Editorial

It's time for the nursing profession to leverage social media

Advances in technology have transformed the way we live, how we work, and how we interact. Social media include web and mobile-based technology platforms providing an opportunity for information exchange, dialogue, and communication (Kaplan & Haenlein 2010). The strong consumer interface, temporality, and accessibility poise social media to be the next technological wave in health care.

Social media come in many shapes and sizes. From wiki platforms to Twitter, these communications strategies are increasingly entrenched in our modern world. Whereas many academics look with scepticism and scorn on web platforms such as Wikipedia and Google, they are popular and highly useful information sites. Social media have proven the power for social change: the Arab Spring and London Riots have demonstrated that a low-cost, citizen-driven force can drive social change. Can we expect the same for health? This is an exciting option, but the risk and benefits should be debated. Internet use has become a central component of everyday life. Social media technologies are growing at a rapid rate, and are now the mainstream communication method for much of the global population (www.worldinternetstats.com/stats.htm). Web 2·0 allows Internet users, independently, to create and publish content to a wide audience and receive almost instantaneous feedback and commentary. Twitter is a micro-blogging platform that allows users to Tweet up to 140 characters, that is openly available for public engagement, and is commonly used as an online communication platform for personal communication.

A recent study of 3000 students in the USA identified that 90% were engaged with Facebook and 37% use Twitter (Dahlstrom et al. 2011). Students spend 30 hours per month on the Internet, of which eight of these are spent on Facebook (Travers 2012). Social media are used for scholarly communication and as a method of gathering, sharing, and disseminating information (Java et al. 2007). There has been recent growth in the uptake of Twitter by healthcare professionals and academics to network, share ideas and common interest, promote scientific findings, and engage end-users. Despite a global technological revolution, pagers remain the most widely used communication device in hospitals. These devices are limited due to the inadequate communication of health information by clinicians and clearly the uni-directional channel of communication. They can be burdensome due to the interruptions during care delivery and are possibly the cause of numerous healthcare incidents (Lo et al. 2012).

Currently, some organizations ban or discourage the use of smart phones, scared that health professionals will idle their days away on social media or breach confidentiality. Are we stuck in the 1980s? Avenues for idling time away have always been there, but those professionals who operate within ethical and clinical standards clearly will not engage in this behaviour. Health professionals value smart-phone technology (Lo et al. 2012). Smart-phone use is widespread and may improve care delivery, and overall quality and safety through access to information and decision support (Cooper et al. 2012). Despite advances in technology and the 'social media revolution', nursing has been slow to realize the potential for application, innovation, and the need to adopt this technology. Risk avoidance and fear of breaching patient confidentiality and privacy are stated as primary concerns (Lambert et al. 2012). Whilst these issues are paramount and their significance should not be dismissed, social media offer nursing many opportunities, which must be explored further to allow for advancement in the profession. Acknowledging, yet managing risk is critical in health care and social media are no exception.

Perceived benefits

Wikipedia is increasingly being used by nurses in practice as a rapid source of reference (Von Muhlen & Ohno-Machado 2012). Whilst this is encouraging that nurses are consulting the evidence base, concerns remain regarding the accuracy and academic rigour of this freely available content. Long gone are the days of the 'ivory towers'. Never before has it been easier for nursing academics to actively engage with the community and respond to media requests. Nursing academics can Tweet, Blog and Facebook providing rapid response to current affairs and in a way that

provides meaningful engagement with the community and healthcare consumers. The Conversation (www.theconversation.edu.au) is a news-source website primarily funded through a group of Australian Universities that enables academics to write articles on current affairs and disseminate their research works to a wider audience. They work with editors to translate their findings into plain English language. Whilst this publication is not peer reviewed prior to posting, this website allows for open access and encourages discussion and debate through comments from the public. One could say that this is the ultimate form of peer review – open, accessible, and accountable. The website uses Google Analytics to provide the academic with impact statistics. This is presented in the form of Facebook 'likes' and the number of tweets per article. Social media allow an open dialogue between healthcare consumers and providers, allowing for continuous feedback and engagement. Healthcare consumers can actively participate and be a part of decisions that affect them all through a tweet. An example of this is the National Stroke Foundation of Australia where recently, their CEO facilitated an open Twitter Chat, allowing for open public discussion, which is widely accessible.

Informed risks

Embracing new technology requires a careful appraisal of 'fit for purpose'. However, sadly, the information revolution is being obstructed by those who have not carefully engaged in discussion and debate, but rather applied a lens of scepticism, risk aversion, and obstruction. Sadly, many of these sit in high places. An example of this is the recent scepticism of the Australian Health Practitioner Regulatory Authority (AHPRA). Their preliminary consultation paper for a social media policy was countered by an unprecedented backlash in the medium it was trying to stifle (http://www.ahpra.gov.au/News/2012-09-07-media-release.aspx). One wonders if Alexander Bell met the same obstacles when he introduced the telephone, which linked individuals, communities, and countries, changing the way we live today.

Barriers to adopting social media

There are several barriers to the application of social media in nursing practice, including workforce knowledge deficits or the fear of reprimand and retribution. A lack of understanding of the platforms leads senior management to consider it dangerous. Current healthcare policy limitations are imposed by knowledge-deficient, risk-averse health service executives. As the YouTube Clip on 'The Social Media Revolution' (Qualman 2012) suggests: 'We don't have a choice on whether we DO social media, the question is how well we DO it…' (http://www.youtube.com/watch?v=ZQzsQkMFgHE), highlighting the urgent need for research regarding the evidence-based application in nursing practice.

Despite the technological advances, Google remains blocked by server administrators on many desktop PCs that scatter the nurse's stations of hospital wards. Select web pages are unlocked for our more senior colleagues as they may require referring to some vital information on the web during the office hours of 9 AM to 5 PM. In contrast, the bedside nurse hurriedly flicks through their hardcopy drug handbook that is a few years out-of-date, attempting to provide the most up-to-date research-inspired, evidence-based, care. Internet access to search tools such as Google Scholar at the point of care could prove helpful in the uptake of evidence-based care.

Are nurses not to be trusted with the Internet? We are trusted with administering controlled drugs, the day-to-day management of hospitals, highly confidential patient data, but not to access the internet at the point of care delivery. Smart phone and the tablet devices come with a whole set of risks that we must alleviate including patient safety, infection transmission, data storage, wireless network security, and not to mention cost implications. Within the last few years, nurses have been reprimanded for making comments online about patient care and posting inappropriate photos of themselves. Traditionally, maintaining patient confidentiality and ethical practice have been considered a foundational component of the nursing curricula. There appears to be an urgent necessity for revision to include ethical use of social media in nursing practice. This is evidenced by the marked growth in reports of breaches.

Future outlook

Social media's largest and most ubiquitous social network —Facebook—may not be around forever, but social media certainly are. The ever increasing and novel methods of intra-professional communication and information sharing will enable our profession to flourish and strengthen. For our profession to advance, we must harness new technology and learn to deal with the complexities they exhibit and not focus on the problems. Social media are not simply a one-way avenue for a stream of information, but a two-way engaging process that allows for feedback, criticism, and conversation. It has a utility in the future of research dissemination and a place in professional practice.

Conclusions

We have continually evolved the ways we communicate. Moreover, issues of privacy, confidentiality, and sensitivity have always been an issue in health care. Yet, we have developed strategies for dealing with these issues, such as to avoid talking about sensitive information in public places, be it at the bar or the bus stop. It is absurd to consider that there are no risks to the use of social media; however, prohibition is folly and futile. Rather than blocking this innovative communication tool, we need to learn how to manage it, risks and all, and most importantly, leverage the benefits from increased communication, dissemination, and potential for shared decision making.

Conflict of interest

The author declares no conflict of interest.

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