Civil Use of Social Media Technology in Health Professional Education

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Goals and Objectives

Session Goal
Ascertaining main conceptual environments surrounding the phenomenon of online incivility and contribute to the current knowledgebase.

Session Objectives
1. Discern to what extent health professional students and faculty experience cyberincivility (i.e., online incivility).
2. Discuss the direct and indirect effects as well as actions taken following cyberincivility.
3. Summarize the key conceptual domains that guided strategies to address the phenomena of cyberincivility and cybercivility in health professional education.
Background

• The development and diffusion of new instructional technologies has rapidly changed the complexion of how students learn and what educators can do to promote their learning.

• Uncivil and discourteous use of social media technology, such as Facebook, blogs or wikis, online courses with discussion boards, chat rooms, or emails, is a global and pervasive concern among general college populations.

• Despite the high prevalence of online incivility, little is known about the phenomenon including its contexts, conditions, and consequences among health professional students and educators (De Gagne, Choi, Ledbetter, Kang, & Clark, 2016).
The creation and maintenance of a civil learning environment is particularly important because incivility is likely to interfere with educators’ ability to communicate with students while negatively affecting student learning processes and outcomes (Altmiller, 2012; Clark, Ahten, & Werth, 2012).

This presentation is aimed to discover main conceptual environments surrounding the phenomenon of cyberincivility through an integrative review.

Cyberincivility ... “direct and indirect interpersonal violation involving disrespectful, insensitive, or disruptive behavior of an individual in an electronic environment that interferes with another person’s personal, professional, or social well-being, as well as student learning” (De Gagne et al., 2016, p. 2).
Methods

- Publications from January 2000 to May 2015 were retrieved through CINAHL, ERIC, Embase, and PubMed (MEDLINE) databases, with the last search made in June 2015.
- Extensive literature searches were conducted to locate published materials related to cyberincivility in health-related disciplines (i.e. medicine, nursing, & allied health).
- Various key terms and their combinations were used (i.e., cyber, Internet, web, distance education, online education, discussion board, civility, professionalism, incivility, cyberbullying, hostility, disrespect, rudeness, hazing, harassment, inappropriateness, trolling, & misconduct).
Flowchart of literature review process conducted in accordance with PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) statement criteria (Moher et al., 2009)

- 823 records identified through database searches
- 29 duplicate records excluded
- 796 records screened
- 52 full-text articles assessed for eligibility
- 11 studies included in synthesis
- Hand search (n = 2)
- 41 full-text articles excluded with reasons
Results

• The systematic screening process yielded 11 articles dating from November 2007 to May - June 2015.

• Studies involved more than 2,000 subjects from various health-related disciplines (e.g., medicine, nursing, pharmacy, dentistry, etc.).

• Of the 11 studies, seven were undertaken in the U.S., one was conducted in the U.S. and Canada, and the other three were undertaken in Brazil, Canada, and the U.K.

• The most frequently used research method was a non-experimental design that included surveys ($n = 9$), focus groups ($n = 1$), and mixed-methods studies ($n = 1$).
Results

• Various cyber environments were investigated (e.g., social networking sites [SNS], online courses, emails, blogs, discussion boards, etc.).

• Of the 11 studies, 2 articles discussed the indirect effect of cyberincivility, such as personal risk and the possible negative perception of the student’s school or profession.

• Five studies discussed actions that students, educators, or institutions took or felt should be taken.

• Consequences reported as a result of uncivil or unprofessional behavior were a broad spectrum of actions that ranged from informal warnings to dismissals.
## Review matrix for literature on cybercivility in health professional education

<table>
<thead>
<tr>
<th>Author(s)/yrs./country/study design</th>
<th>Health discipline: Participants, sample size (n)</th>
<th>Domain of cyber environment identified in article</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chretien et al. (2009)/U.S./Survey</td>
<td>Medicine: faculty (n = 78)</td>
<td>SNS – blogs</td>
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<tr>
<td>Chretien et al. (2010)/U.S./Focus group</td>
<td>Medicine: students (n = 64)</td>
<td>SNS – Facebook</td>
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<tr>
<td>Clark et al. (2012a)/U.S./Survey</td>
<td>Nursing: faculty (n = 12) &amp; students (n = 131)</td>
<td>Online course – discussion boards, emails, &amp; exams</td>
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<tr>
<td>Clark et al. (2012b)/U.S./Survey</td>
<td>Nursing: faculty (n = 19) &amp; students (n = 152)</td>
<td>Online course – discussion boards, emails, &amp; exams</td>
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<tr>
<td>Garner &amp; O’Sullivan (2010)/UK/Survey</td>
<td>Medicine: students (n = 56)</td>
<td>SNS – Facebook</td>
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<tr>
<td>Kind et al. (2012)/U.S. and Canada/Survey</td>
<td>Medicine: faculty (n = 94)</td>
<td>SNS – Facebook</td>
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<tr>
<td>Kjos &amp; Ricci (2012)/U.S./Survey</td>
<td>Pharmacy: faculty (n = 60)</td>
<td>Web 2.0 – blog, Wikis, SNS</td>
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<tr>
<td>Marnocha et al. (2015)/U.S./Survey</td>
<td>Nursing: faculty (n = 293)</td>
<td>Social media</td>
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</table>

De Gagne et al. (2016) Supplemental Data Table
<table>
<thead>
<tr>
<th>Author(s)/yrs./country/study design</th>
<th>Health discipline: Participants, sample size (n)</th>
<th>Domain of cyber environment identified in article</th>
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</thead>
<tbody>
<tr>
<td>Rieck &amp; Crouch (2007)/U.S./Survey</td>
<td>Nursing: students (n = 96)</td>
<td>Online courses – discussion boards, group projects, chat rooms, and emails</td>
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<tr>
<td>Rocha &amp; de Castro (2014)/Brazil/Survey</td>
<td>Medicine: students (n = 336)</td>
<td>Social media</td>
</tr>
<tr>
<td>White et al. (2013)/Canada/Mixed</td>
<td>Health professions: interview for faculty (n = 14) &amp; survey for students in medicine (n = 232), nursing (n = 200), pharmacy (n = 82), speech &amp; language pathology (n = 54), occupational therapy (n = 43), dentistry (n = 24) &amp; medical laboratory science (n = 23)</td>
<td>SNS – Facebook</td>
</tr>
<tr>
<td>Themes</td>
<td>Categories</td>
<td>Sub-categories</td>
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<tr>
<td>---------------------------------------------</td>
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<tr>
<td>Online posting of unprofessional content by health professional students</td>
<td>Violation of professional code of conduct</td>
<td>Patient privacy breaches in cyberspace</td>
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<td>Diverse views on inappropriate online posting</td>
<td>Behaviors considered as inappropriate</td>
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| Student and faculty incivility in the online learning environment (OLE) | Cyberbullying in OLE | Uncivil student behaviors | Making verbal insults, rude comments, racial, ethnic, sexual, or religious slurs  
Failing to complete assignments in a timely manner and lack of student participation in group work |
| | | Uncivil faculty behaviors | Posting a vague or confusing syllabus  
Assigning grades without providing useful feedback  
Slow or delayed responses to student’s communication |
| Strategies to uphold civility | Promoting connectedness | Online discussions or chat room time  
Face-to-face instruction or use of phone  
Timely response to questions/grading |
| | Giving guidance | Faculty and student role modeling of professionalism and civility  
Clearly defined course and behavioral expectations, norms, and consequences for uncivil behavior |
<table>
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<tr>
<th>Themes</th>
<th>Categories</th>
<th>Sub-categories</th>
<th>Examples</th>
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</thead>
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| Culture of online professionalism in health professional education | Strategies to promote online professionalism | Work within the scope of policies/guidelines | Guidance from the professional code of conduct  
Address incivility immediately and hold offenders accountable |
| | | Integrating into school curriculum | Incorporating online professionalism into existing professional curricula  
Have students/faculty sign civility statement |
| | Increase students’ perceptions of online risk and behavior change | Increasing privacy settings in social networking sites  
Sharing personal stories from friends and family |
Discussion

• Reported here is the first systematic review to integrate the literature concerning cyberincivility in health professional education.

• Although what constitutes uncivil or unprofessional online behavior is debatable, mutual understanding as to which behaviors are acceptable and what is considered ‘uncivil’ in the online environment is of importance.

• Cyberincivility has a negative impact on students’ learning processes and outcomes as well as on the quality of education.

• If clear policies and guidelines are not available, educators and schools are likely to react passively, or they might over-react rather than promote a civil culture in a consistent and respectful way.
Discussion

• Inconsistent and various usage of terms related to social media, incivility, bullying, or unprofessionalism may blur the focus and scope of the analysis and confuse readers in that such terms should be made consistent across studies to allow easier conclusions to be drawn from further research.

• Future studies need to determine the effectiveness of an academic curriculum that fosters cybercivility (Rocha & de Castro, 2014) and the positive impact of implementing policies and guidelines (Nyangeni et al., 2015).

• Future research should expand on the development and evaluation of effective preventative interventions.
Limitations of the Study

• The body of knowledge in this area is small, recent, and growing; no papers published before 2007 were identified, and most of them were published after 2010.

• We did not include grey literature such as policy documents and guidelines, and we did not attempt to include dissertations or unpublished research in our review.

• This omission, or selection bias, is important to note as it limits the generalizability of the results to an unknown degree and may limit the currency of the overall results.
Conclusion

• There is strong evidence that health professional students may share potentially unprofessional content on social media and that both students and faculty members are experiencing incivility.

• Educators need to address potential risks and effective strategies related to using social media and promote cybercivility among health professionals across the continuum of education.

• Efforts to prevent cyberincivility are necessary via the inclusion of education on cybercivility in the curriculum, policies, and guidelines.
REFERENCES


