



Practice Guideline

*Responsible and Ethical
Use of Social Media and
Information Sharing
Technologies*



ANBLPN

Association of New Brunswick Licensed
Practical Nurses

AIAANB

L'Association des Infirmier(ère)s Auxiliaires
Autorisé(e)s du Nouveau-Brunswick

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MANDATE

We regulate registered nurses and nurse practitioners in New Brunswick to ensure the provision of safe, competent and ethical care in the interest of the public.

Under the *Licensed Practical Nurses Act*, ANBLPN 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.

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PURPOSE

Through provincial legislation, nursing professions in New Brunswick are granted the authority to set standards for education and practice of their members, with an obligation to protect the public and serve the public interest. Guidelines support professional judgement and promote appropriate decision-making in practice. The purpose of this practice guideline is to help registered nurses (RNs) and licensed practical nurses (LPNs) protect the privacy and confidentiality of personal and health information of the client and to reiterate the importance of maintaining the boundaries established within the therapeutic nurse-client relationship when using social media technology in their practice. The practice guideline further interprets Professional Standards of Practice and the *Code of Ethics* and provides recommendations to registered nurses, licensed practical nurses and nursing educators.

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INTRODUCTION

Social media and information sharing technologies describe *...the online and mobile tools that people use to share opinions, information and experiences, images and video or audio clips, and includes websites and applications used for social networking* (International Nurse Regulatory Collaborative, 2014).

Social media and information technologies represent much more than tools for communication; they change how people work and interact, how relationships are formed and how people complain, celebrate, discover and create. The Nurses Association of New Brunswick (NANB) or the Association of Licensed Practical Nurses (ANBLPN) do not regulate the use of social media; they do regulate the practice of RNs and LPNs within an environment where social media is ever present.

BENEFITS AND RISKS

Social media and information sharing technology can benefit health care in a variety of ways such as; strengthening professional relationships, providing valuable information to health care recipients, providing timely communication with clients and family members and educating and informing health care professionals. However, “when we combine the use of technology with social connections, the line between what we think of as *private* and *public* is blurred” (CNA, 2012). Nursing professionals must be aware of the social media’s evolving culture, usage and changes in technologies (INRC, 2014). Table 1 offers a list of benefits and risks associated with the use of social media in the nursing profession.

Table 1: Benefits and Risks Associated with the Use of Social Media Technologies

| BENEFITS | RISKS |
|--|--|
| Fosters social and professional connections | Breaches of patient privacy and confidentiality |
| Enhances client communications to address concerns in a timely manner i.e. crowdsourcing | Violation of professional boundaries |
| Teaching tool for nursing students and educators | Public trust of nursing professionals can be compromised |
| Broadcasting public message | Increased connectivity allows for increased surveillance of one’s activities |
| Dissemination and discussion of nursing and health related education, research and best practice | Employment consequences, which could lead to termination |
| Human interest stories, with expressed written consent | Regulatory implications, which could lead to disciplinary action |
| Advocacy and nursing interests | Violation of <i>Personal Health Information Privacy and Access Act</i> , which could result in both civil and criminal penalties |



ETHICAL, PROFESSIONAL AND LIABILITY CONCERNS

Nursing professionals are held to a high standard of confidentiality with respect to client information. Ethical considerations should be always kept first and foremost in RNs'/LPNs' minds in communication modalities. To understand the limits of appropriate use of social media or any information technology use, it is important to understand the concepts of confidentiality and privacy in the health care context. Legislation, Standards, Code of Ethics and employer policies may be utilized to provide guidance when making decisions about the use of social media.

Code of Ethics for nursing professionals asserts the ethical responsibilities regarding maintaining privacy and confidentiality. Confidentiality and privacy are related, but distinct concepts. The *Code of Ethics* defines confidentiality as “the ethical obligation to keep someone’s personal and private information secret or private” (p.23). Nursing professionals must safeguard information obtained during treatment/care and may only be disclosed to other members of the health care team for health care purposes.

Confidential information should be shared only with the client’s informed consent, when legally required, or where failure to disclose the information could result in significant harm. Beyond these very limited exceptions the obligation to safeguard such confidential information is universal. Nursing professionals must be aware that sharing client health information that was collected through the provision of care is a breach of confidentiality intentional or inadvertent - as it is outside the intended use and purpose for which the information was collected.

Privacy relates to the right of clients to keep information about them from being disclosed to anyone. The *Code of Ethics for Registered Nurses* defines informational privacy as “the right of individuals to determine how, when, with whom, and for what purposes any of their personal information will be shared” (p.27). “The *Code of Ethics for Licensed Practical Nurses* states “Respect and protect client privacy and hold in confidence information disclosed except in certain narrowly defined exceptions.” (p. 4)

The sharing of client personal health information via social media is a breach of practice standards. When using social media, whether for personal or professional purposes, nursing professionals are responsible for their actions and accountable to the client, employer, the profession, and the public. Understanding the risks involved in using social media and other information sharing technology may prevent potential adverse personal and professional consequences.

According to the Canadian Nurses Protective Society (CNPS) InfoLAW (2012), “*failure to abide by these (professional standards) can lead to serious legal consequences*”. The CNPS cautions RNs to respect and enforce boundaries and not to electronically “friend” or communicate with clients



through social media sites, as it may extend the scope of professional responsibility. The fact that information in electronic form is easily distributed, archived, and downloaded leaves little control over who sees the information posted on social media sites. Also, one must add the fact that postings to social media sites are generally permanent records that cannot easily be deleted. Postings may come back to haunt the person who posted the information on a personal or professional level (CNPS, 2012). Anecdotal evidence shows that an increasing number of employers check social networking profiles of current and prospective employees looking for information that could be interpreted as reflecting negatively on the organization or as misconduct or unprofessional behaviour on the part of employees.

Legislation exist to safeguard the sharing of personal health information. The *NB Personal Health Information Privacy and Access Act (2009)* protects the confidentiality of personal health information and the privacy of the person to whom it belongs by setting rules about the collection, use, disclosure, retention and secure destruction of personal health information.

GUIDELINES FOR REGISTERED NURSES AND LICENSED PRACTICAL NURSES

When using social media and information technologies, the registered nurse/licensed practical nurse must:

1. Practise in accordance with relevant legislation and standards, Code of Ethics and employer policies;
2. Demonstrate professionalism and model professional behaviour;
3. Do not maintain any mode of communication with clients and clients' significant others, outside the therapeutic nurse-client relationship unless it is required as part of the healthcare plan;
4. Build their own social media competence; know the technology; and have the skills and judgment to use it appropriately and ethically (CRNBC, 2012);
5. Do not offer any health-related advice in response to questions or comments on social media (CLPNA, 2017);
6. Do not identify clients by name or post or publish information that may lead to the identification of a client;



7. Do not take photos or videos of clients on personal devices, including cell phones. The RN/LPN should follow employer policies for taking photographs or video of client for treatment or other legitimate purposes using employer-provided devices;
8. Do not make disparaging remarks about employer or co-workers (e.g., threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic, or other offensive comments);
9. Be aware of and follow organizational policies concerning personal and professional social media tools when at work, including how to manage a privacy breach;
10. Do not post content or otherwise speak on behalf of the employer unless authorized to do so, and must follow all applicable policies of the employer.

GUIDELINES FOR RN AND LPN EDUCATORS

The nursing educator must:

1. Teach students about personal and professional use of social media early in the program and should incorporate this information throughout the curriculum, especially during discussions related to professionalism, privacy, and confidentiality (CRNNS, 2012);
2. Engage students in ethical discussions around educational/learning use of social media tools. Students must understand that they are responsible for what they post in any social media platform;
3. Engage students in ethics discussions regarding the need to protect the trust established as part of the therapeutic nurse-client relationship and the proper maintenance of professional boundaries; and
4. Act as role model.

CONCLUSION

Registered nurses and licensed practical nurses are expected to practice and behave in a manner that protects clients by exercising reasonable judgment when using social media technologies whether in their personal life or in their professional life. Social media can make a person's poor judgment public and permanent and can raise concerns about client's personal and health information privacy and confidentiality, boundary crossings within the therapeutic nurse-client relationship, and professionalism.

APPENDIX A: HOW TO USE SOCIAL MEDIA SITES SAFELY

| Do | Do NOT |
|---|--|
| Know your legal and ethical responsibilities to maintain privacy and confidentiality as a nursing professional provincially and federally. | Post/share confidential information: an unnamed person may be identifiable from posted information. |
| Know the standards and expectations relative to privacy and confidentiality from NANB and/or ANBLPN. | Use social media to vent or discuss work-related events or to comment on similar postings by others. |
| Remember to separate personal and professional lives when using social networking sites. | Upload pictures or videos of yourself in a clinical setting. |
| Respect and enforce professional boundaries , noting that becoming a patient’s electronic “friend” or having communication with them through social media sites may extend the scope of professional responsibility. | Make disparaging or embarrassing remarks about your organization, its patients or fellow employees; disclosing information obtained at work is considered unprofessional and if false, could lead to a defamation claim. |
| Know your organization’s policies and procedures on social networking, privacy and confidentiality. | Offer health related advice in response to comments or questions posted on social media sites. |
| Educate yourself about the privacy settings of social networking sites you are interested in joining – keeping in mind that nothing is totally private in social media. | Use social networking sites when you are supposed to be working. |
| Remember that words written on social networking sites have the potential to live on forever. | Breach privacy and confidentiality, legislation or your employment contract. |
| Respect client privacy and protect your own. | Speak on behalf of a health care organization unless authorized to do so. |
| Create strong passwords and change them frequently. Do not share passwords with others. | Allow your use of social networking sites to interfere with your work commitments. |
| Log off or turn off your computer or laptop when not in use. | |
| Manage your virtual image. Present yourself in a professional manner in photos, videos and postings. | |
| Pause before you blog, post or tweet. | |



APPENDIX B: 6 'P's OF SOCIAL MEDIA USE

Professional

Act professionally at all times!

Positive

Keep posts positive!

Patient free

Keep posts patient free!

Protect yourself

Protect your reputation and yourself!

Privacy

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

Pause before you post

Consider implications; avoid posting in haste or anger!

APPENDIX C: CASE STUDIES

Case study 1: Tweeting a photo of a client.

As an emergency room RN, John saw his share of trauma patients. After a rainy night shift involving a bad car accident, John 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 John. Even though the client was not recognizable, John was disciplined for breaching his client's privacy and breaking policy by using his personal cell phone to take a client's photo.

Postscript: John 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. He now keeps his phone in his locker while working.

Case study 2: Consulting on Facebook.

Edith, an LPN, works with a group of young mothers. The moms started a Facebook group to share issues and support each other through parenting challenges. Edith accepted an invitation to join and she often logs in to scan the page.

She was concerned when one mom posted she was having a rough time and feeling very low. Edith, 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 Edith in the grocery store and said, "I didn't know Julia was on meds, I thought you couldn't take meds when you were breastfeeding!" Edith 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: Edith spoke with her manager about what happened. Together they are developing agency policy for using social media with clients.



Case study 3: Blogging about work.

Anna, 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 Anna 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 Anna, 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, Anna deleted her blog.

Eventually Anna's employer learned of the blog. He said Anna had breached clients' privacy and damaged the community's trust in the agency and its employees. In addition, he called her previous employer to tell them about their staff's comments on the blog and their failure to report that Anna was breaching confidentiality. Anna and two other nurses were reported to their regulatory body.

Postscript: While resolving her employer's complaint, Anna 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 and ANBLPN's social media guidelines. When Anna 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.

REFERENCES

Canadian Nurses Association (2008). *Code of Ethics for Registered Nurses*. Ottawa, ON: Author. Retrieved from: <http://www.nanb.nb.ca/media/resource/CNA-CodeOfEthics-E.pdf>

Canadian Nurses Association (2012). *When Private Becomes Public: The Ethical Challenges and Opportunities of Social Media*. Ottawa, ON: Author. Retrieved from http://www2.cna-aiic.ca/CNA/documents/pdf/publications/Ethics_in_Practice_Feb_2012_e.pdf

Canadian Nurses Protective Society (July 2012). *Social Media*. *infoLAW*, 19(3), 1-2.

College of Licensed Practical Nurses of Alberta (2017). *Professionalism on Social Media*. Edmonton: author.

College of Registered Nurses of Nova Scotia (2012). Position Statement: *Social Media*. Halifax, NS: Author.

Canadian Council for Practical Nurse Regulators. (2013) *Code of Ethics for Licensed Practical Nurses in Canada*. Retrieved from <http://www.ccpnr.ca/wp-content/uploads/2013/09/IJLPN-CE-Final.pdf>.

International Nurse Regulator Collaborative (2014). Position Statement-*Social Media Use: Common Expectations for Nurses*. Retrieved online April 2017. <https://www.crnbc.ca/Standards/Lists/StandardResources/INRCSocialMediaUseCommonExpectforNurses.pdf>

Nurses Association of New Brunswick (2012). *Standards of Practice of Registered Nurses*. Fredericton, NB: Author. <http://www.nanb.nb.ca/media/resource/NANB-StandardsOfPractice-RegisteredNurses-2012-E.pdf>

Nurses Association of New Brunswick (2011). *Standards for the Therapeutic Nurse-Client Relationship*. Fredericton, NB: Author. <http://www.nanb.nb.ca/media/resource/NANB-StandardsNurseClientRelation-E-2015-10.pdf>

Nurses Association of New Brunswick (2015). *Standards for Documentation*. Fredericton: Author. <http://www.nanb.nb.ca/media/resource/NANB-StandardsFor-Documentation-E.pdf>

Province of New Brunswick (2009). *Personal Health Information Privacy and Access Act*. Fredericton, NB: Author. Retrieved from <http://laws.gnb.ca/en/ShowTdm/cs/P-7.05//>

Scottish Government (July 2012). *Professionalism in nursing, midwifery and the allied health professions in Scotland: A report to the Coordinating Council for the NMAHP Contribution to the Healthcare Quality Strategy for NHSScotland*. Edinburgh, UK: Author.

Socialbakers (2012). Canada Facebook Statistics. Retrieved from:

http://www.socialbakers.com/facebook_statistics/canada

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