Assessing the Effects of Social Media Use on the Patient, Institution, and Healthcare Providers in Work–Related Activities at National Spinal Injury Hospital, Nairobi

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Abstract

Purpose: Technology has permitted all aspects of life. Social media is a group of applications based on the internet that allows one to create and share content online. Many health professionals have embraced social media as a key communication tool. They use social media to improve health and enhance practice. However, many professionals have not developed ways to extend professionalism in social media platforms, which has consequences for individual healthcare providers, the profession, the organization, and the patients. The study aimed to determine the effects of social media use on the patient, institution, and HCPs in work-related activities at National Spinal Injury Hospital.

Methodology: The design of a convergent mixed method was used. This was a Convergent mixed design where quantitative and qualitative data was collected and analyzed. Using stratified random sampling, a sample of 108 healthcare providers meeting eligibility criteria was recruited for quantitative data. Quantitative data was collected and then analyzed, and qualitative data from three key informants was collected using an interview schedule, and analysis was done during a similar timeframe.

Results: Healthcare professionals primarily employ social media platforms for knowledge sharing(M=3.61), networking with colleagues (M=3.56), and receiving professional updates(M=3.56). There was high knowledge about ethical social media use(M=4.5), technical proficiency(M=3.83), and a positive attitude toward ethical use of social media(M=4.31).

Conclusion and Recommendations: The social media has been predominantly used for knowledge sharing, networking with colleagues, and receiving professional updates, however, the study revealed that some healthcare providers were not observing professionalism on social media platforms by posting patients' photos and videos without consent. The study recommended that the chief executive officer should enhance regular sensitization programs to ensure all healthcare professionals are knowledgeable about ethical social media use, regardless of their current level of understanding.

Keywords: *Social Media Use, Patient, Institution, Healthcare Providers, Work–Related Activities*

1.0 Introduction

Social media use among healthcare providers has been an area of much debate, especially on the intricacies of the justification for use in light of professional ethics that are critical in health professions(Farsi, 2021). Utilization of social media among healthcare providers in patient work-related activities has been demonstrated at different levels. Globally, according to Mendoza-Herrera et al.(2020), the World Health Organization (WHO)has used various online platforms like Facebook and Twitter to improve the health of the population through promoting health and healthy behaviors, support health policies, public health surveillance, encourage citizen participation and increase citizen's knowledge on public health matters and allow them to take informed decisions hence optimize health care systems. This was similar to the previous study (Chen & Wang, 2021). that social media in health care was used to meet global health needs by the World Health Organization to influence healthcare information, knowledge, perception, attitude, behavior, belief, and outcome of health information and requirements of a population.

Another study carried out by Griffin et al. (2021) and Crilly et al. (2019) in Australia among nurses and midwives on the use of social media in work-related activities was approached with caution as support on the evolving nature of users to improve proficiency was required in ensuring professionalism. Another study observed that more surgeons in their professional roles use social media platforms. However, there were perceived barriers, including lack of value, constraints in time, and patient-doctor privacy concerns. The surgeons' attitudes suggested that using social media among surgeons in work-related activities will increase over time(Wagner et al., 2018). Literature supports the professional use of social media among healthcare providers. However, guidelines and policies to improve the benefits of social media use and reduce harm are essential (Crilly et al., 2019; Wagner et al., 2018)

Regionally, social media use among healthcare providers has been found to have some benefits, such as improving health outcomes in health promotion. According to Chen & Wang (2021), it was reported that in health care, social media platforms were used for health purposes: disease outbreak surveillance, health campaigns, medical intervention, and also health intervention. Another study on social media use by health professionals in disseminating Information on COVID-19- 19 in Zanzibar identified positive outcomes (Khamis & Geng, 2021). Similarly, a study on social media use in professional practice in South Africa Durban highlighted that social media can effectively enhance learning opportunities and have significant implications for practice (Naidoo et al., 2018). In the broader context, especially the coronavirus pandemic, social media was used by healthcare providers to share important communication and played a critical role in mitigating the effects of the pandemic(Watat & Jonathan, 2020) This is further supported by Glasdam et al. (2022) who identified that nurses as a profession used social media platforms to gain and disseminate Information about COVID 19 furthermore, social media was also used to support fellow nurses during the challenging periods of the pandemic. In another study done in Africa, Okocha et al. (2023) also reported some benefits of social media use in health care, including career enhancement, borderless connectivity, knowledge transfer, medical consultation, and fostering medical research.

Locally in the Kenyan context, according to the National Nurses Association of Kenya (NNAK) Code of Conduct 2009, nurses must maintain professional standards in practice and all dealings with patients. Other reviewed literature has shown a scarcity of information on social media use among healthcare providers; however, some provide benefits, including facilitating mass communication, disease surveillance, knowledge translation, and collaboration among health providers(Hagg et al., 2018). Additionally, in other studies that

provide benefits of social media in health promotion, a specific focus can be drawn on a survey by Zinke-Allmang et al. (2022) that identified that dissemination of information on family planning achieved greater adoption through social media platforms.

A study by Singh et al. (2016) on the global use of social media among healthcare providers has shown that social media has been associated with some harm, including poor-quality information, such as unreferenced, informal, or incomplete medical information. Legal issues have also emerged due to breaches of patients' privacy and rights and damage to professional image due to posting unprofessional content. Other observed associated risks of social media use among healthcare providers regionally and locally include misinformation or poorly communicated information that may be difficult to control in terms of message speed and weaknesses in healthcare where standards of care have not been established in online platforms, endangering patients as a result of false online information provided to them, leading to negative health behaviors and adverse health outcomes among consumers (Singh et al., 2016; Hagg et al., 2018). Addiction to social media sites by healthcare providers, distracting them from their work, has also been noted (Farsi, 2021).

1.1 Problem Statement

Social media use among healthcare providers has increased globally—however, social media benefits and harms patients, healthcare providers, and Institutions. The risks involved in social media use by healthcare providers include online harassment (Akram, 2018), inappropriate behavior on online platforms that do not align with online professionalism, such as posting photographs of drunk patients to Facebook and Instagram, violating patient's rights to privacy and confidentiality such as posting the details of patient in social media platforms without the consent of the patient, repetitive distractions in the work environment by healthcare providers leading to medical errors consequently endangering the life of a patient, deleterious effects on the career of the healthcare provider and the employer and destroy the image of the profession and the institution (Aiyer et al., 2018). Some Professional bodies, such as the American Nurses Association, the American Nursing Midwifery Council, and the Australian Health Practitioner Regulatory Agency, have issued guidelines to ensure nurses use social media platforms to optimize benefits in service delivery while protecting themselves, their profession, and patients from the negative consequences of using social media (ANA,2015; AHPRA, 2019; NMC,2018). The Royal College of Physicians and the Royal College of Surgeons forbid their members from violating clients' confidentiality and privacy and posting messages on all media platforms. The National Nurses Association of Kenya Code of Conduct (2009) requires nurses to maintain professional standards in practice and all dealings with patients, including professional standards in online spaces. However, national guidelines or policies on social media use by nurses and other healthcare providers in the Kenyan context have not been explored. Notably, the use of social media at the National Spinal Injury Referral Hospital (NSIRH) among healthcare providers is unregulated. Therefore, the National Spinal Injury Referral Hospital (NSIRH) also lacks social media use guidelines or policies for its HCPs in work-related activities. The lack of a national regulatory framework in Kenya or the NSIRH on social media use among healthcare providers in their professional roles remains unexplored, particularly in its effects on patients, healthcare providers, and Institutions. This gap in policies or guidelines on social media use by HCPs may result in harm, such as potential litigation issues, damage to the Institution's reputation, disciplinary actions, and professional image, which may diminish the benefits associated with social media use among healthcare providers. This study, therefore sought to narrow the evidence gap by explicitly investigating the effects of social media use on the patient, institution, and the HCPs in work-related activities at the

NSIRH. Such evidence may help optimize the advantages of using social media among healthcare providers while minimizing its potential pitfalls.

2.0 Literature Review

2.1 Social Identity Theory

Social media can give healthcare providers a sense of belonging, fulfilling their needs for social Identity and increasing their engagement in their professional role. This study is anchored in Social Identity Theory (SIT) by Tajfel and Turner (1979) as cited in Rubin and Hewstone (2004). It pointed out that the self-esteem and self-concept of persons are gotten from the group they associate with. Social media can significantly fulfill individuals' Social Identity needs by providing opportunities for social comparison, presentation, and group affiliation.

For healthcare providers, social media use can provide a platform for building professional networks, exchanging knowledge, and forming communities of practice. By interacting with other healthcare providers on social media, they can develop a sense of belonging and shared Identity as members of the same profession or specialty. Furthermore, social media can also provide opportunities for healthcare providers to present themselves positively, showcase their achievements, and receive recognition and validation from others. This can enhance their self–esteem and reinforce their professional Identity.

2.2 Effects of social media

Social media use among healthcare providers has several advantages and disadvantages. To begin with, social media has several positives for individual HCPs and their organizations(Khan & Loh, 2022). According to Cho et al. (2019). They promote access to information. Social media platforms like Twitter, Facebook, and LinkedIn can provide healthcare providers with quick access to the latest news, research, and best practices. HCPs can stay updated on the latest medical developments, clinical guidelines, and new treatment options, which can improve patient care. Social media platforms can help healthcare providers to network with colleagues and experts in their field. They can share experiences, exchange ideas, and collaborate on research projects, which can help them stay connected with the latest field development, hence developing new professional relationships. Social media platforms can educate patients about their health conditions, treatment options, and preventive care Cho et al.(2019). Similarly, Healthcare providers can use social media to share reliable and accurate health information, engage patients in discussions about their health, and promote healthy behaviors (Rozenblum et al., 2017). Social media can help healthcare organizations to recruit and retain talented healthcare providers.

Additionally, it can promote organizational visibility and job openings, showcase the organizational culture, and highlight employee testimonials which can help attract and retain qualified healthcare professionals (Kordzadeh & Young, 2018). Social media can manage crises and public health emergencies. Healthcare providers can use social media to communicate important information, share updates, and respond to questions and concerns from the public (Khamis & Geng, 2021).

Globally, in a study conducted in Palestine to assess the impact of the Internet and the use of social media by healthcare providers, it was reported that social media utilization among nurses and physicians was the same at 88% (Ahmead et al., 2022). It was also observed in the same study that physicians who used one social media platform daily for private reasons were at 90%. Similarly, Surani et al.(2017) noted that healthcare providers spent approximately one hour on social media every day at 87.9%. According to Ahmead et al.(2022), using social

media by healthcare providers has positive effects, including discussing health issues, sharing health information, promoting primary health behaviors, communicating with patients, and collaborating. It was also reported that social media enables healthcare providers to communicate with peers and colleagues and get updates on recent healthcare developments (Ahmead et al., 2022).

Additionally, social media and the internet have enabled physicians to consult colleagues concerning patient issues, read articles, and develop research. At the same time, nurses have influenced the learning experience and nursing education by using social media to deliver professional training(Ahmead et al., 2022). However, the same study also reported that social media use by healthcare providers can become a risk if employees share confidential, internal information on social media, affecting their competitive advantage. Ahmead et al. (2022) observed other risks associated with social media use by healthcare providers in the workplace, including data getting lost as a result of outdated passwords, leakage of communication from staff to the outside environment, loss of staff productivity, cybercrime and damage to an organization's reputation.

In a study done globally to explore nurses' social networking during the COVID-19 pandemic (O'Leary et al., 2022), it was reported that nurses used social media platforms like Twitter to promote health, which opened up communication practices and was hence likely to get more information. Additionally, the implications of using social media in nursing as a digitally engaged health profession can potentially inform and shape debates in public health communication in the digital age(O'Leary et al., 2022).

According to the International Council of Nurses (ICN), social media has provided platforms through online discussion forums for educators, regulators of nursing, students, nurse practitioners, and engagement of nurses both in rural and urban settings.

Another study done in Pakistan (Majid et al., 2020) observed addiction to social networking sites by nurses resulted in distraction at work, which stimulated various stressors among nurses: social anxiety, rumination, and envy, hence augmenting its negative effect on task distraction.

Regionally, in an Egyptian study (Elkhayat et al., 2018), physicians reported significant use of social media in work-related advertisements and patients' education. Similarly, Adams (2019), in an analytical study done on the impact of social media utilization in 21st-century nursing practice in Nigeria, observed some positive impacts of social media use on nursing practice, which include information dissemination among healthcare providers, improving communication with the patients, professional education, and enhancing professional development.

Studies have shown that healthcare providers use social media for health campaigns, medical education, health intervention, and monitoring patient progress, leading to improved health outcomes(Naslund et al., 2020).

According to Adams (2019), social media use by nurses in Nigeria was found to have some negative effects on nursing practice, including breach of confidentiality and patient privacy, damage to professional image, for example, unethical behavior of sending messages to patients or befriending them, unethical conduct demonstrating questionable moral character like posting nude pictures among others, inaccurate health information and lack of concentration at work (Adams, 2019). Similarly, Okocha et al. (2023) reported in a study done in Nigeria that despite the advantages of using social media for the communication of health, the content needed to be supervised for the confidentiality of patients, the validity of information, and reliability.

In Ghana (Gamor et al., 2020.), in a study, it was revealed that some nurses had developed negative attitudes towards the use of social media since inaccurate information, distraction, addiction, breach of confidentiality, and privacy in nursing practice were likely risks of using social media.

In Kenya, a study done by Zinke-Allmang et al. (2022)in Nairobi on the use of online platforms for family planning content by women and their social networks pointed out that previous interventions to improve access to family planning information realized misinformation on family planning was greatly addressed by targeting social networks. Zinke-Allmang et al. (2022) also noted that in Kenya, healthcare providers are sharing important family planning content with various groups, especially young people, by inventing new ways of digital media, hence addressing the lack of accessible information as a key barrier.

A study in rural Kenya (Chen et al., 2021) reported that anti-retrovirus therapy uptake by patients with human immune virus disease is highly influenced by social connectedness in social networks, which have been associated with various human-related behaviors. Healthcare providers can use such platforms to sensitize individual patients, improving their health outcomes.

In another study done in Nairobi County, Kenya, to determine marketing by hospitals on social media adoption, it was noted that effective communication is a critical function within any hospital. Furthermore, many hospitals market their services using social media platforms (Mwangi, 2018).

Negative consequences of social media use have also been identified (Gholami-Kordkheili et al., 2013). A systematic literature review into the social media–related challenges and opportunities identified detrimental consequences due to HCPs using social media. For example, violating patient confidentiality has been observed (Cho et al., 2019; Schoenbrunner et al., 2019). The study also reported inappropriate behaviors such as vulgar language, prejudices based on posting content on another person's website, race, age, alcohol misuse presentation, substance abuse, and sexual promiscuity.

Social media has been noted to cause work-related interruptions, errors due to reduced diligence when executing duties, and work time wastage (Aiyer et al., 2018). According to Olum and Bongomin (2020), misinformation on matters of public concern like COVID-19, where fear, anxiety, and panic among the public can be spread by using social media.

3.0 Methodology

Convergent mixed methods design was used. Quantitative and qualitative data were collected simultaneously then the results were compared to determine whether both results agreed or disagreed. The study location was National Spinal Injury Referral Hospital located along Lenana Road in Kilimani. The level six public hospital treats and manages spinal injury patients. The study targeted all 118 healthcare providers who offer clinical services directly to patients. These providers included nurses, doctors, physiotherapists, occupational therapists, orthopedics technicians, nutritionists, laboratory technologists, psychologists, and medical social workers at the National Spinal Injury Referral Hospital.

The inclusion criteria comprised healthcare providers directly involved in providing clinical care to patients who agreed to participate in the study. Those available during data collection included nurses on locums and key informants who hold managerial positions at different levels and are involved in formulating policies and guidelines followed within the organization. These key informants consisted of the hospital administrator, the hospital matron, and the ward

managers. *Exclusion criteria* involved healthcare providers working outside the clinical setting: administrative staff who are not involved in policy and guidelines formulation, those staff on leave or off duty during the time of data collection, those staff on study leave, those staff whose work commitments at the time of the study may not allow them to participate despite meeting the criteria for participation and also those who may feel that providing certain information especially those that may have had negative impact on patients while using social media and still unexposed may be used against them.

The data collection instruments consisted of questionnaires and key informant interviews. Quantitative data was analyzed using Statistical Package for the Social Sciences (SPSS) version 27 for Windows. The analysis involved descriptive and inferential statistics with a confidence level of 95%. Descriptive statistics, including mean, mode, median, and percentiles, were derived. Inferential statistics, such as Mann-Whitney U tests, were employed to determine relationships between variables as appropriate. Qualitative data was thematically analysed to answer the three research questions, presented in prose.

4.0 Results and Discussion

4.1 Effect of social media use

Before assessing the association between the dependent variable and other variables (such as sociodemographic), this sub-section shows the perceived effects and how they were derived. Effects of social media were assessed using the questionnaire (survey) and Key Informant Interviews (KIIs) Table 1 presents the effects of social media use as derived from the survey of HCWs. There were both positive and negative benefits that were accrued from the use of social media in work-related activities. On the negative, the respondents occasionally expressed concern (median=3) about the risk of exposing confidential information on social media. They were rarely worried (median score=2) that social media use blurred professional boundaries, reduced productivity in work-related tasks, social media being a source of misinformation in their field, and raised privacy and security concerns. Data from KIIs echoed the findings from the survey. For example, during the collection of qualitative data by way of KII interviews, the KIIs raised major reservations about social media usage, particularly regarding ethical and legal concerns such as violations of patients' right to privacy. KII respondent SNo2 acknowledged hospitals' concerns about "medical-legal issues associated with videos and photos where consent is not provided."

On the positive side, the survey also revealed that social media was frequently utilized (median score = 4) for connecting with colleagues or professionals in their field, accessing valuable industry news and updates, showcasing work or professional achievements to a wider audience, facilitating networking opportunities and career advancement, providing a platform to learn new knowledge or skills, and discovering job or business opportunities. Additionally, social media was occasionally used (median = 3) to showcase work or professional achievements to a wider audience. These positive uses of social media were also mentioned during the KIIs.

This illustrates that while social media use has positive aspects, such as professional networking, accessing industry news, showcasing achievements, career advancement, learning new skills, and discovering job opportunities, it carries potential negative consequences, such as concerns about confidentiality breaches and the spread of misinformation.

Table 1: Effects of social media use

	Median Score
Negative	
Distracted from crucial work tasks.	2.00
Heightened risk of exposing confidential information.	3.00
Blurred professional boundaries.	2.00
Reduced productivity in work-related tasks.	2.00
Source of misinformation in my field.	2.00
Raised privacy and security concerns.	2.00
Overall	2.28
Positive	
Connected with colleagues or professionals in my field.	4.00
Provided valuable industry news and updates.	4.00
Showcased work or professional achievements to a wider audience.	3.00
Facilitated networking opportunities and career advancement.	4.00
Provided a platform to learn new knowledge or skills.	4.00
Discovered job or business opportunities.	4.00
Connected and communicated with colleagues or professionals in my field.	4.00
Provided valuable industry news and updates.	4.00
Overall	3.52

Key: 1=never, 2=rarely, 3=Occasionally and 4=Frequently

4.2 Relationship between socio-demographic data and social media Use

Table 2 illustrates the differences in various categories of sociodemographic characteristics in their social media use, encompassing both positive and negative usage. Across demographic variables such as age group, gender, job position, highest education level, and years of service experience, no significant differences were found in media usage. This means that the socio-demographics were not linked to the effects of usage of social media.

Table 2: Relationship between Socio-demographic Characteristics and Social Media Use

Demographic characteristic		Negative/Harmful Mean	p	Positive/Beneficial Mean	p
Age group	18-25	2.22	H(4),p=0723	3.36	H(4),p=0.079
	26-35	2.31		3.67	
	36-45	2.42		3.60	
	46-55	2.27		3.52	
	56+	1.97		3.46	
	Total	2.28		3.52	
Gender	Female	2.32	U=1152,p=0.409	3.54	U=1247,p=0.753
	Male	2.21		3.49	
	Total	2.28		3.52	
A) Job position at NSIRH	Dr	3.06	H(3), p=0.42	3.52	H(3), p=0.647
	RN	2.34		3.57	
	Therapists	2.06		3.51	
	Others	2.98		3.73	
	Total	2.33		3.56	
Highest education level	Sec	2.42	H(3),p=0.773	3.75	H(3),p=0.834
	Diploma	2.18		3.51	
	Bachelor	2.34		3.52	
	Masters	2.17		3.44	
	Total	2.28		3.52	
Years of service experience	1-5	2.28	H(3),p=0.526	3.46	H(3),p=0.243
	6-10	2.35		3.60	
	11-15	2.36		3.70	
	>15	2.08		3.49	
	Total	2.28		3.52	

4.3 Individual Technical Proficiency and use of social media

Individual technical proficiency in using social media applications was assessed using three 5-point Likert scale items, with 1 (strongly disagreeing) to 5 (strongly agreeing) (refer to Table 3). These items demonstrated an acceptable internal reliability coefficient of .803. Factor analysis revealed that these items mainly loaded onto Factor 1, suggesting a common underlying dimension related to social media use technical proficiency. The level of technical proficiency was the average cumulative mean score of the three items. Respondents demonstrated high proficiency in using social media applications, with an overall mean score of 3.83 and a median score of 4.

Table 3: Factors Extracted from Principal Component Analysis on Social Media Proficiency Items

Component Matrix

	Component	
	1	2
Proficient in using Facebook, Twitter, and other platforms.	.795	.603
Experienced in managing privacy settings on social media.	.883	
Skilled in creating and managing professional accounts.	.861	

Extraction Method: Principal Component Analysis.

a. 2 components extracted.

NB: Overall technical proficiency score: Mean 3.83, Median 4.0 Mode 4.33

4.4 Knowledge of and Attitude towards the ethics of social media use

Through Principal Component Analysis (See Table 4), two distinct constructs were extracted: 1) knowledge about social media policies and regulations, and 2) attitude to its ethical use. The analysis revealed strong loadings for both constructs, with Cronbach's alphas of 0.803 and 0.739, respectively, indicating their reliability.

Table 4: Pattern Matrix of Constructs: Knowledge and Compliance with Ethics of Social Media Use

Pattern Matrix

| Items	Scale Reliability	Component	
		1(Knowledge)	2(Compliance)
Knowledgeable about social media usage policies and regulations.		.941	
Understand legal and ethical implications of posting patient information.	Cronbach α=0.803	.802	
Understand patient confidentiality's importance on social media.		.763	
Prioritizes ethical considerations in healthcare social media use.			.859
Thinks there are risks and consequences of posting patient information.	Cronbach α=0.763		.841
Cautious and responsible in posting patient information.			.784

Extraction Method: Principal Component Analysis.

Rotation Method: Promax with Kaiser Normalization.

a. Rotation converged in 3 iterations.

As depicted in Figure 1, overall, the interviewed healthcare workers (HCWs) demonstrated a high level of knowledge of ethical social media use, with an average score of 4.31 out of 5. Among the items used to determine overall knowledge, 'Knowledgeable about social media usage policies and regulations' scored the lowest at 4.15.

Similarly, the overall attitude towards ethical social media use was positive, with an average score of 4.5 out of 5. The lowest scoring item, 'Cautious and responsible in posting patient information,' had a mean score of 4.39.
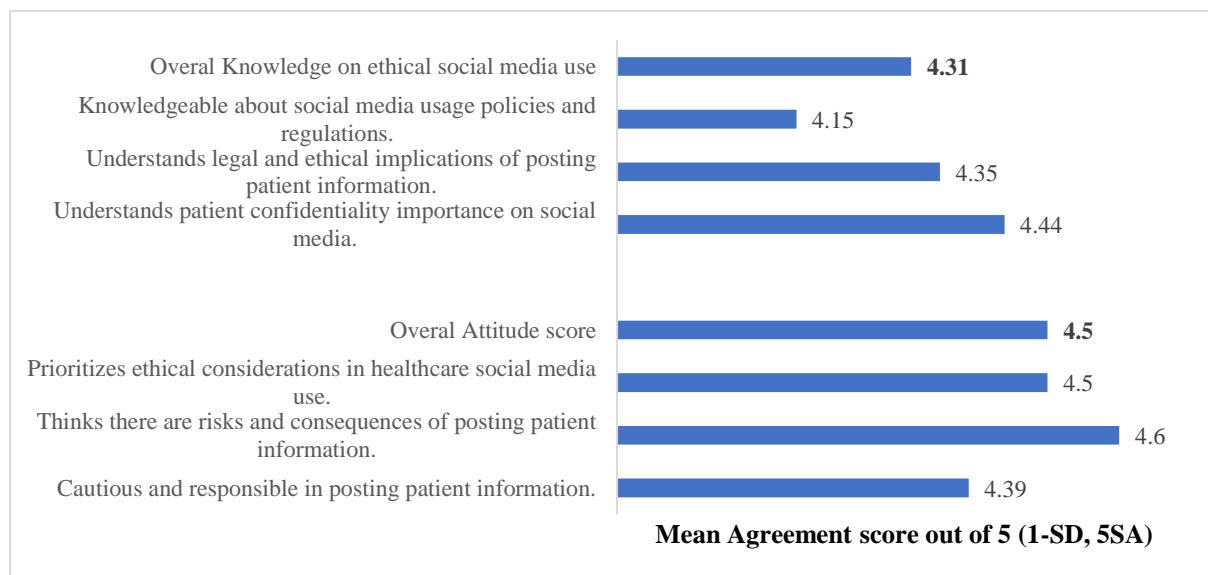
Figure 1: Level of knowledge and attitude of HCWs towards ethical social media use

4.5 Correlation between Social use effects and Individual factors (technical proficiency, attitude, and knowledge)

The correlation matrix (Table 5) reveals relationships between various factors, namely technical proficiency, attitude score, knowledge of ethical social media use, and negative and positive usage scores. Notably, there is a strong positive correlation between technical proficiency and knowledge of ethical social media use (Spearman's rho = 0.466, $p < 0.001$), indicating that individuals with higher technical skills tend to possess a greater understanding of ethical social media practices. Additionally, a positive correlation exists between attitude score and knowledge of ethical social media use (rho = 0.302, $p = 0.002$), suggesting that individuals with more positive attitudes toward social media also tend to have a better grasp of its ethical usage. Conversely, there is a weak negative correlation between attitude score and negative usage (rho = -0.260, $p = 0.007$), indicating that individuals with more positive attitudes are less likely to engage in negative social media behaviors. On the other hand, a positive correlation is observed between attitude score and positive usage (rho = 0.170, $p = 0.081$), suggesting that individuals with positive attitudes are more inclined to engage in positive social media activities.

In addition, there is a significant positive correlation between technical proficiency and positive usage (Spearman's rho = 0.309, $p = 0.001$), indicating that individuals with higher technical skills are more likely to engage in positive social media activities. The correlation between knowledge of ethical social media use and positive usage is also significant, with a positive correlation coefficient of 0.318 ($p = 0.001$). This indicates that individuals who possess a better understanding of ethical social media practices are more likely to engage appropriately in positive social media activities.

Table 5: Correlation matrix: Usage and individual factors (Technical proficiency, Attitude, and Knowledge of social media ethics)

			Technical Proficiency	Attitude score	Knowledge of ethical social media use	Negative usage score	Positive usage score
Spearman's rho	Technical Proficiency	P (rho)	1.000				
		P	.				
	Attitude score	P (rho)	.283	1.000			
		P	.003	.			
	Knowledge of ethical social media use	P (rho)	.466	.302	1.000		
		P	.000	.002	.		
	Negative usage score	P (rho)	.096	-.260	.070	1.000	
		P	.328	.007	.474	.	
	Positive usage score	P (rho)	.309	.170	.318	.195	1.000
		P	.001	.081	.001	.046	.

a. Listwise N = 106

4.6 Qualitative data analysis

To establish the effects of social media use among healthcare providers in their work-related activities, the key informants were asked to respond to the question by telling their experience in terms of the positive effects of social media use among healthcare providers in their professional roles. Majority of the respondents admitted the fact that social media has played an immense role as a channel of communication between the administration and the staff, that healthcare professionals can continually upgrade their careers through online platforms hence improving their knowledge. At least one respondent indicated that when healthcare providers engage in social media platforms, there is burnout relief caused by pressure at workplace. The exchange of information and updates on patient management also came out strongly.

"I think nurses have greatly benefitted from social media use because they can send photos of patient's wounds to doctors who direct them on how to manage them".

In regards to potential negative effects or challenges associated with social media use among healthcare providers in their professional roles, the respondents admitted that sometimes patient's information and photos end up in the wrong forums which risk litigation measures and also infringe the rights of other people.

"I have ever seen a patient from this facility complaining because his photo showing the wound he had was circulating on social platforms"

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Journal of Medicine, Nursing and Public Health
Vol. 4||Issue 2||pp 63-78||August||2024
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4.7 Discussion

The usage of social media showed no significant variations across demographic variables such as age group, gender, job position, highest education level, and years of service experience. This finding contradicts previous studies by Wamuyu et al. (2020), who reported variations across different demographics, including age and geographical locations. According to Wamuyu, among the general population, social media use was more prevalent in urban areas compared to rural areas. Additionally, Wamuyu noted that social media users who are 26-35 years old are more active on professional networks such as LinkedIn, Skype, and Twitter, representing individuals often seeking to establish their careers. The current study findings align with those of Surani et al. (2017), who found no significant differences in the use of social media among nurses and doctors.

In this study, healthcare providers primarily use social media platforms for sharing knowledge, networking with colleagues, and receiving professional updates, which is consistent with previous research (Farsi, 2021). Similarly, a study conducted in South Texas demonstrated that a majority of healthcare providers with electronic devices utilize social media platforms for interacting with colleagues, engaging with hospitals regarding work matters, and accessing health-related information (Surani et al., 2017).

Most of the healthcare providers (HCPs) interviewed were knowledgeable about ethical social media use, technically proficient, and expressed a positive attitude towards its ethical use. Technical proficiency, knowledge level regarding ethical social media use, and attitude were positively associated with appropriate social media usage. This is consistent with a qualitative study on healthcare providers' perceived digital competencies in Finland (Jarva et al., 2022) which observed that prior experience, familiarity, and interest in digital technologies promote the use of social media among HCPs in work-related activities.

5.0 Conclusion

Social media has been predominantly used for knowledge sharing, networking with colleagues, and receiving professional updates, however, the study revealed that some healthcare providers were not observing professionalism on social media platforms by posting patients' photos and videos without consent. Social media was frequently utilized by healthcare providers for connecting with colleagues or professionals in the field, accessing valuable industry news and updates, showcasing work to a wider audience facilitating networking opportunities, and also providing a platform to learn new knowledge or skills.

6.0 Recommendations

The chief executive officer should enhance regular sensitization programs to ensure all healthcare professionals are knowledgeable about ethical social media use, regardless of their current level of understanding.

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