

Understanding the benefits and risks of nursing students engaging with online social media

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DOI:

[10.7748/ns.2019.e11362](https://doi.org/10.7748/ns.2019.e11362)

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Document Version

Peer reviewed version

Citation for published version (Harvard):

McGrath, L, Swift, A, Clark, M & Bradbury-Jones, C 2019, 'Understanding the benefits and risks of nursing students engaging with online social media', *Nursing Standard*, vol. 34, no. 10, pp. 45-49.
<https://doi.org/10.7748/ns.2019.e11362>

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<https://www.doi.org/10.7748/ns.2019.e11362>

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Nursing Standard – General Article

Title

Digital Professionalism – what do nursing and midwifery students need to know about the benefits and risks of engaging with online social media?

Authors

Word Count 3059

Title

Digital Professionalism – what do nursing and midwifery students need to know about the benefits and risks of engaging with online social media?

Abstract [150 words]

Digital professionalism is a rapidly expanding area of nursing practice. The use of online social media is especially popular with online platforms created for peer to peer support and influence by student nurses. The benefits are readily apparent but the risks posed are less explored. A recent review of the NMC fitness to practice data showed a steady increase in student referrals involving social media. Student nurses need to be aware of the potential risks in relation to how they share information and communicate online. [These include misconduct investigations and removal from the professional register.](#) In spite of the risks, there are significant benefits and student nurses and educators should be supported to use digital technologies in a way that capitalises on their benefits, while minimising their risks. [A more robust understanding of](#)

digital professionalism is required so that all nurses can use enjoy social media technology-enabled learning effectively for peer support and patient benefit.

Keywords [Digital professionalism, student nurses, nurses, social media, risks, benefits, patient safety, technology, e-professionalism, NMC, fitness to practice]

Key Points [1-3]

Key point: Digital professionalism is a rapidly expanding area of nursing practice. Social media offers great opportunities to enhance student nurses learning about health and technologies for the benefit of patient care.

Key point: Referrals to the NMC in relation to registrants' conduct on social media platforms are rising. Student nurses need to be aware of the potential risks in relation to how they share information and communicate online.

Key point: A more robust understanding of the impact of digital professionalism is required among nursing students and educators alike so that ~~technology-enabled~~ learning through social media can be ~~positively~~ developed positively for peer support and patient benefit.

Introduction

Digital technology, social media and the internet have profoundly changed the way people interact and how they represent themselves professionally: the boundaries between personal and professional domains have radically altered. This offers great opportunities for nurses to use digital technologies to develop future-fit nursing knowledge and skills for patient benefit. Ferguson (2013) points out that social media, whilst entrenched in everyday life, is now the next technological wave in healthcare' and therefore it is a learning opportunity not to be missed.

Digital professionalism is the competence and values expected of professionals when engaged in online communication (Jones *et al.* 2016). Teenagers are regular users of social media platforms such as YouTube, Instagram, Twitter, Facebook, and Snapchat with the

majority having smartphones (Ofcom 2018). Thus, as student nurses begin their programmes of study, most are already engaged with an online social network. However, the network and style of communication expected from a student nurse differs from that expected of a private individual (Green 2017). Guidelines for acceptable online behaviour are produced by the Nursing and Midwifery Council (NMC 2017), which identifies how the Code (NMC 2015) relates to professional behaviour and standards online.

There are several benefits to the student nurse from engaging with social media, but also personal and professional risks. In this article we will explore what digital professionalism means, what student nurses embarking on their careers need to know about the benefits and risks, and why it matters to them and those in their care.

Digital professionalism

What it means to be professional is well understood as a means to develop trusting therapeutic relationships with patients (Day-Calder 2016): professional attributes include altruism, respect, honesty, integrity, dutifulness, honour, excellence and accountability. The NMC states that being professional means adhering to the Code (NMC 2015). Digital professionalism is often defined in exactly the same way as professionalism with the addition of the online context, for example: 'attitudes and behaviours reflecting traditional professionalism paradigms but manifested through social media' (Cain & Romanelli 2009).

In 2015, the UK [Nursing and Midwifery Council \(NMC\)](#) produced guidance on nurses' use of social media, setting out a few core principles while highlighting that it did not intend to cover every social media situation that nurses may face during their careers. It aimed to enable nurses to think through related issues and act professionally, ensuring public protection always. Noting that the nature and scope of social media is constantly evolving, the NMC pledged to review this guidance when necessary and reapply the principles of the Code to new situations that emerge. The NMC does not provide a definition of digital professionalism but instead points the nurse to one of the standards in the Code (NMC 2015), which tells us that all our communications must be conducted 'responsibly' (p 3). They elaborate to explain that this means maintenance of confidentiality, avoidance of harm to others by bullying or intimidation or by encouraging violence or self-harm.

Professional behaviour is expected at *all times* and this has led the NMC to warn students that they risk being denied entry to the register if they indulge in unprofessional behaviour in their private time (Ford 2009). At the foot of the Ford item (*ibid*) students have commented about how unreasonable it is to expect a person to behave as a professional would in every aspect

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of his or her life. Medical students in the United States when surveyed about the issue of digital professionalism said 'free time is private time', and that 'professionalism is unrealistic as a way of life' (Ross 2013). This shows there is tension between what the regulator expects and what the student or nurse feels he or she should or could do. The result of this are errors of judgement made by students and qualified nurses leaving them open to disciplinary action. A Freedom of Information request was made by LM to review current publically available data from NMC fitness to practice investigations (2017-2018). This revealed 55 allegations related to social media misuse were investigated between January 2017 and July 2018; this is a rising trend. Nurses fall foul of the expectations placed on them and express concerns about how far the boundaries of professionalism extend.

Professionals may lack awareness of their vulnerability online and are not careful in restricting access to their posted information and evidence of their political, social and professional viewpoints (Edge 2017, Osman *et al.* 2012). This is particularly relevant to Facebook with well recorded privacy breaches of data use and users' failure to keep their posts private. Thompson *et al* (2008) found that although 44.5% of medical trainees at the University of Florida had Facebook accounts, only one third had restricted access to their posts. The University of Liverpool found similar results (Garner & O'sullivan 2010) and reported that half the students in the study (n=56) reported seeing 'unprofessional' behaviour by colleagues on Facebook. Ross (2013) found that "there was an alarming lack of discretion in the use of Facebook" and some accounts contained potentially offensive material, which should it involve student nurses is likely to breach the NMC (2015) guidance on social media behaviour. Whilst the participants of the study agreed that online professionalism was important, they did not feel there was a need for checks to be undertaken on online behaviour.

Unprofessional use of social media and sanctions

Nursing pages can show posts which could be considered demeaning to patients and their relatives. A group of students in America posted a photo of a placenta on Facebook believing they had the permission of their tutor and were later expelled from Nursing School (Kuhns 2012). Green (2017) presents the case of a nurse posting photos taken on her mobile phone of patients having surgery. Another extreme example is the nurse who complained online about having to go to work, a post she believed was only to be seen by her friends but was visible to anyone including the families of the children at the hospice she was employed to look after, which resulted in her being struck off the register. Edge (2017) found that some students did not realise that simply avoiding the use of patient names was not enough to

guarantee anonymity; creating a situation whereby 'followers' could identify the patient from other information posted.

In the United States legal action has been taken against health care professionals breaching patient confidentiality on social media sites and this should raise awareness of risk for health professionals in the UK. Students need to be aware that opinions and comments placed in a public domain such as Facebook or Twitter can influence how they are perceived in real life. Indeed, if fellow nursing professionals – mentors, academics or colleagues were to observe potentially offensive material or images posted they would have an obligation under their own code of conduct to act.

Caution needs to be exercised before teacher and students follow each other online (Green *et al.* 2014). There are potential ramifications for future careers: online disclosure of personal information that is considered abusive or inappropriate is significant. Online material can still be accessed (even if deleted by the user) or after deactivation of an account: evidence shows that prospective employers have vetted candidates Facebook accounts influencing employment opportunities (Lehavot 2009). There is a duty to the students of today, and the registrants of tomorrow to ensure they are aware of potential issues and educate them to what is acceptable and unacceptable for a nurse to do inside and outside of work (Doel *et al.* 2010). Young adults transitioning into University can be unknowingly vulnerable to social media mistakes (Edge 2017).

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The type of social media platform used to share information online is relevant. A recent qualitative study undertaken by Clark *et al.* (2018) on public health nurses knowledge on how to deal with sexting among children and young people, cited the UK Children's Commissioner's report (2017) on a 'Digital 5 A Day'. This report highlighted children's rights to use social media and suggested how children can lead healthy online lives. A 'life in likes' (Children's Commissioner, 2018) also suggested that children aged 8-12 [years](#) can become over-dependent on self-validation through social media, compromising their mental health as well as online safety. Learning from children, a healthy balanced approach is vital to safety, and equal access to digital technologies that can enhance and enrich everyday lives.

The NMC advises that social media can be useful for students and nurses to develop professional networks and engaging in debate, accessing and providing support, and developing knowledge (NMC 2017).

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Developing a professional network and engaging in debate

Students choose to become nurses for a variety of reasons, and their understanding of what a nurse is also varies (Cook *et al.* 2003). During the degree programme students explore what it means to be a nurse. A social media presence creates a wider sphere of influence allowing the student to contact professionals and groups they wouldn't in 'real-life' (Gooding & Swift 2018). The benefits of social media include increased visibility and impact for students who engage in the debates; twitter is a well-recognised mechanism for advancing learning and professional visibility for those who can and do engage with the media.

Having a social presence is the 'ability of the social networking participants to identify with their networked community and communicate with others purposefully and in a trusting environment' (Garrison *et al.* 1999). Students have used the Twitter platform to raise awareness about current issues not often addressed in curricula and in their training placements, such as nursing advocacy for global and social issues (such as climate change) that impact health (Richardson *et al.* 2016).

Twitter is constructively used to raise the visibility of the profession and strengthen learning development for nursing and midwifery communities (Chudleigh & Jones 2016). Students as a professional group are becoming more visible through organised accounts such as the student nurse project (@stnurseproject #STNProject), which has 5.8K followers, and an official account as part of the We Communities (@WeStudentNurses #studentnurse) with 3.5K followers. These accounts with large numbers of followers enable student nurses to start to influence agendas.

Students are also banding together behind campaigns to lobby for change. The RCN campaign #fundourfuture has attracted a lot of support from student nurses who are tweeting about their experiences of financing their education and interacting with Members of Parliament and other influencers to try and effect change. In a seven-day period at the end of November 2019 there were 367 posts including #fundourfuture which were seen by more than 100,000 twitter users. Analytical tools can identify which users have the most reach (in this case @theRCN, @RCNstudents, and @younginvincibles), which enable users to include those key influencers in their tweets to increase their own impact.

Providing and receiving support

It is important to student nurses to feel connected to others, to feel a sense of belonging to a group. Having a social group that you feel a valued part of increases self-efficacy and self-

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esteem (McKenna & Bargh 1998). Many student nurses have joined the social media debate, establishing their digital footprint and using online media to highlight and delineate their professional voices (Gooding, 2018). Groups like @StNurseProject and @WeStudentNurses actively seek to support followers, facilitating peers to give advice and encouragement. Online conversations tend to fall into one of three main areas. First students ask technical questions about something they are about the encounter for the first time: peers respond by sharing their own experiences. Secondly students make statements about their experiences, usually in the form of sharing something that they are proud of accomplishing or being noted for (e.g. 'thrilled to get such positive feedback about my nursing skills on placement today'). Finally, students seek support either overtly by asking for it, or passively by making a statement that they hope others will respond to kindly. This latter form of online peer to peer support has been described as a transformational feature of the internet (Ziebland & Wyke 2012) and offers the potential to de-stigmatise, aide recovery, promote self-esteem and well-being especially in the arena of mental health (Naslund *et al.* 2016).

There are a few risks associated with online support. Potentially damaging material can be posted online putting the student, workplace, university or patient at risk especially as 'online friends' can purposefully or inadvertently share that information, even if taken out of context. A 'simple' post of 'had a bad day' might escalate unknowingly by 'friends' showing online support into something that was completely unintentional but potentially damaging. Indeed, the natural pause times for reflection on a 'bad day' is being eroded by social networking (Ellaway *et al.* 2015) and its immediacy of 'unloading' which could escalate into misuse of power and even abuse.

The formation of groups on twitter and other social media platforms can also isolate followers from other perspectives. We tend to seek out and spend more time with people who share our beliefs and values and therefore social media in general is known to encourage an 'echo chamber' effect, in which increasingly polarised views can develop without the benefit of external challenge (Del Vicario *et al.* 2016). It is important therefore that students are supported to develop safe ways to use social media and appreciate these risks (Henning *et al.* 2017).

Those seeking support can find themselves getting the opposite. Flaming is a term used to describe posting offensive messages online. These "*flames*," may be posted within online discussion forums or newsgroups or sent via e-mail or instant messaging programs. Bullying through Facebook 'flaming' of peer groups of students or staff may be a form of unloading but it is also cyberbullying and linked to poor mental health outcomes for victims (Garett *et al.*

2016). Unigo (2018) advise the grandmother test as a benchmark rule of thumb “if you don’t think your grandma would approve of what you posted on Facebook, don’t post it!”

Developing knowledge

Twitter is a popular online social media platform that creates opportunities to support professional nursing behaviours by learning from others online (Chudleigh & Jones 2016). It can be used to hold dynamic conversations that are good at redistributing knowledge (Gillen & Merchant 2013). Those involved in a discussion or debate use hashtags to enable users to follow the conversation. These hashtags might be topic specific (e.g. #paineducation) or signal the organisational host of the conversation (e.g. #ebnjc for twitter chats hosted by Evidence Based Nursing journal).

There are several recommended Twitter groups to get nurses started in using it as a learning platform (Box 1). Many University nursing departments also create programme specific links to enhance the student and staff learning experience online (e.g. @unibham_nursing, @PUNC14).

[Box 1 begins]

@NurseStandard
@nmcnews,
@The QNI
@Nurse_UK,
@theRCN
@WeLearn,
@WeLearnOutLoud,
@EBNursingBMJ,
@6cslive,
@WeNurses,
@Jadvnursing,
@healthtalkorg
@PatientsAssoc,
@NurChat,
@NHSChoices
@NurseStandard,
@NHSLeadership
@DementiaFriends
@TheKingsFund

[Box 1 ends]

Twitter can also be used in the classroom to enhance engagement of students with the session content. In-class conversations can be collated by the use of hashtag allowing students to follow and join in, and is thought to be a way to boost the opportunity of those who prefer not

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to speak up in class to have their say (Tyma 2011). There is evidence that the use of Twitter to engage with course material and in course-related discussions can increase student marks (Buzzelli *et al.* 2016, Junco *et al.* 2011).

Garrison *et al.* (1999) were early pioneers in exploring the educational value of computer based communication and felt that three elements needed to be in place – the teaching presence (someone who triggers and focuses the discussion), the social presence (risk-free expression, emotions), and the cognitive presence (inquisitiveness, information exchange and application of new ideas). Although Twitter does allow a degree of anonymity it is difficult to reconcile the notion of risk-free expression with the need to maintain professionalism. Thus, there will be topic areas that are not suited to online debate and discussion due to the open nature of communication and difficulty separating hypothetical from factual in a digital context.

Jones *et al.* (2016) established the first student nurse led Twitter forum in the U.K – the Plymouth University Nursing Cohort (PUNC) use Twitter as an innovative assessed element for first year student nurses in the context of Digital Professionalism. They recognised that some students did not want to engage with Twitter and created an alternative assessment strategy to cater for them. This highlights an important limitation in the use of social media as an educational tool – not all students want to, or can, engage.

~~All student nurses have personal lives.~~ While social media use is exciting and often promotes new friendships, it does have a dark side. Some may find they are receiving unwanted attention, pursued or even stalked online as a result of their visibility. Online visibility is a vulnerability that some students cannot afford. Risk awareness is a much talked about but less explored element of social media use in the literature and one that requires sensitive attention to professional boundaries. For example, disgruntled service users or someone bearing a personal grudge could move beyond 'unfriending' on Facebook to 'hijacking' a professional profile. Fraudulent accounts to stalk and cause harm are not uncommon. Telling tales or bare untruths, or anchoring ideas about a person to inflict social harm can take place on or offline but the impact via social media is particular. This can be likened to bullying and harassment and there are related escalating harms too to be aware of. A Cavell Trust (2016) survey of nurses, midwives and health care assistants claimed that nurses are three times more likely than the general public to have experienced some form of intimate partner violence or domestic abuse. It is reasonable to expect that some student nurses may fear creating a digital presence that could lead an abuser to connect online and know about their whereabouts. All students ~~should~~ have the right to be safe, to access and demonstrate digital professionalism at the level at which they are personally comfortable.

CONCLUSION

In spite of the risks, there are significant benefits and student nurses and educators should be supported to use digital technologies in a way that capitalises on their benefits, while minimising their risks. The article offers one way of opening discussions about how best to achieve this balance; supporting new approaches to learning and practice in the digital era.

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