Fact Sheet: Misinformation and Disinformation

Misinformation and disinformation can have serious consequences for public health and safety. The public and clients often trust and rely on health professionals, such as nurses[1], to provide accurate, reliable, and evidence-informed information so they can make important decisions about their health and wellbeing (Nan et al., 2022). Misinformation and disinformation pertaining to health have been around for centuries; however, the impact of false information has increased in recent years due to digitization and increasing distrust of traditional authorities or experts (Federation of State Medical Boards [FSMB], 2022; World Health Organization, 2022). The purpose of this fact sheet is to understand what misinformation and disinformation is, outline nurses' accountabilities pertaining to accurate and reliable information, as well as strategies to mitigate the potential impacts of health misinformation.

Definitions

Misinformation refers to false, inaccurate, or misleading information that is spread unintentionally (Dempsey, 2022). Misinformation can range from obsolete information that was initially published in good faith, to deceptive half-truths, to entirely fabricated materials intended to mislead and confuse (Lewandowsky et al., 2020).

Disinformation refers to intentionally false, inaccurate, or misleading information that is deliberately disseminated with the aim of causing harm (Dempsey, 2022). Disinformation is often emotionally charged and designed to be persuasive and attention-grabbing. Furthermore, disinformation typically serves a purpose, such as monetary gain or political leverage (FSMB, 2022).

Accountabilities

There are several provisions related to the dissemination of accurate and credible information for which nurses are held accountable. These are embedded in the Standards of Practice and the Code of Ethics. The following table outlines the accountabilities of nurses:

Accountabilities of GNs, RNs, and NPs
Standards of Practice for Registered Nurses Standard 1: Responsibility and Accountability The registered nurse is responsible for practicing safely, competently, compassionately, and ethically, and is accountable to the client, public, employer, and profession. This is done by: • Recognizing and taking action in situations where client safety is potentially or actually at risk (indicator 1.6); • Recognizing and addressing violations of practice, incompetence, professional misconduct, conduct unbecoming the profession, and/or incapacity of nurses and/or other health care providers and complies with duty to report (indicator 1.7).

[1] For the purposes of this toolkit, the term "nurse" refers to graduate nurses, registered nurses, and nurse practitioners.

Standard 2: Knowledge-Based Practice
The registered nurse practices using evidence-informed knowledge, skill, and judgement. This is done by:

- Exercising reasonable judgment (indicator 2.5);
- Using credible research findings and applying evidence-informed practices (indicator 2.6).

Standard 3: Client-Centered Practice
The registered nurse contributes to and promotes measures that optimize positive client health outcomes at the individual, organization, and system level. This is done by:

- Supporting the client in self-management of their health care by providing information, resources, and referrals for the client to make informed decisions and access appropriate health care services (indicator 3.6);
- Advocating for, and respecting the clients' dignity, rights to informed decision-making and informed consent (indicator 3.8).

Code of Ethics for Registered Nurses
Part A: Providing Safe, Compassionate, Competent and Ethical Care
Nurses provide safe, compassionate, competent, and ethical care. This is done by:

- Supporting, using, and engaging in research and other activities that promote safe, competent, compassionate, and ethical care (A10).

Part C: Promoting and Respecting Informed Decision-Making
Nurses recognize, respect, and promote a person's right to be informed and make decisions. This is done by:

- Providing persons receiving care with the information they need to make informed and autonomous decisions related to their health and well-being. They also work to ensure that health information is given to those persons in an open, accurate, understandable, and transparent manner (C1);
- Providing education to support the informed decision-making of capable persons. They respect the decisions a person makes, including choice of lifestyles or treatments that are not conducive to good health, and continue to provide care in a non-judgmental manner (C6).

Part D: Honouring Dignity
Nurses recognize and respect the intrinsic worth of each person. This is done by:

- Utilizing practice standards, best practice guidelines, policies, and research to minimize risk and maximize safety, well-being and/or dignity for persons receiving care (D6).

Part G: Being Accountable
Nurses are accountable for their actions and answerable for their practice. This is done by:

- Being honest and practicing with integrity in all of their professional interactions (G2).

Additional Accountabilities of NPs

Standards of Practice for NPs
Standard 2: Knowledge-Based Practice
The NP integrates and applies a broad range of advanced theoretical and evidence-based knowledge to support safe, competent, and ethical NP practice. This is done by:

- Integrating in-depth knowledge from nursing and other disciplines, critical inquiry, research, and clinical expertise to maintain evidence-informed NP practice (indicator 2.1);
- Integrating qualitative and quantitative data from credible sources to make evidence-informed decisions and to initiate and manage change (indicator 2.2).

Risks of spreading misinformation or disinformation

Risks to the profession of nursing:

Inaccurate or misleading information that is spread by nurses can be especially harmful because their professional title gives credibility to their claims. The end result of nurses spreading misinformation or disinformation could include public confusion, erosion of trust within nurse-client relationships, and the undermining of confidence toward the nursing profession as a whole.

Risks to the individual nurse:

Nurses who spread misinformation or disinformation risk the possibility of disciplinary action. Because of nurses' specialized knowledge and skills, nurses ultimately possess a high degree of public trust and a platform within their communities. The health information that nurses share is held to a higher standard than members of the general public and they are expected to uphold all of their professional and ethical obligations when sharing health information.

Examples of Misinformation

Many examples of spreading misinformation exist. They can include, but are not limited to:

- Providing information to clients that is not backed by credible evidence.
- Manipulating online reviews to generate business or clients.
- Making exaggerated or false claims about a particular health treatment or product.
- Sharing claims about "Big-Pharma" and/or government agencies hiding cures or manipulating health interventions for financial gain or control of citizens.

Recommendations

Given that misinformation is more easily spread than truth and that it is frequently persuasive (Vosoughi et al., 2018), it is easy to become misled. However, there are several, evidence-informed strategies that are effective in critically evaluating information, identifying misinformation, and educating others, such as clients, on recognizing accurate and reliable information.

Critically evaluating information

- Take a cautious stance toward information through word-of-mouth, on social media, or google searches.
- Recognize if the information is provocative, emotional, or targeting an individual (such as a public health official) rather than an idea or fact.
- Consider whether the answer or solution is something that science cannot yet provide (such as a new, emerging field of science or technology).
- Consider and reflect on your own biases.
- Do not assume others are critically evaluating information that they share.

Identifying and reporting misinformation

- Consider "lateral reading". Rather than reading new content in its entirety in a vertical fashion, learn to pause as you read and check claims in new tabs. Fact checkers learn the most about the credibility of a source and its claims with this strategy (Wineberg & McGrew, 2018).
- Slow down and think about any information provided, including:
    - Information sources
    - Expertise of the source
    - Verifiability of claims
    - Underlying motivation of claims (monetary, political etc.).
- The Canadian Centre for Cyber Security has identified quick tips to help identify "fake news".
- The World Health Organization recommends everyone help stop the spread of misinformation by Reporting Misinformation Online.

Conveying information to clients

Do not refrain from correcting misinformation out of fear that doing so will hinder the nurse-client relationship or increase a client's beliefs in misinformation. There is little evidence to support that correcting misinformation leads to negative outcomes; in fact, the majority of people take note of truthful information, even if it differs from their previously held beliefs (Wood & Porter, 2019).

Correcting misinformation is more likely to be successful by applying the following steps (Lewandowsky et al., 2020):

1. Fact: Lead with truthful and accurate information first. Do not rely on simple rebuttals, such as "that is not true".
2. Myth: Repeat the piece of misinformation directly before providing the correct information. Repetitions of misinformation should be avoided.
3. Fallacy: Explain which piece of the information is wrong and why. Explain why the incorrect information was thought to be accurate, why it is now clear that it is mistaken, and why the alternative is correct. It is important for people to see the discrepancy in order to resolve it.
4. Fact: Restate the truth again, so it is reinforced as the last piece of information someone processes.

Resources

ScienceUpFirst - Together Against Misinformation

World Health Organization- Infodemic

The Debunking Handbook (only available in English at this time)

References

Dempsey, L. (Host). (2022, September 8). Update on FSMB's COVID misinformation policy (No. 57) [Audio podcast episode]. *Regulation Matters: A CLEAR Conversation.* Council on Licensure, Enforcement, and Regulation. https://podcast.clearhq.org/e/misinformation_policy/

Federation of State Medical Boards. (2022). *Professional expectations regarding medical misinformation and disinformation.* https://www.fsmb.org/siteassets/advocacy/policies/ethics-committee-report-misinformation-april-2022-final.pdf

Lewandowsky, S., Cook, J., Ecker, U. K., Albarracín, D., Amazeen, M. A., Kendeou, P., Lombardi, D., Newman, E. J., Pennycook, G., Porter, E. Rand, D. G., Rapp, D. N., Reifler, J., Roozenbeek, J., Schmid, P., Seifert, C. M., Sinatra, G. M., Swire-Thompson, B., van der Linden, S., Vraga, E. K., . . . Zaragoza, M. S. (2020). *The debunking handbook 2020*. https://www.climatechangecommunication.org/wp-content/uploads/2020/10/DebunkingHandbook2020.pdf

Nan, X., Wang, Y., & Their, K. (2022). Why do people believe in health misinformation and who is at risk? A systematic review of individual differences in susceptibility to health misinformation. *Social Science & Medicine, 314*, 115398. https://doi.org/10.1016/j.socscimed.2022.115398.

Vosoughi, S., Roy, D., & Aral, S. (2018). The spread of true and false news online. *Science, 359*(6380), 1146-1151. doi: 10.1126/science.aap9559

Wineburg, S., & McGrew, S. (2019). Lateral reading and the nature of expertise: Reading less and learning more when evaluating digital information. *Teachers College Record, 121*(11), 1-40. https://purl.stanford.edu/yk133ht8603

Wood, T., & Porter, E. (2019). The elusive backfire effect: Mass attitudes' steadfast factual adherence. *Political Behavior, 41*(1), 135–163. https://link.springer.com/article/10.1007/s11109-018-9443-y

World Health Organization (2022). *Infodemic.* https://www.who.int/health-topics/infodemic#tab=tab_1