

Jessica Jackson, Research Nurse at the University of Derby:

‘Nursing and the blurred line between personal and professional behaviour on social media’

It is now over twenty years since the birth of social media and, according to Statista, the number of people engaged in these types of online networking platforms has reached over 39 million in the UK alone (1).

These users include a generation who have grown up with such fast social interactions in a virtual world of posts for ‘likes’, ‘friends’ and ‘followers’. These young adults’ desire to engage in social media is often intertwined with their everyday lives.

Transitioning from ‘social’ to ‘professional’ online networking

There is an increasing expectation that when a young person leaves education and enters the employment world, they make the transition from engaging in social media on a personal level to engaging with it as a professional. In healthcare, there are concerns that young people may struggle with their online identities (2), so there is a need to include guidance within the medical and healthcare curriculum about how individuals should engage with social media as professionals (3).

What is meant by e-professionalism for nurses?

The transition from engaging with social media for personal to professional use has led to the rise of the term ‘e-professionalism’ or ‘e-accountability’, which has been defined as *‘the attitudes and behaviours reflecting traditional professional paradigms that are manifested through digital media’* (4).

For nurses, accountability is determined in accordance with the Nursing and Midwifery (NMC) professional standards of practice and behaviour (5). The NMC has additionally published guidance for nurses, midwives and nursing associates on using social media responsibly, which highlights how these professional standards can be applied to social use (6).

The guidance highlights the importance of nurses upholding the reputation of the profession and confidently maintaining confidentiality. It is therefore crucial that nurses and indeed all healthcare practitioners are clear on their responsibility with regards to e-professionalism.

Guidelines and tools are available for NHS employees (7) but, despite this, there may be times when public perception differs as to what might be deemed an acceptable way of presenting themselves on social media, and what might not.

In their personal life, a nurse may enjoy socialising in bars and going to nightclubs with friends while maintaining full professionalism at work. Does this mean that if they post selfies drinking alcohol with their friends, they should keep these private? Does the perceived ‘acceptability’ of this change at an intergenerational level? Additionally, if their personal profile picture is slightly revealing, could this be viewed as ‘unprofessional’ by the wider general public? Would it place the whole of the nursing profession into disrepute?

More importantly, if a healthcare professional had a full understanding of e-professionalism, and kept their personal profiles private while choosing to network publically as a professional, can they be sure they are fully adhering to their professional code of conduct?

What is clear is that the more you explore these issues, the more you can see that the interpretation of the guidance could potentially lead to ambiguity.

The increasing drive to engage professionally in social media

In recent years, those within the nursing and midwifery profession have been increasingly encouraged to engage in social media. The Royal College of Nursing now highlights that engaging with social media can even count towards your continuing professional development and revalidation (8). This sends a clear message to the profession about recognising the benefits of social media.

Additionally, social media has been recognised as a tool which can assist in health policy development (9) and even for engaging with service users in terms of health promotion (10). This highlights how these platforms are being recognised in health as tools to reach a multitude of communities for a collective purpose.

Using social media to share and learn from best practices

There is emerging evidence that nurses and other healthcare professionals are using social media to develop virtual communities, such as closed groups on Facebook, to share a domain knowledge (11).

This type of technology-enhanced learning for nurses is becoming increasingly popular to develop clinical skills and networking (12, 13). Joining a closed group on Facebook such as '*East Midlands Practice Nurses*' can be a great way to potentially share and learn about best practices across a locality but, according to a recent study, there are generational differences in nurse's preferences to the types of digital approaches to learning (14).

In a previous study using an instructor-led Facebook group, engaging in social media, such as Facebook 'closed' and 'public' groups, was found to enhance students' perception of their course content (15). However, how these groups improve the continuation of professional development for registered nurses and understanding how many nurses engage with colleagues this way is unknown.

Therefore, engaging in this types of online groups or forums raises a number of ethical dilemmas, which are important for any healthcare professional to consider.

Considerations for engaging in online professional community 'groups'

1. *Understand the purpose of the group*: Ensure you understand why the group has been set up. For example, is the group for practice discussions, sharing information on specific clinical areas or subjects or general support for nursing practice?
2. *Get to know the administrators and moderators*: As much as you possibly can, contact the administrators and find out their professions, where they work and why they initially set up the group. It is important to also remember that Facebook groups can be created and moderated by anybody with an interest in the field, and are unregulated.

3. *Post with caution:* Remember there is no way of truly knowing the identity of the health professional you are networking with. Despite the fact that moderators can request members declare their purpose for joining groups when approving their request, there is still a chance they could have an ulterior motive to sabotage discussions (troll). If conversations become antagonistic, do not get involved.
4. *Do not assume everybody is a professional:* Although a 'closed' group might explicitly say members are professionals, there is still a risk that they can attract service users with an interest in that topic. You may well be acting within the confines of maintaining confidentiality, but you should still consider how a member of the public might feel reading your posts. For example, to a member of the public, reading about the variations of practice and services across a locality could seem alarming without an understanding of the wider context. Additionally, if you were discussing case studies, ethical dilemmas or even poor examples of practice in general, consider how a person from the wider general public might respond and what support they would need to receive if they had any concerns about the practice in their area.
5. *Do not clinically assess online:* Avoid responding to professionals asking for a clinical diagnosis or assessment of any practice-based scenario. It may be useful to share the latest research studies or talk about how a diagnosis or assessment is done in your area, but you cannot make a holistic assessment of a patient when you only have a segment of information the post offers. If anything, respond by asking more questions for the health professional to consider when they are making their own assessments.
6. *Look after your mental health:* We know social media has many positive and negative aspects. Remember to look after your own mental health and consider the time you spend engaged in these platforms. And although sharing and learning is important for continuing professional development, what is more important is looking after yourself after a demanding shift in clinical practice. Maintain a balance between your social media footprint and relaxation time.

In conclusion, it is clear that engaging in social media is not as clear-cut regarding what behaviour is acceptable for a private profile and what level of engagement is expected as a professional. There are multiple complex issues here, as well as many positive and negative considerations.

Remember that, despite the recent push for professionals to embrace the positive aspects of the online community, if you choose not to, that is okay too. Social media is not for everybody, and there are more and more people choosing to turn their backs on it for a number of reasons.

A call for a wider public perception of these issues

The A2A (Awareness to Action) decision-making tool has been developed as part of a 42-month ethnographic study that conducted semi-structured interviews, focus groups with nurses and nursing students, and online observations of publically accessible professional groups (16). The tool will help governing bodies and NHS groups to determine the actions needed if concerns have been raised in regards to a health professional's e-professionalism.

Dr Gemma Ryan from the Open University is collaborating with Jessica Jackson, Research Nurse from the University of Derby, to validate this tool by exploring the public's perception of healthcare professional behaviour online.

If you are not a health professional, or know a member of the public who would like find out more about find out more here, you can [find out more here](#). Everyone who takes part will be entered into a prize draw, with the chance to win a £20 Amazon voucher.

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