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What do nurses do in professional Facebook groups and how can we explain their behaviours?

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AIM

To explore and explain the causal (mechanisms) relationships between nurse's actions and behaviours in Facebook groups.

BACKGROUND

Online Social Networks such as Facebook have rapidly diffused through the nursing profession with an estimated 60% using social media every day. There have been a range of concerns linked to unprofessional behaviours on Facebook despite professional guidance being in place. However, there is little evidence that explores the causal and influencing factors that lead to nursing behaviour and actions on Facebook.

METHOD

Bhaskarian critical realist ethnography (CRE) employing structured observation and reflective field notes of publicly accessible, groups and profiles on Facebook explicitly relevant to the nursing profession. For ethical approval reasons, these groups and pages will remain anonymous. Observations were conducted over a 6 month period during 2015-2016 by applying a selective case sampling approach to post. Observations occurred at two time points during the 6 month period by a single researcher. This allowed for a range of 'typical' and more extreme behaviours to be observed.

Figure 1 - an example of mapping the impact of political statements and media coverage on nurse behaviours on Facebook

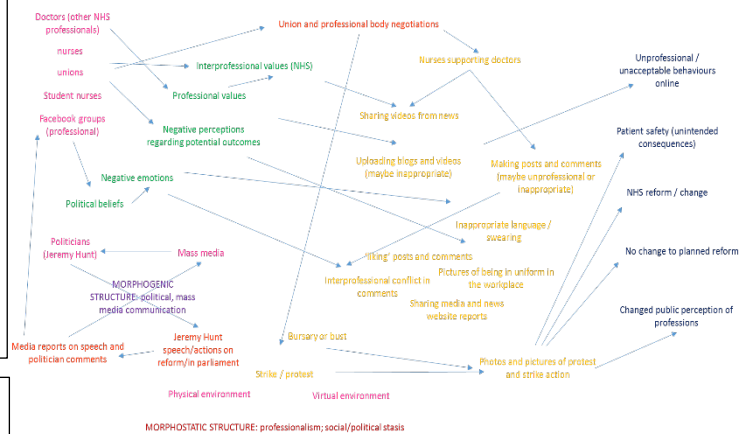
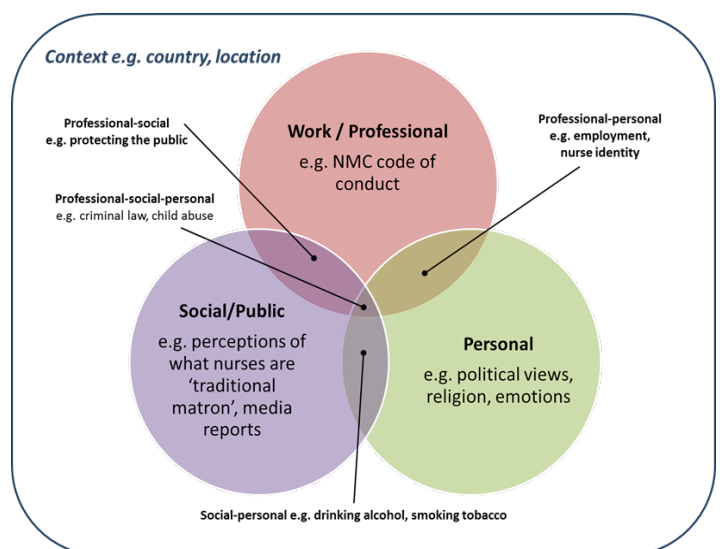


Figure 2 - an example framework to explain the interaction of life domains and where conflicting values may occur



CONCLUSION

Personal-professional-social values overlap in the Facebook environment and triggers in one domain may result in unprofessional or unacceptable behaviours in another. Further research needs to examine the nature of these and methods by which awareness of professionalism translates into action (i.e. the areas where conflicting values may occur).

CRITICAL REALISM & DATA ANALYSIS

Causal mechanisms are a 'reality' that cannot be directly observed (this is not the same as cause-effect; reality is much more complex). However, the components and outcomes of this reality can be observed and measured. **Components** for coding data were: morphostatic and morphogenic structures, entities, tendencies, events, behaviours and outcomes. These were then 'mapped' to explain how they interacted. **Theories** based on past research and other theoretical models were established and the *maps* were used to *test* which of these best explained nurses' actions and behaviours in the Facebook environment.

RESULTS

Components from the data were mapped (e.g. figure.1). This identified that despite having awareness of being professional and being in the domain of the professional group with other nurses a shift from professional-unprofessional seemed to occur. Indicating that awareness (self-efficacy) does not always result in professional behaviours and actions. For example, swearing would be deemed to be unprofessional but heightened emotions in response to politicians and policy changes that affect nursing created resulted in offensive language being 'accepted' within the group. Figure.2 provides an example framework illustrating how personal-professional-social values can create conflict and a shift in one may then affect the behaviours of an individual or group in the online environment.