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To be or not to be on Facebook: That is the question

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Health care professionals have a mandate to continually improve professional knowledge and skills, much of which is dependent on networking skills. In the last decade, our capacity to network with colleagues has been enhanced by expansion and improved usability of online technology. As the knowledge era arrived, so did interactive online tools including databases, discussion forums, informative blogs, wikis and online communities, allowing us to acquire, share and generate knowledge from our home or work space.

Concerns that some occupational therapists have about using online tools for collaboration and networking are centred on confidentiality, professionalism and self-protection (Baerlocher & Detsky, 2008). A simple way to overcome these concerns is to create closed and protected online communities. However, this can be costly, overwhelming, time consuming and therefore prohibitive for most individuals or agencies. As a result, using mainstream online technologies for professional networking has emerged as a viable option.

Facebook is an online community with over 400 million unique users (Facebook, 2010) and is the premier site in the English-speaking world. This article will explore current uses of Facebook by occupational therapy

practitioners, academics and students, suggest a set of guidelines for using this particular online community to ensure we uphold our professional code of ethics while enhancing professional development and networking, and present two case scenarios illustrating ethical considerations.

About Facebook

Facebook is a social networking site that allows members to create an individual profile, a 'group' around a special interest or a 'page' to disseminate information about a person, group or product. Presently there are over 1000 groups or pages related to occupational therapy in Facebook. Group pages range from 1 or 2 members or 'fans' to almost 6100 fans of the American Occupational Therapy Association's page. The majority of groups and

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Table 1: Selected Facebook groups and pages.

| Name of Group/Page | Description of Site | Number of members / fans |
|--|--|--------------------------|
| Facebook Occupational Therapy Association (FOTA) | Largest OT group on Facebook. An initiative by AOTA to increase consumer awareness of OT | 14 201 members |
| Collaborating & Sharing Ideas With Other Occupational Therapists | "You can brainstorm here! Talk to other therapists and see what they think or if they can help you out!" | 6132 members |
| British Association and College of Occupational Therapists | "We are here to help and guide our members throughout their studies and careers." | 2215 fans |
| OT • Occupational therapy | Purports association with WFOT. However ,unclear if this is true | 3150 members |
| American Occupational Therapy Association | Official fan page for AOTA | 6099 fans |
| American Occupational Therapy Association | Official group page for AOTA | 2751 members |
| OT 4 OT | Group for OTs who are early adopters of online technology | 420 members |
| YogOT | Group for OTs and OTAs interested in clinical applications of yoga | 86 members |
| MiSTERS OF OCCUPATIONAL THERAPY | A group for male OTs. But has a lot of female participants as well. Started by a B.C. occupational therapist | 181 members |
| MHOTCoP | A group originally set up for mental health OTs in Alberta, Canada | 11 members |
| ADVANCE for Occupational Therapy Practitioners | "Committed to helping therapists enhance their impact on the health-care industry." | 2268 members |
| Occupational Therapists 4 Micro-credit | Occupational therapists interested in micro-credit | 10 members |

Table 2: Facebook pros, cons and cautions

| Positive aspects of Facebook: | Potential negatives aspects of Facebook: | Cautions: |
|---|--|---|
| -sense of knowing what others are doing | -somewhat addictive | -applications can access your information |
| -ability to start a special interest group or fan page | -social “not-working” (being on social-networking websites, and not working (Urban Dictionary, 2009) | -consider who made the application and for what purpose |
| -getting information about OT out where people are really spending time | -time waster | -applications can produce SPAM |
| -instant messaging in chat, not stored for long, or at all | -potential identity theft | -netiquette of making friends and ignoring requests |
| -can be more private than email | -too much information about people with whom you are friends | -privacy issues |
| -way of getting grassroots connections | -vulnerable client users may be prone to manipulation | |
| | -exclusion of Facebook nonusers | |
| | -not always being used as intended | |
| | -every time there is an update privacy settings require resetting | |

pages have been developed by student groups, national associations, health care recruiters and special interest groups. Few occupational therapy academic programs have created official pages or groups; however, many occupational therapy students set up pages as a way to share information with their classmates. Table 1 lists some selected occupational therapy-related groups or pages while Table 2 outlines the pros, cons, and cautions of using Facebook.

Does what happens on Facebook stay on Facebook?

All information that you upload to Facebook is potentially available to any Internet user. Therefore maintaining privacy settings and keeping up to date with changes to Facebook policies is extremely important. Facebook users have ways to increase the likelihood that what happens on Facebook stays on Facebook, and is only shared with individuals whom they chose. However, diligence is required by users as default settings for Facebook accounts mean that information is potentially shared with anyone on the Internet. In addition to the concern surrounding what remains private and

what is shared, it is important to realize that, at the time of writing of this article (February, 2010), Facebook accounts closed at the request of users are not permanently deleted but are archived and stay on Facebook’s server. So to answer the question “Does what happen on Facebook stay on Facebook?” the answer is “yes”, all information stays on Facebook as an archive rather than being deleted, and “no” it does not necessarily stay just within Facebook, it can be copied and shared with others if account privacy settings are not set at a high level. Information about how to set up a Facebook account is outlined in Table 3 and information about how to check privacy settings are outlined in Table 4.

Ethics

There are a variety of ethical questions emerging as a result of use of social networks. Concerns include protection of one’s own information as well as privacy issues that arise when a supervisor, preceptor or instructor sifts through online information of someone with whom they are not directly connected. There are added ethical dilemmas as occupational therapists. For example, who

Table 3: Setting up a Facebook page.

| | |
|---|--|
| 1.Go to https://www.facebook.com/ (Note: the ‘s’ indicates connecting to a secure site) | 3.Go to “Privacy” settings |
| 2.Fill in the information on the main page | 4.Set all components to “Friends only” |

Table 4: Protecting yourself.

| |
|---|
| -Keep postings and personal information shared at the level where you will not have to repair your identity |
| -Identity presentation. Is this honest and accurate? |
| -Multiple personalities. Consider setting up an account for professional use and another for social networking, especially if you have existing separate work and personal e-mail accounts |
| -Dealing with friend requests will depend on the context. If the answer cannot be found in ethics guidelines, develop some self-monitoring rules. For example, accept all friend requests from students previously preceptored on fieldwork, or none at all |
| -Be aware that you may not automatically have a right to use information found online given recent rulings of the Office of the Privacy Commissioner of Canada |

should be added as a friend? Should use of this media be limited to family and friends? What about adding colleagues and students?

These decisions have the potential to blur professional and personal boundaries and separation of the real and virtual representation of oneself. Studies involving medical students and their Facebook profiles reveals fewer than 38 percent had set their privacy to protect personal information, including home address, sexual orientation and political perspectives (Thompson et al., 2008). This same study reports up to 70 percent of profiles reviewed contained material that could be deemed negatively, including portrayals of excessive alcohol consumption, overt sexuality and patient privacy violations. A subsequent letter to the editor of this same journal recommends a national conversation be facilitated to produce general guidelines for physicians to draw upon in using social networking sites (Gorrindo & Groves, 2008).

Privacy of online information has also garnered considerable Canadian attention. Facebook has had to address a complaint made by the Office of the Privacy Commissioner of Canada, alleging the social networking service had committed up to 22 privacy breaches. The complaint includes several issues with how information is used, stored and shared with third parties, even after information has been deleted by a user (Office of the Privacy Commissioner of Canada, 2009). One proposal made by Facebook to the Privacy Commissioner of Canada is that they will develop a future option to delete versus deactivate accounts. This is not yet an option for Facebook users, but is a potential future development; meaning that third parties can still obtain information, even from deactivated accounts. Similar concerns exist in the United States regarding unintended Facebook use and have resulted in some universities blocking the site (Read & Brock, 2006). In another report, lawyers advised against administrators using the site to monitor student behaviour for fear of litigation (Van Der Werf & Martin, 2007).

Other ethical quandaries can be addressed by reviewing and applying national guidelines developed by the Canadian Association of Occupational Therapists (CAOT, 2007) and further reinforced by provincial codes of ethics, such as those developed by provincial organizations across Canada. Examples of provincial guidelines readily available for public viewing include those of the Alberta College of Occupational Therapists (ACOT, 2005), College of Occupational Therapists of Ontario (COTO, 2002) and the Ordre des ergotherapeutes du Quebec (OEQ, 2009). Specific guidelines from CAOT (2007) encouraging caution for the following uses of Facebook include:

- using professional communication with clients,

colleagues, partners and stakeholders,

- ensuring confidentiality and privacy of others personal information,
- recognizing and managing issues related to conflict of interest, and
- abiding by legislative requirements and codes of ethics established by provincial occupational therapy regulatory organizations, as applicable, and other organizations to which the member has obligations.

In addition to guidelines serving to limit behaviour, other CAOT (2007) guidelines potentially encourage therapists to use Facebook:

- contributing to interdisciplinary collaboration and development of partnerships to advance the occupational performance of populations,
- promoting the profession to the public, other professional organizations and government at regional, provincial and federal levels, and
- contributing to development and/or dissemination of professional knowledge.

The sample of provincial ethics guidelines also serves to delineate behaviour while using this medium, including safeguarding client information from unwarranted disclosure and avoiding any activity or relationship which would exploit or cause harm to another person or to the profession.

For example, ACOT (2005) ethics guidelines state that inherent in the client-therapist relationship is differential power that can be exploited. As occupational therapists we should, therefore, not engage in any forms of relationship with clients that could potentially cause harm or exploit the relationship. Such forms of relationship could include using Facebook for financial, personal, sexual, material or business purposes with clients. Even virtually, engaging in such activities would be exploiting the therapeutic relationship. See Table 5 for case scenario examples.

Conversely, the provincial sample of ethics guidelines as outlined could also be interpreted as incentives for using this media as a means of improving the knowledge base of the profession. As occupational therapists, we need to be cognizant of how we contribute to the body of knowledge of occupational therapy. These provincial guidelines state that through a variety of media, we can share our experiences and influence development of our body of knowledge. In-servicing, newsletter submissions, panel discussion participation, student supervision, and clinical research are examples of activities listed in these guidelines (ACOT, 2005). As a profession, it is timely to consider updating our practice guidelines to also

Table 5: Case scenarios: Potential ethical dilemmas.

Case 1: An occupational therapist working in a school setting completes an assessment on a child with the child's mother in attendance. The occupational therapist and the client's mother discuss the assessment findings and collaborate on a planned course of action. Later that evening, the client's mother searches online for information about the occupational therapist, and finds the occupational therapist's Facebook page. There are no privacy settings and all of the occupational therapist's information, pictures, videos and wall posts are visible to anyone. The client's mother is highly offended by some of the content she reviews, significantly affecting her impression of the therapist and causing her to question if this is someone she wants involved with her daughter.

Issues:

1. Privacy setting of the Facebook account. Privacy controls on Facebook have been established to limit public viewing. In this case, they should have been used to limit the visibility of the content of a personal page to only those that have been identified as 'friends'.
2. Visible and posted content. Given that third parties, social connections and potentially the public can access posted information, precautions should be in place to prevent private content from being posted.
3. Accessed information. The parent in this case was using a social networking site to research someone's professional standing. This needs to be kept in mind when posting private information on the Internet.

Case 2: An occupational therapist using Facebook discovers Canadian Musician, Matthew Good, is on Facebook. He is open about living with a diagnosis of bipolar disorder. He is also an advocate for mental health and has a number of links on his fan pages to blogs relevant to occupational justice, mental health and innovations in electronic media. The occupational therapist becomes a fan of the artist on Facebook, posts the link to the artist's blog page and a number of other current links to resources, community-based initiatives and government studies

Potential issues:

1. The client/therapist relationship divide may become blurred in this situation. The occupational therapist would be ill-advised to enter into a treating relationship with the artist if a social relationship, even virtual, develops.
2. The disclosure of information may not be intended for a therapeutic relationship. However, the artist has made his information part of a public basis of advocacy and discussion. This public accessibility of the information encourages discussion and dissemination of information. In addition, occupational therapists are ethically responsible to participate in improving their knowledge base in topical areas.

include ethical use of electronic media, such as Facebook, and keep in step with global trends.

So, should you be on Facebook?

Adopting online technologies to network and build online communities of practice has both risks and benefits for professional practice. Online social networks such as Facebook offer a fast and easily accessible online space to form communities of practice while also enabling us to work towards enhancing public awareness of occupational therapy. When using online social networks we need to be cognizant of upholding professional ethics and preserving boundaries between our professional and personal lives. Effectively managing our relationships, real or virtual, and managing what information is available online both contribute to ensuring our visible online image is professional. We have outlined steps each individual can take to ensure that they can experience the benefits of online social networking while managing the risks to maintain the boundaries between private and professional life.

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