



APHON Position Paper on the Nurse's Use of Social Media

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Social media sites such as Facebook, YouTube, Instagram, LinkedIn, Snapchat, CaringBridge, and Twitter allow unprecedented opportunities for medical professionals to communicate with patients, families, and colleagues. The informality and ease of these forms of communication increase the likelihood that a nurse may unintentionally disclose privileged personal health information. For example, a nurse may casually comment on how exciting it is that their son is so close to engrafting on a family's Facebook post. Conversely, nurses reading patient and family blogs or social networking profile pages may inadvertently obtain information requiring clinical intervention that otherwise may not be disclosed to the healthcare team (Guseh, Brendel, & Brendel, 2009; Tunick & Mednick, 2009).

The widespread availability of healthcare providers' personal information on the Internet and social networking sites threatens professional boundaries. Personal information about nurses that can compromise the professional relationship between nurses and patients may be revealed on the Internet (MacDonald, Sohn, & Ellis, 2010). The nature of social media is such that even if a nurse intends to send information to only one person, unintended recipients often can view this information. When patients and families have access to nurses' personal web pages or social media profiles, information can be taken as opposed to deliberately given. The effect of taken information on a patient or family can be positive or negative and cannot be predicted (MacDonald et al.). Social networking sites and personal blogs should be maintained with privacy settings enabled to minimize the risk of personal information, opinion, and behavior being disseminated to a large network of unintended recipients or misrepresented as professional advice.

Despite the ability to engage privacy settings, information posted on social media sites is not held to the same security standards to which healthcare agencies must abide, according to Health Insurance Portability and Accountability Act (HIPAA) regulations (Terry, 2010). The Nursing Code of Ethics (American Nurses Association [ANA], 2015) addresses issues of privacy and confidentiality. Nurses have a duty to safeguard patient privacy. The Code of Ethics states, "Because of rapidly evolving communication technology and the porous nature of social media, nurses must maintain vigilance regarding postings, images, recordings, or commentary that intentionally or unintentionally breaches their obligation to maintain and protect patients' rights

to privacy and confidentiality” (ANA, 2015). Information is only to be shared with those directly involved in a patient’s care who have a direct “need to know.” Likewise, HIPAA privacy rules seek to define and limit information sharing to those who have a need to know to participate in the care and treatment of patients (United States Department of Health & Human Services Office of Civil Rights, 2007). This may include information sharing with family members or friends who are involved in care or payment for care. Disclosure of information to other people or entities is viewed as a violation of privacy. Under both codes, identifiable patient information should be disclosed only on a need-to-know basis.

The ANA Code of Ethics describes professional therapeutic relationships and emphasizes the importance of maintaining boundaries within the nurse-patient relationship (ANA, 2015). Maintaining appropriate boundaries safeguards both patients/clients and nurses by controlling or limiting this power differential. Setting boundaries allows for safe connections between nurses and patients based solely on the needs of patients (Holder & Schenthal, 2007). Professional boundaries help to safeguard the patient-nurse relationship and provide a framework for interactions that benefit patients and families (Guseh et al., 2009). Nurses who care for patients with chronic conditions are at higher risk for being overly involved and crossing professional boundaries (Flaherty, 1998). Establishing friendships with patients and families is not a customary aspect of therapeutic patient-nurse relationships. Internet-based friendships may open the door to unprofessional interactions online or in person that are not in the best interest of patients and may lead to potentially problematic self-disclosure of nurses (Guseh et al.). Due to the length of treatment, long-term follow-up, and the potential for recurrence, there is no clear indication of when a nurse-patient relationship is completely terminated or would transition to a social relationship or friendship (National Council of State Boards of Nursing [NCSBN], 2014).

Modern nursing must combine clinical and technical competence with compassion, empathy, and respect; it is interpersonal skills that allow nurses to establish therapeutic relationships and build trust. This sensitivity to others is an integral part of the caring profession of nursing (McHolm, 2006; Sabo, 2006). At the same time, this sensitivity makes nurses vulnerable to the emotional toll of compassion fatigue. Nurses who have a high degree of empathy can easily become overinvolved with patients and their families (Newsom, 2010; Sherman, 2004). Pediatric hematology/oncology nurses are expected to be involved in caring for patients as well as families, and this puts them at high risk for compassion fatigue. Stressors

specific to pediatric oncology nursing include complex treatments, the nature of cancer as a diagnosis, high patient acuity, communication with family, ethical issues, lack of control, and death and bereavement issues (Medland, Howard-Rubin, & Whitaker, 2004; Zander, Hutton, & King, 2010).

The concept of compassion fatigue is relatively recent; it was coined by Joinson (Joinson, 1992) while studying burnout in nurses working in emergency departments. Compassion fatigue differs from posttraumatic stress disorder in that it is precipitated by exposure to a traumatized or suffering person rather than a traumatic event (Aycock & Boyle, 2008; Medland et al., 2004). Compassion fatigue differs from the more general “burnout” in that it specifically is an emotional response resulting from caring about and identifying with the suffering experienced by patients and their families (Maytum, Heiman, & Garwick, 2004; Showalter, 2010).

The symptoms of compassion fatigue often follow classic stress patterns; consequently, nurses and those around them may dismiss the signs. Difficulties may instead be attributed to stressful scheduling, poor diet and exercise habits, or physical causes. Each nurse must assess his or her emotional health and examine relationships to determine if compassion fatigue is present (Joinson, 1992; Medland et al., 2004; Showalter, 2010). McHolm (2006) separates symptoms of compassion fatigue into five dimensions: psychological, physical, professional, social, and spiritual. Ironically, one of the recommended methods to avoid compassion fatigue is for nurses to communicate with others who share their experiences, and one way to communicate is through social media (Medland et al.; Perry, 2008). Many nurses who are members of social networks are friends with patients, and their families. As a result, a connection with coworkers through social media can also mean an inadvertent link to patients that extends beyond work hours and can aggravate compassion fatigue.

An additional concern that arises from the nurse’s use of social media is its impact on coworkers and care teams. Nurses who use social media to express negative feelings about coworkers may be committing lateral violence, including bullying and intimidation. While there may be legal protection for the nurse based on First Amendment rights, the nurse should consider the potential detrimental effects of any form of lateral violence on team dynamics and cohesiveness (NCSBN, 2018).

It is the Position of APHON That

Nurses should be aware of their specific institution's social media policies and procedures, and recognize their obligation and responsibility to protect patient privacy in all areas of social media. Our first and foremost priority and responsibility is to our patients. To ensure that nurses do not breach confidentiality, share protected health information (PHI), or violate HIPAA mandates:

Nurses should

- recognize their ethical and legal obligation to protect and maintain patient privacy and confidentiality at all times
- have awareness of what constitutes a HIPAA violation and have an understanding of legal consequences and ramifications if violations occur
- strive to project an online persona that is characteristic of a professional nurse
- use good judgment when posting any personal information and activities
- enable privacy settings to minimize public access to personal blogs and social media
- understand their specific institution's social media policies and procedures.

Nurses should not

- initiate an invitation to patients or their caregivers, friends, or relatives to become social networking "friends" or followers of a personal blog. This act can compromise the therapeutic relationship. Nurses should be prepared to decline such networking requests from patients and their families with a professional and thoughtful response (Guseh et al., 2009).
- make posts that discuss patients, including any patient PHI. This includes descriptions of patients (such as name, medical record numbers, room numbers, sex, age, address, location, etc.), their treatments or conditions, pictures, videos, or diagnostic images of patients
- participate in any online conversation with patients or regarding patients, even if it is the patient who is initiating the contact or conversation

- make public statements or social media posts describing details of their job or work day, including patient specific events that happened within their unit, department, or institution
- refer to coworkers or supervisors in a negative, unprofessional, or derogatory manner
- post unauthorized content, speak on behalf of, or negatively comment about their employer (NCSBN, 2018)
- allow the use of social media to interfere with work and professional responsibilities.

It is APHON's position that, for social media purposes, a patient and their family members are no longer considered a patient once he or she is no longer seen in your clinic or institution more than once per year. APHON does not endorse social networking with patients and family members. Furthermore, APHON does not endorse social networking with minors (anyone less than 18 years of age) at any time during or after treatment, regardless of frequency of visits.

APHON has provided a statement that may be used by nurses to explain to patients and their families our position on social networking and our reasons for turning down any friend requests:

Thank you for the friend request. To maintain the integrity of our professional and patient relationship, I must respectfully decline any friend requests on social networking sites from any current patients. It is the position of the Association of Pediatric Hematology/Oncology Nurses that one of our primary priorities is to protect patient privacy and maintain professional boundaries. Please know that I will always value the relationship that we do have and look forward to continuing to be a part of your care. Thank you so much for your understanding.

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