

Running Head: B.C. MIDWIVES USE OF SOCIAL MEDIA

A Description of How B.C. Midwives Communicate on Social Media

by

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A thesis submitted in partial fulfillment of
The requirements for the degree of

MASTER OF ARTS
in
PROFESSIONAL COMMUNICATION

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Abstract

Social media use by healthcare practitioners is growing and due to the nature of these professions, it is important to understand how social media is being used and what potential issues there may be in communicating on these platforms. I surveyed registered and practicing midwives in B.C. to understand what social media platforms they are using and how they communicate with their colleagues and clients. While many midwives have personal social media accounts, they are concerned about personal privacy and do not share much information. All midwifery practices have a website and most have a public Facebook page. Midwives predominately use Facebook to communicate with their clients and are conscious of what information they share on what platform and establishing personal boundaries when using social media or text-messaging.

Keywords: midwifery, social media, communication

Acknowledgements

I would like to acknowledge and thank my participants, many midwives across B.C., who took the time to thoughtfully participate in my research study. I wish to also thank the Midwives Association of B.C., in particular Shannon Norberg and Ganga Jolicoeur for their support, interest and sharing of resources.

Many thanks to my supervisor at Royal Roads University, Michael Real, for all his editorial support. Also many thanks to my thesis committee members: Virginia McKendry (RRU) and Dr. Gurdeep Parhar (UBC). Thanks to Jude Kornelsen for assisting in the development of my survey instrument and for her boundless enthusiasm.

I have immeasurable gratitude for Ken and Elaine Carty. They provided academic (and occasional parental) guidance, thoughtful suggestions, constant nudging in the right direction and have always had confidence in my abilities. Rob' unwavering encouragement, belief in me, cooking and dedication to our family has made this possible. Ken, Mike, and all my family and friends have supported this process and have been endlessly patient with me. Finally, to Amanda, Kathryn, Krystina, Julie, Jen and Laura: thanks for keeping me sane and laughing in the hallowed halls of Royal Roads.

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Chapter One: Introduction

It is increasingly becoming the norm to use social media to communicate daily with friends, family, colleagues and clients. Due to the very public nature of these media, there are both benefits and risks to using it. For healthcare professionals, there are challenges that are profession specific. If clinicians post online about their professional practice or experiences, privacy can be a concern because of the potential for patient identification or breach of ethics. There is nascent literature on the use of social media by physicians and nurses that outlines the potential benefits and risks. However, in this study, I used the new profession of midwifery as the context in which to explore healthcare practitioners' use of social media both in a personal and professional context. I chose to focus on midwives because of their unique relationship with their clients. Midwives provide perinatal care for women and their families throughout the pregnancy, labour and delivery, and the post-partum period. This is a very significant period in a woman's life and the role and relationship with a midwife can be very intense and intimate over the short time period of approximately one year. Maternity care is a litigious area of healthcare (Fink, 2011, p. 151) and therefore a breach of privacy could have ramifications on perceptions of professionalism, especially to a field that is still relatively new in British Columbia (B.C.). How clinicians negotiate the many forms of social media and the issues of privacy are becoming increasingly important and pertinent topics.

Canada is the last industrialized nation for midwifery to become legalized and regulated as an autonomous clinical profession (Blais, 2002, p. 335). Covered by the Medical Services Plan, B.C. was the second province to have midwifery practice (Blais, 2002, p. 335). As such, midwives are still finding their place in the medical system and negotiating professional

relationships with their colleagues (nurses, family physicians, and obstetricians). Due to being a relatively new clinical profession, there is a lack of research on midwifery in Canada and none on how midwives use social media.

The overarching purpose of this study is to understand the online social media use of midwives who practice in B.C. The objectives of the research are to identify 1) what, if any, social media platforms B.C. midwives are using, 2) if they have professional and/or personal accounts, 3) how they are using various platforms, and 4) to identify whether there are issues of privacy (personal and / or professional), or breach of privacy, when using this form of communication.

Relevance of the Study

As part of this study, independent bodies of literature on social media and privacy, healthcare clinicians and social media, and midwifery were gathered and analyzed. I anticipate that this research will lead to a published academic article, which will contribute to the modest literature on midwifery in Canada. Another potential outcome is the enhancement of guidelines for best practice use of social media for midwives. Currently there are moderate guidelines that the College of Midwives of BC has developed and these findings will support and further develop this document.

Theoretical Framework

Petronio's (2002) Communication Privacy Management Theory (CPM) provides the research framework for this study. CPM is a rule-based theory that examines how people exercise control over privacy boundaries and how information and disclosure can be co-owned between two people (Petronio, 2002, pg.4). The theory takes into account the complexity of self-

disclosure as well as tension of other's in the decision-making process of navigating whether information becomes public or private. This theory is practically applied to my analysis of midwives and clients' privacy and the co-owning of information and personal boundaries.

Petronio (2002) states "individuals can be responsible for personal as well as many different kinds of collective privacy boundaries" (p. 6). This is the case for midwives. They have their personal life and as care providers, they maintain the collective privacy of their clients as required by the College of Midwives Code of Ethics. CPM guided the development of my survey questions because "CPM theory places communication at the core of private disclosures because it focuses on the interplay of granting or denying access to information that is defined as private" (p. 3).

Methodology and Findings

This study has been conducted within the interpretivist paradigm using both qualitative and quantitative methods. A survey was developed that included both quantifiable and open-ended questions, which allowed for thematic analysis and was disseminated to midwives across B.C. I discovered that midwives are actively online, predominately using practice websites and Facebook but generally prefer to communicate face-to-face. Increasingly, midwives are using text-messaging with clients and colleagues. B.C. midwives are aware of the potential breeches of privacy that can happen when communicating online and don't share much personal information via social media platforms.

Chapter Two: Literature Review

Introduction

The literature that provides the basis for this study is broken down into three distinct areas: social media and privacy, healthcare practitioners and social media, and midwifery. There is a growing body of literature on privacy as it relates to social media, though there is a dearth of studies focusing on adults. Many studies focus on the generation that is growing up with social media as part of their day-to-day lives. When addressing privacy, though, there may well have quite different implications for high school students, business owners, academics or healthcare professionals. Health information is sensitive and private; healthcare practitioners by their codes of ethics are required to maintain confidentiality with respect to information about their clients. Therefore, we need to understand how healthcare practitioners navigate social media, using it for its benefits but avoiding the potential for breaching confidentiality. There could be serious implications to healthcare professionals with the misuse of social media by not taking into account privacy concerns. This review focuses on the profession of midwifery as well as social media. It is imperative for the clarity of the study that there is an understanding of the profession of midwifery, including its core values and how these might affect how social media is utilized.

Social Media and Privacy

As the number of online social media users rapidly expands, there is a growing interest in privacy and social media and how and why people share content online. Many of the social media research studies focus on young adults as their primary research subject group because this generation is the prime user of each form of social media as it develops. However, middle and older age adults are embracing certain forms of social media as a way to communicate with the larger world, and one of the ways health professionals use it is to communicate their services.

An emerging theme in the literature is that lines between public and private are becoming more blurred through social media communication, thus affecting privacy.

The findings of Brandtæg et al.'s (2010) research study of on-line communication show that the boundaries between public and private are soft. The researchers developed the concept of the "privacy dilemma" (p. 1007), which is the notion that the more one shares, the less privacy one has, and vice versa. Brandtæg et al.'s findings compared young social media users against responses of adult users and they found that a social context tension can develop because people try and assess what to share depending on whom they are friends with online. The privacy dilemma seems obvious but is important in the context of healthcare practitioners because their career is a public one; potential patients often use Google to search out information about a practitioner and therefore successfully having both a public and private online life can prove difficult.

In his survey of university students, Tufekci (2008) found that non-users of social networking sites (another common name in the literature for social media sites) were more concerned about their privacy but, interestingly, did not associate social networking sites with danger. In Raynes-Goldie's (2010) qualitative exploration of Facebook users, she discovered that users would create aliases so that they could feel freer to express themselves, or to "creep" on other people's profiles. Creeping is when one looks at others profiles, without the desire to actually interact. Raynes-Goldie's subjects were extremely aware of the blurring of the public and private lines, and they discussed that there can often be overlapping groups of people on their social media sites, and what they want to share with one group is often different than what they want to share with another, another reason for creating aliases.

Privacy settings on the different social media platforms are constantly evolving. This can prove challenging for users if they not always up-to-date on what changes are made. It could mean that information though to be private could change to be accessible, and the user may not always be aware of this. Brandtæg et al. (2010) discusses this, as does Raynes-Goldie (2010). Christofides et al. (2012) found that teenagers have a stronger understanding of privacy settings once they had a negative experience online. People have varying levels of understanding of privacy on their social media accounts and if there is a blurring of public and private boundaries, privacy settings could be one of the tools that midwives use to create some separation in their online communications.

Healthcare Practitioners and Social Media

The body of literature on healthcare practitioners and social media has predominately been written in the last ten years. Hamm et al. (2013) point to the shift over the past decade from individually created and published content on the Internet to an online environment where content is collaboratively created and co-developed. As stated previously, research on clinicians and social media is predominately about physicians or medical students; while midwives face similar issues as other healthcare practitioners when using social media, the intense nature of the relationship that can develop over a concentrated period of time may have strong implications for privacy. The other major theme in the literature of healthcare practitioners and social media is professionalism. Within that, there is a call for guidelines about the use of social media, a public versus private personal discussion, and questions of ethics.

Chretien, Greysen, Chretien, and Kind (2009) surveyed Deans of Student Affairs at medical schools across the United States; the focus of the inquiry is the online posting of

unprofessional content by medical students. They found that 60 percent of surveyed schools reported incidents of unprofessional posts including breaking patient confidentiality, profanity, and language deemed discriminatory as well as sexually suggestive material and intoxication. It is not only students who post inappropriate content, though. Collier (2012) editorializes in the Canadian Medical Association Journal that it is easy for mishaps when using social media and there are varying reasons for it. He identifies the distance people can feel when using a computer as one of the reasons people post content they might not discuss or share face-to-face. There is often no context for those who view other's social media posts and thus posts have the potential to embarrass the user. Collier also blames youth, and lack of wisdom related to professionalism and personal boundaries as reasons that physicians are sharing too much and posting unprofessional content. Boundaries are blurring, yet Mostaghimi and Crotty (2011) argue that physicians should be able to have both private and public online life and that they can create a "dual citizenship" (p.561) to maintain separation between these two lives.

Professionalism is discussed in healthcare and social media literature and three sub-themes emerge: a call for guidelines, public versus private, and ethics. Aase (2010) specifically defines e-professionalism as, "the attitudes and behaviors (some of which may occur in private settings) reflecting traditional professionalism paradigms that are manifested through digital media" (p. 1444). Aase (2010) and Mostaghimi and Crotty (2011) note that there are no guidelines for how clinicians should engage on social media and argue that it would help in guiding appropriate behavior. Since their publication there have been efforts, at least in Canada to bridge that gap. The Canadian Medical Association web page titled "Social Media and Canadian Physicians – Issues and Rules of Engagement" provides an excellent starting point for

physicians and other health professionals who might know to access that particular page (Canadian Medical Association, n.d.). In addition, the Division of Family Practice of the British Columbia Medical Association provides some brief guidelines. Most promising however, is the University of British Columbia Faculty of Medicine eHealth strategy office that promises to use evidence-based approaches to the use of social media. Nonetheless, until more guidelines and research is carried out, it is very difficult for practitioners to successfully navigate having both a public and private online presence.

Jain et al. (2014) surveyed medical students, doctors and the general public. In the survey participants were shown a variety of social media postings. Participants had to assess appropriateness and professionalism. They found that medical students have a very different perception of what is professional and that medical faculty and the general public found many more images and posts to be unprofessional than medical students did. This has potentially negative implications for future healthcare practitioners as it implies that there are different understandings of professionalism.

von Muhlen and Ohno-Machado (2012) looked at professional conduct in relation to social media and discussed what potential negative outcomes there could be if there was a breach of privacy and information became shared online. Their main finding was that the ethics of practitioners can be questioned. Mostaghimi and Crotty (2011) note that clinicians' professional reputation could be affected because it is easy to subtly overstep boundaries when communicating online.

Stewart, Sidebotham, and Davis (2012) report on an event that connects midwives through social media—"Virtual International Day of the Midwife E-vent". This event uses web

conferencing to provide educational sessions that can be accessed by midwives across the world. While there has been significant uptake of participation between 2009-2012, this report doesn't look at caregiver-to-client use of social media. It does show, though, that there are midwives who are interested in using social media within a professional context.

The College of Midwives of BC developed a "Guideline for participating in social media and online networking", which was published internally in December of 2012 (College of Midwives of B.C., 2012). This two-page document provides six guidelines for midwives to follow and uses the College of Physicians and Surgeons guidelines and the College of Registered Nurses of Canada guidelines, both developed in 2012 as the basis for their document.

Midwifery

The Canadian Association of Midwives defines midwives as:

...health professionals who provide primary care to women and their babies during pregnancy, labour, birth and the postpartum period. As primary care providers, midwives may be the first point of entry to maternity services, and are fully responsible for clinical decisions and the management of care within their scope of practice (Canadian Association of Midwives, n.d.)

Midwives are publicly funded and practice in all but two Canadian provinces (Newfoundland and Prince Edward Island) and one territory (Yukon) (Munro, Kornelsen, Grzybowski, 2013). Even though midwifery and research in Canada are still in early stages, literature from the United Kingdom, Scandinavia and the United States has created a foundation with which to understand and discuss the profession and hence understand midwifery in the context of social media. Several academics have researched and theorized on the question of "what makes/is a good

midwife” (Borrelli, 2014; Halldorsdottir & Karlsdottir, 2011; Nicolls & Webb, 2006). Closely tied with understanding what constitutes a good midwife is the discussion of professionalism within midwifery and Halldorsdottir & Karlsdottir (2011) developed a framework for this. The midwife and professionalism framework is used as a guide for survey development and analysis.

Qualifying “what makes a good midwife” is extremely difficult due to the subjective nature of the statement. Borrelli (2014) explores this in an extensive literature review and defines the role of a midwife as “partnership with women; respect for human dignity and rights; advocacy for women; cultural sensitivity; focus on health promotion and disease prevention that views pregnancy as a normal life event” (p. 4). Borelli argues that the child-bearing woman’s perspective on what makes a good midwife must be factored into the larger analysis and notes that, within the literature, it hasn’t been identified whether women and midwives agree on the qualities that make a good midwife. Nicolls & Webb (2006) also explore this question in a systematic review and argue that there is a difference between a competent midwife and a good one (p. 415). Borelli and Nicolls & Webb both seek to define the qualities that make a midwife better than competent, the qualities that make a midwife excel.

Halldorsdottir & Karlsdottir (2011) use nine data sets as the basis for developing their theory on midwifery; there are very few theories within the professional and research milieu (p. 808). In examining the definition of professionalism, the authors argue that one of the main characteristics is autonomy and that professions should be able to self-regulate and develop their own code of ethics to practice by (p. 806-807). Halldorsdottir & Karlsdottir’s theory on midwifery professionalism is made up of five different components: professional caring, professional competence and wisdom, interpersonal competence, and personal and professional

development (p. 806). Midwives are part of a larger system, though, and the medical context within which they work, and their relationships with their colleagues, must be considered.

To successfully provide support during pregnancy and the post-partum period, midwives must have strong communication skills. Nicolls & Webb (2006) found communication to be an overarching theme among the 33 studies they reviewed and that this skill contributes greatly to being a good midwife. Women-centered care is often at the heart of a midwives' philosophy and Halldorsdottir and Karlsdottir (2011) argue that communication must be tailored to the needs of the woman and family that is being supported. Communication skills between provider and patient are important, but communication skills between colleagues are equally important. Social media are visible and understanding how midwives are communicating online could impact whether they are considered to be a good midwife. This study will describe the communication activities of B.C. midwives and I will describe who they are communicating to, what they are saying or sharing, and explore any potential impacts from this very public form of communication.

Chapter Three: Methods

Research Design

My research design falls under the interpretivist paradigm and it uses both qualitative and quantitative analysis. It is guided and grounded in Communication Privacy Management (CPM) theory (Petronio, 2002). CPM provides a practical guide to aid in the understanding of how and when people disclose personal or private information:

CPM represents a map that presumes private disclosures are dialectical, that people make choices about revealing or concealing based on criteria and conditions they perceive as

salient, and that individuals fundamentally believe they have a right to own and regulate access to their private information. In order to fully grasp the nature of private disclosures, we not only have to consider the individual who is revealing or concealing, but we also must focus on how the decision affects other people. Thus, unlike previous research on “self” disclosure, CPM assumes that others are also central to discerning the tension between public and private. (pg.2)

The theory focuses on private information, boundaries, and control and is appropriate to use in this research study because it is rule-based and takes into account how people exercise control over boundaries as well as how information and disclosure can be co-owned between two people (Petronio, 2002, pg.4). Petronio identifies that, “privacy rules are used in all matter of managing revealing and concealing, for example, in determining who receives a disclosure, when, how much or how little, where the disclosure occurs, and how a person might conceal information” (p. 23). CPM has been applied to research projects about doctor’s mistakes, HIV/AIDS, and child abuse disclosure (Petronio, 2002, p.205). CPM is an applicable theory to this research study for several reasons. How midwives perceive co-owned client information and how they make decisions about sharing that information can affect how they communicate on social media. Another aspect to this research study is how midwives perceive the separation of their own personal (private) and public information. How and what they choose to share online takes into account who (client or other) can access and see their posts and content. CPM theory was developed predominately for face-to-face communication but it is also applicable to online communication. Understanding how information is co-owned online can be a bit more complex,

the principles of how people negotiate the sharing of personal information is the same face-to-face as it is online.

Methodological Approach

I developed and disseminated a survey with questions designed to discover if practicing B.C. midwives communicate on social media, and if so, what platforms they use and what kinds of content is posted on each platform. Questions were posed that look at preferred methods of communication between colleagues and between practitioner and client. I also asked questions about if and how midwives keep their personal and professional online lives separate and what strategies they use to do so.

The survey consisted of 46 questions, including 13 open-ended questions, and was administered on-line. The Executive Director and President of the Midwives Association of B.C. (MABC) were approached about this project and, after reviewing a draft of the survey, gave their support. Two questions were added that reflected information they were directly interested in. The web-based survey was sent to all registered midwives in B.C. via an email invitation that included a direct link, which enabled them to access the questionnaire. I drafted a message for the body of the email, which explained who I am and the basic purpose of my study. This message was prefaced by a message of support from the President of MABC. She included information about who I am (my mother is well known within the midwifery community) and that I am “ever supportive of midwives, midwifery services, and expanding access to midwifery care”. I was not aware that this would be included and upon reflection, I believe the President included it to dissuade any potential fears that my survey would be used in a nefarious way.

The survey was initially sent out on March 10th and was open for three weeks. MABC sent one reminder, on March 24th. Groves et al. (2009) state that there has not yet been a good framework for how to anticipate a response rate for online surveys; I received a 20 percent response rate (45 completed surveys out of a potential 223). As the survey was conducted online, it was facilitated through Fluid Surveys, a company that keeps its data on a server located in Canada. Before participants could begin the survey, there was a consent form that had to be read and a box needed to be checked to state agreement before participants could begin the survey. At any point, participants could choose to not complete the survey by exiting from it. Ten people started the survey but did not complete it. The complete survey is available as Appendix 1.

Data Gathering

I developed a survey using Petronio's (2002) framework that asks descriptive questions and broke them down into five sections: Business / Practice Use of Social Media, Colleague to Colleague Use of Social Media and Online Communication, Practitioner to Client Social Media Use, Personal Social Media Use and Demographics. Modahl, Tompsett, & Moorhead's 2011 research report, *Doctors, Patients & Social Media*, also influenced the development of the survey.

Data Analysis

Data analysis was conducted using the statistical tools provided in Fluid Surveys online platform. Cross-tabulation tables divide up the sample and examine the relationship between variables. I collected written data through 13 open-ended questions. I coded the open-ended questions allowing for a description and analysis of the themes that emerged.

Participant Sample

The participants are midwives who are currently registered and practicing in B.C. The demographic characteristics of this group are that they are all women; their age range is from mid-twenties to seventies. The youngest person in this study is 26 and the oldest is 69 with the largest respondents coming from the 30-40's age group.

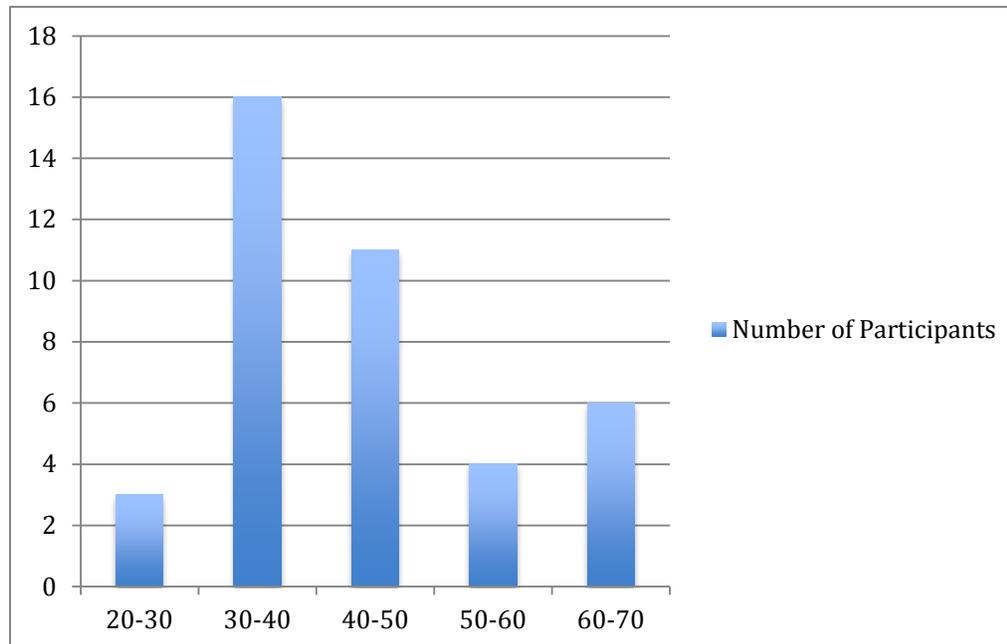


Figure 1. Participants by Age Group

The participants have a university degree if they have completed their midwifery education in Canada. If they completed their education outside of Canada, they would have the equivalent of a university degree or training program.

The practice histories of respondents varied: 40 percent have been practicing 0-5 years, 31 percent have been practicing 5-10 years, and 29 percent have been practicing 10-15 years. A few respondents pointed out that they have been practicing longer but these categories simply captured the period in which midwifery has been legalized and regulated in B.C. Midwives from across the province responded to this survey. The respondents came from varying community sizes, and just less than 50 percent came from communities with less than 120,000 people.

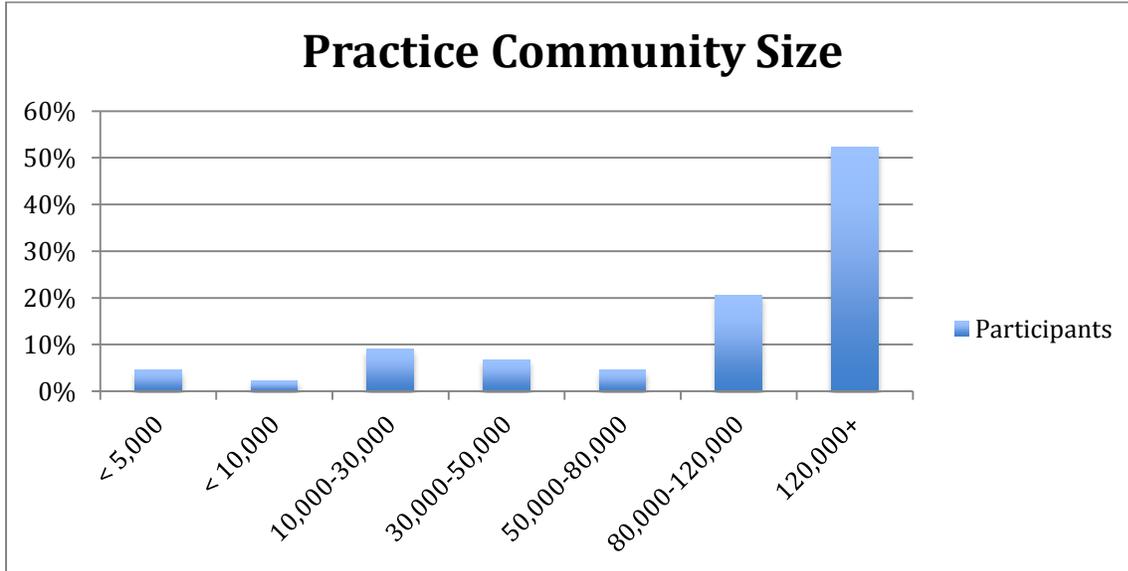


Figure 2. Respondents by Community Size

Contested or site specific terms

Below are definitions of terms that I use in the survey that are site specific. Many of the terms are related to social media.

Blogs: A blog is a personal website where one can express her or his personal opinions, share information and links to other sites. Blogs are generally updated on a regular basis.

Facebook: Facebook is a social media platform that allows an individual to create a personal profile, including personal information about oneself. Individuals can post pictures, join corporate or alma matter networks. Individuals 'friend' one another and can see their profiles, send them personal messages and post public messages on their profile wall. As of February 4th, 2014 Facebook is 10 years old and as of October 3, 2013, there are over 500 million users of Facebook.

Facetime: A Mac computer has a specific application that allows iPhone and iPad users to communicate via video-calling, which is called Facetime.

Friend/Friended: This is a process whereby people make an electronic connection that links individual accounts and provides access to view each others accounts. When someone requests to become friends with you on a social media site, or adds you as a friend if there is no request process.

Instagram: An application available on iPhone and android devises that allows users to post photographs or short videos, follow other users, and comment or 'like' their photographs. This app is focused on images and videos.

Midwife: Midwives in British Columbia are autonomous care providers, paid through MSP, who provide care for women in all three trimesters of pregnancy as well as post-partum, including labour and delivery. It is a legalized and regulated profession since 1998. Midwives usually work in practices of at least two or more out of a clinic office and support labour and delivery at home or in hospital.

Privacy: For this study, I'm defining privacy as discussed by Petronio (2002) who identifies it in relation to personal disclosure of private information as well as co-owned information: "privacy is defined as the feeling that one has the right to own privacy information, either personally or collectively; consequently, boundaries make ownership lines for individuals" (p. 6). In relation to my study, an example of co-owned information is the story of a woman's labour or a photo of a newborn.

Professionalism: the conduct, aims, or qualities that characterize or make a profession or a professional person (Merriam-Webster).

Skype: An application that connects individuals via the Internet by video or voice calling. Multiple parties can videoconference together on Skype.

Social Media: Social media are sites that allow for user-created content sharing. For the purposes of this study, I am focusing on Twitter, Facebook, and Blogs.

Twitter: Twitter is a social media platform that allows users to post messages of 140 characters or less. Links to Internet pages, photographs and short videos can be included within the message. Users can follow others and/or be followed. Private message can be sent to others that also have a maximum of 140 characters.

Chapter Four: Results

Midwives reported they are using the Internet and social media primarily for professional purposes. 98 percent of respondents have a practice website and 82 percent have a practice public Facebook page. Blogging is not nearly as popular: only 9 percent report having a practice blog. Almost all of the respondents stated that their practice website is the best way to advertise and inform the public about their practice. This was followed, quite closely, with respondents saying that Facebook is the other most effective way to advertise their business. Two midwives commented that they do not need to advertise—"we are way too overbooked already, and have large waiting lists"—while another states they are "...constantly turning women away as demand is greater for midwifery care than midwives available to provide care in my community." Both of these midwives practice in communities with a population of 80,000-120,000. Four participants commented that the association's website (Midwives Association of BC) directed potential clients to them.

Why Midwives are Using Social Media

Midwives use social media as a way to disseminate information about the structure and philosophy of their practice, location of the practice, backgrounds of the midwives in the practice

as well as educational information. A common thread among respondents is the belief that women of childbearing years spend a lot of time online and that a search engine or “googling” is the best way of being found. Some participants made distinctions between their website and Facebook, the website being a place to host all of their professional information, including their biographies and practice information, whereas Facebook is a place to share links and different types of educational and social information. One participant commented, “websites are the modern ‘yellow pages’ – most people, when looking for a service, will go online to search for their options”, while another relates it to their client demographics: “Young women mostly look things up on the internet now. That’s where they expect to find contact info.”

When asked, “Do you consider yourself to be confident with the use of social media”, participants responded on a 0 (very uncomfortable) to 10 (very comfortable) scale. Twenty eight out of the 45 respondents placed themselves at 7 or higher, indicating their generally fairly strong comfort with use of social media. Though participants self-identify as being confident social media users, and the majority use social media (website and Facebook) to communicate with clients and potential clients, 42 percent prefer face-to-face communication with their colleagues.

What Platforms are Midwives Using?

There are several ways in which a midwife could communicate with their colleagues and it came out clearly through the data that more personal methods of communication are preferred. There are four main methods of communication that midwives use to connect with each other, whether they share the same practice or colleague to colleague. All the of respondents reported using email, text-messaging and the telephone, and 98 percent said they communicate with colleagues on a face-to-face basis. Other technology is much more infrequently used: 34 percent

of midwives use social media and private online discussion, 28 percent use Skype or Facetime and only 5 percent of midwives use an online chat or messenger. Not including telephone communication, 42 percent of midwives prefer to communicate face-to-face, followed closely by email (36 percent). Texting (13 percent) and private online discussion (8 percent) were well behind face-to-face and email communication and no respondent chose social media, online chat / messenger, or Skype/Facetime as their preferred method of communicating with colleagues.

Face-to-face communication, the preferred method, provides an opportunity for less misunderstanding with the context of body language and facial expressions as well as provides a deeper meaning; a social and emotional connection can be facilitated. Midwifery, as a profession, is not only about providing healthcare for pregnant women and their families, but it is also about relationships—with clients and with each other. One midwife noted:

I like people. I feel like there is so much more that I get out of an interaction if it is face to face. It is the company, the subtleties of communication that go beyond the words, that are important to me.

One response shows the importance of touch, “feel more connected hugs!”, whereas another identified the benefits of in-person bonding, “more fun and ‘sociable’ – we often share snacks, meet over a meal. More opportunity for personal chit-chat and sharing of thoughts, feelings, etc. that may not be strictly work-related. More opportunity to make stronger, deeper connections with colleagues.” Another midwife put it simply, “I like the richness of the interaction”. It is perceived that there are fewer “missed meanings” when face-to-face, less miscommunication.

Email is the second most preferred method of communication between colleagues and the themes that emerged are that email is nonintrusive, the concept of privacy is protected and there

is an ability to communicate content in a way that is not possible via text. The word non-intrusive was used twice and non-invasive was used once. A few respondents also noted that there is no expectation or implication that an immediate response is expected,—“no worries about waking someone up from a nap.” Two participants stated that they feel like email is not as private or secure and there is concern about confidentiality, another participant feels that email is more confidential (though she did not clarify what it is more confidential than) while another participant praised email because it is used effectively within her practice to hand clients off to one another and to refer back to notes. Another participant said, “fuller ideas can get communicated if necessary [instead of texting]”. One participant likes email because information is documented, “there is a record of date and time of the conversation as well as who else may have been cc'd on it. Do not like texting for the same reason.”

Respondents like texting because it is a way to connect with others quickly. Texting is used for giving colleagues short updates or to ensure that there is an immediate response. Only a few midwives said that private online discussion is their preferred method of communication. Electronic medical records (EMRs) are viewed as a private and confidential way to share client information.

Facebook is the most commonly used social media platform by midwives, both personally and professionally. After Facebook, reading blogs and communicating within online midwifery communities are the most commonly used platforms.

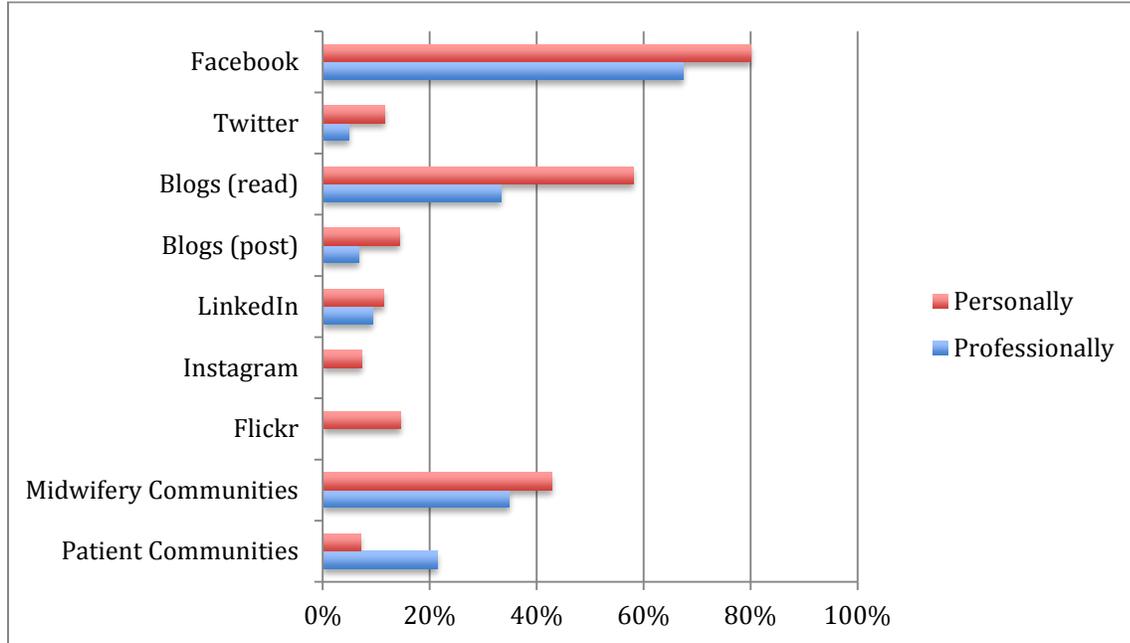


Figure 3. Professional and Personal Use of Social Media

Though Facebook, blogs and midwifery communities are the most popular platforms, they are used for different reasons.

How Midwives are Using Social Media Platforms

Midwives use social media differently, depending on the context of the situation: personal versus professional. Most of the respondents post articles of interest for their clients, pregnancy-related stories, local events and community resources, and relevant research articles. A few midwives say that social media is a place to post fun links. Two respondents post baby and client photos and explicitly state that it is with permission. One respondent reflected on what she likes to share but does not anymore:

I have occasionally in the past posted after a lovely birth but was told it's not a good idea so I haven't for about year now [sic]. It would be nice to be able to do so...as those are the comments women love to hear about the most. Everyone in the community gets excited when a baby is born.

One respondent posts TED talks, one posts blogs, and one said that she posts birth announcements that are vague and time-distorted. Only one respondent said that she posts political articles.

At present, 36 percent of midwives are interested in communicating with their clients on social media in a professional context, and of those 94 percent (16 out of 17 responses) choose Facebook as the preferred platform, with 35 percent (6 out of 17 responses) choosing patient communities as the next preferred platform. The two main reasons that midwives prefer Facebook are that it is easy to use and they are comfortable with it and that their clients use it frequently. One respondent likes Facebook because it allows her to answer general questions that other clients can see:

we might respond to the question ‘why won’t my baby sleep through the night?’ with a brief summary of what we know about women’s increased milk supply at night, the baby’s need for nourishment, etc. We don’t encourage or answer personal clinical question on the site. If they come up, we recommend they make an appointment and come in.

While 52 percent of respondents have posted videos or photos while using social media in a professional matter, only 11 percent have discussed or posted about their clinical experiences online. Only two respondents like blogs, one because it can be used in a broader scope: “I am interested in writing birth stories to increase women’s access to stories about the range of normal birth.”

Using Modahl, Tomsett, & Moorhead's 2011 *Doctors, Patients & Social Media*, report as a guide, I asked whether several potential concerns might prevent midwives from communicating with their clients on social media. The responses varied.

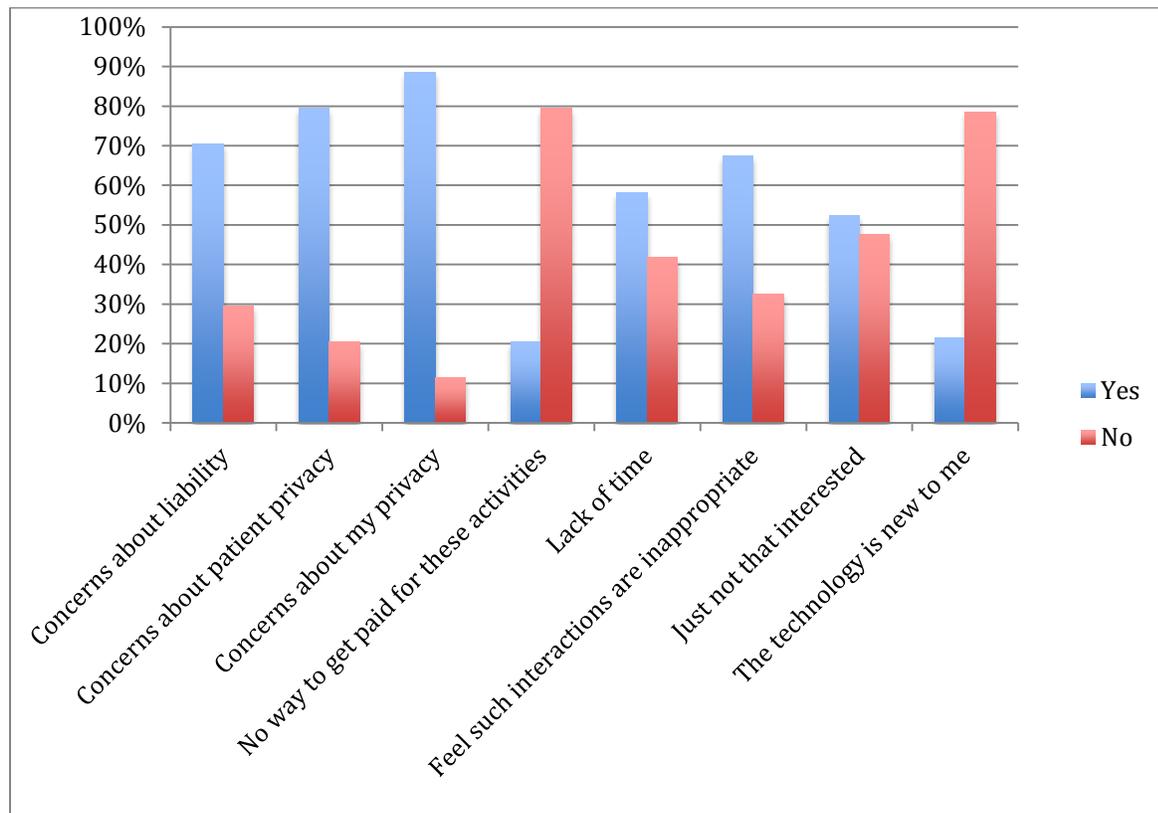


Figure 4. Potential Reasons Why a Midwife Might Not Communicate with a Client on Social Media

The four main concerns that respondents have are: concerns about liability, concerns about patient privacy, concerns about my privacy, and feeling that such interactions are inappropriate. Privacy is identified, both for their clients and for themselves. It may be that litigation is a direct result of privacy concerns. If there is concern about patient privacy or lack of, that is where litigation can come into play. The fourth concern is that interactions are inappropriate. I believe this speaks to midwives wanting to create or maintain professional boundaries with their clients

and that a social media relationship might cross these boundaries. Midwives are not concerned about getting paid for social media activities. This can differ from physician responses because physicians bill by time whereas midwives in B.C. are paid for course of care. This could mean that a midwife might believe that social media interactions are paid through the larger payment of caring for a woman. Finally, technology being new is not something that concerns the participants of this study.

Even though midwives have several concerns, only 9.3 percent report having had a negative experience communicating with their clients online. Predominately this is related to contact that the midwife feels is inappropriate, "I have had client text at inappropriate times of the day (4:30am for questions about feeding / normal baby behavior)". One midwife has had several clients choose another midwife after she didn't connect with them on social media:

I have had several clients not return to seek care from me after declining their invitations to be friends on FB [Facebook] (with a note saying that while I appreciate them getting in touch and they are free to email me at my personal address, that I have personal policy against accepting friend requests from clients). I don't know that this impacted their decision but I think it is curious.

No one expressed extremely negative behavior, though.

I was also interested in whether midwives perceived different modes of communication to be secure and to see whether there may be a correlation between how secure they think a specific platform is and if they use it.

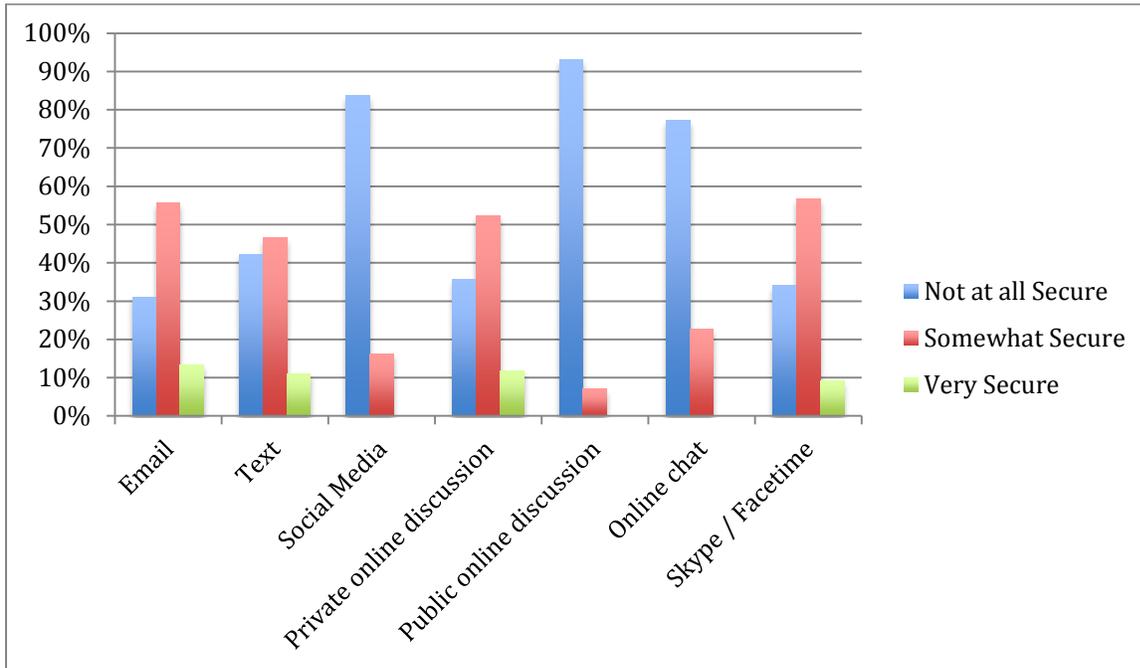


Figure 5. Midwives Perceptions of the Security of Different Social Media Platforms

Figure 5 identifies that the respondents believe that social media, public online discussion and online chat are not at all secure. Email, text-messaging, private online discussion and Skype/ Facetime are viewed as somewhat secure and very few respondents think any of these communication platforms are very secure. Even though midwives think these platforms are not at all secure or somewhat secure, they are still using them.

Respondents indicate that 96 percent of midwives have emailed their clients, 80 percent have texted their clients, 26 percent have used social media to communicate with their clients and 11 percent have Skyped or Facetimed their clients. While 75 percent of midwives report that they consider the above forms of communication as part of the medical record, only 70 percent report that they keep copies of their online communications as part of their client’s medical records or their own professional records.

The College of Midwives of BC released a set of guidelines for social media use and online networking in 2012. Of the respondents, 14 percent report that they use a set of guidelines to inform their use of social media, with 86 percent using no set of guidelines. One midwife reports:

We just have a 'don't do it' policy. We do need to talk more about texting as that may be an area of concern (some of us are now doing it sometimes, mostly just to make, confirm or change appointments) but some clients will text with a specific question. Normally the midwife will CALL (not text) them back, then chart the exchange.

Three midwives follow BC Women's Hospital guidelines, and one expressed that it is not particularly useful for social media. One midwife said she has taken a webinar with another provincial association on social media while another stated that there are some "CMPA [Canadian Medical Protective Association] guidelines that are of interest". One midwife stated that, "there is now a required course we take on media and confidentiality" but didn't elaborate on who runs the course. No one identified the CMBC's guidelines as the ones they use.

Professional versus Personal Use

Part of the survey was designed to learn about whether professional and personal lines are blurred between practitioner and client. In this, 86 percent of midwives say that they have been friended by a client on Facebook. I asked midwives to choose a number on a scale of 0-10 of how comfortable they are being friended on Facebook, 0 being very uncomfortable and 10 being very comfortable. Eleven responses were at 5, with most of the rest being below 5. I also asked midwives to pick a number on the same scale to reflect whether they were comfortable being followed on their personal accounts by a client. Fourteen responses were 0, very uncomfortable.

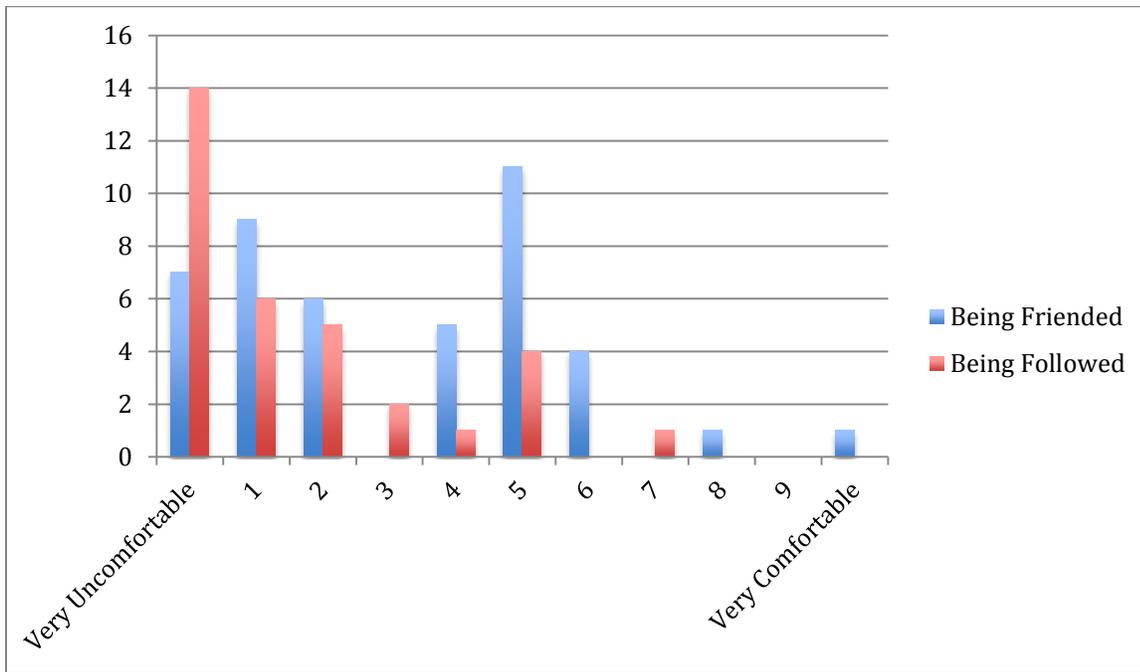


Figure 6. Midwives Comfort Level of Being Friended or Followed on Social Media

Respondents strongly feel that they are not comfortable being followed, with the largest group responding at 0 for very uncomfortable. While many are uncomfortable being friended, there is still a fairly sizeable contingent who rated 5, half way between very uncomfortable and very comfortable. Only 12 percent of midwives report that a client has followed their personal account on Twitter or Instagram (or another social media platform).

There are several different strategies that midwives use to keep their personal and professional spheres separate online: 77 percent of respondents report having specific strategies. The most common strategy is having different accounts, both a personal account and a professional account. One respondent said that she never posts negatively about work on her page, another said that knowing that former clients are friends and can see her content keeps her conscious to not post anything about work or about her clients online. Two respondents

articulated that they are thoughtful and specific about what they post while three others say they use their privacy settings to control their ability to be searched.

Questioned about personal and professional boundaries, 71 percent of respondents feel like they can have separate personal and professional online “lives”. One respondent believes it is important to have this separation and “being clear with yourself, and your clients about personal boundaries. There is always the potential for some overlap, so separation many not be ‘absolute’, but I believe it can be ‘pretty good’ or even ‘very good’.” One respondent expressed the importance of having separate online lives: “I am generally only friends with people who appreciate that I’m not just a midwife and that I have a different side” while another midwife expressed the opposite sentiment: “It is very difficult as midwives to have completely separate life [sic]. Often work is our life.” Two respondents stated that they don’t have time to create an online life while another said that she keeps her professional life non-existent online. A respondent expressed that it was because of her profession that she couldn’t have a social media one,—“The world is too public online. I avoid personal use of social media because of my professional life”—while another comments, “I try, but I think it’s ultimately impossible.” One respondent thought of the separation as important to her practice, “I feel it is important to maintain some distance in order to maintain clinical objectivity.” While 59.1 percent of respondent’s state that they have had former clients become friends and move from their professional to personal sphere online, 95.8 percent say that it is less than 10 percent of their clients. For several midwives, common interests and an emotional connection are what would make them consider moving a client into their personal sphere. One midwife said if there was a community connection then she would consider it.

Privacy Issues

One of my questions was “How do you factor in privacy when using social media?” Some midwives responded to this question within the context of clinical experiences and some from a personal framework. Two midwives stated they don't use social media because of ‘this’ reason—privacy. One simply stated, “I don't know how to achieve it so I don't use it.” Other respondents talked about always asking permission before posting photos. Many of the midwives wrote that they discourage clients asking questions on social media and that they will respond by urging patients to call them at their clinic. Several midwives said that they copy emails into their EMRs or document phone conversations. One midwife commented that she gets more information than she expected by text, “I am sometimes shocked at what clients will text photos of – ie problem with a woman's nipple but she texts a selfie of her breast and face to my phone.”

I asked how midwives maintained personal privacy when using social media and 5 out of 35 respondents said they use an alias or some incomplete form of their name for their social media account. The most common response is that they don't post anything personal online. Eight respondents said that they do not accept client friend requests and a few of those respondents said they will consider it once a client is out of their care. Several people use their privacy settings as a way to keep their information out of the public sphere. Only one respondent said that she does not keep her personal life a private one:

I don't filter my Facebook account by group of anything like that so if clients friend me then they find out whatever else my Facebook community knows about me! I'm out as queer on Facebook and I make lots of political posts.

One respondent created a second profile for her clients and another tells clients to like her professional page as opposed to her personal one.

As discussed above, practice websites and Facebook accounts are the most popular online platforms used by midwives. In terms of social media, Facebook is popular because midwives find it easy to use and believe that it is one of the easiest ways to access and communicate with their clients. It is a platform that allows midwives to post community related information as well as health articles and fun songs or videos. Midwives also recognize that while it is easy to share clinical information on Facebook, boundaries of what can or should be asked online versus within the clinic setting need to be established. Midwives are also very aware of their personal privacy and therefore do not share a lot of personal information online. This can be understood within the framework of communication privacy management.

Chapter Five: Discussion

Information shared between colleagues, practitioner to client and personal information is not necessarily private and thus must be looked at within the framework of CPM. Whether information is shared face-to-face or within an online social media platform, midwives understand that security and privacy must be factored into how they share, and therefore can affect their choice of platform.

Communication Privacy Management

Within the context of CPM, midwives and their clients enter into a relationship where information is co-owned. This relationship is based on the nature of clients informing and sharing their personal health information and pregnancy journey with their midwife. The relationship is not traditional in the respect that communication and information is not given

equally in both directions; the midwife must maintain her own personal boundaries in order to provide care in a professional manner. Petronio recognizes this is the case within a healthcare context:

Disproportionate contributions may result from many different circumstances, such as role requirements like those of the nursing staff in an eldercare home. According to role expectations, the nurse's role limits how much he or she needs to tell, whereas the patient must reveal a great deal of very private matters to increase the success of care. (p. 91)

Midwives must use what Petronio calls privacy access rules when looking at the boundaries between the co-owned information. Privacy access rules are how those who co-own the information negotiate access to it. Ideally, it would be discussed who else might have access to the information, what would be appropriate to share and how the information is shared with people outside of agreed-upon group who co-own it. To maintain a trusting relationship, midwives must discuss all of these details with their clients. Sharing of information is explicit if a client is attending a group practice where they see multiple midwives throughout their pregnancy. A midwife takes into account privacy access rules when deciding what to share online. One respondent talked about how much she enjoyed sharing birth stories online but was told by a colleague not to share birth announcements. Depending on what had been discussed with her client previously, this may cross boundary agreements.

Use of Social Media

Practice websites and Facebook are the platforms that midwives are using to advertise their practice. It is clear that Facebook is the most used social media platform with the community and it is because most of them know how to use it and believe that their clients use it.

For the most part, midwives aren't using Twitter, Instagram, LinkedIn or other social media platforms for either professional or personal use.

Midwives need to be conscious of what platform they are using for different types of communication. Texting is favoured between colleagues because it is fast and easy but it is not always ideal for communicating with clients. Several participants encourage their clients to phone the clinic or use their pager as opposed to asking questions on Facebook. Answering clinical questions on a public social media site could have larger legal implications because it could be considered medical advice. Midwives are keeping their text, phone and email communications of their patients for medical records, which is appropriate.

It is evident that the respondents prefer face-to-face communication. Nicolls and Webb (2006) found that communication was a common thread among studies that look at what contributes to a midwife being "good". Face-to-face communication is the easiest form of communication between colleagues and participants found that there are fewer misunderstandings because they could see each other's body language, and all other non-verbal signs. Participants expressed that face-to-face communication facilitated a more intimate connection as well as provided the opportunity for them to socialize. While it is clear how to best communicate between colleagues, it is the communication with clients where the boundaries shift. I posited that, due to the intimate nature of relationships developed between midwives and their clients, it was important to understand how they were communicating. From the results, it is the intimate relationships and collegiality developed between colleagues that are important to understand, and no social media platforms are preferred for this communication.

Personal Use and Privacy

It is evident that many participants do not actively engage with social media in a personal capacity. Many respondents have a personal account but they are not sharing personal information online because of their profession. Those that do engage are very thoughtful and specific about what they share or really limit the content that they do share. Several participants used similar methods found in Raynes-Goldie's 2010 study where participants would use aliases or have multiple accounts. This also follows Petronio's theory of CPM because there is the tension of who can see the content that they share even though a midwife would have to originally approve access their personal account (on certain social media platforms). There is recognition from the midwife that the sharing of personal information could overstep and affect the professional boundaries they have strived to create.

Two themes that emerged from the data are privacy and security. Participants get permission before posting any photos online, thus not breaching the privacy of their clients. Participants don't use social media to talk about clinical experiences though one midwife lamented on how she wished she could talk about births because she believes it has an impact on her community. The participant recognizes, though, that it could potentially put her in a difficult position professionally. This aligns with Mostaghimi and Crotty (2011) discussion of how clinicians' professional reputation can be affected because of subtle boundaries and how easy it is to cross them. In this type of situation, a midwife might feel like she is sharing joyous news but by including some small clinical detail, she could overstep a boundary.

While many participants believe that it is possible to have both a personal and professional online life, very few do. Participants have chosen to be cautious about how much they share, aware of the potential effects on their professional reputation. Those that do have a

personal online life use the strategy of privacy settings as a way to protect themselves. Like Tufecki's findings (2008), my findings also suggest that participants are concerned about their privacy but don't see social media platforms as dangerous. Midwives recognize that Facebook is a powerful tool and an easy way to share information like new research, and community resources to their clients.

While the participants don't think many of these platforms are secure, they still use them. Recognizing that their clients are spending time online, clearly midwives view the use of Facebook as necessary to reach current and potential clients. Midwives are aware that there are privacy issues with using social media and are careful not to share client information or clinical experiences.

Chapter Six: Conclusions

Midwives are online and while they use websites and Facebook, the general preference is to communicate face-to-face. They are aware and cautious about breach of privacy regarding their clients and try and create boundaries for where and how they answer inquiries online and through texting. Generally midwives in B.C. have personal social media accounts but do not actively engage and share personal information online.

Limitations and Exclusions

This study is specifically targeting midwives who are registered and practicing in British Columbia. I have chosen to restrict the geography because each province has a different college board, a different professional association and slight variations to practice that would complicate analysis. I have also chosen not to include any other type of healthcare practitioner; therefore this study has limited generalizability.

Recommendations for Future Research

The respondents in this study were clear about the benefits of the different modes of communication between colleagues. Face-to-face, email and texting each have their advantages, depending on what information one needs to express. As more midwives service rural communities, research about whether technology or social media provides collegial support/mentorship and lessen social isolation would be beneficial. One midwife reported that, in her Health Authority, they use Skype to review cases and provide assessment of performance. Research into whether technology could provide useful continuing professional development opportunities for midwives, again specifically for rural practitioners, would provide the necessary data for the development of new educational programs.

Finally, another potential area of study for further research is what level of awareness and comfort of use midwives have with privacy settings and control and whether these are taken into account while using social media.

Good communication is key to the success of midwives effectively communicating with each other and with their clients. This study has shown that while social media and texting are used frequently due to ease of use and comfort with platforms, midwives still prefer the personal touch. Currently midwives in B.C. are aware that there are potential risks when they share information online and are appropriately cautious in the decision making process of what information they own, what to share, and how best to do so.

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Appendix 1: Survey

BC Midwives Use of Social Media as a Communication Tool

Informed Consent

A description of how B.C. midwives communicate using social media.

Study to be conducted by Leslie Carty, Master of Arts in Professional Communication student at Royal Roads University. If you have any questions you would like answered before you proceed, you can contact Leslie Carty.

Informed Consent

Purpose of the study: The purpose of this study is to understand the online social media behaviour of midwives who communicate personally and professionally on social media and what factors they take into consideration such as privacy, preferred platforms (Facebook vs. Twitter vs. Instagram, etc.) and type of content shared.

Your participation: This survey will take approximately 20 minutes to complete and will ask questions about what social media platforms you use and whether you use them for personal or professional purposes. The survey will ask questions about how you keep personal and professional spheres separate on social media. Finally, I will ask some demographic information (e.g., age, community).

Benefits of this study: You will be contributing to an understanding of how you and your colleagues use social media for personal and professional reasons. By contributing to this study, there is the potential for the development of best practices guidelines for midwives use of social media.

Risks or discomforts: There are no risks or discomforts anticipated from taking part in this study. If you do not feel comfortable answering a question, you may leave it blank. You may withdraw your participation at any time by not completing the survey. If you quit the survey before you finish it, your answers will not be recorded.

Confidentiality: Your responses will be kept completely confidential. I will not know your IP address when you respond to the Internet survey. I will not ask for your name. I will ask some demographic questions for analysis. If there is potential that any information could be identifiable (ie. information linked to what community you are from), it will be stripped from the data. Only the researcher (Leslie Carty) and her supervisor (Dr. Michael Real) will be able to access the participant data. You will be assigned a participant number, and only the number will be linked to your information.

Decision to quit at any time: Your participation in this research study is voluntary and you are free to withdraw your participation from this study at any time. If you do not want to continue, you can leave this website. If you do not click "submit" at the end of the survey, your answers will be recorded and you will have participated. At that point, you cannot withdraw from the study because the data will be anonymous and your answers will not be able to be pulled from the larger data set.

How the findings will be used: The results from this study will be used as the basis for my master's thesis. I also plan to use them for further scholarly purposes by writing a research article to be published in a peer-reviewed journal. There is potential that the findings could contribute to the development of a best practices guideline for midwives using social media.

Contact information: If you have any concerns or questions about this study, please contact Colleen Hoppins at the Royal Roads University Research ethics review board or Dr. Michael Real.

By beginning this survey, you acknowledge that you have read this information and agree to participate in this research, with the knowledge that you are free to withdraw your participation at any time without penalty.

I Agree

Business / Practice Use of Social Media

Does your practice have a website?

- Yes
- No

Does your practice blog, whether through the website or on a separate blog?

- Yes
- No

Does your practice have a public Facebook page?

- Yes
- No

What do you think is the best way to advertise or inform the public about your practice online?

Why?

Colleague to Colleague Use of Social Media and Online Communication

Do you communicate with your colleagues (same practice or other practices)

	Yes	No
Email	<input type="radio"/>	<input type="radio"/>
Text (via phone)	<input type="radio"/>	<input type="radio"/>
Social Media	<input type="radio"/>	<input type="radio"/>
Private online discussion	<input type="radio"/>	<input type="radio"/>
Online chat / Messenger	<input type="radio"/>	<input type="radio"/>
Skype / Facetime	<input type="radio"/>	<input type="radio"/>
Face-to-Face	<input type="radio"/>	<input type="radio"/>
Telephone	<input type="radio"/>	<input type="radio"/>

Do you consider yourself to be confident with the use of social media?

- 10
- 9
- 8
- 7
- 6
- 5
- 4
- 3

- 2
- 1
- 0

Which method do you prefer when communicating with colleagues (besides the telephone)?

- Email
- Text
- Social Media
- Private online discussion
- Online chat / Messenger
- Skype / Facetime
- Face-to-Face

Why?

Practitioner to Client Social Media Use

Do you use social media in professional capacity?

	Yes	No
Facebook	<input type="radio"/>	<input type="radio"/>
Twitter	<input type="radio"/>	<input type="radio"/>
Blogs (read)	<input type="radio"/>	<input type="radio"/>
Blogs (post)	<input type="radio"/>	<input type="radio"/>
LinkedIn	<input type="radio"/>	<input type="radio"/>
Instagram	<input type="radio"/>	<input type="radio"/>
Flickr	<input type="radio"/>	<input type="radio"/>
Midwifery Communities	<input type="radio"/>	<input type="radio"/>
Patient Communities	<input type="radio"/>	<input type="radio"/>

What type of content do you post when using social media professionally?

Have you posted videos or photos when using social media professionally?

- Yes
- No

Have you discussed or posted about your clinical experiences online?

- Yes
- No

Are you interested in communicating with clients using social media for professional purposes?

- Yes
- No

If yes, on which platform(s)?

- Facebook
- Twitter
- Blogs (read)
- Blogs (post)
- LinkedIn
- Instagram
- Flickr
- Patient Communities
- Other

Why do you prefer that platform(s)?

Have any of the following reasons prevented you from communicating with clients on social media?

	Yes	No
Concerns about liability	<input type="radio"/>	<input type="radio"/>
Concerns about patient privacy	<input type="radio"/>	<input type="radio"/>
Concerns about my privacy	<input type="radio"/>	<input type="radio"/>
No way to get paid for these activities	<input type="radio"/>	<input type="radio"/>
Lack of time	<input type="radio"/>	<input type="radio"/>
Feel such interactions are inappropriate	<input type="radio"/>	<input type="radio"/>
Just not that interested	<input type="radio"/>	<input type="radio"/>
The technology is new to me	<input type="radio"/>	<input type="radio"/>

Have you ever had a negative experience communicating with a client online?

- Yes
- No

If yes, please describe.

Practitioner to Client Social Media Continued

How secure do you think the following modes of communicate are?

	Not at all secure	Somewhat secure	Very secure
Email	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Text	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private online discussion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public online discussion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online chat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skype / Facetime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you used any of these modes of communication to communicate with your clients directly?

	Yes	No
Email	<input type="radio"/>	<input type="radio"/>
Text	<input type="radio"/>	<input type="radio"/>
Social Media	<input type="radio"/>	<input type="radio"/>
Private online discussion	<input type="radio"/>	<input type="radio"/>
Public online discussion	<input type="radio"/>	<input type="radio"/>
Online chat	<input type="radio"/>	<input type="radio"/>
Skype / Facetime	<input type="radio"/>	<input type="radio"/>

If yes, do you keep copies of the communications for the client's medical records or for your own records?

- Yes
- No

Do you consider these forms of communication as part of the medical record?

- Yes
- No

How do you factor in privacy when using social media?

Do you use a set of guidelines to inform your use of social media?

- Yes
- No

If yes, which guidelines do you find most helpful?

Personal Social Media Use

Do you use social media in a personal capacity?

	Yes	No
Facebook	<input type="radio"/>	<input type="radio"/>
Twitter	<input type="radio"/>	<input type="radio"/>
Blogs (read)	<input type="radio"/>	<input type="radio"/>
Blogs (post)	<input type="radio"/>	<input type="radio"/>
LinkedIn	<input type="radio"/>	<input type="radio"/>
Instagram	<input type="radio"/>	<input type="radio"/>
Flickr	<input type="radio"/>	<input type="radio"/>
Midwifery communities	<input type="radio"/>	<input type="radio"/>
Patient communities	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

Have you ever had a client "friend" you on Facebook?

- Yes
- No

Are you comfortable being "friended" by a client?

- 10
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1

- 0

Have you ever had a client follow your personal account on Twitter or Instagram (or another social media platform)?

- Yes
- No

Are you comfortable being followed on your personal accounts by a client?

- 10
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1
- 0

How do you maintain personal privacy when using social media?

Do you use any strategies to keep your personal and professional spheres separate online?

- Yes
- No

If yes, what strategies do you use?

Personal Social Media Use Continued

Do you feel like you can have separate personal and professional online "lives"?

- Yes
- No

How or why?

Have any of your former clients become friends and moved from your professional to personal sphere online?

- Yes
- No

If so, approximately what percentage of your clients have moved into your personal sphere?

- >10%
- 10-30%
- 30-50%
- 50-70%
- 70-90%
- <90%

On what basis do you decide who can move into your personal sphere?

Demographics

How many years have you been practicing as a registered midwife?

- 0-5 years
- 5-10 years
- 10-15 years

How many years have you been practicing as a registered midwife in B.C.?

- 0-5 years
- 5-10 years
- 10-15 years

What size of community do you live / provide care in?

- >5000
- >10,000
- 10,000-30,000
- 30,000-50,000
- 50,000-80,000
- 80,000-120,000
- 120,000+

Did you receive your midwifery education in Canada?

- Yes
- No

If yes, did you receive it in B.C.?

- Yes
- No

What year were you born?

Do you have any comments you would like to add?