



Social media and the nursing profession: a guide to online professionalism for nurses and nursing students¹

¹ A joint resource developed by the New Zealand Nurses Organisation, NZNO National Student Unit, and Nurse Educators in the Tertiary Sector (NETS) based on the Australian Medical Association, New Zealand Medical Association, New Zealand Medical Student's Association and the Australian Medical Student's Association document "Social media and the medical profession".



Introduction

The New Zealand Nurses Organisation (NZNO), Nurse Educators in the Tertiary Sector (NETS) and the NZNO National Student Unit (NSU) are committed to upholding the professional standards of nursing and have adapted these practical guidelines to assist nurses and nursing students to enjoy online activity while maintaining professional standards in Aotearoa New Zealand.

Nurses are expected to maintain the highest professional standards at all times. Professional standards are set by nursing's professional bodies and the Nursing Council of New Zealand (the Nursing Council), based on the expectations of the community and peers. The Nursing Council provides guidelines on professional boundaries, publishes a code of conduct, and sets competencies for practice.¹ NZNO publishes standards of practice and a code of ethics.² Professional standards are taught and assessed from the first year of nursing education and nurses are expected to maintain these standards throughout their careers.

The use of social media has increased rapidly in recent years and it has been reported that more than 1.8 million New Zealanders are interacting via social networking sites.³ Social media consists of the internet or web-based technologies that allow people to connect, communicate and interact in real time to share and exchange information.⁴ This may include using Facebook, Twitter, YouTube, blogs, forums, and personal websites. The key element of social media that differentiates it from traditional internet usage is the active nature of the dialogue, enabling user-generated content to be communicated instantly.

Nurses and nursing students are increasingly participating in online social media but evidence is emerging from studies, legal cases and media reports that the use of social networking can pose risks for health professionals. Inappropriate online behaviour can potentially damage personal integrity, nurse-patient relationships, nurse-colleague relationships, current and future employment opportunities.

Be careful about what you say and how you say it

Confidentiality:

Example 1:

You are working in a rural hospital and make a comment on a social networking site about an adverse outcome for one of your patients. You are careful not to name the patient or the hospital. However, you mentioned the name of the hospital you are working at in a post last week.

A cousin of the patient searches the internet for the hospital's name to find its contact phone number. In the search results, the patient's cousin is presented with your posting mentioning the hospital. The cousin then sees the subsequent posting regarding the adverse outcome involving the patient.

Nurses have an ethical and legal responsibility to maintain their patients' confidentiality. This still applies when using any form of online tool, regardless of whether the communication is with other nurses, a specific group of people (eg 'friends' on social networking sites), or the public (eg a blog). The anonymity potentially afforded online is no excuse for breaching confidentiality.

Before putting patient information online, think about why you are doing it. You should inform the patient and gain their express consent, and acknowledge that consent has been obtained in any online posts. If you feel it is appropriate to discuss a patient case – for example, to further that patient's care or the care of future patients who present with a similar condition – care must be taken to ensure the patient is properly de-identified. Using a pseudonym is not always enough; you might have to change case information or delay the discussion. The accessibility and indexability of online information means that, although a single posting on a social networking website may be sufficiently de-identified in its own right, this may be compromised by other postings on the same website, which are just a mouse click away.

In maintaining confidentiality, you must ensure that any patient or situation cannot be identified by the sum of information available online.

Internationally, there have been a number of prominent cases involving nurses or nursing students who have breached patient confidentiality through online postings.⁵ Moreover, breaching confidentiality erodes the public's trust in the nursing profession, impairing our ability to care for patients effectively. In New Zealand, breaching patient confidentiality can result in complaints to the Nursing Council (with potential disciplinary action, including loss of registration), involvement of the Privacy Commissioner, or even legal action (including civil claims for damages).

Defamation:

Example 2:

You are a newly graduated nurse on your first job in a large city hospital. You have been working for about six months and are an avid Facebook user. A friend sends you a link to a post made by a nursing colleague from the same unit you work in that accuses you of being incompetent and a bully.

Example 3:

A group of nursing students used the Facebook page they had set up to support their learning, to discuss the marking of a recent assignment. One of the students made a 'flippant' comment that she thought the lecturer who had marked her assignment must have been drunk while doing so. The marking lecturer and the tertiary institution were clearly able to be identified. The situation was brought to the lecturer's attention by a colleague. The lecturer felt particularly compromised by the suggestion that she was drunk because she does not consume alcohol at all. She was also concerned because the organisation in which she was employed was identified and she did not feel able to refute the claim that she had been drunk while marking.

Defamatory statements:

- are published to a third person or group of people;
- identify (or are about) a patient/colleague/person ('subject'); and
- damage the reputation of the subject.

Defamation cases may be brought in a court of law against a nurse, and are civil claims, in which substantial monetary compensation can be awarded. The NZNO Standards of Nursing Practice specify that nurses are responsible for entering into, and maintaining a professional relationship with colleagues and employers.⁶ Be mindful about comments made about colleagues (nursing or otherwise), employers, and even health departments.

Keep your friends close and others ... not so close

Nurse-patient boundaries:

Example 4:

You get a friend request on a social networking site from someone whose name sounds very familiar, but they have a photo of a dog as their profile picture. You accept the request. After looking through their profile page, you realise that it is actually one of your previous patients. The patient sends you a message to let you know that they cannot make their next clinic appointment, but would like some information about how to care for their plaster cast. The patient also throws in a cheeky comment about some photos they saw of you wearing a bikini at the beach.

Boundary violations can occur very easily online, and serious indiscretions may result in disciplinary action against the nurse. A power imbalance exists between nurses and patients, and the maintenance of clear professional boundaries protects patients from exploitation.⁷ Nurses who allow clients to access their entire 'profile' (or similar) introduce them to details about their personal lives well beyond what would normally occur as part of the usual nurse-patient relationship. This may be a violation of professional boundaries. In general, it is wise to avoid online relationships with current or former patients. In 2008, a nurse who started a sexual relationship with a former patient after contacting her on Facebook was removed from the UK Register of Nurses.⁸

If a patient or former patient does request you as a friend on a social networking site, a polite message informing them that it is your policy not to establish online friendships with patients is appropriate. Ignoring a Facebook friendship request is also an acceptable approach. It allows you to ignore the request without the person being informed, avoiding the need to give unnecessary offence. Another mechanism used by some health professionals, is to create an online profile that is maintained as their professional page only, or to join a professional social networking site.⁹ Patients can become friends or fans of this professional page, which only provides information relevant to the professional practice of nursing. It is also possible to pay companies to manage social networking profiles.

Other boundaries:

Example 5:

Jan has been a nurse for 12 years and works in a hospice. One of her current patients, Melody, maintains a Facebook page to keep friends and family updated on her condition. Jan periodically reads this page but has never posted. One day, Melody posts that she is struggling with her pain relief. Wanting to support Melody, Jan posts a comment stating “I know this week has been difficult, hopefully the new happy pill will help along with the increased dose of morphine”. The next day Jan was shopping at a local supermarket when a friend stopped her and said “I read your post on Facebook about Melody, how long do you think she has left?” Jan suddenly realises that her expression of concern on the webpage has been an inappropriate disclosure. She thanks her friend for being concerned and said she could not discuss Melody’s condition any further. She immediately went home and tried to remove her comments but that wasn’t possible. Further, others could have copied and pasted her comments elsewhere. After her next visit with Melody, Jan explained what had happened and apologised. She also self-reported to the Nursing Council and is awaiting the Nursing Council’s decision.¹⁰

Example 6:

In September 2008, a junior medical officer (JMO) in the UK was suspended from work for six weeks after describing a senior colleague as a ‘f***ing s***’ on an online social networking forum. Another colleague, who happened to be friends with the JMO and the senior colleague, saw the posting and made a complaint about the comments to the JMO’s employer. The complainant said she felt compelled to complain after seeing the ‘scatological’ language used in the posting. The JMO apologised for the comments and organised for their removal from the website.¹¹

Other professional relationships may also become problematic on social networking sites. Think very carefully before allowing others (including employers, other nurses, doctors, allied health professionals, clerks, ancillary staff, students, or tutors) to access personal information.

Colleagues’ online conduct:

Inevitably, many people choose to interact with colleagues via social media. While you need to be aware of what they see you doing, you may also notice colleagues posting information online or behaving inappropriately. Looking after colleagues is an integral element of professional conduct, so if you feel a friend or workmate has posted information online that could be damaging for them, consider letting them know in a discreet way (such as a personal email, text message, or phone call).

Consider the destiny of your data

Extent of access to your information:

Many people are unaware of the easy accessibility and durability of their online information. Even if using the most stringent privacy settings, information on social networking sites may still be widely available, including to various companies and search engines. Deleting information is not sure-fire protection – it is almost certainly still stored somewhere in cyberspace and, theoretically, permanently accessible. If there is something you really do not want some people to know about you, avoid putting it online at all. It is much harder to prevent other people posting information about you online (eg photos, videos). However, you can report inappropriate content to site administrators and request its removal.

(See www.netsafe.org.nz/ for more information).

Employee and student background checks:

Recruiters are increasingly screening potential employees online. Employer surveys have found that between one-fifth and two-thirds of employers conduct internet searches, including of social networking sites, and that some have turned down applicants as a result of their searches.¹² In another survey, 21 per cent of colleges and universities said they looked at the social networking of prospective students, usually for those applying for scholarships and other awards and programmes.¹³

Be conscious of your online image. While employers, universities, polytechnics or wananga you are applying to may find information about you online that could actually prove to be advantageous (eg professional-looking photos, information on your extracurricular activities, such as sports or volunteer work), material that portrays you in an unprofessional or controversial light can be detrimental.

Real life examples include an employer who turned down an applicant after discovering he had used Facebook to criticise previous employers and disclosed company information,¹⁴ a doctor who missed out on a job because the doctor's online activities revealed an interest in witchcraft,¹⁵ and a psychiatrist who failed to gain employment after a recruiting agency found explicit pictures of her intoxicated on MySpace.¹⁶ In a further example, a nurse working in an older adult care facility posted on her Facebook page that a nurse colleague was about to be fired. The nurse colleague then contacted the nurse manager to find out if this were true. In this case, the nurse manager then had to both discipline the nurse who had made the original posting, and reassure the nurse colleague she was not about to lose her job – a situation that could have easily been avoided, if the original nurse had never made the Facebook posting.

Other issues with employment and study:

Example 7:

Seven nurses and doctors were suspended from Swindon's Great Western Hospital, UK, after they posted photos of themselves on Facebook playing the 'lying down game' (also known as 'planking') on the hospital premises. The aim of the game is to take photos of yourself lying inert in ridiculous places such as on top of cars, bins, or tables. A hospital manager doxxed in the nurses and doctors after he saw pictures of them on a Facebook site posing on hospital trolleys and ward floors. Hospital management said the staff faced disciplinary action because the hospital set 'high standards for staff behaviour at all times and therefore takes any such breaches extremely seriously'.¹⁷

When using social networking sites, think before making offensive comments or jokes, sharing information about unprofessional activities (eg involving alcohol or drugs), or joining or creating groups that might be considered derogatory or prejudiced. Although online groups or web-rings may seem innocuous, other people will not always treat the group with the same humour. Employers, universities, polytechnics and wananga may access online material and activities about their current nursing staff or students, with potentially career-damaging outcomes. Two nurses were censured after photos were posted on Facebook of them having a food fight in a ward kitchen,¹⁸ and a nurse who was arrested in relation to contaminated saline claimed the media portrayal of her as a party girl, after accessing photos on Facebook of her out partying, , has made her 'scared to go out'.¹⁹ A student took photos of himself in his clinical uniform in the simulation suite depicting inappropriate poses and activities with one of the manikins. There were also classmates in the background of the photos, which were then posted on the student's Facebook page. The photographed classmates who were also Facebook friends of the student, objected to being associated with his behaviour, both in the simulation suite and online, and complained to the programme leader for the nursing programme in which he was enrolled. The matter was referred to the faculty dean who took disciplinary action against the student

University/Polytechnic/Wananga regulations:

Nursing students are not held to any lesser standards of professionalism than fully qualified nurses – they may face disciplinary action from their universities, polytechnics or wananga. At present Nursing Council jurisdiction does not cover nursing students. All nursing students must comply with their university, polytechnic or wananga regulations and are required to provide consent for the Ministry of Justice to release a copy of evidence of whether they have any convictions to which the Criminal Records (Clean Slate) Act 2004 does not apply with their application to sit the Council's state final examination for registered nurses.²⁰ All candidates for registration as a nurse in New Zealand must meet the criteria for fitness to practise found in Section 16 of the Health Practitioners Competence Assurance Act 2003.

According to a 2009 US study, 60 per cent of responding deans of medical schools reported that medical students had posted unprofessional content online, including violations of patient confidentiality, use of profanity in reference to specific persons or faculties, discriminatory language, depiction of intoxication, sexually suggestive material, and pictures with illicit substance paraphernalia. In many cases, this led to disciplinary action by the universities, including dismissals.²¹

In other examples, a Twitter comment by an Australian medical student, allegedly intended as a joke between friends, resulted in an international media storm for referring to US President Barack Obama as a 'monkey',²² and a student from Ryerson University in Canada was almost expelled for running a Facebook study group where students exchanged thoughts on test questions.²³

Students are entitled to enjoy an active social life. A study of health professional students including nurses found the majority used online media as their primary source of information and over 91 per cent of students aged 18 to 25 used Facebook.²⁴ But remember that online behaviour passed off as 'youthful exuberance' at this early stage of a career will still be available later on, and perhaps be seen in a less favourable light. You also need to consider whether your online activities violate university, polytechnic or wananga regulations and guidelines found in student handbooks (check with your university/polytechnic/wananga whether it has a policy relating to online behaviour), because this could form the basis of disciplinary action.

Take control of your privacy

Most social networking sites or blogs have privacy settings that enable you to control (to some extent) access to your material. Review your privacy settings regularly in order to control and restrict who has access to your personal information. Insufficient privacy protection might have a professional impact.

It is recommended you check your privacy settings weekly.

Protect your passwords and be aware that revealing personal data, such as your date of birth and contact details, can put you at risk of identity fraud.

Facebook's privacy settings:

The following information regarding Facebook, while specific to that particular site, highlights many of the issues you need to be aware of:

- Facebook changes its privacy settings frequently, so be alert for these sorts of changes in the future. As at September 2011, privacy settings can be accessed by clicking the small arrow at the top right hand side of your profile page next to the 'home' button and selecting 'pPrivacy sSettings.' If you want to see what your profile looks like to someone who is not a Facebook friend, click on the cog next to the 'Activity Log' button in the middle right hand side of the page and select the 'View as' button.
- Your name and profile photo are considered 'publicly available' and do not have privacy settings, but you can manage who sees your friends' list, gender, geographic location, and pages and networks to which you belong, by selecting who you want to see these things when editing your profile;
- Privacy settings can also be adjusted to enable you to share different levels of information or photographs with different 'groups' of friends;
- Be aware that if you remove content from your profile, copies of that information may remain viewable elsewhere if it has been shared with others – this shared information can still be copied and distributed further;
- The default setting for who can access many types of information on Facebook is 'Public. The 'Public' setting makes information publicly available to any Facebook user and to search engines for indexing purposes;
- Adding an application to your Facebook profile shares all your profile information with that application and its parent company;
- The Privacy Policy allows for 'Social Advertisement Serving': this means that a Facebook activity you undertake, such as becoming a fan of a page, may be served

to one of your Facebook friends, coupled with an advertisement for that page; and

- It is stipulated that Facebook does their best to keep Facebook safe, but they cannot guarantee it.
- Further information can be found on Facebook's policies at <http://www.facebook.com/terms.php>

If you want to know more about how secure your information will be when using online forums, make sure you read their privacy policies. If you still have questions or concerns, you can contact the site operator. Additionally, New Zealand has Privacy Commissioners with expertise in this area (see www.privacy.org.nz).

Are you maintaining professional standards online?

Online social media challenge: What is 'public' and 'private'?

Even though nursing students and nurses are entitled to a private personal life, online social media have challenged the concepts of 'public' and 'private' and, in turn, changed the way in which online aspects of private lives are accessible to others.²⁵ Once information is online, it is almost impossible to remove and can quickly spread beyond a person's control. A moment of rashness now could have unintended and irreversible consequences in the future – inappropriate online activities can be detrimental to relationships with patients and colleagues, training and employment prospects, and personal integrity. This is not to say that nurses should avoid using social media, because their use can be personally and professionally beneficial. But traditional expectations regarding the conduct of the nursing profession still apply in this non-traditional context; nursing students and nurses always have a duty to patients and the community to maintain professional standards, including when using online social media.

Since the Christchurch earthquakes, some DHBs have established organisational Facebook pages but have not established policies for use by staff. The linking features of Facebook pages mean personal information becomes visible on an organisational Facebook page without an individual realising it.

Be vigilant regarding photos. A simple photo taken by a smartphone can be downloaded and shared on Facebook in a matter of moments. Never post a photo online without the express permission of the person/people in the photo.

Troubleshooting: Have you ever ... ?

- Googled yourself? Search for your full name in Google, particularly 'New Zealand Sites Only'. Do you feel comfortable with the results that are shown?
- Posted information about a patient or person from your workplace on Facebook? Have a look through your old online posts and blogs;
- Added patients as friends on Facebook or any other social media platform, eg MySpace?
- Added people from your workplace as friends?
- Made a public comment online that could be considered offensive?
- Become a member or fan of any group that might be considered racist, sexist, or otherwise derogatory? Browse through all the groups you have joined and consider

whether these are an accurate reflection of the person you are, and the values you hold.

- Put up photos or videos of yourself online that you would not want your patients, employers or people from your workplace to see?
- Checked your privacy settings on Facebook or any other social media platform, eg MySpace?
- Felt that a friend has posted information online that may result in negative consequences for them? Did you let them know?

General principles

As a rule, the following guiding principles adapted from the American National Council of State Boards of Nursing²⁶ should help keep you safe as you use social media:

- You have an ethical and legal obligation to maintain patient privacy and confidentiality at all times.
- Never transmit by way of electronic media any patient-related image or any information that may either actually, or potentially violate patient rights to confidentiality or privacy, or otherwise degrade or embarrass the patient.
- Do not share, post or otherwise disseminate any information, including images, about a patient, or information gained in the nurse-patient relationship, with anyone unless there is a patient care related need to disclose the information, or other legal obligation to do so.
- Do not identify patients by name or post or publish information that may lead to identification of a patient. Limiting access to postings through privacy settings is not sufficient to ensure privacy.
- Never refer to patients in a disparaging manner, even if the patient is not identified.
- Do not take photos or videos of patients on personal devices, including cell phones. Follow employer, university, polytechnic or wananga policies for taking photographs or video of patients for treatment or other legitimate purposes using employer, university, polytechnic or wananga-provided devices.
- Maintain professional boundaries in the use of electronic media. Like in-person relationships, the nurse has an obligation to establish, communicate and enforce professional boundaries with patients in the online environment. Use caution when having online social contact with patients or former patients and/or their family/whānau members – it may be prudent to avoid such contact.
- Consult employer, university, polytechnic or wananga policies, or an appropriate leader within the organisation, for guidance regarding work or student related postings.
- Promptly report any breach of confidentiality or privacy.
- Be aware of and comply with employer, university, polytechnic or wananga policies regarding use of organisation-owned computers, cameras and other electronic devices, and use of personal devices in the workplace or school.
- Do not make disparaging comments about employers, co-workers, teachers or fellow students. Never make threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic or other offensive comments.
- Do not post content or otherwise speak on behalf of the employer, university, polytechnic or wananga, unless authorised to do so, and follow all applicable policies.

Using social media constructively...

While usage of social media poses particular challenges for nurses, social media can also provide opportunities for connecting nurses with others, as well as enhancing and supporting nursing practice. While it is essential that nurses who choose to utilise social media follow the guidelines provided above, and are aware of the pitfalls of social media use prior to engagement, this should not limit the potential of social media to provide a useful platform for the development of the nursing profession.

Example 8: Discussion forums (either through Facebook or other platforms) provide an opportunity to reflect and discuss issues relevant to nursing. Students preparing for their final exams at a New Zealand university have utilised such forums to discuss exam preparation techniques, potential questions, and potential answers, enhancing their preparedness for the examination. The College of Nurses Aotearoa, the NZNO Gastroenterology Nurses' Section, the New Zealand College of Primary Health Care Nurses NZNO, and a number of other New Zealand based specialist nursing groups have active discussion forums that provide information, support and advice to nurses throughout New Zealand.

Example 9: The Victorian branch of the Australian Nursing Federation utilised social media networks – in particular Facebook – to mobilise support among nurses and the public when plans were announced in 2011 to scrap safe staffing measures and replace nursing fulltime equivalent positions with unregulated caregivers. Facebook became a primary channel for nurses and midwives across the state to share information, support one another and maintain morale.

Example 10: Clinical applications utilising social media are also growing. These range from hospitals 'tweeting' progress in surgery to family members, and private networks for information sharing and clinical consultation.²⁷

Example 11: Facebook became a very effective means of communicating with Christchurch Polytechnic Institute of Technology (CPIT) nursing students and staff in the months following the Christchurch earthquakes. Head of Nursing at CPIT, Cathy Andrews, who was previously fairly negative in her view of Facebook, has now come to depend on it as a means of communication, and is an avowed fan.²⁸

Nurses utilising public platforms such as social media to express their opinion (which all people have the legal right to do²) must make a professional judgement regarding any potential risk to their own, their colleagues' and/or patient privacy, and their professional accountability.

² All nurses have a legal right to express their opinion as contained in the Bill of Rights Act, 1990, and to freedom from discrimination based on political opinion contained in the Human Rights Act 1993:

- "Everyone has the right to freedom of expression, including the freedom to seek, receive, and impart information and opinions of any kind in any form".
- "It is unlawful to discriminate on the ground of political opinion in any of the prohibited areas of public life."

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The original guide – “Social media and the medical profession” can be accessed on <http://ama.com.au/node/6231>

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