups: Kruskill Wallis

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

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

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

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?

g.s.ryan@open.ac.uk

http://www.open.ac.uk/research/people/gsr47

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