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ADHERENCE TO PROFESSIONALISM AND ETHICAL PRACTICE ON SOCIAL MEDIA AMONG DENTISTS IN NAIROBI

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ABSTRACT

Objective: To assess utilization of social media platforms for professional use and awareness of existing guidelines among dentists in Nairobi.

Design: Descriptive cross-sectional study.

Setting: Nairobi County, Kenya.

Subjects: Dentists in clinical practice within Nairobi County.

Results: Sixty- six dentists participated in the study. WhatsApp and Facebook were the most popular social media platforms at 30.5% and 23.3% respectively. Four (6.1%) of the dentists disagreed while 2 (3%) strongly disagreed on cross checking their content for possible online misconduct. Clinical scenarios and patients' clinical pictures were the most shared professional information at 62.5% and 50.0% respectively. 41% of respondents were not updated on existing global social media guidelines and 66.7% of dentists welcomed the idea of having a locally drafted document on social media guidelines.

Conclusion: Social media platforms are used in the medical profession. However, 41% of dentists had limited awareness regarding existing global guidelines and several reported that they did not cross check their social media content for possible unprofessional content. This fact coupled with the absence of national guidelines on ethical use of social media by medical professionals indicates potential for online misconduct among dentists in our setup.

INTRODUCTION

'Doctor fired due to a social media post'. This was the headline on media outlets when an E.R physician posted information about one of her patients¹.

Social media refers to tools that use the internet and enable people to share information with other users in real time¹⁻⁵. In Kenya, the percentage of internet users was 45% of the population as of 2016⁶. Healthcare givers use social media to improve patient care, for patient education and to enhance professional networking^{1, 4, 5, 7-10}.

Social media has potential to damage the professional image². Society also expects its' health providers to uphold their informal social agreement to being 'professional'¹¹. When unprofessional content is shared online, it can reflect poorly on healthcare givers, the profession and affiliated institutions². Chretien et al¹² analyzed 5,156 tweets from physicians and 4.7% of the results were flagged as unprofessional.

There are dire effects from social media use on healthcare givers credentials and licensure³. Medical boards can restrict, suspend or revoke doctor's licensure for unprofessional online behavior such as sexual misconduct, misrepresentation of credentials, the misuse of prescribing privileges and breaches of patient privacy^{1, 10}.

Many health care institutions and professional organizations have issued guidelines on professional social media use by healthcare givers^{1, 3, 7, 10}. In 2003, the Health Insurance Portability & Accountability Act (HIPAA) was issued to protect patient information in the United States of America¹³. In 2010, the American Medical Association (AMA) released official guidelines for the ethical use of social media by physicians¹⁴. The Federation of State Medical Boards (FASB) in USA also published a guiding document on the

professional use of social media in medical practice¹⁵. In Kenya, national guidelines on social media use by medical professionals do not exist.

This study sought to document the extent of social media utilization among dentists and their level of awareness regarding global social media guidelines.

MATERIALS AND METHODS

This was a cross sectional descriptive study that was conducted among dental professionals practicing within Nairobi County, the capital city of Nairobi. Out of approximately 400 dentists practicing within Nairobi County, a sample size of 100 was determined using Fisher's method. Using purposive sampling, self-administered questionnaires were distributed to dentists engaged in clinical practice within Nairobi County. These were drawn from both public and private sectors. Questionnaires were distributed to the study participants in either hard or soft copy depending on convenience. Ethical clearance to conduct the study was sought and obtained from Kenyatta National Hospital/ University of Nairobi Ethical Review Board with reference number KNH-ERC/UA/43 (Dated: 7/3/2018).

Of the participants who received the questionnaires, 66 of them responded. Fifty-four of them responded online while 12 did on hard copies. The information gathered from the questionnaire included age, gender, type of practice, professional qualification, preferred social media platforms, habits on social media usage, nature of social media content, type of professional content shared, recipients of professional information, reason for sharing professional information, awareness and need for social media guidelines.

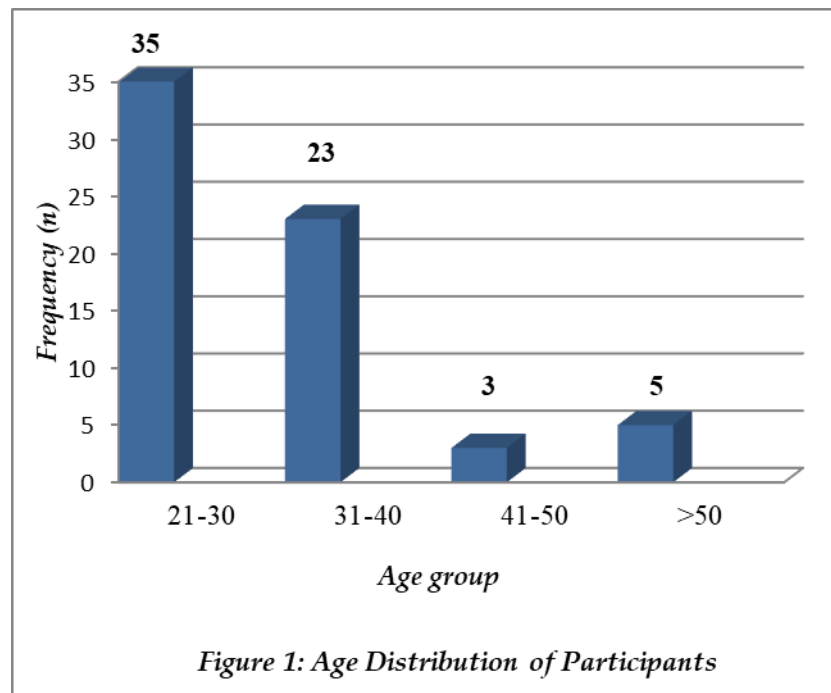
Data was transferred to a computer and analyzed by use of Statistical Packages for Social Sciences (SPSS version 24) Basic descriptive statistics were performed.

Spearman Rank Order test was performed to identify associations between variables. The level of significance was set at 0.05.

RESULTS

A total of 66 respondents participated in the study, 30 (45.5%) were male and 36 (54.5 %)

were female. Most respondents were 40 years and below [Figure 1]. Most of the participants were general practitioners at 50 (75.8%) with specialists accounting for 16 (24.2%). Thirty-six (54.5%) were in public practice, 17 (25.8 %) were in private and 13 (19.7%) engaged in both private and public practice.



The two most popular platforms used were WhatsApp at 63 (30.5 %) and Facebook at 48 (23.3%) [Figure 2].

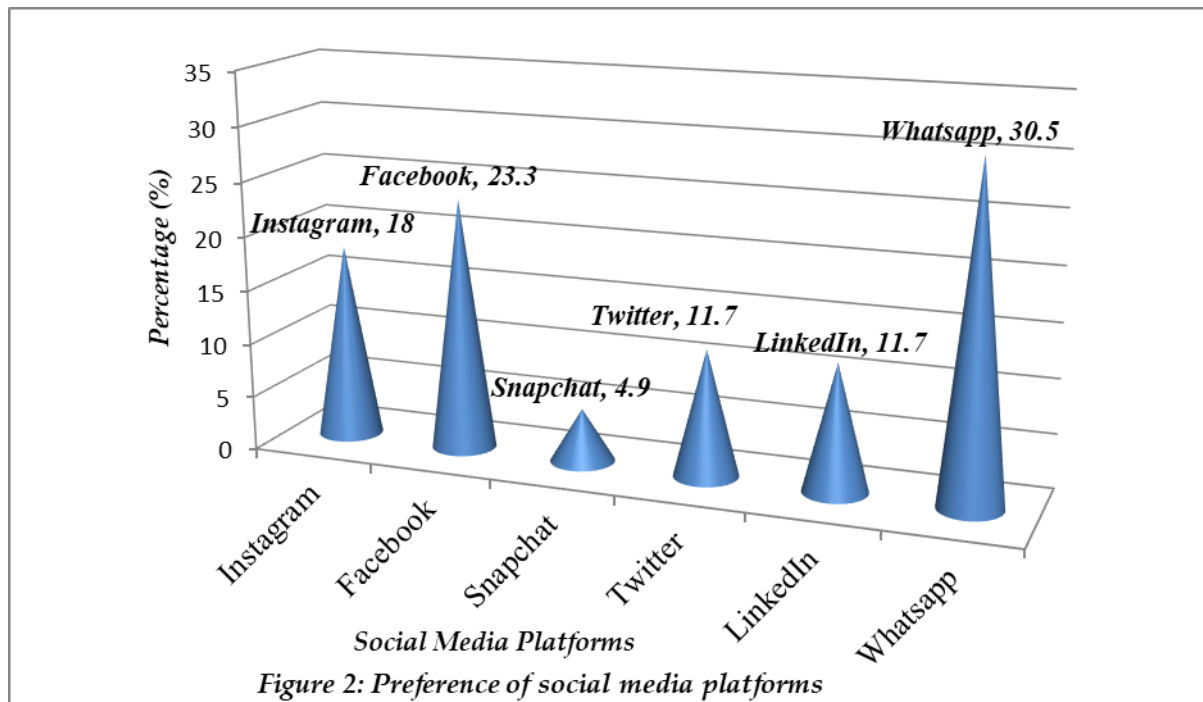


Table 1 asked how often they used social media platforms over a one-week period, majority of the respondents 32 (48.5%) said they used it at least once per week. Asked if

they cross checked their social media content for possible unprofessional or unethical content before posting, 4(6.1%) disagreed and 2 (3%) strongly disagreed.

	Frequency (n)	Percentage (%)
Social media usage over a one-week period		
0-1 times	32	48.5
2-4 times	11	16.7
5-10 times	16	24.2
>10 times	7	10.6
Time spent online over a 24-hour period		
0-1 hours	26	39.4
2-4 hours	25	37.9
5-8 hours	14	21.2
9-15 hours	1	1.5
Cross-check social media content		
Strongly agree	25	37.9
Agree	21	31.8
Neutral	14	21.2
Disagree	4	6.1
Strongly Disagree	2	3.0

A Spearman’s rho (r_s) test for correlation found a significant association between age and frequency of social media use [Table 2]. The younger respondents were more likely

to use social media compared to the older respondents. The test did not find a statistically significant association between gender and frequency of social media use.

Table 2

Spearman's rho (r_s) test for correlation of respondents' characteristics with frequency of social media use ($n = 66$)

Characteristics	Frequency of social media use	
	Spearman's rho	p value
Age	-0.893***	<0.001
Gender	0.234*	0.048
Reason for use	0.673***	<0.001
Guidelines awareness	0.745***	<0.001

Relationship strength: <0.3 = No or Very Mild; 0.3 – 0.5 = Mild; 0.5 – 0.7 = Moderate; > 0.7 = Strong.

*** $p < 0.001$

* $p < 0.05$

On what they shared on social media, they responded as follows: forty-nine (74.2%) said that they shared personal information, social information was shared by 46 (69.7%) respondents and professional information was shared by 43 (65.2%) respondents. Clinically inclined information was shared by 48 (72.7%) of the respondents. [Figure 3]

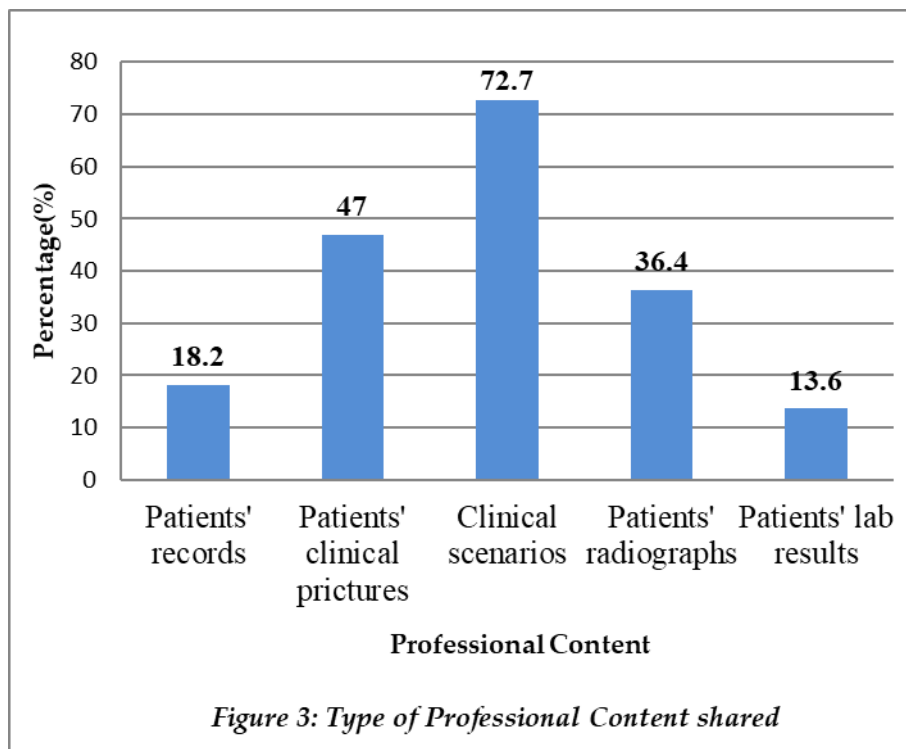
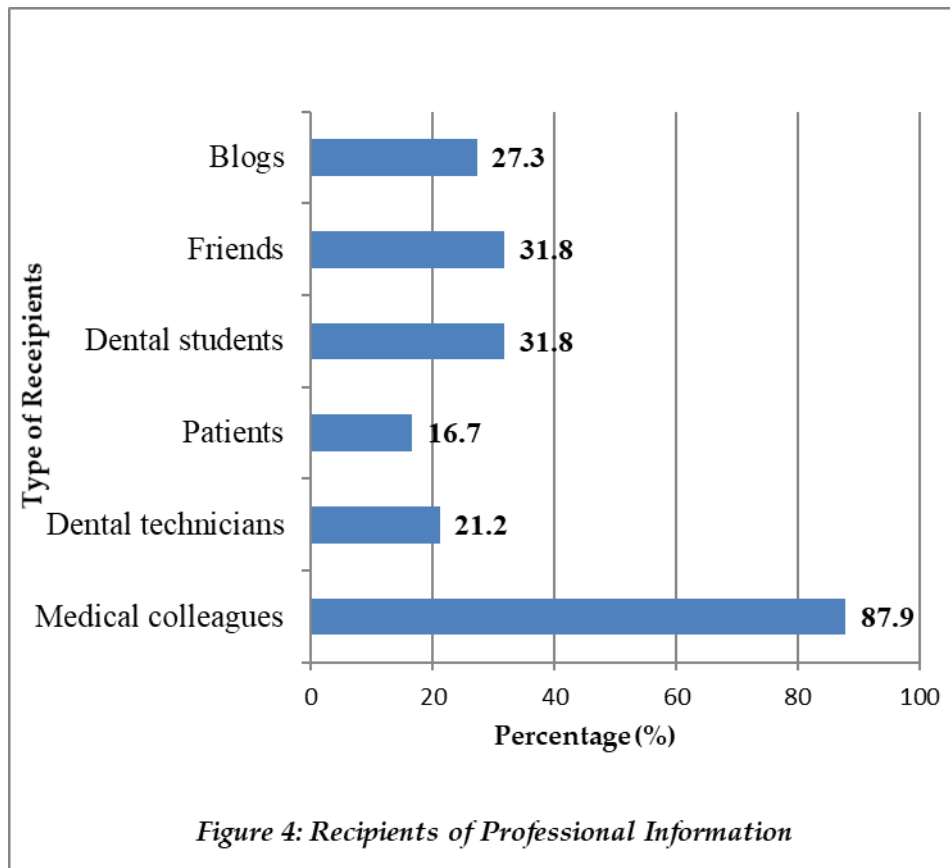


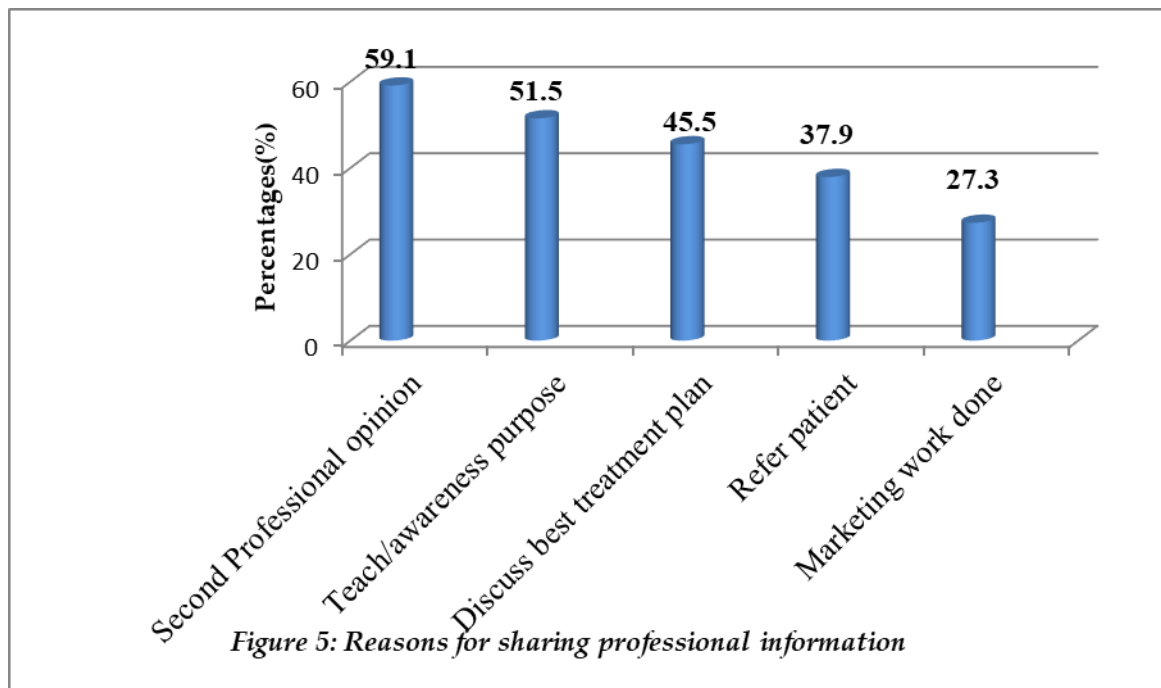
Figure 3: Type of Professional Content shared

The study found out that the largest recipients of professional information were the medical colleagues (both dental and medical practitioners) at 58 (87.9%) [Figure 4].



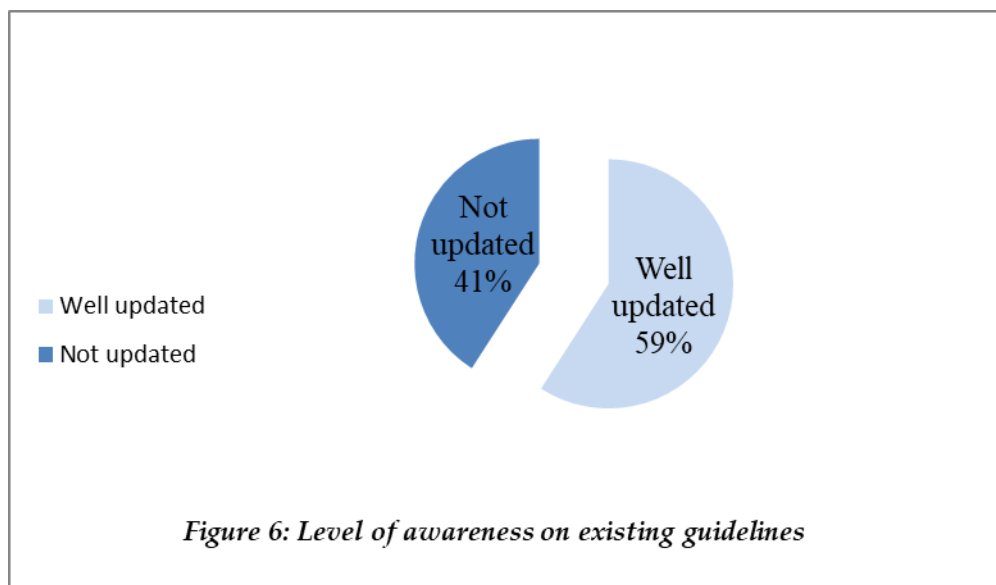
The study further found out the most common reasons for sharing information were to get a second professional opinion at

39 (59.1%) and to teach a group or create awareness at 34 (51.5%). [Figure 5]



A significant number of the respondents at 27 (40.9 %) felt they weren't updated on existing global social media guidelines and protocol [Figure 6] Many of the respondents 44 (66.7%), felt there was need for a locally prepared document on social media usage guidelines while 8 (12.1%) were neutral on the matter. A Spearman's rho (r_s) test for

correlation elicited a statistically significant association between awareness of guidelines and frequency of social media use. The respondents who were updated on the guidelines were more likely to use social media compared to the respondent who were not updated on the guidelines [Table 2].



DISCUSSION

A survey done in 2018, on adults who used at least one social media site found out that the largest group by age that utilized social media was between 19 and 29 (88%) and that female respondents were more active to the male respondents¹⁶. This study reported similar findings with the most active respondents being between the ages 21-40 but did not find enough evidence to conclude that female participants were more likely to use social media platforms than the male participants.

It is evident that more people are embracing the usage of social networking forums, for instance the proportion of adults in the U.S using social media increased from 8% in 2005 to 72% in 2014^{4,17}. A survey done in 2016 revealed that Facebook (68%) was the most popular social media platform¹⁸. Our study revealed that Facebook (23.3%) and WhatsApp (30.5 %) (A subsidiary of

Facebook) were the most popular social media platforms among the study group participants.

QuantiaMD, an online platform for physicians, did a survey that revealed, more than 90% of physicians use some form of social media for personal engagement, whereas 65% use it for professional engagement^{9, 15}. The study revealed that 65.2% of participants used social media to share professional information. The most commonly shared professional information reported in the study was clinical information (72.7%).

Medical professionals use social media platforms to share information, to discuss health care policies and practice challenges, to engage with the public, to educate and interact with patients, practitioners and students^{5,15,17,19}. In this study, the most common reasons to share professional information was to get a second professional opinion (59.1%) and to teach a group or

create awareness (51.5%) It also revealed that dentists interacted mostly with their medical colleagues such as fellow dentists and physicians (87.9%) on social media platforms.

Health care practitioners are legally and ethically bound to protect the confidentiality and to ensure security of health information provided by their patients²⁰. However, this study revealed that different aspects of patient information was shared for marketing reasons (27.3%) with some going to unsupervised blogs (27.3%) indicating the potential to breach patients' confidentiality rights.

Unprofessional online conduct has serious consequences^{1, 10}. It is therefore of notable concern that in this study 6.1% of respondents disagreed and 3% strongly disagreed to cross checking their social media content for possible unprofessional or unethical content before posting. In addition, 40.9% of respondents were not well updated on social media guidelines and this indicates the potential for online misconduct among dentists.

CONCLUSION

Social media platforms are used in the medical profession. However, 41% of dentists had limited awareness regarding existing global guidelines and several reported that they did not cross check their social media content for possible unprofessional content. This fact coupled with the absence of national guidelines on ethical use of social media by medical professionals indicates potential for online misconduct among dentists in our setup.

RECOMMENDATION

That relevant stakeholder including the government, Kenya Dental Association and Kenya Medical Practitioners and Dentists Council should formulate policy guidelines

on the professional and ethical usage of social media platforms when sharing clinical information about their patients.

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