Ethics in an Age of Information Seekers: A Survey of Licensed Healthcare Providers about Online Social Networking

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Abstract
This study examines the current beliefs and behaviors of licensed psychologists, physicians, and social workers regarding ethical use of the social networking website, Facebook©. The study utilized a survey which was adapted from ethics questionnaires used in previous research to explore professionals’ average numbers of Facebook friends, social groups, and photo albums as well as attitudes toward possible regulation of online social networking by professional organizations. Statistically significant differences were found among groups regarding the degree to which they wanted guidance on ethically managing technology like social networking websites, with psychologists and social workers desiring more guidance than physicians. Overall, this study shows that the majority of psychologists, physicians, and social workers now frequently use Facebook, often providing personal information on their profiles that may include that which is not generally disclosed in a client-therapist or doctor-patient relationship.

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ETHICS IN AN AGE OF INFORMATION SEEKERS: A SURVEY OF LICENSED HEALTHCARE PROVIDERS ABOUT ONLINE SOCIAL NETWORKING

A THESIS

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APPROVED:

_________________________
Michelle R. Guyton, Ph.D.
ABSTRACT

This study examines the current beliefs and behaviors of licensed psychologists, physicians, and social workers regarding ethical use of the social networking website, Facebook®. The study utilized a survey which was adapted from ethics questionnaires used in previous research to explore professionals’ average numbers of Facebook friends, social groups, and photo albums as well as attitudes toward possible regulation of online social networking by professional organizations. Statistically significant differences were found among groups regarding the degree to which they wanted guidance on ethically managing technology like social networking websites, with psychologists and social workers desiring more guidance than physicians. Overall, this study shows that the majority of psychologists, physicians, and social workers now frequently use Facebook, often providing personal information on their profiles that may include that which is not generally disclosed in a client-therapist or doctor-patient relationship.

Keywords: Facebook, social networking websites, ethics, technology, health care professionals
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Introduction

For psychologists, physicians, social workers, and other health care professionals the nature of how one communicates and interacts with clients reliably adapts to new modes of communication and media resources. Presently, modern technologies pose new concerns for therapists and clients, such as expectations about therapists’ online availability or the online accessibility of mental health related information. With the growing prevalence of online social media networks, some of the prior barriers to self-disclosure by a therapist are weakening, and have impacted the client-clinician relationships in a variety of health professions.

Social networking websites like Facebook can be used to connect with other people, test ideas, and confront diverse perspectives that our limited local experiences might not offer. Despite the fact that there are ways that social media has aligned with the advancement of socialization and the development of a globally connected world, there are also ethical snares for health professionals that need to be addressed when it comes to maintaining a professional and ethical presence within the context of an information-seeker’s age. The public availability of personal information has led to ethical problems regarding clients’ rights to confidentiality, the appearance of professionalism, and the act of unintentional online self-disclosure by therapists and other healthcare professionals.

Review of the Literature

Whereas most clinicians have personal boundaries regarding the limits of their self-disclosure during sessions with clients, there do not seem to be clear policies or standards in health professions about self-disclosure when using new technologies like online social media. Yet there is agreement between the American Psychological Association Ethics Committee and
several other professional associations (the American Medical Association, the American Counselors Association, and the National Association of Social Workers) about the ethical considerations healthcare professionals should be mindful of when interacting online, such as concerns about confidentiality and unwarranted self-disclosure.

Despite the fact that the American Psychological Association’s *Ethical Principles of Psychologists and Code of Conduct* addresses issues of client confidentiality, the code does not speak directly to ethical issues surrounding the use of technology in practice. The APA Ethics Committee has tended to avoid offering advice concerning technological advances. Instead, the association has attempted to organize the *Ethical Principles of Psychologists and Code of Conduct* in a way that provides guidance for clinicians who will need to respond to changes in the field, including changes in technology. The APA (2002) ethics code covers all areas of professional practice, so confidentiality regulations are scattered throughout the document. Standard 4.01 of the APA ethics code (Maintaining Confidentiality) mandates the protection of clients’ information, asserting:

Psychologists have a primary obligation to take reasonable precautions to protect confidential information obtained or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship (APA, 2002, p. 7).

In this regard, Psychologists are expected to always be cognizant of the limits of their ability to protect client confidentiality when storing client information electronically or discussing a client through computerized technology. Reasonable precautions a psychologist could take to protect information stored in electronic format includes using a password to protect client information and removing identifying information from any electronic communication about a client, which
could be intercepted by a third party, particularly in the case of electronic mail. Furthermore, the
current ethics code (APA, 2002) makes the relationship between informed consent rights and
confidentiality rights very visible. Ethical Standard 3.10 (Informed Consent) requires
psychologists to inform their clients about the limits of confidentiality. Seven additional
standards describe the clients’ rights to be informed about the limits of confidentiality in specific
contexts (Ethical Standards 3.07, Third party requests for services; 3.11, Psychological services
delivered to or through organizations; 4.02, Discussing the limits of confidentiality; and 10.01,
Informed consent to therapy). Section 4.02c states that psychologists who offer services,
products, or information electronically should inform clients of the risks to privacy. It is unclear,
however, whether psychologists should be obligated to expand this standard to apply to other
potential personal electronic communication media, such as social networking websites. For
instance, a client could post information on a therapist’s personal page if the necessary privacy
settings are not in place, potentially compromising his or her confidentiality.

Psychologists are but one group of mental healthcare professionals who must manage a
changing dynamic between client and caregiver. Other professionals who interact closely with
clients and patients, such as social workers and medical practitioners cope with similar ethical
and professional concerns. Some direction on professional and ethical issues of confidentiality,
consideration, responsibility, and respect for clients’ rights in all interactions, including through
electronic means, can be found by examining the ethical guidelines of three other healthcare
professions: counselors, social workers, and physicians.

When counselors are faced with ethical dilemmas that are difficult to resolve, they
engage in an ethical decision-making process similar to clinical psychologists. The code of ethics
followed most closely by members of the American Counseling Association is The American
Counselors Association Code of Ethics (American Counselors Association, 2005). This code of ethics adds to the discussion by specifically addressing ethical guidelines for counselors who maintain websites. Although this section appears to apply only to professional websites without addressing personal websites, it helps clarify some of the concerns to be considered. For example, section A.12.h of the ACA Code of Ethics states that counselors maintaining websites must check that electronic links are working and are professionally appropriate, establish ways clients can contact their counselor in the case of technology failures, and establish a method of verifying client identity. While these guidelines do not explicitly refer to social networking sites, the ethical implications involved with similar media modalities could be implied. For example, verifying client identity is a necessary step in ensuring that a client’s right to confidentiality is protected. If an electronic message is sent, a mental health professional is ethically obligated to take reasonable precautions to ensure the client alone is the recipient of the message. It could be implied that a counselor should inform prospective or current clients about the limits to confidentiality in any situation, regardless of the medium of communication.

Like counselors and clinical psychologists, social workers are concerned with protecting clients’ rights to privacy and confidentiality. According to the National Association of Social Workers Code of Ethics, “social workers should not discuss confidential information in any setting unless privacy can be ensured. Social workers should not discuss confidential information in public or semipublic areas” (National Association of Social Workers, 2008, p. 153). Because the Internet is a public forum, this ethical principle is applicable. Section 1.07 of the NASW Code of Ethics specifically addresses the confidentiality limits of electronic communication, advising, “social workers should take precautions to ensure and maintain the confidentiality of information transmitted to other parties through the use of computers, electronic mail, facsimile
machines, telephones and telephone answering machines, and other electronic or computer technology” (NASW, 2008, p. 153). While this is the only section of the NASW code of ethics that specifically addresses the ethical dangers inherent when using technology, it aligns nicely with the ACA Code of Ethics and provides a more solid ethical floor to guide other health professionals in the ethical use of online communication.

Similar to psychologists, counselors, and social workers, physicians struggle with how to appropriately engage patients in online forums. Although the American Medical Association Code of Medical Ethics also does not explicitly address how physicians should use online media, opinions regarding ethical use of electronic mail and websites providing medical information are provided (American Medical Association, 2005). Opinion 5.026 of the AMA guiding principles recommends, “when communicating with patients via e-mail, physicians should take the same precautions used when sending faxes to patients.” The Code also cautions that physicians should engage in email communication only with proper notification of email’s confidentiality limitations, echoing the APA and ACA ethical standards.

In addition, the American Medical Association Code of Medical Ethics specifies, “physicians who establish or are involved in health-related online sites that use patient-specific information must use high-level security protections, as well as privacy safeguards” (AMA, 2005, p. 131). The ethical dilemmas doctors and other health professionals may run into when using technology according to the AMA code of ethics include lapses in informed consent, risks to medical safety, and harm done to patient confidentiality by a breach in data security.

While no direct guidelines have yet been established for the personal use of social networking websites by the APA, ACA, NASW, or the AMA, the importance of certain common areas of concern can be agreed upon such as maintaining confidentiality and protecting others
from harm. In the absence of specific code language, the guiding ethical principles of each of these organizations advise health professionals how to resolve ethical dilemmas. The AMA Code of Ethics requires that all physicians make ethical decisions based on their responsibility to the wellbeing of their patient with respect to their human dignity and rights (AMA, 2002). The NASW Code of Ethics guides social workers to make ethical decisions based upon the guiding principles and to identify relevant social considerations when ethical uncertainties arise (NASW, 2008). The ACA Code of Ethics postulates, “when counselors are faced with ethical dilemmas that are difficult to solve, they are expected to engage in a carefully considered ethical decision making process . . . While there is no specific ethical decision-making model that is most effective, counselors are expected to be familiar with a credible model of decision-making that can bear public scrutiny and its application” (ACA, 2005, p. 3). Psychologists, similarly to counselors, are advised by the APA Code of Ethics to engage a model of ethical decision-making. In response to the implications of rapid technological changes, the APA Ethical Principles of Psychologists and Code of Conduct states:

In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organization clients, and others from harm.

(APA, 2002, p. 5)

Overall, the perspectives offered by these different professional organizations offer roughly the same guidance to professionals who encounter ethical dilemmas in unfamiliar territory; carefully consider the situation and act in a way that protects clients, patients, and others from harm to the best of one’s ability. NASW specifically instructs social workers to take
into consideration social issues, while the AMA stresses the importance of respecting patient dignity. The APA general principles of beneficence and non-maleficence, fidelity and responsibility, integrity, justice, and respect for people’s rights and dignity guide psychologists in making ethical decisions. The ACA emphasizes the necessity of utilizing an ethical decision making model to inform their actions. Taken together, the guiding principles of all these professional organizations encourage healthcare professionals to, at the very least, do no harm. Of particular note, the APA stresses the importance of psychologists ensuring the competency of their work in emerging fields in which standards and training do not yet exist. At this point, it seems psychologists must learn how to navigate competently using technology within practice and personal life. Presently no document has set forth a clear set of guidelines to help health professionals avoid ethical mistakes or causing harm (unintentional or not) on new communications media, such as social networking websites. However, several articles, opinion papers, and ethics surveys have emerged, detailing the personal experiences of many health professionals and offering advice on how to avoid ethical missteps when it comes to maintaining an online presence.

**Historical Contexts: Psychologists’ Attitudes about Technology and Practice.** A survey of licensed mental healthcare professionals indicates that psychologists have historically been uncomfortable using new technology within the context of their practice and have been concerned about the potential ethical issues (Rosen and Weil, 1996). A brief telephone interview of 213 California psychologists assessed demographic data, practice characteristics, technology utilization, and overall attitudes toward technology. At the time, 72% of the sample used a computer in their practice and only 69% of these computers had access to the Internet. When asked about their level of comfort with computerized technology, 20% of the sample rated
themselves as moderately to highly technophobic. Another 34% rated themselves as mildly technophobic. While this study is older than more recent studies and is likely not reflective of current practices, it provides an interesting glimpse at psychologists’ progressive use of and comfort with technology over time.

A similar study examined psychologists’ behaviors and beliefs regarding the ethics of using technology in practice (McMinn, Buchanan, Ellens, and Ryan, 1999). The researchers surveyed licensed psychologists to examine how they used technology in their practices and their beliefs about the ethics of using certain technologies that could risk compromising a client’s rights to confidentiality (N = 420). The questionnaire designated three categories of technology: first-, second-, and third-wave technology. First-wave technologies allowed for efficiency in maintaining records and office procedures but had little impact on clinical services. Second-wave technologies, such as using computers to assist with psychological assessment and scoring, had a larger impact on clinical services. Third-wave technologies included emerging innovations that had not yet established a secure foothold in psychological practice but had a direct impact on clinical services, such as using virtual reality in the treatment of anxiety disorders.

Use of technology and beliefs about the ethics of use were rated using a five-point Likert scale (McMinn, et al., 1999). Participants reported more frequent use of first-wave technologies (M = 2.86, SD = 0.98) than use of second-wave technologies (M = 1.63, SD = 0.49). They reported nearly no usage of third-wave technologies (M = 1.07, SD = 0.20). Participants were particularly concerned with possible technology failures, unintentional breaches in client confidentiality, and potential ethical liabilities. The authors concluded that although psychology is brimming with new technologies that can enhance practice they must be carefully examined for potential ethical problems because they bring both the potential to help and risk of harm.
Social networking websites: The Internet as a personal and professional resource.

The Internet has connected people on a global level and offered a novel mode of social interaction. Social networking websites have been shown to increase one’s social capital, increase professional visibility, and be a relaxing and enjoyable method of self-care. Research shows that individuals who connect and maintain online contact with “real-life” friends tend to develop and sustain emotional support networks, integrate into their communities more effectively, and have greater overall psychological wellbeing than those who do not (Ellison, Steinfeld, and Lampe, 2007). A survey of 286 undergraduate students was conducted at a large university to examine the relationship between use of Facebook and the formation and maintenance of social capital (Ellison, Steinfeld, and Lampe, 2007). Social capital referred to the resources accumulated through the relationships among people, such as useful information, personal relationships, or the ability to organize groups.

The researchers assessed subjective wellbeing as well the extent to which the participant was actively engaged with Facebook and their Facebook friends. Measures of psychological wellbeing were the Rosenberg Self Esteem Scale (Rosenberg, 1989) and a Satisfaction with Life Scale (SWLS; Diener, Suh, & Oishi, 1997). The researchers first investigated the extent to which demographic factors, psychological well-being measures, and general Internet use predicted the amount of bridging social capital reported by students. The key finding was, after first controlling for demographic factors, psychological well-being measures, and general Internet use, the extent to which students used Facebook intensively still contributed significantly (scaled beta = .34, p < .0001; adjusted \( R^2 = .38 \)). Results showed a strong correlation between use of Facebook and accumulation of social capital, predicting how well participants integrated into the community, their willingness to support the community, and their willingness to create ties with
others. In addition to being a common social resource, the Internet can be an important professional resource for psychologists and other health professionals. Online social networking is attractive to professionals for many reasons. Having an online presence can be helpful in increasing one’s professional visibility, especially since research shows that clients are increasingly seeking doctors and mental health services online. In a recent survey of healthcare seeking behaviors by the Pew Charitable Trust, researchers interviewed American adults over the telephone regarding whether they had done Internet searches for a variety of specific health and medical topics. The researchers concluded that half of all adults in the United States have gone online to find health information and 21% have sought mental health information online (Fox & Fallows, 2003). Thus, there are multiple reasons why a mental health professional would choose to maintain an online presence. Of course, maintaining a professional website is inherently different from maintaining a personal social network page. Yet the distinction between personal and professional information is sometimes unintentionally blurred online.

Avoiding the Avoidable: Breaches in Confidentiality. While issues of confidentiality are not likely to come up when clinicians use a website that describes their practice or professional credentials, a blog, MySpace page, or Facebook account enables interaction with others and could be the source of some ethical problems. According to an article by Zur (2010), some therapists choose to use a Facebook page rather than a profile, which is composed of one-way relationships with those who “like” the page or business. The author notes that even on a Facebook Page clients can become fans and “like” the page, therefore joining the page and becoming enabled to post on the wall. A client may potentially post therapy related messages, which could be troublesome in regard to confidentiality, privacy, and HIPAA compliance. Thus,
when it comes to privacy, therapists must know the difference between public and private wall
posts and private communications.

Even private communications are not foolproof. Communication through electronic
means, whether through Facebook, texting, or even email, is never guaranteed to be completely
confidential. Websites such as Facebook detail the limits of their privacy options directly on their
websites because no security measures are ever flawless (e.g. passwords can be guessed and
accounts can be hacked). Privacy policies make clear that any data kept online cannot be
guaranteed to be secure, such as the disclaimer Facebook provides to its users:

Although we allow you to set privacy options that limit access to your
information please be aware that no security measures are perfect or impenetrable.
We cannot control the actions of other users with whom you share your
information. We cannot guarantee that only authorized persons will view your
information. We cannot ensure that information you share on Facebook will not
become publicly available. We are not responsible for third party circumvention
of any privacy settings or security measures on Facebook.

(Facebook Privacy Policy, 2010)

As psychologists become more comfortable using technology in their professional and
personal lives, it is also important that they become more vigilant about privacy policies, security
of data, and availability of personal information to the public. To protect confidentiality rights,
clients should be informed about the concerns surrounding privacy and confidentiality when it
comes to online communication. An exploratory study of social worker’s experiences with email
use indicates that almost two thirds of social workers’ agencies do not attach a confidentiality
notice to emails that are sent to clients and many have run into far more serious difficulties, such as sending email to the wrong person (Finn, 2006).

An exploratory study on email usage among Central Pennsylvania social workers ($N = 384$) found that almost two-thirds of social workers have not used email with clients (Finn, 2006), and 58.1% believe that email with client information should not be used because it may violate client confidentiality. The majority (87.7%) found email for therapeutic purposes to be unethical and ineffective. However, more than half of the sample (57%) believes that it is ethical to email clients about scheduling appointments and 60% believe it is ethical to provide factual information to clients via email. Sample participants were asked to indicate on a four-point Likert scale how often they had encountered certain difficulties with email, including receiving email that was not intended for them, sending email to the wrong person, and receiving email that was threatening or harassing (1 = never, 4 = often). About one third of the sample (31.9%) reported sending email to the wrong person at some time, although it was an infrequent occurrence ($M = 1.35$, $SD = .57$). Repercussions were also reported among a small minority of the sample (10%), including receiving harassing or threatening emails from clients ($M = 1.11$, $SD = .36$).

Social workers in this sample experienced difficulties related to email only infrequently, yet there is still cause for concern (Finn, 2006). Approximately 1 in 20 social workers reported that email led to a misunderstanding with consumers and that email violated a client’s confidentiality. The sample of social workers reported ethical and legal dilemmas related to providing services through email including issues related to appropriate identification and assessment of clients, privacy, security and confidentiality, and lack of regulation. Only one third of social workers reported that their agency attaches a confidentiality notice to emails. Overall,
this study found that social workers tend to have negative experiences related to using email with clients, and the authors suggest that policy and infrastructure that promote email safety and client confidentiality should become standard practice. The researchers conclude that as electronic communication for providing efficient and convenient services arises and integrates into agency life, attitude change and policy development will require comprehensive efforts to define, assess, and examine online communications use in order to inform training and practice.

The Internet as a “Slippery Slope”

The development of program professionalism policies that specifically address Internet use such as blogs and social networking sites could not only help health care professionals avoid compromising client confidentiality; it could also help professionals recognize “slipping” towards violating other ethical standards, such as avoiding multiple relationships and inappropriate self-disclosures. In an article describing the early boundary problems that can arise from utilizing email and other electronic communication between doctors and their patients, Gutheil and Simon (2005) examine the Internet as a “slippery slope,” a term used to describe the idea that most boundary crossings begin with small deviations that become progressively larger. The authors stress when communicating with clients online, the relative lack of sensory data often allows illusions and fantasies to increase. Several boundary transgressions, including inappropriate self-disclosure, inappropriate language, and breaches of confidentiality could result from online communication with clients or patients. The authors stress that the potential for sexual misunderstandings is increased when communicating online, thus the professional boundaries in place should be carefully monitored. Professional boundaries could be monitored through the development and use of program-specific professionalism policies that specifically address the use of online communication and networking. Developing professionals including
graduate students in particular, who many not yet have a firm sense of their ethical responsibilities, could benefit from guidance when it comes to managing their personal life online in conjunction with a sense of professionalism.

**Developing Professionals: Graduate students’ personal lives on the Internet.** In an article examining the ethical dilemmas regarding graduate psychology students’ personal lives on the Internet, Lehavot (2009) refers to the *Ethics Code of the American Psychological Association* (2002) to examine ethical concerns related to privacy, confidentiality and implications for students’ clinical work. According to Lehavot the Internet is equivalent to a public place; thus individuals who post personal information online should have no expectations of privacy. A second issue presented by Lehavot concerns the boundaries between one’s personal and professional life. Because the APA Ethics Code applies only to a psychologists’ professional life, when students are not in their roles as therapist, the Ethics Code cannot be enforced except when a psychologists’ personal lives interferes with his or her professional one (Lehavot, 2009). Situations in which students make derogatory comments online about clients, advisors, or programs could be constituted as unethical, or at the very least, unprofessional. Clients’ rights to confidentiality could very well be compromised and the profession stigmatized by such comments. It is therefore very important for therapists use caution when communicating online, and to use privacy settings when they are available. Even seemingly harmless information posted online, such as a therapist’s political or religious views, has the potential to affect the client-therapist relationship through unintentional self-disclosure.

It is important to note the distinction between self-disclosures made in therapy and those that are made inadvertently online, such as information available on a social networking website. Although ordinarily self-disclosures are made intentionally, self-disclosures about a therapist that
a client could access via the Internet also have the potential to impact the therapeutic relationship. Self-disclosures made to clients must be carefully evaluated for their service to the client’s best interest if they are to be considered ethical. Not all self-disclosures are unethical; some are made purposefully to serve the client’s best interest and other self-disclosures are unavoidable. In an article that examines the psychological rationale for use of self-disclosure in treatment, Goldstein (1994) posits that self-disclosure challenges the usual power arrangements that are reflected in the traditional therapist-client relationship. To act ethically, therapists should refrain from imposing their own values and attitudes on clients or meeting their own needs through them. While not all self-disclosures are necessarily bad, the disclosures that are made publicly available online could be found by any curious client with a computer. For example, a client could discover that his or her therapist has very strong religious values and political opinions, which they disclose on a personal Facebook page. While it may not necessarily have been meant to influence the client, it nevertheless will have an impact. In addition, disclosures of clinicians’ counter transference feelings have been found to sometimes damage therapeutic relationships. The impact of therapist disclosure online can damage the therapeutic alliance between a clinician and client if offhand remarks are made of them (or other clients) online, whether or not they are meant to be private. Therapists must be cautious and thoughtful about the information they share in public forums, as it seems that subtle differences in clients and situations may determine whether an action is helpful or harmful to a client.

However, sometimes the Internet can be a useful tool for therapists to use with clients. In another article, Lehavot (2009) presented a case study of a client who ran an online search for her psychotherapist to check her educational background and credentials. The client’s behavior presented a foundation for the client and therapist to explore together how the client attempted to
form and maintain trusting relationships, as well as past difficulties she may have experienced. Similarly, when a client sends a friend request a therapist on Facebook, the therapist should consider the function of the behavior within the context of therapy. Lehavot (2009) gives the example that the client may have a pattern of pushing boundaries within relationships or could be trying to feel more connected to the therapist. A clinician can examine the function of the client’s behavior to attain “friendship” or information about the clinician via the Internet. This information could be used later to inform treatment. Lehavot (2009) makes a point to note, however, that this does not mean a clinician should accept the request, suggesting that psychologists should only engage in social networking with clients if it is not counter to the therapist’s goals and client’s wellbeing.

The research thus far has shown that individuals are increasingly using social networking websites to stay connected, meet new people, and establish an online presence. As further research indicates, graduate psychology students are not the only ones who struggle with how to manage their personal lives online. Medical students also struggle with how to appropriately navigate social networking websites. In an anonymous electronic survey of medical school deans of student affairs, their proxies, or their counterparts, Chretien, Greysen, Chretien, and Kind (2009) assessed medical school experiences with online posting of unprofessional content by students, and policies regarding online posting. The sample was collected using a list of institutions in the Association of American Medical Colleges.

Sixty percent (70/130) of participants surveyed reported incidents of students posting unprofessional content online. In the past year, 13% reported no incidents, 78% had fewer than 5 incidents, 7% had 5 to 15 incidents, and 2% (1 out of 47) had some incidents but did not know how many. Violations of patient confidentiality were involved in 13% of these incidents. Further,
38% reported sexually suggestive content was involved, 40% reported depicted intoxication, and 48% involved discriminatory language.

Additionally, the researchers assessed the level of concern among student affairs deans or proxies regarding students posting unprofessional content online as well as whether their school’s current professionalism policies covered student-posted online content. If the professionalism policies covered student-posted content, participants were asked to indicate whether the policy explicitly mentioned Internet use such as blogs and social networking sites. Only 38% (28/73) medical schools reported having policies that addressed student-posted online content. Just 18% (5/28) of deans surveyed said that their school’s professionalism policy specifically addressed issues of Internet use such as blogs and social networking websites. Of the 45 schools that reported an incident, 30 gave informal warnings (67%) and 3 reported that students were dismissed from their programs (7%). Deans who reported incidents of unprofessional content by medical students were significantly more likely to report having a professionalism policy that covered student-posted online content (91% vs. 63%; \( p = .003 \)).

The authors of this study came to the conclusion that while many of the schools surveyed had incidents of unprofessional student online postings, most did not have an adequate professionalism policy in place to address issues of ethics code violations.

In another study, the Facebook profiles of all medical students \((N = 501)\) and residents \((N = 312)\) at a large southern university were evaluated objectively and subjectively for unprofessional content (Thompson, Dawson, Ferdig, Black, Boyer, Coutts, & Paradise-Black, 2008). The researchers performed a qualitative analysis of any unprofessional material found on students’ Facebook profiles. Unprofessional material was defined as “any material that could be interpreted to illustrate substance abuse, sexism, racism, or lack of respect to patients”
(Thompson et al, 2008, p. 955). Results of the study showed that approximately 63% of all participants kept their Facebook profiles public, and medical students had significantly more friends than residents ($M = 140.80, SD = 10.80$ and $M = 24.00, SD = 7.80$ respectively, $p < .05$). Medical students also joined significantly more Facebook groups than medical residents ($M = 12.20, SD = 1.10$ and $M = 3.30, SD = 1.00$ respectively, $p < .05$). Qualitative analyses of profiles showed that of a random subset ($N = 10$), approximately 70% had photos displaying alcohol. Use of Facebook was more common among medical students (64.3%) than residents (12.8%), and most medical student participants chose to keep their profiles open to the public (62.1%).

According to the results of the study, medical students, more so than residents, may not associate negative professional consequences with their current and future practices of sharing information that could be misconstrued. Interestingly, about half (49.8%) of all medical students who maintained Facebook profiles were male, whereas males constituted a large majority (80%) of residents who maintained profiles. While this study gives an interesting look at how medical students and residents are grappling with professionalism and ethics in their personal online lives, it has several limitations. First, the study was conducted only once at one institution, so it cannot necessarily be generalized other medical institutions. Second, a very small number of in-depth analyses ($N = 10$) were conducted, which also limits the assumptions that can be made based on the results. Psychologists and psychology graduate students, like medical students, have experience grappling with ethical dilemmas on Facebook as indicated in the following study of APA members and students.

In a study of 695 American Psychological Association members and doctoral-level psychology students, researchers used an online survey to examine psychologists’ use of Social Networking Websites, ethical dilemmas they have encountered when using Facebook, and their
belief about the ethics of such use (Taylor et al., 2010). Because the majority of the sample (91%) was comprised of graduate students, findings cannot necessarily be generalized to the larger population of psychologists or APA members. However, it does give an interesting glimpse into the problems that can develop between therapists and clients due to the blurring of public and private information. The survey included 14 questions about participants’ current use of social networking websites and other online activities, feelings about possible regulation of online activities by the APA, and interesting or difficult encounters with clients as a result of online activities. Participants ranked nine behaviors related to Internet use according to how often they had engaged in the particular behavior on a five-point Likert scale. A repeated-measures multivariate analysis (MANOVA) indicated overall differences in ratings. Significant differences were found in all but one of the contrasts. Overall, participants reported that they would reject or ignore attempted client contact via social networking websites ($M = 3.4, SD = 1.80, p < .05$) and posted videos or photos of themselves online ($M = 2.90, SD = 1.30, p < .05$). These behaviors were reported more frequently than others, such as using pseudonyms to disguise participant’s identities and searching for a client on a social networking website ($M = 1.50, SD = 1.10, p < .05$). The behavior engaged in the least was discussing aspects of online activities with clients ($M = 1.10, SD = .30$).

Results showed that 77% of the sample reported maintaining a Social Networking Website page; of that group, 15% reported that they did not use privacy settings to protect their personal information. Younger respondents were more likely than older respondents to maintain a profile as indicated by a significant negative correlation ($r = -.45, p < .01$). No participant over the age of 54 reported maintaining a profile, whereas, 86% of the under 30 respondents did. A negative correlation was also found between age and the degree to which participants reported
having thought about the ramifications of using Social Networking Websites ($r = -.23, p < .01$). Interestingly, younger psychologists and graduate students were more interested in the ethical implications inherent in using online social media, yet older, more experienced professionals reported spending less time thinking about the ethical ramifications of such use.

The present study. Overall, the research indicates that the current ethical guidelines established by the APA, ACA, NASW, and AMA have refrained from explicitly regulating online content posted by licensed healthcare professionals. Whereas all of these ethical guidelines provide direction on how to handle unexpected ethical dilemmas, healthcare professionals are often not aware of the ethical ramifications involved in posting certain content online and are unsure how to proceed when faced with ethical dilemmas involving online social media. Negative attitudes and lack of information has tended to be the general pattern when it comes to healthcare professionals understanding of maintaining an online presence. The present study was designed to examine the behaviors of licensed health care professionals pertaining to their use of Facebook and their beliefs about the inherent ethical implications. For the purposes of this study, psychologists, physicians, and social workers licensed by state boards in California, Oregon, and Texas were contacted through the mail and asked to complete a short survey. The names and addresses of potential participants were obtained through the board licensee databases in each state and a total of 450 psychologists, physicians, and social workers were randomly selected. Key variables included participants’ current use of Facebook, opinions regarding regulation of social networking activities by professional organizations, and personal experiences of interactions in their professional work as a result of online activities. Another key variable in this study pertained to health professional’s attitudes about possible regulation of professionals’
personal online behavior by professional associations, such as the APA, ACA, NASW, and AMA.
Methods

Participants

Sample participants were recruited from the states of Oregon, California, and Texas. Registers of licensed physicians, licensed psychologists, and licensed clinical social workers were obtained from the states’ official websites. In total 88 individuals returned the survey. The completion rate of 16.3% was lower than expected. Completion rates among groups were 28.6% for psychologists, 19.3% for social workers, and 10.7% for physicians. Forty-nine percent of the final sample was made up of psychologists, 33% was composed of social workers, and 18% were physicians.

Of the 88 participants, 43 were men and 45 were women. With respect to ethnicity, 85 (96.6%) identified themselves as White, two (2.3%) as Hispanic, and one (1.1%) as Asian or Pacific Islander. The mean age of respondents was 50.99 years ($SD = 11.11$) and mean number of years in licensed practice was 17.71 years ($SD = 10.35$). The mean number of years in licensed practice was also comparable across groups, with psychologists averaging approximately 18 years ($SD = 10.90$), social workers about 15.5 years ($SD = 9.14$), and physicians 21 years ($SD = 10.40$). Of psychologists, 81.4% (35/43) reported having a Ph.D., while the remaining 18.6% (8/43) had a Psy.D. Twenty-seven (93%) of social workers sampled reported having an MSW, while one had an M.S. and one had an M.F.T. Of physicians, 88% (14) had an M.D. and 13% (2) reported a D.O.

Overall, the respondents reported that most of their professional time (77%) was devoted to direct services or assessment and treatment, with a smaller percentage devoted to administrative, supervisory, or other work. Regarding participants’ areas of licensure, 16
members of the sample were identified as physicians (18.2%), 43 were psychologists (48.9%),
and 29 were social workers (33%).

Table 1

*Sample Demographic Variables Across the Three Professional Groups*

<table>
<thead>
<tr>
<th></th>
<th>Psychologists</th>
<th>Social workers</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female Sex</td>
<td>21 (48.8%)</td>
<td>19 (65.5%)</td>
<td>4 (25%)</td>
</tr>
<tr>
<td>Age $M (SD)$</td>
<td>51.66 (11.06)</td>
<td>50.28 (12.17)</td>
<td>51.1 (9.75)</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White (non-Hispanic)</td>
<td>43</td>
<td>27</td>
<td>15</td>
</tr>
<tr>
<td>Hispanic</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Years licensed</td>
<td>18 years $(SD = 10.90)$</td>
<td>15.5 years $(SD = 9.14)$</td>
<td>21 years $(SD = 10.40)$</td>
</tr>
</tbody>
</table>

**Materials**

The survey that was sent to participants was developed specifically for the purposes of
this exploratory study, although the format used is similar to ethics questionnaires used in past
research on the beliefs and behaviors of mental healthcare professionals (e.g. McMinn,
Buchanan, Ellens & Ryan, 1999). It featured 42 questions intended to gather information about
participants’ current use of social networking websites and Facebook in particular, their beliefs
about the ethics of using online social networking websites, beliefs about the need for graduate Ethics courses to address online social networking, and beliefs about need for regulation by professional organizations. The questions were rated on one of two 5-point Likert scales; one scale addressed how often participants engaged in certain behaviors (1 = never to 5 = always) and the other rated their level of agreement with specific beliefs and statements about the ethics of using Facebook (1 = completely disagree to 5 = completely agree). The survey can be found in Appendix A.

Additional items asked respondents whether they maintained a Facebook profile (yes or no), number of friends in respondents’ Facebook networks, number of Facebook photo albums, and number of Facebook social groups of which they are members. Further items assessed whether respondents provided on their Facebook profile (a) a home address, (b) an office address, (c) a home telephone number, (d) an office telephone number, (e) an email address, (f) a profile photo of themselves, (g) their area of practice or field of study, (h) their relationship status, (i) sexual orientation, (j) religious beliefs, (k) and their political affiliations. The survey also included a short demographics section as well as space to provide any further comments participants thought were relevant to the topic of ethics and social networking. The survey was mailed to participants through the U.S. Postal Service, and a stamped envelope was provided for the return of the completed survey.

**Procedures**

The current study was initially presented to the institutional review board at Pacific University for approval before collection of data. The proposed study was approved and registered with the IRB in December, 2010. Data collection began after the proposal was registered. Study participants were recruited from state medical, psychology, and social worker
licensee registers in Oregon, California, and Texas. The registers were found on the states’ official websites. Through random selection, 50 individuals from each group in each of three states were selected, totaling 150 names and mailing addresses obtained for each group. In total 450 surveys were initially sent out. Seventy-two surveys were returned at the outset. A second batch of 90 surveys (10 to each professional group in each of the three states) was sent out in order to increase the completion rate, making the final total of surveys sent 540.

In addition to the survey, study participants were sent a cover letter with a brief description of the study (Appendix B) and an informed consent document (Appendix C). Participants were given a stamped, pre-addressed envelope for the return of the completed survey
Results

An Independent-Samples Kruskal-Wallis Test was conducted to evaluate differences among the three groups (psychologists, physicians, and social workers) on median number of Facebook friends, Facebook social groups, and photo albums. A non-parametric test was used for this study due to largely unequal group sample sizes, as well as a significant result when Levene’s test for equality of variance was examined. This test is an extension of the non-parametric test, the Mann-Whitney U Test, for more than two independent groups. With the Kruskal-Wallis test, a chi-square statistic is used to evaluate differences in mean ranks to assess the null hypothesis that the medians are equal across groups. An alpha level of .05 was used for all statistical tests. Exploratory comparisons were also evaluated on the level of thought individuals had given to the ethical ramifications of using Facebook, their desire for guidance on how to use Facebook ethically, and their opinions on whether professional organizations should be involved in establishing guidelines for use of online social media. Simple frequencies and descriptive statistics were also calculated for all survey items.

The majority of all respondents (59%) reported maintaining a Facebook profile. An overwhelming majority of respondents who maintained a Facebook profile \(n = 52\) reported utilizing privacy settings so that only their Facebook friends could view their full profile (75%). The average number of Facebook friends among all respondents was relatively high, but it varied substantially across individuals \(M = 78.51, SD = 135.84\), ranging from 0 to 825. The mean number of Facebook social groups was 1.67 \(SD = 3.69\), and the mean number of Facebook photo albums among all participants was 3.58 \(SD = 16.17\). Participants were also asked whether or not they provided information such as a home address or telephone number on their
Facebook pages. Frequencies of those individuals who reported maintaining a Facebook profile ($n = 52$) are shown in Table 2.

Table 2

<table>
<thead>
<tr>
<th>Frequency of Personal Information Provided on Facebook Profiles ($n = 52$)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home address</td>
<td>2</td>
<td>50</td>
</tr>
<tr>
<td>Home telephone number</td>
<td>3</td>
<td>49</td>
</tr>
<tr>
<td>Email address</td>
<td>25</td>
<td>27</td>
</tr>
<tr>
<td>Instant messenger</td>
<td>7</td>
<td>45</td>
</tr>
<tr>
<td>Profile photo of self</td>
<td>40</td>
<td>12</td>
</tr>
<tr>
<td>Relationship status</td>
<td>36</td>
<td>16</td>
</tr>
<tr>
<td>Religious affiliation</td>
<td>11</td>
<td>41</td>
</tr>
<tr>
<td>Political affiliation</td>
<td>12</td>
<td>40</td>
</tr>
</tbody>
</table>

When asked to rate the level of agreement with the statement, “I have thought about the professional and ethical ramifications of using social networking websites like Facebook,” 69% of participants ($n = 61$) reported that they completely agree (a rating of 6), with an overall mean rating of 4.31. Only five people reported that they had not thought at all about the ramifications of using Facebook. Similarly, most respondents ($n = 52$) reported that they completely agree with the statement “I take reasonable actions to avoid foreseeable problems with online information.” Only two respondents disagreed with the statement. Another eight were neutral.

Respondents were also asked to rate the level of agreement with the statement “I would like guidance on how to ethically manage technological advances like social networking
websites.” About 60% of participants ($n = 53$) reported that they *completely agree* or *slightly agree* (a rating of 4 and 5, respectively). Additionally, when asked to rate the level of agreement with the statement “I believe that professional organizations such as the APA should be involved in establishing guidelines or regulations regarding the use of social networking websites,” approximately 71% of respondents ($n = 62$) agreed with a rating of 4 or 5. Fifteen respondents were neutral, and ten responded with an agreement rating of 1 or 2 (*completely disagree* and *slightly disagree*). The mean rating was 3.89, indicating an overall moderate agreement with the statement among all respondents.

Finally, respondents were asked to rate the level of agreement with the statement, “I believe graduate ethics courses should discuss the use of social networking websites like Facebook.” An overwhelming majority ($n = 74$) responded with *completely agree* (a rating of 5).

Simple frequencies were calculated to determine overall differences between the three professional groups regarding age, years in licensed practice, as well as means of Facebook “friends,” Facebook social groups, and Facebook photo albums. As stated above, the average ages were remarkably similar across groups and tended to hover around age 51. As shown in Table 3, the mean numbers of Facebook friends, social groups, and photo albums across groups followed similar patterns: Physicians had the highest mean of approximately 112 friends, followed by social workers, who reported having approximately 106 friends on average. Psychologists who reported maintaining a Facebook profile reported having the lowest average, approximately 48 friends. Mean numbers of Facebook photo albums also varied substantially across individuals, with social workers leading with an average of 7.62 ($SD = 27.78$), followed by physicians with 2.19 ($SD = 4.29$), and psychologists with a mean of 1.37 ($SD = 1.99$). Finally, the mean number of Facebook social groups participants belonged to were compared across
professions, with social workers reporting the most, having the highest average, followed by physicians and psychologists.

Table 3

<table>
<thead>
<tr>
<th></th>
<th>Psychologists</th>
<th>Social workers</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>M (SD)</td>
<td>M (SD)</td>
<td>M (SD)</td>
<td>M (SD)</td>
</tr>
<tr>
<td>Friends</td>
<td>47.84 (75.95)</td>
<td>105.76 (141.95)</td>
<td>111.52 (218.99)</td>
</tr>
<tr>
<td>Social groups</td>
<td>1.16 (2.15)</td>
<td>2.17 (4.62)</td>
<td>2.13 (4.97)</td>
</tr>
<tr>
<td>Photo albums</td>
<td>1.37 (1.99)</td>
<td>7.62 (27.78)</td>
<td>2.19 (4.29)</td>
</tr>
</tbody>
</table>

The results of the Independent-Samples Kruskal-Wallis Test to evaluate the hypothesis that psychologists would have significantly fewer numbers of Facebook “friends,” on the average, than both physicians and social workers were not significant, \( \chi^2(2, 88) = 1.60, p = .45 \). Additionally, the results of the Independent-Samples Kruskal-Wallis Test to evaluate the hypothesis that psychologists would belong to significantly fewer Facebook social groups and have fewer Facebook photo albums than both physicians and social workers were also not significant \( \chi^2(2, N= 88) = .37, p = .83 \), and \( \chi^2(2, 88) = .26, p = .88 \), respectively.

Significant results were found when the researcher conducted an Independent-Samples Kruskal-Wallis Test to evaluate the hypothesis that psychologists would report having thought about the professional and ethical ramifications of using social networking websites, the Kruskal-Wallis Test was again employed and a significant difference between groups was found, \( \chi^2(2, 88) = 7.51, p = .02 \). Follow-up analyses of the data included a Mann-Whitney U test to evaluate pairwise differences among the three groups, controlling for Type I error across tests by
using the Bonferroni approach. The results of the test were significant and in the expected
direction, with psychologists reporting a higher level of agreement with the statement “I have
thought about the professional and ethical ramifications of using social networking websites like
Facebook” than physicians, $z = -2.56, p = .01$. Psychologists had an average rank of 32.66, while
physicians had an average rank of 22.84. Significant pairwise differences were not found
between psychologists and social workers.

Another Independent-Samples Kruskal-Wallis Test was conducted to evaluate differences
among the three groups regarding desire for guidance on how to ethically manage technological
advances like social networking websites. The results of the test were significant, $\chi^2(2, 88) =
12.18, p = .002$. Follow-up analyses were again conducted using a Mann-Whitney U test to
evaluate pairwise differences among groups. Type I error was controlled for by using the
Bonferroni approach. The results were significant and in the expected direction, $z = -3.16, p =
.002$. Psychologists had an average rank of 34.18, while physicians had an average rank of 18.81.
No significant differences were found when comparing psychologists and social workers.

A final Independent-Samples Kruskal-Wallis Test was conducted to evaluate whether
there were differences between the three groups regarding the belief that professional
organizations should be involved in establishing guidelines or regulations for the use of social
networking websites. The results of the test were significant, $\chi^2(2, 88) = 10.63, p = .005$. Follow
up analyses were conducted using a Mann-Whitney U test to evaluate pairwise differences
among groups, and Type I error was again controlled for by using the Bonferroni approach.
Results revealed significant differences between psychologists and physicians, $z = -2.78, p =
.006$, with psychologists having a higher level of agreement than doctors with the statement that
professional organizations should be involved in establishing guidelines or regulations for the
use of social networking websites. Again, no significant differences were found between psychologists and social workers.
Discussion

Review of the findings

This study reveals that a large portion of healthcare professionals including psychologists, social workers, and physicians frequently use Facebook. Further, it reveals that many of these professionals provide personal information on their profiles that would not be found publicly elsewhere. A large amount of personal information is often readily available, and may include information that is not generally disclosed in a therapist-client or doctor-patient relationship. While the majority of all participants reported using privacy settings on their Facebook profiles, many also reported that they would like more guidance when it comes to managing new technology in an ethical manner. Further, psychologists and social workers reported considering the potential ethical ramifications of using social networking websites significantly more often than physicians. Prevalence of professionals using Facebook did not vary significantly across groups, yet the degree to which participants believed that professional organizations like the APA should be involved in establishing guidelines for the use of websites like Facebook was significantly higher for psychologists and social workers than for physicians.

For psychologists, social workers, and physicians professionalism and ethics are important aspects of their daily work. This is reflected in the current study because the majority of all those sampled believe that they take reasonable precautions when interacting with others online. However, given the findings of this study, many health care professionals want more guidance on ethically navigating new technological developments like online social networking.

Strengths and limitations

This study has several limitations. First, this study was performed only once and sampled individuals from only three states. It may be that professionals in other states have different
patterns of Facebook use or even different understandings of professionalism. However, there appears no reason to think that other health care professionals in other states behave different than those practicing in Oregon, California, or Texas. Secondly, although this study showed variations in gender, this study was limited by the very small deviations in race and ethnicity. Variations in race and ethnicity, as well as variations in age, could yield different results.

A strength of this study is related to its sample of older, well-established professionals. Because most research on the use of Facebook and professionals has drawn upon samples of early-career professionals and graduate students, the present study presents a unique look into the behaviors of more established workers in the healthcare field. Taylor, McMinn, Buford, and Chang (2010) predicted that the social phenomenon of Facebook might be underestimated or overlooked by APA leaders, who tend to be older and more established. Indeed, a survey of APA council representatives and division presidents indicated that the average age was 58.5 years (McMinn, Hathaway, Woods, & Snow, 2009). Yet the findings of this study seem to show that even within an older population that has been in licensed practice for many years, Facebook usage is increasing. Well-established professionals may want more guidance when it comes to navigating difficult issues such as these, especially when the technology is unfamiliar.

**Implications**

Since the launch of Facebook in February 2004, millions of people have joined the website to take advantage of the entertainment and communication opportunities. Yet social networking websites also present unique ethical issues for healthcare professionals, who need to be aware of confidentiality issues, personal safety, and unwarranted self-disclosure. On the basis of this survey, it seems that most mental healthcare professionals who maintain a Facebook profile are aware of the ethical and professional implications involved and actively protect
themselves by using privacy settings. It also appears that some professionals would like more
guidance on how to ethically manage social and technological advances such as social
networking websites.

As the culture changes and computers and wireless technology become more prevalent
forms of communication, mental health professionals may find that electronic communication is
a more acceptable and efficient way to connect with clients and patients. If so, health care
professionals will face the challenge of how to clearly differentiate what online information is
private and what is public, and more importantly, how to go about protecting that information.
The lines may be blurred when it comes to making distinctions between casual online personal
communications and other types of interactions, especially if professionals are not cautious in
their use of privacy settings on social networking websites and if they are not vigilant about
protecting confidential client information. As Zur (2010) noted, even if a clinician does not
disclose information about clients online, clients can potentially “like” a page or post therapy-
related messages, which would be problematic when it comes to confidentiality, privacy, and
HIPAA compliance.

Surprisingly, most respondents in the present study expressed a belief that professional
organizations like the APA should be involved in establishing guidelines or regulations regarding
the use of social networking websites. While psychologists sampled in past studies (Taylor,
McMinn, Buford, & Chang, 2010) have expressed ambivalence as to whether or not the APA
should have a say in the online activities of organization members, the present study paints quite
a different picture. Interestingly, licensed social workers and psychologists tended to agree more
with the statement that professional organizations should be involved than did physicians. While
mental health professionals could benefit from having more clear guidelines when it comes to
managing their online activities, this likely will be limited to guiding suggestions rather than stricter regulations.

**Directions for future research**

While the APA has acknowledged that technology changes too rapidly for the Ethics Committee to possibly keep up with relevant standards for every new technology, the organization has also suggested that psychologists take reasonable steps to ensure the competence of their work and protect others from harm (APA, 2002). Future research could further explore how mental health professionals address online interactions with clients when it comes to social networking websites. Future research could also attempt to better define how the respective professional organizations could effectively regulate social networking behavior of their members. Additional research could seek to better understand the online behaviors of clients and patients, an area that has not yet been well-researched for the present purposes. It would also be interesting to learn more about the online activities of clients and patients, especially the frequency with which they seek out or try to interact with therapists and doctors on Facebook. Currently, these numbers are not known, yet they could be important for the development of future guidelines set forth by the APA Ethics Committee regarding online activities. While professionals should always think twice about the information they post in public forums, it is important to consider the unique situations that can arise on social networking websites, especially if one is under a false assumption of having complete privacy. By being mindful of the way their actions, including online activities, affect others in unforeseen ways, psychologists and other healthcare professionals can better learn to make ethical decisions and navigate a future that will inevitably involve more technological change.
References


APPENDIX A:

Survey

Name: _______________________________

1. Age: _____

2. Gender: _____ Male
   _____ Female
   _____ Transgender
   _____ Other
3. Are you fluent in English?    ____ yes  ____ no

4. Is your professional or medical license currently active?    ____ yes  ____ no

*If you answered “no” to questions 3 or 4, we thank you for your time and ask that you please do not complete this survey.*

5. Area of licensure:    ____ Psychology
                        ____ Medicine
                        ____ Social Work

6. Ethnicity:
   ____ White (non-Hispanic)  ____ Black (non-Hispanic)  ____ American Indian
   ____ Alaskan Indian  ____ Asian or Pacific Islander
   ____ Hispanic  ____ Other __________________

7. Highest degree you have received:
   Ph.D.  ______
   Psy.D.  ______
   M.D.  ______
   D.O.  ______
   N.D.  ______
   M.S.W.  ______
   M.F.A.  ______
   M.F.T.  ______
   M.S.  ______
   Other:  ______

8. In your primary work setting, what percentage of your time is devoted to the following activities?
___ Direct Services—Assessment
___ Direct Services—Treatment
___ Administrative
___ Supervision/Consultation
___ Research and/or teaching
___ Other__________________

9. Number of years in licensed practice: ____

10. a.) Do you currently have a Facebook profile?   ___ yes   ___ no

   or

b.) Have you ever had a Facebook profile in the past?   ___ yes   ___ no

(If no to both, please proceed to question 15. If you answered no to question 10a and yes to
question 10b please use the space provided below to explain your reasons for discontinuing your
Facebook account. Then proceed to question 15.)

11. Number of friends in your Facebook network (approximate): ____

12. Number of Facebook photo albums (approximate): ____

13. Number of Facebook social groups of which you are a member (approximate): ____

14. On your Facebook profile, do you provide:

   a) A home address   ___ yes   ___ no

   b) An office address   ___ yes   ___ no

   c) A home telephone number   ___ yes   ___ no

   d) An office telephone number   ___ yes   ___ no
e) An email address  _____ yes     _____ no
f) An instant messenger address   _____ yes     _____ no
g) A profile photo of yourself   _____ yes     _____ no
h) Your area of practice or field of study    _____ yes     _____ no
i) Your relationship status    _____ yes     _____ no
j) Your sexual orientation        _____ yes     _____ no
k) Your religious beliefs    _____ yes     _____ no
l) Your political affiliations   _____ yes     _____ no

15. How often do you engage in the following activities?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Never</th>
<th>Sometimes</th>
<th>Always</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Put photos or videos of your family or yourself online for personal use</td>
<td>1 2</td>
<td>3 4</td>
<td>5</td>
<td>N</td>
</tr>
<tr>
<td>b) Accept emails from clients/patients</td>
<td>1 2</td>
<td>3 4</td>
<td>5</td>
<td>N</td>
</tr>
<tr>
<td>c) Discuss aspects of online activity with your clients/patients</td>
<td>1 2</td>
<td>3 4</td>
<td>5</td>
<td>N</td>
</tr>
<tr>
<td>d) Use Facebook privacy settings</td>
<td>1 2</td>
<td>3 4</td>
<td>5</td>
<td>N</td>
</tr>
<tr>
<td>e) Allow only friends to view your Facebook profile through the use of privacy settings</td>
<td>1 2</td>
<td>3 4</td>
<td>5</td>
<td>N</td>
</tr>
<tr>
<td>f) Allow friends of your friends to view your Facebook profile through the use of privacy settings</td>
<td>1 2</td>
<td>3 4</td>
<td>5</td>
<td>N</td>
</tr>
<tr>
<td>g) Indicate your political views on Facebook</td>
<td>1 2</td>
<td>3 4</td>
<td>5</td>
<td>N</td>
</tr>
<tr>
<td>h) Receive Facebook “friend requests” from clients/patients</td>
<td>1 2</td>
<td>3 4</td>
<td>5</td>
<td>N</td>
</tr>
<tr>
<td>i) Approve (or would approve) the Facebook “friend requests” of your clients/patients</td>
<td>1 2</td>
<td>3 4</td>
<td>5</td>
<td>N</td>
</tr>
<tr>
<td>j) Search for your clients/patients on Facebook or another social networking website</td>
<td>1 2</td>
<td>3 4</td>
<td>5</td>
<td>N</td>
</tr>
</tbody>
</table>
16. Please rate your level of agreement with the following items:

<table>
<thead>
<tr>
<th></th>
<th>Completely Disagree</th>
<th>Neutral</th>
<th>Completely Agree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) I believe that graduate ethics courses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) I have thought about the professional and ethical ramifications of using social networking websites like Facebook.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) There are clear policies or standards in my profession about the use of social networking websites.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) I would like guidance on how to ethically manage technological advances like social networking websites.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) I take reasonable actions to avoid foreseeable problems with online information.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) I believe that professional organizations such as the APA should be involved in establishing guidelines or regulations regarding the use of social networking websites.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please use the space provided below and on the reverse side to provide any additional comments you think are relevant to the topic of social networking websites and healthcare professionals.

APPENDIX B:

Cover Letter

Dear licensed healthcare professional,

I am directing a study of licensed healthcare professionals’ current beliefs and practices regarding the use of Facebook and other social networking websites. The goal is to gain a better understanding of the current online networking practices of licensed physicians, psychologists, and social workers as well as to understand the ethical considerations involved.

I ask for your assistance in this project and that you take approximately 15-20 minutes to complete the enclosed survey and return it in the enclosed, pre-stamped envelope.
Your name was randomly selected from a listing of licensed [physicians/clinical psychologists/social workers] in [Oregon/California/Texas]. If you would like to be entered into a drawing to win a $50 gift certificate to a national bookstore, please indicate so in the space provided and return this form with your completed survey. Please be assured that all of your information will be kept confidential.

A form asking for your voluntary consent to participate in this research is attached. This survey requires you to reflect on your personal beliefs and activities and may therefore magnify some feelings of distress. However, minimal risk is associated with this study.

If you have any questions or comments please feel free to contact me at the phone number provided below. You may also direct questions regarding your rights as a research participant to the Institutional Review Board at (503) 352-1478.

Thank you for your time,

_________________________________                     _________________________________
Shannon C. Anderson  Michelle R. Guyton, Ph.D.
Primary Investigator  Faculty Mentor
Pacific University  Pacific University
School of Professional Psychology  School of Professional Psychology
(503) 352-7317  (503) 352-7317

APPENDIX C:
PACIFIC UNIVERSITY
INFORMED CONSENT TO ACT AS A RESEARCH PARTICIPANT

1. Study Title

Ethics in an Age of Information Seekers: A survey of licensed healthcare providers about online social networking

2. Study Personnel

<table>
<thead>
<tr>
<th>Name</th>
<th>Shannon Anderson</th>
<th>Michelle R. Guyton, PhD</th>
</tr>
</thead>
</table>
3. Study Invitation, Purpose, Location, and Dates

You are invited to participate in a research study on the online social networking behavior of licensed healthcare professionals. This project has been approved by the Pacific University IRB and will be completed by July 2011. The researcher asks that you answer a brief questionnaire about your beliefs and behaviors regarding the use of social networking websites such as Facebook in order to further understand the possible ethical and practical implications of unintentional online self-disclosure on the professional and therapeutic relationship. Please read this form carefully and direct any questions you may have to the primary investigator before agreeing to be in this study. The results of this study will be used for the preparation of a formal thesis.

4. Participant Characteristics and Exclusionary Criteria

Participants have been selected on the basis of their licensure by a state board. A state board of psychologist examiners, medical board, or board of licensed social workers will have licensed all participants and all participants’ licenses will be current. Participants must also be fluent in English. Those who do not meet this requirement will be excluded from the study.

5. Study Materials and Procedures

If you agree to participate in this study, you will be asked to complete a 34-item questionnaire about your beliefs and behaviors regarding social networking websites. This study will attempt to survey between 200 and 300 licensed healthcare providers. You are asked to complete the survey and return it to the researcher in the provided stamped and addressed envelope at your earliest convenience. The expected time it will take to complete the survey is 20 minutes. No additional costs will be incurred to you for partaking in this study.

6. Risks, Risk Reduction Steps and Clinical Alternatives

a. Unknown Risks:
It is possible that participation in this study may expose you (or an embryo or fetus, if you are or become pregnant) to currently unforeseeable risks.

b. Anticipated Risks and Strategies to Minimize/Avoid:
There may be minimal risk associated with participation in this research. It is possible some feelings may be magnified and will be distressing. However, minimal discomfort and risk is associated with this study. There are no foreseeable physical risks to the participants and participants may withdraw from this study at any time. Participants may be exposed to emotional risks, including distress regarding their use of social networking websites. While distress over supplying information about one’s personal beliefs and behaviors regarding social networking websites is possible, there is nothing to suggest that it will be severe or long lasting.

You will be supplied with the researcher’s contact information. A full debriefing will include the purpose of the study, a description of the major methodological aspects of the study and how they relate to the purpose, the name and phone number of the experimenter in case you have questions about the study at a later date, as well as several references that you can read to learn more about this particular area of research.

7. Adverse Event Handling and Reporting Plan

The IRB office of Pacific University will be notified by the next normal business day if minor adverse events occur (e.g., a complaint is made by participants about the experimental procedure). All efforts will be made to correct the subject of the complaint if at all possible.

The IRB office will be notified within 24 hours if major adverse events occur (e.g. if a breach in confidentiality or any physical or emotional harm or injury occurs) and will be handled as follows: In the event that any physical or emotional harm or injury (e.g., emotional distress triggered by the study) occurs, study participants will be removed from the study, promptly debriefed, and given appropriate referrals for psychological care. In the unlikely event that a breach in confidentiality occurs, the participant(s) whose information has been compromised will be notified immediately and removed from the study in order to protect against further infringement on their confidentiality. In addition, the proper authorities will be notified.

8. Direct Benefits and/or Payment to Participants

This study is non-beneficial and you will not be paid for your participation. Participants may choose to be entered into a drawing for a $50 gift certificate to a national bookstore. In order to be eligible for the drawing, you must check the box indicated on the informed consent, provide your name and address, and complete the survey. You do not need to include your name on the survey.

9. Promise of Privacy

The results of the data will be kept in a confidential manner. Although participants’ names can be associated with the data, steps will be taken to ensure than no one except the principle investigator has access to the names of participants. Privacy and confidentiality will be protected by creating a master key list of names obtained from state licensee registers and a separate list of corresponding participant ID numbers, which will be kept in separate, locked file cabinets. All records associated with this study will be kept confidential. The surveys will be coded with identification numbers and will not contain
participants’ names. The informed consent forms will also be coded with identification numbers and will be stored separately from the surveys. Completed surveys will be stored in a locked filing cabinet. The master list of participants, informed consent forms, and all other study related materials will be stored in a separate locked file cabinet. The primary investigator and the faculty advisor will be the only people to have access to this information. The master list linking surveys and consent forms to identifying information will be destroyed following the completion of this study.

If the study is published, no information identifying the participants will be made. All data that is published or presented for formal review will be anonymous data, without any corresponding identifying information other than basic demographic information. Although names can be associated with the corresponding data, steps will be taken to ensure that no one but the principle investigator can access them. In the unlikely event that I must break confidentiality, the study participant and the proper authorities will be notified. The conditions under which I may break confidentiality are as follows: (1) If child abuse or the abuse of vulnerable individuals is known or strongly suspected, or (2) if a participant is known or believed to be a threat to himself/herself or others.

10. Medical Care and Compensation In the Event of Accidental Injury

During your participation in this project it is important to understand that you are not a Pacific University clinic patient or client, nor will you be receiving mental health care as a result of your participation in this study. If you are injured during your participation in this study and it is not due to negligence by Pacific University, the researchers, or any organization associated with the research, you should not expect to receive compensation or medical care from Pacific University, the researchers, or any organization associated with the study.

11. Voluntary Nature of the Study

Your decision whether or not to participate will not affect your current or future relations with Pacific University. If you decide to participate, you are free to not answer any question or withdraw at any time without prejudice or negative consequences. If you choose to withdraw after beginning the study the data that was collected from you prior to withdrawal will be removed from the study.

12. Contacts and Questions

The researcher will be happy to answer any questions you may have at any time during the course of the study. If you are not satisfied with the answers you receive, please call Pacific University’s Institutional Review Board, at (503) 352-1478 to discuss your questions or concerns further. If you become injured in some way and feel it is related to your participation in this study, please contact the investigators and/or the IRB office. All concerns and questions will be kept in confidence.

13. Statement of Consent

Yes No
☐ ☐ I am 18 years of age or over.
All my questions have been answered.
I have read and understand the description of my participation duties
I have been offered a copy of this form to keep for my records.
I agree to participate in this study and understand that I may withdraw at any time without consequence

Participant’s Signature                                                                 Date

Investigator’s Signature                                                                 Date

14. Participant Contact Information
This contact information is required in case any issues arise with the study and participants need to be notified and/or to provide participants with the results of the study if they wish.

Would you like to have a summary of the results after the study is completed?  ___Yes  ___No

Would you like to be entered into a drawing for a $50 gift certificate after the study is completed?
___Yes  ___No

Participant’s Name (Please Print) ________________________________________________________________

Street Address   ______________________________________________________

Telephone   __________________________________________________________

Email   ____________________________________________________________