

Running head: NURSES' SOCIAL MEDIA USE IN THE 21ST CENTURY

Patient Confidential: Nurses' Social Media Use in the 21st Century

by

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Abstract

The rise of social media has corresponded with an explosion in use by healthcare professionals: from online forums and clinical discussions groups to health-care conference ‘tweetups’, social media is being embraced by nurses and naturopaths, dentists and doctors. This hyper-connectedness has a downside, however, as the mixing of public and private lives begins blurring traditional boundaries, leading to violations of patient confidentiality on social media. This thesis examines this problem using Goffman’s theory of the presentation of self; online disinhibition theory; uses and gratifications theory; and normalization of deviance theory. A literature review found that the majority of violations on social media by nurses are inadvertent; research included interviews with individual nurses practising in British Columbia about their social media use, their understanding of regulations, and their comfort level with colleagues’ use of social media. The paper concludes that increased training and education would help nurses better understand their obligations, and that nurses should be encouraged and supported to speak out when they see colleagues posting inappropriate content on social media. Recommendations for future research include different initiatives to reduce inappropriate posting behaviours and measurement of whether more training/education is helpful.

Keywords: social media; regulation; confidentiality; presentation of self; Goffman; health care; nurses.

Introduction

The rise of social media has corresponded with an explosion in use by healthcare professionals: From online forums and clinical discussions groups to health-care conference ‘tweetups’, social media is being embraced by nurses and naturopaths, dentists and doctors (Melnick, 2013; Chretien, Greysen, Chretien & Kind, 2009). This hyper-connectedness has a downside, however, as the mixing of public and private lives begins blurring traditional boundaries (Aylott, 2011; Levati, 2014). This blurring of the personal and the professional, combined with the ubiquity of smartphones, has led to increasing numbers of health-care professionals violating patient confidentiality by inappropriate sharing on social networks (Melnick, 2013; Chretien, Greysen, Chretien & Kind, 2009; Cronquist & Spector, 2011). Cronquist and Spector report that in a 2010 survey by the National Council of State Boards of Nursing, 33 of 46 state regulatory boards in the United States had received complaints about nurses who violated patient privacy by posting photos or information on social networking sites, and of these, 26 bodies reported taking disciplinary action, including issuing a letter of concern, placing conditions on the nurse’s license, and suspending the nurse’s license (2011). This widespread misuse of social media suggests that healthcare professionals’ traditional understanding of the ethics behind, and need for, patient confidentiality is somehow not fully translating to the online world.

As an employee of the College of Registered Nurses of British Columbia (CRNBC), the provincial regulator for registered nurses and nurse practitioners, I have seen firsthand how damaging violations of patient confidentiality on social media can be: at the time of writing, CRNBC had approximately 35 open cases in the disciplinary process concerning privacy and

confidentiality breaches, with over half relating to social media (J. Strate, personal communication, April 12, 2016). Furthermore, these cases represent only the nurses whose violations are reported to the College: many more are never reported, either by colleagues, employers or the public.

CRNBC in 2012 adopted a new regulatory philosophy known as Relational Regulation, comprising five principles (College of Registered Nurses of British Columbia, 2012). One of the principles is creating a just culture, whereby mistakes are viewed as an opportunity for engagement and education, versus simply requiring punishment (College of Registered Nurses of British Columbia, 2012). CRNBC aims to create opportunities for conversations and maintain an open and on-going relationship with nurses, meaning nurses are more likely to communicate and connect when remediation is required (College of Registered Nurses of British Columbia, 2012). In line with this philosophy, I believe it is important that we try to determine why these nurses have behaved inappropriately, rather than simply disciplining them. As per this approach, I would question whether nurses violating patient confidentiality do not understand the standards and guidelines? Are they confused about what patient confidentiality entails? And, do they understand that their actions have repercussions to their own careers, and beyond?

A recent case involving the Saskatchewan Registered Nurses Association (SRNA) disciplining a registrant for her social media use attracted significant media attention and engendered much discussion on social media (Martin, February 17, 2017; Saskatchewan Registered Nurses Association, 2016). The nurse was found guilty by an SRNA Inquiry Committee panel in October 2016 of unprofessional conduct as well as violation of patient confidentiality after she was reported for complaining on Facebook about the care her

grandfather received at a Saskatchewan healthcare facility, while identifying herself as a nurse. In April 2017, SRNA released its penalty decision, which included a reprimand, mandatory education and a \$26,000 fine and additional costs (Martin, February 17, 2017).

Through the course of the case, the nurse Carolyn Strom has maintained that she was merely exercising her 'right to free speech' and that she should be celebrated for being a whistleblower, but instead has been muzzled by the SRNA. Comments on a GoFundMe page set up by a group of nurses to help Ms. Strom defray the fine imposed by the SRNA would suggest many nurses agree. Many comments include references to nurses being 'muzzled' and having their free speech trampled on; the Charter of Rights and Freedoms being violated; a whistleblower who was merely trying to right a wrong being punished for speaking out; and a general misunderstanding that nurses have of their 'rights' as they pertain to social media (Doucet, April 15, 2017). The finding below is excerpted from the Discipline Decision (SRNA Discipline Decision, 2016, p. 22) and illustrates this, as well as the lack of overt malice by Ms. Strom:

58. The Discipline Committee accepts that Ms. Strom's Facebook post and the subsequent online communication she engaged in was motivated by perhaps grief and anger. It is accepted that Ms. Strom was not driven by malice. Carolyn Strom is a professional bound to act with integrity and in accordance with the *Code of Ethics*. The Discipline Committee does not seek to 'muzzle' registered nurses from using social media. However, registered nurses must conduct themselves professionally and with care when communicating on social media.

This finding, that there was no malice intended but rather a misguided sense of whistleblowing or speaking out for the greater good, serves to further illustrate what my research found: that

many nurses do not understand the platform, their role as professionals, and the importance of keeping personal and professional separate. For me, this case is a perfect illustration of the key question this paper will explore: what are nurses thinking when they use social media to talk about their work or profession?

Social media can be defined as a group of Internet-based applications that allow the creation and exchange of user generated content (Kaplan & Haenlein, 2010). There exists a myriad of guidelines and rules that clearly lay out the rules for maintaining patient confidentiality, yet some nurses seem unable, or unwilling, to adhere to them online (Spector & Kappel, 2011; Spector 2012). As mentioned earlier, social media's ubiquity has led to a blurring of public and private lives for many people (Aylott, 2011; Levati, 2014). In the literature on social media use by healthcare professionals there is information on social media being used for many things, including education and professional development (Duffy 2011; Melnick, 2013) information sharing, e.g. tweeting out a lecture at a conference (Murray, 2011); creating and maintaining communities of practice (Frisch et al, 2012) and recruiting for research studies (Khatri et al, 2015). However, there is little research into the mindset and motivations of a nurse in the moment of sharing information about their work on social media.

This brings me to my overarching research question: what is the thought process nurses perform when they post content on social media about their work, particularly content that violates patient confidentiality? In order to gain insight into the mindset of nurses, I conducted semi-structured interviews with seven nurses currently practising in British Columbia. I asked them eleven questions, covering their social media use, their familiarity with the rules and guidelines governing their social media use, and their comfort level with colleagues' use of

social media. The interview questions were devised to help me understand what nurses are thinking before and after they post work-related content, how they are reconciling their post with their obligations to safeguard privacy and confidentiality, and what their motivation is for sharing this content that relates to their work.

I chose this exploratory research approach—using semi-structured, one-on-one interviews to gather data—because of its utility in exploring areas that have not been broadly studied (Singh, 2007). As mentioned earlier, there is a dearth of research into the mindset of healthcare professionals' mindset as they are using social media (and making poor choices). The semi-structured nature of the interviews meant I was able to follow up on interesting comments, rather than being bound by a script, which allowed me to explore unexpected areas (Singh, 2007). The personal nature of the interaction also helped ensure the interviewees felt heard, and ensure they felt they were contributing to research that was worthwhile (Merrigan, Johnston, & Huston, 2012). To ensure accuracy, and allow me to focus on the interview flow, I recorded the interviews, and also took notes during, and recorded my impressions after each interview. Once I had completed my interviews, I transcribed the recordings and began analyzing the data.

I examined my findings through several theoretical lenses: Goffman's presentation of self (Goffman, 1959; Bullingham & Vasconcelos, 2013); the online disinhibition effect (Hollenbaugh & Everett, 2014; Suler, 2004), the normalization of deviance (Aylott, 2011; Banja, 2010), and uses and gratifications theory (Park, Kee & Valenzuela, 2009; Raacke & Bonds-Raacke, 2013; Ruggiero, 2000). I will begin with a review of the literature to show how the theories of presentation of self, online disinhibition, normalization of deviance, and uses and gratifications theory can provide insight into nurses' motivations when posting about their work on social

media. I then provide an overview of nursing regulation in British Columbia, and move into my research.

I identified five themes: the blurring of public and private lives on social media; a general lack of understanding of how social media works; a lack of willingness to call out colleagues who misuse social media; the importance of professionalism; and the impact that the challenges inherent in being a nurse in the 21st century are having on social media use. I discuss these themes using the theories identified in my literature review, and will conclude this thesis with some recommendations for future research.

Literature Review

There are various theoretical frameworks that contribute to our understanding of how and why nurses use social media the way they do: the next section of this paper will provide an overview of the rules and guidelines governing nurses' practice in British Columbia, then move into a review of the literature describing the use of social media in healthcare. Goffman's *Presentation of Self* (Goffman, 1959) will be examined to demonstrate how the act of posting to social media can be understood as a creation and performance of self to the outside world, and I will explore what need this performance meets through uses and gratifications theory. I will then look at how Goffman's 'backstage' behaviour (Goffman, 1959) becomes frontstage content on social media in part due to the online disinhibition effect. Inappropriate sharing due to this disinhibition can lead users—and those around them—to begin seeing this behaviour as acceptable, thereby normalizing this deviance.

Presentation of self: who is the audience?

In his 1959 book “The Presentation of Self in Everyday Life” Goffman introduced a dramaturgical metaphor for how people behave, describing life as a series of performances, performed for varying audiences, with people exhibiting ‘front stage’ (public) and ‘back stage’ (private) behaviour (Goffman, 1959). Goffman describes these performances as the sum of an individual’s activity occurring during a period demarked by their continuous presence in front of a specific group of observers, and who are influenced in some way by that performance (Goffman, 1959). This metaphor, though half a century old, lends itself well to the online world, where individuals now construct personas and perform for an audience (Goffman, 1959; Hogan, 2010). The way in which we present ourselves—what Goffman would describe as our front-stage persona—is carefully crafted to influence others, but is also shaped by our inherent desire to project a self that is consistent with our personal identity (Murthy, 2010). This selective self-disclosure is a key step in developing relationships, but can also occur between strangers, such as people on the Internet we have never, and likely will never, meet (Hogan, 2010). When we apply this self-disclosure tactic in the context of social media we are engaging in self-presentation, or self-production. Murthy, who examined Goffman as his theories relate to Twitter, cites Goffman’s work on communication rituals when examining considerations of ego and personal feelings: he posits that social media posts become a way to say ‘look at me’ or ‘I exist’ (Murthy, 2010). This need to reaffirm their identities—to invent their selves—keeps some social media users invested in the act of regularly posting on social media. As Goffman writes, these changes in social communication are part of ‘ego’ and ‘personal feelings’ and are critical to understanding social media use and, especially, its role in self-production (Murthy, 2010).

Unlike Goffman's analogy, however, which applied to real-world interactions, online performances do not have the social cues inherent in face-to-face interactions to guide the performer. As a result, the audience can become idealized, distorted, minimized or even dismissed by a person using social media, leading to a skewed sense of security and reduced inhibitions (Hogan, 2010; Suler, 2004).

When the audience Goffman wrote of is virtual, rather than present in real life, it can result in reduced inhibitions for the performer, and a decreased perception of risk when disclosing private information, such as confidential patient data. Zhao, Salehi & Naranjit (2013) liken social media spaces to Goffman's performance region, where users make decisions about creating and managing content that meets their self-presentation and self-production needs. We can think, then, of the social media platform as a kind of virtual stage on which the performance of the self takes place for an essentially unknown (virtual) audience. While Goffman wrote that the actor's behaviour will be different in a private, backstage environment, as no performance is necessary, Hogan (2010) posits that on a social media platform, backstage is no longer a private space, but rather has become conflated with the performance, further blurring the line between what is appropriate to share and what is not. This also aligns with Goffman's own argument, that each performance's audience must be segregated from the others for the performances to succeed (Abril, Levin & Del Riego, 2012).

This blurring of backstage and frontstage, of performance for a particular audience versus simple self-presentation, can give social media users a skewed or distorted perception of just who their audience is (Zhao, Salehi & Naranjit, 2013). While Facebook privacy settings can be set to "private", the many algorithms underpinning social media sites are complex, change

frequently, and make no hard promises of confidentiality or privacy (Liu, Gummadi, Krishnamurthy and Mislove, 2011). Other platforms, such as Twitter, are by their very nature completely public. Yet the perception that content posted on social media is viewable only by a narrow audience persists.

Brake (2012) examined this skewed understanding an individual's risk management process by interviewing 23 bloggers. His research found that bloggers "appeared to frame their blogging practice as primarily self-directed, with their potential audiences playing a marginal role... providing one explanation for some forms of potentially risky self-exposure" (p. 1056). Spector and Kappel (2012) also note this phenomenon, noting that many nurses believe their communications—be they emails or posts on social media—are only viewable or accessible by the intended recipient and do not realize that once they share content, it is no longer under their control and can be shared, disseminated or re-posted anywhere, without their knowledge or permission. This lack of concern about, or understanding of, the unintended audiences to their 'performance' could be a factor in inappropriate sharing of confidential information by nurses.

Sánchez, Levin, and Del Riego (2012), meanwhile, offer a slightly different take, citing Goffman's theatrical metaphor of performances to understand nurses whose ability to determine what is appropriate to share is compromised. They apply Goffman's theory to the workplace, describing it as the "quintessential" performance arena (p. 63), requiring a codified range of behaviours and language that constitute being a professional. A nurse's 'performance' of herself or himself for colleagues as someone who understands and adheres to confidentiality guidelines can change once the colleagues are no longer standing next to them, and the nurse is instead staring into a computer or cellphone screen. With no colleagues beside them to perform for, the

social cues against violating patient confidentiality are absent when the urge to vent or disclose confidential information arises. Uses and gratifications theory offers some insight into what a nurse who vents on social media wants or needs from this disclosure.

Uses and gratifications

Uses and gratifications theory posits that users will seek out media that fulfills their needs and leads to ultimate gratifications (Suler, 2004). Whiting and Williams (2013) identified 10 uses and gratifications for using social media, including expression of opinion, while Hollenbaugh and Ferris (2014), conducting a study of Facebook users and analyzing the data for uses and gratifications theory, found Facebook users disclosing the most information used the platform for exhibitionism and relationship maintenance (p.55). This parallels Goffman's concept of 'performance of the self', whereby the process of posting on social media is a form of self-presentation or self-performance that validates the user's perception of themselves; and also gives some insight into what nurses who "vent" on social media seek: stress release, and validation of their position. Hollenbaugh and Ferris also concluded that self-disclosure on Facebook is one-way users express emotions when richer nonverbal communication channels, like body language and visual cues, are absent (2014, p. 52).

Child, Hadrakis and Petronio (2012) hypothesize that social media use involves various forms of disclosure and privacy management, and they divide social media use into three discrete phases: before, during, and after use (p. 1859). For their research into privacy management, disclosure and deletion practices, they paired uses and gratifications theory with Petronio's theory of communication privacy management (CPM). CPM theory posits that people keep their private information inside self-established boundaries, and examines how individuals manage

these boundaries, how and to whom they disclose private information, how they manage others' private information, and what happens when boundaries are violated (Petronio, 2010). It also furnishes a way to account for and predict the probability of mistakes, missteps, violations, miscalculations, and in general, times when privacy management fails to achieve an intended goal (Petronio, 2010). Child, Hadrakis and Petrinio's research used CPM's theories about information co-ownership, rules-based decisions about privacy disclosure, and how this decision-making can break down when the management of private information fails, to help predict who might be at more risk of inappropriate disclosures (2012, p. 1859). They found that more self-centric bloggers, that is, those who blog as a way to create or foster their identity, appear to care less about managing private information, or are less concerned about potential consequences of public disclosures after posting information to a blog than those who considered their posts ahead of time. These people tended to be more public in the information they disclosed, and also less likely to reconsider their posts later (Child, Haridakis & Petronio, 2012). A similar theory can shed additional light on the process of posting confidential information on social media, via a phenomenon known as the online disinhibition effect.

Online disinhibition

John Suler, who coined the phrase "online disinhibition", describes this disinhibition as either benign, with people acting generously or altruistically, or toxic, where users are seen using rude language, issuing threats, or exploring "dark" areas of their personas not exhibited in real life (Suler, 2004). Suler attributes this disinhibition to six factors: dissociative anonymity; invisibility (no face-to-face interaction); asynchronicity (posting online does not occur in "real time"); solipsistic introjection; dissociative imagination; and minimization of status and authority

(Suler, 2004). Of particular interest to this research is the minimization of authority—as Suler writes, in person, we are much less likely to speak our minds when confronted with an authority figure, but “online, in what feels more like a peer relationship—with the appearance of authority minimized—people are more willing to speak out and misbehave” (Suler, 2004, p.324). This correlation between lowered inhibitions and increased disclosure on the Internet versus face-to-face interaction was also noted by Hollenbaugh & Everett (2013). Levati’s research has additionally found that individuals who use social media are more inclined to “risk-taking” behaviour and that many seem unaware of risks or consequences of disclosing personal information (2014, p. 2285).

While many patient privacy violations on social media appear to be inadvertent (Spector and Kappel, 2010), often the result of carelessness or lack of understanding of the nature of social media, there remains a fundamental disconnect between the user, the audience, and confidentiality obligations.

Normalization of deviance

The phenomenon known as the ‘normalization of deviance’ is one in which individuals, teams, and organizations repeatedly drift away from what is an acceptable standard of performance or behaviour until the drift becomes the norm (King, 2010). Given the sheer volume of content present on social media sites, it is impossible to continually monitor or police content posted by nurses. Normalization of deviance inevitably leads individuals to gradually behave in ways that are riskier than they realize or want (Aylott, 2011). Oversharing, boundary crossing and blurring of professional and personal are no longer unusual events but rather the norm, and a direct outcome of individuals’ learned behaviour (Aylott, 2011). Another consequence of

normalization of deviance is that people become less likely to speak up when they see behaviour that is unacceptable or even dangerous (Banja, 2010.) A 2005 study of over 1,700 healthcare professionals found “it was between difficult and impossible to confront people” (Maxfield, Grenny, Patterson, McMillan, & Switzler, 2005, p. 10) who behaved badly at work, particularly those who broke rules, were incompetent or disrespectful. As self-regulating professionals, nurses are expected to regulate their own behaviour. The next section will examine the role of professionalism and trust in the profession.

Professionalism: What Does it Mean?

Like other healthcare professionals, nurses are held to a higher standard than the general public, primarily because of the trust the public puts in them (Kinsinger, 2009). This trust is quickly undermined when nurses violate patient confidentiality, or behave inappropriately in other ways, on social media: If nurses are viewed as irresponsible keepers of confidential patient information, it impacts the credibility of the profession. Aylott (2011) writes of the ongoing need for online professionalism, stating “even when ‘off the clock’... [nurses] cannot afford to think that it does not matter what they do in their personal, online time” (p. 810). In addition to self-regulation of their own behaviour, nurses in British Columbia are bound to report colleagues when their behaviour constitutes an ethical violation, as per the *Duty to Report* practice standard, which states nurses are required to report their colleagues when there are “allegations that a health professional has behaved unethically (e.g., has committed theft, fraud, or breach of trust...)” (College of Registered Nurses of British Columbia, 2011).

The literature describes varying approaches to regulating nurses' online behaviour. Most regulators and employers now have social media policies and guidelines in place that deal

specifically with privacy and confidentiality, but uptake and understanding appears to be limited (Cain, 2011; Spector & Kappel, 2012). Cain (2011) suggests that additional training and education are key, as this can help nurses understand and address the many nuances and unique situations that arise in social media use as it relates to their practice, and their obligations to protect patient confidentiality. Aylott, meanwhile, suggests the “PCA Test”, advising nurses using social media to “**P**ause and process” (recognize potential for boundary crossings) their **C**hoices (evaluate the situation and options) and then **A**ct accountably (professional conduct) (2011, p. 815). However, given the split-second it takes to tweet or post to Facebook, this approach seems unlikely to succeed. In British Columbia, regulating nurses’ online behaviour falls to several organizations, as well as various regulations and legislation, which I will review in the next section.

Regulation of Nurses

There are numerous laws, standards, and guidelines that exist in Canada to guide nurses’ behaviour, and that apply to nurses’ social media use. In British Columbia, nurses’ practice is regulated by federal and provincial legislation as well as standards set by the College of Registered Nurses of British Columbia. Legislation specific to nurses’ social media use includes the Freedom of Information and Protection of Privacy Act; the Personal Information Protection Act; the Access to Information Act; the Privacy Act; the Personal Information Protection and Electronic Documents Act; and the e-Health Act (College of Registered Nurses of British Columbia, 2012a). Nurses are bound by their provincial regulatory college’s standards and guidelines; and employer policies and guidelines (College of Registered Nurses of British Columbia, 2012b). Registered nurses in British Columbia are regulated by the College of

Registered Nurses of British Columbia (CRNBC). CRNBC has a number of standards that reference social media use, either explicitly or generally, and which address privacy and confidentiality, boundaries in the nurse-client relationship, professional standards, and the duty of nurses to report their colleagues when they witness unsafe practice, including online violations of patient confidentiality (College of Registered Nurses of British Columbia, 2012). British Columbia nurses are also guided by their employer(s) (Coastal Health Authority, 2014; Providence Health Care, n.d.). Other organizations also contribute to shaping workplace policies for nurses, including the Canadian Nurses Association, the British Columbia Nurses' Union, the Canadian Nurses Protective Society, and the Association of Registered Nurses of British Columbia.

As social media has become entrenched in our everyday lives, nursing standards have been developed in response, and many regulators now include specific language around social media and confidentiality: For instance, the CRNBC practice standard *Privacy and Confidentiality* specifically states, "Do not discuss clients or care-related events on a social networking website. Descriptions of client care situations that contain information about time, place and client characteristics may breach client confidentiality even if a client's name is not mentioned" (College of Registered Nurses of British Columbia, 2012a, p. 3). This standard clearly states that it is unacceptable to include certain types of work-related information in social media posts.

Confidentiality is not the same as privacy: privacy is the right of individuals to determine how, when, to whom, and for what purposes any personal information will be divulged (College of Registered Nurses of British Columbia, 2012a). Confidentiality is a type of informational

privacy in which one individual or organization agrees to safeguard information about another individual or organization (College of Registered Nurses of British Columbia, 2012a). There is a wide spectrum of potential social media hazards for nurses—posting drunken photos, badmouthing a supervisor, and denigrating an employer—but violating confidentiality is among the most serious breaches associated with nurses' social media misuse (Spector & Kappel, 2012; Englund, Chappy, Jambunathan & Gohdes, 2012). Not only does it violate the patient's trust, it erodes public confidence in the profession and tarnishes the reputation of nurses and the broader healthcare system (Spector & Kappel, 2012). It can also have serious legal repercussions, including suspension, dismissal, criminal charges, and revoking of license to practice (Spector & Kappel, 2012; Marnocha, Marnocha & Pilliow, 2015). The challenge is how to ensure nurses understand the risks not only to themselves, but also to the image of the profession. When nurses violate patient confidentiality on social media, the integrity of the profession is called into question, which in turn decreases patient confidence in the healthcare system (Eytan, Benabio, Golla, Parikh & Stein, 2011; Scruth, Pugh, Adams, & Foss-Durant, 2015).

Nurses operating in the healthcare system are guided by many regulations and organizations; the various theories examined above— presentation of self, uses and gratifications, online disinhibition, and normalization of deviance—are all useful in trying to understand the mindset of nurses when they post about their work on social media, and offer possible reasons why nurses might make poor decisions about what they choose to share. In the next section, I will discuss how speaking to nurses themselves, via interviews, can help reveal which of these theories comes into play when nurses make poor decisions about posting about work on social media.

Research Design

Exploratory research usually begins with a broad perspective, with the results crystallizing as the research progresses (Adams and Schvaneveldt, 1991). This type of research does not aim to conclusively answer a research question, but rather intends to explore the research questions to get a better understanding of the research problem (Singh, 2007.) When conducting exploratory research, the researcher must be open to changing her/his direction as a result of findings, new data or new insights (Singh, 2007). This type of research relies more on secondary research, that is, the review of available literature and/or data generated through qualitative research approaches such as in-depth interviews, focus groups or case studies. Much research has been done into nurses' social media use has been conducted via surveys (Barry, and Hardiker, 2012; Moorhead, Hazlett, Harrison, Carroll, Irwin, and Hoving, 2013; Spector & Kappel, 2012), but there is also a smaller body of interview-based literature. In their study of how students were using social media to support their studies, Hrastinski and Aghaee (2011) noted that while surveys can be useful to identify and quantify patterns and perceptions, qualitative data can provide more "detailed and nuanced understanding" (p. 454). On interview formats, Lincoln and Guba discuss structured versus unstructured, with structured being the mode of choice when the interviewer "knows what she or he does not know" (p. 269, 1985) and unstructured when the interviewer is looking to the interviewee to tell her what she does not know (Lincoln & Guba, 1985). Skeels and Grudin (2009) used semi-structured interviews (a mix of closed and open-ended questions) in their study of social media use in the workplace, identifying it as useful for generating data. Bullingham and Vasconcelo, in their study of Second Life users, found semi-structured interviews to be ideal for eliciting information about social

media use, with the combination of focused answers from so-called 'closed' questions being augmented by the flexibility of open-ended questions, with prompts to follow up, allowing for anecdotes or personal experiences (Bullingham & Vasconcelo, 2013). Flexibility is also an advantage as follow-up questions can be asked spontaneously (Bullingham & Vasconcelo, 2013) and allow for greater depth in relation to discussing the complicated issue of what drives their social media use interpreted (DiMicco, Millen, Geyer, Dugan, Brownholtz, and Muller, 2008).

The topic of social media use among nurses was well suited to this format, as it allowed me to gather data about specific questions while also allowing interviewees to expand on relevant areas that arose, such as training or regulations put in place by employers, or insights into why they choose to use social media in their work. A judicious combination of the two—featuring both closed and open-ended questions—allowed enough flexibility to gather the benefits of both. Interviews, unlike focus groups, also minimized the possibility of confidential information being shared beyond the interview, and allowed the nurses to be honest without fear of colleagues' judgment. It also kept one or two voices from dominating the conversation.

The interview questions were devised using Goffman's (1959) theory of the presentation of self to gain information about how participants are presenting themselves on the Internet; from uses and gratifications theory (Ruggerio, 2000; Suler, 2004); to determine their motivations for using social media; and about privacy and confidentiality (Child, Hadrakis & Petrinio, 2012; Hollenbaugh & Everett, 2013).

Prior to beginning my research, I received ethical approval from the Royal Roads University. Participants were required to give informed consent before the interview began by signing an agreement (see Appendix A) that detailed my research process from interview

through to data collection and analysis, to the publication of the research. Participants have the right to withdraw from the study and have their data removed from the record at any time until September 2017, when it is anticipated this research will be published. In this case, their informed consent would be destroyed, and any voice recordings or notes referring to them would be stricken from the results. All personally identifying details, such as worksites or unit names have been anonymized or eliminated from the data set.

Recruitment, Data and Data-Gathering Tools

Following Traynor, Hodson and Wilkes (2016), I used social media channels as a recruitment tool. This was an appropriate recruitment strategy since my topic was concerned with social media use, and I therefore wanted to ensure all participants were regular social media users. My target group was broad: registered nurses working in the Lower Mainland of British Columbia. To avoid any perceptions of influence, I used a surrogate organization's social media channels to recruit registered nurses who wished to participate. The Association of Registered Nurses of British Columbia (ARNBC)—the professional association for British Columbia nurses—agreed to post a call for participants on their Facebook page and also promote the post via their Twitter account. The call for volunteers was posted on the ARNBC Facebook page on January 17, 2017, and ARNBC tweeted the link three times between January 17 and 28, 2017. I received expressions of interest from seven nurses, and chose to interview them all. Interviews took place between January 22, 2017 and February 1, 2017. Five of the interviews took place in person, and two were conducted via Skype. Interviews lasted between one hour and ninety minutes, and were recorded with the participants' permission. The seven nurses—six women and one man—ranged in work experience from two to 35 years. All seven had Facebook accounts,

most had Twitter and Instagram accounts, while a few had LinkedIn, SnapChat and WhatsApp. Most felt comfortable using social media, but their use ranged from almost purely personal to actively using it for educational and work-related purposes.

For the purposes of a qualitative study, seven interview participants are enough to generate useful data. Pope, Ziebland, and Mays (2000), write that qualitative studies are not meant to be representative of statistical generalisability, and may gain little from an expanded sample size except a more unwieldy set of data. I will now describe how the research was conducted and my approach to analyzing the resulting data.

Study Conduct

During the interviews I followed a semi-structured script comprising 12 questions (see Appendix B), while also probing interesting statements and asking follow-up questions. Each interview was recorded, and I took additional notes while conducting each interview. After each interview, I spent 10 to 15 minutes reviewing my notes, and making additional notes on my thoughts and impressions of the interview, as well as areas I wanted to improve on. Recording the interviews provided me with assurance that the information was accurately documented and allowed me to instead focus on the flow of the interview, identify areas for potential follow up (McLafferty, 2004).

Method of Data Analysis

I used a combination of inductive and deductive coding to analyze my interview data. In her article on deductive and inductive thematic coding, Jennifer Feraday (2006) describes the coding process as recognizing an important moment (e.g., in the interview interactions) and

encoding it prior to interpreting it, adding that a good code “captures the qualitative richness of the phenomenon” (p. 83). After the data was transcribed, I read through all of the transcripts one after another, making notes on my general impressions. I then began reading the individual transcripts closely, several times each, and began to code the data. After about four complete read-throughs of each interview, I began begin marking up the interviews and coding data. Some of the codes emerged immediately, primarily in response to my interview questions. So, for example, the questions *Have you ever seen a post from a colleague that made you uncomfortable?* generated an answer—data—in each interview, which led to it becoming the code *colleague post uncomfortable*. Follow-up questions to that initial question then generated data that was coded to other codes, such as *normalization of deviance* or *need for more training*.

After I had coded all my data, I began grouping it, using NVivo software to sort it into categories (see Appendix C) Most of the codes were relatively simple to identify, as they emerged directly in response to my questions, e.g. “Are you aware of standards or guidelines governing your social media use as a nurse?” resulted in the category “Aware of policies or guidelines governing social media use”. I then selected the five codes that had the most/richest data associated with them to delve into further (Aira, Kauhanen, Larivaara, and Rautio, 2003).

I also considered whether specific language or meanings of expressions are part of participants' effort to maintain their self-narrative, or to conform to social expectations (Halkier, 2010; Wibeck, Dahlgren, & Oberg, 2007), such as quoting guidelines or best practices back to me, framing responses in the third person or using circumspect language or qualifiers. I did not see this behaviour among any of the participants. For the most part, I felt interviewees were honest with me and appeared comfortable answering the questions. During the in-person

interviews, their body language was relaxed, and open: they turned to face me, did not fidget, and paused and reflected before responding to most questions, particularly the open-ended ones.

Results

As discussed above, I have chosen to focus on the five themes that had the most data points: 1. The blurred line social media creates between work and personal lives, 2. The poor understanding many nurses have of how social media works, e.g. its reach and permanence, 3. A pervasive lack of willingness to report or take action on inappropriate social media posts, 4. The important role of professionalism and trust in the nursing profession, and 5. How hard it is to be a nurse today. In the following sections, I will first report my findings, by theme, and then discuss each theme in turn as it relates to my original theories from the literature review, and drawing from the interview data for additional context.

Blurred lines

Given the pervasive nature of social media in our lives, it is perhaps not surprising that the blurring of personal and professional lives emerged as a key theme. All of the interviewees made reference to the blurring they see between public and private lives (Aylott, 2011), though most did not feel they personally had problems separating the two. One nurse remarked,

Because I think it's very hard to see a clear line as to what is okay and what is not okay, and I think it can become blurred quite easily. And for those people who are driven more by getting likes and feedback, it can maybe be too hard to kind of see where that line actually is.

Another said

But that's like a grey area. I think something has to be done about social media policy, because it's rampant, it's everywhere. Like everyone's using it, and not just Facebook or Twitter and Instagram, there's Snapchat, there's... I don't know, there's so many apps nowadays. But there has to be a boundary between professionalism and using it personally.

Many of the nurses recognize the danger inherent in a medium that is so ingrained in our everyday lives, describing it as a double-edged sword. One participant commented,

It can be used negatively. It can be used in a great way, promotion, awareness, sort of a diary, maybe. It's just like what's happening statements. But it can be abused in many ways. I think most people are not very careful of the app or the account.

Interestingly, most nurses felt confident in their ability to keep their personal and professional separate, but had doubts about their colleagues: "And again, when I worked for [employer] ... we would have all those discussions about maybe having a professional page and a personal page, and I don't know of anybody that actually did that, I mean, including me," said one. "I have not personally had issues keeping separation. I have heard of other nurses that have had that problem. I do have... Like my name on Facebook is my first and middle name, not my last name." There was also a fair bit of reflection on how to find a good balance:

But how do you balance the two? And what's the line? And how do you teach everybody those lines? I think there's just some inherent personality traits that no line is going to be big enough for them to know what is right and wrong, and what's good and safe.

Many nurses don't understand social media

When we look at social media, the complex, ever-changing algorithms underpinning it, and the bottom-line driven motive of most providers, it is unsurprising that many users do not understand the technologies underpinning sharing and social media sites. Eighty-nine percent of people in a 2009 survey admitted that they had never read the Facebook privacy policy and 91 percent were not familiar with the terms of service (Debatin, Lovejoy, Horn, and Hughes, 2009). For nurses, this lack of understanding, when they share inappropriately, can have real consequences.

Some nurses described misguided attempts to support patients, such as:

Sometimes it's just either not being aware or they're trying to do it in a way that they think is helping the patient or, you know, promoting their cause or something. Like I could think of a couple of nurses that I know that work in cancer care, and that if they post a picture of the client, even with their consent, saying like, "Fight cancer," or like, "Eff cancer," you know. It's like an empowerment tool, but at the same time, I'm fully aware that it's not up to the nurse to do that.

Another said:

Well, you know, again, social media is a relatively new thing. Yeah, it is, and it's hard to kind of get a grasp of it from within, because we're all in it, it's not like some people have seen it for way longer and are experts now, and they say, well yeah, A is going to result in B. We don't know. But it's a very important thing to look at with maybe like a bigger perspective. How is this going to impact patients or nurses in the long run?

As identified in the Saskatchewan Registered Nurses Association discipline case referenced earlier, many inappropriate social media posts are not made with malicious intent, but rather by

misunderstood or misguided efforts to be proactive or helpful. In response to a question about whether she had seen a post that made her uncomfortable, one nurse commented: "Yeah, I think they don't think that what they're saying is violating any type of policy", adding that they're not listing names, or giving specifics. "I think they aren't, because I know the people who post these, if they knew they were, they would be mortified." Another said:

It doesn't matter, it just doesn't matter, it's in your workplace. Sometimes our society side will post pictures of a potluck lunch, and patients are at it, they're at the table and they're sharing it, and this goes out onto the Facebook. Now, I believe they get them to sign a consent form, but you know what, like you don't know what some of that's going to... Do they realize that, you know, what will unfold if they're estranged from somebody, if they see that... It's just a huge access point that just reveals so much more. Something as mundane as lack of understanding of privacy controls and settings on Facebook, for instance, can result in serious violations. Said one nurse:

I think it's a combination of everything. And I think if people could understand... I think, truly, people don't understand privacy settings and the far reach of social media. They don't understand the implications of putting something out... I think it is about bringing and tying it back to professionalism, I think it's about privacy/confidentiality for patients and your co-workers. So I think you could come at it from many different ways. I mean, simply it would be don't post anything work-related... Just point blank, right?

And finally, some insight: "Especially for social media, because it flies out of your fingers so fast, and you hit send, and then you're done. It's gone."

Culture of silence

Most of the nurses interviewed reported seeing posts from colleagues that made them uncomfortable, even if they did not blatantly cross the line. Said one nurse:

Yes. Yes, I have. And it's interesting because I can now identify patients when they're in my hospital by the characteristics of their photo and the equipment that's in the photo even when they don't say which hospital it is. I had one the other day, I was like that's [work site] ICU because nobody else uses those damn stopcocks.

Another said:

There's other people that have posted things that, again, were like, 'Oh, forget bed five. Arrgh.' And sure they're not giving any patient details, they're not giving any... No characteristics, no name, it's a closed unit, you wouldn't know who's in bed five unless you walked in, or let in and looked at the board. But still it doesn't sit right with me because it's you're venting your frustrations in a way that your colleagues can see it, and that could potentially affect the way your colleagues then interact with that patient.

When asked whether they would approach a colleague to discuss their inappropriate use of social media, one nurse replied, "Well, I would be pretty uncomfortable. It depends how well I knew them. If I knew them really well, I might say like, "What are you thinking?" And I wouldn't say it online, I would phone them or do something private." Others who had had more serious run-ins with inappropriate social media use reflected on lessons learned: "Yeah. I had to take kind of immediate action on this actually. And so it was a colleague of mine who is non-nursing, but a colleague who posted something that was too revealing." Another said:

Yeah. Well, and I have to tell you that when that colleague posted this and I saw it, I'm like [mock screams]. I'm going to tell her to take it down. In the time that I was trying to

contact her to take it down, a couple of other people from work our workplace had seen and commented on it.

There seems to be a lack of clarity around what responsibility nurses have about reporting this type of violation—if only by first approaching the nurse who has posted the inappropriate content—and indeed what procedure they might follow. “I knew, once I observed something that was to be reported, if I didn’t report it, I would be implicated in the following ways. People need to know what are the consequences. It has to be kind of clearly laid out,” said one. Another nurse: “Yeah, because it’s within my regulations, right? So any time I see a nurse doing something or not doing something or something’s wrong, I have to report. So I’m held by this, and I just can’t authentically nurse with that big hammer over my head.” The lack of clarity around guidelines and rules, how unevenly they are enforced, and widely varying consequences for misuse of social media seem to be creating a no-go zone where nurses are looking the other way, and some behaviour is becoming normalized.

There is also concern around the consequences of reporting a colleague. Some nurses were confident they would immediately take action, by either contacting the nurse privately or reaching out on the social media platform. “I’d like to think that I would [take action] if it was a colleague, but again, I don’t know what the severity would have to be for me to actually do it, reported one nurse. Another said:

I think that either I would do something myself, if I felt like it was absolutely necessary, and that, in my mind, it would be absolutely necessary is that if there’s potential harm to a patient or to somebody else, or someone misreading the information and using it as a guide and tool or diagnostic or something. But I think that without the possibility of

someone getting harmed, my actions would probably be, again, depending on what was posted social media, but probably just saying like, 'Hey, it's not appropriate' or just like, 'Do you really think you should do that?' But reporting them? It would have to be like public harm or private client information. I do know there have been situations in the past where the manager has contacted people and said, "Hey, what you put on Facebook was not appropriate." So I think it really depends on what it actually was.

Again, there's a lack of understanding of what constitutes inappropriate, what is a true violation, and what individual nurse responsibility is in either case. Said one nurse, "I can't say anything specifically about those ones that I would go, 'Hey, take that down. That is a clear violation.' Just sometimes I'd think, 'Oh, this is too much information about yourself and where you're connected to that people could easily put pieces together.' But then I probably didn't say anything."

And finally there is the concern that a nurse who reaches out to a colleague, or reports, is seen as a traitor. In a tight-knit culture of nursing, this type of dynamic can be toxic. "So I do struggle with it," said one nurse. "I've never reported a colleague. But I don't think that I would have a problem if I did see someone." Another reflected, saying "I don't think I'd have a problem reporting someone if I did see some blatant...But I can imagine other nurses would, because it would feel like a betrayal of one of your own."

Trust and professionalism

All of the nurses interviewed made references to the importance of professionalism, in many different contexts, but in particular as it pertains to trust: the trust the public, and the healthcare system, puts in nurses and how that trust is jeopardized when nurses misuse social

media. Most agreed that professionalism included nurses being held to a higher standard than some other professions, and that was acceptable. "I think that, as a healthcare professional, and that may include more people than just nurses, but I think that when you choose that line of work or that profession, you kind of say, 'I'm okay with a higher standard,' because you are. You have so much trust from people. People give you the capacity to look into their most private physical and emotional spheres, and yeah, I think in return we are held at a higher level for sure," said one nurse.

The public perception of nurses as being professionals, highly skilled and educated, is important to nurses, and they fear irresponsible social media use can quickly undermine that perception. Said one:

So many people don't even know what nurses do, but if they think that we're all a bunch of like airheads who just dress in slutty clothes and portray that naughty nurse kind of role and things like... I remember we talked a lot about like none of us should ever dress as a naughty nurse for Halloween, because we didn't want to portray that image. We want people to respect us. There're still so many people that think that the doctors do everything and we just follow them around. Like that's, as you know, not the case, but we need to represent ourselves in a way that people realize, oh, these men and women actually really know what they're talking about and are highly skilled and educated.

Others reported similar concerns about nurses who don't take the profession seriously or think they are nurses only when they are on shift. Said one:

But as a nurse, you have a licence. So yes, you're a private citizen, but as a registered professional, you are held to a higher standard, and I don't think your registration pauses

between 5 pm and then 7 am the next morning. And if something happens, if you drive drunk, you get your licence revoked, your driver's licence. I mean... I think you're a professional 24/7.

Some nurses pointed to a disconnect between nursing being perceived by some as “just a job” versus a profession, whereby nurses are public figures. The portrayal of nurses in mainstream media, as well as within the healthcare community, is seen as critical for being taken seriously.

One stated:

There was a huge nursing crisis, and I think that divided the profession in people who became nurses because they believed in the profession because of the critical thinking aspect of it, and people who chose nursing because it was a means to an end, who knew they can get a good-paying job, you know, whatever hours. I think it's a combination of people and they're not all... I mean, you can't appeal to all nurses from the same approach. But I also know it's a lack of professionalism. And I think people don't always understand how... that need for professionalism rolls over into their everyday life.

For one the nurses being interviewed, being a professional is not one little thing, it's everything that she and her colleagues do in their work. It's how they speak to people, how they interact with family members, resolve conflict or address people who are in a crisis. And part of that is using social media responsibly. This core nursing concept of professionalism, of conducting oneself as a self-regulating professional, is being eroded, which brings me to my final—and unanticipated—theme, and that is the many challenges facing nurses today.

How hard it is to be a nurse today

This fifth theme is something I did not anticipate or research before beginning my interviews. And while none of the nurses I interviewed were complaining, they definitely felt the challenges facing today's nurses are the toughest they have been in the profession's history. For many of the nurses I interviewed, it is very frustrating that they are unable to deliver the care they want to: "I have the kind of job where I do two to six hours of free work a week on top of not having breaks. And I don't think that's unusual with healthcare right now. We're just squeezed. The things that brought me into nursing, the caring profession, it's very hard to be able to fulfill what I think of as my duties," said one nurse. "I think it's this huge... There's just an, I don't know, an escalating impact of discontent amongst nurses, and nurses are the worst for themselves, on their colleagues, on new hires. ...and I always say 'this isn't the kind of nurse I want to be'. And I think it's that level of frustration where they've been a nurse for a while usually, and things continually change, which is hard to keep on when you don't see the benefit of the change" said another. "And that makes them, I think, more likely to vent on social media, that level of frustration. And I had lots of talks about that, because to me, it was like they felt like they were working for themselves, and they forgot that they had an employer that they needed to be loyal to. But it was that frustration that was making them vent inappropriately often."

The complexity of care being delivered is also a factor. Said one nurse: "Nurses are getting really tired. The cases are getting more complicated, so it's not just, 'Oh, you have pneumonia. You have pneumonia, and this, and that'...I think the complexity of people, and I think the earlier diagnosis and the intense intervention, those things make it harder. We used to let people die pretty predictably." The continuous learning and professional development required for nurses to be able to deliver safe and effective care can be overwhelming. Add to this

nursing shortages, understaffing, and “not to mention people are living much longer with more diseases all intertwined together” and there is bound to be stress and tension that is vented on social media.

Discussion

In the next section, I will examine each of these themes through the theories I explored at the beginning of this paper: uses and gratifications; normalization of deviance; online disinhibition; and Goffman's presentation of self.

Blurring of personal and professional

By their very nature, social media platforms encourage us to share. At Facebook, some of the best software engineers in the world are operating in perpetual development mode, continuously generating and launching new features to keep users engaged (Feitelson, Frachtenberg and Beck, 2013). Yet for nurses, as well as many other professionals, sharing what they are doing or how they are feeling may not be appropriate. Goffman's presentation of self helps explain how some nurses, using social media in their daily lives to perform and create their online selves, find it hard to distinguish between personal and professional (Hogan, 2010). Hogan's theory that on a social media platform, “backstage” is no longer a private space, but rather has become conflated with the performance, can result in blurring of the personal and professional—and between what is appropriate to share and what is not (Hogan, 2010). Technology itself also makes the boundaries between the professional and personal more amorphous. The social constructs bounded by physical space that Goffman explored in 1959 are no longer barriers for social performances and perceptions: employer-provided laptops and

smartphones do not differentiate between personal and professional communications (Sánchez, Levin and Del Riego, 2012). These “boundary-crossing” technologies “blur the already elusive line between the private and the public, the home and the workplace,” and make boundary crossings much easier (Sánchez, Levin and Del Riego, 2012, p. 64).

The lack of understanding of how social media works, e.g. its reach and permanence

A lack of understanding of how social media works is certainly not exclusive to nurses, but the consequences of poor decisions can have far-reaching, even career-ending, effects for these types of professionals (Spector and Kappel, 2012). Goffman’s presentation of self theory (1959) provides an interesting lens through which to examine this theme, particularly as it pertains how social media posts are a way for users to reaffirm their identities and invent themselves, a way of saying ‘look at me’ or ‘I am here’ (Murthy, 2010). This need to present oneself, to create an identity through social media use, can be dangerous when the user does not understand how their content is being disseminated. The pages-long disclaimers—the ‘fine print’ that users click ‘I agree’ to almost unthinkingly—contain detailed and specific language about how the platform can use and disseminate users’ content (Debatin, Lovejoy, Horn, and Hughes, 2009). There are no provisions of privacy or confidentiality, no guarantees of protection for individual users’ content. To quote one nurse: “I think, truly, people don’t understand privacy settings and the far reach of social media. They don’t understand the implications of putting something out there.” As an example, the nurse referenced earlier who is involved in the discipline case with the Saskatchewan Registered Nurses Association stated she was unaware that sharing her Facebook post via Twitter would make the Facebook post publicly accessible (Investigation Committee of the Saskatchewan Registered Nurses Association, 2017). A desire to

self-create and self-define through social media content, with a poor understanding of privacy, can be dangerous. And when nurses do cross the line, there seems to be an unwillingness for colleagues to take action, which leads into the theme: the culture of silence.

Lack of willingness to speak up

The nurses I interviewed made reference to seeing social media posts from colleagues that make them uncomfortable—or even those that only slightly cross the line—but not being comfortable saying anything. This behaviour is an example of normalization of deviance, whereby gradual boundary crossings begin to become normalized, and slowly the boundaries of what nurses consider appropriate and inappropriate begin shifting (Aylott, 2011). Normalization of deviance is found in many industries, but can be particularly dangerous in healthcare (Banja, 2010), given the high stakes. While a nurse who rants on Facebook about a difficult day on the unit may not pose an immediate safety risk, but if that behaviour is not called out by colleagues, it appears acceptable. The next time this nurse has a bad day, the rant might escalate to naming names or a specific patient; trust in the nurse, the profession, and the broader healthcare system begins to erode (Aylott, 2011; Spector and Kappel, 2012). It is impossible for regulators or employers to continually monitor or police content posted by nurses—colleagues must instead hold each other to account. However, speaking up can be difficult.

There are many reasons for not speaking up. Maxfield, Grenny, Patterson, McMillan, and Switzler's 2005 study referenced earlier found fear of retaliation, lack of ability to confront, belief that it is 'not my job,' and low confidence that speaking up will do any good were the primary reasons given for not calling attention to deviant behaviors (2005). Researchers found healthcare workers reported seeing their colleagues cutting corners, making mistakes, and

demonstrating significant incompetence; yet, fewer than one in ten raised their concerns with their co-worker (Maxfield, Grenny, Patterson, McMillan, & Switzler, 2005), and, furthermore, most “neither believe it’s possible nor even their responsibility to call attention to these issues” (p. 3).

The important role of professionalism and trust in the nursing profession

The image of the profession, and the trust it is accorded, is very important to each of the research participants. They perceive social media misuse by colleagues as a threat to that image, and feel that nurses who violate patient confidentiality, or otherwise misuse social media, as violating the trust placed in them by their patients and society at large. Turning once again to Goffman’s presentation of self, professionalism can be viewed as “the language of the traditional workplace performance” (Sánchez, Levin and Del Riego, 2012, p. 64). It includes conduct that demonstrates good judgment and character, the maintenance of competency and preparedness (Sánchez, Levin and Del Riego, 2012), and is a cornerstone of nurses’ self-image. Aylott (2011) underscores the need for online professionalism, even when nurses are ‘off the clock’, reiterating that they must be constantly aware of projecting a professional presence and “cannot afford to think that it does not matter what they do in their personal, online time. This is a dangerous disconnect” (Aylott, 2011, p. 812). True professionalism, then, requires audience segregation between the nurse’s professional and private personas at all time: there can be no release—or gratification—that comes from a social media vent. *Not* posting on social media is part of being a professional.

How hard it is to be a nurse today

As I wrote earlier in this paper, I was not anticipating this theme: it emerged more as an acknowledgment by interview subjects of the challenges facing nurses working in the 21st century, with ever-more complex medicine, more chronic illnesses, nursing shortages, new technology. Uses and gratifications theory again comes into play here, as stressed nurses seek validation of their problems or issues online: Whiting and Williams (2013), in their study on social media use through the lens of uses and gratifications theory, identified social media as a prime outlet for people who wanted to criticize others, and who ‘enjoyed the opportunity’ to vent on social media. Whiting and Williams (2013) reference the “convenience utility” of social media: it is available anytime, anywhere, allowing the user to meet or gratify their need immediately and without extra effort, while Debatin, Lovejoy, Horn, and Hughes write about how the gratification people get from using social media to fulfill their needs can be strong enough to overcome privacy concerns (2009).

During the course of this research, I heard from nurses that poor understanding of social media platforms, the blurring of personal and professional on social media, and the general stress of being nurse has led some nurses to make poor choices in their use of social media. I also heard that the image of the profession, and the trust it has from the public, is very important to them, and is undermined by irresponsible social media use. In my role as a Communications Specialist with CRNBC, the provincial body that regulates nurses in British Columbia, I am well positioned to help create and disseminate new tools to help nurses make better choices around social media. While the college does have existing guidelines and resources, I will recommend we create

additional content, in particular case studies with very specific examples of social media misuse, as well as tips and guidelines for social media use.

Supporting nurses to speak up when they see colleagues sharing confidential—or even mildly inappropriate—content is another area in which the regulator can provide additional guidance. In the course of their practice, nurses are expected to solicit and offer peer feedback: peer feedback can help nurses be more objective and identify areas in their practice where they can improve. Peers can also help nurses identify strengths in their practice that they may not be able to identify themselves (College of Registered Nurses of British Columbia, n.d.). In fact, seeking peer feedback is a quality assurance requirement that must be met each year in order to renew practising registration (College of Registered Nurses of British Columbia, 2016). So, for instance, after a difficult interaction with the family of a patient, a nurse might approach a colleague who was also present and ask for feedback on how he handled the situation, his choice of words, or other observable behaviours. This is a key part of being a self-regulating professional. Alternately, if a nurse witnesses a colleague being rude or insensitive with a patient's family member, it would be appropriate for him to later approach his colleague, privately, and provide feedback about that behaviour in a positive, non-judgmental way. I would like to do research into leveraging peer feedback techniques into a framework to support nurses in calling out poor behaviour on social media, and supporting each other to build good habits.

Limitations

The study is limited by the small sample size and composition. Given the challenges inherent in keeping personal and professional lives separate that come with living in a smaller community, I would like to talk to a group of nurses who live and work in a small community to

see if their experiences are different or more challenging. The nurses were self-selected. Nurses who would volunteer to discuss social media and their work may be more self-aware than many of their colleagues: a random sample would have perhaps yielded different results.

Recommendations for future research

I have two recommendations for future research. The first is researching different initiatives or approaches to reduce inappropriate posting behaviors. In my capacity as an employee of the provincial regulator, I am in a unique position to be able to collaborate with policy and practice consultants, as well as education specialists, to create and disseminate resources. It would be interesting to be able to survey nurses—as well as employers, educators and even other health professionals—about their understanding of regulations and guidelines, and solicit feedback on what tools might help healthcare professionals make good choices.

The second recommendation is for research into how to measure the impact of more training and education, to determine whether it is helpful. New tools and research exist to measure the impact of new resources; there are also new social media channels that would help reach nurses who do not subscribe to conventional CRNBC communication tools.

Conclusion

The ubiquity of social media is blurring the line between personal and professional, and this is leading some nurses to make poor decisions about sharing inappropriate or confidential information about their work. That most of these violations are inadvertent—and without malice—does not lessen the damage they can do, both to the individual and their families, and the broader profession. Nurses highly value the trust the public and their patients place in them,

and those who violate patient confidentiality on social media—or simply post inappropriate or offensive contents—diminish not just themselves but the broader profession as a whole. This can have the longer-term impact of undermining confidence in the healthcare system. The stress of being a nurse may be leading some nurses to make poor decisions about social media sharing; this is compounded by poor understanding of how the technologies underpinning social media platforms actually work, and who will see the content they share.

Communication theories including Goffman's presentation of self; the online disinhibition effect; uses and gratifications theory and normalization of deviance all provide insight into what might be motivating nurses who post inappropriate content on social media, and might provide insight into how to help nurses make better choices. More training and education seems to be needed to ensure all nurses better understand their obligations and the nuances of posting on social media; further research into tools and strategies is recommended.

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Appendices

Appendix A: Individual Research Consent Form

Research Project Title. Nurses and social media use: assumptions, motivations and expectations.

You are being asked to participate in a research study. This consent form seeks your consent to be included in the study. Your identity and that of your employer(s) will be kept confidential. Please take your time to review this form and discuss with me any questions you have.

Purpose of the study. My name is Johanna Ward. This project is part of the requirement for a Master's Degree in Professional Communication at Royal Roads University. The purpose is to explore nurses' use of social media and how they make decisions about posting information about their work. This document comprises an agreement to participate in my research project and for the resulting data to be used in secondary publication and future research.

What will the study involve? The study will involve an interview lasting approximately 60 minutes during which participants will be asked about nurses and social media, their understanding of patient confidentiality, motivations and expectations for this use. Your contribution will be recorded electronically to ensure accurate transcription. As the Primary Investigator, I will be conducting the interviews. I will ask you about 12 questions (both closed- and open-ended), with the possibility of follow-up questions.

Why have you been asked to take part? You have been asked because of you responded to a call on social media, and were then selected because you fit into demographic criteria.

Do you have to take part? No. Participation is voluntary. If you choose to take part, please sign this consent form, and keep a copy. You may contact me to withdraw from the project without

difficulty or prejudice at any time until the research is published (est. September 2017) and request that your data be withdrawn. If you choose not to participate in this research project, this information will also be maintained in confidence.

Will your participation in the study be kept confidential? Yes. Both academic research requirements and federal privacy legislation will be followed. No clues to your identity, or the identity of your employer(s), will appear in either the study report or thesis, or future research or publication. All survey responses are anonymous. Individual quotes without identifying information may be used in publication.

Disclosure I would like to disclose that I currently work for the College of Registered Nurses of British Columbia, as a Communications Specialist. My research is in no way connected to my position with the College, and will not be shared with the College in any capacity. The confidentiality of the information you choose to share is assured.

What will happen to the information which you give? Your information will be kept confidential from third parties and treated as required by federal privacy legislation. Your name will not appear on any final documentation (whether the report is published or unpublished). Digital data with identifying information will be stored on password-protected computers. Back-up data will be stored on an encrypted USB stick. Physical documents such as notes and transcriptions will be housed in a locked filing cabinet in a secure room. Only my research supervisor and I will have access. These records will be destroyed after two years.

What will happen to the results? The results, but not your identity or the identity of your organization, will be published in my publicly accessible thesis. The information and analysis may also appear in future research projects, academic journals, conference presentations,

journalistic media, and other published works of an academic or popular nature. Your identity will be protected as agreed in this consent form.

What are the possible disadvantages of taking part? The nature of this topic and some of the issues discussed are of a sensitive nature, so it is important that your identity and that of your organization be carefully protected, as agreed to in this consent form. You need not answer questions that cause you unacceptable discomfort. There is a one-hour time commitment.

Who has reviewed this study? Before people can be interviewed, approval must be given by the Royal Roads University Research Ethics Board, based on the Tri-Council Policy Statement on ethical conduct involving humans. I received approval for this research on [date]

How can I find the results of the study? I will send you an electronic copy of the thesis, and you will be able to request a copy of the thesis after September 2017 by contacting me. You will be sent links to future research and publications that utilize data that you contributed to.

Any further queries? My credentials with Royal Roads University can be established by calling Dr. Jaigris Hodson, Associate Professor, School of Communication and Culture at [phone] or by [email]. The Royal Roads University Research Ethics Board can be contacted via Colleen Hoppins at [phone] or by [email]. You can reach me at [phone] or by [email].

By signing this form, you give free and informed consent to be included in this project. You also give free and informed consent for your comments and contribution to be used in subsequent research and published in journals, conferences, and other publications including books and journalistic media.

Name: (Please Print):

Signed:

Date:

Email:

Appendix B: Interview questions

1. How long have you been a nurse?
2. Can you briefly describe your social media presence?
3. Are you aware of any guidelines or policies guiding your social media use, as a nurse?
4. What kind of training have you received on social media and posting in relation to your workplace?
5. In what ways does your work show up on social media?
6. How do you determine what is appropriate to include?
7. Have you ever seen a social media post from a colleague that made you uncomfortable?
8. Did you report your colleague? Why or why not?
9. Why do you think some nurses violate patient confidentiality on social media?
10. What do you think about nurses who are disciplined for their social media use [for violating guidelines]? Is this fair?
11. How do the actions of nurses on social media reflect on the profession?
12. What kind of impact has social media had on this perception?

Appendix C: Initial data codes

Code	Example of code from text	Sources	# Refs
Aware of policies or guidelines governing social media use	“I definitely am. I have read them and shared them with colleagues. I try to be very cognizant not to share any client-related details.”	7	21
Blurred lines	“Because I think it’s very hard to see a clear line as to what is okay and what is not okay, and I think it can become blurred quite easily. And for those people who are driven more by getting likes and feedback, it can maybe be too hard to kind of see where that line actually is.”	6	28
Dopamine hit when you post	“Well, it would take away the interactivity as well as	2	2

	<p>the feedback mechanism, the 'likes' and all the little serotonin that comes from that, and the bonding with other people over the shit that happened about the guy with the bottle up his bum, or whatever the heck happened..."</p>		
Wearing two hats (personal, professional)	<p>"I think you have to be even more vigilant, because even at the hospital or for homecare, if the patient was somebody that I knew really well, I would try to not be their nurse, but you can't always not [care for them]..."</p>	5	16
How do you decide what to post?	<p>"I think, like I said, what I've really found is just that I have to really, like, stop myself before I post things</p>	7	21

	<p>and think about it, you know, how is this going to represent me to the public and everyone out there looking at me, knowing that I'm a nurse, knowing that I work for [redacted] or whatever, at this hospital, in that unit, or whatever. I mean, also too, as a person, I want people to respect me and so that, in itself, kind of dictates what I post."</p>		
Confidentiality	<p>"So it's not shock that we're not supposed to talk about this stuff on social media. You know when you come home and see your husband at the end of the day, you're not supposed to say, "Oh, John Smith was in hospital today</p>	7	24

	and this is what we did.” Like that’s not okay, and we know that.”		
Devices (ubiquity)	“So one of the teachings that I do is that they record all their, is I tell them right away that they [nurses] don’t use paper anymore, that everything they do is on their phone. And so if it looks like they’re on their phone it’s because it’s part of their job. ”	4	6
What do you think of nurses who are disciplined for their social media use?	“Yeah, I mean, I think we all know that’s what this media brings now. There are some rules with it. It is just another form of confidentiality piece, and we know the hierarchy of... I mean, we learned that in our union, we learn that	5	13

	when you're first saying about resolutions, and there is this method of following up on something, or reporting, and you start locally and then you go up."		
Diversity and culture of nursing profession as a whole	"But yeah, I think it's a very complex issue, and I think, because we have such vast diverse group of people who are involved in healthcare, that makes it so much harder, because we have so many different personality types, and so many different ages and walks of life , and people are using social media for all kinds of different reasons."	5	9
Does your work show up on social media?	"And I think more and more, as many of us, who	6	13

	<p>feel comfortable on social media... For example, I was saying to someone not long ago that when I take notes at a conference, I actually Tweet it frequently rather than taking notes like on a piece of paper because my thought processes have actually changed now that I think, okay, well, if I can take this thing that happened and distill it down into 140 characters, I know that I understand it.”</p>		
<p>How hard it is to be a nurse</p>	<p>“I think the complexity of people, and I think the earlier diagnosis and the intense intervention, those things make it harder. We used to let people die</p>	<p>6</p>	<p>31</p>

	<p>pretty predictably. Now there's so much intervention, and people have so many choices, that's the complexity of it all."</p>		
Role of technology	<p>"And I think in my age group it's been a big struggle, you know, even just adapting to computers and learning new computer programs, 'cause it seems every time we get a new, big computer program there's people that leave."</p>	2	3
Normalization of deviance	<p>"Probably. Yeah, I think definitely. The more times it happens and nobody says anything, the more it becomes okay. So if the first time you saw it and</p>	4	17

	<p>you're like, "Oh, I don't know if that's alright." But then after you see it ten times, you're like, "Oh well, I guess it's okay because people keep doing it."</p>		
<p>Nurses don't understand how social media works</p>	<p>"I think, truly, people don't understand privacy settings and the far reach of social media. They don't understand the implications of putting something out. I think it is about bringing and tying it back to professionalism, your association you're with. I think it's about privacy/confidentiality for patients and your co-workers."</p>	<p>6</p>	<p>25</p>

Ever seen a post from a colleague that made you uncomfortable?	“Yeah. I had to take kind of immediate action on this actually. And so it was a colleague of mine who’s non-nursing, but a colleague who posted something that was too revealing.”	7	23
Did you report it?	“Yeah. I, I did speak with one , and I was just like, ‘You just might want to rethink your wording on that one, it was a little harsh.’ And they did subsequently amend it. But you know, I think that that’s a better first step rather than just not saying anything...”	5	37
Professionalism - Trust	“I think that, as a healthcare professional, and that may include more people than just nurses, but I think that	6	31

	<p>when you choose that line of work or that profession, you kind of say, “I’m okay with a higher standard,” because you are. You have so much trust from people. People give you the capacity to look into their most private physical and emotional spheres, and yeah, I think in return we are held at a higher level for sure.”</p>		
<p>Role/perception of the regulator</p>	<p>“You know, and there’s a lot of nurses that are on social media, but they don’t identify themselves as a nurse because they are afraid of saying the wrong thing and the big, bad college is gonna come and take their licence away.”</p>	<p>4</p>	<p>8</p>

Social media as an educational tool	<p>“It’s very helpful, because a lot of nurses now use social media, any kind of platform. That’s where I know I can get some seminars or education, so it’s a good thing.</p>	7	19
Did you receive any training on social media	<p>“So I graduated in December of 2014. I mean, we definitely did touch on social media a bit. I can’t say that anything really stands out significantly, it was probably more just kind of like a by-product of being in school with a group of 60 people and sometimes you see things that people post and it gets talked about, and occasionally during classes we would talk about the</p>	7	21

	image that we want to portray, not only to our friends and our classmates, but to the public.”		
Need for more training	“I think it’s up to the employer to educate, maybe, their nurses better, you know, clearly stating that I’ve never seen a social media orientation or terms of use or something as an employed nurse is maybe outlining some kind of gap that exists. ”	6	20
Water cooler chat: that’s now social media	“I am a full supporter that nurses need a place to vent, and that is probably... You know, the overuse of social media for venting is probably a direct reflection of the lack of	7	22

	<p>systems or places for nurses to vent within their place of work. And yeah, I think that's a very important and urgent area that needs to be looked at.”</p>		
Why are nurses using social media?	<p>“Yeah, and then where is that coming from for me, you know, wanting to post that? Or do you need to vent about that or whatever. So yeah. That's one of the tricky things for nurses. We're very bad at self-care, and I'm gonna say a lot of us have just a black and rotting sense of humour.”</p>	4	9
Why do you think some nurses violate patient confidentiality	<p>“Yeah. I think that's the total... I think for nurses, the nurses I know, it really is with good intention. It really is with good intention</p>	5	13

for the most, I'd say for like
94%. It's those other ones
that it's the rant and it's the
rant for just the sake of
ranting sometimes, but not
knowing the implications of
a rant."