

Nurse Author & Editor

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Posting on Social Media

Posting on Social Media About Nurses? Put You're (oops, Your) Best Foot Forward!

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While social media sites, such as blogs, Facebook®, Pinterest®, or Twitter®, may have started as a place to share casual conversation or discuss common interests with friends and acquaintances, these platforms have evolved to include a much wider range of posts. Posts now support various causes ranging from fundraising for families of loved ones with terminal illness to debate about effective parenting, recipes, and political agendas. Nurses, and the profession of nursing, most certainly have a presence on Facebook®. Never has

this been more evident than in 2015 when the hosts of *The View* (France, 2015), a daytime television talk show, mocked the passionate monologue about a memorable patient offered by Miss America pageant contestant, Miss Colorado, Kelley Johnson, RN (NJ.com, 2015). Thousands of nurses joined as one to post a response in an effort to educate the show hosts and the general public about the responsibilities and contributions of nurses. It didn't stop there. Facebook®, pages devoted to nurses and nursing, and providers ranging from physicians to nursing assistants also rose to the occasion in support (Bryan, 2015).

As social media continues to evolve, possibilities for both good and bad outcomes seem endless. This article will discuss some of my experiences as a social media consumer (aka lurker). I will also offer my thoughts about how to put your best foot forward if you represent yourself as a nurse on a social media site.

THE GOOD, THE BAD, AND THE UGLY

My fascination with the evolution of social media, Facebook in particular, has led to quite a bit of pondering over the potential outcomes. Lately, this is been in the context of nurses and nursing. My take: there is good (mostly), bad (which sometimes starts out with good intentions, but has bad outcomes), and ugly (which often has to do with poor grammar and profanity).

I was captivated by the collaborative response to Nurse Johnson's remarks and the ensuing brouhaha. Never in my 35 years of nursing had I experienced such a uniting force in support of my beloved profession. I found myself checking Facebook a little more frequently than usual to see just who had posted what. Did you? I found posts with likes and responses well over the million mark. I found more pictures of nurses with stethoscopes than I could possibly imagine. A respected professor from my days in graduate school posted an eloquent response. I "liked" that one. Apparently, there are Facebook pages

dedicated to nursing. In addition to what I found on Facebook, there were postings on blogs, newspaper and magazine articles, and nurses interviewed for television.

I could not stop following this wave of public attention, and experienced two emotions. First, joy at the prospect of nurses uniting, and others uniting with them, in public support of these hard-working professionals and their significant contributions, toward the best possible outcomes for patients, families, and communities. What a perfect opportunity to educate the public about our profession! I also felt dismay over poorly written posts with grammatical errors or even angry outbursts. Although I agreed with some of these posts, it was evident in many cases that the poster had taken little or no time to craft a post that represents nurses in a professional way. I don't mean spending hours on a scholarly manuscript. I mean just a few minutes to review one's thoughts and make the most basic effort to write clearly and professionally. Some of the same nurses who were outraged at the comments from the hosts of *The View*, who had implied that nurses were little more than doctors' handmaidens without the intellectual capacity to use a stethoscope, posted angry tirades laced with grammatical errors and sometimes even profanity.

Like most controversies, this one had its shelf life and another life event arrived to catch our public attention. But since then, my intrigue for the power of social media to impact our professional nursing image has continued. Several of my colleagues have "liked" nurse dedicated Facebook pages, so I took a look for myself. Some of these, such as NCLEX Mastery and Ohio Nurses Association, are more formal and sponsored by educators and professional organizations. Others, such as *Mighty Nurse*, *Nurses Rock*, and *Nurse Humor*, are pages created by individuals or groups to feature nursing stories and humor as an outlet to promote stress relief and emphasize contributions of nurses to healthcare in a lighthearted way. I worked in critical care for many years and understand the need to relieve stress with humor. Sometimes the initial humor devolves into lengthy tirades and venting about employers and coworkers. Fortunately, most of the humor I have found is good-

natured and pokes fun at various hospital experiences, certainly nothing that the public has not already seen in humor features of publications such as *Reader's Digest*.

Recently, however, I read with interest a post by a nurse stating that she started following a particular Facebook page and enjoyed the humor, but she also felt that the quality of posts had deteriorated to a point where she had some concern about how the page represented professional nurses. One of her concerns was a list of things that a group of specialty nurses may tell you, the patient, versus what is supposedly really true, following the *Readers Digest* format of providing "insider tips" from airline pilots, waitstaff, plumbers, and other service providers. I had seen this shared on my own Facebook feed more than once. Posts in defense argued that humor is a very powerful stress reliever and these pages are communities designed for "nurses only." Upon reading the post of concern, I had to agree that while some of it may be true, it certainly was not all accurate. I would not want any potential patient, whose task at hand is to do whatever it takes to recover, including unpleasant but normal bodily functions, to spend even one minute obsessing over possibilities described in this post. Many other postings in the comments section voiced similar concerns. But, the cat is out of the bag. Like anything else posted on the Internet, it can be, has been, and will be shared more times than the average person can even imagine. These can be fun sites to share innocent workplace humor, but are not without risk to put a dent in the public image of nursing or even cause distress to patients.

I also follow the support pages of several families dealing with terminal illnesses. On these pages, sometimes nurses offer opinions and advice. They occasionally even preface recommendations with, "I don't know you, but I am a nurse and..." Although the posts I have seen were very general in nature, such as "Ice and elevation might be helpful," I can certainly imagine a scenario where very specific information is posted, given the wide variety of judgment evident in a review of Facebook posts. I question going down this slippery slope in light of published guidelines already in place for nurses using social media

outlets (National Council of State Boards of Nursing [NCSBN], 2011a, 2011b, 2011c; Spector & Kappel, 2012; Social Media, 2014). Over the past five years, there have been published a number of formal guidelines and journal articles addressing the topic of nurses and use of social media. Many speak to common pitfalls that can occur, more often than not both unintentional and not addressed by workplace policies related to social media (Spector & Kappel, 2012). Some of these have included posting photos or other identifiable information, forwarding inappropriate emails, and assuming that posted information is accessible by only a certain group of people or that the post is no longer accessible once deleted.

Almost all of these guidelines discuss professional boundaries. In my state we were required by the Ohio Board of Nursing to complete continuing education hours on the specific topic of professional groups. Are nurses offering even very general unsolicited advice on a social media site, such as Facebook, initiating a professional relationship? This is likely always well-meaning, but I believe this is an example of courting potential trouble with the best of intent. My guess is that a nurse who posts in such a case is dismayed by the experiences of the person and family, even perhaps concerned that this family has not received appropriate care. I know I often feel great sadness reading the stories of a given family's journey, often including death and unimaginable grief. But when else would we offer advice so freely with no formal knowledge of the patient's background beyond what a family member or friend has posted on a social media site? And although I have not personally seen this, it certainly would violate any guideline that I know of to publicly inquire about additional details, in front of potentially millions of readers. Even a personal message (PM) would be highly presumptuous – these families did not request advice and know no more about the credibility of the posting nurse than he or she does about them.

Many nurses are used to a neighbor dropping by to ask questions about a healthcare concern, even to the point of sometimes rushing over with a bleeding child. How does this

translate to social media, where one's advice may not even be requested, may be incorrect given the lack of any credible data, and may potentially be shared by people with the best of intentions to other persons and families experiencing similar situations? What if the query is a friend or neighbor posting on Facebook to ask advice from nurse friends? The information provided can be shared exponentially, beyond one's control.

The wide range of the potential impact of social media postings has been considered and addressed formally by the NCSBN:

Nurses who use blogs, social networking sites, video sites, online chat rooms, and forums to communicate both personally and professionally with other nurses can positively use social media in a responsible manner that fosters congenial interface with other professionals (Spector & Kappel, 2012, para. 6).

The NCSBN (2011c) has acknowledged social media sites as outlets to share challenging workplace experiences, create blogs to support journaling and reflective practice, and establish support from colleagues in a profession that is stressful and emotionally demanding. The extensive work of this organization and others to provide acceptable guidelines for nurses is laudable and continues as use of social media outlets develops. The observations above, such as nurses uniting in force to provide public education about the profession and easily accessible outlets for nurse education and collegial support, demonstrate but a few of the potential positive effects of this phenomenon. They also illustrate several concerns that are important to our public image as nurses and how actions with an intent that is good can have unintended consequences. It is interesting to note that boundary violations on social media, confidentiality/privacy breaches, lateral violence against coworkers, and failure to report violations of other nurses are among the most frequent reports against nurses to the appropriate state board of nursing (Spector & Kappel, 2012).

PUT YOUR BEST FOOT FORWARD

Seasoned nurses may agree that electronic communication has surely taken on a life of its own. Indeed, I sometimes shudder to think what kind of additional mischief I may have found as a student nurse had this form of communication existed during my original diploma education in the late 1970s. The youngest of our nurses may not know anything different – this social phenomenon has always been a part of their lives. Each of us are determining our individual comfort levels with the use of electronic communication, and particularly social media sites. That level may range from no use to many times each day. In response to the observations above, I offer some considerations from an editorial perspective, and my pride in being a professional nurse, for those who may author posts related to nurses and nursing.

Familiarize yourself with published guidelines and your employer policy. The organizations and nurse leaders who have been a part of the effort to develop these resources have worked hard to provide useful information about social media for nurses. The integrity of our profession is important to them, and to each and every one of us. Even a Google search and a quick review provides a number of credible resources with real-life examples that demonstrate both positive and negative outcomes and formal standards that will be used in legal and disciplinary proceedings, if needed. Using social media sites is a fun and interesting activity, but it is also serious business.

Think before you post. Take every opportunity to promote nurses and nursing in the best light possible. Be genuine. Take heed of the old adages that mothers often say – if you can't say anything good, don't say it at all, or maybe, don't air your dirty laundry! If mom isn't a high enough standard, there are several versions of a filter commonly attributed in different formats to the philosopher Socrates, the Indian spiritual master Shirdi Sai Baba, and several religious documents. Versions of this have been combined into an acronym

using the word THINK:

- T= Is it true?
- H = Is it helpful?
- I = Is it Inspiring?
- N = Is it necessary?
- K = Is it kind?

Does this mean disregard concerns that have a negative impact on nurses or nursing? Certainly not. But perhaps this energy is better spent in a less risky venue with greater potential to make a true impact on the problem. Consider that rants on social media can be found by employers and perhaps detract credibility from genuine efforts to rectify concerns of nurses.

Don't post in anger. This is similar to the above, but even more important as an angry post may do more damage than a careless one. Take a deep breath first. Is there a way to air frustrations that is less permanent? Can you share them with someone that you trust? Do you really trust every potential reader of your post, given the possibility that it could go viral? Are you ready to make a statement to the press if that happens? How might such an outcome impact your employment? You may be frustrated with your employer for the day, but are you prepared to lose your position and possibly jeopardize future employment because of it?

Polish it up. A final word about grammar (sigh). In the interest of full disclosure, I work in academia as a nurse educator and I am the editor of a nursing journal. I enjoy writing. Grammar is important to me. However, grammar has been a priority throughout my career as a nurse, including the vast majority of time when I worked at the bedside providing direct

patient care. In addition to occasional mischief, I also paid attention in class in the late 70s. I clearly recall a respected nursing instructor encouraging us to consider what our documentation would sound like if read aloud in court. Although this was long before the dawn of social media, I believe this sage advice still applies. Those who take time to think before posting will have time to proofread a post. Use spellcheck. If you don't know the difference between their, there, and there or your and you're, what a wonderful opportunity to learn! Perhaps such action might justify an addiction to social media as a learning experience. And, lifelong learning is a foundational tenet of nursing! I realize that Facebook posts constitute casual conversation and not formal publication and I can live without complete sentences and references. But please consider that a post, to some extent, reflects upon all nurses!

OUR UNITED CHALLENGE

I hope that reading about my experiences lurking on social media, and occasionally posting, have provided you a bit of humor and perhaps some food for thought. Social media is here to stay. Our challenge, both personally and professionally, is to find that balance that maximizes the infinite potential for good for nurses and those that they serve, and minimizes risk and fallout. Nurses have worked very hard to gain the public respect and professional credibility that we enjoy. Who among us is not proud of our profession's reputation in the Gallup polls (Riffkin, 2014) about professional ethics? But likely most nurses would agree that we still have room for improvement to our image. I believe that we can truly represent ourselves as the smart, highly educated contributors to positive healthcare outcomes that we are *if* we continue to unite as we did in support of Miss Colorado, and consistently, carefully, and collaboratively use the most omnipresent platforms to date in the best way possible!

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