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Authors

Young, Sean D.
Bychkov, David

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Social Media as a Tool to Reduce Sexual Misconduct in Medical Facilities

David Bychkov, PhD,¹ and Sean Young, PhD, MS²

¹ Johns Hopkins University, Whiting School of Engineering, Institute for NanoBioTechnology, inHealth Measurement Corps, Baltimore, Maryland, USA

² Department of Family Medicine, University of California, Los Angeles, California, USA

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Correspondence and reprint requests:

Sean D. Young, PhD, MS

Department of Family Medicine

University of California, Los Angeles

10880 Wilshire Blvd., Ste. 1800

Los Angeles, CA 90024

Email: Dr. Bychkov (DBychkov@mednet.ucla.edu); Dr. Young (SDYoung@mednet.ucla.edu)

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ABSTRACT

This article argues for the expansion of reporting options for patients who experience sexual misconduct at a medical facility. Improvements in two main areas are proposed: monitoring of patient complaints, and communication tools to report sexual misconduct. The limitations of current methods of reporting sexual misconduct are reviewed, and a strategy to use social networking services to interact with patients is proposed. The article concludes with a discussion of how medical facilities currently use social media accounts and how these accounts could be modified to help improve patient safety.

Keywords: sexual misconduct; social media; social networking services

In 2011, a California jury awarded Courtney Rosenberg \$65 million in punitive damages against the Encino-Tarzana Medical Center after finding she had been sexually assaulted by one of their nurses.¹ Although such incidents may seem isolated, sexual assault was the most frequently cited patient complaint reported to the Center for Medicare and Medicaid Services (CMS) in 2008,² and a recently published report showed that more than 2,400 U.S. physicians have been sanctioned since 1999 for sexual misconduct.³

Improvements in two main areas can help to reduce sexual misconduct: 1) better monitoring of patient complaints (data monitoring), and 2) improvements in communication tools to report sexual misconduct (data collection). The U.S. government and many hospitals have implemented methods to document patient complaints, but sexual misconduct is not typically monitored. For example, since 2007, hospitals across the United States have collected data from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey on a quarterly basis. The HCAHPS asks discharged patients 27 questions about their recent hospital stay, several of which focus on staff conduct. Based in part on HCAHPS ratings, CMS may increase or decrease hospital Medicare payments up to 2% starting in fiscal year 2017. However, HCAHPS data do not include statistics about sexual assault or sexual harassment, meaning there is a lack of data about sexual misconduct.

Similarly, patients have few options to report sexual misconduct. The primary method of collecting real-time complaints from patients is via bed-mounted call buttons or speakerphones.⁴ Call requests are answered by a representative at the nearest nurse station who is trained to ask questions, identify patient needs, and then route a nurse or technician to the patient's room.⁵ Call buttons have inherent limitations for patients who do not speak English as their native language, do not have the strength to reach or press the physical button, or are uncomfortable or incapable

of disclosing concerns into a speakerphone. The stigmatization around sexual abuse is another factor that prevents individuals from disclosing sexual assault, especially if reporting must be done face-to-face.⁶ A patient, like Courtney Rosenberg, who is being physically assaulted, might feel reluctant to disclose assault through a nurse call button. In fact, court documents indicated that Ms. Rosenberg waited until after she was discharged to report the incident.¹

Patients are using real-time social media platforms like Twitter to express concerns about their healthcare experience.⁷ For example, a search using the term “patient abuse” returned 206 tweets from patients complaining of sexual abuse, racial discrimination, and physical assault. Another search, using the term “patient forced,” returned 347 tweets, including a specific accusation of patient mishandling (Table 1). More than half of all American Hospital Association–member hospitals have an active Twitter account,⁸ but hospitals typically use these accounts solely for marketing purposes. Instead of restricting postings to press releases or general health information, we propose that hospitals use social networking services as an additional method to monitor sexual misconduct and to improve patient safety.

How can this be done? First, patients are already describing their experiences on social media, so hospitals could create a dedicated Twitter account for patients who are uncomfortable reporting events. Educating staff and patients about the existence of a specific hashtag or dedicated handle to be used in case of misconduct would reduce time spent on false reporting and parsing irrelevant data. Of course, hospitals would have to invest in proper signage and automated or customized replies to patients who request assistance, just as airlines have successfully used Twitter to communicate with stranded or frustrated passengers.⁹ In addition, hospitals should monitor popular services like Yelp and Facebook and provide follow-up communication to patients who express dissatisfaction or note questionable staff behavior.

Numerous data privacy issues would need to be resolved before implementing these strategies, but today hospitals could take the step of asking patients their Twitter handle upon admission, along with consent to monitor on-site activity patterns.

Research has shown that patients are willing to provide their data and that they will actively share information relevant to their health on Twitter.¹⁰ Twitter's open application programming interface (API) enables clinicians to monitor user activities, including the frequency and time of tweets. If a patient were to tweet specific words related to safety, such as "stranger," "gun," "hurt," or "sex," the data would become part of their electronic health record and trigger heightened surveillance. If Ms. Rosenberg had sought advice on Twitter related to medical staff misconduct, her physician may have been able to identify a possible incident and immediately respond.¹¹ Moreover, the assailant could have been located and removed from duty before additional patients were put at risk.

Hospitals have already invested substantially in social media marketing campaigns—the challenge now is to leverage those investments to help clinicians hear patient cries for help.

References

1. California Courts. Appellate court case information. Available at:
[http://appellatecases.courtinfo.ca.gov/search/case/dockets.cfm?
dist=0&doc_id=1901942&doc_no=S170264](http://appellatecases.courtinfo.ca.gov/search/case/dockets.cfm?dist=0&doc_id=1901942&doc_no=S170264). Accessed October 14th, 2016.
2. U.S. Department of Health and Human Services. Adverse events in hospitals: Medicare's responses to alleged serious events. Available at:
<http://scholar.googleusercontent.com/scholar?>

q=cache:29MOB8ANdAcJ:scholar.google.com/&hl=en&as_sdt=0,21. Accessed October 12th, 2016.

3. *The Atlanta Journal-Constitution*. Doctors & sex abuse: license to betray. Available at: http://doctors.ajc.com/doctors_sex_abuse/?ecmp=doctorssexabuse_microsite_nav. Accessed October 10th, 2016.
4. Tzeng H-M. Perspectives of staff nurses of the reasons for and the nature of patient-initiated call lights: an exploratory survey study in four USA hospitals. *BMC Health Serv Res*. 2010; 10:52.
5. Meyers M. Calling all nurses: selecting the right communication system. *Health Facil Manage*. 2011; 24(3):20–4.
6. Sable MR, Danis F, Mauzy DL, Gallagher SK. Barriers to reporting sexual assault for women and men: perspectives of college students. *J Am Coll Health*. 2006; 55(3):157–62.
7. Nakhasi A, Bell SG, Passarella RJ, Paul MJ, Dredze M, Pronovost PJ. The potential of Twitter as a data source for patient safety. *J Patient Saf*. 2016; January 11.
8. Hawkins JB, Brownstein JS, Tuli G, Runels T, Broecker K, Nsoesie EO, et al. Measuring patient-perceived quality of care in U.S. hospitals using Twitter. *BMJ Qual Saf*. 2016; 25(6):404–13.
9. Misopoulos F, Mitic M, Kapoulas A, Karapiperis C. Uncovering customer service experiences with Twitter: the case of airline industry. *Manag Decis*. 2014; 52(4):705–23.

10. Young SD, Rivers C, Lewis B. Methods of using real-time social media technologies for detection and remote monitoring of HIV outcomes. *Prev Med.* 2014; 63:112–15.
11. Antheunis ML, Tates K, Nieboer TE. Patients' and health professionals' use of social media in health care: motives, barriers and expectations. *Patient Educ Couns.* 2013; 92(3):426–31.

Table 1. Examples of tweets related to patient abuse.

Search Term	Posting Text and Date
“patient abuse”	“@Seasoned_ @mentalcapital @abbyc75 The abuse I suffered as a patient has left me V traumatised...” (July 16, 2016)
“patient forced”	“Nurse is incredibly impatient with the patient. Forced him to sit up and made him get off the stretcher.” (September 20, 2016)
“doctor groped raped”	<p>“my doctor groped my nipple last week but I was too scared to say anything.” (June 28, 2011)</p> <p>“I’ve been date raped by a guy twice my size, groped by a doctor & had a gun held to my head. Assault happens.” (October 8, 2016)</p>

Note: Content slightly altered to protect patient identity.