Relationship Between Information Moral Behavior and Risk Awareness Associated with SNS Use

Sakiko Sumai *, Norio Ishii †, Yuri Suziki ‡, Kayo Haruta *, Mieko Suwa *, Shintarou Higashiyama *, Tomomi Morishita *, Yukari Murayama *

Abstract

Social networking services (SNS) are valuable tools for disseminating information if used following the rules, but there is a risk of getting into trouble if they are misused. On the other hand, although unqualified, students in the medical field inevitably handle patients' personal information through on-site training. Therefore, each student must be aware of and responsible for information morals. In this study, to clarify effects of risk awareness on information moral behavior, we surveyed nursing students about their behaviors related to information morality and the risks associated with SNS use during on-site training. This survey revealed that the information moral behavior of nursing students in clinical practice is related to their risk awareness associated with SNS use. The results suggest that risk awareness education is effective for nursing students to acquire correct information moral behavior.

Keywords: information moral behavior, risk awareness, SNS

1 Introduction

Social networking services (SNS) are valuable tools for disseminating information if used following the rules, but there is a risk of getting into trouble if they are misused.

In the medical field, medical professionals are legally obliged to maintain confidentiality as they handle information related to patient privacy [1]. Thus, because SNS is a tool anyone can easily transmit information, professionals must be aware of information morals and act responsibly.

On the other hand, although unqualified, students in the medical field inevitably handle patients' personal information through on-site training. Therefore, each student must be aware of and responsible for information morals.

In this study, to clarify effects of risk awareness on information moral behavior, we surveyed nursing students about their behaviors related to information morality and the risks associated with SNS use during on-site training.

^{*} Shubun University, Aichi, Japan

[†] Ichinomiya Kenshin College, Aichi, Japan

[‡] Chubu University, Aichi, Japan

2 Method

2.1 Subjects

809 students experiencing practical training who belong to 10 nursing colleges and vocational schools in A prefecture were asked to complete a questionnaire.

2.2 Method

Self-administered questionnaire and web-based questionnaire were used.

2.3 Details of the Questionnaire

2.3.1 Information moral behavior

The questionnaire consisted of 13 questions regarding handling information during the training. The following four options were used: "1. I do it all the time," "2. sometimes I do it," "3. I rarely do it," and "4. not at all".

2.3.2 Risk awareness associated with SNS use

Participants were asked to rate on a 10-step scale from "1. it is okay to do" to "10. it is not okay to do" regarding the use of SNS to disseminate information during training.

2.4 Details of the Questionnaire

For Information moral behavior, respondents were classified into two groups: "implemented group" (1 to 3) and "not implemented group" (4). For risk awareness associated with SNS use, respondents were also classified into two groups: "low risk awareness group" (1 to 5) and "high risk awareness group" (6 to 10). Then after cross-tabulation, Fischer's exact establishment test was conducted.

2.5 Ethical Considerations

This study was conducted after being approved by the Shubun University Research Ethics Committee (Approval No. 2019011).

Table 1: The relationship between information moral behaviors and risk awareness associated with SNS use

Information Moral Behavior	Yes /No	Risk Awareness Associated With SNS Use			
		Low group		High group	
		n	%	n	%
1. Shared patient information directly or over the phone with acquaintances and/or family members other than the group members.	Yes	26	66.7	91	19.8
	No	13	33.3	369	80.2
2. Shared patient information via LINE and/or email messages with acquaintances and/or family members other than the group members.	Yes	5	31.3	15	3.1
	No	11	68.8	467	96.9
3. Was directly given information of a patient cared by a nursing student other than the group members. 4. Was given information of a patient cared by a nursing student other than the group members via LINE and/or e-mail messages.	Yes	59	78.7	137	32.5
	No	16	21.3	285	67.5
	Yes	11	47.8	32	6.8
	No	12	52.2	441	93.2
5. Directly shared information about the hospital's nurses and/or facility conditions with family members, friends, etc.	Yes	57	73.1	141	33.7
	No	21	26.9	278	66.3
6. Shared information about the hospital's nurses and/or facility conditions via LINE and/or email messages with family members, friends, etc. 7. Was given information about the hospital's nurses, facility conditions, teaching methods of the instructors, reputation, etc. via LINE and/or e-mail messages.	Yes	25	58.1	42	9.3
	168	23	30.1	42	7.3
	No	18	41.9	412	90.7
	Yes	37	68.5	72	16.3
	No	17	31.5	369	83.7
8. Shared feelings via Twitter, LINE, etc. about the difficulties, fun experiences, etc. of practical training.	Yes	39	48.1	57	13.7
	No	42	51.9	358	86.3
9. Took pictures of practical training records by a smartphone or other devices.	Yes	10	50.0	32	6.7
	No	10	50.0	444	93.3
10. Took pictures of another student's practical training records upon getting permission and utilized the information for self-directed learning.	Yes	30	58.8	48	10.8
	No	21	41.2	396	89.2
11. Viewed the photographed practical training records at a public place.	Yes	4	23.5	14	2.9
	No	13	76.5	465	97.1
12. Wrote a practical training record at a public place.	Yes	15	71.4	57	12.0
	No	6	28.6	418	88.0
13. Talked about the practical training at a public place.	Yes	12	66.7	97	20.3
	No	6	33.3	381	79.7

3 Result

There were 535 respondents (66.4% response rate). Results are shown in Table 1.

Fischer's exact test for the 13 questions revealed that the group with low scores had more "no" responses than the group with high scores for all the questions (p<.001). In other words, there is a relationship between risk awareness and information moral behavior in on-site training.

4 Discussion

This survey revealed that the information moral behavior of nursing students in clinical practice is related to their risk awareness associated with SNS use. In other words, the higher the risk awareness, the more likely the students are to use social networking services correctly.

Ozawa et al. [2] state that IT literacy education influences how people use SNS. And Sumai [3] states that in order to enhance the ability to perceive risk, it is effective to develop the ability to perceive hazards, which is a prerequisite for risk perception. The results suggest that risk awareness education is effective for nursing students to acquire correct information moral behavior.

Acknowledgement

This work was supported by JSPS KAKENHI Grant Number JP18K10173.

References

- [1] Overview of Confidentiality Obligations Related to Medical Qualifications, Ministry of Health, Labour Standards, Jun. 2004; https://www.mhlw.go.jp/shingi/2004/06/s0623-15p.html.
- [2] K. Ozawa, R. Kidachi, S. Igarashi, Y. Sakamoto, M. Kimura, C. Taguchi, T. Ichinohe, C. Kimura, H. Sasatake, H. Sakamoto, Y. Ichikawa, H. Shimogawara, N. Kubo, and M. Kudo, "The Relationships of SNS Usage and IT Literacy Education With Moral Sensitivity in Nursing Students," Journal of Japanese Society of Nursing Research, vol. 41, no. 1, 2018, pp. 37-46.
- [3] S. Sumai, "Step-By-Step Education Methods for Risk and Hazard Sensibilities," Magazine Hospital, vol. 5, no. 4, 2018, pp. 22-26.