Netiquette and social media engagement of doctors: A renaissance in health-care delivery

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ABSTRACT

Background: Netiquette is the term used for online etiquette or Internet etiquette. It refers to a set of guidelines, acceptable for communication. With the advent of the pandemic and online taking the major stage for discharging the majority of professional duties, proper netiquette practices among professionals are the basic necessity. **Aims and Objectives:** The aims and objectives of the study are to assess the knowledge regarding netiquette and its practices among health-care professionals (HCPs) and to determine the factors associated with social media engagement among doctors. **Materials and Methods:** A cross-sectional observational study was conducted for 2 months, consisting of a total of 64 participants. A pre-tested, semi-structured questionnaire was used to collect data on netiquette and its practices, the professional involvement of health-care personnel in delivering health care, and their encounter with online trolls and harassment. **Results:** On analysis, it was found that 74.3% had knowledge about netiquette and its practices, however, very few had knowledge about cyberspace usage. Around 68.3% of the participants were unaware of the American Medical Association social media policy for HCPs, guiding the Internet usage for discharging their professional duties. Only 29.7% observed proper netiquette practices to avoid being cyber-bullied. Very few of the study participants faced online troll and harassment and they chose to reply to troll by facts rather than staying quiet. An in-depth study can be done by creating an awareness program as an intervention. **Conclusion:** Netiquette and its practices are the key to online consultations and practices among HCPs. There is a need to create awareness among them by conducting workshops on the same.

Key words: Netiquette; Social media; Health-care professional

INTRODUCTION

In recent years, social media has expanded to the point of being nearly ubiquitous, with nearly every demographic having some online presence and health-care professionals (HCPs) are no exception. Although social media use was initially focused primarily on social networking, over time it has exploded throughout the medical community as an ever-growing platform used for communication and advertisement as well as entertainment. The American Medical Association (AMA) has developed a policy to guide physicians with social media use. AMA policies center on monitoring one's use as well as that of co-workers but do indicate the potential need for oversight or intervention by medical boards. For instance, the AMA encourages sequestration of personal and professional social media use, with separate pages for each so that providers may provide important facts and links related to their practice and care strategies independent of personal disclosures. Regardless of these recommendations, "friending" policies, disclosures, and privacy settings continue to be fluid and individual choices among providers throughout all levels of medical training.[1]

Social media usage for delivering health care has been revolutionary. The platforms have user-friendly interfaces,

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easy accessibility, and faster response mechanisms that allow individuals to share outlooks, insights, and experiences. There are several popular social media platforms, including but not limited to Twitter, Facebook, YouTube, Instagram, and WhatsApp. There are certain closed Facebook groups that provide an opportunity for networking, education, and emotional support. In general, these platforms are less utilized by health-care physicians but have a lot of potential for future growth for easing health-care delivery. All of these platforms provide opportunities for marketing, networking, and professional growth, as well as patient education and engagement for better health outcomes.[2,3]

Netiquette is the term used for online etiquette or Internet etiquette. It refers to a set of guidelines, acceptable for communication. The key to successful teleconsultation is not just the technology and delivery of care but also the awareness regarding the utility of existing technology. There are potential pre-requisites from both ends for a fruitful consultation. The principles to be followed in netiquette can be summarized in Chart 1.[3]

Unprofessional behaviors for an HCP that is commonly witnessed include unauthorized postings of patient health information, pictures of the patient in doctor communication blogs, and images with clear patient identification. This practice has blurred personal and professional boundaries in the medical sphere. In digital professionalism, medical educators and policymakers are skeptical about preserving patient confidentiality and privacy on social media.[4] There are growing concerns about the absence of a structured program for digital professionalism in the medical and health sciences. In addition, there is a paucity of literature that can help understand the mechanisms for safeguarding medical professionals' identities and values in the digital
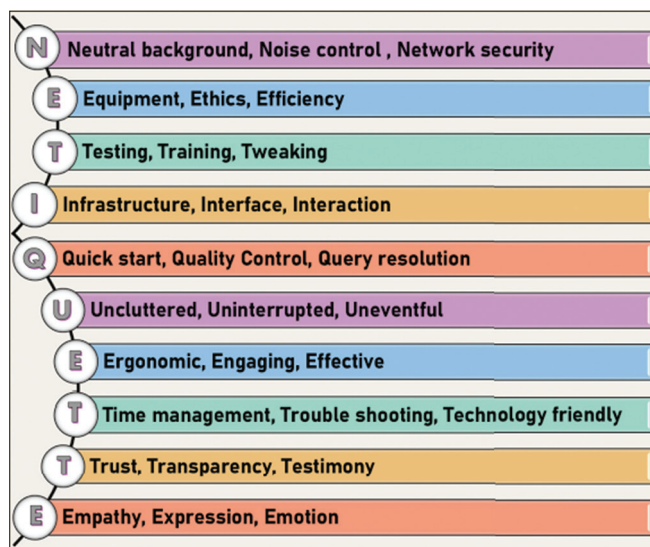
world.[5] Hence, knowing the right netiquette and its practices for HCPs to deliver health-care services is an extremely important facet to be looked into.

Aims and Objectives
1. To assess the knowledge regarding netiquette among HCPs
2. To determine the various factors associated with social media engagement among HCPs in delivering effective health care.

MATERIALS AND METHODS

It is a cross-sectional study done among HCPs of minimum junior resident cadre and above in Shri Atal Bihari Vajpayee Medical College and Research Institute, Bengaluru. The study was initiated after obtaining approval from an Institutional Ethics Committee. All the study participants (Universal Sampling) fulfilling the inclusion criteria, working in the medical college and those who consented for the study were included in the study. A total of 64 HCPs were involved and data were collected using a one–one interview, using a pre-tested, semi-structured questionnaire.

The questionnaire included socio-demographic details, professional details, and questions pertaining to their knowledge of netiquette, cyber-space usage, and dealing with trolls and cyber-bullying of HCP.

The questionnaire was pilot tested on 10 HCPs, and then, corrections were made before finalizing.

Inclusion criteria
Professionals with active social media presence and active social media presence were operationally defined as using at least one social media platform for their professional duties/having a professional handle for social media engagement.

Exclusion criteria
Professionals not consenting to the study and with no social media presence were excluded from the study.

Statistical analysis
The data were entered in MS Excel software and analyzed using SPSS V.22. The data are expressed in percentages, ratios, and proportions and then presented.

RESULTS

The majority of the study sample (46.9%) were of the age group between 30 and 40 years with the mean age being 34 ± 1.8 years of standard deviation. Majority of the

Chart 1: The principles to be followed for netiquette

study sample was male, 54.7% followed by female, 45.3%. Moreover, 65% were of the senior resident cadre (Table 1).

Majority (68.3%) had a professional handle for online consultations and 53% stated that their Internet usage was basically work-related and WhatsApp was the most popular Internet usage app with 34.3%. Over 79.7% practiced online consultation while majority (82.8%) refrained from putting their profile picture. Majority (68.3%) were unaware of the AMA social media policy for HCPs. Most of the study population 65.6% were involved in disease-specific discussions in certain disease-specific forums (Table 2).

Table 1: Distribution according to age and sex of the study sample

Demographic parameters	Number	Percent
Age (in years)		
20–30	23	35.9
30–40	30	46.9
40–50	9	14.1
50–60	2	3.1
Total	64	100
Sex		
Male	35	54.7
Female	29	45.3
Total	64	100

Table 2: Distribution according to Internet usage practices

Internet usage practices	Number	Percent
Do you have a professional handle?		
Yes	44	68.3
No	20	31.3
Main use of social media?		
Social networking	30	46
Work related	31	53
Others	3	1
None	0	0
Type of social media used		
Facebook	10	15.7
Instagram	12	18.7
Twitter	6	9.3
WhatsApp	22	34.3
LinkedIn	13	20.4
Others	1	1.6
Total	64	100
Do you do online consultations?		
Yes	51	79.7
No	13	20.3
Do you display your profile picture		
Yes	11	17.2
No	53	82.8
Are of aware of AMA social media policy?		
Yes	20	31.3
No	44	68.3
Do you engage in disease-specific forums?		
Yes	42	65.6
No	22	34.4

AMA: American Medical Association

Majority of the study population (73.4%) knew of netiquette and its importance, however, 26.6% were not aware, contributing a significant number. About 57.8% knew what is considered as shouting on Internet, that is, writing everything in capitals. About 42.2% knew the golden rule of netiquette, that is, to always remember the human behind (Table 3).

Majority of the study population had average knowledge of cyberspace and its usage. The questions included how they conduct themselves in cyberspace; only 32.8% knew the importance of netiquette. Only 59.4% knew that the online discussions in chat rooms could be viewed by anyone on the Internet and only 29.7% observed proper netiquette practices to avoid being cyber-bullied (Table 4).

Majority (79.7%) had not experienced any online trolls or harassment. However, 60.9% opined to ask the trolls their doubts and to clarify them with facts as their response to tackle the trolls, while 10.9% would do nothing and just ignore them by not responding and 9.4% would report the account and disable the comments.

DISCUSSION

Majority (68.3%) had a professional handle for online consultations and 53% stated that their Internet usage was basically work related and WhatsApp was the most popular Internet usage app with 34.3%. Over 79.7% practiced online consultation while majority 82.8% refrained from putting their profile picture. Majority, 68.3% were unaware of the AMA social media policy for HCPs. Most of the study population (65.6%) were involved in disease-specific discussions in certain disease-specific forums (Table 2). Therefore, the AMA encourages sequestration of personal

Table 3: Distribution according to knowledge regarding netiquette and its practices

Questions pertaining to netiquette	Number	Percent
What is netiquette?		
Being nice on Facebook	10	15.6
The proper use of manners and etiquette on the Internet	47	73.4
Using a net to catch fish	4	6.3
Typing properly in cyberspace	3	4.7
What is considered shouting over the Internet?		
Screaming at your computer	7	10.9
Writing all in capital letters	37	57.8
Putting a lot of exclamatory marks at the end	16	25
Not answering a friend request	4	6.3
The golden rule of netiquette is		
Remember the human	27	42.2
Never flame a friend	28	43.8
Follow all the other rules of netiquette	5	7.8
A smiley in every message	4	6.3

Table 4: Distribution according to knowledge regarding cyberspace usage		
Knowledge of cyberspace usage	Number	Percent
How are you judged in cyberspace?		
No one can see you, so no one can judge you	34	53.1
You are judged by what you do on the Internet and how it looks by your spelling, grammar, and netiquette	21	32.8
You are judged by your intent – if you did not mean to hurt someone – then ok	5	7.8
You are judged by how you look in your profile picture	4	6.3
Who can see you in the chat room of an online discussion forum?		
Only the person with whom you are chatting	15	23.4
Anyone on the web	38	59.4
Only the person with you at the computer	7	10.9
Anyone in the chat room at anytime	4	6.3
To avoid being cyber-bullied you should always?		
Give out personal information to anyone who asks	7	10.9
Strike first- post mean things about other people on the wall on Facebook	7	10.9
Observe proper netiquette rules	19	29.7
Ignore any requests from people to be your friend online	31	48.4

and professional social media use, with separate pages for each so that providers may provide important facts and links related to their practice and care strategies independent of personal disclosures. Regardless of these recommendations, "friending" policies, disclosures, and privacy settings continue to be fluid and individual choices among providers throughout all levels of medical training. Hence, there is a need to evaluate current trends in social media use and etiquette among HCPs and to determine knowledge gaps concerning the AMA policy and etiquette on social media use across all educational strata of medical professionals.[1,2]

About 73.4% knew of netiquette and its importance; however, 26.6% were not aware, contributing a significant number. About 57.8% knew what is considered as shouting on Internet, that is, writing everything in capitals. About 42.2% knew the golden rule of netiquette, that is, to always remember the human behind (Table 3). Similarly, an article by Stafford et al.,[1] on Social Media Etiquette among HCPs in the USA, has discussed the evolution of social media and its influence on the HCPs. They mentioned that although social media use was initially focused primarily on social networking, over time it has exploded throughout the medical community as an ever-growing platform used for both communication and advertisement as well. Widespread social media marketing has redefined business models for both private and academic institutions, and patients are increasingly relying on information found online to gather health-care commentary and communication, share experiences, and

select facilities and doctors, hence being knowledgeable in the field of netiquette is of prime importance.[6]

Majority of the study population had average knowledge of cyberspace and its usage. The questions included how they conduct themselves in cyberspace, only 32.8% knew the importance of netiquette. Only 59.4% knew that the online discussions in chat rooms could be viewed by anyone on the Internet and only 29.7% observed proper netiquette practices to avoid being cyber-bullied (Table 4). However, an article by Guraya et al.,[7] "Preserving professional identities, behaviors, and values in digital professionalism using social networking sites; a systematic review" also emphasized the crossroads of medical professionalism and the use of social media which has created a new facet of digital professionalism, interchangeable with e-professionalism, which reflects the manifestation of traditional professional attitudes and behaviors through social media.

Majority (79.7%) had not experienced any online trolls or harassment. However, 60.9% opined to ask the trolls their doubts and to clarify them with facts as their response to tackle the trolls, while 10.9% would do nothing and just ignore them by not responding and 9.4% would report the account and disable the comments. Similarly, a study by Soler-Costa et al.,[8] on netiquette: Ethic, education, and behavior on the Internet – A Systematic Literature Review in the International Journal of Environmental Research and Public Health also discussed, the so-called digital competence as a concept that corroborates the impact of digital technology on personal development, which means that medical educational institutions must rethink their approach according to the needs and demands. They also stated that cyberbullying is another example of how the use of technology can be negative, similar to the anonymity of social networks as a weapon of hate. Access to digital media is already a routine, even an addiction, and it is urgent to understand its new social patterns. In the educational field, especially in training even among HCPs, this idea is becoming increasingly present. This is due, on the one hand, to the progressive integration of Information and Communication Technologies into the teaching–learning processes and, on the other hand, to the impact of these changes in terms of defining what DC is and how to develop it in medical schools.

Furthermore, a study by Kumar et al.,[9] on telepsychiatry netiquette: connect, communicate and consult, published in the Indian Journal of Psychological Medicine emphasized the need for professional upskilling for bedside to website transition: Netiquette of a telepsychiatry consultation. The technology serves the purpose of a means to an end. A productive telepsychiatry consultation is dependent on multiple parameters. It includes doctor–patient relationships, patient and professional requirements, technological

requirements, the comfort of using technology, positive expectations from the mode of communication, and essential trust in the method of distance communication. Etiquette in technology is a relatively modern concept. "Netiquette" is a portmanteau, a word blend of "network" and "etiquette."

He stated that professional consultation involves primarily human interaction; hence, it can go awry due to various reasons. A non-professional setup, appearance, or handling of technology can have a significant impact on the outcome of the consultation. The individual's sensory, motor, communication, and cognitive deficits can restrict the usage of virtual consultation. Text, audio, and video only convey minimal data. Teleconsultation, therefore, has the downside of unintentional miscommunication. Establishing and maintaining trust remains a crucial component for a fruitful telepsychiatry consultation.[10] Limitations in our study are that focused group discussion would have given an in-depth perspective of the topic and its various hindrances encountered during the practice.

Limitations of the study
The study subjects and sample size in our study are not representative of large geographical area, hence results cannot be generalised.

CONCLUSION

- Netiquette and its practices are the key to online consultations and practices among HCPs.
- There is a need to create awareness among them by conducting workshops on the same.
- The E-classes conducted during the pandemic of COVID-19 is a small step toward one's orientation to the tech world in medicine.

It is a novel study in an attempt to know netiquette and its usage among HCPs. Due to time constraints, a limited sample size was studied in an observational study design. More such studies are required in the future for better health-care delivery. Based on the results, we recommend the creation of mandatory awareness sessions among medical professionals and to make technology part of the training curriculum of the medical graduates.

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MG- Definition of intellectual content, literature survey, prepared first draft of manuscript, implementation of study protocol, data collection, data analysis, manuscript preparation and submission of article; **BSP**- Concept, design, clinical protocol, manuscript preparation, editing, and manuscript revision; **BG**- Design of study, statistical analysis and interpretation; **SH**- Literature survey, manuscript preperation, cooordination and manuscrpt submission and revision.

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