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PERCEPTIONS OF HEALTHCARE PROVIDERS REGARDING ETHICAL GUIDELINES ON SOCIAL MEDIA IN A CHILDREN'S WARD IN MALAWI

Research proposal for the degree Master in Nursing Science (Child Nursing)

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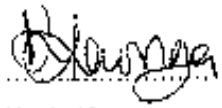
Declaration of originality and conflict of interest

I declare that:

"PERCEPTIONS OF HEALTHCARE PROVIDERS REGARDING ETHICAL GUIDELINES ON SOCIAL MEDIA IN A CHILDREN'S WARD IN MALAWI"

is my original work and that it has not been submitted before for any degree or examination at any other institution. All sources that have been used or quoted have been acknowledged by means of complete reference in text and bibliography.

The study was personally funded. There was no conflict of interest during the study.



Kettie Kaonga
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LIST OF ABBREVIATIONS / ACRONYMS

Abbreviation	Meaning
ICN	International Council of Nurses
UNICEF	United Nations Children's Fund.
WHO	World Health Organization

ABSTRACT

Introduction - Children are considered a vulnerable population with the right to a safe environment and protection from harm. They also have the right to privacy and protection against exposure on social media, especially when they are hospitalised. Nurses and other healthcare providers need to comply with guidelines, policies or protocols that guide the use of social media when rendering care to hospitalised children.

Aim - The aim of the study was to explore and describe the perceptions of healthcare providers of ethical guidelines regarding social media in a designated children's ward in Malawi.

Methods - A qualitative research design was used. Three semi-structured focus groups were conducted with 16 participants, using a structured interview guideline based on the ethical guidelines for social media usage of the International Council of Nurses, adapted for a children's ward. The data was transcribed verbatim, organised, analysed, and themes were formulated, supported by literature.

Results – Three focus groups of sixteen participants were conducted. Three themes were formulated from the findings as follows:

- Utilization of social media in the children's ward under which these subthemes were discussed; Education purposes; Consultation; Solving problems and Communication.
- Risks of social media in the children's ward under which these subthemes were discussed; Issues related to children's rights; Conflict; Psychological disorders and Negligence.
- Management of non-consensual taking and sharing of child patient photos under which these subthemes were discussed; removing photos from social media; informing social media users.

Conclusion – Understanding the perceptions of healthcare providers regarding ethical guidelines on social media is expected to assist the management of the children's ward to develop strategies and priorities on how the use of social media can be managed.

Key words – Social media, children's ward, healthcare providers, ethical guidelines.

CHAPTER 1: OVERVIEW OF THE STUDY

1.1 INTRODUCTION

Children are a vulnerable population who have the right to a safe environment, protection from harm and good health. Their interests should be of utmost importance; their right to privacy protected; they should be protected when away from home and they should be respected (United Nations Children's Fund (UNICEF) 2012). They should give informed consent when necessary and they should participate in decision-making, depending on their age and understanding (Muller 2009). The Malawi Constitution agrees that the best interest of the child is of utmost importance and that the child needs to be protected from any harm (Public Law: The Constitution of the Republic of Malawi Act of 1996: Section 23(1) and 23(5)).

The International Council of Nurses (ICN) (2012) describes social media as the online and mobile tools that people use to share opinions, information, experiences, images, videos or audio clips. Siddiqui and Singh (2016) describe social media as the use of cell phones, cameras and computers, sharing of news, photos or images.

The availability and use of social media can be seen as both a blessing and a curse regarding children admitted to a hospital (Kumwenda 2014). To ensure children's rights are protected in day-to-day health care, ethical guidelines have been developed. These ethical guidelines refer to narrowly focused thoughts and provide a basis for specific rules or norms that can be readily applied to practice (World Health Organization (WHO) 2015). The International Council of Nurses (2012) emphasised the importance of integrity, accountability, respect for human rights and professional commitment to guide practice.

The use of social media in health care, but especially in a children's ward, becomes a threat if there is non-compliance with these ethical guidelines. In the particular hospital in Malawi under review, most parents/caregivers and healthcare providers own a cell phone, I-pad, laptop or desktop computer. For a variety of reasons, healthcare providers and visitors take and share photos of sick children and their parents/caregivers. Some photos are used to follow the prognosis of the conditions; some are used for studies and educational purposes as this hospital is also a training institution; some photos are used for continuity of care or shared to appreciate the care given; some are taken and shared if one likes the child or/and the parent/caregivers. Taking and sharing photographs becomes problematic, however, if photos are taken of children who have visible abnormalities or "look funny" and are shared with family and friends on social media without consent. The concern is that the children's right to privacy and any personal information as stipulated in The

Nurses and Midwife Council of Malawi of 2012 section 3(2) is breached and their rights are not protected.

The ICN developed a position statement that guides social media usage (ICN 2015), indicating that nurses and healthcare providers need to educate themselves: to understand the use of social media in relation to enhancing knowledge by informing practice; to improve healthcare teaching and identify the risks; maintain privacy and confidentiality related to their work place or online posting of any information at all times; be aware of the quality and reliability of information; and be knowledgeable about what is acceptable professional behaviour related to social media usage.

Nurses are expected to respect the boundaries of the nurse-patient relationship; refrain from sharing any photos or any other personal information about patients or incidents without obtaining the relevant permission; refrain from becoming social media friends with former or current patients or their families; comply with copyright restrictions; refrain from any defamatory or offensive comments and always keep in mind what the image is that is portrayed by the posts (ICN 2015).

According to the ICN (2015), the healthcare provider organisations and educational institutions have the responsibility to make available clear policies, guidelines, stipulations in employment contracts, confidentiality agreements and control measures related to the use of social media. They also have the responsibility to "promote the use of appropriate social media platforms that inform practice, improve the quality of care and patient safety and provide mechanisms for nurses to access approved social media in the workplace" (ICN 2015:3).

In spite of available guidelines there is an ongoing dilemma related to non-compliance of ethical guidelines in different institutions globally (WHO 2017). The WHO (2017) adds that for centuries public health surveillance has been trying to answer the question of why there is non-compliance related to ethical issues. Khamula (2018) argues that the issue of privacy and informed consent is being questioned in health care in Malawi, where patient photos are taken and shared uncontrollably on social media. On the same subject of privacy and confidentiality issues, a Malawian midwife was suspended for taking and sharing a "selfie" with a pregnant woman about to give birth (The World News 2018). In Hospital J, it was observed that photos are taken of children and shared with or without informed consent. This is clearly in contravention of The Nurses and Midwife Council of Malawi of 2012, section (7.2.2), which advocates for moral and ethical application of beneficence when rendering health care. Kumwenda (2014:18) is of the opinion that "postmodernism and social media take human beings in a totally different direction, away from moral demands of society".

As a person's perceptions (in this case perceptions of ethical issues and management thereof) tend to drive his / her behaviour and actions (in this case compliance with ethical guidelines related to

usage of social media) (Eysenbach, Chiu, Kim & Park 2012), it was deemed important to understand the healthcare providers' perceptions of ethical guidelines related to the use of social media in a children's ward, which was the focus of this study.

1.2 PROBLEM STATEMENT

Benefits of social media include helping in planning for emergency situations, its potential for positively influencing behaviour and attitudes, offering learning and research opportunities to healthcare providers and strengthening the nursing profession (ICN 2015: Wen 2015), and being used as an essential tool in the continuity of patient care, diagnostic purposes and retrieving of patients' data (Cordos, Bolboaca & Drugan 2017). Disadvantages of social media for children include its potential for negatively influencing behaviour and attitudes (Kumwenda 2014), as well as sharing of private, misleading or wrong information (OFCOM 2017), which in turn might disadvantage or damage the children's privacy and image and expose them as "sick" or "abnormal" (Van der Velden & El Emam 2013).

A significant challenge in the children's ward is that children are vulnerable people, and their vulnerability increases when they are sick or separated from their families (UNICEF 2015). According to the Children's Commission, children are vulnerable as they might not have the ability to give voluntary informed consent, or because of circumstances such as severe illness or economic deprivation, or because the power difference between adults and children might put them at a higher risk of being exploited than adults (Bright 2017). These risks are especially relevant to wrongful use of social media in a children's ward.

Healthcare providers, therefore, have a very important responsibility to comply with ethical guidelines related to social media in order to protect children against exploitation. The researcher, however, observed in the particular children's ward of relevance in this study, that there is often non-compliance with ethical guidelines, especially regarding taking and sharing of photos on social media. The extent of compliance and reasons for non-compliance are not known, and as perceptions about an issue drive behaviour and actions, the focus of this study is to explore and describe the healthcare providers' perceptions of ethical guidelines related to social media in the children's ward.

1.3 RESEARCH QUESTION, AIM AND OBJECTIVES

The primary question was: What are the perceptions of healthcare providers regarding ethical guidelines on social media in a children's ward?

The aim of the study was to explore and describe the perceptions of healthcare providers regarding ethical guidelines on social media in a designated children's ward in Malawi.

The following objectives were stipulated:

- To explore and describe the perceptions of healthcare providers regarding the contribution of social media in the children ward.
- To explore and describe the perceptions of healthcare providers regarding the risks of social media in the children's ward.
- To explore the knowledge of healthcare workers, families or parents and children on the use of social media in the children's ward.
- To establish the capacity of healthcare providers on the application of hospital guidelines and policies on the use of social media in the children ward.

1.4 DEFINITION OF KEY TERMS / CONCEPTS

Social media

"Social media" is defined as the use of cell phones, cameras and computers, sharing of news via photos or footage (Siddiqui & Singh 2016), or described as the online and mobile tools used to share opinions, information, experiences, images, videos or audio clips (ICN 2015). For the purpose of this study, social media will mean any use of the above in the children's ward, especially for taking and sharing of photos.

Child

The Oxford Dictionary (2010:243) describes a "child" as "a young human who is not legally responsible for their actions". According to the Public Law: The Constitution of the Republic of Malawi Act of 1996, section 23(6), a child is a person who is 16 years and below. In this study a child refers to a person younger than 13 years old, as 13 years is the cut-off age for admission to a children's ward.

Children's ward

A "children's ward" is a separate room or area in a hospital for children with similar types of medical and/or surgical conditions (Oxford Dictionary 2010:1673). A children's ward is an area in which the beds are used exclusively for the care of children in a hospital (Segen's Medical Dictionary 2012). For the purpose of this study, the children's ward is the area at Hospital J in which any child patient from 0 to 13 years might be hospitalised irrespective of his/her health condition. The children's ward is discussed in more detail in the section on the context / setting.

Ethical guidelines

"Ethical guidelines" refer to narrowly-focused thoughts and provide a basis for specific rules or norms that can be readily applied to practice (WHO 2015). In this study, ethical guidelines refer to guiding statements on the use of social media in healthcare.

Healthcare providers

A "healthcare provider' is someone who works in a hospital or health centre (Cobuild Advanced English Dictionary 2019) and provides promotive, preventive, curative or rehabilitative health care. For the purpose of this study, healthcare providers refer to all health personnel involved in the care of the child patient in the children's ward, including qualified nurses, student nurses, qualified doctors, student doctors, patient attendants, dieticians and physiotherapists.

Perceptions

"Perceptions" are defined by the Oxford Dictionary (2010:1087) as "the way in which something is regarded, understood, or interpreted". This definition is applied in the study as the way in which ethical guidelines of social media in a children's ward in Malawi are regarded, understood or interpreted by the healthcare providers in the particular ward.

1.5 CONTEXT / SETTING

Hospital J is a district hospital under the Christian Health Association of Malawi hospital (The Electives Network 2019). The hospital works in collaboration with a university (The Miracle for Africa 2018).

Hospital J is a 300-bedded hospital, which offers 24-hour services for immediate rural people and referral cases (The Electives Network 2019). Hospital J employs 16 doctors, 107 nurses, 116 administrative and support staff and accommodates many students from different academic disciplines and hospitals (The Miracle for Africa 2017). Approximately 25 of the staff are allocated in the children's ward which comprises qualified doctors and nurses, student nurses and doctors, a physiotherapist, dieticians and patient attendants.

Hospital J sees 150,000 patients every year, offering out-patient services, internal medicine, surgery, intensive care, maternal care (with an average of 100 babies being delivered monthly), children and adult inpatient care, dentistry, ophthalmology, radiology and primary care services (The Miracle for Africa 2017). The hospital offers services for pressing issues like malaria, HIV/AIDS, neonatal disorders and nutritional deficiencies. As part of preventing HIV/AIDS, it also offers male circumcision services (Jung 2012). The hospital is also involved in research activities (Ngonda 2017). These

programmes signify the effectiveness and expertise of the hospital. The children's ward is a 29-bedded ward that offers surgical, medical, intensive, high dependency, and primary child health care, among others.

Hospital J is chosen for study because of the children's ward's size, the number and variety of child patients being cared for and where non-compliance with ethical guidelines related to social media has a significant impact on patient outcomes. Approval to conduct the study at the hospital is attached as Annexure D.

1.6 ASSUMPTIONS

An assumption is a basic principle that is believed to be true without proof or verification (Polit & Beck 2017). It is something that you accept as truth without question or proof (Cambridge Dictionary 2020).

The things that are believed and accepted to be true, and related to this study will be discussed under ontological, epistemological and methodological assumptions.

1.6.1 ONTOLOGICAL ASSUMPTIONS

According to Polit and Beck (2017), ontology signifies the nature of the reality, is subjective, and mentally constructed by the individual. Zukauskas, Vveinhardt and Andriukaitiene (2018) add that ontology helps to understand the real nature of society. In this study it is assumed that hospitalised children need to be protected against exposure in social media. The adherence to ethical guidelines related to social media in the children ward is therefore crucial, as it is driven by individual perceptions, which in turn determine actions and behaviour. For that reason, it was considered as important to understand the healthcare providers' perceptions of ethical guidelines related to social media in the children's ward.

1.6.2 EPISTEMOLOGICAL ASSUMPTIONS

Epistemology shows the relationship between the inquirer and the participants (Polit & Beck 2017). In this study the assumptions were that participants would voice their perceptions related to their day-to-day care of child patients in relation to ethical guidelines. This might be achieved through interaction between the researcher and participants in the form of focus group discussions.

1.6.3 METHODOLOGICAL ASSUMPTIONS

The methodological assumptions dictate the different techniques on how to approach situations (Zukauskas, Vveinhardt & Andriukaitiene 2018). In this study the best technique of choice to approach the perceptions of the healthcare providers of ethical guidelines regarding social media was considered to be through semi-structured focus group interviews based on the assumption that

it would generate in-depth information as discussed by Young, Rose, Mumby, Capistros, Derrick, Finch, Garcia, Home, Marwaha, Morgans, Parkinson, Shah, Wilson and Mukherjee (2018). The results would be based on participants' experience, feelings and knowledge, which created their perceptions. The rich, in-depth information from small samples might add to understanding. In addition, the participants would have an opportunity to express their opinions and the reasons for their behaviour in relation to ethical guidelines, as indicated by Yamey (2017).

1.7 DELINEATION

The research study was conducted in a single setting in a children's ward at a designated hospital in Malawi. Therefore, the findings might not be generally applicable.

1.8 SIGNIFICANCE / CONTRIBUTION

The study might provide an insight on how healthcare providers in the children's ward perceive ethical guidelines related to social media. If their perceptions were known, it would be possible to develop strategies to develop the perceptions that lead to appropriate implementation of the ethical guidelines, to eventually benefit and protect the children from exposure on social media.

1.9 RESEARCH DESIGN

A qualitative, descriptive, contextual, explorative design was used. Qualitative research is designed to understand the perspectives and experience of individuals or groups (Bogetz, Abramson, Haftel, Klein, Li, Michelson & Simpkin, 2017). It is subjective, hence the results might not be generalized (Bogetz et al 2017). According to Polit and Beck (2017) qualitative design is flexible which will enable adjustment in the course of data collection, and provides in-depth understanding of the phenomenon. The design was descriptive to provide a clear description of the phenomenon, which in this case was the perceptions of the healthcare providers of ethical guidelines in the children's ward. The design was contextual, as the focus was of value to the specific context, and the purpose was not generalisation, as suggested by Klopper (2008).

1.10 METHOD

The following section provides an overview of the methodology, which is discussed in more detail in Chapter 3. Methodology will be discussed under the following headings: setting population, sampling method, sample size, data collection and data analysis.

1.10.1 SETTING, POPULATION, SAMPLING METHOD AND SAMPLE SIZE

As discussed above, the study would be conducted in a single setting; the children's ward of Hospital J in Malawi.

The study population signifies the entire collection of cases in which a researcher is interested in (Polit & Beck 2017). For this study, the study population included all healthcare providers in the children's ward of Hospital J in Malawi, who in total are 25, most of the time (see description in "Context").

1.10.2 SAMPLING METHOD AND SAMPLE SIZE

To answer the proposed research question, semi-structured focus group discussions were held. The sampling frame would be the total population consisting of all healthcare providers working in the children's ward who were willing to participate. It can also be described as convenient sampling as described by Polit and Beck (2017) as the participants were recruited from a particular clinical setting, which in this case was the children's ward.

Purposive sampling is more suitable for this study because the researcher had selected the sample on the bases of own knowledge of the population, its elements and the nature of the research aims.

Inclusion criteria:

The participants should be:

- Healthcare providers in the children's ward, which could be qualified nurses, student nurses, qualified doctors, student doctors, clinical officers, medical assistants, ward attendants, a physiotherapist or dietician;
- Any sex;
- Allocated to the children's ward for at least three months;
- Voluntary participants.

All of the above participants will be 18 years or older, as they need to be 18 years or older to be employed by the Hospital. All the participants will be literate so that they can read and write, and also be able to understand the informed consent form as informed consent is of core importance before any procedure, according to Suran, Hirani, Elias, Quisenberry, Varon and Suran (2017).

The population was invited by the Matron of Hospital J and the unit manager of the children's ward. The invitation was through memo and verbal communication during morning reports once ethical consent had been obtained.

Polit and Beck (2017) indicate that sample size depends on the depth of information needed. When data saturation is reached the data sample is enough. Data saturation signifies no more new information is given from participants (Saunders, Sim, Kingstone, Baker, Waterfield, Bartlam, Burroughs & Jinks 2017). Trotter (2012) as cited in Yamey (2017) adds that saturation indicates that all concepts according to the preliminary code have been repeated without new themes emerging.

Data saturation will be reached when the participants give redundant information or different participants give the same information or comments (Saunders et al. 2017) and no more new codes are identified during data analysis (Forero, Nahid, Costa, Mohsin, Fitzgerald, Gibson, McCarthy & Sarfo 2018).

The preliminary plan was to have at least three focus groups with four to ten participants per group, depending on who the participants were that volunteered. At the end three focus groups were conducted with 16 participants.

1.10.3 DATA COLLECTION AND ORGANISATION

Once participants responded and confirmed their consent to take part in the study, the researcher communicated with the participants. Then the researcher gave details of the study to provide information for informed consent (see Annexure C: Informed consent). Confidentiality issues were discussed to gain trust and arrangements were communicated to them as to when and where the focus groups would take place and the duration thereof. They were given the opportunity to ask any questions.

According to Adams (2015), audio records might form part of trustworthy validation and also influence the interviewer to be more actively engaged in the conversation. Permission was requested from the participants for audio recording.

The researcher observed and took filed notes as a facilitator conducted the focus groups until data saturation was reached, with the following guidelines in mind:

- What is the process of obtaining consent for taking patients' photos / videos in the children's ward?
- To what extent are staff educated to maintain patient privacy and confidentiality and not share information outside the hospital?
- To what extent are the staff well-versed in social media ethical guidelines to educate parents / families on what to do and not to do in the children's ward?
- To what extent are the staff educated to portray a professional image even when posting content that is not work-related?

The focus groups are discussed in more detail in Chapter 3.

1.10.4 DATA ANALYSIS

Data analysis refers to a dynamic process weaving together recognition of emerging themes, identification of key ideas, or units of meaning and material acquired from literature (Mohajan 2018).

Each transcript was read through thoroughly. According to Mohajan (2018) the phrases, sentences and paragraphs that stand out from the text data, as broader than the central area of interest, are coded together. The steps of thematic analysis process are described in Chapter 3.

As indicated by Polit and Beck (2017), the themes need to be linked to existing literature to control the findings. The researcher integrated the data in the field notes to verify the meaning of the categories and themes and to draw legitimate and insightful conclusions.

1.11 TRUSTWORTHINESS

The trustworthiness of a study is gained through the description of the purpose of the study, how it was conducted, procedural decision, details of data generation and analysis (Hammarberg, Kirkman & Lacey 2016). To ensure trustworthiness, therefore, the following strategies were considered in accordance with Lincoln & Guba's specifications (1985) as cited in Polit and Beck (2017): credibility, dependability, confirmability, transferability and authenticity. These strategies are discussed in Chapter 3.

1.12 ETHICAL CONSIDERATIONS

Ethical considerations are discussed according to the principles described by Polit and Beck (2017), namely beneficence, respect for human dignity and justice.

1.12.1 THE PRINCIPLE OF BENEFICENCE

Beneficence entails minimizing harm and maximizing benefit to research participants. Therefore, participants had the *right to freedom from harm and discomfort*. This was ensured by:

- The Faculty of Health Sciences Research Ethics Committee of University of Pretoria, the National Health Sciences Research Committee of Malawi and the Management of a designated Hospital when the study was first approved.
- During the dissemination of results, confidentiality of participants was maintained.
- Sensitive questions that might hurt or disturb participants were avoided.

The participants had the *right to protection from exploitative conduct*; therefore, the interview sessions lasted approximately sixty minutes. The information gathered could help protect children's privacy and promotion of human dignity. Coercive power in relationships was never exploited. Refreshments were provided after the session as a sign of appreciation and not to lure participants into the study.

1.12.2 PRINCIPLE OF RESPECT FOR HUMAN DIGNITY

The informed consent leaflet which contained information about the study was given to potential participants. Because participants *had the right to self-determination*, they could voluntarily exercise

their autonomy by signing informed consent to the study. The signing followed after the potential participants asked their questions and received answers. Confidentiality issues were clarified by explaining that:

- code names would be used;
- no identifying information would be reported;
- research information would not be unnecessarily accessed by anyone.

Participants had the *right to full disclosure* of information. In addition to issues addressed on confidentiality which aided informed decision-making, the following information was also provided (see Annexure C):

- the aim, objective and the data collection method of the study;
- the risks involved;
- participant expectations;
- the need for informed consent during recruitment of the study;
- the duration of the focus group discussions;
- dissemination of results through a research report and published in an accredited nursing journal.

1.12.3 THE PRINCIPLE OF JUSTICE

To ensure the *right to fair treatment*:

- All participants were treated the same, whether they were nurses, doctors or from other disciplines.
- Participants who declined participation or decided to withdraw were respected and allowed to withdraw without any form of penalty.

To support the application of ethical considerations, the Declaration of Helsinki was acknowledged.

1.13 CONCLUSION

This chapter provided an overview of the study. The layout of the chapters is as follows:

Chapter 1: Overview of the study
Chapter 2: Literature review
Chapter 3: Research methodology
Chapter 4: Research findings
Chapter 5: Conclusions and recommendations.

The focus of the next chapter will be on the related literature.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

The previous chapter provided an overview of the study, while the literature review is discussed in this chapter.

A literature review provides an overview of areas in which the research is different and interdisciplinary (Snyder 2019). It also entails a comprehensive summary of previous research on a topic under study (Andruss Library 2020).

In this case, in order to present a different and comprehensive summary, the literature review is provided on the topic under study, based on different ethical principles on social media, guided by the ICN position statement of 2015, Annexure H. The articles were written within the last ten years except for the public laws, regulations and policies, searched by Google scholar and The Cumulative Index to Nursing and Allied Health Literature.

This study aimed to respond to the global outcry related to non-compliance of ethical principles in health institutions (WHO 2017). The WHO (2017) adds that for centuries public health surveillance has been trying to answer the question of why there is non-compliance related to ethical issues.

The problems related to the use of social media exist in the health system. As a result, WHO (2015) and the ICN (2012) have provided ethical principles, which are narrowly focused thoughts to provide a basis for specific rules or norms that can be readily applied to practice. These guidelines emphasise the importance of integrity, accountability, respect for human rights and professional commitment to guide practice (WHO 2015; ICN 2012).

According to UNICEF (2012-2016), Malawi is protecting children from all sorts of conflicts through a child protection system. Therefore, early identification of conflict, and proper referral and management should be done for the good of children. It follows then that communities (in this case Hospital J) has an obligation to protect and support its population (in this case the hospitalised children) (WHO 2017) from all kinds of harm.

This situation brought about the main focus of the study which is protecting patients, especially child patients, from harm caused through social media. To elaborate on that, we looked at ethical principles that guide the practice of nurses and social media as adopted from the ICN position statement adopted in 2015 (ICN 2015). It is argued that if the healthcare providers' perceptions related to compliance with ethical principles regarding social media in a particular hospital were

known, it would be possible to develop strategies to build on these perceptions to improve compliance, to the eventual benefit and protection of children from exposure on social media.

The literature review provides a discussion on the use of social media in health care and the impact of social media on hospitalised children, followed by the ICN's (2015) ethical principles of social media and related research done, as well as compliance with ethical guidelines.

2.2 USE OF SOCIAL MEDIA IN HEALTH CARE

In general, social media describes the online and mobile tools that people use to share opinions, information, experience, images / photos and video or audio clips and includes websites and applications used for social networking (ICN 2015). In this study the term "photos" is used, but the term can be interpreted to include any other means of communication shared on social media.

Siddiqui and Singh (2016) add that social media entails the use of cell phones, cameras and computers and the sharing of news or photos. This sharing generates friends, empathy and speedy communication in the society as commented by Kanodia, Sinha and Yadav (2016). Examples of social media platforms include, among others, Facebook, Twitter, WhatsApp, Instagram, Google search and YouTube (Newman, Fletcher, Kueng, Nielsen, Selva & Suarez 2020).

Globally, there is a 22% increase in mobile phone usage from 19% in 2015 to 41% in 2016 (OFCOM 2017). In Malawi, phone subscribers increased from 25 per 100 people in 2012 to 40 per 100 people in 2016 (The International Telecommunications Union 2018). It is estimated that globally, 3 in every 10 people share content on social media without considering the consequences thereof (OFCOM 2017), nor do they thoroughly read or consider the kind of content distributed, with or without permission. Their urge to share something on social media is not controlled.

Social media has unique challenges and opportunities in health care. Some of the uses include getting in touch with colleagues or obtaining updates and accessing information that is needed on certain treatment of infection and general updates (Kanodia et al. 2016). For example, the WHO (2020) provides and updates the healthcare providers and general public on how to prevent the COVID-19 pandemic infection by using the Google search platform and WhatsApp.

When a person is hospitalized, relatives, friends and even healthcare providers get the information easily as social media has great power in transmitting and communicating specific messages (Abdelrahman 2018). In contrast to these positive examples, the abuse of social media in the health system to share private or misleading information in the public discourse (also referred to as "fake news") (OFCOM 2017) is seen as a major challenge.

Below are examples of how children are disadvantaged due to different or misleading information shared on social media. The examples are COVID-19- related as this is currently a world-wide crisis.

There is a perception in the public domain peddled by social media regarding the testing kits for COVID-19. It is alleged, according to social media reports, that the testing kit is contaminated with COVID-19 virus (Varga 2020). This may influence people to refuse testing because of fear of exposing children to infection.

Lee, Hu, Chen, Huang and Hsueh (2020) report that children are less likely to contract the COVID-19 virus because they undertake less international travel, whereas UNICEF (2020) argues that children are the most vulnerable to COVID-19 infection as most children live in low socio-economic conditions which makes them more prone to infections. This contradiction has the potential to cause additional risk of infection to children. During this COVID-19 lockdown, UNICEF (2020) points out that children are most likely exposed to higher risks of exploitation, violence and abuse due to school closure, social service interruption and the restriction of movement: this was evident during the Ebola outbreak from 2014 to 2016.

UNICEF (2020) adds that, due to many contradictory messages on social media, many parents are very afraid of what to expect in life: the children in turn assimilate the fear and sadness, which leads to more violent and psychosocial distress.

Benefits and risks of social media will be discussed in more detail in Section 3.

2.3 ETHICAL PRINCIPLES RELATED TO SOCIAL MEDIA

The following discussion is based on the position statement provided by ICN (2015), which is supposed to be applied in practice.

The ICN is a federation of more than 130 national nurses' associations representing millions of nurses worldwide. Its main goal is to ensure quality nursing care for all (in this case child patients) and sound health policies globally. This is relevant to the use of social media in health care in this study.

In relation to social media, the ICN (2015) believes that social media can be a powerful tool for rapid communication and education, and it has significant potential to strengthen the nursing profession. Social media is also used for health promotion, illness prevention, timely and credible health information and lastly for strengthening the image of nursing globally.

However, understanding that social media does not only have benefits, but also associated risks, ICN formulated a position statement to guide nurses, healthcare provider institutions, educational institutions, professional associations and regulators to consider and address the professional, ethical, regulatory and legal issues associated with the use of social media. The position statement which encompasses ethical principles on how to regulate social media in health care was formulated in 2012 and adopted in 2015.

As the Midwifery and Nursing Council of Malawi is a member of the ICN, the ethical principles regarding social media are supposed to be applied in Malawi. For this reason, these guidelines have been adapted to explore and describe the perceptions of healthcare providers of a designated children's ward in Malawi of the implementation of these ethical principles, discussed below.

2.4 ETHICAL PRINCIPLES FOR NURSES

The ethical principles are discussed under the headings of Beneficence and non-maleficence, Respect for human dignity, Justice and Accountability.

2.4.1 BENEFICENCE AND NON-MALEFICENCE

Beneficence is doing good and doing the right thing for the patients or to benefit them, and non-maleficence refers to doing no harm which can be intentional or unintentional (Registered Nursing Organization 2020).

Recommendations from the ICN (2015:1-2) that are stipulated to benefit patients and prevent harm are that nurses need to:

- "Educate themselves about both the opportunities in the use of social media in relation to enhancing knowledge, informing practice and healthcare teaching and also the risks related to its use";
- "Adhere to legal, regulatory institutional and or organisational standards, guidelines, policies and codes of conduct with respect to the use of social media and apply these codes, standards, guidelines and policies equally to online activities as they do in other activities";
- "Ensure they have the required competencies, are practising within their scope of practice and are legally authorised to do so if providing health information, advice or services";
- "Be aware of the quality and reliability of information online and recognise how the information affects patients' health and illness experiences";
- "Inform and educate patients regarding both the opportunities and risks related to social media in the context of their health";

- “Refrain from posting defamatory or offensive comments about employers, educational institutions, colleagues or patients and be aware that unnamed patients or persons may be identified from posted information”;
- “Report identified breaches of privacy or confidentiality”;
- “Be aware of the rapidity of communication through social media outlets and the possibility of instant reports or retweets and therefore the importance of being thoughtful of what is being communicated before posting”.

Siddiqui and Singh (2016) indicate that social media has increased the quality and rate of collaboration among students who are able to share study materials, write blogs and increase knowledge. Chaputula and Mutula (2018) also agree that students more easily access library and other information services related to their studies.

Specifically in the health field, images or photos are often used as an essential tool in the continuity of patient care, retrieving of patients’ information and diagnostic purposes (Cordos, Bolboaca & Drugan 2017), but these are not necessarily shared on social media. Milam (2016) confirms that, for diagnostic purposes, the first image was taken by Alfred Francois Donne to showcase platelets and diagnose anaemia in 1839 in France. Milam furthermore indicates that the first portrait was used to diagnose a large goitre of a woman taken in Scotland in the 1840s, and a dermatology photo was first published in 1848, followed later by an atlas with dermatology cases showing how to diagnose and treat different skin conditions in Britain. Wen (2015) indicates that photos are often used for health education and research purposes that affect child patients and all patients in general.

Sharing of information on social media can be used for training and educating community health providers on issues related to healthcare (Winters, Langer & Geniets 2018). In Malawi, the palliative care health providers use photo voice to enable people to record and reflect their communities’ strength and concerns, and promote critical dialogue and knowledge about important issues that affect palliative care (Bates, Ardrey, Mphwatiwa, Squire & Niessen 2018).

Linguissi, Ouattara, Ntambwe, Mbalawa and Nkenfou (2018) predict that mobile applications can be significant tools in health development in the prevention of Human Immunodeficiency Virus (HIV) by 2025 as people will be able to access preventive measures. Hampshire, Porter, Owusu, Nariwah, Abane, Robson, Munthali, Delannoy, Bango, Gunguluza and Milner (2015) also indicate that mobile phones have the potential to be used for therapeutic uses, research and secure health care.

Milam (2016) explains that social media plays a therapeutic role among patients: for example, in England, Dr Hugh Welch Diamond gathered a collection of psychiatric portraits to evaluate the

insane, diagnose for clinical records and case reports and shared the photos following treatment. In addition, Hardijzer (2017) agrees that photographs served a purpose of case history and therapeutic treatment for psychiatric patients, especially.

Wen (2015) indicates that photos are used for health education and research purposes that affect child and all patients in general, which means that child patients, parents or caregivers can benefit when taught about the condition and prognosis through the photos. Furthermore, parents and caregivers can share good moments and updates with their relatives regarding the child's prognosis (Blatchford 2017), but the increase in media usage poses a serious threat to the privacy of sick children when photos are taken and shared irresponsibly on social media (Kanodia, Sinha & Yadav 2016). This lack of control can contribute to the wrongful usage of photos on social media (Siddiqui & Singh 2016). An example of such wrongful usage is where advertisements include the role of a baby as part thereof (Friedman 2015).

In general, photos reveal one's unique characteristics (European Court of Human Rights 2017). This is the reason why AuSAID (2012) advocates presenting the child patient in a respectful and dignified manner, not as vulnerable. Kanodia et al. (2016) add that sharing of photos is also unsafe and too risky for someone's reputation unless used properly. Friedman (2015) mentions that their different conditions are exposed to the social cycle, and as a result the photos are prone to abuse: for example they can be used for fake profiles, baby role-playing and/or for advertisements. Furthermore, Hardijzer (2017) reveals that the photos of patients taken and shared might leave the viewer surprised, saddened or even shocked, and stress and/or psychological problems might arise.

Kumwenda (2014) agrees that as people are embracing social media, the long-cherished sense of virtue is lost. As a result Clark, Lewis, Brashaw and Jones (2018) appeal to nurses to acquire the needed knowledge and competency on how to handle youth patients who mostly use social media for "sexting", which is one of the indications of harmful sexual exploitation.

2.4.2 RESPECT FOR HUMAN DIGNITY

Respect for human dignity includes the respect for autonomy and self-determination, as well as confidentiality and privacy. Autonomy and patient self-determination imply that the patients are entitled to their own opinions, perspectives, values and beliefs and to make their own decisions without judgement or coercion. Veracity, or being honest and truthful with patients, should be observed and practised (Registered Nursing Organization 2020).

The ethical guidelines from the ICN (2015:2) to ensure respect for human dignity, stipulate that nurses need to:

- “Maintain patient privacy and confidentiality at all times and not discuss issues related to their workplace online or post any information relating to patients or their families”;
- “Formally seek approval if they are going to record or archive interactions with patients and be aware of the legal position in terms of access to such materials in conduct cases or when there are legal proceedings”;
- “Be aware of and use privacy settings in order to maintain control of access to personal information”;
- “Be aware of copyright restrictions and the risks to breaching copyright when posting information online”;
- “Recognise that everything posted online is public and permanent, even if deleted and that using pseudonyms does not provide anonymity”.

Information, informed consent and privacy have become global issues, especially with the increased usage of mobile phones for medical purposes (Chan, Dumestry, Charette & Fraulin 2016). King, Esposito and Sollazzo (2016) explain that informed consent entails the individual having the ability to understand the diagnosis, appreciate the information regarding the treatment options and outcome, reason when making treatment choices, and clearly communicate the decision made. George (2018) indicates that informed consent entails the power to exercise choice after gaining knowledge of the purpose and nature of the action to be taken or done.

The Oxford Dictionary (2010) indicates that children are not mature enough to be responsible for their actions (in this case providing informed consent) therefore the caregiver/parent is responsible. Polit and Beck (2017) share the opinion that children are vulnerable and incompetent to give informed consent. However, due to the lack of individual capacities in the case of children or developmentally disabled persons, autonomous decision-making may not be possible and substituted judgement should be applied. A substituted judgement principle allows a surrogate decision-maker (parent or primary caregiver) to attempt to establish, with as much accuracy as possible, what decision an incompetent patient would make if he or she were competent to do so (King, Esposito & Sollazzo 2016). According to Public Law: the Constitution of the Republic of Malawi Act of 1996, section 22(7):23(1) a parent or guardian gives consent which is in the best interest of a child below 16 years . According to Heyink (2013), informed consent can be provided verbally, while Zimmerle (2018) is of the opinion that it should rather be written informed consent.

The World Health Organization Guidelines (2013) stipulate that the child and parent or caregiver need to provide informed consent before photographing. However, when it concerns informed consent related to participation in research, Polit and Beck (2017) suggest that children aged between 7 and 12 years can assent, and for those above 12 years, who can understand informed

consent it is advisable to give a written consent. Assent refers to the child's agreement to participate (Polit & Beck 2017).

Suran, Hirani, Elias, Quisenberry and Varon (2017) and George (2018) mention that the use of social media is often valued to the detriment of ethical values which demand that informed consent must be sought from parents or caregivers and children. Another limitation to informed consent is the unconditional trust patients and parents or caregivers have in physicians or health providers, to the extent that they consent to everything without necessarily understanding what they are consenting to (Beecher 1966, as cited in Bennett & Vercler 2018). Despite their trust in health providers, there is a need for fully informed consent indicating the risks and benefits of social media before photos are taken and shared (Bennett & Vercler 2018).

Apart from the issues related to informed consent to ensure respect for persons, there is also the issue of confidentiality and privacy that needs to be protected. According to the Singapore Nursing Board (2018), confidentiality entails non-disclosure of personal and clinical information whereas privacy entails the right to control access to oneself, including the circumstances, timing and extent to which information is to be disclosed − in this case, the confidentiality and privacy of child patients in relation to the use of social media. The New Zealand Nursing Organization (2019) adds that confidentiality and privacy are problematic as they remain a legal and ethical obligation.

According to Polit and Beck (2017), confidentiality is a pledge that any information participants (in this case parents or caregivers) provide (to health providers) will not be publicly reported in a manner that might identify them and will not be accessible to others. Privacy entails the state of being alone and not being watched over or disturbed by other people (Oxford Dictionary 2010).

Blatchford (2017) expresses concerns for breach of privacy despite the fact that sharing of photos can help to share good moments and updates (in this case when relatives and friends are updated on the children's conditions). Emmott (2017) and Hao and Gao (2017) also acknowledge the appropriate use of social media by health personnel, provided the right to privacy of children is not impinged. In addition, Hao and Gao (2017) indicate that patient privacy is impinged especially when the photos are non-consensual, when consent is not gained, and when caregivers and healthcare providers start to raise questions about the aim of those photos which lead to conflict and misunderstandings. The lack of information in non-consensual photos might lead to stress and conflict between health providers and parents or caregivers (Howatt, Amell, Adams & Houston 2018). Such conflicts and misunderstandings contribute to medical and nursing errors (Patton 2014).

The Singapore Nursing Board (2018) therefore requests nurses to report unsafe clinical practices that could potentially compromise people's safety, including breaches of confidentiality and privacy of child patients related to social media in children's wards. However, Noroozi, Zahedi, Bathaei and Salari (2018) argue that the boundary between patient and health providers' confidentiality is not well demarcated. In addition, most patients are unaware of their rights, hence the resistance to reporting breaches in confidentiality.

It is assumed that patients may tend to withhold health information due to concerns about privacy and confidentiality. Following this, the Canada Health Infoway tries to improve health technology systems to ensure medical records respect the patients' privacy (Canada Medical Association 2017). Heyink (2013) explains that South Africa has the Protection of Personal Information Act of 2013 Chapter 4, provide guidelines on how to access and treat people's information at all levels in order to protect confidentiality and privacy.

Public Law: the Constitution of the Republic of Malawi Act of 1996, section 23(6) stipulates that those above 16 years are not children therefore they can give consent in writing. In the best interests of the people that Public Law: the Constitution of the Republic of Malawi Act of 1996, section 21(1) promotes privacy and confidentiality of information, even for the patients. Therefore the Nurses' Association of Malawi (2015) also emphasises the importance of privacy and confidentiality of all medical records, including images.

Maluwa, Severinsson and Solum (2012) are of the opinion that informed consent issues need to be promoted in the Malawi health sector to aid dissemination and understanding of information. Khamula (2018) argues that the issue of privacy and informed consent is being questioned in Malawi's healthcare system, where patient photos are taken and shared irresponsibly on social media. An example thereof is a Malawian midwife who was suspended for taking and sharing a "selfie" with a pregnant woman about to give birth in a labour ward at a referral hospital, Queen Elizabeth in Malawi (The World News 2018). There was also a photo posted of a caregiver with an abnormal baby, of which the source is not yet known.

In Hospital J, it was observed that photos are taken of children and shared with or without informed consent. This is clearly in contravention of The Nurses and Midwife Council of Malawi of 2012 section (7.2.2) which advocates for moral and ethical application of beneficence when rendering health care.

2.4.3 JUSTICE

The principle of justice refers to fairness, and care must be fairly, justly and equitably distributed among a group of patients (Registered Nursing Organization 2020).

In this regard, the ethical guideline stipulated by the ICN (2015:2) reads as follows:

> "Nurses need to respect the boundaries of the therapeutic nurse-patient relationship and not connect with or accept patient or former patients as electronic friends on personal social media sites due to the risk of breaching therapeutic relationships."

The therapeutic nurse-patient relationship relates to a focused relationship between the health professional and the patient, directed at achieving the best patient outcome (Kornhaber, Walsh, Duff & Walker 2016). For this relationship to be effective, professional boundaries that safeguard patients in their time of need against the perceived power of the nurse providing care should be observed in all nursing centers according to a National Council of State Boards of Nursing 2014 as cited in Leigh and Karie (2016). Advance Staff (2018) comments that the relationship is meant to end when you leave the hospital or leave the patient and the nursing schools already prepare nurses for the ending of relationships.

In line with these boundaries, nurses and other healthcare providers should refrain from sharing content that breach their patients' trust or is detrimental to their employer (Tariman 2010). Trust is among the five components of the effective nurse-client relationship which constitutes power, trust, respect, professional intimacy and empathy (Nurses Association of New Brunswick 2015). In this way patients will feel respected.

In addition, nurses should greet each patient by name, make eye contact, and display confidence and professionalism (Registered Nursing Organisation 2020). Calling each patient by name symbolises fair treatment among patients and prevents discrimination on the grounds of health status, age, sex, ethnic origin, political belief, religious conviction, marital status, economic status, sexual orientation, gender identity or any other factor (European Patient Forum 2020).

In the case of electronic relationships, Slobogian, Giles and Rent (2017) caution nurses to be mindful of accepting electronic friend requests as the nurse's personal life is exposed to the patient and patient relatives which in turn can negatively affect the management of patients. In addition, nurses must not transmit or place online individually identifiable patient information which could potentially be viewed by other patients, resulting in making other patients feel inferior or superior, causing inequality (American Nurses Association 2011).

Elcock (2018) reminds nurses that a breach in confidentiality warns one never to forget that people around one may be familiar with the person one is discussing, particularly on community placements or in a community hospital which serves the local community. To maintain the professional relationship, Aylott (2011) advocates that nurses must be mindful of avoiding situations that could

ultimately compromise past, present and future patient health and wellbeing, as well as their professional identities and reputations and that of the nursing profession. Therefore, fairness, justice and equality should be applied always.

2.4.4 ACCOUNTABILITY

According to the Registered Nursing Organization (2020), accountability refers to the fact that nurses have to accept responsibility for their own actions, including their nursing care and the professional and personal consequences that result from their actions.

The recommendations in this regard from the ICN (2015:2) are that nurses need to:

- "Keep personal and professional use of social media separate and refrain from using social media for personal use while at work";
- "Be aware of the image they are portraying when posting content even when not work-related and help reinforce a positive global image of nursing".

Children's ward is a part of a hospital in which the beds are used exclusively for the care of sick children (Segen's Medical Dictionary 2012). As they need constant supervision and care, the ICN (2015) advocate refraining from personal use of social media while at work. However, it is debatable whether one should refrain totally from using social media while at work: Blatchford (2017) is of the opinion that social media is helpful in providing updates.

Abdelrahman (2018) defines an image as a picture representing something real, and the image is mostly affected by social media, profession, norms, ethical principles, family relations, physician/nurse relationship or nurse/patient relationship. Different factors portray different images; in this case, the focus is the image of nursing as represented by social media.

The Singapore Nursing Board (2018) defines competence as the ability of a nurse to demonstrate the knowledge, skills, judgement and attitude required to perform activities within the defined scope of practice at an accessible level of proficiency; in this case, the ability to give knowledge, use skills and judgement on social media usage related to child patients. The Singapore Nursing Board (2018) adds that nurses should ensure that practice is carried out in accordance with ethical principles, institutional policies or safety of people, hence nurses need to acquire required competencies on usage of social media.

Despite the caring, understanding and hard-working image associated with the nursing profession, many parents are against their children becoming nurses, therefore Meiring (2013) requests nurses to improve their image through the art of communication on social media. The Singapore Nursing

Board (2018) advocates that nurses need to portray the trust that patients put in them, therefore, images or social media usage should reflect trust and not defame or degrade patients.

The New Zealand Nurses Organization (NZNO) (2019) advocates that nurses need to differentiate between what is public and what is private to maintain professional standards of nursing. By defaming the nursing image, the NZNO indicates that a nurse should be disciplined, as happened in the case of the nurse who was fined by the Saskatchewan Registered Nurses Association after criticising end-of-life care rendered to a grandfather on a Facebook post (NZNO 2019).

Abdelrahman (2018) encourages nurses to develop self-esteem and competencies which will improve their own image and that of nursing through social media.

2.5 RESPONSIBILITY OF THE INSTITUTION

Although there is a huge responsibility for nurses to protect child patients, the institution also has responsibilities. The ICN (2015:2-3) stipulates that institutions need to:

- "Integrate key points regarding the use of social media … in contracts of employment and confidentiality agreements";
- "Educate students and nurses in the appropriate ethical and responsible application of social media in practice and develop and disseminate proactive policies and guidelines for the use of social media";
- "Link social media policies to existing policies relating to privacy and confidentiality";
- "Promote the use of appropriate social media platforms that inform practice, improve the quality of care and patient safety and provide mechanisms for nurses to access approved social media in the workplace";
- "Have in place clear controls relating to non-approved websites";
- "Explicitly identify if digital records and transcripts are to be electronically retained and if so the rights of parties to access these".

Even though Hao and Gao (2017) indicate that sharing of photos helps to debate health issues and share health information, they observed there is a lack of written guidelines or policies on how health providers should obtain informed consent from patients, parents and caregivers before a photo is taken and shared; as well as how to manage the taken photos, in this case to prevent children from being exposed to unnecessary dangers or abuse and privacy and confidentiality issues.

In addition, these policies, guidelines and national laws in turn should have the best interest of the child at heart as stipulated in the Public Law: the Constitution of the Republic of Malawi Act of1996, section 23(1) and agreed by UNICEF (2017). Furthermore, these policies, guidelines and national laws should protect children from all sorts of danger including exposure to non-friendly social media, hence the photos should not cause any harm to children UNICEF (2012-2016). Carlquist, Lee,

Shalin, Goodman and Gardner (2018) also suggest that social media should be quality controlled, according to organizational requirements.

The Singapore Nursing Board (2018) suggests the following simple guidelines for the use of social media as the 6 “P”s of social media use:

- **P** for **p**rofessional - act **p**rofessionally at all times.
- **P** for **p**ositive - keep posts **p**ositive
- **P** for **p**atient/**p**erson-free - keep posts **p**atient or **p**erson free
- **P** for **p**rotect yourself - **p**rotect your professionalism, your reputation and yourself
- **P** for **p**rivacy - keep your personal and professional life separate; respect **p**rivacy of others
- **P** for **p**ause before you **p**ost - consider implications; avoid **p**osting in haste or anger.

2.6 CONCLUSION

As discussed, in spite of the available guidelines, there is an on-going dilemma related to non-compliance of ethical guidelines in different institutions globally (WHO 2017). The WHO (2017) adds that for centuries public health surveillance has been trying to answer the question of why there is non-compliance related to ethical issues.

As a person’s perceptions (in this case perceptions of ethical issues and management thereof) are expected to drive his / her behaviour and actions (in this case compliance with ethical guidelines related to usage of social media) (Eysenbach, Chiu, Kim & Park 2012), it was deemed important to understand the healthcare providers’ perceptions of compliance / non-compliance with ethical guidelines related to the use of social media in a children’s ward.

This chapter therefore focused on relevant literature. The next chapter will focus on the methodology.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 INTRODUCTION

The previous chapter provided a literature review on different studies related to perceptions of ethical principles and usage regarding social media in children's wards and in general. The perception of ethical principles among healthcare providers is of utmost importance as they play a key role in protecting vulnerable child patients.

The methodology is discussed in this chapter, in which the aim, assumptions, research design, setting, population, sampling method, data collection, analysis and interpretation, as well as trustworthiness are unpacked.

3.2 AIM OF THE STUDY

The aim of the study was to explore and describe the perceptions of healthcare providers of ethical guidelines regarding social media in a designated children's ward in Malawi.

Perceptions of a person's role and responsibilities, as well as the culture in a particular context related to ethical issues, drive behaviour and the management of such issues. It is therefore imperative that the perceptions of healthcare providers regarding social media be known with regard to ethical guidelines of social media usage in a children's ward. As a result it is hoped that children will be better protected from the dangers posed by careless use of social media.

3.3 ASSUMPTIONS

An assumption is a basic principle that is believed to be true without proof or verification (Polit & Beck 2017). The ontological, epistemological and methodological assumptions of this study are discussed in Chapter 1.

3.4 RESEARCH STUDY DESIGN

As the research problem aims to explore the perceptions of healthcare providers of ethical guidelines regarding social media in a children's ward, a qualitative, descriptive, contextual design was used.

3.4.1 QUALITATIVE RESEARCH

Qualitative research is designed to understand the perspectives and experience of individuals or groups (Bogetz et al. 2017). A qualitative design is subjective, hence the results will not be generalized (Bogetz et al. 2017) because the shared experiences represent the participants and not the broader population, as each person perceives things differently. According to Polit and Beck (2017), a qualitative design is flexible which enabled adjustment in the course of data collection and provided in-depth understanding of the phenomenon.

In this case, the experiences and perceptions of healthcare providers were shared which enabled an understanding of how things are done the way they are in the children's ward. For example, participants had different views on whether regulations that guide the use of social media in children's ward are in place or not.

3.4.2 DESCRIPTIVE DESIGN

The design is descriptive to provide a clear description of the phenomenon (Polit & Beck 2017). Nassaji (2015) adds that descriptive research describes a phenomenon and its characteristics and is more concerned with what rather than how or why something has happened. It also helps us to understand the phenomenon at hand (McCombes 2019) which in this case was the perceptions of the healthcare providers of ethical guidelines in a children's ward.

Descriptive design allows the researcher to gather data through observation of behaviours and phenomena without having to rely on the honesty and accuracy of participants; and to understand how people act in real-life situations (McCombes 2019). In this case, observation of participants was made during data collection which strengthened and deepened the participants' input.

Descriptive research forms a basis for further research as explained in Chapter 5 and it is quick and cheap to conduct; however it is difficult to learn the cause of the phenomenon (Bhat 2020). As indicated, the study aimed at finding out what the perceptions of participants were, not why they perceived matters in that way.

3.4.3 CONTEXTUAL DESIGN

The design is contextual, as the focus is of value to the specific context, and the purpose is not generalisation (Klopper 2008). Kolko (2014) adds that contextual research occurs in the environment where the events occur, which is a particular children's ward in Malawi.

Contextual design is unique in that it puts the participants in the user environment, rather than bringing the participants into the researcher's environment, which can cause participants to change behaviour or manipulate their contribution as they are not familiar to the environment (Malpass 2018).

The study was conducted in a single setting, the children's ward of Hospital J.

3.5 POPULATION, SAMPLING METHOD AND SAMPLE SIZE

3.5.1 STUDY POPULATION AND SAMPLING

The study population signifies the entire collection of cases in which a researcher is interested (Polit & Beck 2017). For this study, the study population included healthcare providers in the children's ward of Hospital J in Malawi.

Sampling is the process of selecting or searching for situations, context and/or participants who provide rich data of the phenomenon of interest (Polit & Beck 2017 as cited in Moser & Korstjens 2018). The sampling frame for this study was total population, consisting of all healthcare providers working in the children's ward.

As described by Polit and Beck (2017) and Yamey (2017) it could also be seen as convenient sampling, as participants were included who were accessible and available at the time of the study and who volunteered after receiving an invitation. Convenient sampling mostly applies when recruiting participants from a particular setting, which in this case was the children's ward.

3.5.2 RECRUITMENT

The total population was invited by the nursing management of Hospital J and the unit manager of the children's ward through memo and verbal communication during the morning reports, as well as through personal phone calls by the ward in-charge.

As suggested by Yamey (2017) on recruitment, the criteria for selection of participants were given to the nursing management. The inclusion criteria required that the participants were:

- All healthcare providers in the children's ward, including qualified nurses, student nurses, qualified doctors, student doctors, clinical officers, medical assistants, ward attendants, a physiotherapist or dietician;
- Any sex;
- Allocated to the children's ward for at least three months;
- Voluntary participants;
- Aged 18 years and above;
- Literate participants.

The purpose of the criteria stipulated above, was to ensure that the participants who were included had experience and knowledge about the topic of interest that informed their perceptions, as indicated by Jonckheere and Vaughn (2019), which in this case was the use of ethical principles to guide social media in the particular children's ward.

Furthermore, all of the above participants were above 18 years, as they needed to be 18 years or older to be employed by the hospital, and all were able to read and write and able to understand the informed consent form, as well as being able to communicate verbally in English as it was the official language used at the hospital.

3.5.3 SAMPLE SIZE

Polit and Beck (2017) indicate that sample size depends on the depth of information needed. When data saturation is reached the data sample is large enough. Data saturation signifies that no more new information is being given from participants (Saunders, Sim, Kingstone, Baker, Waterfield, Bartlam, Burroughs & Jinks 2017). Trotter (2012 as cited in Yamey 2017) adds that saturation indicates that all concepts according to the preliminary code have been repeated without new themes emerging. As indicated, data saturation is reached when the participants give redundant information or different participants give the same information or comments (Saunders et al. 2017) and no more new codes are identified during data analysis (Forero, Nahid, Costa, Mohsin, Fitzgerald, Gibson, McCarthy & Sarfo 2018).

The preliminary plan was to have at least three focus groups with four to ten participants per group. This was based on Polit and Beck's (2017) suggestion that five or six to twelve participants are the optimal size for a focus group to obtain efficiently the viewpoints of many people at once.

Three focus groups were conducted of which two were attended by five participants and one was attended by six participants respectively, therefore a total of sixteen participants from a potential total population of twenty-five took part.

The demographic data of the participants are discussed in Chapter 4.

3.6 DATA COLLECTION

Data were obtained through three focus groups, using a semi-structured interview guide.

3.6.1 FOCUS GROUP

Focus groups were the method of choice for data collection. Polit and Beck (2017) narrate that focus group sessions are carefully planned discussions or interviews that take advantage of group dynamics for accessing rich information in an economical manner, and have become popular in health research. Group dynamics involves group members having similar objectives, availability and willingness to cooperate and interact. Moser and Korstjens (2018) add that the participants in the focus group discussions share certain characteristics, such as background or similar experience.

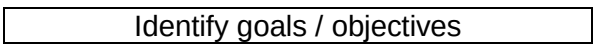
Woolley, Edwards and Glazebrook (2018) add that focus groups can be useful for accessing shared perspectives. Polit and Beck (2017) further indicate that it is easy to observe the reaction of what is said by other participants when conducting focus group discussions, hence, deep meaning or expression of opinion of the given points can be gathered.

Polit and Beck (2017) also point out, however, that although a participant might feel uncomfortable, the group culture of "as group thinks" might have the effect of stimulating group members to participate and share more. In this way rich information was shared by participants.

Woolley, Edwards and Glazebrook (2018) point out that in terms of practicality, for instance, focus groups are sometimes thought to be more time-friendly than individual interviews. An interview refers to an interactive method in which mutual learning occurs between those involved in the interview process (Young et al. 2018). In agreement, Kidd and Parshall (as cited in Polit & Beck 2017) say a focus group is similar to an individual interview in terms of number and quality of ideas generated, but, based on the time limit for the duration of the study, the focus group is the best option.

For this study, three semi-structured focus group interviews were conducted in October 2019. A pre-conceived interview guide with standard questions was used to provide some guidance and structure to the discussion, but also allowed some freedom for the participants to voice their own opinions, as indicated by Young et al. (2018). The interview guide was adopted from the ICN's guidelines, as Malawi is one of its members (ICN 2018) (see Annexure B - Interview guide).

The flow diagram below was followed as suggested by Glynn, Shanahan and Duggan (2015 as cited in Omar 2018) as the flow of events for a focus group followed this order.



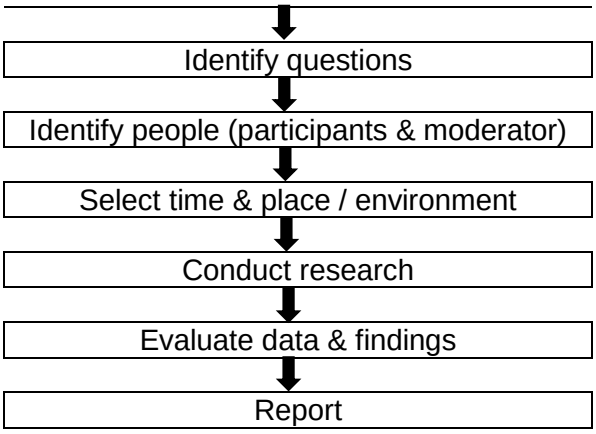


Figure 1. The process of the focus group

The composition of participants is discussed under demographic data Table 4.1. A room that is normally used for post up patient care was used as that day the children ward did not have scheduled operations. The room was well spacious with enough benches arranged in a round table for easy communication. The break and lunch time (break time was added to lunch time to maximize study time) was utilized to ensure patient care was not interrupted.

Before data collection, the participants were welcomed by the researcher, and directed where to seat themselves. Chairs were arranged in a circle so that participants could interact comfortably and for easy recording.

When all the participants arrived, the topic under discussion was introduced, and the aim and the consent form were explained. The participants were given a chance to ask questions related to anything about the informed consent form or the process. The informed consent to take and share their photos was discussed and they agreed. Among other issues the consent form provided information on the topic under discussion, confidentiality issues, consent to record the discussion the risks and the general demographic data Annexure C. Once they understood, they signed the informed consent and when they were comfortable and ready to share their perceptions the facilitator was introduced.

The facilitator was an information officer with a Bachelor's degree in journalism, skilled in conducting interviews, computer programmes and competent in communication with a good command of English and Chichewa. The role was to welcome participants; introduce the flow of the discussion; explain the rules during discussion; ask questions and audio record the discussion.

The researcher took a seat out of immediate sight of the participants where she could still follow the conversation, observe the responses and non-verbal communication and take field notes.

Observation reflection was also included in the field notes to enhance the depth of understanding when analysing the focus group data.

English was the main language as discussed in Chapter 1; however, participants preferred a combination of English and local Chichewa. The combination of the languages was a challenge as the study was planned to be conducted in English only, although it was a pre-requisite to have the interview guide and the consent form translated into Chichewa to obtain study approval at the National Health Sciences Research Committee of Malawi. The researcher translated the interview guide and informed consent form because Chichewa is her local indigenous language from her country of origin, Malawi, and also it was among the subjects of study during her matriculation. The person, who checked and verified the translation processes, has to her credit, a Bachelors of Arts in Bible study, with minor in Education. She also has University Certificate Education qualification.

The research question was, "*What are the perceptions of healthcare providers of ethical guidelines regarding social media in a children's ward?"*

As suggested by Young et al (2018), to avoid bias and to make participants comfortable, the interview started with an easy question "*Tell me more about your observations of the use of social media in the children's ward?"*

Some of the core questions were:

- *What are the risks of social media in the children's ward?*
- *What guidelines or policies are available or used in the children's ward related to the use of social media?*
- *To what extent are the staff informed / educated on the use of social media in the children's ward?*

Some of the probing questions were*:*

- *What is the process of obtaining consent for taking patients' photos / videos in the children's ward?*
- *To what extent are the staff educated to maintain patient privacy and confidentiality and not to share personal information outside the hospital?*
- *To what extent are the staff well-versed in social media ethical guidelines to educate parents / families on what to do and not to do in the children's ward?*
- *To what extent are the staff educated to portray a professional image even when posting content that is not work related?*

Participants were thanked and given soft drinks, biscuits and sweets as a sign of gratitude. The duration of the focus groups were twenty minutes, thirty-two minutes and forty minutes respectively. Fig 2 below is a focus group in progress.

Figure 2: Focus group discussion in progress

3.6.2 DATA ANALYSIS

Thematic analysis was used, which is the process of identifying patterns and themes within the data (Evans 2018). The data was analyzed according to the process described by Bogetz et al. (2017) and Akinyode and Khan (2018) in the following steps:

Step 1: Data logging

According to Akinyode and Khan (2018), data logging refers to the process through which the raw data from a personal interview, focus group discussion, observation or other form of qualitative data collection are recorded in a recorded sheet. The term *transcribing* is the process of researchers creating a textual version from an audio or video recording of some kind of interaction, media report, or research event.

In this study the focus group discussions were tape recorded and the collected data were transcribed verbatim by the researcher and confirmed for accuracy by the facilitator and independent person. The independent person is skilled in monitoring and evaluation, data collection and communication. The data were typed in columns in the Word computer programme.

The researcher's description, feelings, views and insights as well as assumptions and ongoing ideas about the subject matter which was recorded as field notes, were then added to the transcribed data to add depth when doing the analysis.

Step 2: Read through data

The computed and printed data were read through to gain a preliminary understanding and aid with interpretation.

Step 3: Develop a preliminary code list

A code list was developed. The phrases, sentences and paragraphs that stand out from the text data, as broader to the central area of interest, were coded together. According to Bogetz et al. (2017), the code represents an idea which forms part of a larger category. In addition the coding process allows the interpretation of large segments of text and portions of information in a new way (Belotto 2018). The words with a single idea were highlighted then written in a separate column and numbered.

Step 4: Discuss code list with colleagues

The code list was then discussed with the facilitator and confirmed by the independent person as discussed above. An example of a code in the code list was "communication", which was applied as a subtheme in the research findings (refer to Chapter 4 for the discussion of the findings).

Step 5: Organize codes into larger categories

The codes were organized into larger categories. A category represents a group of codes or groups of ideas, as suggested by Bogetz et al. (2017). For example, one category was "How social media is used in children ward" (refer to Chapter 4 for more details on research findings).

Step 6: Organize categories into larger, overarching themes

Categories were then clustered to form themes (Polit & Beck 2017). Themes provide a broader description of overarching ideas (Bogetz et al. 2017; Evans 2018). In this case the themes on perception of ethical guidelines on social media were developed, as discussed in the research findings in Chapter 4.

Step 7: Vignettes

“Vignette” is a useful term in qualitative research to represent narrative or story investigations on the interpretation of a person, knowledge or circumstances that the researcher describes. The use of vignettes is to provide meaning of the research work and help the readers gain a better understanding and be assured that the account is credible (Akinyode & Khan 2018).

The transcript and field notes were read until an understanding was gained of the codes, categories, theme development and the meaning of the data collected.

3.6.3 DATA INTERPRETATION

As indicated by Polit and Beck (2017) the themes need to be linked to existing literature to control the findings. The researcher also needs to integrate the data in the field notes to verify the meaning of the categories and themes and to draw legitimate and insightful conclusions.

Informative data was collected from the first group; however, as Hancock, Amankwaa, Revell and Mueller (2016) point out, determining data saturation for a focus group is challenging. Two more groups were conducted to verify and confirm data saturation. Data saturation was reached in the second group discussion and confirmed in the third group.

3.7 TRUSTWORTHINESS

The trustworthiness of a study is gained through the description of the purpose of the study, how it was conducted, procedural decision, details of data generation and analysis (Hammarberg, Kirkman & Lacey 2016). To ensure trustworthiness, the following requirements are considered by Lincoln and Guba (1985 as cited in Polit & Beck 2017): credibility, dependability, confirmability, transferability and authenticity. In addition, a declaration of originality is attached as Annexure A.

3.7.1 CREDIBILITY

Credibility implies confidence in the truth of data and interpretation thereof (Polit & Beck 2017), which was ensured by the following strategies:

- The researcher has prolonged engagement and experience with the context of the study, since she is a qualified child nurse in Malawi. The researcher once worked in the children’s ward at the designated hospital, and therefore understands the context well.

- Triangulation of sources was used, as there were three focus groups with different participants from different disciplines, all with experience of the children’s ward. At the time of the study some participants who worked there previously when recruitment was done for the study were at the time of the focus groups allocated to other wards, but they were still included due to their knowledge, experience and perceptions from the children’s ward.

- An independent, knowledgeable and experienced facilitator conducted the focus group interviews to ensure good communication skills were applied, like intensive listening and careful probing to gain rich information.

- Investigator triangulation in which the facilitator and an independent person, who is skilled in data collection, analysis and interpretation was involved as peer reviewer to confirm the truthfulness of the findings.

The results were supported by literature, as written in the next chapter.

3.7.2 DEPENDABILITY

Dependability implies the stability of data over time and conditions (Polit & Beck 2017). For the findings to be the same when other researchers arrive at similar findings when looking at the data, a detailed description of the methodology and the interview guide (Annexure B) is provided, should any researcher want to repeat the study, although the study is not repeated at this stage to verify that the findings are consistent with the raw data.

All the participants had more than 6months experience in the children ward implying that the same results can be attained if the study can be repeated.

3.7.3 CONFIRMABILITY

Confirmability implies the objectivity that is the potential for congruency between two or more independent people about the data accuracy, relevance or meaning (Polit & Beck 2017). The data provided represented the participants in this study only. Thick description of how the focus group interview was conducted is provided, to make it possible for readers to make a judgement about confirmability.

Polit and Beck (2017) add that confirmability is achieved through the reflection of participant voices, in this regard, audio recording are available on request.

3.7.4 TRANSFERABILITY

Transferability refers to the potential of findings to be applied in other settings or groups (Polit & Beck 2017). The thick description of data analysis is provided and complemented by the interpretation in the research findings chapter (Chapter 4). This will allow repetition of the study in another setting if need be. The findings should be used cautiously as research was conducted in only one ward of one hospital.

3.7.5 AUTHENTICITY

Authenticity refers to the extent to which researchers fairly and faithfully show a range of realities (Polit & Beck 2017). To promote authenticity of the study, raw data (audio recordings, transcription, field notes and photos) are available on request. Polit and Beck (2017) add that authenticity is described by the moods, feelings, experience of participants, in this regard the expressions of lived people is discussed under quotations from participants in Chapter 4.

To show fairness as part of authenticity, participants signed informed consent form as advocated by Zimmerle (2018) and George (2018) that informed consent should be in writing.

3.8 ETHICAL CONSIDERATIONS

This part will be discussed according to the principles discussed by Polit and Beck (2017).

3.8.1 THE PRINCIPLE OF BENEFICENCE

Beneficence entails minimizing harm and maximizing benefit to research participants. Therefore, participants have the right to freedom from harm and discomfort. This was ensured by:

- Approval from the Faculty of Health Sciences Research Ethics Committee of University of Pretoria (Annexure G), the National Health Sciences Research Committee of Malawi (Annexure F) and the Management of Hospital J (Annexure D).
- During the dissemination of results, confidentiality of participants was maintained by code names.
- Sensitive questions that might hurt or disturb participants were avoided.
- The participants had the right to protection from exploitative conduct. Therefore, the interview sessions lasted less than sixty minutes as agreed. The information gathered was expected to protect the children's privacy and promotion of human dignity, and therefore be beneficial, while no harm or negative consequences were expected.
- Coercive power was not applied to pressurise the participants. Refreshments were provided after the session as a sign of appreciation and not to lure participants to participate (see Figure 3).

Figure 3: Refreshments

3.8.2 PRINCIPLE OF RESPECT FOR HUMAN DIGNITY

The informed consent leaflet which contains information about the study was given to potential participants. Because participants have the right to self-determination, they voluntarily exercise their autonomy by signing informed consent to the study. The signing followed after the potential participants had an opportunity to ask any questions needed for clarification and their questions had been answered satisfactorily.

Confidentiality relates to what is done with information once it is in the researcher's possession, and specifically the extent to which it is disclosed to others (Sim & Waterfield 2019). Confidentiality was maintained by ensuring the following:

- Code names were used: participants were addressed as participant A or F as in Figure 4.
- A participant could be reported, for example as PD(2) if s/he was participant D from focus group 2 when reported in research findings, to avoid identifying information,.
- Research information could be accessed by researcher, participant, moderator and supervisor until it can be published.

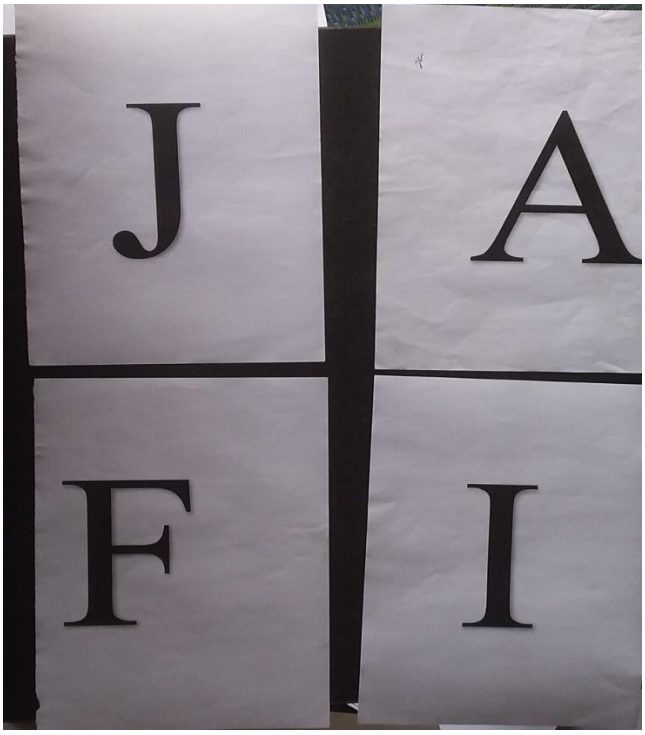


Figure 4: Code names

Participants had the right to full disclosure of information. In addition to issues addressed on confidentiality which aid informed decision-making, the following information was also provided (see Annexure C):

- the aim, objective and the data collection method of the study;
- the risks involved;
- participant expectations;
- the need for informed consent during recruitment of the study;
- the duration of the focus group discussions;
- dissemination of results through a research report and published in an accredited nursing journal.

3.8.3 THE PRINCIPLE OF JUSTICE

To ensure the right to fair treatment, the following strategies were followed:

- All participants were treated the same, not by their qualifications or cadre.
- Participants who wished to withdraw were respected and allowed to withdraw without any form of penalty. Two participants were excused because the ward became busy.

3.9 CONCLUSION

In this chapter the methodology which was used to answer the research question was discussed. The research findings will be discussed in the next chapter.

CHAPTER 4: RESEARCH FINDINGS

4.1 INTRODUCTION

The first chapter provided an overview of the study, which included the aim, problem statement and, among others, the significance of the study. Chapter Two focused on a literature review which encompassed the importance and risks of social media among children and the regulations attached to the use of social media in general and among children, especially child patients, in particular. Chapter Three discussed the methodology used in the study.

In this chapter, the research findings, results and interpretation of data are discussed.

The aim of the study was to explore and describe the perceptions of healthcare providers of ethical guidelines regarding social media in a designated children's ward in Malawi. Three focus group interviews were conducted with sixteen participants (refer to Chapter 3 for more details).

4.2 DEMOGRAPHIC DATA OF THE PARTICIPANTS

The demographic data of the participants of the three groups are captured in Table 4.1.

Code Name	Age in years	Sex	Qualification	Cadre	Years of experience in children ward
Group 1					
Participant A	31	Female	Diploma in Nursing	Ward in charge/nursing officer	4
Participant B	30	Female	Malawi School Certificate of Education	Patient attendant	3
Participant C	29	Female	Junior certificate	Patient attendant	10
Participant D	23	Male	Clinical medicine	Clinical officer/doctor	2
Participant E	22	Female	Clinical medicine	Clinical officer/doctor	1
Group 2					
Participant A	32	Female	BSc (nursing and midwifery)	Nursing officer	6/12
Participant B	38	Female	Nurse Midwife Technician	Nurse Midwife Technician	1
Participant C	32	Male	Malawi School Certificate of Education	Patient Attendant	3
Participant D	38	Female	Bsc (Community Health Nursing)	Nursing Officer	2
Participant G	40	Male	Malawi School Certificate of Education	Patient attendant	10
Group 3					
Participant A	25	Female	Registered Nurse	Nursing officer	2
Participant B	32	Female	Nurse Midwife Technician	Nurse Midwife Technician	2
Participant C	30	Male	BSc (Mental Health and Psychiatric Nursing)	Nursing Officer	2
Participant D	34	Female	Malawi School Certificate of Education	Ward Attendant	5
Participant E	29	Female	Registered nurse	Nursing officer	5
Participant F	30	Female	Clinical Medicine	Clinical Officer/doctor	1

The participants' demographic data were as follows:

- *Code names* were used for confidentiality purposes.
- *Their age* distribution varies from 22 to 40 years with average of the respective groups being 29, 36 and 30 years.
- In terms of sex of the participants there were 12 females and 4 males who participated.
- *The qualification* and c*adres* represented a variety of contributions and diverse levels of understanding of which 13 were different categories of nursing staff and 3 were clinical officers/doctors.
- *Years of experience in the children's ward* varied from 1 to 10 years with an average of 4, 4.5, and 2.8 years in the respective groups, which was considered sufficient experience to deepen and strengthen understanding of ethical issues related to the use of social media in the children ward.

4.3 FINDINGS

The interview guide had four types of questions:

- The introductory question: *"Tell me more about your observations of the use of social media in the children's ward?"*
- Core questions such as: *"What does social media contribute to the children's ward?"; "What are the risks of social media in children's ward?"; "What guidelines or policies are available or used in the children's ward related to the use of social media?"*
- Probing questions: "*What is the process of obtaining consent for taking patients' photos / videos in the children ward?; To what extent are the staff well-versed in social media ethical guidelines to educate parents / families on what and what not to do in the children's ward? To what extent are the staff educated to portray a professional image even when posting content that is not work-related?*
- Closing question: "*What do you recommend to improve compliance with social media guidelines / policies in the children's ward?"*

A summary of themes related to the use, risks and regulation of social media in the children's ward was formulated and is presented in Table 4.1. The participants names are written as for example PD(1) meaning Participant code name D from group 1.

Table 4.1: Overview of research findings

Themes	Sub-themes
1. Utilization of social media in the children's ward	a. Consultation b. Education purposes c. Solving problems d. Communication
2. Risks of social media in the children's ward	a. Issues related to children's rights b. Conflict c. Psychological disorders d. Negligence
3. Management of non-consensual taking and sharing of child patient photos	a. Removing photos from social media b. Informing social media users

4.3.1 THEME 1: UTILIZATION OF SOCIAL MEDIA IN THE CHILDREN'S WARD

The first theme identified was related to how social media is used in the children's ward. Under this theme, consultation; research and education purposes; solving problems; and communication will be discussed.

a. Consultation

"Consultation" is the act of discussing something with someone or with a group of people before making a decision about it (Oxford 2010:312). In this study, consultation signifies the seeking of help by healthcare providers from colleagues which in turn helps to improve the care provided to the child patient.

Hospital J is visited by many different specialists from different geographical areas and it also refers many cases to central hospitals (a central hospital refers to a tertiary hospital in Malawi). So, in order to promote continuity of patient care, the resident healthcare providers need to touch base often with the visiting specialists to seek their experience and information, or share information about referred patients, as expressed in the responses below. Sharing of information and experiences regarding patients is enabled by social media.

Quotations from participants
"… we do not have … enough specialist ... helps ... to keep in touch with those who visited … one can communicate easily and consult on behalf of a patient … what do you recommend?" PD(1) "... before referral do this and that, …. helps to get in touch with other people within and outside Malawi, even with referral hospitals." PE(1)

Kanodia et al. (2016) agree that despite geographical differences, people can easily get in touch, update and obtain needed information on something by using social media. It is possible to consult with those far away within seconds, for the benefit of the child.

b. Education purposes

Social media can also be used for educational purposes. Things are changing on a daily basis; research studies are being conducted for new concepts, and therefore students and qualified healthcare providers too need to educate themselves and keep up to date in order to provide the most effective care. It also happens that some healthcare providers completed their studies a long time ago, so to keep abreast of developments, there is a need to search for new information for the benefit of the child patients. Below are some of the responses from participants related to the use of social media for educational purposes.

Quotations from participants
"… some conditions … people are able to Google or search for helpful information related to the condition….kind of herbs or traditional medicine to use and how to use those herbs depending on the condition." PE(2) "Aaaa … we attend to different conditions that may be we learnt in class long time ago or sometimes the conditions are new, so … helps to research more about the condition at hand … Yaa …" PA(3)

Participants have indicated and Hao and Gao (2017) agree that nurses can use social media to educate themselves and in turn can teach the patients. Nursing schools are now using social media in educating students and patients can easily acquire healthcare information and other useful medical resources. As indicated, social media is making a significant contribution to education for students and qualified healthcare providers.

c. Solving problems

Due to many limitations in the country, participants pointed out that social media helps the child patients in different ways. For example, a photo of the face or anything that can identify the child can be used to search for the child's parents or relatives in case of road traffic accidents or other incidents when they were separated. It also happens that caregivers are sometimes unable to settle the hospital bills (as Hospital J is a paying hospital subsidized by the government). In such cases a photo is taken and shared for well-wishers to donate. In this way different problems may be solved. Below are some responses from participants in relation to the role of social media in trying to solve problems.

Quotations from participants
"… well-wishers … take a photo post in different platforms … relatives or parents of the child are found …" PD(3)
"… very needy parents who have a sick child … paying operations take place here, … cannot settle the bills, in this case one may take and share the photo of different groups requesting well-wishers to help." PC(3)
"… shortage of medical equipment in the way that the photos are taken and shared on social media to the concerned people…" PB(2)

Siddiqui and Singh (2016) agree that social media promotes awareness of things, for example awareness of what is needed in business and also in the health system. The first step in solving problems is awareness of the problem.

As discussed by participants above, social media can help in solving problems. However, Verhulst and Young (2017) argue that social media data need to be properly processed and analyzed before they can provide within themselves answers to some of the most seemingly intractable questions, and the intelligence necessary to address them.

d. Communication

Communication refers to "the exchange of thoughts, messages, or information by speech, signals, writing, or behavior" (Marquis & Huston 2015).

Participants expressed how messages, information and thoughts were exchanged among colleagues, family members and caregivers. Mostly the messages were to call a doctor/nurse to

review a patient; update family members and friends on the child's health status; contact different departments; or call for help. Among the shared experiences, these were some of the responses:

Quotations from participants
"Okay ... aaa! Social media works in a sense like to communicate among ourselves ... when the doctor is late, has been called to review a patient … can use social media to call the doctor … yaaa!" PD(1).
"… parents … communicate … child status or what is happening … communication with theatre … come to collect or bring the result …" PA(1)
"… to inform others like friends and relatives that a child is sick." PA(2)
"… to see the child condition … take and post a photo on the group, explain the diagnosis … this is how it was as you can see, really!" PC(3)

Suran, Hirani, Elias, Quisenberry, Varon, Suran et al. (2017) point out that social media in healthcare settings promotes health, patient education and communication systems for healthcare providers through which they can find patient health information and past medical history, or they can review relevant information about illnesses. In this way information which promotes health is shared. The impact of knowledge improves care given to child patients. Abdelrahman (2018) also agrees that social media has great power in transmitting and communicating specific messages. As indicated, caregivers and colleagues share messages on the latest condition of a child or call for help.

Kanodia, Sinha and Yadav (2016) add that voice media, visual media and word media are all communicated to others in seconds. People long distances away are instantly updated and may contribute to the care given, through the aid of social media. In the process of communication, social media can also provide fun, mould attitudes and behaviour and add value to these children (Ben-Ari 2018).

Social media in the children's ward is utilized for the purposes of consultation; education; solving problems and communication. Children can be quickly reviewed by nurses and doctors, and families and friends are updated on the child's condition by means of social media.

4.3.2 THEME 2: RISKS OF SOCIAL MEDIA IN THE CHILDREN'S WARD

The second theme identified from the analysis is the risks of social media in the children's ward. A risk signifies the possibility of something bad happening in the future; a situation that could be

dangerous or have a bad result (Oxford 2010). In this study we are looking at the immediate and long-term risks that can arise from the use of social media.

Under this theme, the following risks will be discussed: issues related to children's rights; conflict; psychological disorders; and negligence.

a. Issues related to children's rights

A right is a moral or legal claim to get or have something or to behave in a particular way (Oxford 2010). Children and especially children as child patients have many rights, morally and legally. Children are entitled to these rights: family, parental or appropriate alternative care when removed from the family environment; basic nutrition, shelter, basic health care services and social services; privacy; human dignity and protection from maltreatment, neglect, abuse or degradation, among others (Public Law: The Constitution of the Republic of South Africa, 1996, Chapter 2). Marquis and Huston (2015) further indicate that as patients, children, among others, are entitled to access to health care, right to information, privacy and confidentiality, and respect for patient dignity. Muller (2009) adds that as patients they are entitled to participate in decision-making and continuity of care.

UNICEF (2015) protects children by ensuring that the rights to a safe environment; protection from harm; good health; their interests to be of utmost importance; privacy; and protection when away from home, are respected. In addition, The Nurses and Midwife Council of Malawi of 2012 promotes the children's right to privacy and any personal information to be protected.

Due to some limitations, these rights are only partially implemented, as shared by participants in the following responses:

Quotations from participants
"The rights of child patients are infringed. It can also happen that the condition of the child patient that has been shared is not what the parents wanted to be shared. However, you find it circulating …" PC(2) "Just to add on that, social media can trigger or parents to share or expose the hospital privacy issues, which is not allowed …" PD(2) "You find those pictures have gone viral. Sooo, it brings lack of privacy and it brings shame to the patient. Yes, it is like you have exposed the patient though you never intended for that to happen …" PA(2)

"Okay, children have no rights to refuse or agree or make decision, … incapable of making decision … healthcare providers take unnecessary and unconsented child patient photos even without parental or caregivers consent … unnecessary sharing and posting of child patient photos on healthcare providers' groups. This shows that we do not care about the rights of the child whether to agree of refuse … you will find that someone has shared a photo that even a parent would not allow it to be taken …" PE(1)

The most common concern expressed by participants involves the concern that sharing information through social media may result in disclosing personally or demographically identifiable information, which may create privacy and/or security violations, as indicated by Verhulst and Young (2017). Endorsing the views of participants, Ben-Ari (2018) points out that what is shared on social media needs to be safer, friendlier, and healthier for all, including child patients.

b. Conflict

Conflict is the internal or external discord that results from differences in ideas, values, or feelings between two or more people (Marquis & Huston 2015). Due to these differences between people, in work-related responsibilities, or communication, conflict may arise related to implementation of social media in the children's ward. Below are some responses of participants sharing experiences of conflict related to social media in the children's ward.

Quotations from participants
"… unreasonable comments about the treatment the child is getting and patient's condition … conclude the patient mismanaged … the patient is mismanaged this and that, … comments and contribution breaks the trust between the health providers and the caregiver or the patient … the recommended treatment is not accepted …" PD(1) **"**They show forbidden media to children … child development, as children have limits on what to see … they show those things to the child who was not supposed to see." PA(1) "Sometimes people share messages that are not true or others provide wrong information. You will find that the child is suffering from this condition but when people are sharing informing they say the wrong condition." PB(2) "It can also happen that the condition of the child patient that has been shared is not what the parents wanted to be shared…" PC(2)

Shared information can be manipulated or diluted by the sender of the message, which can lead to conflict. Verhulst and Young (2017) agree that confusion can also arise when data sharing has diluted the protection for individuals, many of whom might not even be aware that the social media data were collected about them in the first place.

c. Psychological disorders

Food, shelter, education, household income, peace and a stable ecosystem are prerequisites for a healthy child. The child's health determines the extent to which s/he can interact successfully with their biological, physical and social environment (Wittenberg 2009). Bergh and Geldenhuys (2014) add that happiness, life satisfaction, self-acceptance, personal growth, interpersonal relationships and social support are prerequisites for psychological health. A lack or failure in provision of these leads to a risk of the child developing psychological problems which may lead to psychological disorders.

Psychological health is viewed as the absence of acute and chronic physical, mental and or psychological diseases and or impairment (Deeg, Kardaun & Fozard 1996, as cited in Bergh & Geldenhuys 2014). In contrast, psychological disorders manifest in abnormal or deviant behaviour, inability to function or difficulty in distinguishing between reality and fantasy, which are associated with emotional distress like anxiety or depression (Nevid et al. 2008:4 as cited in Bergh & Geldenhuys 2014).

Any disturbance or lack of the prerequisites for psychological health discussed above hinders a child's development. Therefore, the child's environment needs to be friendly. What is seen is easily remembered, therefore, social media should be friendly to children to avoid disturbing them.

Some responses expressing the concerns related to children environment follow:

Quotations from participants
"Lack of control, for example a child rape case, others take the picture without consent, the photo goes viral till it reaches the relatives of the victim, and it happens the child is studying, when it reaches the child relatives or family what chaos will be created. That will also cause psychology trauma, emotional pain stress, shame to the family, the child will live in shame which will eventual lead to psychological disorder …" PD(3) "… promotes discrimination, for example HIV ... 'we should not play with that child', so instead of healing, the child will be suffering internally, depressed and isolated, so somehow it promote discrimination …" PB(3)

"It brings confusion to the family when they see that the things are circulating. Another issue is psychological trauma. Not all children admitted in this ward are do not understand things, there are others who are fourteen years old, they understand things. They see that those things are on social media and it causes psychological trauma and torture. There is also an issue of breach of peace and confusion. It happens that the things that were not supposed to be there are on social media, this brings conflicts. Others use these for personal gain which brings confusion, like there is a child admitted who needs helps in reality it is not like that, which brings confusion …" PC(3)

Children at different developmental stages are curious to know things, even those not accepted at that time, and not all children are autonomous enough to ask for guidance or help. As such, Ferrara, Corsello, Lanniello, Sbordone, Ehrich and Pettoello-Mantovani (2016) comment that the updates, videos, and images of traumatic events that are published by the media, may play a role in causing emotional and psychological distress in young people, especially in those who cannot discuss it with their family.

d. Negligence

Negligence is the omission to do something that a reasonable person, guided by the considerations that ordinarily regulate human affairs, would do; or doing something that a reasoning prudent person would not do (Marquis & Huston 2015).

It sometimes happens that while on duty, healthcare providers tend to omit or act unprofessionally per public eyes. The unprofessional conduct may be aggravated by the pleasure which entices individuals to spend time on different social media platforms, chatting with other people. As a result, child patients are left unattended or are poorly attended to.

Here are some responses from participants sharing some information related to negligence:

Quotations from participants
"[Laughing] … that is why most of the times you hear 'those nurses are always on phones on WhatsApp'. But no, you are at the nursing station, at 8 hours, at 9 hours, at 10 hours … aaa … 'I am talking to the doctor …' That is why people badmouth nurses that they leave the patient for WhatsApp, nowadays, the challenge platform is WhatsApp …" PA(1)

"Sometimes it looks as if we are not serious, you find a nurse at the nursing station, you will think is just chatting but in reality is talking to the doctor, so somehow it really gives a bad image to people as they say 'we found the nurse on the phone'. It is difficult, eee!" PE(1) "… negligence … a phone can be tempting like WhatsApp messages you can say you will check one message then two then more messages then you sit down texting your friends. At the same time something is happening in the wards, because of the appetizing message on status, you sit down instead of you should be working, and something happens you are at fault" PA(3)

The National Council State Board of Nursing (2018) agrees that social media has the potential to lead to unprofessional, unethical conduct, and mismanagement of patient records. Hao and Gao (2017) point out that while benefiting from social media, it should not disrupt the usual work of providing care to child patients − the first priority is to provide the best possible care for the child patients.

To sum up; risks linked to use of social media in the children's ward include issues related to children's rights; conflict; psychological disorders; and negligence.

4.3.3 THEME 3: MANAGEMENT OF NON-CONSENSUAL TAKING AND SHARING OF CHILD PATIENT PHOTOS

Under this heading, removing photos from social media and giving information to social media users will be discussed.

a. Removing photos from social media

It might happen intentionally or unintentionally that someone takes a photo, video or audio recording of a child patient, or a health worker, or other information, without seeking that person's permission. Any place has rules or practices which need to be followed. As quoted by a certain participant, "when in Rome do as the Romans do". It can be a challenge if people have no idea about what to do or intentionally disregard the relevant rules and practices. However, any action or omission has potentially risky consequences, such as if one takes a photo, video or audio without the owner's permission.

Some participants share their experiences related to this misconduct, as follows:

Quotations from participants
"… let us see what you have pictured then delete it, deleting is a good way …" PC(2)

"The best way I did was to stop the guardian …" PB(2)

"… then the guardian replied that they will delete the photo, and he/she deleted it …" PA(2)

"We tell them to stop because it is not allowed to do so." PE(3)

"You stop them, if the photo is already taken, is supposed to delete … but the first thing is to stop them … you are supposed to stop them, if it is already taken, they are supposed to delete, really." PD(3)

"When one has already taken the photo, we tell them to delete. So discuss with them that they should delete, explain the intention of the photo if we found them taking photos without permission" PB(3)

"We called and scolded her … so you need to delete." PC(3)

"… those people need to delete those photos …" PA(3)

With current technology, it may be difficult to notice that someone is taking a photo, video or audio; however, if it is noted, the person needs to be stopped and the media deleted from the device. Ng (2019) agrees that it can be difficult to notice such an act but supports the need to stop the photographer if permission has not been granted.

b. Informing social media users

Sometimes things happen out of ignorance of the prohibitions or they may be done deliberately because the person does not respect the prevailing rules. In this case, information is power. The people involved need to be informed about what is and what is not permitted, and that there are consequences of not adhering to the rules.

Knowledge is power and the core element in implementing ethical guidelines related to the use of social media in the children's ward. Lack of knowledge of the existence of ethical guidelines is the main challenge in the protection of the child patient.

From the group discussions, it was well understood that healthcare providers had a lack or only partial knowledge of the ethical guidelines governing the use of social media. This lack of knowledge is widespread as there are no written laws. This hinders caregivers from being informed of what guidelines to follow in the ward.

The participants had the following to say:

Quotations from participants
"I will tell him/her that we do not allow to take pictures in this hospital." PC(2)
"We explained to them that it is not allowed to take photos…" PA(2)
"If they did not seek permission you need to show them the way. We explain the risks so that they consent in case something comes up in the future." PA(3)
"Mmmmmh, people do not know that what they are doing is wrong, mmmh, so the main issue is just to inform the person that they are not supposed to do so mmmmh…." PB(2)
"As we are discussing about children's ward, I can agree there are no laws…." PE(1)
"…..I really believe laws are in place……" PB(2)
"We can say the laws are there for healthcare providers but they are not communicated to guardians. So we can say law is there if one knows it, if you are not told is not law. May be the guardians take photos because they do not know that they are not supposed to do so….." PD(2)
"The laws are really there, like…….casualty, it is well written, 'do not take pictures' 'no taking pictures in casualty' the same applies to children's ward….somehow it is because people are not informed but the laws are there" PE(2)
"… laws are available ..." PC(3
"Yaaa, related to taking photos, laws are there at this hospital…" PE(3)

The power that knowledge gives helps to solve problems (Botma et al. 2010). Some of the risks discussed above may be avoided if people possess knowledge of ethical guidelines that control the use of social media in the children's ward.

Knowledge also helps individuals to understand different phenomena that occur during their interaction with patients, members of the team, families and significant others (Botma et al. 2010). Therefore, knowledge is essential in understanding the current practices regarding social media in the ward, and in understanding the need for change.

In cases where the caregiver takes a photo, whether out of ignorance or intentionally, Gardiner (2016) advocates politeness when communicating to the offender the wrong done, rather than shouting at or humiliating them.

4.4 INFLUENCE AND IMPORTANCE OF THE FINDINGS ON THE IMPLEMENTATION OF THE ETHICAL GUIDELINES IN CHILDREN'S WARD

Prior to data collection, a lack of knowledge related to guidelines' availability on the use of social media in the children's ward was shared, and during the group discussion, knowledge was gained. Schmied (2017) points out that when people have knowledge they are motivated to change their perceptions. In this case, the knowledge gained though the focus group will encourage behavioural change.

Participants shared the need for the involvement of hospital management to provide policy guidelines on the usage of social media. Workplace involvement in promoting behavioural change at Hospital J, may compel the Management to enforce implementation of ethical guidelines (Hedin, Katze, Eriksson & Pargman 2019).

Another contribution was that healthcare providers are not accountable for their actions in relation to the implementation of social media ethical guidelines. Accountability is a core value in changing perceptions, hence the focus group participants advocated that each health worker needed to be accountable and consider being a part of the social media ethical implementation cycle (Cope, Park, Jackson, Muirbrook, Sanders, Ward & Brown 2019).

Attitude is another factor which influences the implementation of ethical guidelines. Bechler, Tormalaa and Rucker (2019) indicate that extreme attitudes promote change: in this case, an extreme attitude towards the use of social media will influence the implementation of ethical guidelines.

4.5 CONCLUSION

This chapter provided the findings of the study on the perceptions of healthcare providers of the utilization of social media, the risks related to social media, and management of non-consensual taking of photos.

The next chapter will comprise the conclusion, recommendations and limitations of the study.

CHAPTER 5: CONCLUSION, RECOMMENDATIONS AND LIMITATIONS

5.1 INTRODUCTION

This chapter concludes the study and comprises the Conclusions, Recommendations and Limitations of the study.

The aim of the study was to explore and describe the perceptions of healthcare providers of ethical guidelines regarding social media in a designated children's ward in Malawi.

Ethical guidelines are narrowly focused thoughts to provide a basis for specific rules or norms that can be readily applied to practice. These principles emphasise the importance of integrity, accountability, respect for human rights and professional commitment, to guide practice. In this regard, the study looked at ethical principles that guide the practice of nurses and social media, taken from the International Council of Nurses' position statement adopted in 2015, of which Malawi is a member.

Social media is the online and mobile tool that people use to share opinions, information, experiences, images, videos or audio clips by means of cell phones, cameras or computers. Some of the benefits of social media include helping in planning of emergency situations, offering learning and research opportunities to healthcare providers and strengthening the nursing profession. In addition, social media is used as an essential tool in the continuity of patient care, diagnosis and retrieving of patients' data. It also enables instant communication.

Disadvantages of social media for children include the potential for negatively influencing behaviour and attitudes as well as the sharing of private, misleading or wrong information which in turn might disadvantage or damage the children's privacy and image and expose them as "sick" or "abnormal" children. This could have implications for their future mental health.

Following the aims of WHO (2017), Malawi protects children from all sorts of conflicts (in this case the taking and sharing of photos without informed consent) through a child protection system. Therefore, early identification of conflict, proper referral and management should be done for the child's best interest. It follows then that communities (in this case Hospital J) has an obligation to protect and support its population (especially child patients) from all kinds of harm.

The study was therefore conducted to promote early identification, referral and management of social media usage in the children's ward for the safety of a sick child and of children in general.

5.2 CONCLUSION OF THE STUDY

A qualitative study was conducted using three focus group interviews with sixteen participants consisting of healthcare providers (nurses, clinicians/doctors and patient attendants) who voluntarily participated and shared their perceptions. The focus was on their perceptions, as perceptions commonly drive behaviour and actions.

The results indicated that ethical guidelines pertaining to social media usage in the children's ward were partly incorporated into the day-to-day work. However, healthcare providers did not have a name for it. During the interviews, the participants understood the need for ethical guidelines but these were only partially implemented. The main themes and sub-themes are presented again in Table 5.1.

Table 5.1: Overview of research findings

Themes	Sub-themes
1. Utilization of social media in the children's ward	a. Consultation b. Education purposes c. Solving problems e. Communication
2. Risks of social media in the children's ward	a. Issues related to children's rights b. Conflict c. Psychological disorders d. Negligence
3. Management of non-consensual taking and sharing of child patient photos	a. Removing photos from social media b. Informing social media users

The advantages of social media in the children's ward were shared. The main benefits were consultation, educational purposes, problem-solving and communication. The risks of social media were also discussed and included issues related to children's rights, conflict, psychological disorders and negligence. In addition, participants highlighted some challenges related to the management of non-consensual taking and sharing of child patient photos, including removing photos from social media and informing social media users of prohibitions relating to the use of social media in the children's ward.

Following these, the following recommendations are made:

5.3 RECOMMENDATIONS FOR PRACTICE

The recommendations aim at promoting the implementation of the ICN (2015) guidelines on the use of social media in the children's ward to protect the safety and integrity of child patients and all children in general.

- There should be a formal hospital policy by hospital management to regulate the taking and sharing of social media.
  - ✓ The policy should be written down.
  - ✓ The policy should bear the hospital stamp.
  - ✓ The policy should be posted in all hospital wards.
  - ✓ The policy should indicate the reason for objection of taking and sharing photos.
- During orientation of staff and patients, the policies should be included as part and parcel of the initiation package.
- Use of phones by staff should be discouraged while on duty.
  - ✓ Personal phones should be used or accessed only at lunch or tea break times.
  - ✓ Land-phone lines should be available for staff usage.
- People should be held accountable and responsible for their actions if they transgress the policies relating to social media usage in the children's ward.
- The "Ubunthu" principle should be applied by all healthcare providers: "do unto others as you would have them do unto you".
- Civic education should take place as in general there is a need for public awareness on the positive and negative sides of taking and sharing child patient photos on social media.
- In-service training should be given to the hospital staff, especially the children's ward staff, on how to deal with social media issues in the ward. In addition, the healthcare providers need to revisit their training on medical ethics.
- To promote behaviour change on perceptions of social media, these activities are encouraged: social media campaign awareness; social media lunch to share challenges faced in the children ward; social media feedback box.

5.4 RECOMMENDATIONS FOR EDUCATION

- Healthcare providers should deepen their knowledge on the growth and development of children which are relevant to the use of social media.
- Healthcare providers should familiarize themselves with the implications of social media usage on the child patient.

- Professional development related to social media and children should continue.
- Nursing schools should incorporate social media modules into their educational curricula.

5.5 RECOMMENDATIONS FOR RESEARCH

- Perceptions of the child patient on social media usage in the children's ward should be further explored.
- Behaviour of healthcare providers regarding social media in the children's ward should be explored.
- The impact of implementation of the policies related to social media should be determined.

5.6 LIMITATIONS OF THE STUDY

Although the purpose of the study was contextual and not generalization, the main limitation to the study is that it was limited to a single setting with a small sample size and generalization was therefore constrained.

5.7 CONCLUSION

This study addressed the perceptions of healthcare providers on ethical guidelines regarding social media in a designated children's ward in Malawi. The advantages, disadvantages and how to promote the ethical use of social media in the children's ward were discussed, using the experience of healthcare workers.

Children are a vulnerable population who have the right to good health, a safe environment respect, privacy, protection when away from home and protection from harm. Their interests should be regarded as of the utmost importance. Ensuring that healthcare workers are thoroughly informed as to the ethics and laws governing the usage of social media in a hospital setting, and are held accountable if they fail to comply with these, will help to ensure children's safety in hospital and their physical and mental health in the future.

REFERENCES

Abdelrahman, S.M. 2018. Relationship among public image, self-image and self-esteem of nurses. *IOSR Journal of Nursing and Health Science* 7(1):10-6.

Adams, W. 2015. *Handbook of Practical Evaluation: Conducting semi structured interviews.* Research Gate. 492-505.

Advance Staff. 2018. *Social Media Advice for Nurses and their Patients.* Available at https://twitter.com/share?tsxt=social+media+advice+for+nurses+and+teir+patients

Akinyode, B.F. & Khan, T.F. 2018. Step by step approach for qualitative data analysis. *International Journal of Built Environment and Sustainability* 5(3):163-174.

American Nurses' Association. 2011. *Guidance for registered nurses.* Available at http://www.Nursingworld.org

Andruss Library. 2020. Bloomburg University of Pennsylvania. Available at: https://guides.library.bloomu.edu/litreview.

AuSAID. 2012. *AuSAID ethical photograph guidelines.* Available at www.ausaid.gov.au.

Aylott, M. 2011. Blurring the boundaries: Technology and the nurse-patient relationship. *British Journal of Nursing* 20(13):810-2, 814-6.

Bates, J.B., Ardrey, J., Mphwatiwa, T., Squire, B.S., Niessen, L.W. 2018. *Enhanced patient research participation: A photo voice study in Blantyre Malawi.* BMJ supportive and palliative care. 8:171-4.

BBC News. 2019. Russia trolls 'spreading vaccination misinformation' to create discord, BBC News, August 24, 2018, https://www.bbc.com/news/world-us-canada-45294192

Bechler C.J., Tormala, Z.L., & Rucker, D.D. 2019. Perceiving attitude change: How qualitative shifts augment change perception. *Journal of Experimental Social Psychology* 82:160–175. Available at https://doi.org/10.1016/j.jesp.2019.02.001

Belotto, M.J. 2018. Data analysis method for qualitative research: Managing the challenges of coding, interrater reliability and thematic analysis. *Biomedical Research Alliance of New York* 23(11):2622-33.

Ben-Ari, R. 2018. *Children and social media.* Cross Mark. 391:95 January 13, 2018. Available on www.thelancet.com

Bennett, K.G. & Vercler, C.J. 2018. When is posting about patients on social media unethical "Meduitainment"? *AMA Journal of Ethics* 20(4):328-335. Available at http://www.amajournalofethics.org

Bergh, Z. & Geldenhuys, D. 2014. *Psychology in the work context.* 5th edition. Cape Town: Oxford University Press.

Bhat, A. 2020. *Descriptive research: Definition, characteristics, methods, examples and advantages.* Available at http://www.questionpro.com/training/

Blatchford, E. *Should you post photos of your child on social media?* [updated 30/08/2017]. Available from http://m.huffingtonpost.com.au/2017/08/29/should-you-post-photos-of-your-child-on-social-media_a_23190070

Bogetz, A., Abramson, E., Haftel, H., Klein, M., Ting L.S., Michelson, K. & Simpkin, A. 2017. *Codes, concept, categories, oh my! Building your skill in qualitative data analysis.* Association of Pediatric Program Directors. Available at https//www.appdorg.

Botma, Y., Greeff, M., Mulaudzi, F.M. & Wright, S.C.D. 2010. *Research in health sciences.* Cape Town: Pearson Education.

Bright, C. 2017. *Defining child vulnerability: Definitions, frameworks and groups.* Children's commissioner. Available at http://www.childrenscommissioner.gov.uk

Cambridge Dictionary. 2020. Cambridge University Press. Available at https://dictionary.cambridge.org/amp/english/assumption

Canada Medical Association. 2017. *Principles for the protection of patient privacy.* Available at https://policybase.cma.ca.

Carlquist, E., Lee, N., Shalin, S., Goodman, M. & Gardner, J. (2018). Demartopathology and social media: A survey of 131 medical professionals from 29 countries. Arch Pathol Lab Med. 142:184-190. doi:10.5858/arpa.2017-0064-OA

Chan, N., Charette, J., Dumestre, D.O., Frankie, O.G. & Fraulin, M.D. 2016. Should 'smart phones' be used for patient photography? *Plastic Surgery* 24(1):32-4.

Chaputula, A.H. & Mutula, S. 2018. Provision of library and information services through mobile phones in public university libraries in Malawi. *Global Knowledge, Memory and Communication* 67(1/2):52-69.

Christian Health Association of Malawi. 2016. *Building sustainable church-based health care in Malawi: 2015-2019 Strategic plan.* Available at http://www.cham.org.mw .

Clark, M., Lewis, A., Brashaw, S., & Jones, C.B. 2018. How public health nurses deal with sexting among young people: A qualitative inquiry using the critical incident technique. *BMC Public Health* 18(728) Available at http://doi.org/10.1186/s12889-018-5642-z

Cobuild Advanced English Dictionary. 2019. Harper Collins publishers. Available at https://www.collinsdictionary.com/amp/english/health-care-worker.

Cope, M. & Kurtz, H. 2016. Organizing, coding and analyzing qualitative data. *The International Encyclopedia of Geography* 1-9.

Cope, M.R., Park, P.N., Jackson, J.E., Muirbrook, K.A., Sanders, S.R., Ward, C. & Brown, R.B. 2019. Community as story and the dynamic nature of community: Perceptions, place, and narratives about change. *Social Science* 8(70); doi:10.3390/socsci8020070. Available at http://www.mdpi.com/journal/socsi

Cordos, A.A., Bolboaca, S.D. & Drugan, C. 2017. Social media usage for patients and healthcare consumers: A literature review. *MDPI* Vol 9. Published on 24th April 2017. Available at www.mdpi.com/journal/publications

Elcock, K. 2018. *Accountability and professionalism.* In Delves-Yayes, Catherine, (ed.) Essentials of nursing practice. 2nd ed. London, UK. 99-111. ISBN 9781526462428.

Emmott, L. 2017. *Protecting patient privacy on social media: How to ensure your digital marketing efforts are HIPPA compliant.* Agd Impact.org. 20-3.

European Court of Human Rights. 2017. *Right to the protection of one's image.* Press Unit. Tel.: +33 (0)3 90 21 42 08.

European Patient Forum. 2020. *Non-discrimination.* Available at https://www.eu-patient.eu

Evans, C. 2018. *Analysing semi-structured interviews using thematic analysis: Exploring voluntary civic participation among adults.* SAGE publication. DOI: http://dx.doi/org/10/4135/9781526439284

Eysenbach, G., Chiu, T., Kim, J. & Park, H.A. 2012. Development of a health information technology acceptance model using consumers' health behaviour intention. *Journal of Medical Internet Research* Sep-Oct; 14(5): e133. Published online 2012 Oct 1. doi:10.2196/jmir.2143:10.2196/jmir.2143

Ferrara, P., Corsello, G., Lanniello, F., Sbordone, A., Ehrich, J. & Pettoello-Mantovani, M. 2016. Impact of distressing media imagery on children. *European Paediatrics Association Pages.* Available at: http://www.jpeds.com.174:285-286

Forero, R., Nahid, S., Costa, J., Mohsin, M., Fitzgerald, G., Gibson, N., McCathy, S. & Sarfo, P.A. 2018. Application of four dimension criteria to assess rigor of qualitative research in emergency medicine. *BioMedical Central Health Science Research* 18(120):1-11.

Friedman, M.A. 5 Horrifying ways your children's pictures might be used on the internet. [Updated 2018; cited 2015 July]. Available from https://www.famifi.com/21786/5-horrifying-ways-your-childrens-pictures-might-be-used-on-the-internet

Gardiner, M. 2016. *What to do when your images are used without your permission.* Available at photography.tutsplus.com

George, A. 2018. Beyond Nazi war crimes experiment: The voluntary consent required of the Nuremberg Code at 70. *American Journal of Public Health* 108(1):42-6.

Hammarberg, K., Kirkman, M. & Lacey, S. 2016. Qualitative research methods: When to use them and how to judge them. *Human Reproduction* 31(3):498-501.

Hampshire, K., Porter, G., Owusu, S.A., Mariwah, S., Abane, A., Robson, E.,Munthali, A., DeLannoy, A., Bango, A., Gunguluzu, Nwabisa. & Milner, J. 2015. Informal m-health: How are young people using mobile phones to bridge healthcare gaps in Sub-Saharan Africa? *Social Science & Medicine* 142:90-99. Available at www.elsevier.com/locate/socscimed.

Hancock, M., Amankwaa, L., Revell, M. & Mueller, D. 2016. Focus group data saturation: A new approach to data analysis. *The Qualitative Report* 21(11):2124-30. Available at https://nsuworks.nova.edu/tqr/vol21/iss11/13

Hao, J. & Gao, B. 2017. Advantages and disadvantages for nurses of using social media. *Journal of Primary Health Care and General Practice* 1(1):1-3. Available at https://scientonline.org.

Hardijzer, C. 2017. *Early 20TH century asylum photography in South Africa.* Available at www.theheritageportal.co.za

Hedin, B., Cecilia Katze, C., Eriksson, E. & Pargman, D. 2019. *A systematic review of digital behaviour change interventions for more sustainable food consumption.* Sustainability, 11, 2638; doi:10.3390/su11092638. Available at http://www.mdpi.com/journal/sustainability

Hennink, M.M., Kaiser, N.K. & Weber M.B. 2019. What influences saturation? Estimating sample sizes in focus groups. *Qualitative Health Research* 00(0):1-14.

Heyink, M. 2013. *Protection of personal information: Guidelines for South African law firms.* Law of South Africa. Available at https://www.issa.org.za

Howatt, B., Amell, T., Adams, J. & Houston, C. 2018. *The stress factor and its impact on employees' mental and physical health.* Morneau Shepell. 1-16. Available at bhowatt@morneaushepell.com

International Council of Nurses. 2012. The ICN Code of ethics for nurses. Revised in 2012. Available at: www.icn.ch.

International Council of Nurses. 2015. Nurses and social media: ICN position statement. Adopted in 2015. Available at: www.icn.ch.

International Council of Nurses. 2018. ICN Members' address list 2018. Available at: Available at: www.icn.ch.

Jonckheere, M. & Vaughn, L.M. 2019. Semi-structured interviewing in primary care research: A balance of relationship and rigor. *Family Medicine and Community Health* Vol 7. Doi:10.1136/fmch-2018-0000572019;7:e000057.

Jung, J. 2012. Male circumcision pilot program in Lilongwe, Malawi. *The Journal of Sustainable Development* 7(1):103-11.

Kanodia, R., Sihna, A. & Yadav, K.R. 2016. Social media: Positive vs negative effect on young generation. *International Journal of Science Technology and Management* 5(1):484-490.

Khamula, O. 2018. Malawi Midwives Association. *The Nyasatimes post*. 2018 Nov 14. Available at https://www.nyasatimes.com/malawi-midwives-association-condemns-picture-ta-in-hospitals-wards/.

King, L.E., Esposito, L.C. & Sollazzo, L. 2016. Providing end-of-life care for developmentally disabled individuals. *Journal of the New York State Nurses' Association* 45(1):4-12.

Klopper, H. 2008. The qualitative research proposal. *Curationis* 31(4):62-72.

Kolko, J. 2014. *Intro to contextual research methods.* Savannah College of Art and Design. Available at www.jonkolko.com

Kornhaber, R., Walsh, K., Duff, J. & Walker, K. 2016. Enhancing adult therapeutic interpersonal relationships in the acute health care setting: An integrative review. *Journal of Multidisciplinary Healthcare* 9: 537–546.

Kumwenda, J.I. 2014. Social media, ethics and development in the postmodernistic Malawian society. *Journal of Development and Communication Studies* 3(1), January-June, 2014. ISSN (Online & Print): 2305-7432. http://www.devcomsjournalmw.org.

Lee, P.I., Hu, Y.L., Chen, P.Y., Huang, Y.C. & Hsueh, P.R. 2020. Are children less susceptible to COVID-19? *Journal of Microbiology, Immunology and Infection.* Available at https://doi.org/10.1016/j.jmii.2020.02.011.

Leigh, G. & Karie, F.S. 2016. Perceptions of the influence of social media and therapeutic relationships on nurses: A systematic review protocol of qualitative evidence. *Lippincott Nursing Centre* 14(11), 21 - 30.

Linguissi, L.S.G., Ouattara, A.K., Ntambwe, E.K., Mbalawa, C.G. & Nkenfou, C.N. 2018. Mobile application: Effective tools against HIV in Africa. *Health Technology* 8:215-222.

Makwero, M. 2018. Delivery of primary health care in Malawi. *African Journal of Primary Health Care and Family Medicine.* Issue 10(1) ISSN online 2071-2936.

Malpass, C. 2018. *Everything you need to know about contextual research.* Available at https://uxdesign.cc/everything-you-need-to-know

Maluwa, M.V., Andre, J., Ndebele, E. & Chilemba, P. 2012. Moral distress in nursing practice in Malawi. *Nursing Ethics* 19(2):196-206.

Marquis, L. & Huston, C. 2015. *Leadership roles and management functions in nursing: Theory and application.* 8th edition. Philadelphia: Wolters Kluwer Health.

McCombes, S. 2019. *Descriptive research.* Updated Jan 2020. Available at https://www.scribbr.com/methodology/qualitative-quantintative-research/

Meiring, A. 2013. *The image of nurses as perceived by the South African public.* The Forum for Professional Nurses' Leaders. Available at https://repository.up.ac.za

Milam, E. 2016. *A brief history of early medical photography.* Available at http://www.clinicalcorrelations.org/2016/09/30/a-brief-history-of-early-medical-photography

Mohajan, H.K. 2018. Qualitative research methodology in social sciences and related subjects. *Journal of Economic Development, Environment and People* 7(1):23-48.

Moser, A. & Korstjens, I. 2018. Series: Practical guidance to qualitative research. Part 3: Sampling, data collection and analysis. *European Journal of General Practice* 24(1): 9–18.

Muller, M. 2009. *Nursing Dynamics.* 4th ed. Johannesburg: Heinemann.

Nassaji, H. 2015. Qualitative and descriptive research: Data type versus data analysis. *Language Teaching Research* 19(2):129-132.

National Council State Board of Nursing. 2018. *A nurse's guide to the use of social media.* Available at www.ncsbn.org

New Zealand Nurses' Organization. 2019. *Guideline: Social media and the nursing profession: a guide to maintain online professionalism for nurses and nursing students.* Revised 2019. Available at https://www.nzno.org.nz. ISBN 978-1-98-856005-2.

Newmam, N., Fletcher, R., Kueng, L., Nielsen, R.K., Selva, M. & Suarez, E. 2020. *Journalism, media, and technology trends and predictions 2020.* The Reuters Institute for the Study of Journalism. Available at www.reutersinstitute.politics.ac.uk.

News24Africa. Malawi nurse under fire for taking 'selfie' with naked pregnant woman in labour ward. Available at http://m.news24.com/Africa/News/Malawi-nurse-under-fire-for-taking-selfie-with-naked-pregnant-woman-in-labour-ward-20181115

Ng, D. 2019. *Smile! You're on my cell phone: Camera phones and privacy.* Available at www.legalzoom.com

Ngonda, F. 2017. Assessment of bacterial contamination of toilet and bathroom doors handle/knobs at Daeyang Luke Hospital. *Pharmaceutical and Biological Evaluation* 4 (4):193-97.

Noroozi, M., Zahedi, L., Bathaei, F.S. & Salari, P. 2018. Challenges of confidentiality in clinical settings: Compilation of an ethical guideline. *Iran Journal of Public Health* 47(6):875-883.

Nurses' Association of New Brunswick. 2015. *Standard for the therapeutic nurse-client relationship.* Available at https://www.nanb.nb.ca

OFCOM. 2017. *Adults' media use and attitude: Report 2017*. Published June 2017. 102-108.

Omar, D. 2018. Focus group discussion in built environment qualitative research practice. IOP Conference *Series: Earth and Environmental Science* Vol 117. Doi:10.1088/1755-1315/117/1/012050.

Oxford Advanced Learner's Dictionary. 2010. 8th ed. New York: Oxford University Press.

Patton, C.M. 2014. Conflict in health care: A literature review. *The Internet Journal of Healthcare Administration* 9(1):1-11.

Polit, F.D. & Beck, T.C. 2017. Nursing research: Generating and assessing evidence for nursing practice. 10th edition. Wolters Kluwer Health. Philadelphia, United States of America.

Public Law: *The Constitution of the Republic of Malawi Act of 1996.*

Public Law: *The Constitution of the Republic of South Africa,* 1996.

Registered Nursing Organization. 2020. *The importance of the nurse-patient relationship for patient care.* Available at https://www.registerednursing.org/importance-nurse-patient-relationship-care

Registered Nursing Organization. 2020. *Ethical Practice: NCLEX-RN.* Available at: https://www.registerednursing.org/nclex/ethical-practice/

Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J. & Bartlam, B. 2017. Saturation in qualitative research: Exploring its conceptualization and operationalization. *Springers* 52:1894-07.

Schmied, P. 2017. *Social and Behavior Change Insights and Practice: Behavior Change Toolkit.* Available at https://www.giz.de

Segen's Medical Dictionary. 2012. Farlex,inc. Available at https://medical-dictionary-thefreedictionary.com/paediatric+ward

Siddiqui, S. & Singh, T. 2016. Social media: Its impact with positive and negative aspects. *International Journal of Computer Applications, Technology and Research* 5(2):71-5.

Sim, J. & Waterfield, J. 2019. Focus group methodology: Some ethical challenges. *Quality & Quantity* 53:3003–22. https://doi.org/10.1007/s11135-019-00914-5

Singapore Nursing Board. 2018. *Code for nurses and midwives.* Available at http://www.snb.gov.sg

Slobogian, V., Giles, J. & Rent, T. 2017. Social media #boundaries: When patients become friends. *Canadian Oncology Nursing Journal* 24(4):394-396.

Snyder, H. 2019. Literature review as a research methodology: An overview and guidelines. *Journal of Business Research 104:333–39.* Available at: https://www.researchgate.net/publication/334848557

Suran, Z., Hirani, R., Elias, A., Quisenberry, L., Varon, J., Suran, S. & Suran, S. 2017. Social media usage among health workers. *Bio Med Central Research Notes* 10(654). Published 29th November 2017. Available from: www.creativecommons.org

Tariman, J. 2010. Where to draw the line: Professional boundaries in social networking. *ONS Connect* 25(2):10–13.

UNICEF. 2020. *Technical note: Protection of children during the coronavirus pandemic, version 1,March 2019.* Available at https://www.unicef.org

The Electives Network. 2019. Available at https://www.electives.net/hospital/7233/preview

The International Telecommunication Union. 2018. Available at https://www.m.theglobaleconomy.com

The Miracle for Africa Foundation. 2017. *Health, prosperity and dignity for Malawi.* Available at moni@miracleforafrica.org

The Miracle for Africa Foundation. 2018. *Together for a better Malawi.* Available at moni@miracleforafrica.org

The Nurses and Midwife Council of Malawi. 2012. *Professional practice standards for registered nurses.* Available from: www.nmcm.org.mw

UNICEF. 2020. *Don't let children be the hidden victims of COVID-19 pandemics.* Available at https://www.unicef.org/press-release

United Nations Children's Fund. 2012. *Rights for every child.* Available at www.unicef.org.uk.

United Nations Children's Fund. 2012. *Malawi child protection strategy 2012-2016.* Available at www.unicef.org/Malawi.

United Nations Children's Fund. 2015. *Child protection: The case for support. Malawi Child Protection Strategy.* www.unicef.org/publicpartnership/

Van der Velden, M. & El Emam, K. 2013. “Not all my friends need to know”: A qualitative study of teenage patients, privacy, and social media. *Journal of the American Medical Informatics Association* 20(1), January 2013,16–24, https://doi.org/10.1136/amiajnl-2012-000949

Varga, J. 2020. *Coronavirus test crisis as kits shipped in from Europe found contaminated with COVID-19.* Available at https://www.express.co.uk

Verhulst, S.G. & Young, A. 2017. *The potential of social media intelligence to improve people’s lives: Social media data for good.* Gov lab.1-120.

Wen, T. 2015. *Are you taking too many pictures?* Available from http://www.bbc.com/future/story20150901-are-you-taking-too-many-pictures

Winters, N., Langer, L. & Geniets, A. 2018. Scoping review assessing the evidence used to support the adoption of mobile health (mhealth) technologies for the education and training of community health workers (CHWs) in low-income and middle-income countries. *BMJ Open* Vol 8. Doi:10.1.1136/bmjopen-2017-019827

Wittenberg, D.F. 2009. Coovadia’s paediatrics & child health: A manual for health professionals in developing countries. 6th edition. Cape Town: Oxford University Press.

Woolley, K., Edwards, K.l. & Glazebrook, C. 2018. Focus group or individual interviews for exploring children's health behavior: The example of physical activity. *Advances in Pediatric Research* 5(11). Doi:10.24105/apr.2018.5.11

World Health Organization. 2020. *Mental health and psychosocial considerations during the COVID-19 outbreak.* CC BY-NC-SA3.0 IGO licence.

World Health Organization. 2015. *Global health ethics key issue.* Global network of WHO collaborating centres for bioethics. Available at www.who.int

World Health Organization. 2017. *WHO guidelines on ethical issues: Public health surveillance.* Available at https://creativecommons.org/licenses/by-nc-sa/3.0/igo

World Health Organization. 2020. *Infection, prevention and control during health care when COVID-19 is suspected.* https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125

Yamey, D. 2017. *How to write a qualitative research paper.* Center for policy impact in global health. 1-60. Email gavin.yamey@duke.edu.

Young, C.J., Rose, D., Mumby S.H., Capistros, F.B., Derrick, C.J. & Finch, T. et al. 2018. A methodological guide to using and reporting on interviews in conservation science research. *Methods in Ecology Evolution* 9:10-19.

Zimmerle, J.C. 2018. Online marketing for birth professionals. *International Journal of Childbirth Education* 33(1):22-6.

Zukauskas, P., Vveinhardt, R. & Andriukaitiene, R. 2018. Philosophy and paradigm of scientific research. *Intech Open* 121-39.

ANNEXURE A

ANNEXURE A : DECLARATION REGARDING PLAGIARISM - UNIVERSITY OF PRETORIA

The Department of Nursing Science places great emphasis upon integrity and ethical conduct in the preparation of all written work submitted for academic evaluation. While academic staff teach you about referencing techniques and how to avoid plagiarism, you too have a responsibility in this regard. If you are at any stage uncertain as to what is required, you should speak to your lecturer before any written work is submitted.

You are guilty of plagiarism if you copy something from another author's work (eg a book, an article or a website) without acknowledging the source and pass it off as your own. In effect you are stealing something that belongs to someone else. This is not only the case when you copy work word-for-word (verbatim), but also when you submit someone else's work in a slightly altered form (paraphraser or use a line of argument without acknowledging it.

You are not allowed to use work previously produced by another student. You are also not allowed to let anybody copy your work with the intention of passing it off as his/her work.

Students who commit plagiarism will not be given any credit for plagiarized work. The matter may also be referred to the Disciplinary Committee (Students) for a ruling. Plagiarism is regarded as a serious contravention of the University's rules and can lead to expulsion from the University.

The declaration which follows must accompany all written work submitted while you are a student of the Department of Nursing Science. No written work will be accepted unless the declaration has been completed and attached.

Full name of student : Kettie Kaonga

Student number: 14304679

Topic of work: **PERCEPTIONS OF HEALTHCARE PROVIDERS ON COMPLIANCE WITH ETHICAL GUIDELINES REGARDING SOCIAL MEDIA IN A CHILDREN'S WARD IN MALAWI**

Declaration

1. I understand what plagiarism is and am aware of the University's policy in this regard.
2. I declare that this proposalh is my own original work. Where other people's work has been used (either from a printed source, internet or any other source), this has been properly acknowledged and referenced in accordance with departmental requirements.
3. I have not used work previously produced by another student or any other person to hand in as my own.
4. I have not allowed, and will not allow, anyone to copy my work with the intention of passing it off as his or her own work.

SIGNATURE

ANNEXURE B

INTERVIEW GUIDE FOR FOCUS GROUPS

Demographic data obtained prior to interview:

May you please provide the following information if you are willing to participate?

- Age: _____
- Gender: _____
- Qualification/s: _____
- Cadre of staff in children's ward: _____
- Years of experience in children's ward: _____

Questions* for the focus group discussions:

Introductory question:

- Tell me more about your observations of the use of social media in the children's ward?

Core questions:

- What does social media contribute to the children's ward?
- What are the risks of social media in children's ward?
- What guidelines or policies are available or used in the children's ward related to the use of social media?
- To what extent are the staff informed / educated on the use of social media in children ward?
- To what extent are the staff practicing complying with the guidelines or policies related to the use of social media?

Probing questions:

  - To obtain consent for taking photos / videos of patients in the children ward?
  - To maintain patient privacy and confidentiality and not sharing outside the hospital?
  - To report any breach in privacy and confidentiality?
  - To inform / educate the parents / families?
  - To portray a professional image even when posting content that is not work related?

Closing question:

- What do you recommend to improve compliance related to social media guidelines / policies in the children's ward?

ANNEXURE C

PARTICIPANT'S INFORMATION & INFORMED CONSENT DOCUMENT

STUDY TITLE:

PERCEPTIONS OF HEALTHCARE PROVIDERS OF ETHICAL GUIDELINES REGARDING SOCIAL MEDIA IN A CHILDREN'S WARD IN MALAWI

Principal Investigators: Kettie Kaonga, Master's student In Nursing Science-Advanced Child Nursing

Institution: University of Pretoria

TELEPHONE NUMBER(S): +27 60 436 2421

DATE AND TIME OF FIRST INFORMED CONSENT DISCUSSION:

00	**00**	**2019**

Dear Participant date of consent procedure .00.../…00...../…2019.

1) INTRODUCTION

You are invited to volunteer for a research study. This information leaflet is to help you decide if you would like to participate. Before you agree to take part in this study you should fully understand what is involved. If you have any questions, which are not fully explained in this leaflet, do not hesitate to ask the investigator. You should not agree to take part unless you are completely happy about all the procedures involved.

2) THE NATURE AND PURPOSE OF THIS STUDY

You are invited to take part in a research study. The aim of this study is to understand how staff in the children's ward perceives ethical principles regarding social media in the children's ward.

3) EXPLANATION OF PROCEDURES TO BE FOLLOWED

This study will involve semi structured focus group interviews. There will be different sessions scheduled to accommodate all willing participants without interrupting service delivery to the children. During a focus group some questions will asked and then discussed to understand how healthcare providers perceive ethical guidelines related to social media in the children's ward. A focus group interview is expected to last approximately 45 to 60 minutes and will be audio-recorded. The audio-recording will help the researcher to transcribe the conversation word-by-word to make analysis possible. You will be informed about the results once the analysis has been done.

4) RISK AND DISCOMFORT INVOLVED

There are no obvious risks involved, but you will be expected to spend approximately an hour of your time to participate in the group interview.

5) POSSIBLE BENEFITS OF THIS STUDY

You will not receive any renumeration for participation, but your contribution will be valued to improve the quality of healthcare After the study is it expected that the management can develop strategies and determine priorities for children to be protected; have improved wellbeing; promote human dignity and improved privacy, while being protected from unnecessary exposure to social media.

The potential direct benefit will be recommendation to adherence to ethical principles regarding social media.

6) I understand that if I do not want to participate in this study, there are no consequences.

7) HAS THE STUDY RECEIVED ETHICAL APPROVAL?

This Protocol is yet to be submitted to the Faculty of Health Sciences Research Ethics Committee, University of Pretoria, and telephone numbers 012 356 3084 / 012 356 3085. The National Health Sciences Research Committee of Malawi will also provide the approval.

8) INFORMATION If I have any questions concerning this study, I should contact:

Kettie Kaonga……cell: +27 60 436 2421

9) CONFIDENTIALITY

All records obtained whilst in this study will be regarded as confidential. Results will be presented and published in such a fashion that participants remain unidentifiable.

10) CONSENT TO PARTICIPATE IN THIS STUDY.

I have read or had read to me in a language that I understand the above information before signing this consent form. The content and meaning of this information have been explained to me. I have been given opportunity to ask questions and am satisfied that they have been answered satisfactorily. I understand that if I do not participate it will not have any negative effect. I hereby volunteer to take part in this study.

I have received a signed copy of this informed consent agreement.

.....	.....
Participant name	Date
.....	.....
Participant signature	Date
.....	.....
Investigator's name	Date
.....	.....
Investigator's signature	Date
.....	.....
Witness name and signature	Date

Do you agree that the focus group can be audio-recorded: Yes / No

ANNEXURE D

PERMISSION TO CONDUCT RESEARCH STUDY AT [redacted] HOSPITAL

To; The medical Director [redacted] 3, Malawi.
Cc; The Matron

RE: **PERMISSION TO DO RESEARCH STUDY AT [redacted] HOSPITAL IN 2019**

TITLE OF STUDY: PERCEPTIONS OF HEALTHCARE PROVIDERS OF ETHICAL GUIDELINES REGARDING SOCIAL MEDIA IN A CHILDREN'S WARD IN MALAWI

This study is yet to be approved by the relevant Head of Department [HOD]; **Print Name** Prof M MULAUDZI sinature

This request is lodged with you in terms of the requirements of the Promotion of Access to Information Act. No.2 of 2000.

The researcher is a student at the Department of Health Sciences at the University of Pretoria: enrolled for Master in Nursing Science (Education and Administration) child nursing. The researcher graduated in 2017 with Bachelors of Nursing Science (Education and Administration) with specialty in Child Nursing Science.

I herewith request permission to conduct a study on the above topic on the hospital grounds. This study will involve semi structured interviews.

The researcher requests access to staff preferably from children's ward to participate in the study. The study is proposed to be conducted for four days.

The participants will be chosen based on availability, knowledge and experience on ethical principles regarding social media in children ward.

The findings of the study are intended to be published and presented on meetings of such a nature in a professional journal.

We intend to protect the personal identity of the patients by assigning each individual a random code number.

We undertake not to proceed with the study until we have received approval from the Faculty of Health Sciences Research Ethics Committee, University of Pretoria and from the National Health Sciences Research Committee of Malawi.

1. Yours sincerely

PrintName KETTIE KAONGA
Principal Investigator

Signature

Permission to do the research study at this hospital and to access participants as requested is hereby approved, on condition that there will be no cost to the hospital

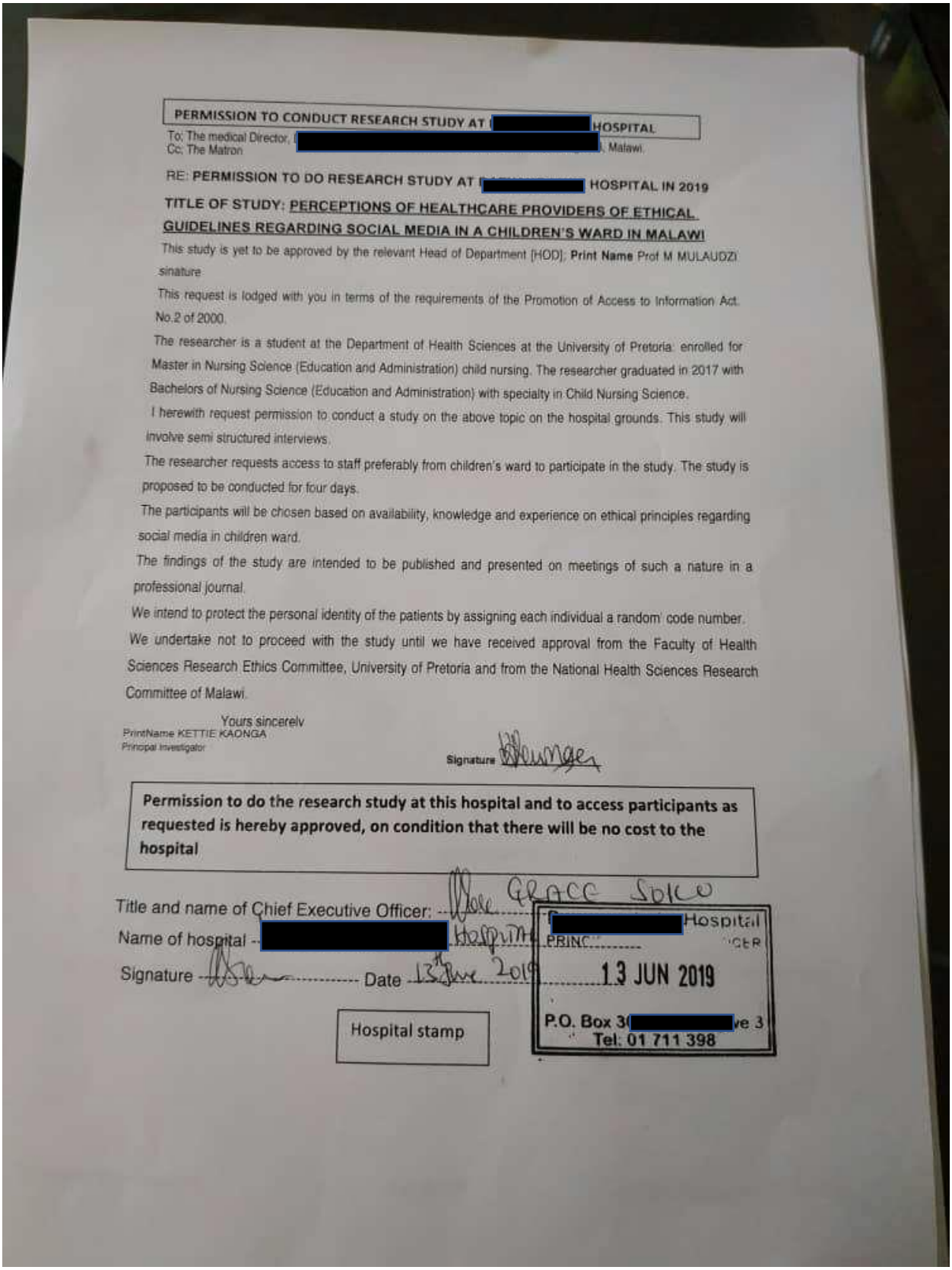
Title and name of Chief Executive Officer: ---------- _____ _

Name of hospital ----------

Signature ---------- Date ----------

Annexure D

Hospital stamp



PERMISSION TO CONDUCT RESEARCH STUDY AT [redacted] HOSPITAL

To: The medical Director, [redacted], Malawi.
Cc: The Matron

RE: **PERMISSION TO DO RESEARCH STUDY AT [redacted] HOSPITAL IN 2019**

TITLE OF STUDY: PERCEPTIONS OF HEALTHCARE PROVIDERS OF ETHICAL GUIDELINES REGARDING SOCIAL MEDIA IN A CHILDREN'S WARD IN MALAWI

This study is yet to be approved by the relevant Head of Department (HOD). **Print Name** Prof M MULAUDZI
sinature

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The researcher requests access to staff preferably from children's ward to participate in the study. The study is proposed to be conducted for four days.

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The findings of the study are intended to be published and presented on meetings of such a nature in a professional journal.

We intend to protect the personal identity of the patients by assigning each individual a random code number.

We undertake not to proceed with the study until we have received approval from the Faculty of Health Sciences Research Ethics Committee, University of Pretoria and from the National Health Sciences Research Committee of Malawi.

Yours sincerely
PrintName KETTIE KAONGA
Principal Investigator

Signature [signature]

Permission to do the research study at this hospital and to access participants as requested is hereby approved, on condition that there will be no cost to the hospital

Title and name of Chief Executive Officer: [signature] Grace Soko

Name of hospital: [redacted] Hospital

Signature [signature] Date 13th June 2019

[redacted] Hospital
PRINC... CER
13 JUN 2019
P.O. Box 3[redacted]ve 3
Tel: 01 711 398

Hospital stamp

ANNEXURE E

Principal Investigator Declaration for the storage of research data

I, the Principal Investigator, Kettie Kaonga of the following study **PERCEPTIONS OF HEALTHCARE PROVIDERS ON COMPLIANCE WITH ETHICAL GUIDELINES REGARDING SOCIAL MEDIA IN A CHILDREN'S WARD IN MALAWI** will be storing all the research data referring to the above mentioned study at the following address:

[redacted] Hospital, P.O. Box 30330, Capital City Lilongwe 3, Malawi.

START DATE OF STUDY: 01/06/2019
END DATE OF STUDY: 01/11/ 2019

I understand that the storage of the above mentioned data must be maintained for a minimum of 15 years from the commencement of this study.

Until which year will data will be stored: My data will be stored for 15 years.

START OF STORAGE DATE: 01/ 06 /2019 until

END OF STORAGE DATE: 01/ 09/2034

Name: Kettie Kaonga

Signature: ---------- **Date:** 01st April 2019

ANNEXURE F

Telephone: + 265 789 400
Facsimile: + 265 789 431

All Communications should be addressed to:

The Secretary for Health and Population

In reply please quote No.

.....

MINISTRY OF HEALTH AND POPULATION
P.O. BOX 30377
LILONGWE 3
MALAWI

4th October, 2019

Kettie Kaonga
University Of Pretoria

Dear Sir/Madam,

Re: Protocol #19/08/2391: Perceptions of Health Care Providers of Ethical Guidelines Regarding Social Media in a Children's Ward in Malawi.

Thank you for the above titled proposal that you submitted to the National Health Sciences Research Committee (NHSRC) for review. Please be advised that the NHSRC has **reviewed** and **approved** the above named study.

- **APPROVAL NUMBER : 2391**
- The above details should be used on all correspondences, consent forms and documents as appropriate.
- **APPROVAL DATE : 04/10/2019**
- **EXPIRATION DATE**
  This approval expires on **03/10/2020**. After this date, this project may only continue upon renewal. For purposes of renewal, a progress report on a standard form obtainable from the NHSRC Secretariat should be submitted one month before the expiration date for continuing review.
- **SERIOUS ADVERSE EVENT REPORTING:** All serious problems having to do with subject safety must be reported to the NHSRC within 10 working days using standard forms obtainable from the NHSRC Secretariat.
- **MODIFICATIONS**: Prior NHSRC approval using forms obtainable from the NHSRC Secretariat is required before implementing any changes in the protocol (including changes in the consent documents). You may not use any other consent documents besides those approved by the NHSRC.
- **TERMINATION OF STUDY**: On termination of a study, a report has to be submitted to the NHSRC using standard forms obtainable from the NHSRC Secretariat.
- **QUESTIONS**: Please contact the NHSRC on phone number *+265 999397913* or by email on mohdoccentre@gmail.com.
- **OTHER**: Please be reminded to send in copies of your final research results for our records (Health Research Database).

Kind regards from the NHSRC Secretariat.

SECRETARY FOR HEALTH
2019 -10- 04
P.O. BOX 30377, CAPITAL

.....

For: **CHAIRPERSON, NATIONAL HEALTH SCIENCES RESEARCH COMMITTEE**
Promoting Ethical Conduct of Research[1]

Executive Committee: *Dr. M. Joshua (Chairperson), Dr. E.Chitsa Banda (Vice-Chairperson)*
Registered with the USA Office for Human Research Protections (OHRP) as an International IRB
IRB Number IRB00003905 FWA00005976

ANNEXURE G

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Health Sciences

The Research Ethics Committee, Faculty Health Sciences, University of Pretoria complies with ICH-GCP guidelines and has US Federal wide Assurance.

- FWA 00002567, Approved dd 22 May 2002 and Expires 03/20/2022.
- IRB 0000 2235 IORG0001762 Approved dd 22/04/2014 and Expires 03/14/2020.

6 August 2019

Approval Certificate
New Application

Ethics Reference No.: 438/2019
Title: PERCEPTIONS OF HEALTHCARE PROVIDERS OF ETHICAL GUIDELINES REGARDING SOCIAL MEDIA IN A CHILDREN'S WARD IN MALAWI

Dear Ms K Kaonga

The **New Application** as supported by documents received between 2019-06-20 and 2019-07-31 for your research, was approved by the Faculty of Health Sciences Research Ethics Committee on its quorate meeting of 2019-07-31.

Please note the following about your ethics approval:

- Ethics Approval is valid for 1 year and needs to be renewed annually by 2020-08-06.
- Please remember to use your protocol number (438/2019) on any documents or correspondence with the Research Ethics Committee regarding your research.
- Please note that the Research Ethics Committee may ask further questions, seek additional information, require further modification, monitor the conduct of your research, or suspend or withdraw ethics approval.

Ethics approval is subject to the following:

- The ethics approval is conditional on the research being conducted as stipulated by the details of all documents submitted to the Committee. In the event that a further need arises to change who the investigators are, the methods or any other aspect, such changes must be submitted as an Amendment for approval by the Committee.

We wish you the best with your research.

Yours sincerely

Dr R Sommers
MBChB MMed (Int) MPharmMed PhD
Deputy Chairperson of the Faculty of Health Sciences Research Ethics Committee, University of Pretoria

The Faculty of Health Sciences Research Ethics Committee complies with the SA National Act 61 of 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 and 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes, Second Edition 2015 (Department of Health)

Research Ethics Committee
Room 4-60, Level 4, Tswelopele Building
University of Pretoria, Private Bag X323
Arcadia 0007, South Africa
Tel +27 (0)12 356 3084
Email deepeka.behari@up.ac.za
www.up.ac.za

Fakulteit Gesondheidswetenskappe
Lefapha la Disaense tša Maphelo

ANNEXURE H

Position Statement

Nurses and social media

ICN position:

The International Council of Nurses (ICN) believes that social media can be a powerful tool for rapidly communicating, educating and influencing and has a significant potential to strengthen the nursing profession. ICN supports the use of social media by nurses to stay abreast of recent health care developments, to enrich practice and to dialogue with the professional community and the public.

ICN recognises the benefits of using social media for health promotion and illness prevention and to promote health programmes and services. Social media, when used appropriately, can increase access to timely and credible health information and provides healthcare consumers and providers with tools by which they can share this information with a large audience. It can also be used as a mechanism for sharing the contributions of nursing with the public and to strengthen the image of nursing globally.

Although social media has much to offer, it is important that nurses understand their professional responsibilities regarding its use[1]. Nurses need to be aware of and understand the benefits and risks of its use both inside and outside the workplace. ICN calls on nurses, health care provider organisations, educational institutions, professional associations and regulators to consider and address the professional, ethical, regulatory and legal issues associated with the use of social media.
ICN believes that:

Nurses need to:

- Educate themselves about both the opportunities in the use of social media in relation to enhancing knowledge, informing practice and health care teaching and also the risks related to its use.
- Adhere to legal, regulatory, institutional and/or organisational standards, guidelines, policies and codes of conduct with respect to the use of social media and apply these codes, standards, guidelines and policies equally to online activities as they do in other activities.
- Ensure they have the required competencies, are practicing within their scope of practice, and are legally authorised to do so if providing health information, advice or services through social media.
- Be aware of the quality and reliability of information online and recognise how this information affects patients' health and illness experiences.

[1] Barry, J., Hardiker, N., (September 30, 2012) "Advancing Nursing Practice Through Social Media: A Global Perspective" OJIN: The Online Journal of Issues in Nursing Vol. 17, No. 3, Manuscript 5.

International Council of Nurses

3, place Jean-Marteau
CH -1201 Geneva • Switzerland
Telephone +41 (22) 908 0100
Fax +41 (22) 908 0101
e-Mail : icn@icn.ch
Website : www.icn.ch

/over…

- Inform and educate patients regarding both the opportunities and risks related to social media in the context of their health.
- Keep personal and professional use of social media separate and refrain from using social media for personal use while at work.
- Maintain patient privacy and confidentiality at all times and not discuss issues related to their workplace online or post any information relating to patients or their families.
- Formally seek approval if they are going to record or archive interactions with patients and be aware of the legal position in terms of access to such material in conduct cases or when there are legal proceedings.
- Respect the boundaries of the therapeutic nurse-patient relationship and not connect with or accept patients or former patients as electronic 'friends' on personal social media sites due to the risk of breaching therapeutic relationships.
- Refrain from posting defamatory or offensive comments about employers, educational institutions, colleagues or patients and be aware that an unnamed patient or person may be identifiable from posted information.
- Report identified breaches of privacy or confidentiality.
- Be aware of and use privacy settings in order to maintain control of access to personal information.
- Be aware of copyright restrictions and the risks to breaching copyright when posting information online.
- Be aware of the rapidity of communication through social media outlets and the possibility of instant reposts or retweets and therefore the importance of being thoughtful of what is being communicated before posting.
- Recognise that everything posted online is public and permanent, even if deleted and that using pseudonyms does not provide anonymity.
- Be aware of the image they are portraying when posting content even when not work related and help reinforce a positive global image of nursing.

Healthcare Provider Organisations and Educational Institutions should:

- Integrate key points regarding the use of social media in undergraduate, graduate and continuing education programmes and in contracts of employment and confidentiality agreements.

Educate students and nurses in the appropriate ethical and responsible application of social media in practice and develop and disseminate proactive policies and guidelines for the use of social media.

/over…

- Link social media policies to existing policies relating to privacy and confidentiality.
- Promote the use of appropriate social media platforms that inform practice, improve the quality of care and patient safety and provide mechanisms for nurses to access approved social media in workplace.
- Have in place clear controls relating to non-approved websites.
- Explicitly identify if digital records and transcripts are to be electronically retained and if so the rights of parties to access these.

Professional Associations and Regulatory Authorities should:

- Raise awareness of the power of social media and highlight both its benefits and risks if not used appropriately.
- Develop and widely disseminate clear social media standards, policies, guidelines and resources and provide guidance to nurses regarding their application in practice.
- Integrate these social media standards, policies and guidelines in organisational practices related to social media usage.

Background

'Social media' describes the online and mobile tools that people use to share opinions, information, experiences, images and video or audio clips and includes websites and applications used for social networking. Common sources of social media include, but are not limited to, social networking sites such as Facebook and LinkedIn, blogs (personal, professional and those published anonymously), and microblogs such as Twitter, content-sharing websites such as YouTube and Instagram, and discussion forums and message boards[2]. Social media continues to rapidly advance as a mechanism for communication, is being embraced globally and is popular among healthcare professions, including nursing.

Social media has benefits for healthcare providers and consumers alike. When used appropriately, it fosters professional relationships through online communities of practice where information is shared and discussed and can inform and correct misinformation in disaster and emergency situations. It also represents an opportunity to promote healthy attitudes and behaviours. Individuals who have similar health concerns can form virtual communities through which they can connect, interact and share experiences thus creating a sense of empowerment and reducing isolation.

While there are benefits to the use of social media both by the general public and nurses, there are also risks. Areas where social media has been inappropriately used by healthcare professionals, in addition to breaches of

[2] Australian Health Practitioner Regulation Agency (2014). Social Media Policy. Accessed 18 June 2014 at www.medicalboard.gov.au/Codes-Guidelines-Policies/Social-media-policy.aspx

/over…

privacy, include bullying of colleagues and peers, online criticism of colleagues or employers, and unprofessional behaviour that may be in breach of codes of conduct. These actions can have a profoundly negative impact on nurses, patients, colleagues, educational institutions, employers and the nursing profession and have resulted in nurses being involved in disciplinary and criminal proceedings. As a result, educational institutions, healthcare employers, professional associations and regulatory authorities are increasingly developing standards, polices and guidelines regarding the use of social media. It is essential that these documents are regularly updated, incorporate all generations of providers in their update and keep pace with socio-technical advances and educational, employment, regulatory and legal decisions that are made regarding social media use.

The continuously expanding use of social media provides unprecedented opportunities for rapid and wide-reaching communication and information sharing and it is essential that nursing and healthcare communities capitalise on and safely harness the power of social media for global outreach.

Adopted in 2015

Related ICN Positions:

- Health information: protecting patient rights (2008)
- Informed patients (2008)
- The right to connect via information and communication technology (2014)

ICN Publications

The International Council of Nurses is a federation of more than 130 national nurses associations representing the millions of nurses worldwide. Operated by nurses and leading nursing internationally, ICN works to ensure quality nursing care for all and sound health policies globally.

ANNEXURE I

Confirmation from language editor

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CERTIFICATE

TO WHOM IT MAY CONCERN

This is to certify that I have edited document for English style, language usage, logic and consistency; it is the responsibility of the author to accept or reject the suggested changes manually, and interact with the comments in order to finalise the text.

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Sincerely

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