

**THE USE OF WHATSAPP AS A SOCIAL  
COMMUNICATION MEDIUM IN THE CONTEXT  
OF ETHICAL VALUES IN A HEALTHCARE  
FACILITY BUSINESS ENVIRONMENT IN THE  
NORTHERN CAPE.**

BY

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**FIELD STUDY**

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## **ABSTRACT**

The primary research objective of the research study was to analyse ethical values in a healthcare facility business environment with particular reference to WhatsApp as a social communication medium in the Northern Cape. The study was guided by the following secondary research objectives, namely:

- (i) To discuss social media as a communication medium, with particular reference to WhatsApp;
- (ii) To identify the current problem areas in the use of WhatsApp in the healthcare facility in the Northern Cape;
- (iii) To identify the understanding of leaders in a private healthcare facility about the optimal use of WhatsApp in a healthcare facility in the Northern Cape; and
- (iv) To implement guidelines for the safe use of WhatsApp in the healthcare facility in the Northern Cape.

In order to reach the primary objective of this study, a qualitative research design was followed. Semi-structured interviews were held with members of the healthcare facility's Core Management Team which consist of two parts. The first part is a self-administered section, which consists of closed-ended questions in a Likert scale format. The answers provided in this section allowed the researcher to ask more in-depth questions in the second part of the interview, to gain a deeper understanding of the responses provided in the self-administered portion of the interview.

The majority of participants felt that using WhatsApp to reach a patient is acceptable while confidential patient information should only be shared via WhatsApp with the consent of the patient. Additionally, management also seem to understand the use of WhatsApp as a communication tool as they felt equipped to use WhatsApp as a social medium platform.

Although a current policy at the healthcare facility addresses the use of Facebook as a social media platform for communication, there is no official policy for the use of WhatsApp as a social media communication tool. Recommendations for the implementation of WhatsApp as communication tool thus included the

implementation of a policy that specifically state that no personal information should be communicated via WhatsApp. This policy should be communicated to all staff as well as extensive training in the use of WhatsApp should be offered in an effort to align the awareness and consistent implementation of such a policy.

**KEY WORDS:**

WhatsApp, social communication medium, healthcare facility, business environment, ethical, safe guidelines.

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## DECLARATION

I declare that the field study hereby submitted for the Magister in Business Administration at the UFS Business School, University of the Free State, is my own independent work and that I have not previously submitted the work, either as a whole or in part, for qualification at another university or at another faculty at this university.

I also hereby cede copyright of this work to the University of the Free State.

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04/02/2021

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# CHAPTER 1: ORIENTATION TO THE STUDY

## 1.1 INTRODUCTION

The use of social media as a communication tool, has increased over the last number of decades. In 2017 there were a total of 2.01 billion Facebook users and 2.7 billion in the second quarter of 2020 (www.wordstream.com, 2020; www.statista.com, 2020a). Twitter users increased from 30 million in 2010 to 330 million in 2019 (www.statista.com, 2019). The social media tool WhatsApp is no exception. The number of average users of this platform increased from 1 500 million in December 2019 to 2 billion in March 2020 (www.statista.com, 2020b).

Not only are individuals using social media to communicate, but organisations and particularly hospitals, are also starting to use social media for marketing purposes and to communicate with patients (Apenteng, Ekpo, Mutiso, Akowuak & Opoku, 2020; De Las Heras-Pedrosa, Rando-Cueto, Jambrino-Maldodado & Paniagua-Rojano, 2020; Smith, 2017; Cerci, 2017). Hospitals are increasingly making use of Facebook and Twitter for corporate communication (Costa-Sanchez & Miquez-Gonzales, 2018).

The use of social media also brings with it a conversation on the ethical aspects of sharing information via social media platforms as well as the concept of protection of privacy (Drake, 2016; Azer, 2017; Kubheka, 2017). Additionally, the fact that hospitals use social media as a communication tool, leads to questions about the liability of these hospitals based on the information disclosed and the potential consequences of the loss of patient confidentiality and anonymity (Costa-Sanchez & Miquez-Gonzales, 2018; Kubheka, 2017).

Chapter 1 provides background to the research problem, the primary and secondary objectives of the study and a brief discussion on the research methods that were followed. This is followed by a brief literature review, the demarcation of the study, the significance and value of the study and a summary in conclusion.

## 1.2 BACKGROUND

The private hospital where the research project will be conducted is part of an international private healthcare service group, with divisions in Switzerland, Namibia and the United Arab Emirates. It forms part of the Central Region consisting of facilities in six towns or cities namely Kimberley, Bloemfontein, Welkom, Pietermaritzburg, Howick and Victoria. A brief description of the facilities in each town is provided below.

The healthcare facility in Kimberley consists of two hospitals. The one hospital provides Gynaecological services and Paediatrics while the other is a multi-disciplinary hospital with excellent specialised services including a busy Emergency Centre but excluding cardiothoracic patients, who are referred to a facility in Bloemfontein.

The facility in Bloemfontein is known for its Cardiology subspecialty and has recently opened a state-of-the-art new Catheter laboratory and established a Paediatric Cardiology Unit. Eight cardiologists and about 900 employees in total are working in the Bloemfontein hospital.

The healthcare facility in Welkom was the first, and still is, the only exclusive private hospital in the Free State Goldfields area. This private facility does not have the same specialised services as some of the other facilities in the group, but provides the necessary services for the patients in Welkom and surrounding areas like Virginia and Odendaalsrus. The General Practitioners at this facility comprise 20% of all the doctors, which makes this hospital unique in the Central Region. About 400 employees are working at the hospital.

The healthcare facility in Pietermaritzburg is a multi-disciplinary hospital that serves the community of Pietermaritzburg and the KwaZulu-Natal Midlands. Five hundred and one employees are working at the hospital. All the specialised services are offered except for a dedicated Chronic Dialysis Unit and Paediatric Cardiology.

The healthcare facility in KwaZulu-Natal is situated in Tongaat. Service offerings include a High Care Unit, a computerized tomography (CT) scan facility, Pathology, Radiology and Renal Dialysis as supplementary services.

Another facility in Howick consists of 47 employees. At the moment there is no functioning Emergency Center, and the medical ward has been closed down due to the COVID-19 pandemic. However, two operating rooms are available for emergency surgery.

Although the healthcare group has an internal policy on how to deal with social media, and more specifically Facebook, no policy or guideline exists for this healthcare group for dealing with WhatsApp as a social media platform. The current policy for using Facebook as a social medium requires the hospital staff not to divulge information of a personal nature on Facebook. The hospital staff are also required not to reply to statements made on Facebook as this may cause an endless back-and-fro reply to statements made on Facebook, which may jeopardize the position of the hospital when personal information of patients is shared on Facebook. All matters placed on Facebook, that are brought to the attention of the management team of the hospital, are referred to the Legal Department at the Head Office of the private hospital group for information and possible action.

### **1.3 PROBLEM STATEMENT**

The lack of guidance concerning the appropriate use of WhatsApp as a social communication medium in a healthcare facility has the potential to lead to lawsuits, implying a reputation risk.

### **1.4 RESEARCH OBJECTIVES**

#### **1.4.1 Primary Research Objective**

The primary research objective of the research study was to analyse ethical values in a healthcare facility business environment with particular reference to WhatsApp as a social communication medium in the Northern Cape.

#### **1.4.2 Secondary Research Objectives**

The study was guided by the following secondary research objectives, namely:

- (i) To discuss social media as a communication medium, with particular reference to WhatsApp;

- (ii) To identify the current problem areas in the use of WhatsApp in the healthcare facility in the Northern Cape;
- (iii) To identify the understanding of leaders in a private healthcare facility about the optimal use of WhatsApp in a healthcare facility in the Northern Cape; and
- (iv) To implement guidelines for the safe use of WhatsApp in the healthcare facility in the Northern Cape.

## **1.5 RESEARCH METHODS**

### **1.5.1 Research Design**

In order to reach the primary objective of this study, a qualitative research design was followed. Semi-structured interviews were held with members of the healthcare facility's Core Management Team. This allowed for a deeper understanding and interpretation of the research topic (Cooper & Schindler, 2014).

### **1.5.2 Sampling Strategy**

A purposive sampling design was used to select the participants in the study. Due to their unique experience as part of the Core Management Team of the healthcare facility, the heads of the nine departments, as well as the Hospital General Manager and Hospital Clinical Manager were chosen to participate in the study. The nine departments are:

- (i) The Nursing Department
- (ii) The Pharmacy Department
- (iii) The Human Resources Department
- (iv) The Finance Department
- (v) The Doctor-Patient Relationship Department
- (vi) The Patient Safety Department
- (vii) The IT Department
- (viii) The Administration Department
- (ix) The Technical Department

### **1.5.3 Data Collection Methods Including Data Analysis**

A Semi-structured interview schedule had been used to guide virtual interviews (Appendix E). The schedule consists of two parts. The first part is a self-

administered section, which consists of closed-ended questions in a Likert scale format. These questions were designed to test the participants' perception about the importance of the use of social media, and WhatsApp as a communication tool. The Likert scale format allowed the researcher to compare the perceptions of the participants. The answers provided in this section also allowed the researcher to ask more in-depth questions in the second part of the interview, to gain a deeper understanding of the responses provided in the self-administered portion of the interview. See chapter 3 for a discussion on the recruitment of participants.

Interviews were recorded, with the permission of the participants, to enable the transcription and analysis of the responses. The transcription of the interviews did not include any identifiable information to ensure confidentiality. The transcript analysis was used to prepare the guidelines for the healthcare facility on the use of WhatsApp as a communication tool.

#### **1.5.4 Ethical Considerations**

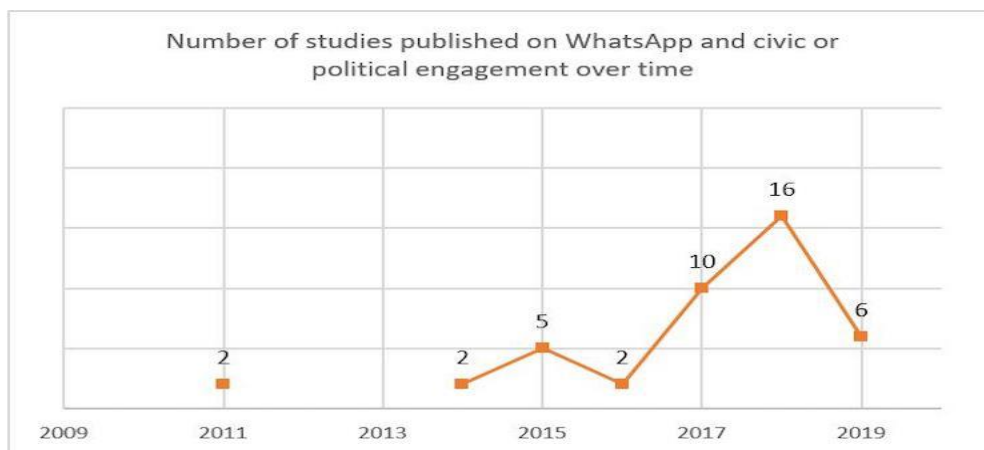
Ethical clearance was approved by Dr Adri du Plessis, chairperson of the General/Human Research Ethics committee at the University of the Free State (Appendix C). Permission to conduct research were obtained from the Hospital General Manager at the healthcare facility (see Appendix A). Because the researcher is also a medical practitioner at the facility, the members of the Core Management Team could perceive a direct request for interviews from the researcher in a negative way. The Hospital General Manager were therefore requested to distribute the invitation to participate in the study to the relevant individuals in the format of the informed consent form (Appendix D). The informed consent form indicated that the researcher will make use of the contact information at his disposal as a practitioner at the institution and colleague of the participants. Only after the participants indicated to the Hospital General Manager that they are willing to partake in the virtual interviews, the researcher contacted these individuals by using the contact information available to him. Virtual interviews were scheduled to protect the health safety of both the researcher and the participant. Responses from the participants were confidential and direct quotes used from the interview were coded by providing a pseudonym to participants; for example, Participant A, Participant B, etc. To further ensure that the identity of the participants is not

revealed based on their position in the Core Management Team, no department were mentioned when reporting on the results of the interviews, and responses were collated and reported as a group and not per participant.

## 1.6 PRELIMINARY LITERATURE REVIEW

Although the use of social media platforms increased over time, studies about the effect of social media, specifically WhatsApp, are limited. Pang and Woo (2020) reported that between February 2009 and June 2019, limited studies included WhatsApp as a social media platform in the research (see Figure 1.1). Although their results are based on political engagement over time, the limited number of studies, compared to the number of users of this platform, supports the need for further investigation into the use of this platform.

**Figure. 1.1 Number of studies published on WhatsApp as a social media platform, February 2009 – June 2010.**



Source: (Pang and Woo, 2020)

The current popularity of social media, such as Facebook and Twitter (Barnes & Mattson, 2008) have resulted in the widespread use of online media by companies for their public relations and marketing activities. This widespread use causes an ongoing power struggle between corporations and consumers on social media, and power shifts may occur between these groups. Barnes and Mattson (2008) demonstrated that social media platforms do not necessarily provide a level playing field but instead help to skew power relations in favour of one side. The authors

recommended that future studies should examine other social media platforms such as Twitter, Instagram and YouTube, but no mention is made of WhatsApp.

As a result of the increased usage of social media by healthcare organisations, Smith (2017) studied the role social media played in the marketing of hospitals and communications. This research showed that 95% of the top-ranked hospitals use social media. Regression analysis by the author shows that the number of hospital beds is positively related to the number of social media platforms used by the hospital as well as the number of services a hospital offers. These results support the use of social media as a communication tool in hospitals.

Similar to Smith (2017), other authors have investigated the relationship between the use of social media in marketing and corporate communication (De Las Heras-Pedrosa, Rando-Cueto, Jambrino-Maldodado & Paniagua-Rojano, 2020; Apenteng, Ekpo, Mutiso, Akowuak & Opoku, 2020; Preminger, Hansen, Reid & Gosman, 2018).

Preminger, Hansen, Reid and Gosman (2018:pages 1071-1072) stated: *"[a]dvertising and publicity have always played a uniquely prominent role in plastic surgery but never before with such immediacy and ease for mass accessibility."* The authors, furthermore, believed that social media had allowed the plastic surgeons *"to shape not only their patients but themselves by creating a public image of them as individual providers and as a profession. (page 1071)"* The author emphasised the fact that plastic surgeons are facing a new struggle to preserve their professional image and control the form it takes when using social media as a communication tool.

De Las Heras-Pedrosa, Rando-Cueto, Jambrino-Maldodado and Paniagua-Rojano (2020) analysed the opinions of patients regarding the online communication strategies of hospitals in Spain. Apenteng, Ekpo, Mutiso, Akowuak and Opoku (2020) examined the relationship between a hospital's Facebook engagement and patient revenue in a simple random sample of the United States short-term acute care hospitals. The authors saw the potential to improve the financial performance of hospitals by facilitating customer service and providing hospitals with a low-cost marketing platform.

All the above-mentioned studies will be discussed in further detail in Chapter 2. Although these studies are based on social media, they are not directly linked to the use of WhatsApp as a social media communication tool. Additionally, none of the mentioned studies are based on the development of guidelines for the use of WhatsApp as a communication tool and thus support the unique nature of this study.

## **1.7 DEMARCATION OF STUDY**

The population of interest consisted of the leaders of the Core Management Team working in a private healthcare facility. The research study excluded other private healthcare facilities in the region. It was not envisaged to include patients, as this was perceived to be impractical to follow patients up due to the vast distance patients had to travel in the Northern Cape province. The study was conducted in a South African context.

## **1.8 FIELD OF STUDY AND SIGNIFICANCE**

The uniqueness of this study lies in the fact that there are limited studies in the use of WhatsApp as a communication tool in hospitals. Additionally, clinical guidelines regarding the use of WhatsApp, without violating the confidentiality of patients, should be established by using inputs from the Core Management Team of the private healthcare facility. It is visualized that the guidelines may ultimately lead to better and safer care to the patients, who are dependent on the medical care provided by the private healthcare facility.

The fields of Business and Medicine were brought together in this research study. The advantages and disadvantages of the use of WhatsApp as a social medium were assessed, and guidelines implemented to make it safe for staff and patients in a private healthcare facility in the Northern Cape. The significance of the study accrues from the benefits that can be acquired by various stakeholders, for example, leaders, employees, independent private practitioners and shareholders. These benefits include a safer environment to work in, less risk for medico-legal complaints against the hospital while fostering a brand for the hospital to be known as a place run on sound ethical principles. Due to the uniqueness of this study by being the first study to be performed on the use of WhatsApp in a private healthcare facility in

South Africa, the study can be expanded to the six other hospitals in the Central Region of South Africa or even throughout the 50 hospitals in the Group nationally.

## **1.9 ORGANISATION OF THE STUDY**

The research study consists of five chapters. Chapter 1 discusses an introduction to the study and provides background information about the study. The research problem and objectives are outlined, followed by the demarcation of the study, ethical considerations and the significance of the study.

Chapter 2 comprises of the literature review where the researcher concentrated on critical questions, for example, the Codes of Conduct from national and international organisations, professional standards in Global Health and the importance of sound ethical standards in Health Organisations. The relevance of the POPI Act, and the role of social media are touched on.

Chapter 3 introduces the research methodology, which includes research design, sampling strategy, data collection methods and data analysis. The research design is a qualitative study using a semi-structured questionnaire. The purposive sampling strategy identified the Hospital Core Management Team, or their representatives, as the participants in the study, which will address the issue of establishing guidelines for the use of WhatsApp as a social medium.

Chapter 4 is based on the analysis and interpretation of the results of the field study after the data was collected via an electronic questionnaire.

Chapter 5 is the final chapter of the research study. In this chapter, the researcher presents the conclusions which were derived from the data that was obtained during the study. The researcher proposes the recommendations emanating from the research study, to implement guidelines for the use of WhatsApp as a social media platform in a private healthcare facility.

## **1.10 CONCLUSION**

This chapter introduced the study by providing a background to ethical values applicable to the use of social media, in particular WhatsApp in a healthcare facility in the Northern Cape. As medical ethics is a system of moral principles that apply

values to the practice of clinical medicine and in scientific research, these values, for example respect for autonomy, beneficence, non-maleficence and justice, are highlighted. The importance of being pro-active in addressing the use of WhatsApp as a social media platform in the private healthcare facility is pointed out.

## **CHAPTER 2: LITERATURE REVIEW**

### **2.1 INTRODUCTION**

Although much scientific work is available in literature on ethics, there is very little information available regarding ethics in leadership and the business environment. Medical ethics is intimately linked to WhatsApp as a social communication medium in the hospital. The leaders in a private hospital are bound to Codes of Conduct of their professional bodies, including the Health Professions Council of South Africa (HPCSA) or the Nursing Council. In the case of divulging personal information about patients (see POPI Act in Chapter 1) or transgressing rules, for example, negligence in the treatment of patients, the healthcare practitioners can be disciplined and even suspended from practicing.

The researcher believes that it is necessary to understand that a general framework consists of national and global Codes of Conduct about medical ethics in a business environment, in which leaders in a private or public facility operate.

### **2.2 CODES OF CONDUCT OF NATIONAL AND INTERNATIONAL ORGANISATIONS**

The King III Report on Corporate Governance for South Africa prescribes the adoption of a Code for proper ethics management in businesses or organisations (Institute of Directors South Africa (IoDSA), 2009). The World Medical Association Ethical Guidelines consist of at least 11 documents. (Dhai & McQuoid-Mason, 2011).

Many of the healthcare professions in South Africa are governed by the Health Professions Council of South Africa (HPCSA), which is a statutory body established by the Health Professions Act. Ethical guidelines represent an invaluable reference for situations when practitioners face moral dilemmas.

The Organisational Behavior of a business or organisation can guide managers in creating an ethically healthy work climate (Robbins, Odendaal & Roodt, 2017). The authors believe that a manager in the current work environment must provide strong ethical leadership when establishing an ethically healthy climate for the employees, where they can do their work productively with minimal ambiguity about what right

and wrong behaviors are. Employees should also be encouraged to behave with integrity.

The factors that affect the behavior and performance of individuals in an organisation are:

(i) Belonging and well-being of employees in an organisation.

While respect and to be treated fairly is foundational, *“forging a stronger link today between belonging and organisational performance by strengthening workers’ connections with their teams and fostering their sense of contribution to meaningful shared goals”* (Deloitte, 2020), is currently the way to go.

Satisfied and committed employees have lower rates of turnover, absenteeism and withdrawal behaviors. Job performance will improve, which leads to more profitability for the hospital while enhancing customer loyalty through their positive job attitudes (Robbins, Odendaal & Roodt, 2017).

Behavior skills can be enhanced by providing strong leadership in creating an ethically healthy, non-toxic, environment and being an example for the employees in the organisation (internally) and to suppliers and investors (externally).

(ii) Systems thinking. Managers should be aware of the critical concept of systems thinking to understand organisational behavior. The reason for the failure of quality improvement programs is when it is not embedded in systems thinking (Deloitte, 2020). Systems are integrated and interdependent and are a whole that cannot be divided into parts. Systems thinking is all about how the different parts fit, not which one is the best.

(iii) Managing uncertainty and fear as experienced by many employees dealing with the COVID-19 pandemic can be addressed through regular communication channels (personal communication by the Core Management Team of the private healthcare facility). This information can include the latest admission rates of COVID-19 patients and policies regarding the use of ventilators. Personal problems must be

listened to attentively as some staff members have to stay at home because of illness or to care for young children or other family members.

By lessening their fears and replacing uncertainty with certainty will produce happier employees with an increase in production (personal communication by the Core Management Team).

The Core Management Team of the hospital should adapt to the changing environment by becoming more flexible to accommodate the needs of all the stakeholders, for example, employees who have to work from home due to illness or family responsibilities (personal communication by the Core Management Team). Building trust by having more empathy with employees and other stakeholders, to stay committed, to always be transparent and to share expertise and knowledge with others in the organisation (personal experience).

- (iv) Increase the diversity network and be open to accommodate people in a team who think differently, thereby broadening perspectives and becoming more effective personally and in the team. (Robbins, Odendaal & Roodt, 2017).

## **2.3 THE NEED FOR PROFESSIONAL STANDARDS IN GLOBAL HEALTH**

In Chapter 1, it was pointed out that global health ethics apply moral values to health issues at a global level. Global health ethics is characterised by the challenge of developing shared values and universal norms for responding to global health threats. The moral significance of health, equity and justice in health (Dhai & McQuoid-Mason, 2011), pertains to the following:

- (i) It can be agreed that health has particular moral importance, and therefore, health inequalities are also morally significant.
- (ii) 'Good' health limits suffering, but also enhances the capacity for individuals to function and therefore extends the range of opportunities open to them in life. These references add value by bringing in international standards in healthcare.

- (iii) Health justice is principally concerned with reducing unfair and avoidable health inequalities rather than eliminating differences in health states.
- (iv) Within health justice, the primary concern has to do with pursuing 'equity' in health and are less concerned with inequalities.
- (v) Everyone should have a fair opportunity to attain his/her full health potential.

## **2.4 CODES OF ETHICS IN HEALTHCARE**

*“Ethical Codes in Healthcare set down norms to regulate the interactions between patients and their practitioners, and practitioners and their colleagues, thereby providing a framework and guidelines for morality in healthcare and health practice.”* (Dhai & McQuoid-Mason, 2011).

It is expected from healthcare practitioners and students in training to internalize the shared values of the profession that they enter. The Hippocratic tradition is seen as the most fundamental underpinning of the moral values shared by healthcare practitioners. This is echoed in the Declaration of Geneva, (1948), which is a modern-day version of the Hippocratic Oath (Parsa-Parsi, 2017).

The World Medical Association Ethical Guidelines consist of at least 11 documents, but the researcher will limit the codes of medical ethics to that of South Africa (Dhai & McQuoid-Mason, 2011).

Many of the healthcare professions in South Africa are governed by the Health Professions Council of South Africa (HPCSA), which is a statutory body established by the Health Professions Act 56 of 1974 (Republic of South Africa (RSA), 1974). The HPCSA has published ethical codes, and failure to practice according to these ethical codes may be construed as illegal. In such cases, healthcare practitioners may be called before a disciplinary hearing of the HPCSA, and if found guilty, may lose their licenses to practice.

Ethical guidelines represent an invaluable reference for situations when practitioners face moral dilemmas. The HPCSA has produced a series of Guidelines for Good Practice in the Health Care Professions booklets (Appendix B).

## 2.5 HEALTHCARE AND HUMAN RIGHTS

The interplay between human rights and medical ethics is crucial for the proper provision of healthcare in democratic and caring societies (Dhai & McQuoid-Mason, 2011). Not only should practitioners ensure that their conduct does not contravene professional ethics and human rights standards, but as advocates of their patients, they should protest when the behavior of others violate these standards. Although the primary responsibility for ensuring that human rights are respected lies with governments, practitioners feel a particular responsibility to consider human rights issues in their practices and to mandate their representatives to lobby actively on a wide range of such issues. An example of such a body in South Africa is the South African Medical Association (SAMA).

According to McQuoid-Mason and Dhai (2011) *“Society accords health practitioners with power and authority with the expectation that they would be altruistic and have special duties and obligations towards the patients that they treat. These duties and obligations confer correlative rights to patients, who are also increasingly seen as having some responsibilities as well.”* In the healthcare context, practitioners have an ethical obligation to assist in the best interests of their patients (Dhai & McQuoid-Mason, 2011). However, healthcare practitioners must be cognizant of the Patients’ Rights Charter (HPCSA, Booklet 3) to know more about the rights of their patients in the practitioner-patient relationship (Health Profession Council of South Africa, 2020).

## 2.6 HEALTH LAW

Apart from the Constitution, the health law is affected by both the statute law and the common law. However, the statute law and the common law have to comply with the Constitution. Numerous statutes affect healthcare, for example:

- (i) The National Health Act (Act 61 of 2003) which provides a framework for a structured uniform health system in South Africa (Republic of South Africa (RSA), 2003);
- (ii) The Children’s Act (Act 38 of 2005) provides for consent in the case of children (Republic of South Africa (RSA), 2005);

- (iii) Older Persons Act (Act 13 of 2006) which makes provision for the protection of the status, well-being, safety and security of older persons (Republic of South Africa (RSA), 2006);
- (iv) Human Tissue Act (Act 65 of 1983) which controls the removal and use of tissue and blood (Republic of South Africa (RSA), 1983);
- (v) Health Professions Act (Act 56 of 1974) which provides for the registration of specific healthcare professionals and prescribes the Acts and omissions that may lead to disciplinary action by the HPCSA (Republic of South Africa (RSA), 1974);
- (vi) Choice of Termination of Pregnancy Act (Act 92 of 1996) which prescribes when termination of pregnancy may be lawfully conducted (Republic of South Africa (RSA), 1996); and
- (vii) Domestic Violence Act (Act 116 of 1998) which provides for the protection of victims of domestic abuse (Republic of South Africa (RSA), 1998).

The Law of Contract explains the legal principles about the drafting, implementation and enforcement of a valid contract within a legal and business concept and is of particular interest to leaders in this environment. The ethical nature of contracting will start with the contract itself which is defined as *“an agreement based on consensus between legal subjects with contractual capacity, which is legal, physically possible and complies with the prescribed formalities”* (Cilliers, Moolman & Conradie, 2020, p.6 in Study Guide, MLAW 7920) while the framework relies on ethical intentions.

While ethics influence moral behavior, moral behavior also influences ethics. Ethics are influenced by customs and habits (cultural aspects, values and norms). It is of paramount importance for leaders in a business or organisation to behave ethically even when the going is rough as with the current COVID-19 pandemic. *“He (the CEO) builds confidence, cohesion and commitment for all the good and bad times to come.”* (Kuper, 2006).

Ethics have an impact on how a business is conducted (Cilliers, Moolman & Conradie, 2020) and ethical considerations include the following:

- (i) Determining performance (prices, shares, trading instruments, etc.) fairly.

- (ii) Avoid conflict of interest: the rise of electronic communication and social media has made it easier to track a person's activities, and dealings but has also made it harder to pinpoint conflicting conduct. Once a conflict of interest is identified, it should be brought to the attention of all relevant stakeholders, transparently and as soon as possible.
- (iii) Fair competition by using ethical tactics when competing in the market place.
- (iv) Legality: laws, rules and regulations aim to protect the interests of members of society, including consumers, employees and the environment.

## **2.7 MEDICAL ETHICS**

Medical ethics is a system of moral principles that apply values to the practice of clinical medicine and in scientific research (Lategan & Van Zyl, 2017). These values include the following:

- (i) Respect for autonomy;
- (ii) Beneficence;
- (iii) Non-maleficence. Since the time of Hippocrates (ca. 460-375 B.C.E.), codes of medical ethics have been formulated to represent physicians' loftiest moral philosophy. "The Hippocratic Oath" (Parke, Durfee, Zacks & Orloff, 2005) was the first to describe this concept of non-maleficence to "do no harm"; and
- (iv) Justice.

The purpose of medical ethics is to protect and defend human dignity and the rights of patients; and to govern medical ethical conduct via its set of norms, values and principles. Ethics is at the center of leadership because the goal of a rational leader is to merge the interests of all parties so that everyone benefits and the organisation prospers (DuBrin, 2016). Despite the importance of trustworthy leaders, evidence suggests that business firms have many ethical problems (DuBrin, 2016).

As discussed in Chapter 1, the ethical values in a healthcare facility business environment are of cardinal significance, as the use of WhatsApp as a communication medium forms part of this framework and cannot be discussed in

isolation. Ethics and values should regulate the use of social media. In general, this platform provides for an effective communication medium among staff members as will be outlined under section 2.9 below. However, there are limitations as to what may be appropriate in a healthcare facility and context.

WhatsApp is defined as a messaging application that allows users to text, chat and share media, including voice messages and videos, with individuals or groups. The researcher, from personal experience, is also aware of the fact that the private healthcare facility has no official policy on the use of WhatsApp.

It may be that leaders in the healthcare industry are ignorant of sensitive limitations and simply consider it informative to share pictures, as indicated. They may be unaware of the fact that, without informed consent from the patient, this personal information cannot be shared as it jeopardizes the confidentiality of the patient. Breaching confidentiality may lead to medico-legal action taken by the patient against the hospital with consequent damage to the reputation of the hospital. Other patients may be inclined to attend another competitive facility and therefore the outcome will be less profitability for the private healthcare facility.

Currently, there are no guidelines concerning the sharing of clinical cases and conditions on WhatsApp in a private or public healthcare facility in South Africa. This points to the uniqueness of the study in requesting the hospital leadership to assist with the compiling of guidelines to make the hospital a safer place.

## **2.8 BUSINESS ETHICS**

There is an increasing move towards corporate responsibility (Protection of Personal Information Act 4 of 2013 (De Bruyn, 2014), which includes:

- (i) The development of communication, as the power of technology became more important.
- (ii) The new work paradigm where economies changed from being based primarily on manufacturing to economies based on services.
- (iii) The structure of organisations where the flattening of the traditional, hierarchical pyramids occurred with the result that accountability and responsibility have opened up.

- (iv) Globalisation where competition across borders is increasing all the time.
- (v) Widespread disenchantment with the standards set by business and political leaders. People are far more likely to question the actions of their leaders today.

*“Central to the belief that companies should be operated in a socially responsible way for the benefit of all stakeholders, is the belief that managers will behave in an ethical manner. The term ethics refers to the moral principles that reflect society’s beliefs about the actions of an individual or a group that are right and wrong.”* (Republic of South Africa (RSA), 2013; De Bruyn, 2014).

The POPI Act aims to encourage the protection of personal information that is processed by both private and public bodies, and it has been discussed in broader terms in Chapter 1. The Act, which is a Code of Conduct that all businesses must comply with, also aims at providing rights to people when it comes to unsolicited electronic communication. Every healthcare facility, its leaders and employees and doctors working in such a facility, should be aware of the consequences if personal information is not kept confidential. (Republic of South Africa (RSA), 2013).

Although the goal of every company is to avoid scandals through a combination of high moral and ethical standards, the public’s perception of the ethics of corporate executives in SA has been diminished in the past few years because of a spate of corporate scandals, for example, ESKOM, the SABC and SAA (Crompton, 2019).

The ethical behavior of a company or business ties into this study as the customers, namely the patients and other stakeholders, want to deal honestly and transparently. Managers and their organisations are responding to the problem of unethical behavior in several ways (Merritt, 2002) for example; they are offering seminars, workshops and other training programs to enhance the understanding of ethical problems (Robbins, Odendaal & Roodt, 2017).

In South Africa, the Ethics Institute of South Africa (Ethics SA) was formed in September 1999 to provide support to organisations, to investigate the state of ethics in the country, to stimulate debate, to draw up guidelines and to provide training, support, assessment and certification activities. An organisation’s Code of Ethics is

a crucial element of proper ethics management and the King Report on Corporate Governance for South Africa prescribes the adoption of such a Code (Institute of Directors South Africa (IoDSA), 2009).

The spotlight on business ethics is a widespread phenomenon. For example, a survey by the Institute of Business (PriceWaterhouseCoopers, 2018) helped to clarify how companies use their Codes of Ethics. Organisations must make intentional and bold choices to address the increasing ethical challenges (Deloitte, 2020). *“The challenge is to move beyond the view that ethical issues must involve trade-offs and competition and to focus on how to operationalise and govern the combination of humans, machines and algorithms working in a team”* (Deloitte, 2020).

Managers must provide strong ethical leadership, create an ethically healthy climate and encourage employees to behave with integrity (Mayer, Aquino, Greenbaum & Keunzi, 2012). A CEO who sticks to ethical principles, even at the most challenging times, earns trust and credibility and builds confidence, cohesion and commitment for all the good and bad times to come (Kuper, 2006).

## **2.9 SOCIAL MEDIA**

It was discussed in Chapter 1 that there are currently no formal guidelines concerning the sharing of pictures of clinical cases on WhatsApp in a private or public healthcare facility in South Africa. The researcher wants to point out the advantages and disadvantages of the use of WhatsApp as a social communication medium in a hospital set-up.

Advantages of WhatsApp, although not specifically alluded to in the literature, can be explained below by making use of the practical experience of the researcher working as a Hospital Clinical Manager at a private healthcare facility. In summary, doctors and nursing personnel falls under professional bodies like the HPCSA or the Nursing Council. If they breached the confidentiality of the patient by not getting informed consent to take a picture, they are vulnerable to possible medico-legal action by the professional bodies.

In Chapter 1, the researcher explained that there is a written document policy in place for Facebook as a social medium, and what hospital personnel should do when a statement is being made on Facebook. The current popularity of social media, such as Facebook and Twitter (Barnes & Mattson, 2008) have resulted in the widespread use of these online media by companies for their public relations and marketing activities. The authors recommended that future studies should examine other social media platforms such as Twitter, Instagram and YouTube, but no mention was made of WhatsApp.

Facebook and WhatsApp are two of the most commonly used social media platforms of sharing information between individuals or groups in a private healthcare facility. Facebook was the first social medium that was used in the private healthcare facility. As previously mentioned, the policy for Facebook requires the hospital staff not to divulge information of a personal nature on Facebook and not to reply to statements made on Facebook.

Research on the role social media played in the marketing of hospitals and communications (Smith, 2017) showed that 95% of the top-ranked hospitals are using social media and that the number of hospital beds is positively related to the number of social media platforms.

Healthcare practitioners use social media to promote healthy habits and share health-related information quickly among large groups of people (Smith, 2017). Social media is also used for patient questions, the sharing of knowledge, building community goodwill and gaining feedback on current services and future needs.

In choosing which social media platform to use, a company needs to know which platforms are being used by their customers. The vast majority of hospitals overwhelmingly use three social media platforms, namely Facebook, Twitter and YouTube. Facebook is the most commonly used social media platform by hospitals (93% - 97%), while Twitter is used by 79% of hospitals and YouTube by 75% of hospitals (Smith, 2017).

De Las Heras-Pedrosa, Rando-Cueto, Jambrino-Maldonado & Paniagua-Rojano (2020) analyzed the opinions of patients regarding the online communication strategies of hospitals in Spain. A qualitative analysis using a focus group was

carried out with twenty representatives of national, regional and local patients' associations. A content assessment of the Twitter activity was performed of the most influential hospitals in Spain. The results showed that the general public appreciates the communication potential by the hospitals through social media, although they are generally unaware of how it works. In order to improve communication, patients and relatives demands that their perspectives should be taken into consideration in the messages issued.

Apenteng, Ekpo, Mutiso, Akowuak & Opoku (2020) examined the relationship between hospital Facebook engagement and patient revenue in a simple random sample of the United States short-term acute care hospitals. The author saw the potential to improve the financial performance of hospitals by facilitating customer service and providing hospitals with a low-cost marketing platform. A positive relationship was found between Facebook engagement and hospital patient revenue for rural hospitals, but not for urban hospitals. The authors recommended that additional research is needed to identify the mechanisms through which hospitals' social media presence can influence consumer health purchasing behavior and profitability.

*Advertising and publicity have always played a uniquely prominent role in plastic surgery but never before with such immediacy and ease for mass accessibility (Preminger, Hansen, Reid and Gosman, 2018:page 1072).*

*The author emphasises the fact that plastic surgeons are facing a new struggle to preserve their professional image and control the form it takes.*

Ethics and professionalism, although closely connected, are not the same. A surgeon who posts patient images without consent is unethical. However, the surgeon who posts lewd patient images with consent is unprofessional. These principles formed the foundation for the field of bioethics and were used to help formulate the Code of Ethics for the American Society of Plastic Surgeons (Updated September 25, 2017). Ethics is regarded as adhering to the rule of law, whereas professionalism calls for a commitment to the improvement of the law (Preminger, Hansen, Reid and Gosman, 2018).

Clearly ethical violations include falsifying information, willful negligence, improper relationships with patients and practicing in substantial or unsafe conditions, while, in contrast, violations of professionalism are too often subject to opinion and generational bias (Preminger, Hansen, Reid and Gosman, 2018).

*“Today’s standards of professionalism are evolving in a climate characterised by the ever-increasing prevalence of social media, impact of patient expectations and opinions on success, competition with peers and other encroaching specialties, entrepreneurship, changing social morals and shifting baselines regarding advertising. This is further complicated by the rise of patient self-exploitation in images, videos and medical stories being broadcast globally across social media.”* (Preminger, Hansen, Reid and Gosman, 2018).

It appears most useful to treat ethics and professionalism as two distinct but overlapping domains. *“Medical professionalism is rightly understood as relevant to medical ethics only because professionalism concerns those virtues or attributes that foster health practitioners’ abilities to recognise, interrogate and to enact the ethical duties they possess in their roles.”* (Preminger, Hansen, Reid & Gosman, 2018).

The increased use of social media poses a threat to confidentiality and privacy owed to patients, colleagues and employers (Kubheka, 2017). The author sought to explore the ethical and legal pitfalls health professionals face using social media platforms. Her recommendations include the following:

- (i) Professionals ought to ask themselves before posting on social media whether sharing certain information is legally and morally defensible, whether it reflects the professional conduct expected of them and whether it will benefit their patients.
- (ii) Current medical training should include the benefits and risks of digitalisation of communication, especially social media.
- (iii) The HPCSA needs to develop social media guidelines and train medical trainers in this specific area.

- (iv) Health establishments ought to develop social media policies and train staff on risks associated with the use of social media.
- (v) Professionals should monitor what information they share and how they share it and take precautionary measures to protect themselves from online dangers.

## **2.10 CONCLUSION**

It is clear from the literature review that there are very few articles on the use of social media as a communication medium. There is a glaring absence in the literature about the use of WhatsApp and no concrete guidelines for the use of WhatsApp in healthcare facilities to protect the image of the hospital and its employees from divulging personal information unknowingly.

## **CHAPTER 3: RESEARCH METHODS**

### **3.1 INTRODUCTION**

According to the literature review in Chapter 2, Kubheka (2017) discussed the ethical and legal perspectives on the use of social media by health professionals in South Africa. The author believed that due to the increase in the use of social media, a threat is posed to healthcare professionals regarding confidentiality and privacy owed to patients, colleagues and employers. The healthcare professionals are accountable to professional bodies and the law for their online activities. This underscores the reason the researcher discussed Codes of Conduct regarding medical ethics in the previous two chapters as this is the context in which the healthcare professionals operate and to whom they are accountable.

In this chapter, the researcher describes the research design, population and sampling strategy, data collection methods, including data analysis and ethical considerations for this study.

### **3.2 RESEARCH DESIGN**

Research design can be defined as: *“logic that links data to be collected and the conclusions to be drawn to the initial questions of a study”* (Rowley, 2002). The two most prominent research designs are qualitative and quantitative research designs.

Qualitative research refers to research that produces results using non-numerical data, for example, words, pictures and actions (Bryman, A., Bell, E., Hirschsohn, P., Dos Santos, A., Du Toit, J., Mesenge, A., Van Aardt, I. & Wagner, C., 2011). Researchers using this design look for a more profound truth while aiming to study things in their natural setting. They attempt to interpret phenomena in terms of the meanings people assign to them. Qualitative researchers use a holistic approach that preserves the complexities of human behavior. The focus of quantitative research is often to understand and interpret rather than to describe, explain or predict a phenomenon (Cooper & Schindler, 2014). Researchers applying a quantitative research approach seek cause-and-effect relationships while the data can be transformed into useable statistics, thereby uncovering patterns in research. Quantitative research typically involves statistical analysis and numbers and can be

generalisable to a population (Venter, P., Van Zyl, D., Stack, E., Van Rensburg, W., Joubert, P. & Pellissier, R., 2017). On the contrary, qualitative research is ideally suited for personal observation by the researcher, individual interpretation and uniqueness and richness in the description of the results (Cooper & Schindler, 2014; Venter, P., Van Zyl, D., Stack, E., Van Rensburg, W., Joubert, P. & Pellissier, R., 2017).

Due to the primary objective of this study (refer to section 1.3.1), this research project followed a qualitative design as the researcher wanted to gain an in-depth understanding of the use of WhatsApp as a social communication tool in order to develop proposed guidelines.

### **3.3 POPULATION AND SAMPLING STRATEGY**

The target population of a study can be defined as *“those people, events or record that contain the desired information and can answer the measurement questions”* (Cooper & Schindler, 2014). The target population for this study were the Hospital Core Management Team as they are involved in the setting, implementation and monitoring of implemented policies within the healthcare facility. The Core Management Team consists of the Hospital General Manager, the Hospital Clinical Manager and the Heads of nine departments. The nine departments are:

- (i) The Nursing Department
- (ii) The Pharmacy Department
- (iii) The Human Resources Department
- (iv) The Finance Department
- (v) The Doctor-Patient Relationship Department
- (vi) The Patient Safety Department
- (vii) The IT Department
- (viii) The Administration Department
- (ix) The Technical Department

The selection of participants in a study is referred to as sampling. Sampling strategies include purposive sampling, theoretical sampling, deviant sampling and snowball sampling. Purposive sampling is used to choose participants arbitrarily for their unique experiences and perceptions (Bryman, A., Bell, E., Hirschsohn, P., Dos

Santos, A., Du Toit, J., Mesenge, A., Van Aardt, I. & Wagner, C., 2011; Venter, P., Van Zyl, D., Stack, E., Van Rensburg, W., Joubert, P. & Pellissier, R., 2017).

This study made use of purposive sampling as the participants were selected based on their management positions within the healthcare facility and their involvement in the implementation and monitoring of policy. The sample consisted of 11 people. Although the sample is small, smaller samples are acceptable in qualitative research designs (Cooper & Schindler, 2014). Once the interviews are completed researchers may re-evaluate the information they obtained and determine if additional interviews are needed to reach data saturation or to fill any gaps in the data collected (Venter, P., Van Zyl, D., Stack, E., Van Rensburg, W., Joubert, P. & Pellissier, R., 2017).

Permission to conduct the research was obtained from the Hospital General Manager of the healthcare facility. As the researcher is familiar with the Heads of Departments from a previous working relationship, the Hospital General Manager was requested to assist in gaining informed consent from the participants. The informed consent included permission to use the contact information from the Heads of the Departments. Only after written permission were obtained, the participants were contacted to arrange a virtual interview. The Head of each Department could each participate in this study or delegate participation to someone within the relevant department. The sample represented the leaders working in a private healthcare facility.

### **3.4 DATA COLLECTION METHODS INCLUDING DATA ANALYSIS**

In qualitative research, different research tools can be used. One of these tools is interviews. Interviews can take different forms, depending on the aim of the research and what the researcher intends to achieve. Three types of interviews that are available to use are structured, unstructured and semi-structured interviews (Bryman, A., Bell, E., Hirschsohn, P., Dos Santos, A., Du Toit, J., Mesenge, A., Van Aardt, I. & Wagner, C., 2011; Cooper & Schindler, 2014; Venter, P., Van Zyl, D., Stack, E., Van Rensburg, W., Joubert, P. & Pellissier, R., 2017).

Structured interviews contain both open and closed-ended questions and contain a list of questions. It is similar to a questionnaire and makes the capture and interpretation of information more accessible. A structured interview eases the comparison of responses and allows the researcher to maintain independence and neutrality.

Semi-structured and unstructured interviews, in contrast to structured interviews, allows for (Cooper & Schindler, 2014):

- the development of a dialogue between the interviewer and participants;
- requires a larger component of creativity from the researcher;
- using the skills of the interviewer to probe participants for a greater variety of data; and
- the interviewer to achieve greater clarity by asking participants to elaborate on their answers.

With semi-structured interviews, the interviewer uses a list of pre-determined questions on specific topics. This allows the interviewer to guide the conversation without being restricted by following the exact order of the questions. With unstructured interviews, the interviewer has a set of prompts and may contain only a single question. The interviewee can then respond freely while the interviewer simply responds to points that are worth investigating (Bryman, A., Bell, E., Hirschsohn, P., Dos Santos, A., Du Toit, J., Mesenge, A., Van Aardt, I. & Wagner, C., 2011).

The data collection for this study was done via semi-structured interviews, which included both closed and open-ended questions. This allowed for the comparability of the answers under the closed-ended portion of the interview schedule while the interviewer could ask follow-up questions on the answer received during the open-ended portion of the interview.

During COVID-19, face-to-face interviews endangered the health of the reviewer and participants. In order to mitigate this risk, the interviews were held via Zoom. The interview schedule was distributed to the participants in advance. This allowed for the completion of the closed-ended section and preparation for the interview.

Notes were taken during the interviews to enable the researcher to summarise the results and answers in a word document. The answers were then analysed and summarised to form the basis of the proposed WhatsApp guidelines.

Validity and reliability are two concepts usually associated with quantitative research (Golafshani, 2003; Bryman et al. 2011). While reliability is concerned with the consistency, stability and repeatability of the measure of a concept, validity refers to whether or not an indicator (or set of indicators) is devised to gauge a concept; measure that concept (Bryman et al. 2011). In other words, validity in research is concerned with the accuracy and truthfulness of scientific findings, and a valid study should demonstrate what exists. Internal validity refers to the extent to which research findings are a true reflection or representation of reality rather than being the effects of extraneous variables. External validity addresses the extent to which such representations are legitimately applicable across groups (Bryman et al. 2011).

Validity and reliability, however, cannot be applied to qualitative research as qualitative research seldom uses a statistical method in the analysis of results. Noble and Smith (2015) proposed that the term validity can be replaced with truth and reliability with consistency. They argued that the principle of truth needed to recognise that multiple realities exist and that the viewpoints of the participants be accurately reflected to counter the possible bias of the researcher. Consistency is linked to trustworthiness, clarity and transparency of the researcher's decision, which will allow for comparability of the results (Noble and Smith, 2015).

In order to achieve truth and consistency, the virtual interviews were agreed to be recorded by the Hospital General Manager with the permission of the participants. This would allow for the accurate transcription of the interviews after the interviews concluded. It would also allow the researcher to focus on the responses from the participants so that follow-up questions can be asked.

## **3.5 ETHICAL CONSIDERATIONS**

### **3.5.1 Permission Obtained**

Approval was sought and obtained from the General Human Research Ethics Committee (GHREC) of the University of the Free State: ethical clearance number UFS-HSD2020/1532/0510. Permission to conduct this field study was obtained from

the Hospital General Manager of the private healthcare facility with a request to perform research letter (Appendix A).

### **3.5.2 Informed Consent and Conflict of Interest**

The Hospital General Manager at the healthcare facility informed the participants of the research. The Hospital General Manager distributed the informed consent form to the participants, on behalf of the researcher, and their voluntary participation in the interviews were requested.

### **3.5.3 Voluntary Participation**

Participants were informed that their participation in this field study was entirely voluntary and that they have the option to withdraw from the study at any given time during the study without giving reasons for doing so.

### **3.5.3 Confidentiality and Anonymity**

The responses of the individual participants were treated with the utmost confidentiality, and their contribution was not discussed with other participants. No names or any other form of identification were used. The right to privacy and confidentiality was respected to avoid victimization.

### **3.5.4 Non-maleficence (“do no harm”)**

In Chapter 1, the researcher pointed out that “The Hippocratic Oath” (Parke, 2005) was the first to describe the concept of non-maleficence to “do no harm.” The researcher ensured that no harm was experienced by the organisation or any of the participants of the study.

## **3.6 CONCLUSION**

This chapter describes the practicalities of the field study and how the study was conducted. This study aimed to conduct a research study by using the leaders in a private healthcare facility as participants to assist in developing guidelines for the use of WhatsApp as a social communication medium in the hospital.

The research design, sampling strategy, data collection methods, including data analysis, and ethical considerations, were discussed. The results of the qualitative

virtual meeting with leaders of the Core Management Team of the hospital will be made available to all participants interested in the results, after approval by the Hospital General Manager to do so.

The final document will form the basis of the guidelines to be implemented by the Hospital General Manager of the private healthcare facility. A copy of this document will also be forwarded to the CEO of the South African division of the healthcare provider for possible use as a template for other private healthcare facilities in the Group in South Africa.

# CHAPTER 4: DATA ANALYSIS, FINDINGS AND DISCUSSIONS

## 4.1 INTRODUCTION

In Chapter 3, the researcher described the research design, population and sampling strategy, data collection methods, including data analysis and ethical considerations for this study to achieve the primary and secondary objectives stated in section 1.4.

Due to the increase in the use of social media, there may be a threat to confidentiality and privacy owed to patients, colleagues and employers by professional healthcare practitioners. A semi-structured interview schedule was used to address the research question.

Chapter 4 will deal with data analysis and the findings obtained by the virtual semi-structured interviews. Due to the COVID-19 pandemic, these interviews were held via a Zoom online meeting. The participants in the study assembled in a Board Room at a healthcare facility in Kimberley, and the researcher was electronically linked online.

## 4.2 RESPONSE RATE AND BIOGRAPHICAL INFORMATION

The semi-structured questions were distributed to 13 members of the Core Management Team working at the healthcare facility. Questionnaires were collected from 11 members of the Core Management Team present at the time of the study. Two participants were unable to attend the online meeting due to essential duties to be performed in the hospital (see Table 4.1).

**Table 4.1 Response rate of the participants.**

| Participants | Total number of semi-structured interviews issued | Total number of semi-structured interviews received | Response rate |
|--------------|---|---|---------------|
| 13           | 11  | 11  | 85%           |

A high response rate escalates the possibility that the participants represent the sample and decreases the chance of response bias. A response rate of 50% is acceptable, 60% is good and 70% is recognised as excellent (Babble, 2010). The response rate of 85% for this study is considered sufficient to achieve the aim of the study.

The gender composition comprised eight females (73%) and three males (27%). The ethnic breakdown showed 10 out of 11 participants were white (91%) and one participant were a person of colour (9%). Positions in the Core Management Team were made up as follows: nine out of 11 participants (82%) are Head of Departments while two participants (18%) are Deputy Heads.

### **4.3 TRUTH AND CONSISTENCY**

In order to achieve truth and consistency, the Hospital General Manager of the healthcare facility agreed to record the virtual interviews, after permission to do so was granted by the participants. Detailed notes were kept during the interviews to ensure accuracy. Participant 4 answered in Afrikaans and the answers were translated by the researcher.

### **4.4 SEMI-STRUCTURED INTERVIEW SCHEDULE**

The semi-structured questions were distributed to 13 members of the Core Management Team. Eleven (11) participants took part while the Hospital General Manager acted as the facilitator for the session.

The researcher informed the participants that their participation was voluntary and that they could discontinue their participation at any time if they wished to do so. As all information will be treated with confidentiality, the researcher implored them **not** to put their names or any other kind of identification on the distributed semi-structured questionnaire. The researcher also reassured the participants that they will not suffer any harm during the session and that nobody will be victimised for having a different perspective. After completion of the self-administered portion of the interview schedule, the participants submitted their answers to the Hospital General Manager. The completed forms were later collected from the Hospital General Manager by the researcher.

#### 4.4.1 Part A – Self-administered Questions

Part A consists of closed-ended questions. The importance of each of the statements were rated on a scale from totally agree (1) to totally disagree (5). Table 4.2 contains the results of this section.

**Table 4.2 Results of self-administered questions.**

| <b>n = 11</b>  | <b>Totally agree<br/>% (n)</b> | <b>Agree<br/>% (n)</b> | <b>Neutral<br/>% (n)</b> | <b>Disagree<br/>% (n)</b> | <b>Totally Disagree<br/>% (n)</b> |
|--|--------------------------------|------------------------|--------------------------|---------------------------|-----------------------------------|
| 1. An internal policy, or guideline, which deals with the use of WhatsApp for the distribution of personal patient information, is important for the hospital. | 73%<br>(8)                     | 0%<br>(0)              | 0%<br>(0)                | 9%<br>(1)                 | 18%<br>(2)                        |
| 2. Staff are aware that everything they do or say on WhatsApp might have an effect on the hospital.  | 45%<br>(5)                     | 27%<br>(3)             | 18%<br>(2)               | 9%<br>(1)                 | 0%<br>(0)                         |
| 3. Using your private WhatsApp account to distribute patient information is acceptable.  | 0%<br>(0)                      | 0%<br>(0)              | 27%<br>(3)               | 18%<br>(2)                | 55%<br>(6)                        |
| 4. Staff have a legal duty to act in good faith towards the hospital.  | 82%<br>(9)                     | 18%<br>(2)             | 0%<br>(0)                | 0%<br>(0)                 | 0%<br>(0)                         |
| 5. Using WhatsApp to reach a patient is acceptable.  | 27%<br>(3)                     | 36%<br>(4)             | 27%<br>(3)               | 9%<br>(1)                 | 0%<br>(0)                         |
| 6. Confidential patient information should only be shared via WhatsApp with the consent of the patient.  | 64%<br>(7)                     | 18%<br>(2)             | 0%<br>(0)                | 0%<br>(0)                 | 18%<br>(2)                        |
| 7. Staff should not get involved in a heated or escalated discussion on WhatsApp.  | 100%<br>(11)                   | 0%<br>(0)              | 0%<br>(0)                | 0%<br>(0)                 | 0%<br>(0)                         |
| 8. The use of WhatsApp during office hours should be permitted if it complements or supports a staff member's role.  | 73%<br>(8)                     | 9%<br>(1)              | 9%<br>(1)                | 9%<br>(1)                 | 0%<br>(0)                         |

Eight participants (73%) totally agreed that an internal policy, or guideline, which deals with the use of WhatsApp for the distribution of personal patient information, is important for the hospital. The vast majority of the participants recognises the importance of this matter.

Five participants (45%) totally agreed and three (27%) agreed that staff are aware that everything they do or say on WhatsApp might have an effect on the hospital, which indicates their awareness of the problem. Six participants (55%) totally disagreed and two (18%) disagreed that using a private WhatsApp account to distribute patient information is acceptable, therefore, emphasising their disagreement to this statement.

All participants were in agreement that staff have a legal duty to act in good faith towards the hospital (nine (82%) totally agreed and two (18%) agreed). Similarly, 100% of the participants fully agreed that confidential patient information should only be shared via WhatsApp with the consent of the patient. Almost two thirds of the participants, four (36%) agreed and three (27%) totally agreed, that using WhatsApp to reach a patient is acceptable.

Eight of the eleven participants (73%) totally agreed and one participant (9%) agreed that the use of WhatsApp during office hours should be permitted if it complements or supports a staff member's role, which was the majority view.

#### **4.4.2 Part B – Virtual Interview Questions**

##### **4.4.2.1 Sharing of information on WhatsApp**

The first question posed to participants was what information, in their opinion, should be permitted to be shared per WhatsApp communication during office hours. Most participants (55 percent, 6 participants) felt that information regarding the confirmation or cancelling of appointments are permitted to be shared by WhatsApp. It was said that it is acceptable to communicate hospital-specific information to doctors, staff and the public (3 participants). On the one hand, participant 4 felt that any information can be shared:

*“I think in our world today WhatsApp is used as a communication media as any other and should be permitted without any restriction. It might even be better to permit than to ban as it might be cost-and time-saving.”*

On the other hand, one participant felt that WhatsApp should not be the first choice: *“This should never be the first choice of communication during office hours”*. Participant 10 referred to the Protection of Personal Information Act (POPI) by stating:

*“Only general/statistical information can be shared on social communication platforms, such as WhatsApp. No personal information should be shared, this includes, name, surname, ID numbers, telephone numbers, medical conditions, medical history or photographs. The sharing of personal information without consent will be prohibited with the implementation of the POPI Act.”*

Participant 6 stated that *“no confidential or legal information should be used on WhatsApp.”*

#### **4.4.2.2 Use and misuse of WhatsApp in the communication of the hospital**

The second question posed to the participants asked them to think outside of the box and to indicate how WhatsApp can be used or misused in the hospital. According to three participants, WhatsApp can easily be used to fast and effortlessly communicate urgent information to a large group of people.

Participant 4: *“It is an easy communication method to communicate the same message to everybody quickly and easily. This can also cause problems when used to communicate fake news or aggravate certain conditions. How about ordering patient food with WhatsApp or telling your nurse you have pain? She can just arrive with the medication without running around between patients.”*

Participant 10: *“With the availability of smartphones using social communication platforms, it is relatively easy to share personal information on these platforms, especially the distribution of photo’s, either of personal documents or injuries. On the flip side of the coin, it can also be used effectively to communicate urgent information to a large group of people fast and in an effortless manner. Distribution to large groups, however, should be limited and not contain any personal information.”*

However, the majority of participants felt that WhatsApp can be misused by sharing incorrect information or confidential information and that sharing sensitive information on WhatsApp is too risky. Privacy violation can occur when sending pictures of patients without their permission. Recommendations by the participants include that patient information or pictures should not be send to non-related people and unnecessary information should be seen as time wastage and misuse of the tool.

#### **4.4.2.3 Protection of privacy while using WhatsApp**

The third question required the participants to share their views on what should be done to protect the privacy of the patient when using WhatsApp messages. The majority of participants agreed that the privacy of the patient must be protected when using WhatsApp messages by refraining from using names or faces, pictures, ID information or private information, as privacy cannot be guaranteed. Participant 1 stated:

*“This is very difficult as the privacy of the patient cannot be guaranteed. If you administrate it yourself you can be the only one to decide what information to be distributed but there is no guarantee that the information will not be distributed more widely.”*

It is also important to remember that messages should not be send without written consent, for example, specialist to specialist referrals. In order to limit the flow of personal information on social communication platforms, it was recommended to exclude the distribution of information that is not specific to the purpose of a particular group, as well as discussions related to patients and/or their clinical

conditions. Participant 5 was of the opinion that WhatsApp is not the only risk for sharing confidential information.

*“Nothing should be done as WhatsApp is just a tool. If you prohibit it, someone who wants to distribute confidential information illegally, will just make use of another tool.”*

Some participants recommended a formal policy should be implemented for the use of WhatsApp.

Participant 8: *“Implement a policy that specifically state that no personal information should be communicated via WhatsApp.”*

Participant 10: *“In order to limit the flow of personal information on social communication platforms, specific policy and guideline need to be formulated to govern the information that is shared on these platforms to exclude the distribution of”:*

- *personal information*
- *information that is not specific to the purpose of the specific group*
- *exclusion of discussions related to patients and/or their clinical conditions*
- *using the platform for consultation or debates*
- *irrelevant content or messages.”*

#### **4.4.2.4 Management’s ability to influence change**

The fourth question required participants to provide their opinion on how each of them, as part of the management team of the hospital, are equipped to influence changes related to the use of social media. Seven (64%) of the participants felt that they, as part of the management team of the hospital, are equipped to influence changes related to the use of social media. One (9%) of the participants felt that there is a need for more training while another participant was of the opinion that it can only be achieved in a limited way.

There was a difference of opinion regarding the internal policy. Participants 2, 4, 5, 7, 8 and 10 stated that adherence to the internal policy should be ensured, Participant 3 felt that a policy on the use of WhatsApp should be developed while a third participant was of the opinion that social media policies and procedures come from Corporate Office only.

*“As being part of the Core Management Team, we definitely are equipped to influence the behavior in the usage of social media platforms, especially communication groups, large or small. We can do this through adhering to these set guidelines through our own behavior and enforcing behavior through our peers and subordinates by being accountable and responsible.”*

#### **4.4.2.5 Recommendations for the use of WhatsApp**

Lastly, participants were asked to provide suggestions regarding the sharing of photographs on social media, taken in the hospital considering the ethical guidelines in the hospital. Suggestions regarding the sharing of photographs on social media taken in the hospital included no names and no ID's and to obtain the consent of everybody involved, for example, to get a specialised opinion of a skin lesion.

Participant 4 stated that hospital personnel should not share any photos on social media and this should only be done by the designated person of the hospital, while another participant was of the opinion that the sharing of personal information on social media platforms or large distribution groups should be prohibited in any format.

*“The sharing of personal information on social media platforms or large distribution groups should be prohibited in any format, either being photographs or other personal information. Only in the event that consent has been received from the data subject to send personal information or photographs for clinical purposes, the receiving audience need to be relevant and as small as possible (not large distribution contact lists) to limit the risk of further distribution of personal information.”*

Participant 4: *“I don’t think we as hospital personnel should share any photos on social media and this should only be done by the designated persons of the hospital should it be necessary.”*

## **4.5 CONCLUSION**

The results of the self-administered and virtual interview questions have been addressed under paragraph 4.4.1 and 4.4.2. The majority of participants felt that using WhatsApp to reach a patient is acceptable while confidential patient information should only be shared via WhatsApp with the consent of the patient. Additionally, management also seem to understand the use of WhatsApp as a communication tool as they felt equipped to use WhatsApp as a social medium platform.

Although a current policy at the healthcare facility addresses the use of Facebook as a social media platform for communication, there is no official policy for the use of WhatsApp as a social media communication tool. Recommendations for the implementation of WhatsApp as communication tool thus included the implementation of a policy that specifically state that no personal information should be communicated via WhatsApp. This policy should be communicated to all staff; extensive training in the use of WhatsApp should also be offered in an effort to align the awareness and consistent implementation of such a policy.

# **CHAPTER 5: CONCLUSION, RECOMMENDATIONS AND LIMITATIONS OF THE RESEARCH STUDY**

## **5.1 INTRODUCTION**

The primary research objective of the research study was to analyse ethical values in a healthcare facility business environment with particular reference to WhatsApp as a social communication medium in the Northern Cape. The secondary research objectives were addressed in the preceding chapters and a self-administered questionnaire (Part A) and a virtual interview (Part B) were conducted with the Core Management Team at the private healthcare facility. The findings were discussed in Chapter 4. Chapter 5 will entail the conclusion, limitations and recommendations of this research study.

## **5.2 CONCLUSION ON THE LITERATURE REVIEW**

The literature study showed that, although much scientific work is available on ethics in the literature, there is very little information regarding ethics in the leadership and the business in a South African healthcare facility environment. An overview of Codes of Conduct of national and international organisations was presented. Medical ethics is intimately linked with WhatsApp as a social communication medium in the hospital. The leaders in a private hospital are bound to Codes of Conduct of their professional bodies, including the Health Professions Council of South Africa (HPCSA) or the Nursing Council. In the case of divulging personal information about patients (see POPI Act in Chapter 1) or transgressing rules, for example, negligence in the treatment of patients, they can be disciplined and even suspended from practicing.

From the literature review it is clear that there are very few articles on the use of social media as a communication medium. There is a glaring absence in the literature about the use of WhatsApp, and no concrete guidelines for the use of WhatsApp in healthcare facilities to protect the image of the hospital and its employees from divulging personal information unknowingly.

### **5.3 DISCUSSION OF RESEARCH FINDINGS**

The majority of participants felt that information regarding the confirmation or cancelling of appointments are permitted by using WhatsApp, while it is also acceptable to communicate hospital-specific information to doctors, staff and the public. An idea by one participant was that, since WhatsApp is used as a communication media as any other, the use of WhatsApp should be permitted without any restriction and that it might even be better to permit it than to ban it as it might be cost-and time-saving.

Most participants were of the opinion that WhatsApp can be misused by sharing incorrect information or confidential information and that sharing sensitive information on WhatsApp is too risky as privacy violation can occur when sending pictures of patients without permission. It was also recommended that patient information or pictures should not be shared with individuals not related to the patient or the patient's care, and that non-essential information should be seen as time wastage and misuse of the tool. An innovative idea from one of the participants was to let patients order food from the ward with WhatsApp, which shows thinking out of the box. Another recommendation was that patients could inform the nursing staff in the wards when they suffer from pain via WhatsApp and request a nursing staff member to provide pain medication. This suggestion, although innovative, may not be practical or ethical as providing pain medication to a patient without seeing the patient first, or consulting with a doctor is not permitted.

Most of the participants were in agreement that the privacy of the patient must be protected when using WhatsApp messages and that consent should always be sought from the patient before sharing information. It was recommended that the distribution of information, not specific to the purpose of a particular group as well as discussions related to patients or their clinical conditions, should not be permitted. An interesting comment by one participant was that nothing should be done about the use of WhatsApp in a healthcare facility, since this form of communication is just a tool and if its use is prohibited, someone who wants to distribute confidential information illegally, will just make use of another tool. A valuable recommendation was to implement a policy that specifically states that no personal information should be communicated via WhatsApp.

Overall participants felt that they, as part of the management team of the hospital, are equipped to influence changes related to the use of social media. As there was a difference of opinion regarding the internal policy, this matter should be taken up with the Core Management Team to align the interests of management and the hospital. It was also stated by a participant that influencing the behavior in the usage of social media platforms can be achieved by adhering to set guidelines through your own behavior and enforcing behavior through peers and subordinates by being accountable and responsible.

According to the participants, the sharing of photographs on social media that were taken in the hospital should exclude names and ID's, while the consent of everybody involved should be obtained. It was stated strongly by a participant that only the designated person of the hospital should do the sharing of any photos on social media while another participant was of the opinion that the sharing of personal information on social media platforms or large distribution groups should be prohibited in any format.

The majority of the participants (73%) totally agreed that an internal policy, or guideline, which deals with the use of WhatsApp for the distribution of personal patient information, is important for the hospital. The vast majority of the participants recognises the importance of this matter. The majority (72%) also agreed that staff are aware that everything they do or say on WhatsApp might have an effect on the hospital. Additionally, 73% of the participants agreed that it is unacceptable to use a private WhatsApp account to distribute patient information. All participants agreed that staff have a legal duty to act in good faith towards the hospital and almost two thirds (63%) of the participants agreed that using WhatsApp to reach a patient is acceptable.

The results of the research project indicated that there is a need to have guidelines for the use of WhatsApp as a social medium communication tool, to act pro-actively in making the hospital environment a safer place for the patients as well as those staff members working in the hospital.

## **5.4 RECOMMENDATIONS OF THE RESEARCH STUDY**

The following recommendations are made based on the results of the virtual interviews: Before posting any information on WhatsApp, healthcare staff should make sure whether sharing the information is legally and morally defensible and whether it reflects the professional conduct of what is expected from them;

- The results of the research project should be implemented to make the private healthcare facility a safer place for the consumers (the patients) and the staff working in the facility;
- A facility specific policy on the use of WhatsApp as communication media should be prepared and communicated to all staff members at the healthcare facility;
- The policy should consider the use of WhatsApp for patients to order their food when hospitalised; and
- Training and better communication are essential to bring everyone on the same page, especially the differences in understanding the internal environment.

## **5.5 LIMITATIONS OF THE RESEARCH STUDY**

The population of interest consisted of the leaders of the Core Management Team working in a private healthcare facility. The research study excluded other staff members and private healthcare facilities in the region. The study also excluded public healthcare facilities in the region. Patients were excluded from the study as this was perceived to be impractical due to the vast distance patients had to travel in the Northern Cape province. The study was conducted in a South African context.

Notwithstanding the limitations of the study, the findings of the study can be used as a basis for better understanding and appreciating the use of WhatsApp as communication tool in healthcare facilities in a South African context.

## **5.6 RECOMMENDATIONS FOR FURTHER RESEARCH**

As pointed out in the preceding chapters the uniqueness of this study lies in the fact that there are limited studies regarding the use of WhatsApp as a communication tool in hospitals. The research study focused on the establishment of clinical guidelines regarding the use of WhatsApp without violating the confidentiality of

patients by using inputs from the Core Management Team of the private healthcare facility. It is visualised that the guidelines may ultimately lead to better and safer care of the patients, who are dependent on the medical care provided by the private healthcare facility.

The fields of Business and Medicine was brought together in this research study. The significance of the study accrues from the benefits that can be acquired by various stakeholders, for example, leaders, employees, independent private practitioners and shareholders. These benefits include a safer environment to work in, less risk for medico-legal complaints against the hospital while fostering a brand for the hospital to be known as a place run on sound ethical principles. Due to the uniqueness of this study, by being the first study to be performed on the use of WhatsApp in a private healthcare facility in South Africa, the study can be expanded to the six other hospitals in the Central Region of South Africa or even throughout the 50 hospitals in the Group nationally. Additionally, patients and other nursing staff can be included in a research study to provide them with a voice in drafting a guideline or policy for the use of WhatsApp as communication tool at the different facilities.

## **5.7 CONCLUSION**

The primary research objectives were taken into account by building on the information presented in the preceding three chapters of this research project. In line with the secondary research objectives, social media as a communication medium, with particular reference to WhatsApp, has been addressed in the preceding chapters and a self-administered questionnaire (Part A) and a virtual interview questionnaire (Part B) were conducted with the Core Management Team at the private healthcare facility. The questionnaires were analysed in identifying the understanding of leaders in a private healthcare facility about the optimal use of WhatsApp. In conclusion, guidelines for the safe use of WhatsApp in this facility are presented for implementation by the Hospital General Manager at his discretion.

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# APPENDIX A - Permission to conduct research



## REQUEST FOR PERMISSION TO CONDUCT RESEARCH

Mr SJ Deetlefs  
Hospital General Manager  
Mediclinic Gariep  
Kimberley 0181  
2020.

10 August

Dear Mr Stephan Deetlefs

I am doing research and would like to request permission to conduct my research at Mediclinic Gariep private healthcare facility in Kimberley.

**DATE:** The research project will be conducted in September 2020.

### **TITLE OF THE RESEARCH PROJECT**

THE USE OF WHATSAPP AS A SOCIAL COMMUNICATION MEDIUM IN THE CONTEXT OF ETHICAL VALUES IN A HEALTHCARE FACILITY BUSINESS ENVIRONMENT IN THE NORTHERN CAPE.

### **PRINCIPLE INVESTIGATOR / RESEARCHER(S) NAME(S) AND CONTACT NUMBER(S):**

ANDRIES ANDRIESSEN STULTING      1988420194      082-554 1994

### **FACULTY AND DEPARTMENT:**

FACULTY OF ECONOMIC AND MANAGEMENT SCIENCES AT THE UNIVERSITY OF THE FREE STATE  
UFS BUSINESS SCHOOL

### **STUDYLEADER(S) NAME AND CONTACT NUMBER:**

PROF HELENA VAN ZYL  
CONTACT NUMBER: +27 (83) 440 - 0144  
CONTACT E-MAIL: VanZylH@ufs.ac.za

### **WHAT IS THE AIM / PURPOSE OF THE STUDY?**

The primary research objective of the research study is to analyse ethical values in a healthcare facility business environment with particular reference to WhatsApp as a social communication medium in the Northern Cape.

The secondary research objectives of the research study include:

- (i) To discuss social media as communication medium, with particular reference to WhatsApp;
- (ii) To identify the current problematic areas in the use of WhatsApp in the healthcare facility in the Northern Cape;



- (iii) To identify the understanding of leaders in a private healthcare facility about the optimal use of WhatsApp in a healthcare facility in the Northern Cape; and
- (iv) To implement guidelines for the safe use of WhatsApp in the healthcare facility in the Northern Cape.

The reason for conducting this study pertains to the fact that ethical values in a healthcare facility business environment is of cardinal significance. In this environment the use of WhatsApp as a communication medium is at the heart of this study. Currently, there are no guidelines concerning the sharing of cases and conditions on WhatsApp in a private or public healthcare facility in South Africa. If the situation and habit are not addressed, it could lead to violation of the primary rights of stakeholders (in this case patients) and consequential lawsuits, and also harm the image of the healthcare facility.

The uniqueness of this study lies in the fact that, at the end of the day, clinical guidelines regarding the use of WhatsApp without violating the confidentiality of patients can be established due to inputs by the Core Management Team of the hospital. It is visualized that the guidelines may ultimately lead to better and safer care to the patients, who are dependent on the medical and surgical care provided by the healthcare facility.

#### WHO IS DOING THE RESEARCH?

The research will only be done by myself, Andries Andriessen Stulting. I am enrolled as a student for the MBA degree (Master's degree in Business Administration) at the University of the Free State. As part of my studies, it is required from me to do a research project.

I am currently working as a Specialist Ophthalmologist in private practice at the Mediclinic Gariep Hospital Complex. The reasons for doing this project are explained above.

#### HAS THE STUDY RECEIVED ETHICAL APPROVAL?

The researcher is in the process of applying for approval from the Research Ethics Committee of UFS. A copy of the approval letter can be obtained from the researcher as soon as possible.

**Approval number:** This will be supplied as soon as possible.

#### WHY ARE YOUR INSTITUTION/ORGANISATION/COMPANY INVITED TO TAKE PART IN THIS RESEARCH PROJECT?

I chose this particular group as participants as I worked closely together with the Core Management Team at the hospital when I was part of this group as the Hospital Clinical Manager from July 2017 until June 2019. I still had their contact details from my previous work relationship with them. The approximate number of participants will vary between 10 and 12 people.

#### WHAT IS THE NATURE OF PARTICIPATION IN THIS STUDY?

The data collection will be done via a virtual interview using Zoom. Close-ended questions will mostly



be asked to bring uniformity in the collected data as the disadvantages of open-ended questions are that the detailed answers are difficult to analyse and interpret.

A formal letter was written to the leaders of the Core Management Team to formally ask them whether they are prepared to participate in the research study.

A list of questions to be discussed during the virtual interview are being prepared. English was chosen to be used during the interview because it is the language of communication at the hospital. The expected duration to complete the virtual interview will be between 45 minutes and 1 hour.

#### WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?

The potential benefits are that participants will have the opportunity to give their inputs about the establishment of clinical guidelines regarding the use of WhatsApp without violating the confidentiality of patients. It is visualized that the guidelines may ultimately lead to better and safer care to the patients who are dependent on the medical and surgical care provided by the hospital, thereby benefiting the broader community as well.

The participation of the members of the Core Management Team will be kept confidential but information collected will be given to the Supervisor of this research project at the Business School at the University of the Free State. At the conclusion of this study the results will be shared with the Hospital General Manager of the hospital and he will take the decision to communicate the results with the Core Management Team at his discretion and if the members are interested in receiving the information.

#### WHAT ARE THE POTENTIAL RISKS TAKING PART IN THIS STUDY?

There are no foreseeable risks, inconvenience, discomfort, harm or side-effects to the individual participant in this study as no blood will be drawn or no special investigations will be conducted. Even if the person's participation in the research may be identified from others, there can be no undesirable consequences as the aim is to make the hospital a safer place. Written consent will be asked from participants before the study is conducted.

#### WILL THE INFORMATION BE KEPT CONFIDENTIAL?

##### 1. Permission obtained

Approval was sought from the Ethics Committee of the Faculty of Economic and Management Sciences at the UFS. Permission to conduct this field study will be obtained from the Hospital General Manager of the Mediclinic private healthcare facility in the form of a letter of consent. (Annexure A).

##### 2. Informed consent

An informed consent form will be obtained from the participants whereby the researcher was given permission to analyse and use the data obtained from performing this research study.

##### 3. Voluntary participation



Participants were informed that their participation in this field study was entirely voluntary and that they have the option to withdraw from the study at any given time during the course of the study without giving reasons for doing so.

#### 4. Confidentiality and anonymity

The responses of the individual participants will be treated with utmost confidentiality and their contribution will not be discussed with other participants. No names or any other form of identification will be used. The right to privacy and confidentiality will be respected to avoid victimisation. Your answers may be reviewed by people responsible for making sure that research is done properly, including the transcriber and members of the Research Ethics Committee. The anonymous data may be used for other purposes, for example, research report or journal articles but individual participants will not be identifiable in such a report.

#### 5. Non-maleficence ("do no harm").

The Hippocratic Oath was the first to describe the concept of non-maleficence to "do no harm." The researcher will ensure that no harm will be experienced by the organisation or any of the participants of the study.

#### HOW WILL THE INFORMATION BE STORED AND ULTIMATELY DESTROYED?

Hard copies of the answers of the virtual interview will be stored by the researcher for a period of 5 years in a filing cabinet at my residence for future research or academic purposes. Electronic information will be stored on a password protected computer. Future use of the stored data will be subject to further Research Ethics Review and approval if applicable. Information will be destroyed by shredding the written documents or deleting the information on my personal laptop.

#### WILL THERE BE PAYMENT OR ANY INCENTIVES FOR PARTICIPATING IN THIS STUDY?

There will be no payment, or any financial reward offered. A personal thank you letter will be sent to each individual participant after the virtual interview was conducted.

#### HOW WILL THE INSTITUTION / ORGANISATION / COMPANY BE INFORMED OF THE FINDINGS / RESULTS OF THE STUDY?

The researcher will inform the Hospital General Manager of the final research findings. The Hospital General Manager will use his discretion by informing the participants about the research findings if he feels that he is able to do so and if the individual participant were interested to receive the information.

Yours sincerely  
Andries Stulting.



PERMISSION IS GRANTED.



S. J. DEETJEFS

HOSPITAL GENERAL MANAGER

**MEDICLINIC GARIEP**  
112 MACDOUGALL STREET  
EL TORO PARK  
KIMBERLEY 8301  
TEL: 053 838 1111



## **APPENDIX B - HPCSA has produced a series of Guidelines for Good Practice in the Health Care Professions booklets**

Booklet 1: General Ethical Guidelines for the Health Care Professions

Booklet 2: Ethical and Professional Rules of the Health Professions Council of South Africa

Booklet 3: National Patients' Rights Charter

Booklet 4: Continuing Professional Development Guidelines for the Health Care Professionals

Booklet 5: Guidelines on Over-servicing, Perverse Incentives and Related Matters

Booklet 6: General Ethical Guidelines for Health Researchers

Booklet 7: General Ethical Guidelines for Biotechnology Research

Booklet 8: Research, Development and Use of Chemical and Biological Weapons

Booklet 9: Seeking Patients' Informed Consent: The Ethical Considerations

Booklet 10: Confidentiality: Protecting and Providing Information

Booklet 11: Ethical Considerations for Good Practice with regard to HIV

Booklet 12: Guidelines for the Withholding and Withdrawing of Treatment

Booklet 13: General Ethical Guidelines for Reproductive Health

Booklet 14: Guidelines on the Keeping of Patient Records

Booklet 15: Canvassing of Patients Abroad

Booklet 16: Guidelines for the Management of Health Care Waste

# APPENDIX C - Ethical clearance letter



## GENERAL/HUMAN RESEARCH ETHICS COMMITTEE (GHREC)

05-Oct-2020

Dear Prof Andries Stulting

Application Approved

Research Project Title:

**THE USE OF WHATSAPP AS A SOCIAL COMMUNICATION MEDIUM IN THE CONTEXT OF ETHICAL VALUES IN A HEALTHCARE FACILITY BUSINESS ENVIRONMENT IN THE NORTHERN CAPE**

Ethical Clearance number:

**UFS-HSD2020/1532/0510**

We are pleased to inform you that your application for ethical clearance has been approved. Your ethical clearance is valid for twelve (12) months from the date of issue. We request that any changes that may take place during the course of your study/research project be submitted to the ethics office to ensure ethical transparency. Furthermore, you are requested to submit the final report of your study/research project to the ethics office. Should you require more time to complete this research, please apply for an extension. Thank you for submitting your proposal for ethical clearance; we wish you the best of luck and success with your research.

Yours sincerely

Dr Adri Du Plessis

Chairperson: General/Human Research Ethics Committee

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[www.ufs.ac.za](http://www.ufs.ac.za)



## APPENDIX D - Informed consent form



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### RESEARCH STUDY INFORMATION LEAFLET AND CONSENT FORM

**DATE**

*October2020*

**TITLE OF THE RESEARCH PROJECT**

*THE USE OF WHATSAPP AS A SOCIAL COMMUNICATION MEDIUM IN THE CONTEXT OF ETHICAL VALUES IN A HEALTHCARE FACILITY BUSINESS ENVIRONMENT IN THE NORTHERN APE*

**PRINCIPLE INVESTIGATOR / RESEARCHER(S) NAME(S) AND CONTACT NUMBER(S):**

*Andries Stulting 1988420194 082-554 1994*

**FACULTY AND DEPARTMENT:**

*Faculty of Economic and Management Sciences  
Business School*

**STUDYLEADER(S) NAME AND CONTACT NUMBER:**

*Prof Helena van Zyl  
Contact number: +27 (83) 440-0144*

**WHAT IS THE AIM / PURPOSE OF THE STUDY?**

The primary research objective of the research study is to analyse ethical values in a healthcare facility business environment with particular reference to WhatsApp as a social communication medium in the Northern Cape. The reason for conducting this study pertains to the fact that ethical values in a healthcare facility business environment is of cardinal significance. In this environment the use of WhatsApp as a communication medium is at the heart of this study. Currently there are no guidelines concerning the sharing of cases and conditions on WhatsApp in a private or public healthcare facility in South Africa. If the situation and the habit of sharing information on this platform is not addressed, it could lead to a violation of the primary rights of stakeholders (in this case patients) and consequential lawsuits, and also harm the image of the healthcare facility.

**WHO IS DOING THE RESEARCH?**

The research will only be done by myself, Andries Andriessen Stulting. I am enrolled as a student for the MBA degree (Master's degree in Business Administration) at the University of the Free State. A part of my studies, it is required from me to do a research project.

205 Nelson Mandela Drive/Rylaan, Park West/Parkwes, Bloemfontein 9301, South Africa/Suid-Afrika  
P.O. Box/Posbus 339, Bloemfontein 9300, South Africa/Suid-Afrika, T: +27(0)51 401 9111, [www.ufs.ac.za](http://www.ufs.ac.za)



#### **HAS THE STUDY RECEIVED ETHICAL APPROVAL?**

This study has received approval from the Research Ethics Committee of UFS. A copy of the approval letter can be obtained from the researcher.

**Approval number:** *Insert approval number*

#### **WHY ARE YOU INVITED TO TAKE PART IN THIS RESEARCH PROJECT?**

As a member of the Core Management Team of the healthcare facility, or delegated individual for the period July 2017 to July 2019, you have unique insight into the healthcare facility's policies and procedures. As a leader in one of the selected departments, you are in the position to be aware of the level and nature of use, of the WhatsApp application, as a communication tool by your staff members.

#### **WHAT IS THE NATURE OF PARTICIPATION IN THIS STUDY?**

Your participation will be in the form of a virtual interview, via Zoom or similar platform, at a time of your choosing. The interview questions will be provided to you in advance to enable you to prepare for the interview. The interview will be held in English and will last between 45 minutes and one hour.

#### **CAN THE PARTICIPANT WITHDRAW FROM THE STUDY?**

Participation in the study is completely voluntary and you are allowed to withdraw from the study at any moment. You are under no obligation to consent to participation. If you do decide to take part, you will be given this information sheet to keep and be asked to confirm your participation verbally at the start of the virtual interview. You are free to withdraw at any time and without giving a reason. Please note that the virtual interview may be recorded for transcription and record keeping purposes. The recordings will be stored on a password protected file and transcription will be done electronically.

#### **WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?**

Your participation in the study will be kept confidential and your response will be coded in order to keep your identity private. The responses will be used to prepare a guideline for the use of WhatsApp in communication and will not identify any individual or department who participated in the project.

#### **WHAT IS THE ANTICIPATED INCONVENIENCE OF TAKING PART IN THIS STUDY?**

In order to protect your health during the COVID-19 pandemic, all interviews will be held virtually. As mentioned, the interview will last between 45 minutes and one hour.

#### **WILL WHAT I SAY BE KEPT CONFIDENTIAL?**

To ensure confidentiality, your name, or department, will not be used in reporting on the findings of the study. Your answers will be given a fictitious code number or a pseudonym and you will be referred to in this way in the data, any publications, or other research reporting methods such as conference proceedings. Your anonymous data may be used for other purposes, e.g. research report, journal articles, conference presentation, etc.

#### **HOW WILL THE INFORMATION BE STORED AND ULTIMATELY DESTROYED?**

For future research or academic purposes; electronic information will be stored on a password protected computer. Future use of the stored data will be subject to further Research Ethics Review and approval if applicable.

#### **WILL I RECEIVE PAYMENT OR ANY INCENTIVES FOR PARTICIPATING IN THIS STUDY?**

There will be no incentives of payment for your participation in the study.

#### **HOW WILL THE PARTICIPANT BE INFORMED OF THE FINDINGS / RESULTS OF THE STUDY?**

The researcher will inform the Hospital General Manager of the final research findings. The Hospital General Manager will use his discretion by informing the participants about the research findings if he feels he is able to do so and if the individual participant were interested to receive the information

**Thank you for taking time to read this information sheet and for participating in this study.**

### CONSENT TO PARTICIPATE IN THIS STUDY

I, \_\_\_\_\_ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet. I have had sufficient opportunity to ask questions and am prepared to participate in the study. I understand that my participation is voluntary and that I am free to withdraw at any time without penalty. I am aware that the findings of this study will be anonymously processed into a research report, journal publications and/or conference proceedings.

I agree to the recording of the virtual interview. Yes/No

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

Full Name(s) of Researcher(s): \_\_\_\_\_

Signature of Researcher: \_\_\_\_\_ Date: \_\_\_\_\_

## APPENDIX E - Semi-structured interview schedule

The interview schedule consists of two parts. Part A consists of closed-ended questions. Please complete this section before the virtual interview. Section B consists of open-ended questions which will guide the discussion during the virtual interview.

### PART A – Self-administered

Please rate the importance of each of the following statements on a scale from totally agree (1) to totally disagree (5).

|  | Totally agree | Agree | Neutral | Disagree | Totally Disagree |
|--|---------------|-------|---------|----------|------------------|
| 9. An internal policy, or guideline, which deals with the use of WhatsApp for the distribution of personal patient information, is important for the hospital. | 1             | 2     | 3       | 4        | 5                |
| 10. Staff are aware that everything they do or say on WhatsApp might have an effect on the hospital.   | 1             | 2     | 3       | 4        | 5                |
| 11. Using your private WhatsApp account to distribute patient information is acceptable.   | 1             | 2     | 3       | 4        | 5                |
| 12. Staff have a legal duty to act in good faith towards the hospital.   | 1             | 2     | 3       | 4        | 5                |
| 13. Using WhatsApp to reach a patient is acceptable.   | 1             | 2     | 3       | 4        | 5                |
| 14. Confidential patient information should only be shared via WhatsApp with the consent of the patient.   | 1             | 2     | 3       | 4        | 5                |
| 15. Staff should not get involved in a heated or escalated discussion on WhatsApp.   | 1             | 2     | 3       | 4        | 5                |
| 16. The use of WhatsApp during office hours should be permitted if it complements or supports a staff member's role.   | 1             | 2     | 3       | 4        | 5                |

## **PART B – Virtual interview questions**

1. What information, in your opinion, should be permitted to be shared per WhatsApp communication during office hours?
2. By thinking out of the box, how can WhatsApp be used or misused in the hospital?
3. What do you think should be done to protect the privacy of the patient when using WhatsApp messages?
4. Do you think that you, as part of the management team of the hospital, are equipped to influence changes related to the use of social media?
5. What other suggestions do you have regarding the sharing of photographs on social media taken in the hospital considering the ethical guidelines in the hospital?