

The Idea of an Essay

Volume 2 Genres, Genders, and Giraffes

Article 14

September 2015

Social Media in Nursing: Friend or Foe?

Leah Rachel Bode Cedarville University, lgbode@cedarville.edu

Follow this and additional works at: https://digitalcommons.cedarville.edu/idea_of_an_essay



Part of the English Language and Literature Commons

Recommended Citation

Bode, Leah Rachel (2015) "Social Media in Nursing: Friend or Foe?," The Idea of an Essay: Vol. 2, Article 14.

Available at: https://digitalcommons.cedarville.edu/idea_of_an_essay/vol2/iss1/14

This Essay is brought to you for free and open access by the Department of English, Literature, and Modern Languages at DigitalCommons@Cedarville. It has been accepted for inclusion in The Idea of an Essay by an authorized administrator of DigitalCommons@Cedarville. For more information, please contact digitalcommons@cedarville.edu.



"Social Media in Nursing: Friend or Foe?" by Leah Rachel Bode

Instructor's Notes

In this research paper students were to investigate how their future professions might be affected or influenced by social media or some other form of technology. Leah Rachel chose to argue that, though various forms of social media can be beneficial to nurses struggling to cope with the stress of their jobs, the potential professional risks far outweigh the personal benefits. Note how Leah Rachel's choice to open her essay with "the placenta incident" not only effectively captures the serious consequences suffered by many nurses who thoughtlessly upload work images to social media sites but also immediately orients readers to both sides of her argument. As you read the essay, locate sections of the argument which might be strengthened by additional examples or support.

Writers' Biography

Leah Rachel Bode will be a senior nursing major at Cedarville University. After graduating, she hopes to pursue midwifery and one day serve God as a medical missionary. She loves the Lord, babies, friends and scrapbooking.

Social Media in Nursing: Friend or Foe?

When nursing student Doyle Byrnes uploaded a seemingly harmless image to her Facebook page, she never could have predicted the consequences that would result. The incident began when the eager student, during a class at Johnson County Community College, photographed herself leaning over a human placenta. Delighted with the educational opportunity before her, Byrnes smiled for the shot and then uploaded the image to her Facebook page. A flurry of activity resulted, and the college ultimately expelled the student for her unprofessional conduct and misuse of confidential information (Nursing Students). As "the placenta incident" illustrates, the presence of social media impacts the medical field extensively today, offering

both promising benefits and devastating consequences. Social media carries the potential to effectively educate, unite, and enrich the medical community (White Paper 1). For example, websites such as Facebook offer nurses the ability to deepen connections with coworkers and process stress experienced at work, activities which can reduce emotional burnout. However, these benefits can also lead to harmful consequences when abused. Social media can improve the emotional health of nurses by fostering relationships among coworkers and encouraging meditative journaling; however, it largely erodes the security of the medical field because it incites nurses to violate patient confidentiality.

Social media significantly impacts the lives of millions, and before exploring this subject it is necessary to understand its definition and scope. Merriam-Webster's Online Dictionary defines social media as "forms of electronic communication... through which users create online communities to share information, ideas, personal messages, and other content." Variations of social media include blogs, podcasts, and sites such as YouTube, Twitter, MySpace, and Facebook (NSNA 1). Under the umbrella of social media, Facebook is one of the most popular websites, boasting of approximately 800 million users (McAndrew 2359). On any given day, approximately half of these individuals log in to their account to update information, peruse friends' pages and photographs, and chat with other users (2359). Social media saturates the lives of the world today; millions turn to it when communicating with friends, working, expressing emotions, keeping informed about current events, exercising, and traveling. As a result, lines are often blurred separating work, play, and time with friends. Like an oil spill, the use of social media is extremely challenging to control. Because it is convenient to use, versatile, and massively popular, it presents a formidable challenge for those attempting to regulate it. Consequently, members of the healthcare profession face great difficulty in addressing this problem, and the answers to this dilemma are far from black-and-white

When used properly, social media provides desirable benefits to the medical community. Specifically, it can potentially promote emotional and mental health among nurses, a group of individuals who dealt with an enormous amount of stress on a daily basis. According to the National Institute for Occupational Safety

and Health in the United States, nursing is "among the top 40 occupations with the highest prevalence of stress-related disorders" (Bourbonnais 20). Nurses often suffer from burnout, which is "emotional, mental, and physical exhaustion caused by excessive and prolonged stress" (Smith). In hospitals, emotional fatigue decreases quality of care and increases costs, which reduces the efficiency and competence of the nursing profession (Kowalski 1655). Alarmingly, approximately 15-45% of nurses in the western world suffer from emotional burnout (1654). When utilized appropriately, social media can potentially address and reduce the symptoms of exhaustion.

Social media can lessen the symptoms of emotional fatigue by improving relationships among nurses. A survey conducted by the Federal Ministry of Education and Research discovered that the level of emotional burnout experienced by a nurse depends in part on the quality of his or her interactions with others in the workplace (Kowalski 1660). The study noted that when nurses were dissatisfied by their relationships with other coworkers, they experienced higher levels of emotional exhaustion (1660). If relationships among nurses do in fact impact the prevalence of burnout, it is wise to improve these interactions in order to increase the quality of care and decrease costs. A study conducted in 2008 by the International Business Machines Cooperation displays how social media can improve relationships and foster fulfilling friendships in the medical community (DiMicco 711). For this experiment researchers created Beehive, a website designed to improve professional interactions. Analysts discovered that several employees used Beehive primarily to form relationships with coworkers they did not know. One participant in the study reported that Beehive "helps me connect to people personally...which makes me want to work with them" (716). Although this study focuses on one specific situation and environment, it displays how individuals can use social media to improve their professional relationships. Through websites such as Facebook, nurses learn about their coworkers' families, dreams, and activities, topics which can spark meaningful conversations in the workplace. Coworkers can also communicate with each other through private messages and in responses to informational updates. In doing so, nurses become involved in their coworkers' lives on a personal level, which can foster more enriching interactions while at work. If handled properly, social media sites can strengthen

relationships between nurses, reducing the effects of emotional burnout.

Promoting internal health even further, social media can encourage nurses to meditatively journal in order to relieve stress and release tension. Oftentimes, nurses overlook their own needs in an effort to provide for others, which can dangerously affect their health (Charles 180). Karen Baikie, who is a clinical psychologist, writes that journaling can serve as an effective method of processing feelings experienced after a traumatic event (338). Blogs and other websites offer a place for nurses to express emotions, work through distressing situations, or therapeutically manage stress. Social media websites can provide a place for nurses to address their own needs and struggles, which can prevent "compassion fatigue" (Charles 180). Because journaling helps the left side of the brain balance out the emotions of the right side, it can boost the emotional health of nurses which will impact the efficiency and safety of the medical field (182).

Although social media appears to carry great potential for the nursing community, it is bereft with flaws, and the benefits quickly lose their value when examined closely. First, it is challenging to concretely prove that the benefits of social media outweigh the risks, for this subject is extremely speculative. Because of the complex nature of friendship, relationships, and the human mind, it is difficult to concretely prove the effectiveness of social media in promoting camaraderie and relieving stress. Additionally, these benefits are extremely subjective, depending on the personality, lifestyle, and choices of each individual. For example, one nurse may utilize her Facebook page in an entirely different manner than her coworker, yielding polar opposite results. Consequently, it is perplexing to predict consistent outcomes. Furthermore, there are other effective methods of addressing emotional burnout which usurp social media's role in nursing. For example, nurses can bypass social media altogether and adopt several other approaches when forming and maintaining relationships with coworkers. Lunch dates and coffee breaks are often more effective in strengthening friendships than private messaging over the web. Furthermore, the internet is not a necessary component in the journaling experience; individuals may find it more helpful to jot down meditations in a notebook or document on their laptop. Clearly, hospitals can address the issue of burnout without involving the presence of social media.

These benefits diminish even further in light of the devastating consequences that often result from the inappropriate use of these websites. In the past, nurses have breached patient privacy, violated the law, humiliated patients, and degraded the security and safety of the medical field while using social media. The root of the problem lies in the fact that the very nature of social media contradicts the essence of healthcare in the United States. Social websites focus "on communication, collaboration...connecting with people, and...sharing of ideas" (qtd. in Klitch-Heart 56). Blogs and sites such as Facebook "[encourage] openness, dialogue, and connection of ideas and people..." (57). However, this contradicts the foundational value of confidentiality which guides the nursing career. When members of the federal system created the Health Insurance Portability and Accountability Act (HIPAA) in 1996, they desired to "protect individually identifiable health information in all forms, both electronic and paper" (57). According to this policy, hospitals require medical staff to guard confidentiality diligently and prevent the disclosure of information that would easily identify their patients. However, nurses struggle to meet these requirements while exploring the candid and transparent world of social media. Alarmingly, several myths cloud this topic and lead nurses astray, increasing further the dangers presented by social media. For example, troubles arise when nurses falsely believe that as long as they do not post their patients' names, the privacy of the individual is protected (NCSBN 3). On the contrary, however, "the definition of individually identifiable information includes any information that relates to the past, present or future physical or mental health of an individual" (NCSBN 1). Any piece of material that reveals the identity of an admitted individual is considered confidential; this includes room numbers and specific details regarding a patient's condition. When nurses misunderstand the definition of private information, problems result.

Additionally, threats emerge when nurses underestimate the size of the social media world, believing it to be confined to their circle of friends and thus easily controllable. On the contrary, however, social media stretches across the globe and provides easy access to countless pieces of information. Alarmingly, it is often impossible for a user to remove a piece of information from the internet once they entered it, for it takes only seconds for others

to copy and paste the information (Anderson 39). Therefore, it is extremely easy for material only intended for specific audiences to spread. For example, in 2009 a group of nurses violated confidentiality laws after posting information about their patients on Facebook in order to prepare their coworkers for the next rotation. Although these women only intended to share information with the group, others were able to access the information, and the hospital reprimanded the nurses for their actions (Dimick).

These myths wield even more damage when coupled with the high prevalence of mobile phones, which accommodate nurses with easy access to social media. Approximately 350 million individuals access Facebook from their mobile devices, providing access to web pages in a matter of seconds (Boultin 8). Unfortunately, this does not allow much time for nurses to think through the consequences their actions may bring.

When nurses act according to these false beliefs, devastating consequences can result. In 2010, the NCSBN conducted a study which confirmed the abundance of social media-related offenses in the medical community. When NCSBN questioned forty-six boards of nursing about the occurace of offenses related to social media, thirty-six claimed they "had received complaints about nurses who had violated patients' privacy by using social networking sites" (Hillman 48). In one example, a nursing student received harsh punishment after handling social media improperly. While on her pediatrics rotation, she snapped a photo of her young patient who was battling leukemia. Including his room number in the image, she posted the picture to her Facebook page. Consequently, the school expelled the student for the way she violated HIPAA and placed the hospital in jeopardy (NCSBN 5). A second example involved a nurse in Wyoming who posted a picture of a patient's x-ray to her Facebook page. Amused at the foreign object stuck in the man's rectum, the nurse acted immaturely and unprofessionally and compromised the security of the hospital (Freeman 49).

In the United States today, social media heavily impacts the realm of healthcare. When used appropriately, it can promote emotional health among nurses who experience a high rate of emotional burnout. In order to maintain holistic health, nurses must discover ways to reduce stress and process complex emotions. Positive interactions among coworkers can effectively address

symptoms of burnout. Additionally, nurses can journal online in order to meet personal needs and untangle their thoughts. Although social media can provide tools to improve health, these benefits are speculative and difficult to prove. Unfortunately, they dwindle further in light of the immense consequences that social media can spawn. In recent years, its presence has degraded the competence and security of the medical field, causing confidential and private information concerning patients to leak out. Problems arise when nurses believe the myths surrounding social media and lack wisdom and discernment in posting information. The presence of mobile devices complicates this problem, as access to social media is always at a nurse's fingertips. Nurses sometimes violate HIPAA laws through the use of sites such as Facebook, leading to a loss in jobs, violations of the law, and even imprisonment. Clearly, the risks presented by social media erode the security of the medical field and negate the benefits.

When nurses breach confidentiality, they commit a serious offense against the patient and the hospital in which they work. This is unacceptable in the medical field; not only does it violate defy the law, but it disrespects the patient whose trust has been violated. Serving and caring in hospitals all over the country, nurses owe a great deal of respect for the patients under their management, simply because the man or woman bears the image of God and carry great worth in his sight. Expected to care for men and women of all ages with compassion and competence, nurses must continuously strive to provide the privacy their patients deserve. Mother Teresa elegantly encapsulated the essence of nursing when she stated, "It is not how much you do but how much love you put in the doing" (Mother Teresa). Protecting patient confidentiality essentially displays the respect that a nurse holds for her patient. It is a shame that many view the interactions on Facebook as more important than the patient lying in the next room. Nurses should never sacrifice the protection of a patient for a cheap laugh but instead find constructive methods of dealing with stress. In the medical field, nurses must strive to honor and protect those in their care, understanding the responsibility they bear to the patient, their family, the hospital and ultimately to God.

Works Cited

- Baikie, Karen and Kay Wilhelm. "Emotional and physical health benefits of expressive writing." Apt.rcpsych.org. The Royal College of Psychiatrists, 2012. Web. 1 Dec. 2012.
- Bourbonnais, Renee, Monique Comeau, Michel Vezina, and Guylaine Dion. "Job Strain, Psychological Distress, and Burnout in Nurses." American Journal of Industrial Medicine 34 (1998): 20-28. Web. Nov. 2012.
- Boulton, Clint. "Facebook Needs Phone to Battle Google for Mobile Ads." eWeek 28.20 (2011): 7-8. Academic Search Complete. Web. Nov. 2012
- Charles, Jennell P. "Journaling: Creating Space for "I". Creative Nursing 16.4 (2010): 180-184. Academic Search Complete. Web. 11 Nov. 2012.
- DiMicco, Joan, David Millen, Werner Geyer, Casey Dugan, Beth Brownholtz, Michael Muller. "Motivations for Social Networking at Work." Umsl.edu. IBM Research, 2012. Web. Nov. 2012.
- Dimick, Chris. "Private Policies for Social Media." Journal of AHIMA. American Health Information Management Association, 16 Jan. 2010. Web. 25 Oct. 2012.
- Freeman, Greg. "Facebook firings show privacy concerns with social networking sites." Healthcare Risk Management. 31.5 (2009): 49-52. CINAHL Plus. Web. 6 Dec. 2012.
- Klitch-Heartt, Eira I and Susan Prion. "Social Networking and HIPAA: Ethical Concerns for Nurses." Nurse Leader 8.2 (2010): 56-58. Academic Search Complete. Web. Nov. 2012.
- Kowalski, Christoph, Oliver Ommen, Elke Driller, Nocole Ernstmann, Markus AWirtz, Thorsten Kohler, and Holger Pfaff. "Burnout in nurses—the relationship between social capital in hospitals and emotional exhaustion." Journal of Clinical Nursing. 21.9 (2012): 1490-1491. Academic Search Complete. Web. 18 Nov. 2012.
- McAndrew, Francis T., and Hye Sun Heong. "Who does what on Facebook? Age, sex, and relationship status as predictors of Facebook use." Computers in Human Behavior 28.6 (2012): 2359-2365. Academic Search Complete. Web. 17 Nov. 2012.

- "Mother Teresa." Doonething.org. The Emily Fund. Web. 7 Dec. 2012.
- "Nursing Students Kicked out for Placenta Photos." Cbsnews.com. The Associated Press, 3 Jan. 2011. Web. Nov. 2012.
- "Recommendations For: Social Media Usage and Maintaining Privacy, Confidentiality and Professionalism." Nsna.org. National Student Nurses' Association, Inc. Web. Nov. 2012.
- Sauter, Steven, Lawrence Murphy, and Joseph Hurrell. "Prevention of Work-Related Psychological Disorders." American Psychologist 45.10 (1990): 1146-1158. PsycARTICLES. Web. Nov. 2012.
- Smith, Melinda, Jeanne Segal, and Robert Segal. "Preventing Burnout." Helpguide.org. Helpguide, July 2012. Web. 29 Nov. 2012.
- "White Paper: A Nurse's Guide to the Use of Social Media." NCSBC.com. National Council of State Boards of Nursing, 2011. Web. Nov. 2012.