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APHON Position Paper on Social Media in the Workplace

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Social media sites such as Facebook, You Tube, MySpace, 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 reply to a family's Facebook post by commenting how exciting it is that their son is so close to engrafting. 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 websites (MacDonald, Sohn, & Ellis, 2010). The nature of a social media site is such that even if a nurse intends to send information to only one person, this information often can be viewed by unintended recipients. When patients and families have access to nurses' personal web pages, 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 a high level of privacy settings to prevent personal information, opinion, and behavior from being disseminated to a large network of unintended recipients or misrepresented as professional advice.

Despite the ability to engage privacy settings, information that is 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], 2001) addresses issues of privacy and confidentiality. Nurses have a duty to safeguard patient privacy. 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 (United States Department of Health & Human Services Office of Civil Rights, 2007) seek to define and limit information sharing to those who have a need to know to participate in the care and treatment of patients. 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 not be disclosed to those without a "need to know."

The ANA states, "When acting within one's role as a professional, the nurse recognizes and maintains boundaries that establish appropriate limits to relationships" (Holder & Schenthal, 2007, p. 25). Professional boundaries are defined as "limits that protect the space between the professional's power and the client's vulnerability" (Holder & Schenthal, 2007, p. 27).

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). 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 would transition to a social relationship or friendship (National Council of State Boards of Nursing, n.d.).

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 Johnson (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 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 (Johnson, 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 coworkers as well as patients and their families. The Internet connection with patients can aggravate compassion fatigue by creating a link that extends beyond work hours.

It is the Position of APHON That

Staff 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 staff do not breech confidentiality, share protected health information (PHI), or violate HIPAA mandates:

Staff should

- Understand their specific institution's social media policies and procedures
- 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
- Write in the first person, making it clear to readers that they are expressing their own views, not necessarily the views of their institution or profession
- Use their personal e-mail address, not their work e-mail address, on social networking sites
- Use good judgment when posting any personal information and activities
- Maintain a high level of privacy settings to minimize the extent to which public access to personal blogs and social networking sites exists.

Staff should not

- Initiate an invitation to a patient or member of his or her family to become social networking "friends" or follower of a 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 or 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 treatment(s) or condition(s), pictures, videos, and/or diagnostic images of patients (Duke University Health System, 2010)

- Participate in any online conversation with patients or regarding patients, even if it is the patient who is initiating the contact and/or conversation
- Make public statements or social media posts describing their job or work day, including events that happened within their unit, department, or institution
- Refer to coworkers or supervisors in a negative, unprofessional, or derogatory manner
- Post materials that do not belong to them, such as copyrighted materials, logos, or trademarked items
- Refer to their institution, especially if their social media activities are not consistent with or would negatively impact their institution's name or reputation (Mayo Clinic, 2010)
- Allow their participation in social networking to interfere with work 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 seen in your clinic or institution no more than once per year. 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 internet social networking sites such as MySpace, Twitter, or Facebook 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. Please know that I will always value the relationship that we do have and look forward to continuing being a part of your care. Thank you so much for your understanding.

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