



A Cross-Sectional KAP Study of Dentists' Knowledge, Attitudes, and Practices Regarding Social Media: Ethical Considerations in the Dentist–Patient Relationship

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Abstract

Background: The increasing use of social media in dentistry has created new opportunities for professional communication, oral health education, patient engagement, and practice promotion. However, it also raises ethical concerns related to confidentiality, informed consent, professional boundaries, online communication, and commercial promotion. This study aimed to assess the knowledge, attitudes, and practices (KAP) of dentists practicing in Tunisia regarding the ethical use of social media and its implications for the dentist–patient relationship.

Methods: A descriptive cross-sectional study was conducted among licensed dentists practicing in Tunisia between July 1 and August 1, 2025. An anonymous self-administered online questionnaire was distributed through professional dental social media groups and networks using convenience sampling. The questionnaire assessed sociodemographic and professional characteristics, knowledge of ethical principles and e-professionalism, attitudes toward social media use, and professional practices. Descriptive statistics were used to summarize the findings.

Results: A total of 103 dentists completed the questionnaire. Most participants were female (83.3%), and 57.8% worked in the public sector. Although 83.3% recognized that online promotion of dental services may be subject to legal and ethical restrictions, only 48.0% reported awareness of existing ethical guidelines and 28.4% were familiar with the concept of e-professionalism. Most participants (86.3%) recognized the importance of written consent before sharing identifiable patient information online. Regarding attitudes, 66.7% supported the use of social media for oral health education, whereas 84.3% reported difficulty distinguishing educational content from commercial promotion. Only 29.4% reported having a professional social media account. Among participants with such accounts, Facebook and Instagram were the most commonly used platforms. Most participants reported limited interaction with patients through social media and infrequent publication of professional content.

Conclusions: The findings indicate that Tunisian dentists recognize several fundamental ethical principles related to social media but demonstrate limited familiarity with the broader concept of e-professionalism. The observed differences between ethical awareness and self-reported digital practices highlight the need for structured education, practical guidance, and institutional policies addressing confidentiality, consent, professional boundaries, communication, and online promotion. Further studies should evaluate educational interventions and develop context-specific guidance for ethical social media use in Tunisian dentistry.

Keywords: Social Media; Dentistry; E-Professionalism; Ethics; Confidentiality; Informed Consent; Dentist–Patient Relationship

Introduction

The rapid expansion of social media has transformed communication within healthcare, including dentistry. Platforms such as Facebook, Instagram, TikTok, and LinkedIn are increasingly used for professional networking, patient education, health promotion, and practice marketing. These platforms allow dentists to disseminate oral health information, present clinical work, and communicate with current and prospective patients. Social media has therefore become an increasingly visible component of contemporary dental practice and professional communication [1,2].

Despite these opportunities, the integration of social media into professional practice raises important ethical and professional concerns. The publication of clinical photographs, treatment outcomes, and patient-related information may create risks involving confidentiality, informed consent, privacy, and professional boundaries [3,4]. Ethical challenges may be particularly relevant when educational content and commercial self-promotion are presented within the same digital environment [1,5].

Traditional ethical principles remain applicable in digital environments. Confidentiality, patient autonomy, informed consent, professional integrity, and respect for the dentist-patient relationship should be maintained regardless of the communication medium [5-7]. The American Dental Association (ADA) Code of Ethics similarly emphasizes that professional responsibilities extend to dentists' online activities and that ethical judgment should be maintained in digital communication [8].

Studies conducted in different countries have reported variability in dentists' understanding and implementation of these principles. Research from India identified differences between awareness of privacy requirements and actual consent practices when patient-related information was shared online [9]. Research among dentists in Nairobi also found that a proportion of practitioners had limited awareness of existing social media guidelines [10]. In parallel, increasing attention has been directed toward e-professionalism, which encompasses professional behavior, ethical communication, confidentiality, appropriate patient interaction, and responsible digital engagement [11].

Evidence from dental education also suggests that familiarity with e-professionalism is variable. Studies involving dental populations have identified heterogeneous attitudes toward patient privacy, professional boundaries, clinical case sharing, and online professional identity [12,13]. These observations raise questions about whether existing educational approaches adequately prepare dental professionals to address ethical challenges in rapidly evolving digital environments.

Although social media use among healthcare professionals has been investigated in several countries, evidence from North Africa remains limited. In Tunisia, relatively little is known about dentists' awareness of ethical guidelines, their attitudes toward social media, and the extent to which their reported professional practices are consistent with ethical principles.

Therefore, this study aimed to assess the knowledge, attitudes, and practices (KAP) of dentists practicing in Tunisia regarding social media use and its ethical implications. Specifically, the study sought to assess awareness of ethical and professional standards governing social media use, explore perceptions of the impact of social media on the dentist-patient relationship, and describe professional practices in digital environments.

Methods

Study design

This descriptive cross-sectional study used a Knowledge, Attitudes, and Practices (KAP) approach to assess dentists' knowledge, perceptions, and self-reported practices regarding social media use and its ethical implications in the dentist-patient relationship.

Setting and data collection period

The study was conducted in Tunisia between July 1 and August 1, 2025. Data were collected using an anonymous online questionnaire distributed through professional dental social media groups and professional networks.

Study population and sampling

- The target population consisted of licensed dentists currently practicing in Tunisia.
- A non-probability convenience sampling strategy was used. Participants were recruited through professional online

dental groups and were invited to voluntarily complete the questionnaire.

Sample size

The target population consisted of approximately 3,000 active dentists practicing in Tunisia. The minimum required sample size was calculated a priori for a cross-sectional survey using the single-proportion formula:

$$n_0 = Z^2 p(1-p)/d^2$$

Where $Z = 1.96$ for a 95% confidence level, $p = 0.50$ (assuming maximum variability in the absence of a reliable prior estimate), and $d = 0.05$ as the desired margin of error. The initial sample size was therefore 384 participants.

Because the target population was finite (approximately 3,000 active dentists), a finite population correction was applied, resulting in a minimum required sample size of approximately 341 dentists. Assuming a 10% non-response rate, the target recruitment sample was increased to approximately 379 participants.

A non-probability convenience sampling strategy was subsequently used for recruitment through professional dental networks and online groups. A total of 103 completed questionnaires were obtained and included in the final analysis.

Inclusion criteria

Participants were eligible if they:

- Were licensed dentists currently practicing in Tunisia;
- Voluntarily agreed to participate; and
- Provided electronic informed consent before completing the questionnaire.

Exclusion criteria

The following individuals were excluded:

- Dental students;
- Retired dentists; and
- Respondents who submitted incomplete questionnaires.

Questionnaire development and variables

Data were collected using a self-administered questionnaire created with Google Forms (Google LLC, Mountain View, CA, USA).

The questionnaire was developed following a review of the literature concerning social media use, digital professionalism, and ethical issues in dentistry. Before dissemination, it was pretested among 10 dentists who were not included in the final sample to assess clarity, comprehensibility, and the appropriateness of the questions.

The questionnaire consisted of four sections: Knowledge items were assessed using dichotomous responses. Attitudes were assessed using a five-point Likert scale ranging from strongly agree to strongly disagree. Practice-related questions included multiple-choice and frequency-based responses.

Bias control

Several measures were used to reduce potential sources of bias. Recruitment was conducted through multiple professional dental groups to broaden participation across different professional settings. Anonymous participation was used to reduce concerns about disclosure of professional behavior and potential social desirability bias. Questions focused primarily on current or recent practices to limit recall difficulties.

Nevertheless, because convenience sampling was used, selection bias could not be completely eliminated.

Statistical analysis

Data were exported from Google Forms and analyzed using IBM SPSS Statistics, version 29. Categorical variables were summarized using frequencies and percentages. Continuous variables were summarized using means and standard deviations when appropriate; medians and interquartile ranges were used when distributions were not approximately normal.

Because the study was designed as an exploratory descriptive survey, no inferential statistical analyses, subgroup comparisons, or multivariable modeling were performed.

Ethical considerations

Ethical approval was obtained from the Ethics Committee of the Faculty of Dental Medicine of Monastir (Approval No. 2025031).

Participation was voluntary and anonymous. Electronic informed consent was obtained from all participants before questionnaire completion. No personally identifiable information was collected.

Results

Participant characteristics

A total of 103 dentists completed the questionnaire and were included in the final analysis. Because recruitment was conducted through open professional online groups, the number of dentists reached and the reasons for non-participation could not be determined. Percentages were calculated based on the number of valid responses for each item; therefore, denominators may vary because of missing responses.

Sociodemographic and professional characteristics

- Most participants were female (83.3%). Regarding professional setting, 57.8% worked in the public sector and 42.2% in the private sector.
- Nearly half of the participants (48.0%) reported 5–10 years of professional experience, while 26.5% had less than 5 years and 25.5% had more than 10 years of experience.
- Approximately 47.1% reported having received formal training in professional ethics.
- Regarding professional social media use, 38.2% reported using social media for professional purposes, whereas 61.8% did not.
- The age distribution should be verified against the original dataset before submission. The currently reported categories (>35 years: 51.0%; 26–35 years: 47.1%) account for 98.1% of the sample, suggesting that an additional age category or a rounding discrepancy may be present.

Knowledge

- Nearly half of the participants (48.0%) reported being aware of existing ethical guidelines concerning social media use in healthcare.
- A large majority (83.3%) recognized that online promotion of dental services may be subject to legal and ethical restrictions.
- Familiarity with the concept of e-professionalism was limited: only 28.4% had previously heard of the term, whereas 71.6% had not.
- Knowledge concerning patient confidentiality was comparatively high. Overall, 86.3% recognized that identifiable patient images or information should not be shared online without appropriate written consent.

Attitudes

- Attitudinal items were assessed using a five-point Likert scale.
- Overall, 66.7% of respondents agreed that dentists should use social media to improve public awareness of oral health.
- However, 59.8% believed that social media could negatively affect the dignity of the dental profession.
- Regarding online communication, 61.8% considered it inappropriate to respond to private patient questions through direct messages on platforms such as Instagram or Facebook.
- Most respondents (72.5%) considered the publication of clinical before-and-after photographs ethically acceptable only when the patient's identity was fully concealed, whereas 11.8% considered such publication unacceptable under any circumstances.
- A total of 71.5% agreed that social media contributes to a more horizontal and less hierarchical dentist-patient relationship.
- The highest level of agreement was observed for the statement that it can be difficult to distinguish patient education from commercial promotion online, with 84.3% of participants agreeing with this statement.

Professional practices

- A total of 29.4% of respondents reported having a professional social media account.
- Among those with a professional account, Facebook was the most commonly used platform (75.7%), followed by Instagram (59.5%), LinkedIn (32.4%), and TikTok (21.6%). Because participants could select more than one platform, percentages exceed 100%.
- Regarding professional posting frequency, 44.0% reported never posting professional content, 31.9% posted rarely, 17.6% occasionally, 5.5% weekly, and 1.1% daily.
- Regarding patient-related content, 22.1% reported having shared anonymized patient-related material, 3.2% reported sharing such content with written consent, while the remaining participants reported never sharing patient information.
- Interaction with patients through social media was limited. Overall, 46.4% reported never responding to patient messages, 44.3% responded occasionally, and 9.3% responded systematically.

- Most participants (75.3%) reported never having encountered an ethical dilemma related to social media use, whereas 14.4% reported having encountered such a situation. These percentages do not account for the full sample and should therefore be checked against the original questionnaire before publication.
- Finally, 82.1% reported that they had never deleted or edited a social media post for ethical reasons.

Discussion

This study provides an overview of Tunisian dentists' knowledge, attitudes, and self-reported practices regarding social media and its ethical implications. The main finding was that participants appeared to recognize several specific ethical principles while demonstrating limited familiarity with the broader concept of e-professionalism. Although 83.3% recognized that online promotion may be subject to ethical and legal restrictions and 86.3% recognized the importance of consent when identifiable patient information is shared, only 28.4% were familiar with the term e-professionalism.

This distinction is important because e-professionalism extends beyond knowledge of individual ethical rules. It includes confidentiality, privacy, professional boundaries, communication with patients, responsible publication of information, and professional accountability in digital environments [11]. The development of specific measures of e-professional behavior has also highlighted that responsible social media use involves both the management of potential risks and the appropriate use of digital platforms for professional and public-health purposes [11]. Thus, a dentist may recognize individual ethical obligations without necessarily possessing a structured framework for applying them to complex online situations.

The relatively high recognition of confidentiality and consent in the present study is consistent with findings from other dental populations. In Maharashtra, India, Joshi, *et al.* reported that 56.98% of participants agreed that sharing patient data on social media could infringe privacy, while only 46.04% reported consistently obtaining patient consent before sharing patient-related information [9]. The authors also reported that most participants rarely shared patient data and that a large proportion supported the development of formal social media guidelines [9]. Although the methodological and population differences prevent

direct comparison, both studies indicate that recognizing privacy risks does not necessarily guarantee consistent application of consent procedures.

Similar concerns have been reported among dentists in Nairobi. Omanga, *et al.* found that 41% of participants were not up to date with existing global social media guidelines, while several respondents reported that they did not consistently review their content for potential online misconduct [10]. Their findings also showed that clinical scenarios and patient clinical photographs were among the professional content shared online. These observations reinforce the importance of practical guidance addressing not only whether social media can be used professionally, but also how content should be assessed before publication.

The findings of the present study should nevertheless be interpreted carefully. Because our questionnaire was descriptive and did not construct a validated composite knowledge or practice score, the observed differences between knowledge responses and self-reported practices should be described as an apparent discrepancy rather than a formally measured knowledge-practice gap. Furthermore, self-reported responses may not accurately reflect actual online behavior.

The low familiarity with the term e-professionalism is particularly relevant. Marelić, *et al.* developed and validated indices for measuring e-professional behavior among medical and dental professionals and identified domains involving confidentiality, privacy, patient contact, fair distribution of resources, publication of public-health information, and scientific objectivity [11]. This multidimensional approach supports the view that e-professionalism should be considered a professional competency rather than a simple collection of social media rules.

Recent evidence from Saudi Arabia also suggests that frequent use of social media does not necessarily imply high awareness of digital professional risks. Othman and Alshagrawi reported that social media was widely used among dental practitioners and trainees, while high risk perception was relatively uncommon [16]. Their study also examined awareness of institutional and professional social media policies and found important gaps in policy awareness and workplace training [16]. Although the Saudi population and regulatory context differ from those of Tunisia, these findings are relevant because they suggest that experience

with digital platforms alone may not be sufficient to develop structured digital professionalism.

The role of professional experience also deserves consideration. In the Saudi study, years of professional experience were independently associated with policy awareness after adjustment for potential confounding variables [16]. However, this association does not demonstrate that professional experience itself causes better awareness. It may reflect exposure to workplace policies, mentorship, continuing education, or professional responsibilities. Consequently, digital professionalism should not be expected to develop solely through experience. Structured education and continuing professional development may help ensure that ethical competencies are developed earlier and more consistently.

The present study also revealed cautious attitudes toward patient-related content. Although 72.5% considered before-and-after photographs acceptable when patient identity was concealed, 11.8% considered such content unacceptable under any circumstances. This finding illustrates the complexity of clinical photography in social media environments. Anonymization may reduce direct identification, but it does not necessarily resolve every ethical issue associated with publication. The context in which the image is presented, the patient's understanding of the intended use, the possibility of future redistribution, and the commercial purpose of the publication may also be relevant.

This issue has been explored in studies of aesthetic dentistry. Aluaş, *et al.* examined ethical decision-making among young dentists using case-based scenarios involving aesthetic dental treatment promoted through social media [10]. Their study showed that approximately 60% of participants identified ethical concerns and were able to select appropriate professional responses in the scenarios, while uncertainty remained for a substantial proportion of participants. The authors emphasized concerns related to informed consent, patient autonomy, patient well-being, commercial promotion, and the changing relationship between dentists and patients [10]. These findings support the importance of scenario-based ethical education rather than relying exclusively on knowledge of formal rules.

Consent should therefore be viewed as part of a broader process of patient autonomy and communication. Written consent is an important safeguard when patient-related material is published,

but ethical publication also requires appropriate consideration of the patient's understanding of the intended use and the potential implications of digital dissemination. This is particularly important because social media content may be copied, redistributed, or viewed outside its original context.

The attitudes of Tunisian dentists toward patient communication also reflect this tension. In our study, 61.8% considered it inappropriate to answer private patient questions through direct messages. This may reflect concerns regarding confidentiality, professional boundaries, documentation, and the limitations of providing individualized clinical advice through informal digital channels.

At the same time, social media should not be considered exclusively as an ethical risk. Its potential benefits include oral health education, professional communication, dissemination of reliable health information, and engagement with the public. Ghalavand, *et al.* reported that dentists perceived social media as useful for oral health literacy and communication while also identifying concerns related to misinformation, confidentiality, unreliable information, and difficulties in responding to patient questions [17]. These findings are compatible with the present study, in which 66.7% of participants supported using social media to improve public oral health awareness.

The credibility of online health information is another important component of digital professionalism. Acosta, *et al.* reported extensive professional use of social media among dental practitioners in the Philippines, including oral health education and communication with dental professionals, while also identifying concerns regarding the credibility of information available online and its potential influence on the dentist-patient relationship [18]. Such findings suggest that responsible digital professionalism requires not only appropriate communication but also the ability to assess information quality and communicate evidence accurately.

The difficulty reported by 84.3% of our participants in distinguishing patient education from commercial promotion represents another important finding. Social media platforms frequently combine educational content, professional self-presentation, clinical photographs, patient testimonials, and commercial messages within the same digital environment. This can make the distinction between professional education and advertising less clear.

Anshasi, *et al.* in a study of Jordanian dentists, reported substantial support for dental advertising while also identifying ethical concerns surrounding misleading claims, exaggerated promises, discounts, testimonials, patient photographs, and unrealistic treatment outcomes [19]. These findings are particularly relevant to social media because visually attractive treatment outcomes can be presented in ways that may influence patient expectations. Professional communication should therefore prioritize accuracy, transparency, and appropriate representation of treatment indications, limitations, risks, and alternatives.

The influence of social media on aesthetic expectations is also relevant to patient autonomy. Aluaş, *et al.* highlighted concerns regarding the effect of social media and aesthetic promotion on patients' expectations and on the dentist's professional role [10]. Online content may contribute to demand for treatments that are not necessarily clinically indicated. Dentists therefore have a professional responsibility to assess treatment requests independently of commercial or social-media pressure and to prioritize patient interests and clinical appropriateness.

The development of digital professionalism may also begin before dentists enter independent clinical practice. Studies involving dental students have demonstrated widespread use of social media and variable attitudes toward professional online behavior and patient-related content [12,13]. This supports the integration of e-professionalism into undergraduate dental education rather than treating it exclusively as a continuing professional development issue.

The available evidence also suggests that e-professionalism should not be framed as a generational problem. Differences between age groups or generations should not automatically be interpreted as differences in ethical competence. Professional behavior is likely influenced by education, institutional culture, experience, professional expectations, and exposure to appropriate guidance. Educational interventions should therefore address digital ethical reasoning across professional generations.

Taken together, the present findings and the international literature support a competency-based approach to digital professionalism. Ethical principles such as confidentiality and informed consent remain fundamental, but dentists also require practical skills for managing ambiguous online situations. These skills include maintaining professional boundaries, assessing

information credibility, communicating health information responsibly, recognizing inappropriate advertising, managing patient interactions, and protecting professional integrity.

Case-based learning and scenario-based exercises may be particularly useful because they allow learners to apply ethical principles to realistic situations. Such approaches could address questions such as whether a clinical photograph should be published, what information should be removed before publication, how consent should be obtained, how a patient's private online question should be managed, and how educational content can be distinguished from commercial promotion.

At the institutional level, education should be complemented by clear and accessible professional guidance. Othman and Alshagrawi reported limited awareness of several social media policies and relatively limited workplace training among dental practitioners and trainees in Saudi Arabia [16]. Although these findings cannot be directly generalized to Tunisia, they demonstrate the potential value of specific institutional policies covering patient consent, confidentiality, clinical photographs, online communication, advertising, testimonials, misinformation, and management of patient requests through social media.

Such guidance should be adapted to the Tunisian regulatory and professional context rather than directly transferred from another country. International ethical principles may provide a framework, but local professional regulations and legislation should determine the specific requirements applicable to Tunisian dentists.

Overall, the findings suggest that the principal challenge is not necessarily the absence of ethical principles but the translation of those principles into consistent behavior within a rapidly changing digital environment. Social media offers important opportunities for oral health education, professional communication, knowledge exchange, and public engagement, but it also introduces challenges involving confidentiality, professional boundaries, misinformation, commercial promotion, and patient expectations.

The relatively low familiarity with e-professionalism observed in this study therefore deserves particular attention. E-professionalism may be more appropriately understood as an adaptive professional competency that develops through education, practical experience, reflection, institutional guidance, and continuing professional development [11,17,20].

Limitations

This study has several limitations.

First, convenience sampling may have introduced selection bias and limits the generalizability of the findings to the broader population of Tunisian dentists. Second, the use of self-reported data may have introduced social desirability and recall bias, particularly for questions concerning ethically sensitive behaviors. Third, the sample size was relatively small, and the predominance of female participants and public-sector dentists may limit the representativeness of the sample. Fourth, because recruitment was conducted through open online professional groups, the number and characteristics of nonrespondents could not be determined, preventing a detailed assessment of nonresponse bias.

In addition, the questionnaire was developed from the literature and pretested for clarity and comprehensibility, but a formal psychometric validation of the instrument was not performed. Therefore, the findings should be interpreted as descriptive rather than as a validated measurement of overall knowledge, attitude, or e-professionalism scores.

Finally, the cross-sectional design does not allow causal relationships to be established between professional characteristics, education, social media use, and ethical behavior.

Conclusion

This study provides descriptive evidence regarding Tunisian dentists' knowledge, attitudes, and practices concerning social media and its ethical implications in the dentist-patient relationship.

Participants demonstrated relatively strong recognition of specific ethical principles, particularly regarding patient consent and the potential legal and ethical restrictions associated with online promotion. However, familiarity with the broader concept of e-professionalism was limited. Social media use for professional purposes was also relatively limited, and reported interaction with patients through social media was generally cautious.

The findings highlight the importance of translating general ethical principles into practical digital competencies. Structured education on e-professionalism, together with clear institutional and professional guidance, could address issues including

confidentiality, informed consent, professional boundaries, patient communication, online advertising, misinformation, and responsible clinical content sharing.

Future research should use larger and more representative samples and should investigate the effectiveness of educational interventions, professional guidelines, and competency-based approaches to improving ethical social media practices among dentists in Tunisia.

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Bibliography

1. Nichols K. "What are the ethical considerations of using video social media platforms such as TikTok in your dental practice?" *Journal of the American Dental Association* 153 (12) (2022): 1191-1192.
2. Mora Guevara JM., et al. "Conductas, actitudes y prácticas bioéticas en profesionales de Odontología". *Research, Society and Development* 14.2 (2025): e11614248342.
3. Moura CRR and Batista RM. "A utilização das mídias sociais na odontologia sob aspectos éticos - revisão de literature". *Cadernos de Odontologia do UNIFESO* 6.1 (2024): 142-152.
4. Sykes LM., et al. "Social media and dentistry: Part 8: Ethical, legal, and professional concerns with the use of internet sites by health care professionals". *South African Dental Journal* 72.3 (2017): 132-136.
5. Peltier B and Curley A. "The ethics of social media in dental practice: ethical tools and professional responses". *Journal of the California Dental Association* 41.7 (2013): 507-513.
6. Holden A. "Social media and professionalism: does the profession need to re-think the parameters of professionalism within social media?" *Australian Dental Journal* 62.1 (2017): 23-29.
7. Grobler C and Dhali A. "Social media in the healthcare context: ethical challenges and recommendations". *South African Journal of Bioethics and Law* 9.1 (2016): 22-25.

8. American Dental Association. "Principles of Ethics and Code of Professional Conduct". Chicago: American Dental Association (2020).
9. Joshi NV, *et al.* "Knowledge, attitude, and practices of dentists in Maharashtra, India, regarding sharing patients' data on social media: a questionnaire-based study". *Cureus* 17.7 (2025): e88778.
10. Aluaş M., *et al.* "Perspectives on ethics related to aesthetic dental practices promoted in social media—a cross-sectional study". *Prosthesis* 7.4 (2025): 98.
11. Marelić M., *et al.* "Measuring e-professional behavior of doctors of medicine and dental medicine on social networking sites: indexes construction with formative indicators". *JMIR Medical Education* 10 (2024): e50156.
12. Viskic J., *et al.* "Social media prevalence, habits and attitudes on e-professionalism of medicine and dental medicine students: a quantitative cross-sectional study". *JMIR Preprints* (2020): 25603.
13. Uppala LP, *et al.* "Social media usage, attitudes, behaviour, and perceptions of online professionalism in a private dental institution". *International Journal For Multidisciplinary Research* 7.2 (2025).
14. Farrukh M., *et al.* "The digital dental dilemma: navigating ethics in social media". *Journal of Health Wellness Community Research* 3.9 (2025).
15. Othman M and Alshagrawi S. "Social media practices, risk perceptions, and policy awareness among dental practitioners and trainees in Saudi Arabia: a cross-sectional study". *Frontiers in Medicine (Lausanne)*. 13 (2026): 1884234.
16. Ghalavand H., *et al.* "Opportunities and challenges of social media for oral health literacy improvement: a qualitative investigation based on Iranian dentists' perspectives". *BMC Health Services Research* 25.1 (2025): 673.
17. Acosta JM., *et al.* "The use of social media on enhancing dental care and practice among dental professionals: cross-sectional survey study". *JMIR Form Research* 9 (2025): e66121.
18. Anshasi RJ., *et al.* "Evolving perspectives in dental marketing: a study of Jordanian dentists' attitudes towards advertising and practice promotion". *Heliyon* 11.1 (2025): e41143.
19. General Dental Council. "Guidance on using social media". London: General Dental Council (2016).
20. Williams J. "Hashtags and handpieces: responsible social media use". *Dental Update* 52.7 (2025): 500-506.