

Original Article

Ethical Evaluation of Videos/Photographs with Obstetry Content Shared on Social Media by Health Professionals: A Qualitative Study

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Abstract

**Aim:** This qualitative study was conducted to determine the views of midwifery students on videos and photographs with obstetrics content shared by health professionals on social media and to evaluate them ethically.

**Materials and Method:** The sample group of the study consisted of students continuing their education in the Midwifery Undergraduate programme of a public university. A semi-structured interview form was used for data collection and MAXQDA 2022 was used for content analysis of the data. Colaizzi's phenomenological interpretation method was used during data analysis.

**Results:** As a result of the analysis of qualitative data, 4 themes and 10 sub-codes were created. It was determined that the mean age of the students participating in the study was 20.57±1.08. It was determined that midwife candidates mostly actively used Instagram (88.8%) and Youtube (50.0%) among social media applications. In addition, students who encountered uncensored birth moment or baby care posts, especially on social media; although they found these posts professionally instructive, they thought that sharing them openly on these platforms could cause trauma for individuals other than healthcare personnel and frighten women who have not yet given birth (66.6%), may lead to violation of personal rights (83.3%), even if permission is obtained from the photo/video owner, this may lead to ethical dilemmas in the future (27.7%), and that baby and child photos may cause some dangers in issues such as child abuse, child pornography and pedophilia (72.1%).

**Conclusion:** According to the results of the study, it was determined that the students found the posts about obstetrics on social media useful for their own development if they did not violate ethical limits. However, students emphasised that they frequently encountered posts that violate confidentiality and privacy shared by health professionals for promotion, advertisement and commercial gain, and that these posts were unethical.

**Keywords:** Midwifery students, Ethics, Social media, Child photo sharing

Introduction

Social media is a general name given to various internet-based platforms used "to share ideas and experiences, information, images, video and audio clips" (Grobler &

Dhai, 2016). Social media is a popular medium that allows its users to connect and communicate in new ways (Tabb et al., 2020). Although health professionals try to express themselves as individuals on social media, they are recognised by the public not only as

individuals but also as trusted representatives of their profession. However, due to the nature of social media use, the boundaries between personal and professional identities are removed (Pimer & Tulenko, 2016).

Clinical photography refers to the use of photography in healthcare to monitor a patient's condition, treatment and progress. It is used in some specialities such as dermatology, oncology, plastic surgery, pathology, orthopaedics, emergency medicine and in the treatment of intersex patients. However, the sharing of these photographs on public social media accounts for purposes other than treatment, especially without informed consent, raises ethical debates (Palacios-González, 2015). In 2008, a Swedish nurse was suspended from her job after sharing photos of a brain surgery she participated in on her Facebook profile (Salter 2008). In 2011, US Johnson County Community College dismissed four nursing students who posted photos of themselves posing with a placenta on Facebook (Gibson 2011). The overlap of social media and health practices seems to raise many ethical questions that need to be addressed to guarantee the safety and protection of patients and all staff involved in their treatment.

In a study conducted by Griffin et al. with midwives and nurses, it was determined that midwives and nurses approached social media cautiously, but many of them were curious about the potential of social media (Griffin et al., 2021). It was determined that nurses who actively use social media share professional photos, but this usage negatively affects their professional performance.

Social media is used intensively in the field of health as in every field. When healthcare professionals use social media professionally, they can be beneficial to both patients and colleagues and increase their own reputation. However, it can also lead to ethical problems and concerns. Therefore, this study aimed to examine the ethical views and evaluations of midwifery students, who are the health professionals of the future, about these photographs shared on social media. The results of the research will provide important data for the development of social media guidelines for health personnel and the planning of necessary regulations.

## Material-Method

This study, which was conducted as a qualitative research, was conducted to determine the ethical views and evaluations of midwifery students about obstetrics-related photo/video content shared by health professionals on social media. This research was designed with 'phenomenological' design from qualitative research methods. The 32-item Consolidated Criteria for Reporting Qualitative research (COREQ) checklist, which is a guide in qualitative research, was used in structuring and reporting the research.

**Population and Sample of the Study:** The population of the study consisted of 3rd grade students studying at the Midwifery Department of a public university in Istanbul (N:75). Criterion sampling method was used to determine the study group of the research.

While the sample of the study was being created, students were continued to be interviewed until the saturation point of the answers to the questions in the qualitative research sample volume was reached, and 18 students who volunteered to participate in the study formed the sample of the study (n: 18).

**Data Collection Tools:** The data of the study were collected using the "Introductory Information Form" and "Semi-structured Interview Form" created by the researchers.

*Introductory Information Form:* This form, which was created by the researchers based on the literature (Kartal & Bulut, 2022; Karadas et al., 2021; Kucukali & Sercemeli, 2020), includes questions such as age, high school graduated from, social media use, etc.

*Semi-structured Interview Form:* The semi-structured interview form prepared by the researchers in line with the literature (Kartal & Bulut, 2022; Karadas et al., 2021; Kucukali & Sercemeli, 2020) and expert opinion includes questions about students' ethical values and their thoughts on sharing obstetrics-related photos on social media. Before starting the data collection process, a pilot interview was held with 6 student midwives to determine the understandability of the questions and the need for new questions.

**Research questions:** Do you share on social media?

What kind of accounts do you follow on social media?

Do you follow accounts that share posts about your profession (obstetrician, midwife, obstetrics nurse, etc.)?

Do you follow social media accounts related to obstetrics? Could you please explain?

Do you come across/follow obstetric-related photos and videos shared on social media?

Do you think that the unfiltered and uncensored videos/photos shared by health professionals on social media about the moment of birth and the pregnancy process constitute a violation of the principle of privacy, confidentiality and ethics?

Do you think it is appropriate for healthcare professionals to share interesting photos/videos of their patients/pregnant women for promotional or advertising purposes?

Who needs permission when publishing birth and baby photos/videos?

Do you think seeing photos/videos of birth will affect someone who hasn't given birth?

**Data Collection Process:** After midwife candidates were informed about the study and their voluntary consent was obtained, data were collected by face-to-face interview between January and February 2024. Students' opinions on uterus transplantation were obtained through a semi-structured guiding questionnaire using the focus group interview method. The interviews were held in groups of 4-5 people in the meeting room of the Faculty of Health Sciences of the University where the research was conducted. At least two researchers took part in the interviews; one led the interview and the other observed the process, asked additional questions when necessary, took notes and asked for opinions. Thus, it was aimed to prevent possible data loss and to make the data suitable for the research questions. The researchers who conducted the interviews are midwives and work as academics. Each interview lasted an average of 50-55 minutes (each participant was given at least 10-15 minutes of interview time), the interview was terminated when the data reached saturation and the participants were told that a recording device would be used during the interviews, but the end of the interviews could be listened to by the participants and if necessary, the opinions in the recordings could be partially or completely removed. Thus, it was aimed to prevent the negative impact of the recording device on the participants.

**Data Evaluation:** Content analysis method was used to analyze the data. MAXQDA 2022 qualitative data analysis program was used in the content analysis of the interview data. All interviews were recorded with a voice recorder and the researcher kept observation notes. Voice recordings of 18 participants obtained from the interviews were transferred to the computer. The audio recordings were listened to many times and recorded in a word document. The documents were read carefully over and over again and punctuation and spelling errors were corrected. Invalid and meaningless data unrelated to the subject were removed. The prepared documents were re-presented and finalized to give participants the opportunity to read and correct their statements.

The data were analyzed using Colaizzi's (1978) seven-stage phenomenological analysis method. The following steps were followed in analyzing the data:

1. In order to understand the meanings attributed to the phenomenon and the emotions experienced, the transcripts were read several times and short notes were taken.
2. Important statements that are directly related to the phenomenon have been selected.
3. These important expressions were examined and expressions with common meanings were formulated.
4. Formulated meanings are grouped as theme, sub-theme and code.
5. The results obtained are combined with extensive life experiences.
6. The basic conceptual structure of the phenomenon is defined.

The resulting themes, sub-themes and codes were examined by two academicians who are experts in their fields, in addition to the researchers. All researchers took part in the data analysis and coding process. Individuals' names will not be used while writing the data, and for convenience in analysis and confidentiality, each individual interviewed is numbered and coded (For example, P1 for participant 1, P2 for participant 2). The raw data of this research, the coding made during the analysis phase and all other materials are kept confidential for confirmability.

**Ethical Principles of Research:** In order to conduct the research, ethics committee approval was received from the Health Sciences University Hamidiye Scientific

Research Ethics Committee. At all stages of the research, the rules in the Declaration of Helsinki were followed. After the participants were informed about the research, their informed consent was obtained. The principle of confidentiality was taken into consideration when collecting and storing all information about the participants. For this purpose, all introductory information was anonymized by giving nicknames as P1, P2, P3,... during the reporting process. Voice recordings, transcripts and interview notes are protected with a password in the computer environment.

## Results

When the descriptive characteristics of the participants were analysed, the mean age was  $20.57 \pm 1.08$  years. When the social media accounts they used were analysed, it was determined that they used Instagram (88.8%), YouTube (50.0%), Twitter/X (22.8%) and Tiktok (16.4%). It was also found that 61.2% of the students spent 3-4 hours on social media (61.2%) (Table 1). It was determined that 55.7% of the students thought that social media affected the perception of privacy. The findings obtained from the interviews conducted in the research were included under 4 themes and 10 sub-codes.

**Table 1. Descriptive information of the participants**

	Mean±SD	Min-max
<b>Age</b>	20.57±1.08	19-22
	N	%
<b>Economic level</b>		
Income less than expenditure	7	38.8
Income equals expenditure	10	55.6
Income more than expenditure	1	5.6
<b>Place of residence</b>		
Metropolitan/Province	14	77.7
Village/Town/District	4	22.3
<b>*Social media applications used</b>		
Instagram	16	88.8
Youtube	9	50.0
Twitter (X)	4	22.8
Tiktok	3	16.4
<b>Average time spent on social media</b>		
0-2 hours	2	11.1
3-4 hours	11	61.2
5 hours and over	5	27.7
<b>Does social media affect the perception of privacy</b>		
Yes	10	55.7
Partially	5	27.7
No	3	16.6
<b>Practice/internship in obstetrics/newborn clinics</b>		
Yes	14	77.7
No	4	22.3

\*More than one answer was given

**Table 2. Themes and sub-codes**

Theme	Subcodes
<b>Social Media Usage Status</b>	Obstetric Content Follow-up Status
	Obstetric Content Sharing Status
	Risks for the health professional

<b>Risk Assessment of Obstetric Content on Social Media</b>	Risks for the baby/child
	Risks for the mother
	Risks for followers
<b>Value Judgements</b>	Patient Privacy issues
	Ethical dilemmas
<b>Evaluation According to Intended Use</b>	Advertising or promotion
	Commercial purpose

When the research data were analysed, the theme of social media usage status was determined and 2 sub-codes were determined as the status of following obstetric content and the status of sharing obstetric content.

**Status of Following Obstetric Contents subcode:** It was determined that midwifery students follow social media accounts with obstetric content. It has been determined that although they find the posts in this content useful for their own professional development, they think that they may cause trauma for individuals who are not health professionals.

*P1: I especially follow midwives and gynaecologists to see photos related to obstetrics.*

*P2: I come across a lot of obstetrics-related photos on social media and I follow them, I generally pay attention to follow physicians and midwives who provide information about the field.*

*P9: I follow physician, midwife, nurse and student profiles sharing about my profession. I follow open and uncensored midwifery content because it is of professional benefit to me.*

*P12: I follow accounts that are useful for me and provide my development. I follow physicians, midwives and nurses. I come across a lot of obstetrics-related photos and videos. I see a lot of placenta, breastfeeding, birth, postpartum video and photo sharing.*

*P16: Although I generally follow my environment on social media, I follow associations, organisations and midwifery pages related to my profession. I follow the midwives I*

*look up to. Therefore, I come across obstetrics photos and videos a lot.*

**Obstetric Content Sharing Status subcode:** When the status of students sharing obstetric content was examined, it was determined that some students did not share health content, but some students shared their internship photos with professional content.

*P4: I do not share much on social media, but when I do, I share photos of landscapes or photos with my relatives, I do not share obstetric content.*

*P8: Our profession involves privacy, so I do not share professional information.*

*P11: I have my own midwifery blog account and I also share posts, but I generally share the motivating and interesting parts of the profession, I do not go into the informative part, I do not consider myself sufficient.*

*P12: I make professional posts, I also have a blog account, I produce content, I make treatment care shots, but I do not share patients, I am sensitive to ethical rules.*

*P16: Most of the posts I share on social media include selfies, landscapes and humour type posts. I never prefer to share professional photos.*

**Theme 2. Risk Assessment Related to Obstetric Content on Social Media:** When the research data were analysed, the theme related to risk assessment was determined and 4 sub-codes were identified as risks for the health professional, risks for the baby/child, risks for the mother and risks for the follower.

**Risks for health professionals subcode:** When students were asked to make a risk assessment, it was determined that they were

at risk because a lawsuit could be filed against healthcare professionals in the future, and therefore they thought they needed to complete their permit processes.

*P5: If there is a doctor, a midwife or even a member of staff in the shared photo, their permission should also be obtained.*

*P8: Even if the person has permission to share obstetric photos, the family's opinion may change in the future and they may sue both the institution and the staff.*

*P15: Uncensored posts where the mother or baby's face is open violate ethics and patient privacy, even if permission is obtained from the family, the institution may cause problems. Permission should also be obtained from the hospital administration.*

**Risks for the infant/child subcode:** It has been determined that prospective midwives worry most about babies and children when making risk diagnoses. It has been determined that they have concerns that it may cause problems such as pedophilia, child pornography and privacy, and that their innocence may be harmed.

*P1: I was disturbed by the sharing of a newborn baby's face, and when I asked the person who shared it if he/she had permission, he/she said that he/she had not, and I told him/her that this situation was inconvenient and could pose a danger for the baby in the future.*

*P4: As a profession, we love babies and children, but these photos, even many photos from the moment of birth until they grow up, can affect the child. In addition, social media is not a reliable place, we see in the news that paedophilia and child abuse have become very common.*

*P12: If the baby's face is not visible, it can be shared, but I would not want it to be shared, and I would not share photos of my own baby.*

*P13: Some shared baby photos or videos can be used in child porn.*

*P18: I do not find baby photos right in terms of evil eye, and these posts may cause paedophilia and child abuse. Those photos can be photoshopped and used for very ugly purposes.*

**Risks for the mother subcode:** When the participants were asked to evaluate the risks for the mother, it was determined that they had thoughts such as sharing obstetrical photographs affects the privacy of mothers, the photographs can be used for other purposes, and psychologically negative situations may occur.

*P3: Sharing images of a baby, the moment of birth and after birth without the permission of the family may disturb the mother and this may cause stress. At the same time, if video or photo shooting is done at the time of birth even if she does not want to be photographed, the birth may become difficult, and after birth, the stress caused by the events that occur at the time of birth may even negatively affect breastfeeding as it will cause uneasiness in the mother and baby.*

*P14: Images of the mother can be taken and used by other people for other purposes.*

*P18: The mother may have allowed these shares by thinking emotionally under the influence of hormones, but afterwards she may feel used for advertising purposes.*

**Risks in terms of followers subcode:** When the risk factors for followers are examined; It has been determined that individuals who are not healthcare professionals state that it is not right to know everything and that this situation can lead to situations such as anxiety, fear of birth, and hospital phobia.

*P2: In some posts, everything is presented to the followers uncensored, knowing everything can scare them and cause hospital or birth anxiety and fear.*

*P7: Obstetric images shared on social media affect women whether they give birth or not, and can also scare them.*

*P11: Difficult birth photographs can scare women and affect them negatively.*

*P15: Some pregnant women want to know how the birth will go and they do research about birth beforehand and watch videos so that they can go to birth more consciously.*

**Theme 3. Value Judgements:** When the results of the study were examined, the theme related to value judgements was determined and the sub-dimensions of patient privacy problems and ethical dilemmas were determined.

**Patient privacy issues subcode:** It has been determined that midwifery students think that obstetric-related photographs negatively affect patient privacy. However, it was determined that some participants thought that if the patient had permission, there would be no privacy problems.

*P4: Of course, what is shared without censorship violates patient privacy. Health professionals can share by saying that they have received approval from the family, but they need to evaluate professionally. They should pay attention to privacy under all circumstances.*

*P5: I have already seen that the moment of normal birth, the baby coming out of the vagina are shared. These contents violate patient privacy.*

*P8: If there is a violation of privacy, it negatively affects the person who shared the photo. When the baby in the photo grows up, he/she may say that he/she wishes this was not shared and kept it private for me.*

*P18: I think that the video photos shared constitute a violation of the principle of privacy of social life and privacy. I think that the baby's family should be informed about this issue and should not allow the shooting to be done. I definitely do not find it right to share videos of children playing with them while eating and dressing them up, especially sharing photos of girls' videos.*

**Ethical dilemmas subcode:** It has been determined that some researchers think that these sharings will cause ethical violations, even if the patients have permission.

*P2: It is normal for midwives to share the content and visuals of their profession, and pregnant women are also experiencing the joy of it, I do not think it is a normal ethical violation.*

*P8: Obstetrics-related posts are useful for members of the profession, but here patient rights come into play, we should not violate their ethical rights because it is beneficial for ourselves.*

*P14: I come across a lot of obstetrics photos and videos. These types of accounts can violate ethical rules and create very different perceptions. The moment of birth is shared a lot. For some people, these images can be nauseating or frightening.*

*P17: I think that these posts violate the principle of privacy and ethical values, and I find it unethical even though the family has allowed it.*

**Theme 4. Evaluation According to Purpose of Use:** When the research data were analysed, an evaluation theme was determined according to the purpose of use, and 2 sub-dimensions were identified: advertising or promotional purpose and commercial.

**Advertising or promotional purpose subcode:** While some participants thought that there was no harm in using patients for advertising or promotional purposes if permission was obtained from the family, it was determined that some participants thought that patients had rights and could not be used for advertising purposes.

*P2: If permission is obtained from the family, there is no problem with sharing advertisements. I think it is enough to get permission from parents.*

*P6: There is a situation of acting on advertisements on social media, and I am not happy with this. Regardless of whether the product is of high quality or the person is an expert in the field,*

*the health of patients is played with for commercial purposes, I am not happy with this situation. It needs to be corrected. I find it very wrong to share images of patients and pregnant women.*

*P11: I definitely do not find photos shared for advertising purposes ethical. Baby photos should be shared with the permission of the parents.*

*P14: I am not in favour of using patient images for promotional or advertising purposes,*

**Commercial purpose subcode:** It was determined that using patients for commercial purposes and sharing photos of patients publicly for the purpose of making money were evaluated negatively by the participants.

*P1: I know that it is wrong and should not be done if photographs with obstetric content are shared for commercial gain, especially through that child.*

*P11: If health professionals want to make money, they can do this without violating privacy or ethical rules. But in order to make money in a shorter way, they can share such images to attract attention and increase followers.*

*P13: I do not want to generalise, but sharing obstetrics content so publicly on social media is completely focused on making money.*

*P16: The ambition to make money has overtaken some people's eyes, while the baby is crying, but the thought of let me take this photo also disturbs me a lot.*

When the opinions of the students who contributed to the research were evaluated, it was determined that there were students who did not find it right to share videos and photographs with obstetrics content in terms of ethics and privacy, as well as students who thought that there would be no problem if informed consent form was obtained.

## Discussion

In this study, midwifery students' ethical views and evaluations about obstetric

videos/photos shared by health professionals on social media were analysed. It was determined that the midwifery students who participated in the study mostly used Instagram (88.8%) and Youtube (50.0%). It was also found that the majority (61.1%) used social media between 3-4 hours. In a similar study conducted by Başoğlu and Yanar with university students, it was determined that the participants generally used Facebook and Instagram, while their daily usage hours varied between 1-2 hours (Basoglu & Yanar, 2017). In a study conducted by Kartal and Bulut with midwifery students, it was found that the participants used Instagram and Youtube similar to the research and spent an average of 3 hours on social media (Kartal & Bulut, 2022). For today's university students of Generation Z, which is the most technologically advanced generation to date and draws a competent image in communication, social networks have become a part of their lives (Yilmaz & Akturk, 2021). While this situation may affect midwife candidates negatively in some aspects, it can be evaluated as positive in terms of following current developments.

While midwife candidates stated that they shared obstetric content in their social media accounts within censored and ethical limits (55.5%), it was determined that some participants (44.4%) did not view these posts positively and stated that they would not share them in their professional lives. In a study conducted by Karadas et al. with nursing students, it was reported that 13.7% of the students shared any video, visual or written document (patient file and/or patient relatives' photos, etc.) related to internship practices on social media. It was found that 81.2% of these students stated that they did not obtain permission from patients and/or patient relatives to share (Karadas et al., 2021). Although the majority of the participants stated that they wanted to make these posts to provide information to the community, pregnant women and colleagues (55.6%), it is thought that providing interaction is also a primary reason. Health personnel, who have a high level of resource reliability and reputation, share information about their areas of expertise on social media. It is seen that especially posts related to the health sector are frequently followed by the public (Kahveci,



2021). Although many researchers draw attention to the advantages of social media in facilitating doctor-patient, healthcare personnel- patient interaction and improving health literacy (Cork & Grant, 2016; Riccio, Dumont, & Wang, 2022), all of these studies also list various problems and risks that may arise from the careless use of social media by healthcare personnel. Among these problems and risks, the greatest importance is reported to be the violation of patient privacy. In addition, images and photographs of an individual are personal data and are protected by various laws. This protection is provided both with the nature of personal data and within the scope of privacy of private life. People who share photos without permission or use the obtained content may face criminal and legal liability. As a matter of fact, it was determined that the students who contributed to the research found the uncensored birth moment or baby care posts shared on social media professionally instructive, but they thought that sharing them on public platforms could cause privacy violations or ethical problems for individuals who are not health professionals (n: 12). In the review published by Dascioglu, it was determined that the shared photographs do not violate the personal boundaries of other people, there is no insult or swearing, the photographs are original, and sharing can be done with the permission of the photograph owners (Dascioglu, 2017). However, since legal evaluation mechanisms are not sufficient in social media, photo and video sharing, especially in areas such as obstetrics and gynaecology where the perception of privacy is more sensitive, can lead to privacy and privacy violations. Indeed, Demir Karabulut and Yildirim (2020) state that photographs taken and stored on doctors' personal phones, computers and cloud storage areas are also problematic according to the Turkish Personal Data Protection Law. In a study conducted by Ogretmen, it was concluded that physicians frequently share health-related content and interact with their followers and that these shares may violate privacy and personal confidentiality (Ogretmen, 2020). In a study conducted by Karadas et al. with nursing students, it was reported that although future health professionals share various professional content, they think that these shares harm privacy, do not respect life and do

not benefit (Karadas et al., 2021). In a study conducted by Smith and Knudson with nursing students, it was found that students using social media more often engaged in unethical behaviours (Smith & Knudson, 2016).

Apart from pregnancy and birth videos/photographs involving adults, ethical violations may also occur in terms of the rights of babies and children, which are other elements of these contents. The majority of the participants emphasised that baby and child photos can cause some dangers in terms of child abuse, child pornography and pedophilia (n:13). In a study conducted by Duygulu, it was determined that baby and child photos shared on social media can be seen/used by malicious people and may cause ethical and privacy violations. In addition, it was reported that the use of these posts for commercial gain, promotion and advertisement purposes may also cause child abuse (Duygulu, 2019). In a similar study conducted by Kucukali and Serçemeli, it was found that 93.2% of the baby and child photos shared on social media were seen with their faces open, and that they were used for advertising purposes, which indirectly caused child labour as commercial gain was provided by sharing abuse and child photos (Kucukali & Serçemeli, 2020).

According to the results of the study, it was determined that students thought that some content may have a frightening and traumatic effect. As a matter of fact, a study found that content shared on social media causes trauma and post-traumatic stress disorder (Celik, 2018). Considering that the uncensored publication of pregnancy and birth videos can be traumatising even for some health professionals in the sector, it is thought that it may cause feelings and thoughts such as fear, panic, stress and prejudice for other users and may affect the person's fertility or birth mode decision.

### **Conclusions and Recommendations:**

According to the results of the research, it was determined that students found obstetrics-related posts on social media beneficial for their own development, as long as they did not violate ethical boundaries. However, students emphasized that they frequently encountered posts that violate privacy and confidentiality

shared by healthcare professionals for promotion, advertising and commercial gain, and that these contents were unethical. It is recommended to address the health-affecting role of obstetrics-related posts on social media, to be sensitive to medical, ethical and legal requirements regarding patient privacy, and to establish the necessary control mechanisms by authorized institutions and professionals.

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## References

- Basoglu, U. D., & Yanar, S. (2017). Determination of university students' social media usage purposes and habits. *Kilis 7 Aralık University Journal of Physical Education and Sports Sciences*, 1(2), 6-13.
- Colaizzi, P. (1978). Psychological research as a phenomenologist views it. In: Valle, R. S. & King, M. (1978). *Existential Phenomenological Alternatives for Psychology*. Open University Press: New York.
- Cork, N., & Grant, P. (2016). Blurred lines: the General Medical Council guidance on doctors and social media. *Clinical Medicine (London)*, 16(3), 219-222.
- Celik, E. (2018). Presentations of violence on the internet and the social traumas it causes. *Contemporary Journal of Management Sciences*, 5(3), 280-296.
- Dascioglu, C. N. (2017). *Social Media and Ethics*. Academia Website: [https://www.academia.edu/33765086/Sosyal\\_Medya\\_ve\\_Etik](https://www.academia.edu/33765086/Sosyal_Medya_ve_Etik)
- Demir Karabulut, S., & Yildirim, R. V. (2020). Ethical issues in medical photography. *Mersin University Faculty of Medicine Lokman Hekim Medical History and Folk Medicine Journal*, 10(1), 47-57.
- Duygulu, S. (2019). Evaluation of sharing child photographs on social media in terms of privacy violation and child abuse. *TRT Academy*, 4(8), 428-487.
- Gibb, M. J. (2011, April 1). Nursing students expelled for posting photo of a placenta on Facebook. *Time*. Retrieved from <http://newsfeed.time.com/2011/01/04/nursing-students-expelled-for-posting-photo-of-a-placenta-on-facebook/>
- Griffin, G., Williams, N., Bradfield, Z., & Hauck, Y. L. (2021). E-professionalism and social media use amongst nurses and midwives: A cross-sectional study. *Nurse Education in Practice*, 57, 103248. <https://doi.org/10.1016/j.nepr.2021.103248>
- Grobler, C., & Dhai, A. (2016). Social media in the healthcare context: Ethical challenges and recommendations. *South African Journal of Bioethics and Law*, 9(1), 22-25.
- Kahveci, H. (2021). Examination of social media content in the context of moral values: YouTube example. *Anadolu Journal of Educational Sciences International*, 11(1), 204-225.
- Karadas, M. M., Gulten, K. O. C., Sayar, G., Sahin, S., & Sevgi, T. (2021). Social media use, purposes, and ethical aspects of student nurses. *Gazi Journal of Health Sciences*, 6(1), 11-21.
- Kartal, Y. A., & Bulut, A. (2022). Examination of midwifery students' levels of digital addiction and netlessphobia according to different variables. *Euroasia Journal of Mathematics, Engineering, Natural & Medical Sciences*, 9(25), 60-70.
- Kucukali, A., & Sercemeli, C. (2020). Sociological and legal dimensions of child labor on social media: Instagram example. *Journal of International Social Research*, 13(75).
- Palacios-González, C. (2015). The ethics of clinical photography and social media. *Medicine, Health Care and Philosophy*, 18(1), 63-70.
- Riccio, I., Dumont, A. S., & Wang, A. (2022). The top 100 social media influencers in neurosurgery on Twitter. *Interdisciplinary Neurosurgery*, 29, 1-5.
- Pimmer, C., & Tulenko, K. (2016). The convergence of mobile and social media: Affordances and constraints of mobile networked communication for health workers in low-and middle-income countries. *Mobile Media & Communication*, 4(2), 252-269.
- Salter, B.J. (2008, August 19). Nurses posts brain surgery pictures on Facebook. *Telegraph.co.uk*. Retrieved from <http://www.telegraph.co.uk/news/uknews/2583411/Nurses-posts-brain-surgery-pictures-on-Facebook.html>
- Smith, G. C., & Knudson, T. K. (2016). Student nurses' unethical behavior, social media, and year of birth. *Nursing Ethics*, 23(8), 910-918.
- Tabb, Z., Hyle, L., & Haq, H. (2021). Pursuit to Post: Ethical issues of social media use by international medical volunteers. *Developing World Bioethics*, 21(3), 102-110.
- Ogretmen, M. (2020). *Health communication on social media: An examination of doctor shares and ethics on Instagram* (Master's thesis, Eastern Mediterranean University (EMU)).
- Yilmaz, E., & Akturk, A. (2021). *Understanding Generation Z*. Konya: Palette Publications.