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Social Media Networking for Nurses: What You Should Consider

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Purpose

The purpose of this two contact hour continuing education course for nurses is to raise awareness of the use of social media networking in a professional context, and highlight the advantages and pitfalls of using social media networking as a communication tool.

Learning Objectives

After successful completion of this course, you will be able to:
1. Define and describe what social media networking is.
2. Identify two professional benefits and risks of social media networking for nurses.
3. Appraise the impact of social media networking on patient privacy, HIPAA regulations, and the Nursing Code of Ethics.
4. Define inappropriate use of social media networking in a professional capacity.
5. Discuss the use of social media networking as an employment tool.
6. Review employer rights in regard to social media networking.

Introduction

Online social networking has become a significant part of everyday communication for people of all ages across the world (Henderson & Dahnke, 2015 & Ying & Sanghee, 2014). Online networking via social media began as a trend among internet-savvy young people and has now become something of a cultural norm, even for those who are not technologically-savvy (Lukes, 2010).

Social media has changed the way Americans communicate with family, friends, and peers (Lukes, 2010). Nurses are not immune to the allure of the internet or the ability to connect instantaneously with others and track discussions across the web as they happen (Aylott, 2011). Nurses need to be aware of the proper use of social media in their personal and professional lives to avoid violating patients' rights to confidentiality and privacy and ultimately compromising the integrity of nurses (Henderson & Dahnke, 2015)

Networking as a Tool

Networking can be a tool to foster professional connections, enrich a nurse's knowledge base, and promote timely communication with peers, patients and family members (Henderson & Dahnke, 2015). Yet, if used inappropriately, it can result in professional misconduct. 453

Note!
- Social media networking can violate nursing ethics if confidential information is shared online. Nurses need to carefully consider the risks posed by crossing professional boundaries through online social media (Aylott, 2011 & Henderson & Dahnke, 2015).

Defining Social Media Networking

Web-based social networks (WBSNs) refer to various, loosely-connected types of applications that allow individuals to communicate with one another, and include:
- Internet forums
- Blogs and microblogs
- Wikis
- Podcasts
- Picture and/or video-sharing
- News-sharing (Henderson & Dahnke, 2015)

Social Media Networking Sites

Various social media and professional networking sites exist today. The largest sites with the most traffic and members/users include Facebook, Twitter, LinkedIn, YouTube, and Pinterest (Henderson & Dahnke, 2015; Ying & Sanghee, 2014).

In addition, a number of nursing-focused social media sites, including NurseConnect.com (a subsidiary of AMN Healthcare, which is the parent company of RN.com), allnurses.com, NurseTogether, and others have come on the scene in the past several years. The audience and site purpose varies - sites such as LinkedIn are typically used by professionals and job-seekers; whereas, some of the other larger sites are used by a broader audience for various activities.

Although there are many different social media networking sites, this course will only examine the largest, Facebook, as an example of a social media networking site.

Facebook

According to an annual survey conducted by AMN Healthcare in 2013, Facebook was the top social media site of choice for professional networking (30%) among healthcare professionals (AMN, 2013). The importance of Facebook as a social networking site should not be overlooked, especially considering how individuals and businesses have adapted their interactions with one another.

For Facebook users, communicating with other users on the site is now part of everyday life; many expect others to be available on the site, and are likely to seek out others they know from work or personal contact on Facebook, requesting that they connect. There are currently 1.49 billion monthly active users (Facebook, 2015) of Facebook worldwide, and the number of users is steadily increasing. It seems that Facebook is likely popular for a number of reasons. According to Lukes (2010), users like the "*convenience of the communication process*" and believe that the site is fun and entertaining. Facebook can aggregate "news" about individuals in their networks, allowing users to stay in touch with and get a peek into the worlds of their

family, friends, and peers. Suddenly, users can be involved in the lives of many, rather than just those with whom they have time to speak frequently or for an extended duration (Lukes, 2010).

Facebook Pages

In the past few years, Facebook has allowed companies and organizations to create Facebook pages so they could reach out to the public, effectively providing a means for organizations to build relationships with customers and seizing the opportunity to utilize Facebook as a new marketing platform. Following this development, non-commercial organizations also developed Facebook pages, realizing that the site is an effective tool to reach a large population, potentially more effectively than through other channels, due to the size of Facebook's registered visitors. Users are likely to visit their online social network frequently or daily for many. The same individuals, even those with vested interest in an organization, may be far less likely to regularly visit an organization's website.

Companies or organizations can link to official blogs through Facebook, post videos and images, share stories, event information, and company leadership and employees can read what is being written about them in real time. Consumer-related companies now have direct feedback from customers, leading to product and service enhancement and increases in sales, benefiting both company and consumer.

Social Media Networking as a Marketing Tool

In the case of professional organizations, the same is true: members of the organization can hear about news and events firsthand, as well as tell the organization how to improve the membership experience. Again, the idea is to be transparent, a quality that has potential to boost membership because word-of-mouth builds a positive reputation and increased usage by peers.

Online networks can be seen by some as a gift to the marketing world, offering access to new customers, a means to engage, test, promote, or target/segment with fewer direct costs. However, to be successful, any organization or company needs to build authentic relationships with advocates who understand the purpose and value of the organization, thereby fostering and sharing the organization's message and value with others. Using a social network like Facebook for business purposes requires some training, the establishment of guidelines and best practices; but with mastery comes ease of use, leading to efficiency down the road.

Survey of Social Media Sites

General social media sites, like Facebook, are not the only social media sites and networks used by healthcare professionals. In a survey conducted by AMN Healthcare in 2013, nurses were also asked about their favored healthcare-focused social media sites RNs chose Allnurses.com as their favorite (32%), followed by Nurse.com (26%), Medscape (13%) and NurseZone (13%) (AMN 2013).

Social Media Networking and the Nursing Profession

Nurses have a professional obligation to understand the nature, benefits, and consequences of participating in social networking of all types (American Nurses Association [ANA], 2011a). Social media networking offers many benefits to individual nurses as long as it is used appropriately.

Connecting with Others

As the Internet and other social media technologies continue to grow and evolve, the distance between our physical and digital lives is blurred, and people are able to spend a fair amount of their time learning, playing, and communicating with each other on a global scale without ever being face to face (Petruniak , Krokosky & Terry, 2011). If used properly, social media can connect us with communities across the United States and ultimately across the world, accelerating our understanding of complex topics, helping us to keep track of friends, families and colleagues, and reminding us that we are not alone (Petruniak et al., 2011).

Improving Communication

Health care is not immune to the use of social media, with the goal to improve overall communication between caregivers and patients (Dubose, 2011; Ying & Sanghee, 2014). Clinical educators are also assessing and implementing the advantages of virtual worlds, simulations, and audio capabilities now available through social media sites (Dubose, 2011). By accessing sites like Facebook or Twitter, we can instantly see what people are saying in real time about a medical condition, a facility, health care policies, practice opportunities and more.

Professional Resources & Information

Another benefit to using social networking sites is the ability to become a follower or fan of particular sites, pages or tools essential to professional growth in nursing. By connecting with, visiting, and even "liking" pages managed by professional nursing organizations, such as the American Nurses Association (ANA) and the American Association of Critical Care Nurses (AACN), nurses can access timely information in nursing, such as standards of practice, practice alerts and certification information (Jackson, Fraser & Ash, 2014).

Career Resources

In addition, the ANA website provides resources for nurses to navigate their career, and includes information on creating professional success, improving patient care environments, and expanding your personal development, with tips and educational materials(Jackson et al., , 2014)).

An additional benefit to social media is that it enables you to find out more about a hospital or health care organization before you apply or accept a job at the facility. There are more than 4,000 official hospital social media sites and many provide information about awards, community involvement, hospital expansions, stand out employees and more. Sites such as LinkedIn, Facebook, Twitter and others allow you to follow these organizations and receive regular updates when they post new information. Some hospitals are also using sites such as YouTube to air videos about their nursing programs and the benefits of working for the organization (Jackson, et at., 2014).

Survey of Healthcare Professionals

According to an annual survey of healthcare professionals' use of social media, conducted by AMN Healthcare, recent results show that there has been a slight decline in social media usage for networking year-over-year. Forty three percent of healthcare professionals surveyed in 2013 said they use social media for professional networking, a small decrease from 48% in 2011 however, higher than the 37% reported in 2010. Nurses were found to be third (44%) among other clinicians surveyed about utilization of social media networking sites, pharmacists (50%), allied (45%) and physicians (31%).

Also, use of social media for job searching has doubled among clinicians since 2010, 42% of survey respondents cited use of social media when searching for a job, compared with 31% in 2011 and 21% in 2010.

Participants were also questioned about their use of social media for professional or personal reasons. Nurses were most likely to use social media (88%) and more likely than other professional groups to use social media equally for professional and personal use (22%) (AMN 2013).

Edits Test yourself question: Nurses use social media less than other healthcare professionals when seeking employment opportunities. True or False
Change to: Nurses use social media less than other healthcare professionals for professional and personal use. Answer : False

Social Media: The Good & The Bad

Social media sites can provide access to a system of healthcare professionals, treatments, therapies, and community-based support networks and resources. The role of disease support groups remains important and is growing (Petruniak et al., 2011).

In recent times employees have been terminated for posting derogatory comments about their colleagues, supervisors, or the facility in which they work on various social media sites. Pictures that may be posted on social networking pages or videos on websites can also cause havoc with a nurse's employment (Forsyth, 2010). For example, in 2011, a Rhode Island physician was terminated from a hospital after posting information about a trauma patient (Boston Globe, 2011). Although the physician did not mention the patient's name in the Facebook post, enough information was provided to allow an unauthorized third party to identify the patient. The Rhode Island Medical Board found the doctor guilty of unprofessional conduct.

The Use of Social Network Sites as Employment Tools

Social networking websites are also being used by employers and recruiters to screen potential employees. A recent U.S. survey found that 45% of employers and recruiters were conducting internet searches of applicants' social networking web pages (Forsyth, 2010).

Nurses need to be aware of the fact that past, current, and future personal and professional posts will be accessible to current and future employers in perpetuity. Although many may deem it unfair, employers may utilize social media networking sites to gain a better understanding of a potential candidate's character and professionalism (ANA, 2011a).

Therefore, it's wise to take another pass at your own social media sites and ask yourself, "*would a potential employer find any reason to question my ethics or conduct based on how I present myself online?*"

Some sites allow you to establish settings and views for your individual connections. Consider this approach if you utilize your sites for professional as well as personal activities.

Information Dissemination

Once information is posted on social media sites, it is impossible to control how that the information is disseminated, and to whom the information is accessible. Social networking sites are open to all, and may be shared by administrators, patients and anyone else who may have an interest in the discussion. It is prudent for nurses to remember this fact, and take it into consideration when posting on a social media site so as not to cross ethical, legal, or moral boundaries by sharing confidential information, photos, or other information (Henderson & Dahnke, 2015).

Note!

• Always remember that the best standard of care is adherence to your facility's policies and procedures. Familiarize yourself with your organization's social media policy to ensure that you do not inadvertently contravene your organization's privacy policy when posting to social media sites.

Common Nursing Myths and Misunderstandings of Social Media

In most circumstances, nurses misuse social media networking unintentionally and without malice or malicious intent. According to the NCSBN (2011a), a number of factors may contribute to a nurse inadvertently violating patient privacy and confidentiality while using social media, including the *mistaken belief* that:

1. Communication is private and accessible only to the intended recipient.
2. Content deleted from a site is no longer accessible. The moment something is posted, it lives on a server that can always be discoverable in a court of law.
3. Private information about patients can be disclosed if the communications is accessed only by the recipient. This is still a breach of confidentiality.
4. It is acceptable to discuss or refer to patients if they are not identified by name, but referred to by a nickname, room number, diagnosis or condition. This too is a breach of confidentiality and demonstrates disrespect for patient privacy.
5. Confusion between a patient's right to disclose personal information about himself or herself (or a health care organization's right to disclose otherwise protected information with a patient's consent) and the need for health care providers to refrain from disclosing patient information without a care-related need for the disclosure.

(NCSBN, 2011a, p. 10).

Nursing Code of Ethics & Patient Privacy

The third provision of the American Nurses Association (2015) Code of Ethics for Nurses outlines the nurses' responsibility to promote, advocate for, and protect the privacy rights, health and safety of patient. This provision maintains that the nurse must "*safeguard the patient's right to privacy, as the need for healthcare should not justify unwanted intrusion into the patient's life*" (ANA, 2015, P. 14).

In addition, the nurse has a duty to maintain confidentiality of all patient information (ANA, 2015). According to the Code of Ethics for Nurses, a patient's well-being could be jeopardized by the inappropriate disclosure of identifiable patient information. The Code of Ethics adds that special efforts must be made by the nurse to maintain the security of patient data when using electronic communications (ANA, 2015).

Violation of Privacy

Nurses can inadvertently violate a patient's confidentiality by posting a photo taken in patient care areas onto social media sites. There may be confidential patient information in the background of the photo that the nurse is unaware of, such as a patient in the background, a patient's name over a doorway, or the OR schedule in the background (ANA, 2011a).

Note!

- *The safest and most professional practice is to avoid all photography in any patient care area (ANA, 2011a).*

Health Insurance Portability and Accountability Act (HIPAA) & Social Media Networking

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that protects patient confidentiality. HIPAA regulations are intended to protect patient privacy and confidentiality by defining individually identifiable information and establishing how this information may be used, by whom, and under what circumstances (NCSBN, 2011a).

The definition of individually identifiable information includes any information that relates to the past, present, or future physical or mental health of an individual, or provides enough information that leads someone to believe the information could be used to identify an individual.

Breaches of patient confidentiality or privacy can be intentional or inadvertent and can occur in a variety of ways. Nurses may breach confidentiality or privacy with information they post via social media sites. Examples may include comments in which patients are described with enough sufficient detail to be identified, referring to patients in a degrading or demeaning manner, or posting videos or photos of patients (NCSBN, 2011a).

Note!
- Sharing patient information, even without specific patient identifiers, may be enough to trigger a HIPAA (Health Insurance Portability and Accountability Act) violation and associated penalties (ANA, 2011b).

Professional Boundaries

The maintenance of professional boundaries between nurses and patients protects order, rationality, and predictability within the nurse-to-patient relationship (Aylott, 2011).

Boundaries are constantly changing as working relationships evolve and other professionals become involved in the provision of care.

Professional Boundaries Based on Patient Needs

Professional boundaries define the limits of accountability, reliability, and efficiency and protect the space between the professional's power and the patient's vulnerability and should always be based on the patient's needs (Aylott, 2011).

Note!
- Nurses' power comes from their professional position and knowledge of private details about the patient. Therefore, maintenance of professional boundaries remains the nurse's responsibility and is essential to delivering safe, ethical and quality nursing care which is a fundamental element of the therapeutic relationship (Aylott, 2011).

Disciplinary Action of the Boards of Nursing

The boards of nursing (BON) have an ethical and legal responsibility to protect the general public from harm. Consequences for inappropriate use of social and electronic media by nurses

may vary from board to board, as the laws outlining the basis for disciplinary action by a BON vary from state to state, and the consequences depend, in part, on the particular nature of the nurse's misconduct (NCSBN, 2011a).

Depending on the laws of a jurisdiction, a BON may investigate reports of:
- Inappropriate disclosures on social media sites by a nurse on the grounds of unprofessional or unethical conduct, moral turpitude (defined as conduct that is considered contrary to community standards of justice, honesty or good morals)
- Mismanagement of patient records
- Revealing a privileged communication
- Breach of confidentiality

(NCSBN, 2011a).

If the allegations are found to be true, the nurse may face disciplinary action by the BON, including a reprimand or sanction, assessment of a monetary fine, or temporary or permanent loss of licensure (NCSBN, 2011a, p. 9).

Violations of patient confidentiality and privacy may result in both civil and criminal penalties, including fines and jail time. A nurse may face personal liability and be individually sued for defamation, invasion of privacy, or harassment. Particularly flagrant misconduct on social media websites may also raise liability under state or federal regulations focused on preventing patient abuse or exploitation (NCSBN, 2011a).

Disciplinary Action by the Employer

Nurses could also face consequences at work if the nurse's conduct violates the policies of the employer. The nurse may face reprimand or termination. The actions of the nurse could impact the reputation of the healthcare organization, or subject the organization to a lawsuit (ANA, 2011a).

Note! • Nurses must understand that no posting on any social media site is private, and every written word may be retained permanently online (ANA, 2011a).

General Social Media Concerns

The Use of the Internet at Work
Healthcare organizations have policies governing employee use of electronic and social media in the workplace. Nurses should familiarize themselves with these policies to avoid violating them. Organizational policies usually address the personal use of employer computers during

work hours, and the types of websites that can be accessed from employer computers. Healthcare organizations also maintain careful control of websites maintained by the organization, limiting what may be posted to the site and by whom (National Council of State Boards of Nursing [NCSBN], 2011a).

It is best to avoid use of employer computers for personal benefit during working hours, as this practice may violate company policies.

Legal Liability
The use of social media by healthcare professionals leads to personal responsibility. Offensive Facebook and other site comments and published photographs have led to employment termination. Reasons for termination range from criticisms against a supervisor to the approval of a rival company's Facebook page (DuBose, 2011). Whether these reasons for termination are legal remains to be seen. Legal ramifications for inappropriate social media networking are evolving, and need to catch up with changing social activities online.

In addition, many organizations have started to address the potential dangers of inappropriate social media use by implementing social media policies and procedures. Guidelines should specify what constitutes official use of social networking websites, and detail acceptable use of company logos and images. According to DuBose (2011), Scripps Health, which manages four hospitals in San Diego, California, has an unofficial social media policy that advises users to "*attempt new things, be nice, and don't say anything that the health system's legal department would object to*" (AHC Media LLC, 2009 in DuBose, 2011, p. 116). According to the Scripps Health Web technology director, the easiest method for hospital organizations to avoid trouble is to stay clear of anything clinical in nature (DuBose, 2011, p. 116).

Consumer Privacy
As more individuals participate in social media venues, the risk of information being compromised rises exponentially (DuBose, 2011).

The widespread acceptance of social media use provides multiple opportunities to break this medical confidence. Not only should confidential information remain estranged from social media sites, but care should be taken when using e-mail, social updates, or instant messaging.

According to Dinh, encryption typically is not enabled on instant messaging devices (DuBose, 2011, P.116).

General Social Media Concerns

Employer Rights and Social Media
Although the law has been unable yet to develop a consistent approach to what is and is not inappropriate conduct by employers and employees in relation to the material published by employees on social networking websites, it is advisable for nurses as reputable healthcare

professionals to avoid posting derogatory or unprofessional information on any type of social media site (Forsyth, 2010).

The law is still struggling to come to grips with the conundrums presented by social networking postings in relation to a range of legal issues from employment law, privacy law, and copyright law. In relation to employment, this relies on possible antiquated or inappropriate established common law principles.

Although the current ability of an employer to discipline a nurse for after-hours conduct is restricted, it is advisable to refrain from any posts that implicate a particular patient, colleague, manager or institution. Employers can terminate an employee if the after-hours conduct of the nurse is "*likely to cause serious damage to the relationship between the employer and the employee, damage the employer's interest, or if the nurse's conduct is incompatible with the employee's duty as a healthcare professional*" (Forsyth, 2010).

An example of this may be a nurse venting about a colleague or nurse manager on Facebook after a frustrating day at work, or inadvertently posting information about a patient on a blog. Another example is provided by NCSBN (2011b) of a nurse working in hospice. One of the nurse's patient's, maintains a hospital-sponsored communication page to keep friends and family updated on her battle with cancer. One day, the patient posts about her depression and difficulty finding an effective combination of medications to relieve her pain without unbearable side effects. In an effort to provide support, the nurse adds a comment in response to the post, stating that things should improve for the patient now that she is taking a happy pill together with an increased dosage of morphine. The site automatically listed the user's name with each comment.

The next day, the nurse encounters a colleague at the store who is an old family friend of the patient. The colleague expresses concern that the morphine dose had been increased and antidepressants started. The nurse is devastated to realize her expression of concern on the webpage had been an inappropriate disclosure. She immediately attempts to remove her comments, but that wasn't possible. Further, others could have copied and pasted the comments elsewhere. This nurse is reported to the BON and could face disciplinary action (NCSBN, 2011b).

According to Forsyth (2010), Information Technology (IT) policies, codes of conduct and other documents that regulate nursing employment will soon be updated, if they haven't already, in an attempt to ensure that nurses do not make post derogatory comments about an employer breach patient privacy laws.

Further, a good number of organizations, including healthcare organizations, are developing and posting social media policies, often in conjunction with other communications policies set forth by organizations.

Risks of Using Social Media Sites

As outlined in this course, it is important to routinely check the privacy settings on your Facebook or other social media accounts, to ensure no changes to the standard settings have occurred due to system updates (Kuhns, 2011). When you receive notification about a new change or feature, use it as an opportunity to take another pass at your settings and pages and ensure you are sharing only that information which you would be comfortable sharing with the entire world.

Recent Facebook updates now allow more content to be available to "non-friends" even in the presence of privacy settings. Pictures and postings are tagged information that may be available to an undisclosed number of recipients. It is possible to "untag" yourself, and this is highly recommended for those concerned with any questionable materials (Kuhns, 2011).

Lateral Violence

Social media may be an outlet for lateral violence in nursing. Online comments posted by a nurse regarding colleagues, even if posted from home during non-working hours, may constitute lateral violence (NCSBN, 2011b). Lateral violence is aggression or hostility towards a colleague, and is receiving greater attention in nursing, as it impacts patient safety and quality clinical outcomes (NCSBN, 2011b).

Lateral violence includes disruptive behaviors of intimidation and bullying, which may be perpetuated via the internet, and known as "cyber bullying." The line between speech protected by labor laws, the First Amendment, and the ability of an employer to impose expectations on employees outside of work is still being determined. Nonetheless, such comments can be detrimental to a cohesive healthcare delivery team and may result in sanctions against the nurse (NCSBN, 2011b).

ANA's Principles of Social Media Networking

The ANA (2011a) has identified six specific principles for social media networking that all nurses should adhere to:
1. Protect patient privacy, both online and offline.

2. Maintain professional boundaries, both in person and online.
3. Evaluate content of online postings with the understanding that a patient, colleague, educational institution, or employer could potentially view those postings.
4. Utilize privacy settings on social networking sites, and separate online personal and professional sites and information. This does not however guarantee that information will not be repeated in less protected forums.
5. Take appropriate action when confronted with questionable healthcare delivery or unethical practice. Nurses who view social media content that violates ethical or legal standards should bring the questionable content to the attention of the owner of the post, so that the author can take appropriate action. If the posting could threaten a patient's health, welfare, or right to privacy regarding health information, the nurse has the obligation to report the matter to a supervisor within the institution. Accurate reporting and factual documentation should always support such responsible actions.
6. Participate in the development of policies and procedures in your institution for handling reports of online conduct that may be illegal or unethical. Such official channels can protect the rights of those participating and can offer remedial action for the patient, while offering fairness, support, and non-punitive correction and training for a nurse's inadvertent mistakes.

Tips for Using Social Media Sites

Forsyth (2010) offers a number of simple rules that nurses should follow in relation to their use of social networking websites:
- Ensure the privacy settings on the website do not allow open public access without your consent.
- Avoid discussing confidential patient or work information on your website.
- Never publish photographs of yourself engaging in illegal, offensive, or inappropriate activity; or post photographs of yourself engaging in conduct in the workplace which could be deemed inappropriate by your employer.
- Avoid criticizing your place of employment, manager, colleagues, clients, or patients on your website.
- Don't make comments that clearly identify your employer and bring your employer into disrepute.
- Never update your website status about something work-related.
- Do not post compromising photos of yourself or join questionable groups on a social networking websites.

Note!
- Avoid taking photos in patient care areas. It is good practice to avoid posting **ANY** pictures of yourself or colleagues at work on **any** social media site, as the background of the picture may contain information that can identify a particular facility or patient.

Case Studies

The following case studies illustrate different types of social media violations that nurses should avoid at all costs. These hypothetical situations are adapted from NCSBN (2011a &b).

Situation One
Nurse X has been working in hospice care and enjoys the ongoing relationships she builds over time with her patients. One of her patients, Mrs. Y, has a hospital-sponsored communication page to keep her friends and family updated on her progress. One day, Mrs. Y. posts about her depression. In support of her patient, and with good intentions, Nurse X posts that she is thinking of Mrs. Y, and hopes that the new antidepressant, along with the increased pain relief medications will help her feel better soon. The site automatically listed the user's name with each comment. The next day, Jamie runs into a colleague who has also cared for Mrs. Y and the colleague explains that she knows Mrs. Y's niece and passed along the great news that she is now on antidepressants, as depression has been a problem in the family for many years.

Is this a violation of patient privacy?
This is an example of a violation of patient confidentiality through social media. While the nurse may have had the patient's best intentions at heart by trying to offer her support, she inadvertently disclosed information about the patient on a social media site. Everyone who reads that post now knows about the patient's antidepressants and use of pain medication, which violates the patient's privacy and confidentiality. Instances of inappropriate use of electronic media by nurses such as this have been reported to boards of nursing (BONs) and, in some cases, reported in nursing literature and to the media (NCSBN, 2011a).

Situation Two:
As a licensed practical nurse for more than 20 years, Nurse Z knew the importance of safeguarding a patient's privacy and confidentiality. However, one day, he used his personal cell phone to take photos of a resident in the group home where he worked. The LPN received verbal permission from the patient's brother to take the photo since she was unable to give consent due to her mental and physical condition. That evening, Nurse Z ran into an old colleague from the group home and the two were reminiscing about the times they worked together. On the spur of the moment, Nurse Z decides to share the picture he took earlier of his patient with his colleague, as he wanted advice on how to deal with her periodic outbursts of anger when unable to clearly articulate her needs. The administrator of the group home later learned of this interaction and immediately terminated Nurse Y's employment for breach of confidentiality.

Is the administrator fair in terminating the nurse?
Yes,he is. The nurse violated several ethical and legal principles of patient confidentiality and ethics. First, verbal consent from the patient's brother is not an acceptable form of valid consent. Second, confidential information should not be disclosed to persons no longer involved in the care of a patient. Even though the nurse made an honest mistake, confidentiality rules must be strictly enforced to protect a patient's right to privacy. Patients need to be confident that their most personal information and their basic dignity will be protected by the nurse. Any breach of this trust, even inadvertent, damages the nurse-patient relationship and the general trustworthiness of the profession of nursing (NCSBN, 2011a, p. 7).

Situation Three:
Nurse R, a home care nurse in a small town, frequently blogged on a local newspaper site. One day, Nurse R made reference to taking care of her "little handicapper", on the blog site. Nurse R also wrote comments about a wheelchair and the child's age. It appears that Nurse R got into a debate with another individual on the blog over local issues. These debates and disagreements resulted in the other blogger filing a complaint with the Board of Nursing (BON) that Nurse R was violating "privacy laws" of the child and his family.

Is this a violation of "privacy laws"?
Yes, the BON investigated and found that the Nurse R did make comments about caring for her "little handicapper" and there were references about a wheelchair and child's age. The comments were not meant to be offensive, but did provide personal information about the patient. There was no specific identifying information found, but it you knew the nurse, the patient or the patient's family it would be possible to identify who was being discussed.
The BON decided a waring was sufficient and sent Nurse R a letter advising her that further evidence of release of personal information about patients could result in disciplinary action.
This scenario illustrates that nurses need to avoid even using pseudonyms/nicknames when posting on social media; it could be enough information to identify yourself and the patient.
(NCSBN, 2011b, p. 5)

Situation Four:
Kevin Smith was at a party when a friend, Greg, picked up his wife's phone to read her text message. Greg's wife worked at the local nursing home where Kevin's brother, David Smith, was a resident.. The message indicated she was to "get a drug screen for resident David Smith". The people who were at the party heard about the message and knew that David Smith was Kevin Smith's brother. Kevin was angered that personal information about his brother was released in front of others.

Is this a violation of patient privacy?
Yes, the BON opened up an investigation and learned that the physician had been texting orders to personal phone numbers of nurses at the nursing home. This saved time because the nurses would get the orders directly and the physician would not have to dictate orders by phone. The use of cell phones also provided the ability for nurses to get orders while they worked with other residents. The practice was widely known within the facility, but was not the approved method of communicating orders.

The BON learned that, Greg's wife had left work early the day of the party. During report she had passed on the information about requesting a new order for David Smith to the nurse who relieved her. Greg's wife texted the physician informing him she was leaving and requested he text his orders to the nurse now caring for Mr. Smith. The physician did not get this text and sent the orders to Greg's wife instead.

The BON indicated that if the physician wanted to use cell phones to text orders, he or the facility would need to provide a dedicated cell phone to staff. The cell phone could remain in a secured, private area at the nursing home or with the nurse during her shift.
The BON issued a warning to the nurse. In addition, the case information was passed along to the health board and medical board to follow up with the facility and physician.

This scenario illustrates the need for nurses to question practices that may result in violations of confidentiality and privacy. Nurse Managers should be aware of these situations and take steps to minimize such risks.
(NCSBN, 2011b, p. 6)

Conclusion

Social media can be a powerful communication tool that can enhance professional dialogue and promote professional development. Yet it also provides a means to exploit the dignity and privacy of patients which could expose the nurse and/or employer to legal action.

Participation in social media networking needs to be handled with care and with concern for ethical conduct. The important message for nurses is to always maintain professional integrity when participating in social media networking and be fully aware of the pitfalls when using social media in both a personal and professional capacity.

ANA and NCSBN caution nurses to be aware of the potential consequences of disclosing patient-related information via social media and mindful of employer policies, relevant state and federal laws, and professional standards regarding patient privacy and confidentiality.

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