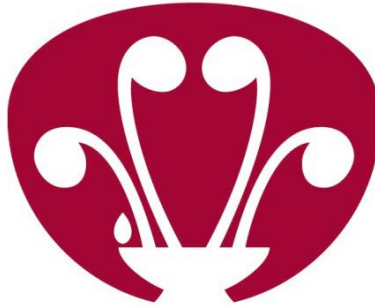




**Nurses Association**  
OF NEW BRUNSWICK

PRACTICE GUIDELINE

# Social Media



## MANDATE

Regulation for safe, competent, and ethical nursing care.

Under the [Nurses Act](#), the Nurses Association of New Brunswick (NANB) is legally responsible to protect the public by regulating members of the nursing profession in New Brunswick. Regulation makes this profession, and nurses as individuals, accountable to the public for the delivery of safe, competent and ethical nursing care.

### NURSES ASSOCIATION OF NEW BRUNSWICK 2022

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### ACKNOWLEDGEMENTS

The content in this document is adapted from the Nova Scotia College of Nursing *Social Media – Practice Guideline (2020)* available at <https://www.nscn.ca/>.

For the purpose of this document, the term “nurse” refers to the graduate nurse, the registered nurse, and the nurse practitioner. Words in **bold** are found in the glossary. They are shown in bold on first appearances.



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## INTRODUCTION

Social media are online and mobile tools used to share opinions, information and experiences, images and video or audio clips, and include websites and applications used for social networking. Common sources of social media include but are not limited to: social networking sites such as Facebook and LinkedIn; personal, professional, and anonymous blogs; True Local and microblogs such as Twitter; content-sharing websites such as YouTube and Instagram, and discussion forums and message boards (International Nurse Regulator Collaborative, 2017).

The purpose of this practice guideline is to help nurses understand the importance of maintaining professionalism and making informed decisions when using social media.

## BENEFITS OF SOCIAL MEDIA

Social media, when used appropriately, can be beneficial in the delivery of nursing services. For instance, social media can be used to

- distribute **evidence-informed** health information to **clients** and **families**;
- communicate vital information during an emergency;
- facilitate professional connections and mentoring relationships;
- enhance nursing student education in the classroom and clinical areas;
- recruit participants for **research** studies and facilitate research; and
- shape the reputation and credibility of nursing.

## RISKS OF SOCIAL MEDIA

If used inappropriately, social media can pose risks to clients, nurses, and the nursing profession.

Risks to clients include (but are not limited to):

- Easy access to unqualified medical opinions or non-evidence informed **health** information.
- Breach of **privacy** and **confidentiality**.



Risks to nurses include (but are not limited to):

- Misuse of social media whether intentional or not, may breach the [Standards of Practice](#) or [Code of Ethics](#) leading to disciplinary action.
- Blurring professional and personal worlds which creates risks to privacy, confidentiality, reputation and intellectual property.
- Information and “posts” can be shared and re-shared without the nurse’s **consent** or knowledge even when privacy settings are at the highest level.
- Any information or post shared becomes the property of the social media platform and as such may be used (or sold) at their discretion.
- Private and confidential information about a nurse, a client or an employer can be easily and unintentionally shared.
- Social media posts can create a permanent record that cannot easily be deleted. Copies of deleted information may still exist on search engines or in the electronic files of others.

Risks to the profession include (but are not limited to):

- Public confidence in the profession can be damaged by the irresponsible posting of individual nurses.

## NURSES RESPONSIBILITIES WHEN USING SOCIAL MEDIA

When using social media, there are several strategies nurses can use to minimize risk and continue to meet the [Standards of Practice](#).

### Professional presence

Nurses

- use the same level of professionalism in their online and face-to-face interactions;
- keep work-related social media activities separate from personal social media activities, especially if they use social media in their nursing role;
- must be aware of situations that may present a potential, perceived or actual **conflict of interest**<sup>1</sup>;

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<sup>1</sup> For further guidance, please refer to the [Practice Guideline: Conflict of Interest](#).



- consider and use other available and appropriate channels to address work related incidents, issues with **colleagues** or workplace concerns, rather than posting on social media;
- do not post information that gives the impression that they are not able to provide unbiased care;
- separate their personal opinions from nursing opinions, especially if they differ; and
- consider not identifying themselves as a nurse in their online profile.

## Confidentiality and Privacy

### Nurses

- maintain confidentiality and privacy of clients and co-workers' information. A breach of confidentiality or privacy, even if inadvertently, can damage the nurse-client relationship and negatively impact the nursing profession;
- report confidentiality and privacy breaches immediately to their employer; and
- ensure they understand that posting anonymously or under a pseudonym does not protect them from the possible consequences of a breach of confidentiality.

## Professional Boundaries

### Nurses

- maintain **professional boundaries** by not accepting "friend" requests from or initiate a friend request with current or former clients or their families. Connecting in this way could be interpreted as a continuation of the nurse-client relationship or that the client is entitled to access the nurses' services in ways other clients are not; and
- do not post, repost, transmit or disseminate any information that may be reasonably anticipated to violate the client's rights to confidentiality or privacy, or otherwise degrade or embarrass the client.

## Employer policies

### Nurses

- review and follow employer policies related to the use of personal and professional social media;
- do not speak on behalf of their employer or the profession unless authorized to do so; and
- do not conduct professional discussions or **communication** on social media without clear employer policies and processes.



## Integrity and the Integrity of the Nursing Profession

### Nurses

- use caution if they identify themselves as a nurse online, whether in a biography or in a specific post. When they identify themselves as a nurse on social media or use a platform to share nursing information, they immediately create a connection between their personal and professional life and are expected to uphold all professional obligations; and
- do not offer specific health related advice in response to questions or comments outside an established **therapeutic relationship**.

## Accountability

### Nurses

- recognize that they are accountable to relevant legislation and [Standards of Practice](#), the [Code of Ethics](#), guidelines and employer policies when using social media;
- work with their manager or employer to develop a social media policy if there is not one available; and
- ensure they understand that inappropriate use of social media, including personal use while working, can result in a complaint to their employer or NANB; either of these may result in disciplinary action.

## Freedom of Expression

### Nurses

- balance their right to express their personal concerns and opinions regarding health care with the responsibility to avoid compromising the public's trust in the nursing profession;
- attempt to resolve concerns with their employer or others in the health care system rather than bringing them to a public social media forum; and
- recognize their **accountability** to meet their [Standards of Practice](#) and [Code of Ethics](#). There must be an appropriate balance maintained between their freedom of expression and the public trust in the nursing profession. Their conduct may cross into **professional misconduct**.

For further guidance on the appropriate use of social media, please consult Appendix A and Appendix B.

## RESOURCES

[Standards for the Nurse-Client Relationship](#) (NANB)

[Fact Sheet: Mobile Devices and Information Technologies' Use in the Workplace](#) (NANB)

[Fact Sheet: Professional Presence](#) (NANB and Association of New Brunswick Licenced Practical Nurses)

[InfoLAW: Social Media](#) Canadian Nurses Protective Society (CNPS)

[Ask a Lawyer: Social Media](#) (CNPS)

## CONCLUSION

Nurses are accountable for knowing how the [Standards of Practice](#), [Code of Ethics](#), guidelines and employer policies apply to their use of social media. They must maintain professional boundaries, confidentiality and privacy while using social media. Nurses' individual actions can reflect negatively on their employer or the nursing profession.



## GLOSSARY

**Accountability:** The obligation to acknowledge the professional, ethical, and legal aspects of one's activities and duties, and to answer for the consequences and outcomes of one's actions. Accountability resides in a role and can never be shared or delegated (NSCN, 2017).

**Client:** Individuals, families, groups, populations or entire communities who require nursing expertise. The term "client" reflects the range of individuals and/or groups with whom nurses may be interacting. In some settings, other terms may be used such as patient or resident. In education, the client may also be a student; in administration, the client may also be an employee; and in research, the client is usually a subject or participant (NANB, 2018).

**Colleagues:** All health-care providers and nurses working in all domains of practice (CNA, 2017).

**Communication:** The transmission of verbal and/or non-verbal messages between a sender and a receiver for the purpose of exchanging or disseminating meaningful, accurate, clear, concise, complete and timely information (includes the transmission using technology) (NSCN, 2017).

**Community/unique community:** An organized group of people bound together by social, ethnic, cultural or occupational ties, or by geographic location (CNO, 2019).

**Confidentiality:** The ethical obligation to keep someone's personal and private information secret or private (CNA, 2017).

**Conflict of Interest:** A conflict of interest occurs when a nurse's personal, business, commercial, political, academic, or financial interests, or interests of family and friends, interfere with professional responsibilities or a client's best interests (NANB, 2021).

**Consent:** The voluntary agreement to some act or purpose made by a capable individual. Clients and their substitute decision makers have the legal right to agree to, refuse or revoke permission of proposed care, service, treatment or research provided by a health care professional, at any time (BCCNM, 2020).

**Evidence-informed:** The ongoing process that incorporates evidence from research findings, clinical expertise, client preferences, and other available resources to inform decisions that nurses make about clients (CNA, 2018).

**Family/families:** In matters of caregiving, family is recognized as those people identified by the person receiving or in need of care who provide familial support, whether or not there is a biologic relationship. However, in matters of legal decision-making it must be noted that provincial legislation is not uniform across Canada and may include an obligation to recognize



family members in priority according to their biologic relationship (CNA, 1994, as cited in CNA, 2017).

**Health:** A state of complete physical, mental (spiritual) and social well-being, not merely the absence of disease (CNA, 2015).

**Integrity:** Adherence to moral norms that is sustained over time. Implicit in integrity is soundness, trustworthiness and the consistency of convictions, actions and emotions (Burkhart, Nathaniel, & Walton, 2015, as cited in CNA, 2017).

**Privacy:** (1) Physical privacy is the right or interest in controlling or limiting the access of others to oneself; (2) informational privacy is the right of individuals to determine how, when, with whom and for what purposes any of their personal information will be shared. A person has a reasonable expectation of privacy in the health-care system so that health-care providers who need their information will share it only with those who require specific information (CNA, 2017).

**Professional boundaries:** Defining lines which separate the therapeutic behaviour of registered nurses from any behaviour which, well-intentioned or not, could reduce the benefit of care to clients. Staying within appropriate boundaries promotes safe and effective care that meets clients' needs (NSCN, 2017; CRNA, 2013).

**Professional misconduct:** Means a digression from established or recognized professional standards or rules of practice of the profession and includes the sexual abuse of patients (NANB, 2002).

**Professional presence:** The demonstration of confidence, integrity, optimism, passion, and empathy, in accordance with legislation, practice standards, and ethics. This includes the registered nurses' verbal and nonverbal communications and the ability to articulate a positive role and professional image, including the use of name and title (Canadian Patient Safety Institute, 2017). The demonstration of confidence, integrity, optimism, passion, and empathy, in accordance with legislation, practice standards, and ethics. This includes the registered nurses' verbal and nonverbal communications and the ability to articulate a positive role and professional image, including the use of name and title (CNO, 2019).

**Research:** A systematic inquiry using scientific methods to answer questions or solve problems. Conducting research involves formation of a question, design of the research project, implementation of the project and analysis and presentation of results. A nurse who assists in a research project by collecting information and data may be "participating" in research, but is not "conducting" research (CNO, 2019).



**Therapeutic relationship:** A relationship the nurse establishes and maintains with a client, through the use of professional knowledge, skills and attitudes, in order to provide nursing care that is expected to contribute to the client's well-being (CNA, 2017).

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## APPENDIX A: 6 'P's OF SOCIAL MEDIA USE

**P**rofessional

**Act professionally at all times!**

**P**ositive

**Keep posts positive!**

**P**atient / **P**erson free

**Keep posts patient or person free!**

**P**rotect yourself

**Protect your professionalism, your reputation and yourself!**

**P**rivacy

**Keep your personal and professional life separate; respect privacy of others!**

**P**ause before you post

**Consider implications; avoid posting in haste or anger!**

(International Nurse Regulator Collaborative, 2017)

## APPENDIX B: CASE STUDIES

Our case studies are fictional educational resources. While we strive to make the scenarios as realistic as possible, any resemblance to actual people or events is coincidental.

### **Case study 1: Tweeting a photo of a client.**

After a rainy night shift involving a car accident, J.M., an emergency room RN, tweeted a photo to several colleagues and described his client's injuries. Someone sent the photo to other staff. When a nurse recognized the background in the photo, she reported it to her manager.

The manager was concerned about a breach of client privacy and investigated. The photo was traced back to J.M. Even though the client was not recognizable, J.M. was disciplined for breaching his client's privacy and breaking policy by taking and sharing a photo of his client.

***Postscript: J.M. realized that taking and sharing the photo was impulsive and unprofessional. He is aware of his employer's policy on photography and knows he is responsible for understanding and following such policies.***

### **Case study 2: Consulting on Facebook.**

Nurse E.L. works with a group of young mothers who started a Facebook group to share issues and support each other through parenting challenges. E.L. accepted an invitation to join the group.

She was concerned when one mom posted she was having a rough time and feeling very low. E.L., trying to be supportive, commented, "I know last week was difficult. Are you still on your meds? Why don't you drop in tomorrow and we can talk?"

After work, another mom stopped E.L. in the grocery store and said, "I didn't know J.O. was on meds, I thought you couldn't take meds when you were breastfeeding!" E.L. was horrified to realize that her supportive comment on Facebook was a violation of confidentiality. She told the mom that she could not discuss another client. Then she pulled out her phone, logged into Facebook and deleted her comment. She now questions whether she should have accepted the invitation to join the group.

***Postscript: E.L. spoke with her manager about what happened. Together they are developing employer policy for using social media with clients.***



### **Case study 3: Blogging about work.**

A.T., a nurse manager blogged to stay in touch with her **family**, friends and former colleagues. She wrote descriptively about her **community** and work, always careful not to use names. Her former colleagues often commented on her posts, sharing their own stories. They agreed that sometimes clients were unappreciative, and managers didn't care.

A comment from a former client caused A.T. to re-read her blog. She saw that her descriptions had details such as when things happened, as well as client ages, genders and health issues. Anyone who knew A.T., the clients or the agency would know who she was talking about. In addition, her posts and the comments from her colleagues were disrespectful of clients and workplaces. Recognizing that she had crossed a line, A.T. deleted her blog.

Eventually A.T.'s employer learned of the blog. They said A.T. had breached clients' privacy and damaged the community's trust in the agency and its employees. In addition, they called her previous employer to tell them about their staff's comments on the blog and their failure to report that A.T. was breaching confidentiality. A.T. and two other nurses were reported to their regulatory body.

***Postscript: While resolving her employer's complaint, A.T. learned how to share her experiences responsibly. She discussed the situation with a fellow nurse blogger and reviewed her agency social media policy and NANB's social media guidelines. When A.T. began blogging again, she made sure to focus on her personal and professional thoughts, beliefs and learning—without sharing any client, colleague or workplace information.***



