

WHEN PRIVATE BECOMES PUBLIC: THE ETHICAL CHALLENGES AND OPPORTUNITIES OF SOCIAL MEDIA

When we combine the use of technology with social connections, the line between what we think of as 'private' and 'public' is blurred

- Sonita, a nurse you work with, invites you to “friend” her on Facebook, where you see details about a patient you have both cared for.
- Jin, a patient whom home care nurse Diane sees daily for dressing changes, asks her to be his Facebook “friend.”
- Sufi, the new manager of a community health centre, comes across the blog of one of the community health nurses, Mark, who has been writing about the many frustrations he perceives in the workplace.
- Meena, a bright young nursing student, is recording classroom interactions about practice situations on her phone and posting them on YouTube.
- Tanner is a nurse and a volunteer with a small, non-profit group that provides hot lunches to underserved groups, including children at an inner-city school. When checking the schedule on the website, Tanner is dismayed to discover that a list has just been posted of children recently found to have head lice.

INTRODUCTION

The term *social media* (also known as Web 2.0) describes a group of Internet-based applications and technologies that allow users to have the same kind of “real-time” conversations that they might have with friends or neighbours with virtual friends from around the globe. Social media technologies allow users to interact and collaborate with each other online in the creation and sharing of information, ideas and opinions. In this way, social media can be seen as the interface of new technology and social communication to create (or co-create) new knowledge, and its use is often thought to be an expression of personal values. By its very nature, social media is constantly evolving (Fraser, 2010), and it is impossible to predict how it will be used or what new kinds may emerge. It is important to understand that the term *social media* does not refer to just one thing but to a group of ever-changing online tools that can be used in various ways.



The rapid growth of social media use is well documented, and this growth is an indication that this form of communication is not a fad but will continue to be integrated into both our personal and our professional lives. One recent study reported that nearly 75 per cent of all Canadians now have a Facebook account (Monk, 2011). Worldwide, as of January 2012, there were more than 182 million public blogs that can be read by anyone with Internet access (The Nielsen Company, 2012). It is likely that social media will also become a routine part of our professional communications and collaborations. The number of YouTube and Twitter accounts held by U.S. health-care organizations increased from virtually zero in 2006 to nearly 1,400 as of October 2011 (Bennett, 2011). In Canada, 261 hospitals reportedly have either a Facebook page, Twitter account, blog or YouTube channel (Fuller, 2011).

The use of social media technologies offers many opportunities to influence all aspects of nursing practice, and they can be wonderful educational tools for both nursing students in the classroom and practising nurses in continuing education. However,

when we combine the use of technology with social connections, the line between what we think of as “private” and “public” is blurred. The increased use of social media in professional nursing practice therefore introduces a range of ethical challenges, as highlighted by the introductory vignettes. These key issues, presented from a range of practice perspectives, will be elaborated on in the body of this article.

While the influence of social media on professional practice will vary depending on the user and the context of his or her practice, the central concern for all nurses is patient confidentiality and privacy. There are also concerns about the effect of social media use on professional and organizational credibility, the potential distribution of unreliable information through social media technologies, and the commitment to maintain professional standards while using these technologies.

MAIN OBJECTIVES

The main objectives of this article are to:

- initiate a conversation about the rules, social norms and etiquette for work-related uses of social media, which are not well established;
- review ethical challenges and opportunities that arise in various practice settings when nurses use social media, both as individuals and as a collective;
- re-state the central importance of patient confidentiality and privacy to nursing practice;
- reinforce the notion that use of social media is not considered in any way “private” but is firmly within the public domain, with a potential audience of many thousands, if not millions; and
- acknowledge and support nurses’ use of social media in their efforts to promote social justice, while being sensitive to the ethical concerns these forms of communication may raise.

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DEFINITIONS

Social media technologies are not static but are continually evolving. Even during the development of this discussion paper, new social media tools were being introduced (e.g., FlipBoard). The following list of common social media tools is meant to provide only a few examples of the many forms of social media. It is important to note that most social media technologies were not developed as professional practice tools; “transplanting” these tools into professional environments requires careful consideration.

- A **blog** (a contraction of the words “web” and “log”) can be considered the original social network space. A blog can be compared to an online diary (usually on a personal website) that contains regular entries detailing a particular personal or professional interest. The addition of space for visitors to provide comments and other information makes blogs interactive (as opposed to being a static website that simply provides information with no opportunity for feedback or dialogue).
- **Community of practice (CoP)** refers to a group of people who share a particular interest, craft or profession coming together (in person or online) to exchange information and experiences in order to learn from each other and grow, both personally and professionally. Although this term was first used by Lave and Wenger (1991), nurses have a long history of using CoPs to share stories and learn from each other. In combination with social media platforms, CoPs take on new significance, as such groups at national and even international levels have the potential to be transformed into something much more powerful than individuals working in isolation. This tradition continues through online groups such as those supported by the NurseONE portal.
- Virtual meeting space technologies such as **Illuminate** and **Wimba** allow people in different locations to participate in a meeting, presentation, lecture or other event by being connected simultaneously through the Internet. Such technologies can be used to support learning management systems.
- **E-mail**, or electronic mail, is the exchange of computer-generated messages through the use of the Internet (or an intranet) and is not usually considered in the category of social media. However, the ubiquitous use of e-mail in Canadian culture, including in health care, results in its seamless integration into contemporary social media tools. Because of the substantial reliance on e-mail in modern-day routine professional communication and collaboration, the challenges associated with this means of communication are often overlooked.
- Similar to YouTube but for photographs is **Flickr**, a popular photo-sharing website that allows users to both upload and label their photos for public viewing and comment, as well as to view and comment on photos posted and labelled by other users.
- **Learning management systems (LMS)**, such as **Blackboard**, **WebCT** or **Moodle**, are social media tools used for the creation of online learning environments and the management and delivery of course content and resources to students. Tools may include discussion boards, e-mail, web pages and both synchronous (“real-time”) and asynchronous communication between instructor and students.
- **LinkedIn** is a social network site designed specifically for the business community that allows professionals to create a profile (usually highlighting education and work experience) for the purposes of networking, making business contacts and/or hiring employees.
- **Podcasts, webcasts or really simple syndication (RSS) feeds** are audio or video digital files of such things as radio or television broadcasts that are shared over the Internet through a licensed website operator (a web syndication). These files can be either downloaded at a particular website (i.e., the user must actively go to that site to obtain the file) or “streamed” (i.e., the user subscribes to a system that is constantly providing information to the user within user-set parameters).
- **Social network sites** such as **Facebook** and **Myspace** are web-based platforms that allow users to construct a public or semi-public profile consisting of various forms of personal information such as photos and commentary. Users create a list of other users (sometimes called “friends,” “contacts” or “fans,” depending on the site), with whom they can then connect and interact within a bounded system (Boyd & Ellison, 2007). More recently, marketing groups and organizations (including health care) have begun to use such sites as vehicles for commercial or professional ventures.
- **Twitter** is a social network application that allows users to connect and interact with each other through the use of very short messages (of up to 140 characters) called “tweets.” This sharing (or “twittering”) may include opinions, commentary or updates on recent activities and may be personal or professional in nature or a blending of both.
- **YouTube** is a social network site that allows users to upload videos for public viewing and comment, as well as to watch and comment on videos uploaded by other users.

VIGNETTE 1: PATIENT PRIVACY AND CONFIDENTIALITY

You are invited to “friend” Sonita, a registered nurse who has recently graduated and is new to the small town where you live. She has just started working with you at the hospital and is anxious to make friends (real and virtual). When you visit her Facebook site, you see that she has posted a great deal of information about the unit where you both work, including specific details about a patient recently admitted with an unusual and interesting diagnosis — though no names are used or pictures posted.

The central concern for nurses who are considering the use of social media is the privacy and confidentiality of the patients they care for. Sonita knows she should not share this information with anyone outside of professional settings; it is likely she intended only for a small group of friends and family to see her postings. In one study, most bloggers indicated that they thought their postings were at least semi-private (Lenhart & Fox, 2006). This is simply not true; social network sites such as Facebook, and blogs, are firmly in the public domain. There is always the possibility that such information could be viewed by anyone with access to the Internet, despite any privacy-setting promises made by the hosts of the various social media sites. This public access is a particular concern for nurses, who are regularly cited by the public as the most trustworthy professionals and who therefore have an instant credibility with a broader audience than the average person who blogs or posts comments on social media sites. As Klich-Heartt & Prion (2010) point out, through online social networking tools, nurses currently “have immediate access to a compassionate and empathetic audience that goes far beyond their traditional circle of friends, family and coworkers” (p. 56). In order to maintain this high level of trust and credibility, nurses must be mindful of the ethics surrounding issues of patient privacy and confidentiality, both while they are at work and during personal time.

The nursing profession has long considered the privacy and confidentiality of patients (and their families) as central values (Canadian Nurses Association [CNA],

2001). In addition, each regulatory body has established professional standards with respect to privacy. The CNA *Code of Ethics for Registered Nurses* (2008) states that “informational privacy is the right of individuals to determine how, when, with whom and for what purposes any of their personal information will be shared” (p. 27), and the code requires nurses to “recognize the importance of privacy and confidentiality and [to] safeguard personal, family and community information obtained in the context of a professional relationship” (p. 15). Nurses also need to abide by federal, provincial and territorial laws regarding the protection of personal health information.

Concerns regarding privacy and confidentiality are not confined to the individual nurse obtaining the information. Nurses have an ethical responsibility to “intervene if others inappropriately access or disclose personal or health information of persons receiving care” (CNA, 2008, p. 16).

Challenges

Even though Sonita did not post the name or photo of the patient she described on her social network site, identifiers that she used could potentially make this patient recognizable to a viewer. Identifiable health information, including unusual diagnosis or symptoms, may be shared only with the explicit consent of the individual (CNA, 2001). It can never be assumed that simply withholding a patient’s name will guarantee confidentiality (Gauthier, 2008). Maintaining confidentiality is an especially important consideration for Canadian nurses working in small, rural communities.

Legislation and ethical obligations regarding privacy do not restrict nurses from exercising their democratic right to freedom of speech. The main challenge for nurses is to manage the intrinsic difficulties that come up when balancing concepts at opposite ends of the privacy spectrum. The use of social media encourages open interactions and immediate sharing of personal information, whereas privacy regulations are aimed at protecting patient rights through firm and explicit standards regarding the use of such patient information

(Klich-Heartt & Prion, 2010). Nurses have an obligation “to conduct themselves according to the ethical responsibilities outlined” in the CNA code of ethics (CNA, 2008, p. 8), including the responsibility not to use “photo or other technology to intrude into the privacy of a person receiving care” (CNA, 2008, p. 16).

An important distinction to make in this first vignette is that the social network site or tool itself is not the problem. Such sites only document and provide tangible evidence of unprofessional, unethical or illegal conduct. Social network sites usually create terms to which users must agree, stating that the user is responsible for the accuracy of content posted on the site. In other words, Sonita (as the nurse with the Facebook account) is personally responsible for all the information posted on her site. This information also includes any comments or photos posted by anyone else who has access to her site. It is important to remember that once any sort of information is posted, it is completely out of the user’s control because at any time, others may copy and re-post that information elsewhere, and then it is nearly impossible to erase or remove it.

Using social media may seem to be a reasonable way to consult with others about interesting practice experiences. After all, consulting is completely acceptable in private (usually face-to-face) situations. However, given the non-private nature of social media platforms such as Facebook, such consulting can potentially lead to harm for both the patient and the nurse. Given that privacy and confidentiality are protected by both professional standards and provincial and federal laws, a breach can result in severe consequences, ranging from disciplinary action and loss of employment to civil complaints, actions or investigations.

In this vignette, as a nurse you have an obligation to this patient to talk with your employer about Sonita’s Facebook site comments, as well as to support your colleague (personally or with the help of others) in recognizing the severity and potential harm of her actions. You would respond to this situation in the same manner as you would if you had heard Sonita loudly discussing this patient in a public space such as a restaurant.

Social media etiquette

Use of these new methods of communication and sharing requires adherence to social media etiquette. The following guidelines, based on the recommendations of Schaffner (2010), are a place to start:

- At all times, frame your posts and responses in a respectful and professional manner. Remember that this information is easily accessible by others, who can go on to share it in various ways.
- Consider that social media tools or platforms (like Myspace or YouTube) may not be the best way to share the message you want to send.
- Think about how and when you use social media tools. The immediate and ever-present availability of social media communication may not always be in your own best interests. Such communication cannot replace in-person professional interactions.
- Restrict the personal use of social media tools at work as you would restrict personal phone calls.
- Always keep in mind the importance of maintaining the privacy of patients, their families and other staff.
- Adjust privacy settings to limit access by others to your communications and information — but remembering that doing so in no way guarantees complete privacy.
- Never access social network games during work time.
- Sometimes messages meant for one person or specific group may be better sent via e-mail or even delivered in person.

Opportunities

Used sensibly, social media technologies provide many potential benefits to nurses. They are a means to connect with old classmates and colleagues, as well as with other nurses who have similar interests and specialties that support best practices. Social media is a wonderful tool for the synthesis and dissemination of nursing knowledge and information, as well as engaging platforms to support continuing education. Nurses can

use social media tools to keep updated on new organizational information and policies. Organizations can also use social media to promote a positive nursing image (Anderson, 2009) and to share with others what it is nurses do and why their role is so important.

Given the central importance of maintaining patient privacy and confidentiality to nursing practice, nurses need to be vigilant to the challenges new forms of social media will pose to patient privacy and confidentiality as these tools infiltrate both our public and our private conversations. This vigilance is particularly important as we become more comfortable with social media tools (as we did with e-mail) and increasingly use this powerful resource for professional purposes.

VIGNETTE 2: PROFESSIONAL BOUNDARIES

Diane, a home care nurse, has been seeing Jin daily for complicated dressing changes and has developed a trusting nurse-patient relationship. Jin has recently suffered the loss of many people in his life, including his beloved mother (and main caregiver). He is feeling isolated and lonely. Diane has cared for Jin off and on for several years and has always enjoyed seeing him and his family. Today, Jin asks Diane to be his Facebook “friend.”

There is rarely anything more professionally fulfilling than developing a trusting therapeutic relationship with a patient, particularly when that individual is vulnerable and lonely like Jin. Nurses have all enjoyed these special relationships and the satisfaction of knowing they have made a positive difference in someone’s life. This knowledge helps drive their professional commitment. However, as Jin’s nurse, Diane must carefully think through the decision to “friend” Jin and the impact such a decision might have on both of them.

Challenges

In this vignette, the main ethical challenge is maintaining professional boundaries in order to continue to support the therapeutic relationship. “Friending,” or being in

social contact with Jin through social media technologies (including e-mail), poses the real risk of damaging this important therapeutic relationship (Gauthier, 2008; Tariman, 2010). As Jin’s nurse, Diane is responsible for maintaining the boundaries that separate professional or therapeutic relationships from personal ones (Gauthier, 2008). Maintaining boundaries is especially important when the patient or former patient is “vulnerable and may require ongoing care” (Gauthier, 2008, p. 12), since maintaining “appropriate professional boundaries” is vital to preserving the dignity of patients like Jin (CNA, 2008, p. 13). As outlined in the CNA code of ethics, a component of providing safe, compassionate, competent and ethical care is the nurse’s ability to “build trustworthy relationships as the foundation of meaningful communication” (CNA, 2008, p. 8).

In this situation, it may be helpful to imagine the ways that use of social media may create conditions that could result in an adverse event — and to remember that nurses “take all necessary actions to prevent or minimize harm arising from an adverse event” (CNA, 2008, p. 9). Adverse events are often specific to the patient’s situation, and the extent of potential damage is usually unpredictable. If Diane were to “friend” Jin, either or both of them might assume that consent has been given for sharing information (Witt, 2009). For example, Diane might assume that “friending” Jin includes his consent to post information about his diagnosis or condition on her Facebook site, while Jin might assume that “friending” includes Diane’s consent to give him health advice outside their arranged appointments. Jin’s reliance on information provided by Diane outside the therapeutic relationship might trigger professional liability for Diane (Canadian Nurses Protective Society [CNPS], 2010). It might even be understood by Jin that Diane is giving consent to move from a professional relationship to a romantic one.

Another concern for nurses is the unintentional sharing of their own personal information, such as address and phone number. In doing so, they run the risk of exposing their personal information (and that of their families) to an unknown audience. For Diane, the risk could include a range of adverse effects, from identity

theft to the potential of having a disgruntled patient (or his or her family) locate her home (Wink, 2010). There is also the risk that personal information may be taken out of context (e.g., Diane's vacation pictures viewed at a time that her workplace is short staffed) or interpreted in unanticipated ways (e.g., an assumption that Diane has a drinking problem as a result of pictures posted of her at a party with a glass of wine in her hand). Nurses are personally accountable for their actions at all times, including the behaviour and values that they demonstrate in their personal life (Carlowe, 2009). Negative perceptions and comments are extremely difficult to undo. It is important for nurses to protect their professional credibility by maintaining professional boundaries with patients at all times, including in the virtual world of social media. This means that Diane should not "friend" Jin (or his family) or engage in personal interactions through any social media tool. Maintaining this boundary will help protect both the patient and the nurse.

Opportunities

There are many potential benefits of using social media tools to enhance patient care. As social media becomes more integrated into our lives, it is inevitable that such tools will also become a part of health-care delivery systems and that patients will demand such access (as they currently have access via telephone and e-mail communication technologies). Many nurses already see social media playing an important role in the education of patients and their families (e.g., Green & Hope, 2010). Numerous Canadian health-care organizations are successfully using social media forums to share information and to keep patients (especially those with chronic illnesses) aware of the latest developments in their area of interest. Examples are the use of Facebook by the Canadian Patient Safety Institute (<http://www.facebook.com/PatientSafety>) and the Canadian Arthritis Patient Alliance (<http://www.facebook.com/pages/Canadian-Arthritis-Patient-Alliance/322702401707>). Other possibilities include the use of tools such as Twitter or RSS feeds by health-care organizations to share peer-reviewed

articles, announce support group meetings, or even disseminate pandemic/disaster communications (Baumann, 2009; LPNtoRN.com, 2009). These uses of social media help patients and the public to feel connected and included while clearly maintaining professional boundaries.

In an age where information is freely available but not necessarily reliable or accurate, it may become an ethical obligation for health-care professionals to make sure that patients have access to trusted and current evidence through social media. In a recent survey in the U.S., 60 per cent of respondents who access the Internet to obtain health information reported that such health-related searches influenced their decision about how to treat an illness or condition (Fox & Jones, 2009); however, the credibility of such health information is often unreliable.

In this vignette, Diane could respond to Jin's request by creating a Facebook page that provides reliable information to Jin and other patients in similar circumstances. In this way, nurses can use social network sites as an extension of the therapeutic relationship, while at the same time helping patients like Jin to feel less isolated.

VIGNETTE 3: LEADERSHIP AND "MANAGEMENT" OF SOCIAL MEDIA

Sufi became the manager of a community health centre several months ago. She is enjoying this exciting but demanding position. Sufi is told about a blog maintained by Mark, one of the community health nurses working at the health centre. As Sufi reads the postings, she sees that Mark has been blogging about the difficulties he perceives in the workplace and his many frustrations regarding them. Many of the comments involve situations that Sufi is either unaware of or has been actively working on since becoming manager. In one blog, Mark complains about e-mailing Sufi directly and not receiving an answer. He writes that he is discouraged and that Sufi is "no different than the last manager."

In addition to avoiding violations of patient privacy and confidentiality, nurses must avoid creating slander and/or situations that destroy public confidence in health-care organizations and their employees (Raso, 2010). As Mark demonstrates in this vignette, it can be very tempting to use social media platforms as a place to debrief or vent about difficult practice situations and/or ethical issues occurring at work. However, all nurses know that “discussions that are not appropriate in the practice setting are also not appropriate in a public setting” (Gauthier, 2008), which includes social media platforms. Furthermore, using social media to vent is an ineffective way to deal with work-related concerns and does not contribute to meaningful change that addresses the issues or improves the working environment. Another consideration is that Sufi, as the manager, may not be aware of important workplace issues that are bothering Mark and that they may need to address together. The bottom line is that Mark needs to be encouraged to bring his concerns directly to Sufi, his manager.

Challenges

While the unpredictable and casual nature of social media may produce compelling reading material, such as poignant stories about nursing workplace issues, this vignette demonstrates that, from a managerial perspective, the use of social media also creates risk (CNPS, 2010; Raso, 2010). There are risks not only with respect to breeches in patient privacy and confidentiality and professional boundaries, but also to the organization itself. In order to manage this risk, some organizations simply ban any use of social media in the workplace. While such a policy may solve the issue in the short term, it does not address the fact that social media use is only going to become more pervasive as new tools and technologies are developed and introduced. In addition, imposing a ban limits the ability of nurses to access reliable sources of information during work time. Rather than banning social media communications at work, a better approach might be to make organizational expectations clear through approved guidelines and policies regarding the use of social media (Eytan, Benabio, Golla, Parikh, &

Stein, 2011). Each organization needs to explain how the use of social media fits with its collective values and communication preferences. Until such policies are in place, organizations might consider adopting IBM’s interim social media policy: “Don’t do anything stupid” (Raso, 2010, p. 24). The Mayo Clinic is one health organization with excellent social media guidelines and policies (<http://socialmedia.mayoclinic.org/about-3/>). In the spirit of connectedness and community, the Mayo Clinic freely shares its employee social media guidelines (<http://sharing.mayoclinic.org/guidelines/formayo-clinic-employees>) and provides examples of policy templates (<http://www.socialmediapolicytemplates.com/tag/mayo-clinic>).¹

In this vignette, Sufi might consider using social media tools for professional communication, which would serve to demonstrate both their ethical use and the proper maintenance of professional boundaries. Sufi might even consider creating an avatar — an online identity — to interact virtually with employees, as other nurses have done (Capsule Tech, Inc., 2010) — though it should be noted that such interactions can be very time consuming. One potential difficulty in relying on Internet-based technologies such as e-mail and social media for communicating with employees is the expectation of an immediate response to any question or comment posted by an employee, as illustrated in this vignette. Given the multiple demands on Sufi, especially as a new manager, it is unlikely that she will be able to (or should) follow through immediately, particularly on issues with an ethical dimension. However, as this vignette illustrates, Mark’s expectation of an immediate response reflects poorly on Sufi. There now exists a generation of nurses that has never known professional life without instant connectivity to information and communication. To this group, managers who do not successfully use social media risk being considered “the dreaded ‘dinosaur’ and possibly even inadequate leaders” (Raso, 2010, p. 23).

¹ The Canadian Medical Association is currently developing social media guidelines.

In this vignette, it is important for Sufi to determine whether Mark is blogging during working hours or during personal time. Most organizations have a policy regarding the personal use of computers during paid time. In addition to loss of productivity, there is the real risk to patient safety, since Mark's patients are being denied care while he blogs. Sufi is obligated to address this issue, which could result in disciplinary action being taken against Mark by the organization. It is probable, however, that Mark is blogging during his personal time. An interesting ethical dimension to this vignette involves the extent to which employers can monitor or evaluate employees when they are not on work time or even in the physical locality of the organization. In general terms, most regulatory bodies (and employers) are not interested or involved in the activities of nurses outside of practice environments (Gauthier, 2008). In cases involving social media, respect for an individual's democratic rights must be balanced with the CNA code of ethics requirement that nurses be accountable for their actions and be "honest and practise with integrity in all of their professional interactions" (CNA, 2008, p. 18). As mentioned previously, nurses are not restricted from using social media to comment on their practice setting or professional interests. But as members of a self-regulating profession, nurses must act with integrity and must ensure that public (including posted) comments, regardless of the forum, are honest and fair. Postings that could be considered defamatory could result in a civil lawsuit against the nurse (CNPS, 2010).

This vignette also highlights how increasingly difficult it is becoming for nurses like Mark to find secure and confidential places to talk about difficult situations. If such opportunities are consistently denied, it may become even harder for nurses to cope with the ethical stress inherent in today's fast-paced practice environments. While social media tools may one day become indispensable, it is doubtful that such methods will ever be secure enough to replace opportunities for face-to-face, private conversations between nurses and their colleagues or mentors to debrief and to discuss ethical situations. It may be that providing time for in-person professional interactions within health-care

organizations could actually reduce risk by diffusing complex ethical practice situations, thus maintaining patient privacy and confidentiality both at work and on personal time.

In this vignette, Sufi must address the situation immediately. First, she needs to find out if her organization has any policies or guidelines regarding the use of social media by employees. If not, she will need to initiate the process of creating such a policy. Second, she must discuss the situation with Mark to make him aware both of the ethical and legal aspects of using social media to discuss work-related situations and of Sufi's expectations of him. She should suggest that he take the blog/post down immediately, even if someone else has already re-posted the item. It might be a good idea for Sufi to consult with her organization's professional practice group, union and/or human resources department to ensure that the issue is clearly and fairly resolved. Sufi also needs to share information on her organization's policies, guidelines and expectations regarding use of social media with all the employees working in the community health centre.

Opportunities

It is possible to have both a personal and a professional social media platform and keep them separate; however, this solution seems a time-consuming (and perhaps unrealistic) expectation of nurses, particularly nurse leaders. Most organizations now have an information technology department. With the aid of such expert organizational groups and the assistance of interested colleagues and support staff, Sufi could consider sharing the responsibility of maintaining a social media tool to keep staff updated on organizational activities. It would also be important to include this information in new employee orientation.

While the use of social media may introduce new types of risks to organizations, it may also provide a way for busy managers to stay connected to their equally busy employees such as using social media to bring "staff together by facilitating information sharing, debriefing and reflection" (Klich-Heartt & Prion, 2010, p. 57).

This use of social media offers managers opportunities to demonstrate professional boundaries along with explicit expectations of patient privacy and confidentiality. In this way, an organizational CoP can be supported and nurtured. Nurses have the added advantage of joining CoPs in their specific area of interest, such as through the NurseONE Internet portal (www.nurseone.ca). This virtual extension of the practice environment holds great potential to build and maintain positive ethical climates in various settings and to contribute to the overall moral community of health-care professionals at both organizational and national levels. As members of the moral community, nurses like Mark have the professional opportunity to “acknowledge their responsibility to contribute to positive, healthy work environments” (CNA, 2008, p. 21). An environment in which nurses support each other and celebrate the work they do (including things like how Sufi might resolve ongoing concerns in her centre) makes a healthier place to work (CNA, 2010), and this healthy practice environment may be enhanced through the use of social media tools.

Special Consideration: Recruitment

Social media tools provide a tremendous human resources opportunity. Using social media, health-care organizations can cost-effectively access a wide audience, advertise employment opportunities and use virtual open houses, professional organization websites or professional networking sites to find qualified candidates (Innocent, 2010). However, the use of social media by human resources has a downside for applicants: the risk of rejection by potential employers who have found what they perceive to be inappropriate or offensive content involving the applicant on social network sites. A recent survey conducted by Cross-Tab Marketing Services (2010) for Microsoft revealed that 79 per cent of U.S. human resource professionals and recruiters perform online research on applicants, with 63 per cent reviewing social network sites and 59 per cent checking photo- and video-sharing sites. As a result of such online research, 70 per cent of these professionals have rejected candidates. This practice presents an interesting ethical dimension to hiring practices that needs to be articulated by health-care

human resource departments. To what extent does this “research” become too invasive? Should personal lifestyle choices be allowed to influence whether a nurse is granted an interview? Allowing for diversity among employees may strengthen health-care environments and may increase sensitivity to different perspectives. It is important that health-care organizations accept the diversity of nurses and not expect them to be a homogenous group. In this way, the heterogeneity of patient populations is also honoured.

VIGNETTE 4: STUDENTS AND SOCIAL MEDIA

Meena is a very bright, enthusiastic first-year nursing student. She wants to share her classroom conversations with other nursing students and friends, both in Canada and around the world. Meena regularly records these classroom interactions (which sometimes contain patient information) with her phone and then posts them on YouTube. When Meena shares this information with her instructor, Lori, she is surprised that Lori views this as a problem.

While the use of e-mail communication among young people appears to be rapidly declining (Richtel, 2010), the use of social media tools is pervasive and continues to grow rapidly. Some commentators (e.g., Raso, 2010) even state that the use of textbooks and in-person classroom experiences is becoming “old fashioned.” This does not mean that “old fashioned” educators should have no say regarding the use of social media activities in the classroom or that social media tools are appropriate for all learning activities. But as social media tools and technologies are becoming more and more integrated into educational experiences (for both basic nursing and continuing education programs), educators are now required to manage this classroom experience in a way that is respectful of the learning preferences of all involved, while also teaching students that they are responsible for what they post. As challenging as this task sounds, educational sites such as NurseONE have been successfully used as virtual classrooms and can be used as an example.

Challenges

The classroom is not necessarily a public space, although a large class of a few hundred is definitely more “public” than a small class of just a few. In this vignette, it is important for Lori to have a private and frank discussion with Meena regarding the issue of consent and Meena’s understanding of it. Lori should keep in mind that Meena has not likely thought through the broader implications of using social media — that is, if Meena is able to easily record and post classroom discussions, she is capable of doing the same with patients (and others) during practice placements. Using the CNA code of ethics (2008) as a starting point, Lori can initiate a conversation based on the guideline that “all nurses and nursing students treat each other with respect and honesty” (p. 50). Asking for the instructor’s (and fellow students’) consent to record and post class material would demonstrate an understanding of the CNA guideline, as well as of the broader issues of using social media respectfully in professional spaces. In addition to seeking consent from her instructor and fellow students, Meena should also be made aware of the implications of posting course content that involves actual patient information — that is, that she is breaching laws governing privacy and confidentiality. Students must understand that they are responsible for what they post in any social media platform regardless of the situation. As outlined by Duffy (2011), nursing schools have attempted to expel nursing students for violations that were, for the most part, not deliberate. In addition, educators should keep in mind that they have no control over digital files recorded and posted by others (including students) and that those files (or parts of them) can be used in unanticipated ways.

The conversations between the instructor and the students that Meena posted should be removed immediately from her YouTube account. The difficulty is (and this should be made clear to Meena) that this information will still exist in the virtual world even after she removes it and that there is still the potential that it could be accessed by others (for example, if it was already copied and posted elsewhere). As with any health-care

organization, nursing schools should have social media policies and guidelines and should ensure that students are not only aware of them but also understand the implications if they ignore them. With limited practice experience, many students will not fully appreciate the consequences of the misuse of social media. Those who have integrated social media into their personal lives may regard any attempt to regulate their use of such technologies or to create a social media policy as “unnecessary,” “distracting” or even “stupid” (Volpe, 2010). This perception is a good starting point for ethics discussions that will help individuals like Meena successfully make the transition from student to professional. The CNA code of ethics states that “students are expected to meet the standards of care for their level of learning” (CNA, 2008, p. 50), and students need to understand that preserving dignity and maintaining privacy and confidentiality are among the values that make up the “core responsibilities of ethical nursing practice” (CNA, 2008, p. 3).

Opportunities

Social media tools and platforms provide an exceptional opportunity for educators to connect and share information with students and colleagues. Through these media, educators can foster a learning community that allows busy, self-directed learners to readily access any information needed for ongoing learning. Social media platforms also provide a space for expressing and sharing professional creativity. Such technologies offer a wide range of teaching and learning tools, from web-based learning sites such as Moodle to the use of simulation learning (Raso, 2010). However, it is necessary to remind students and nurses that legislation related to personal health information, privacy and confidentiality applies.

Because an increasing number of students have grown up with social media, many nurse educators suggest that there may be a sort of obligation to incorporate social media tools into nursing education. That is, they believe educators are duty-bound to blend educational strategies with social media technologies to provide

relevant learning environments for current students so they can graduate as competent nurses (Green and Hope, 2010). Such interactions may be necessary not only to keep contemporary nursing students excited and engaged in their education, but also to expose them to technologies that are likely to be integral to their future professional life. For example, within such a virtual learning community, students like Meena can connect with other students and their instructors to engage in meaningful reflective practice and journaling exercises (Epp, 2008), while also learning about professional and ethical practice. Ressler & Glazer believe that as a new generation of nurses is educated, “use of social media will be an integral component in their ability to practice competently, effectively, and collaboratively with team members, patients, and families.” (Ressler & Glazer, 2010, Opportunities for social media in healthcare).

Social media technologies can also be very useful in supporting continuing education for nurses. Bristol (2010) gives a number of examples of nurses and nursing organizations using Twitter to share best practices and professional development opportunities. Given the interactive nature of such social media technologies, nurses can provide “real-time” feedback to organizational leaders about such procedures and practices. Just as the use of social media can support basic nursing education, it also provides a wonderful opportunity to introduce practising nurses to social media policy and etiquette, while also demonstrating the ethical dimensions that these tools bring to nursing practice.

VIGNETTE 5: SOCIAL JUSTICE

Tanner, a public health nurse, is actively involved as a volunteer with Food for All, a small, non-profit organization that provides hot lunches to underserved populations, including children at an inner-city school. Most of these children are visible minorities from economically disadvantaged groups. Tanner is very proud of the work this organization does, both locally

and internationally. He has worked especially hard to establish a good relationship with the inner-city school and is committed to creating opportunities for the children to realize their immense potential. While checking the Food for All website for upcoming schedules, Tanner is dismayed to discover that a list has just been posted of children recently discovered to have head lice.

CNA (2006) defines social justice as “the fair distribution of society’s benefits, responsibilities and their consequences. It focuses on the relative position of one social group in relationship to others in society, as well as on the root causes of disparities and what can be done to eliminate them” (p. 7). There are broad aspects of social justice that are inextricably linked with health and well-being and that “ethical nursing practice addresses” (CNA, 2008, p. 20). These nursing practices may transcend paid work, as demonstrated by Tanner’s volunteer activities. It is a long-standing value of the nursing profession to strive for greater equity for all Canadians and global citizens. The use of social media has the potential to enhance the ability of nurses, both as individuals and as a collective, to advocate for health-care systems that “ensure accessibility, universality and comprehensiveness of necessary health-care services” (CNA, 2008, p. 21). The use of social media tools by the already established network of organized nurses supported by the regulatory and provincial bodies and by CNA has the potential to produce powerful outcomes for justice and equity as more and more nurses become comfortable and involved with these emerging technologies.

Challenges

Most of us take our connectivity (our ability to connect to the Internet and all it offers) for granted. Yet some groups lack this connectivity, which puts them at a disadvantage. For example, in this vignette, it is unlikely that the families of the children whose names were posted on the website have access to the Internet. If they did, they would have noted this breach of privacy and confidentiality, and the names of these children would

have been immediately removed (or perhaps not posted in the first place). We need to consider the effects such postings may have on disadvantaged groups, including reinforcing racist or classist assumptions. In this way, “connectivity” can be seen as a social determinant of health and, without careful attention, can potentially create a divide that limits the access of some to equitable health care and can contribute to disparaging stereotypes of already disadvantaged groups (such as children who have a particular skin colour and/or who live in poverty).

In this vignette, it is Tanner’s ethical responsibility to advocate for the children (and their families) by having their names removed from the website. He will also need to explain the reasons for removing this content to the rest of his volunteer colleagues. In addition, Tanner will need to encourage the non-profit organization to acknowledge and apologize for the breach of privacy and confidentiality in the hope that he will maintain a good working relationship with the school on behalf of the organization. The nursing profession in general needs to make sure that it does not contribute to a divide based on Internet connectivity — a divide similar to rural-urban and economic divides that contribute to health inequities.

Opportunities

One of the most exciting aspects of social media use is the enormous potential it creates for nurses to be involved in initiating and sustaining projects that support social justice. With the help of social media tools, “nurses have a voice that is now global in reach” (Ressler & Glazer, 2010). Nurses should not be deterred from using social media to strive for social justice. As long as they pay attention to the ethical dimensions of such forms of communication, they can achieve goals ranging from improving patient care to eliminating health and social inequities by “recognizing and working to address organizational, social, economic and political factors that influence health and well-being within the context of the nurses’ role in the delivery of care” (CNA, 2008, p. 20).

CONCLUSION

As social media technologies evolve, their use will continue to present ethical challenges that nurses must consider. In all areas of practice, we need to think about the impact that these new technologies have on patient privacy and confidentiality, professional boundaries and the reputations of individual nurses and the organizations they work for. The nursing profession can also use social media to enhance education and learning strategies, as well as to address issues of social justice. Use of social media tools provides tremendous opportunities to build capacity in patients, organizations, communities and ourselves, as individual nurses. Through thoughtful action, we can demonstrate our professional responsibilities and core values, while acknowledging the unprecedented power such technologies offer nursing, as we continue to develop and grow as a global presence promoting health equity with our partners in Canada and around the globe. The possibilities are limited only by our imagination, our knowledge about social media and our understanding of the ethical dimensions that bringing such tools into our practice creates. Please, just pause before you post.

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Ethics in Practice is published by the Professional Practice and Regulation division of the Canadian Nurses Association (CNA).

Copies are available on CNA's website.

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ISSN 1480-9990