Current Uses (and Potential Misuses) of Facebook: An Online Survey in Physiotherapy

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ABSTRACT

Purpose: In recent years, the use of social media such as Facebook has become extremely popular and widespread in our society. Among users are health care professionals, who must develop ways to extend their professionalism online. Before issuing formal guidelines, policies, or recommendations to guide online behaviours, there is a need to know to what extent Facebook influences the professional life of physiotherapy professionals. Our goal was to explore knowledge and behaviour that physiotherapists and physical rehabilitation therapists practicing in Quebec have of Facebook. **Method:** We used an empirical cross-sectional online survey design ($n = 322$, response rate 4.5%). **Results:** The results showed that 84.3% of physiotherapy professionals had a Facebook account. Almost all had colleagues or former colleagues as Facebook friends, 21% had patients as friends, and 27% had employers as friends. More than a third of workplaces had clinic pages with information intended for the public. Regarding workplace Facebook policies, 37.3% said that there was no policy and another 41.6% were not aware whether there was one or not. **Conclusion:** There appears to be a need to establish guidelines regarding the use of social media for physiotherapy professionals to ensure maintenance of professionalism and ethical conduct.

Key Words: ethics, professional; Facebook; social media; survey.

RÉSUMÉ

Objectif : La popularité des médias sociaux comme Facebook est en plein essor depuis les dernières années. Actuellement, les professionnels de la physiothérapie font face au défi de la navigation, puisqu'il n'existe aucun guide clair pour orienter leurs actions en ligne. Avant d'émettre des recommandations de bonne pratique, il est essentiel de connaître l'impact de Facebook dans la pratique professionnelle en physiothérapie. Ce projet de recherche vise à explorer les connaissances et les comportements sur Facebook des professionnels québécois de la physiothérapie. **Méthode :** Nous avons fait parvenir un sondage transversal en ligne à des professionnels de la physiothérapie afin de connaître leur utilisation de Facebook ($n = 322$, taux de réponse 4,5%). **Résultats :** Les résultats ont montré que 84,3% des professionnels de la physiothérapie avaient un compte Facebook. Les participants ont presque tous comme amis Facebook des collègues ou d'anciens collègues, 21% ont des patients et 27% ont des employeurs. Plus d'un tiers des cliniques de physiothérapie ont des pages Facebook avec de l'information destinée au public. En ce qui concerne les politiques d'utilisation de Facebook sur les lieux de travail, 37,3% des participants disent qu'il n'en existe pas et 41,6% ne savent pas s'il en existe ou non. **Conclusions :** Il semble nécessaire d'établir des recommandations destinées aux professionnels de la physiothérapie concernant leur utilisation des médias sociaux afin d'assurer le maintien d'un comportement professionnel et éthique.

Facebook, a social medium, allows individuals or organizations to share opinions and information through text, pictures, and links.¹ In March 2015, on average 936 million people around the world went on Facebook

daily.² Facebook enables health care professionals and their patients to engage in new forms of interaction, redefining the boundaries of professional behaviour and e-professionalism. *E-professionalism* is defined as the

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traditional professional attitudes and behaviours expected in all real-life encounters, but manifested online.³

Many concerns have been raised about standards of e-professionalism. Health care professionals can post information online that poses risks to individuals (professionals, employers, and patients) or to the profession's reputation, including misrepresentation of credentials and inappropriate claims about clinical outcomes; have inappropriate contact with patients; or use patients' images and other personal information without their explicit consent.⁴ Other studies have highlighted the presence of unprofessional content on Facebook, Twitter, and blogs, including breaches of patient confidentiality (use of identifying information or photographs without consent), inappropriate tone or content (discrimination, sexually explicit content, substance abuse, demeaning comments), and promotion of specific health care products without a conflict-of-interest declaration.⁵⁻⁷ A recent study of Canadian early-career veterinarians showed that close to one-quarter had personal Facebook profiles that were publicly available and that included questionable content posing risk to their personal and professional reputation (breach of confidentiality, substance abuse, demeaning comments).⁷ Another study found that unprofessional uses of Facebook are common among medical students, including comments that exhibit sexism, racism, foul language, violations of patients' privacy, or lack of respect for patients.⁸ Finally, a US survey found frequent violations of e-professionalism among health care professionals, including inappropriate patient communication, inappropriate practices, and misrepresentation of credentials; in many cases, these violations led to disciplinary actions such as licence restriction, suspension, or revocation.⁹

Although there are concerns about misuse of social media and violation of e-professionalism by health care professionals, social media can also be used constructively.¹⁰⁻¹⁶ The open sharing and connectivity of these platforms can help patients strengthen their relationships and enhance communication with health care providers and can be empowering.^{10,12} In a health promotion context, social media could be a useful tool to improve patient-centred care because it is an efficient, cost-effective, and wide-reaching mode of communication and highly responsive to the needs of patients.¹⁷⁻¹⁹ Self-management programmes delivered via Facebook are effective in improving knowledge and self-efficacy for patients with arthritis.²⁰ Patients use social media to enhance their health; these media can provide a patient-centred approach to provide emotional support, advice, motivation, and empowerment.^{21,22} Also, social media can enhance professional networks and professional development, foster collegiality and communities of practice, and help disseminate public health information and research.^{10,12,13,23} Educators could benefit from online learning innovations (combination of Web-based

resources such as videos or blogs and face-to-face teaching, or massive open online access courses [MOOCs]) for pedagogical purposes (support and enhance learning; promote collaboration, interactivity, and networking) and for sharing educational resources (such as video of clinical techniques)^{23,24} because social media do have a positive impact (instant communication and connection with friends) on students' motivation to learn.²⁵

Health care professionals' use of social media has both pros and cons. Research is needed to investigate specific benefits and harms, as well as the isolated effect of social media tools on patient outcomes,¹⁷ but also to examine current use of social media by both patients and health care professionals. Very little information is available on the use of Facebook by practising physiotherapy (PT) professionals. The purpose of our study, therefore, was to explore professional and personal use of Facebook by PT professionals in the province of Quebec.

METHODS

Over a 1-month period during October and November 2013, we surveyed physiotherapists and physical rehabilitation therapists (PRTs) practising in Quebec. Physiotherapists are trained at the university level (bachelor's or master's degree), and PRTs are trained at the community college level (post-secondary diploma). A total of 4,663 physiotherapists and 2,439 PRTs were licensed to practice in Quebec in 2013.²⁶ We recruited participants by posting an announcement on the Website of the Ordre professionnel de la physiothérapie du Québec (OPPQ; the provincial PT licensing body) that included the project description and a link to the online survey. Email and phone contact information for the team was also provided for potential participants to obtain further information. Because we could not send individual email invitations to all PT professionals in Quebec through the OPPQ, we also used other recruitment strategies. An invitation to participate in the study was included in the newsletters of the Canadian Physiotherapy Association and the Fédération de la physiothérapie en pratique privée du Québec (an association of physiotherapists in private practice), which are both non-compulsory associations. We also recruited respondents through mass emails to our professional contacts and via Facebook.

We developed a French-language questionnaire to elicit information on participants' behaviour and knowledge of Facebook, which consisted of 39 closed questions (20 yes-no questions and 19 multiple-choice questions that permitted more than one response) and 1 open-ended question. The questionnaire was based on a previous study on social media (review of the existing literature, press coverage media analysis, policy analysis, and Facebook content analysis).²⁷ The survey asked about participants' personal and professional use of Facebook, their experience with Facebook, and their knowledge of

the platform's privacy policies. We pretested the questionnaire both within the team and with two external people (health care students), after which some changes were made for clarity. The questionnaire was developed using SurveyMonkey Gold. Only PT professionals practicing in Quebec province were included in the study. Analysis consisted of descriptive statistics and was performed using MS Excel version 14.1.2 for Mac 2011 (Microsoft Corp., Redmond, WA). Our study was approved by the Health Research Ethics Committee of the University of Montreal (CERES).

RESULTS

Participants' demographic information

Of 322 people who responded to the survey (4.5% of all licensed physiotherapists and PRTs), we included 306 for analysis. We excluded 2 respondents because they were working outside of Quebec and 14 respondents because they responded only to the initial survey questions (demographics) without answering any questions on Facebook use. The majority of respondents were women (82.0%; 251/306), and more than half (58.5%; 179/306) were younger than age 35 years. More than two-thirds (76.4%) were university-trained physiotherapists. Most (93.8%; 287/306) were clinicians, though it is important to note that questions about workplace and field of practice were not restricted to one choice; many clinicians have multiple employers. Questions were not mandatory; therefore, denominators vary to reflect the actual pool of participants per questions. Our sample is described in Table 1.

Personal Facebook use

The majority of respondents (84.3%; 258/306) reported using Facebook; 56% (144/257) had done so for more than 5 years, and 77% (198/257) consulted Facebook one or more times a day. Almost all respondents who used Facebook (94.5%; 241/255) had colleagues or former colleagues as Facebook friends (defined as another user who subscribes to your Facebook page and vice versa; your friends have some level of access to your postings on your personal profile or timeline); 20.8% (53/255) had patients as Facebook friends, and 27.3% (70/256) also had employers or former employers as Facebook friends. Our analysis found significant differences between the 258 respondents who had a Facebook account and the 48 who did not; those with an account were younger ($\chi^2 = 26.3$, $p < 0.01$), had less work experience ($\chi^2 = 26.2$, $p < 0.01$), and were primarily clinicians ($\chi^2 = 5.1$, $p = 0.02$; see Table 2).

When asked about their personal use of Facebook, 14.4% of Facebook users (37/257) admitted to having posted something about work or their patients on their profile page at least once, and 69.8% (37/53) of their interactions on Facebook (posting, comments, messages, etc.) with patients who were their Facebook friends were

Table 1 Description of the Sample ($n = 306$)

Category	No. (%) of respondents
Use Facebook (have a personal Facebook account)	258 (84.3)
Sex	
Male	55 (18.0)
Female	251 (82.0)
Age, y	
18–24	47 (15.4)
25–34	132 (43.1)
35–49	95 (31.0)
50–64	32 (10.5)
≥65	0 (0)
Training*	
Physiotherapist (university trained)	233 (76.4)
Physical rehabilitation therapist (postsecondary diploma)	78 (25.6)
Experience, y	
0–4	123 (40.2)
5–9	50 (16.3)
10–14	36 (11.8)
25–19	28 (9.2)
≥20	69 (22.5)
Employment setting	
Private practice	113 (36.9)
Hospital	82 (26.8)
Rehabilitation	63 (20.6)
Community work	41 (13.4)
School	30 (9.8)
Long-term care	21 (6.9)
Research centre or professional organization	6 (2.0)
Not currently working	2 (0.7)
Employment type	
Clinician	287 (93.8)
Consultant	16 (5.2)
Manager	39 (12.7)
Teacher or clinical supervisor	47 (15.4)
Researcher	7 (2.3)
Student	7 (2.3)
No job	1 (0.3)

Note: Some sections could have multiple answers (training, place and type of job), which explains the total percentage higher than 100% in these sections.

*Physiotherapists are trained at the university level (bachelor's or master's degree), whereas physical rehabilitation therapists are trained at the community college level (post-secondary diploma).

of a personal nature. They reported communicating with patients in various ways, including exchanging private messages and commenting on a photo or a status update posted to the patient's profile. In addition, 59% (177/301) said they had read Facebook posts by other health care professionals that related to their work or their patients, such as "Last day of work before vacation" or "Finally home after a long workday."

Professional Facebook use

Facebook allows users to set up a *professional profile*—a user profile created for the purpose of promotion, knowledge transfer, or knowledge exchange—or a *professional page*, on which a business or an individual can share information and communicate with anyone who

Table 2 Facebook Users and Non-Users

Characteristic	Facebook users (<i>n</i> = 258), no.	Non-users (<i>n</i> = 48), no.	χ^2_1 (<i>p</i> -value)
Age, y			26.3 (<0.01)
18–34	167	12	
35–65	91	36	
Sex			0.1 (0.80)
Male	47	8	
Female	211	40	
Experience, y			26.2 (<0.01)
<10	162	11	
≥10	96	37	
Training*			2.4 (0.12)
Physiotherapist	192	41	
Physical Rehabilitation Therapist	70	8	
Employment setting†			0.02 (0.90)
Private clinic	94	20	
Publicly funded institution (Hospital, Rehabilitation, etc.)	181	37	
Employment type†			5.1 (0.02)
Clinician	242	43	
Other	89	29	

*Physiotherapists are trained at the university level (bachelor's or master's degree), whereas physical rehabilitation therapists are trained at the community college level (post-secondary diploma).

†Because multiple responses were permitted in this section, total percentages may exceed 100%.

has a Facebook account; users can “like” a professional page to subscribe to it and be informed of updates. When asked about their professional Facebook use, only 3% of respondents (9/305) reported having a professional profile, and only 2% (6/304) had a professional page; however, 35.5% of respondents (108/304) said that their workplace had a professional page. It is noteworthy that almost one-fifth of respondents 18.8% (57/304) did not know whether their workplace had a Facebook page.

A professional page can have one or more administrators, who are content creators by default but can play other roles such as manager, moderator, or advertiser. Our respondents reported a wide variety of people holding this role in their workplace, including physiotherapists and PRTs (28.9%; 28/97), managers (26.8%; 26/97), administrative agents (22.7%; 22/97), and communication agents (4.1%; 4/97). Only 8.2% (8/97) of respondents were themselves active as administrators, and 43.8% (42/96) did not know who was responsible for maintaining the page and posting messages.

When asked about Facebook policies in their workplace, 37.3% of respondents (113/303) said their workplace had no policy, and another 41.6% (126/303) did not know whether such a policy existed. Those who did report a workplace Facebook policy had learned about it by various methods, including email (33.8%; 22/65), formal paper policy (38.5%; 25/65), formal discussion such as a staff meeting (32.3%; 21/65), or informal discussion (27.7%; 18/65). Another 3.1% of respondents (2/65) learned about the policy by discovering that their Facebook account was blocked at their workplace. Re-

spondents reported that workplace Facebook policies primarily addressed the use of Facebook only while at work (81.3%; 52/64). The 53 respondents who had patients as Facebook friends were more informed about their workplace Facebook policy than those who did not ($\chi^2_1 = 9.92$, $p < 0.01$).

Knowledge

Respondents had basic knowledge of how Facebook works and the implications of using it. For example, 63% (189/300) knew that the public content on Facebook can be seen by the entire Internet community even if they do not have a Facebook account (24.3% [73/300] did not know; 12.7% [38/300] did not answer because they do not use Facebook), 65% (195/300) knew that even deleted content can still be found online (21.7% [65/300] did not know; 13.3% [40/300] did not answer because they do not use Facebook), and 61% (183/300) knew that content posted on Facebook can be used as evidence in legal contexts (25% [75/300] did not know; 14% [42/300] did not answer because they do not use Facebook).

Professional perspectives

The last question on our survey requested general comments on the use of Facebook; 89 respondents shared their thoughts. They highlighted several positive aspects of Facebook, including networking with colleagues (6.7%; 6/89) and staying aware of new evidence of practice through shared articles, opinions, and knowledge related to PT (6.7%; 6/89). They also saw Facebook pages as a valuable promotional tool for private clinics

and for clinicians involved in their community (e.g., presence at sporting events; 6.7% [6/89]) and as a fun and interesting tool for knowledge transfer and health promotion activities (10.1%; 9/89). Finally, some respondents felt that Facebook could be used to increase the public profile of the profession, including the services that physiotherapists can provide (2.2%; 2/89).

Many respondents expressed opinions about guidelines for the use of Facebook by physiotherapists and PRTs (65.2%; 58/89). Some felt that physiotherapists and PRTs should not have patients (or students) as Facebook friends (20.2%; 18/89) and that, if they do establish such relationships, all communication should be through private messages (3.4%; 3/89). Some saw a danger in mixing professional and personal lives and noted that this can lead to unprofessional behaviour (19.1%; 17/89). A few suggested that patients who want to communicate with their PT professional should do so either via professional email or through the clinic's Facebook pages (3.4%; 3/89). Also, they felt that physiotherapists and PRTs should never send friend requests to patients and should not write on their personal Facebook page about their work (5.6%; 5/89). Other suggestions included restricting patients' access to their PT professional's Facebook profile, allowing patients to access only limited and selected information, or professionals using another name or a nickname for their personal Facebook profile to make it more difficult for patients to find them online (3.4%; 3/89); Facebook profiles should always be set to the highest level of privacy and security (3.4%; 3/89). Respondents also stressed the need to think before posting to ensure self-reflection, caution, and good judgment as to what is being posted (11.2%; 10/89).

Some respondents worried about misuse of Facebook and called for caution. At one extreme, some respondents said that they would never use Facebook themselves because the privacy and confidentiality of the information posted is not guaranteed, and they would even restrict Facebook for all health care professionals (15.7%; 14/89). They expressed concern about their individual professional image (if their patients had access to their private information) and about the profession's reputation. Some (3.4%; 3/89) also questioned whether Facebook is essential for professional communication, given the existence of other communication platforms that are specifically designed for professional networking, such as the Montreal Stroke Network (<http://www.rmavc.ca>). However, some respondents insisted that all behaviour they had observed on Facebook seemed appropriate and professional (4.5%; 4/89). Many respondents (44.9%; 40/89) perceived an urgent need for guidelines and for heightened awareness about the use of Facebook. At the other extreme, 2.2% of respondents (2/89) were not in favour of employers or professional organizations imposing any restrictions on Facebook use (for both personal and professional uses).

DISCUSSION

A very high proportion of our sample—84.3%—reported using Facebook; use of Facebook was associated with younger age and less clinical experience. Most users had had a Facebook profile for several years (56% for >5 y) and accessed it at least once a day (77%). Furthermore, 21% of those who used Facebook had patients among their Facebook friends, and 14% admitted to including something about their work or their patients on their profile page. Moubarak and colleagues²⁸ found a similar pattern among medical residents and fellows, 73% of whom had a Facebook profile and 52% of whom accessed it at least once a day. They also found that Facebook users were younger than non-users; more residents than fellows used Facebook. Unlike our sample, however, only 6% of doctors had received a friend request from a patient, and only 3% had accepted it. This difference may be explained by the fact that PT professionals spend more time with their patients and see their patients more often than doctors do. Rowlands and colleagues,²⁹ in a study of people working in academia, similarly found that younger respondents tended to use Facebook, whereas older respondents were more likely to use other social media such as LinkedIn; they also noted that older people who used social media did so for a practical purpose, whereas younger users showed a passion for social media assimilated into a culture or a life philosophy.

We were surprised to find that 20.5% of Facebook users in our sample of PT professionals were friends with patients, 94.5% with colleagues, and 27.3% with managers. Peluchette and colleagues³⁰ found that the “friending” process can elicit positive reactions (can strengthen relationships, is flattering, is seen as an opportunity or a privileged relationship, can improve job satisfaction) as well as negative ones (is seen as inappropriate and uncomfortable, blurs boundaries between professional and personal life, creates a risk of harassment, is seen as spying, is seen as a confidentiality breach, is seen as suspicious or irritating). Our data on manager friending are similar to those of other surveys, in which between 18% and 27% of respondents reported being friends with their employer.^{31,32} It may be considered more inappropriate for a manager to send a friend request to a physiotherapist or, similarly, for a physiotherapist to send such a request to a patient because there is a hierarchical or subordinate relationship and the subordinate might feel undue pressure to accept such a request. For example, a study of nurses found that most would accept a physician as a friend, but not a patient.³³ Similarly, students were found to react negatively to friend requests from professors.³⁴ A study of patients with spinal cord injury stressed that because patients are vulnerable to the blurring of boundaries with their health care professionals, a Facebook friend relationship

has more potential risks than benefits.³⁵ In a rehabilitation setting with lengthy and intense treatments, health care professionals must be careful to respect and protect vulnerable patients from becoming involved in an inappropriate situation.³⁵ Peluchette and colleagues³⁰ advised managers and employees to neither send friend requests to each other in the workplace nor accept such requests, to avoid discomfort; if someone feels he or she must accept such request, they recommend blocking the requester from most profile content. Peluchette and colleagues³⁰ have proposed rules for friending in the workplace and encourage the development of clear social media policies. Farman³⁶ has similarly recommended that physicians not contact patients through Facebook. Both recommend using high privacy settings and becoming familiar with the terms of use on social media platforms.^{30,36}

Only a few respondents admitted writing comments about their work or their patients (14.4%), but 59% said they have read work- or patient-related comments. Writing about work can sometimes include airing frustrations, which may be disrespectful, can undermine professionalism,³⁶ and can potentially lead to termination and even legal action by employers.³⁷ Although sharing patient stories with other health care professionals can encourage reflection, empathy, and understanding,³⁸ one must be careful when posting something about a patient online, and care must be taken not to breach confidentiality by publicly disclosing the patient's identity and health information.³⁷

PT professionals can create a personal professional profile, and PT clinics can create a professional page. In our survey sample, only 3% of PT professionals had a professional profile, but at least 35.5% of clinics had a professional page. The potential benefits for private PT clinics of having a professional Facebook page include greater visibility, which can facilitate professional recruitment, community outreach, and networking as well as building social capital.³⁰

Our findings highlight the need for regulatory colleges to be more explicit about rules and regulations about personal relationships with patients via social media. Some Canadian laws (found in the civil codes of Quebec, Canadian charter of rights and freedoms, Charte des droits et libertés de la personne du Québec) already address issues relating to online interaction, such as the importance of respecting privacy and confidentiality or of acting with loyalty toward one's employer. Disciplinary sanctions can be applied to professionals who make inappropriate use of online platforms; in 2012, for example, a Canadian pharmacist was sanctioned for disclosing confidential patient information via her Facebook account.³⁹

Our results also underscore the need to develop educational and professional guidelines for this rapidly changing area of professional communications and interaction. Some PT associations, including the Canadian

Physiotherapy Association (CPA), have adopted social media guidelines.³⁷ Although the mission of a professional association is to promote the profession and its best practices, regulatory colleges have a duty to protect the public. To our knowledge, Physiotherapy Alberta College + Association is the only provincial regulating body that has adopted an official social media policy. The College of Physiotherapists of British Columbia does not have an official policy but does refer its members to the CPA guidelines.

Guidelines for social media use must discuss the legal and regulatory aspects of social media use, including separation of online personal and professional use.^{40–42} Guidelines should also address positive aspects of social media use, such as knowledge transfer, promotion of the profession, inter-professional collaboration, and helping to recruit research participants.^{43,44} Improved communication between patient and health care professional is a positive aspect of social media highlighted in the guidelines issued by other national associations such as the American Physical Therapy Association and the Chartered Society of Physiotherapy.^{42,45} However, health-related blogs and discussion forums can result in patients seeing inappropriate information. It is therefore essential that PT professionals provide accurate information online and engage in health promotion.^{44–46}

It is not enough to issue guidelines; PT professionals must be made aware of them and must understand their importance to improve compliance with them. Educating PT students in the context of the professional curriculum is one avenue that may be effective; in a study of pharmacy students, participants improved the security settings of their Facebook accounts after a presentation on social media use.⁴⁷

Guidelines should also be disseminated via continuing education for health care professionals. PT professionals must be aware of their legal and professional obligations, their employers' norms,^{37,41,42,45,48} and aspects of social media platforms such as appropriate security settings. Resources to help clinicians use social media in more sophisticated and critical ways include video or written tutorials on building a productive and professional social media plan.^{37,45} Health care professionals could also benefit from courses and training sessions on health-related uses of social media.⁴⁹

LIMITATIONS

Our study has several limitations. First, our response rate was low: 4.5% of all registered physiotherapists and PRTs in Quebec. However, because we could not send individualized email invitations to all potential participants and instead posted an invitation to participate on the Websites of the OPPQ and of non-compulsory professional associations, the true (but unknown) participant pool was PT professionals who consult the Website—likely a much smaller proportion. Online surveys are also known to have low response rates.^{50–53} Second,

our use of an online survey undoubtedly introduced a selection bias because this format will naturally draw more respondents who are interested in the topic of social media use; nevertheless, we also had 53 respondents who were not Facebook users, and, as mentioned earlier, the rate of Facebook use in our sample was similar to that of medical residents and fellows.²⁸

CONCLUSION

Our survey explored professional and personal use of Facebook by PT professionals in Quebec. A majority had a Facebook profile and used it frequently; they had colleagues as Facebook friends, and some had employers and even patients as Facebook friends. Further reflection is needed to establish guidelines that will help orient professional online conduct for PT professionals. Future research should explore the patient's perspective on Facebook friendships with health care professionals. Finally, policies need to be established, both nationally and in every workplace, to ensure proper professional conduct by PT professionals when using Facebook.

KEY MESSAGES

What is already known on this topic

Social media platforms such as Facebook have become extremely popular and widespread in our society. Among their users are health care professionals, who must develop ways to extend their professionalism online.

What this study adds

Most Quebec physiotherapy professionals surveyed (84.3%) had a Facebook profile and used it frequently. Almost all had colleagues or former colleagues, 21% had patients, and 27% had employers as Facebook friends. Although more than one-third of workplaces had clinic pages on Facebook with information intended for the public, 37.3% of respondents said their workplace had no Facebook policy, and another 41.6% did not know whether their workplace had such a policy. There is a need for professional guidelines on the use of social media.

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