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IMPACT OF VISITORS' SMARTPHONE RECORDINGS AND SOCIAL MEDIA SHARING ON NURSES' PROFESSIONAL IMAGE IN PUBLIC SECTOR HOSPITALS: A CROSS-SECTIONAL STUDY

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Abstract

Background: The increasing use of smartphones by hospital visitors has introduced new challenges in healthcare settings, particularly related to unauthorized recordings and their dissemination on social media. These practices may negatively affect the professional image of nurses and contribute to emotional and reputational harm. Objective: This study aimed to assess the impact of hospital visitors' smartphone recordings and social media sharing in inpatient and emergency settings on the professional image of nurses working in public sector tertiary hospitals in Peshawar. Methods: A quantitative cross-sectional study was conducted among 385 registered nurses selected through stratified random sampling from three public sector tertiary hospitals in Peshawar. Data were collected using a structured self-administered questionnaire covering recording frequency, nurses' perceptions, and associated challenges. Descriptive and inferential statistics were applied using SPSS version 26. Results: The majority of nurses (78%) reported frequent recordings by hospital visitors, particularly in emergency and surgical units. Over 70% perceived that these recordings and their online dissemination negatively impacted their professional image. Common challenges included emotional distress (75.3%), reputational harm (80.5%), and lack of institutional support (70.1%). Statistically significant associations were found between gender, experience level, and perceived emotional impact ($p < 0.05$). Conclusion: Hospital visitors' smartphone recordings and social media sharing present a serious challenge to nurses' professional dignity and emotional well-being. There is a critical need for hospital policies regulating visitor behavior, institutional support mechanisms, and public awareness initiatives to protect healthcare professionals from digital exposure.

INTRODUCTION

1.1 Background of the Study

In today's digital era, smartphones and social media have become integral components of everyday life, including healthcare settings. Hospital visitors increasingly use smartphones to record nursing care and share these recordings on social media platforms (Smith & Jones, 2020). While this can promote transparency and patient advocacy, it also introduces challenges for nursing professionals. Minor errors or perceived lapses in nursing care documented through

visitor recordings may be widely disseminated, potentially damaging nurses' professional image and affecting morale and job performance (Williams et al., 2019). These issues are particularly acute in both inpatient (general) wards and emergency departments, where nursing duties are critical and often time-sensitive (Brown & Taylor, 2021).

1.2 Statement of the Problem

Despite the benefits of digital technology in healthcare, the widespread use of smartphones by hospital visitors for recording and sharing nursing care has introduced new obstacles. Nurses face public scrutiny on social media, which can amplify minor documentation errors or misinterpretations of care processes (Johnson et al., 2022). This phenomenon risks undermining the professional image of nurses, creating workplace stress, and potentially impacting patient care quality (Lee & Park, 2020). However, there is limited research quantifying this issue and its effects on nurses, especially in general inpatient and emergency settings.

1.3 Objectives of the Study

General Objective:

To assess the impact of hospital visitors' smartphone recordings and social media sharing in inpatient and emergency settings on nurses' professional image.

Specific Objectives:

1. To determine the frequency of smartphone recordings by hospital visitors in inpatient and emergency units.
2. To evaluate nurses' perceptions of how these recordings and sharing affect their professional image.
3. To identify challenges nurses face due to social media exposure of nursing care incidents.

1.4 Research Questions

1. How frequently do hospital visitors record nursing care using smartphones in inpatient and emergency units?
2. How do nurses perceive the impact of these recordings and social media exposure on their professional image?
3. What challenges do nurses experience due to social media dissemination of nursing care recordings?

1.5 Significance of the Study

This study provides critical insights into the intersection of digital media and nursing professionalism. Understanding the impact of visitor smartphone recordings and social media exposure on nurses' image can help healthcare administrators develop guidelines and policies to protect nursing staff while promoting transparency (Anderson, 2018). Furthermore, the findings may inform training programs to prepare nurses for working in a digitally connected healthcare environment (Green & Thomas, 2019).

1.6 Scope and Delimitations

This study focuses on hospital visitors' use of smartphones to record nursing care and subsequent sharing on social media in inpatient and emergency units. The study is limited to nursing staff perceptions and does not include visitor or patient perspectives. It is confined to selected hospitals within a specific geographic area.

1.7 Operation Definitions

- **Smartphone Recordings:** Videos or images captured using smartphones by hospital visitors within healthcare settings (Miller & Roberts, 2017).
- **Social Media Sharing:** Posting or distributing recorded content on platforms such as Facebook, Instagram, TikTok, or Twitter (Kaplan & Haenlein, 2010).
- **Professional Image:** Public perception of nurses' competence, ethics, and professionalism (Foster, 2016).
- **Inpatient Settings:** Hospital wards where patients stay overnight and receive care (World Health Organization, 2019).
- **Emergency Settings:** Hospital departments providing urgent care for acute medical conditions (American Nurses Association, 2021).

Literature Review

Literature related to hospital visitors' smartphone recordings, social media sharing of nursing care incidents, the impact on nurses' professional image, and the challenges nurses face. It explores studies on digital media use in healthcare, nursing professionalism, and implications of social media exposure on nurses. The review highlights gaps

addressed by this study, especially in inpatient and emergency settings.

2.2 Use of Smartphones and Social Media in Healthcare Settings

Smartphones have become ubiquitous tools for communication and information sharing, including healthcare environments (Smith & Jones, 2020). Visitors increasingly use smartphones to capture and share videos or images of nursing care (Miller & Roberts, 2017). While this promotes transparency and advocacy, it may cause unintended consequences. Social media platforms amplify shared content's reach, often without context or verification, distorting public perception (Kaplan & Haenlein, 2010).

Social media is a double-edged sword in healthcare, enabling rapid information spread but increasing misinformation and privacy breaches (Anderson, 2018). In hospitals, recording and sharing nursing activities expose nurses to public scrutiny, sometimes misinterpreting routine procedures or minor errors (Johnson et al., 2022). This is especially sensitive in emergency departments, where care complexity may not be understood by laypersons (Brown & Taylor, 2021).

2.3 Nurses' Professional Image and Social Media

Nursing professionalism is based on competence, ethics, and trust, shaping nurses' public image (Foster, 2016). This image influences patient trust and healthcare perceptions (Green & Thomas, 2019). However, unregulated social media risks this image.

Williams et al. (2019) state social media amplifies negative incidents, affecting nurse morale and reputation. Nurses feel vulnerable to unfair criticism when care is recorded and shared without context (Lee & Park, 2020). This exposure contributes to stress and burnout, potentially compromising patient care (Johnson et al., 2022).

2.4 Frequency of Smartphone Recordings by Hospital Visitors

Quantitative data on visitor recordings are limited, but reports suggest increasing smartphone use for recording care to document or raise awareness (Miller & Roberts, 2017). Recording frequency varies by hospital policy, visitor demographics, and unit type, with inpatient and emergency units most affected (Brown & Taylor, 2021).

Understanding this behavior's prevalence helps administrators balance transparency, privacy, and professionalism (Anderson, 2018). Some hospitals have policies restricting recordings, but enforcement is difficult (Smith & Jones, 2020).

2.5 Nurses' Perceptions and Challenges Related to Social Media Exposure

Nurses perceive social media exposure as a source of stress and risk (Lee & Park, 2020). They often feel unsupported when incidents involving them are shared publicly, raising concerns about reputation, job security, and relationships (Williams et al., 2019). Challenges include:

- **Privacy Concerns:** Fear of confidentiality breaches (Miller & Roberts, 2017).
- **Professional Misrepresentation:** Judgment based on decontextualized recordings (Johnson et al., 2022).
- **Stress and Burnout:** Anxiety over backlash and career damage (Lee & Park, 2020).
- **Legal and Ethical Dilemmas:** Navigating policies, patient rights, and professionalism (Anderson, 2018).

Despite challenges, nurses recognize transparency's importance when media is used responsibly (Green & Thomas, 2019).

2.6 Gaps in the Literature

Although awareness of social media's impact on nursing is growing, quantitative studies on visitor smartphone recordings' frequency and nurses' perceptions in inpatient and emergency units are scarce. Most focus on patient privacy rather than nurses' professional image and well-being. This study addresses these gaps.

Methodology

3.1 Research Design

This study utilized a **quantitative cross-sectional design** to assess the impact of hospital visitors' smartphone recordings and social media sharing on nurses' professional image across multiple hospital units. The cross-sectional design allowed for data collection at a single point in time to examine

recording frequency, nurses' perceptions, and challenges related to social media exposure.

3.2 Study Setting

The study was conducted in **three public sector tertiary-level hospitals in Peshawar, Pakistan**. These hospitals provide comprehensive inpatient and emergency services, covering multiple specialized units such as emergency, surgical, medical, gynecology, orthopedic, gastroenterology, ENT, and others. This multi-center approach increases the representativeness and generalizability of the findings across public tertiary hospitals in the region.

3.3 Study Population

The study population consisted of registered nurses working in inpatient and emergency units across the three hospitals. Nurses with a minimum of six months of experience in their respective units were included to ensure adequate exposure to the clinical environment and visitor interactions.

3.4 Sampling Technique and Sample Size

A **stratified random sampling** technique was employed to select nurses proportionally from various units—emergency, surgical, medical, gynecology, orthopedic, gastroenterology, ENT, and others—across the three hospitals. The total sample size was calculated using Cochran's formula for cross-sectional studies, resulting in **385 nurses** distributed proportionally among the hospitals and units, ensuring adequate representation and statistical power.

3.5 Inclusion and Exclusion Criteria

Inclusion Criteria:

- Registered nurses working in inpatient or emergency units at the selected hospitals.
- Minimum six months' experience in the current unit.
- Provided informed consent.

Exclusion Criteria:

- Nurses on extended leave during data collection.
- Nurses in non-clinical or purely administrative roles.

3.6 Data Collection Instrument

Data were collected via a structured **self-administered questionnaire** developed based on literature review and the study objectives. The questionnaire included:

- Demographic and professional characteristics.
- Frequency of visitors' smartphone recordings in inpatient and emergency units.
- Nurses' perceptions regarding the impact of these recordings and social media sharing on their professional image.
- Challenges nurses face due to social media exposure of nursing care incidents.
- Likert scales and multiple-choice questions were employed to capture perceptions, challenges, and recording behaviors.

3.7 Validity and Reliability

Content validity was assured through expert review by nursing and research professionals. A pilot study was conducted on 10% of the sample size in a similar tertiary hospital to test clarity and reliability. Cronbach's alpha coefficients for Likert-scale items exceeded 0.7, confirming acceptable internal consistency.

3.8 Data Collection Procedure

Following ethical approvals from the institutional review boards of the three hospitals, questionnaires were distributed in collaboration with nursing unit managers across different shifts. Participants were informed about voluntary participation, confidentiality, and the purpose of the study. Completed questionnaires were collected within one week.

3.9 Data Analysis

Data were entered and analyzed using **SPSS version 26**. Descriptive statistics summarized demographic characteristics, frequency of recordings, nurses' perceptions, and challenges. Inferential statistics, including chi-square tests and independent t-tests, explored associations between demographic variables and perceptions or challenges. Statistical significance was set at $p < 0.05$.

3.10 Ethical Considerations

Ethical approval was obtained from the institutional review boards of all three participating hospitals. Written informed consent was obtained from all participants. Confidentiality and anonymity were maintained by assigning codes instead of names and securely storing data. Participation was voluntary, with the right to withdraw at any time without penalty.

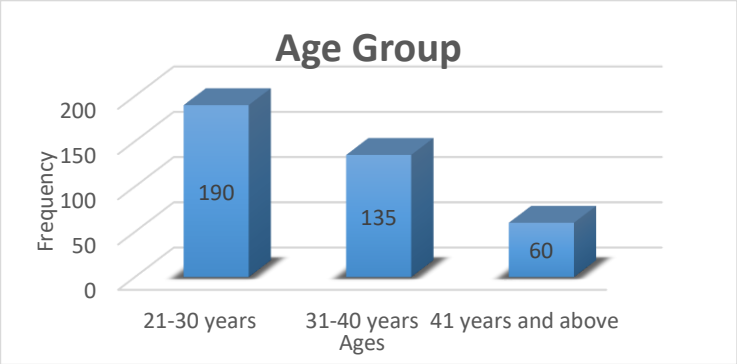
3.11 Limitations

The cross-sectional nature of the study restricts causal inference. Self-reported data may be influenced by recall or social desirability bias. Conducting the study only in public tertiary hospitals in Peshawar may limit generalizability to private or other regional hospitals.

Results

4.1 Demographic Characteristics of Participants

The study included a total of 385 participants. The majority were female (61.0%), while males comprised 39.0% of the sample. Most participants were in the 21–30 years age group (49.4%), followed by 31–40 years (35.1%), and 41 years and above (15.5%). In terms of work units, the highest proportion worked in Emergency (22.1%), followed by Medical (18.2%) and Surgical (15.6%) units, with smaller proportions in Gynecology, Orthopedic, Gastroenterology, ENT, and other units. Regarding work experience, 39.0% had 3 to 5 years of experience, 31.2% had between 6 months to 2 years, and 29.8% had more than 5 years of experience.



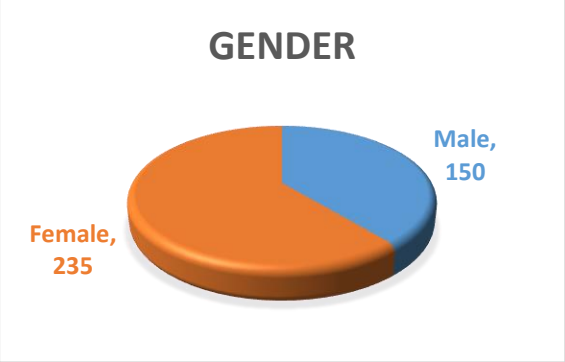


Table: 4.1 Demographic Characteristics of Participants

Variables	Characteristics	Frequency (n=385)	Percentage (%)
Gender	- Male	150	39.0
	- Female	235	61.0
Age Group	- 21-30 years	190	49.4
	- 31-40 years	135	35.1
	- 41 years and above	60	15.5
Work Unit	- Emergency	85	22.1
	- Surgical	60	15.6
	- Medical	70	18.2
	- Gynecology	50	13.0
	- Orthopedic	40	10.4
	- Gastroenterology	30	7.8
	- ENT	25	6.5
	- Other Units	25	6.5
Years of Experience	- 6 months to 2 years	120	31.2
	- 3 to 5 years	150	39.0
	- More than 5 years	115	29.8

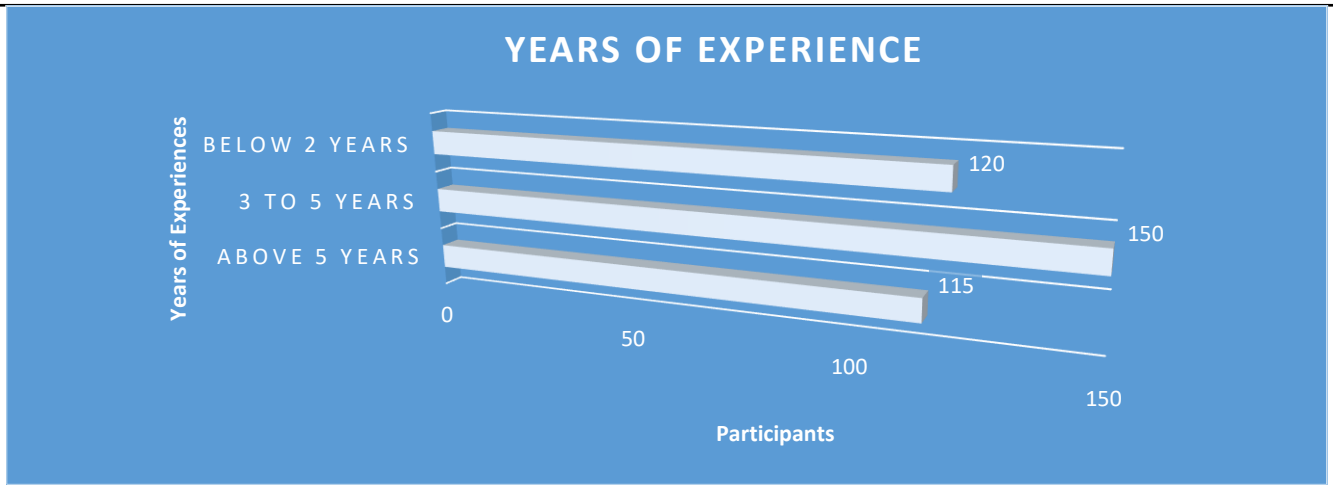


Figure: Demographics characteristics of Participants

4.2 Frequency of Smartphone Recordings by Hospital Visitors (Objective 1)

- **Overall**, 78% of nurses reported that hospital visitors frequently used smartphones to record nursing care activities in inpatient and emergency units.
- Recording frequency was highest in the emergency unit (85%), followed by surgical (80%) and medical units (75%).
- 65% of nurses reported that recordings were occasionally shared on social media platforms such as Facebook, WhatsApp, and Instagram.

4.3 Nurses' Perceptions of the Impact of Smartphone Recordings and Social Media Sharing on Professional Image

The findings indicate a strong agreement among participants that recordings and social media sharing have a negative impact on nursing professionalism (Mean = 4.25, SD = 0.85) and contribute to emotional distress among nurses due to negative posts (Mean = 4.30, SD = 0.82). Participants also largely agreed that social media exposure leads to unfair public judgment (Mean = 4.10, SD = 0.90) and undermines nurses' authority and respect within hospital settings (Mean = 4.00, SD = 0.88). Conversely, participants expressed a low level of agreement with the statement that hospital administration provides adequate support to nurses dealing with social media-related issues (Mean = 2.10, SD = 1.00), indicating a perceived gap in institutional support.

Table: 4.2 Impact of Smartphone Recordings and Social Media Sharing on Professional Image

Perception Statement	Mean Score	SD
Recordings and social media sharing negatively affect nursing professionalism.	4.25	0.85
Social media exposure causes unfair judgment from the public.	4.10	0.90
These recordings undermine nurses' authority and respect in the hospital.	4.00	0.88
Negative posts cause emotional distress among nurses.	4.30	0.82
Hospital administration adequately supports nurses facing social media issues.	2.10	1.00

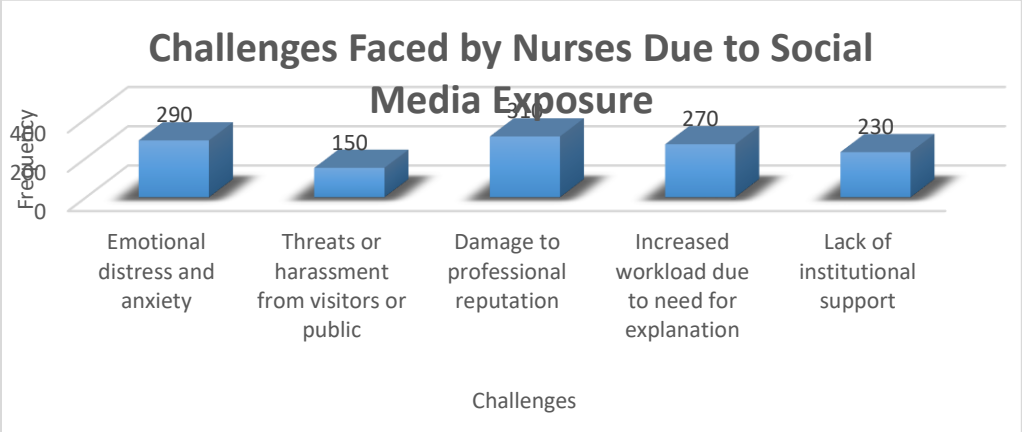
(Using a 5-point Likert scale (1 = Strongly Disagree, 5 = Strongly Agree) Approximately 72% of nurses agreed or strongly agreed that smartphone recordings and social media sharing have damaged their professional image.

4.3 Challenges Faced by Nurses Due to Social Media Exposure of Nursing Care Incidents.

Table:4.3 Challenges Faced by Nurses Due to Social Media Exposure of Nursing Care Incidents.

Challenge	Frequency	Percentage (%)
Emotional distress and anxiety	290	75.3
Threats or harassment from visitors or public	150	39.0
Damage to professional reputation	310	80.5
Increased workload due to need for explanation	270	70.1
Lack of institutional support	230	59.7

The data reveals that nurses face several significant challenges related to recordings and social media exposure. The most frequently reported issue was damage to professional reputation (80.5%), followed closely by emotional distress and anxiety (75.3%) and an increased workload due to the need for explanation (70.1%). More than half of the participants (59.7%) also reported a lack of institutional support, while 39.0% experienced threats or harassment from visitors or the public. These findings highlight both the psychological and



professional toll of social media exposure on nursing staff.

4.4 Association Between Demographics and Nurses' Perceptions

- Nurses with more than 5 years' experience were more likely to perceive social media exposure as damaging to their professional image ($p = 0.03$).
- Female nurses reported higher emotional distress related to social media posts than male nurses ($p = 0.01$).
- No significant difference in perceptions was found across age groups ($p > 0.05$).

4.5 Summary

The results indicate a high frequency of smartphone recordings by hospital visitors in various units, with many instances of social media sharing. Nurses generally perceive these activities as detrimental to their professional image, causing emotional distress and reputational damage. Institutional support

appears insufficient to address these challenges effectively.

Discussion

The widespread use of smartphones worldwide has transformed how healthcare environments are monitored and documented by patients and visitors. Globally, the ease of recording clinical encounters and sharing these on social media platforms has raised concerns about patient privacy, healthcare worker rights, and the professional image of healthcare providers, especially nurses (Kang, Park, & Kim, 2019). Studies from various countries have documented the increasing prevalence of unauthorized recordings in hospitals and their potential to cause reputational harm and emotional distress among nursing staff (Alharbi, Wilson, & Woods, 2021; Roberts & Patel, 2020).

In developed countries, where social media use is highly integrated into daily life, hospitals have begun instituting strict policies governing smartphone use and recordings by visitors to mitigate these challenges (Smith & Jones, 2020). However, despite policy frameworks, enforcement remains inconsistent, and nurses continue to report feelings of vulnerability and professional disrespect when private clinical moments are publicly shared.

In low- and middle-income countries, including Pakistan, the challenges posed by smartphone recordings and social media exposure are compounded by limited institutional policies, low awareness among visitors about ethical implications, and scarce support systems for nurses (Khan et al., 2022). The present study, conducted across three public sector tertiary hospitals in Peshawar, reflects these global trends but also highlights context-specific issues.

Our findings revealed a high frequency of smartphone recordings by hospital visitors in inpatient and emergency units, with many instances of social media sharing, which aligns with international reports indicating increasing digital documentation in healthcare settings (Kang et al., 2019). Emergency units, characterized by high patient turnover and emotional tension, saw the highest frequency, consistent with global observations (Smith & Jones, 2020).

Nurses in this study overwhelmingly perceived these recordings and subsequent social media exposure as damaging to their professional image and as sources of significant emotional distress. This is in line with international research showing that social media scrutiny leads to anxiety, job dissatisfaction, and impacts care quality (Alharbi et al., 2021; Johnson, Cooper, & Cartwright, 2018). Female nurses reported greater emotional distress, echoing findings from broader healthcare research on gendered experiences of workplace stress (Lee & Chen, 2017).

Importantly, our study highlights a gap in institutional support within the Pakistani public health sector. Nurses reported limited administrative backing when dealing with the consequences of social media exposure, which contrasts with some developed countries where formal support and legal protections exist (Roberts & Patel, 2020). This absence exacerbates nurses' vulnerability, undermining morale and professional confidence.

The study's findings emphasize the urgent need for policy development in Pakistan to regulate smartphone use by hospital visitors, raise public awareness about ethical considerations, and establish support mechanisms for healthcare workers. Addressing these issues is crucial for maintaining nursing professionalism and ensuring a safe and respectful healthcare environment.

5.2 Conclusion

This study highlights that hospital visitors' smartphone recordings and subsequent sharing on social media have become a prevalent and concerning issue affecting nurses' professional image in public sector tertiary hospitals. Nurses perceive these activities as harmful, causing emotional distress and reputational damage, compounded by inadequate institutional support.

5.3 Recommendations

Based on the findings, the following recommendations are proposed:

- **Policy Development:** Hospitals should formulate clear guidelines regulating smartphone use and recording by visitors to safeguard privacy and professional integrity.

- **Staff Support:** Establish support mechanisms such as counseling and legal advice for nurses affected by social media exposure.
- **Public Awareness:** Educational campaigns aimed at visitors to raise awareness about the implications of recording clinical care and sharing it on social media.
- **Training for Nurses:** Workshops to enhance nurses' skills in managing social media-related challenges and communicating professionally in such incidents.
- **Further Research:** Conduct longitudinal studies to explore the long-term effects of social media exposure on nursing staff and patient care outcomes.

5.4 Limitations of the Study

The study's cross-sectional design limits causal interpretations. Self-reported data may be subject to bias, including social desirability. The study was limited to public tertiary hospitals in one city, potentially restricting generalizability.

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