



Guidelines: Social Media and Electronic Communication

This guideline has been developed by Te Kaunihera Tapuhi o Aotearoa/Nursing Council of New Zealand ('the Council') to provide advice to nurses on using social media and other forms of electronic communication.

DEFINITIONS

Social media are internet technologies that allow people to connect, communicate and interact in real time to share and exchange information. This includes Facebook, blogs, Twitter, email groups and instant messaging, and encompasses text, photographs, images, video or audio files.

Electronic communication includes email and text messaging by cell-phone.



The benefits and pitfalls

Social media is an exciting and valuable tool when used wisely. It can benefit health care in a variety of ways, including fostering professional connections, promoting timely communication with patients and family members, and educating and informing consumers and health care professionals. Health care organisations that utilise electronic and social media typically have policies governing employee use of such media in the workplace. Careful control over the content of such sites is usually maintained. Nurses need to be aware of, and follow these policies.

Nurses may also use social media in their personal lives. This may include having a Facebook page, a Twitter feed or blogging on various websites. Nurses are responsible for maintaining the same standards of professional behaviour in social and electronic media as they would when communicating face to face. The ease of emailing, texting and posting, and the commonplace nature of sharing information via social media may appear to blur the line between nurses' personal and professional lives. Quick, easy and efficient technology, and the introduction of hand-held devices reduce not only the time it takes to post, but also the time to consider whether the post is appropriate and the consequences of posting inappropriate content.

Nurses can unintentionally breach patient confidentiality and privacy if they assume that:

- the communication or post is private and accessible only by the intended recipient. The nurse may fail to recognise that content once posted or sent can be disseminated to others.
- content deleted from a site is no longer accessible.
- it is harmless if private information about health consumers is disclosed if the communication is accessed only by the intended recipient. This is still a breach of confidentiality.
- it is acceptable to discuss or refer to health consumers 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.
- because a patient has the right to disclose personal information about himself or herself (or a health care organisation has the right to disclose otherwise protected information with a patient's consent), nurses do not need to refrain from disclosing patient information without a care-related need for the disclosure.

Text messaging

Using texting for appointments may be appropriate but care should be taken when using texting for more comprehensive health matters. For example – it is not appropriate to give bad news or to try to assess a health consumer's condition by text messaging. In these cases a phone call or face-to-face meeting would be appropriate.

The Council has set out principles and standards to guide professional behaviour in the *Code of Conduct for nurses* (2012). These principles and standards can be applied to social and electronic media.

Respect health consumers' privacy and confidentiality

Standards

- 5.2 Treat as confidential information gained in the course of the nurse-health consumer relationship and use it for professional purposes only.
- 5.8 Maintain health consumers' confidentiality and privacy by not discussing health consumers, or practice issues in public places including social media. Even when no names are used a health consumer could be identified.



Examples of how patient confidentiality and privacy can be breached intentionally or inadvertently are when patient information or images are posted online, comments are made about health consumers who may not be named but can still be identified or health consumers are referred to in a degrading or demeaning manner. Be aware that patient emails or answerphones could be accessed by others.

EXAMPLE

John, an experienced nurse, takes a photo on his phone of a resident. The resident is not able to give consent because of her mental and physical condition but her brother says it's okay. Later that night he sees a former co-worker from the same home at a bar and shows him the photo and discusses the resident's condition. John's employer finds out about it and John loses his job.

John thought it was okay to take the resident's photo because he had a family member give consent. However, was this a valid consent in these circumstances? John thought it was okay to discuss the resident with someone who used to be involved in her care. Should confidential information be disclosed to someone no longer involved in care?

Guidance: Confidentiality and privacy in the health context

Confidentiality and privacy are related, but distinct concepts. Any health consumer information learned by the nurse during the course of treatment must be safeguarded by that nurse. Such information may only be disclosed to other members of the health care team for health care purposes. Confidential information should be shared only with the health consumer's informed consent, when

legally required or where failure to disclose the information could result in significant harm. Beyond these very limited exceptions the nurse's obligation to safeguard such confidential information is universal.

Privacy relates to the health consumer's expectation and right to be treated with dignity and respect. Effective nurse-health consumer

Work respectfully with colleagues to best meet health consumers' needs

Standards

- 6.4 Your behaviour towards colleagues should always be respectful and not include dismissiveness, indifference, bullying, verbal abuse, harassment or discrimination. Do not discuss colleagues in public places or on social media.

Be respectful to your employer, colleagues and other health providers in all communications or posts. Be professional in your language and the opinions you express.

EXAMPLE



Max gets drawn into a discussion of the behaviour of a colleague on his friend's Facebook page. Max didn't realise his friend is 'friends' with other work colleagues and his comments quickly get passed back to the colleague he was discussing. His colleague complains to the nurse manager and Max is asked to attend a disciplinary meeting. Max is asked to apologise and is given a warning about this behaviour.

Max is now aware that anything he posts or emails could be disseminated to others. He now refrains from entering into any discussions about his workplace on electronic media.



relationships are built on trust. The health consumer needs to be confident that their most personal information and their basic dignity will be protected by the nurse. Health consumers will be hesitant to disclose personal information if they fear it will be disseminated beyond those who have a legitimate 'need to know'. Any breach of this trust, even inadvertent, damages the particular nurse-health consumer

relationship and the general trustworthiness of the nursing profession.

Adapted from National Council of State Boards of Nursing (2011), *White paper: A nurse's guide to the use of social media*.

Act with integrity to justify health consumers' trust.

Standards

- 7.13 Maintain a professional boundary between yourself and the health consumer and their partner and family, and other people nominated by the health consumer to be involved in their care.



Examples where professional boundaries may be breached are when health consumers are made 'friends' on personal social media websites. Nurses generally should not initiate or accept friend requests except in unusual circumstances such as the situation where an in-person friendship pre-dates the treatment relationship.

EXAMPLE



Gemma, a nurse, receives a friend request from someone who seems vaguely familiar. It turns out to be a current patient who reveals on her site that he is a patient and starts 'chatting' very inappropriately with her and asks her out.

It is Gemma's responsibility to maintain the professional boundaries of the relationship. By 'friending' a current patient she may have inadvertently encouraged him to believe they could also have a personal relationship. She may also have compromised her professional reputation with others who view her site.

Guidance: professional boundaries

- Maintain professional boundaries in the use of social media. Keep your personal and professional lives separate as far as possible. Avoid online relationships with current or former health consumers. Do not use social media or electronic communication to build or pursue relationships with health consumers.
- Text messaging may be an appropriate form of professional communication, e.g. reminding health consumers about appointments. Nurses must be aware of professional boundaries and ensure communication via text is not misinterpreted by the health consumer or used to build or pursue personal relationships.

More information is contained in Nursing Council of New Zealand (2012), *Guideline: Professional Boundaries*.

Maintain public trust and confidence in the nursing profession.

Standards

- 8.1 Maintain a high standard of professional and personal behaviour. The same standards of conduct are expected when you use social media and electronic forms of communication.



If you are identified as a nurse online you should act responsibly and uphold the reputation of your profession.

EXAMPLE



One of Debbie's health consumers looks her up on Facebook and is surprised to find out that she attended the Chunder mile as a student and still has the photo on her front page. She no longer wants Debbie to look after her.

It is every nurse's responsibility to maintain public confidence in the profession. Debbie would be wise to think carefully about any information she posts and to ensure she uses appropriate privacy settings.

For more information please refer to:

New Zealand Nurses Organisation, NZNO National Student Unit and Nurse Educators in the tertiary sector (2012) *Social media and the nursing profession: a guide to online professionalism for nurses and nursing students.*

The Council acknowledges the following documents that have contributed to this draft:

- Nursing and Midwifery Council (July 2011) *Social networking sites*; and
- National Council of State Boards of Nursing (NCSBN) (2011), *White paper: A nurse's guide to the use of social media.*

References:

Nursing Council of New Zealand (2012) *Code of Conduct for nurses.*

Nursing Council of New Zealand (2012) *Guidelines: Professional Boundaries.*

