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PRACTICE MEMO

DATE: January 2012

TO: Members and Stakeholders

FROM: Douglas A Bungay RN MN
Director of Professional Practice and Policy

RE: Use of Social Media and Electronic Communication

Background

Licensed Practical Nurses (LPNs) are accountable to their clients to provide safe, competent, ethical care. They are responsible to their employer to work within policies and procedures and to their regulatory College to comply with Standards of Practice and Code of Ethics. LPNs are responsible to ensure that their nursing knowledge is current and that they possess the necessary knowledge, skills, abilities, attitudes and clinical judgment to fulfill their role. LPNs are responsible to practice in a manner that promotes public trust and confidence and positively reflects the role of the licensed practical nurse and the nursing profession.

This document is intended to set the expectations of practice as they relate to the use of electronic communication and social media through the interpretation of CLPNNS Standard 3.1.7;

Maintains a professional presence with clients and others at all times by communicating (verbally, non-verbally, electronically {which includes use of social media} and in writing) in a respectful manner.

Professional presence, in the context of this document, is defined as a manner of safe practice whereby the nurse:

- manages distractions (insomuch as this can be managed in the clinical setting);
- actively engages with the client (listening, asking questions, responsive to verbal and non-verbal cues);
- is attentive to priority needs while anticipating other needs;
- maintains appropriate professional boundaries.

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The maintenance of professional boundaries (as a component of professional presence) is the nurse's responsibility. Boundaries are essential to delivering safe, competent and ethical care, and are fundamental elements of the therapeutic nurse-client relationship (CLPNNS 2011). Professional boundaries define the limits of accountability, reliability and efficiency and protect the space between the professional's power and the patient's vulnerability. A nurse's power comes from their professional position and knowledge of private details about the patient (Aylott, 2011).

Electronic Communication

Electronic communication, in the context of this document, is defined as one or two way communication with another via email, text, video chat or instant message.

Social Media

Social media, in the context of this document, is defined as the use of the internet to post or publish information and/or to participate in discussions. This includes, (but is not limited to) websites, social networks, online forums, chat rooms, listservs, blogs, wikis, photo, video and audio file-sharing sites and virtual worlds.

Assumptions of Social Media

1. Social media sites are considered public regardless of the internal privacy settings placed on the website platform.
2. The dissemination of information once placed or posted in internet based discussions/communications cannot be controlled and therefore has the potential to violate confidentiality. (Satterlund, 2010)
3. Identification of the originator (or perpetrator) of information placed/posted in internet based discussions/communications creates a connection between the nurse, the profession, and the information she/he posted, placed or perpetuated.

Practice Expectations

LPNs are expected to follow employer policies regarding the use of electronic communication/social media during work time and while on personal time in the workplace, such as a break. LPNs are expected to maintain a professional presence with clients at all times.

During work time, LPNs are to refrain from engaging in any non-work related electronic communication/use of social media to avoid;

- accidentally violating a client's confidentiality;
- being distracted from the task at hand (which could result in a potentially serious error), or;
- being perceived as distracted or un-engaged with the client/ family as this may result in an erosion of confidence or trust in the profession, employer or discipline.

While at the workplace, but on personal time (such as a break), LPNs should avoid engaging in non-work related electronic communication in public/clinical areas where contact with clients is more likely. This includes, but is not limited to:

- nursing station;
- common areas (outside garden, cafeteria, lobbies), or;
- direct clinical areas.

Nurses who wish to engage in non-work related electronic communication while at the workplace, but on personal time (such as a break), should do so in private areas, such as a dedicated break area, where client interaction is less likely.

Nurses are expected to refrain from using electronic communication/social media in any manner that may erode public trust and confidence in self, colleagues, the nursing profession or the employer. This includes, but is not limited to;

1. Discussing client care in a manner that a client could be identified (a violation in confidentiality may occur with as little as one patient identifier);
2. Posting negative or disrespectful comments, essays, photos about clients/families, co-workers, employers, employment settings or other professionals;
3. Seeking or accepting online friendships with current or past clients/families;
4. Originating or perpetuating postings that are disrespectful, offensive, insensitive, biased, contrary to the standards of practice and/or code of ethics or could be perceived to erode public trust or confidence in the nursing profession.

Recommendations for LPNs

1. Refrain from non-work related electronic communication in areas where client contact could result in an accidental breach in confidentiality.
2. Recognize the importance of professional boundaries (Aylott, 2011) and the difference between the professional therapeutic relationship and personal friendships (CLPNNS 2011, Anderson and Puckrin, 2011).
3. Recognize the potential for blurring the line between a professional therapeutic relationship and a personal friendship. Take steps minimize this by not seeking or accepting (or discontinuing existing) online 'friendships' with current or past clients or client families.
4. Recognize the potential for conflict between a professional work relationship and a personal "online" friendship.
5. Do not forward postings that are disrespectful, offensive, insensitive, biased, contrary to the standards of practice and/or code of ethics or that are perceived to erode public trust or confidence in the nursing profession.

References

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