Social Networking: Implications for Nurse Educators

I likely have no business writing an editorial on this topic because, to date, I have failed to make use of social networking. I am unsure why I am so resistant to it, although a variety of reasons could account for this resistance. First, I grew up in a time when the only form of connection was either face-to-face or by telephone; communication by telephone occurred only if you happened to be available when a call came in, as there were no answering machines. Connecting in this way sometimes required planning. I remember waiting in line to call home while at college to use the one pay phone located on the floor of my dorm building. Therefore, this time invested gave the communication importance and value. Second, I really don’t have the need to share what I do on a daily basis with anyone other than those closest to me. I don’t want to be that person whose obituary states, “Says here [she] leaves behind a [husband], two children, and forty-seven Twitter followers” (Diffée, 2011). Third, I don’t want to be subject to the ubiquitous demands of instantaneous connection and communication that masquerades as a time-saving device. Finally, I have to admit that I have a hard enough time keeping up with connections required by e-mail without adding texting, Facebook, and Twitter accounts.

Social networking is one component of connection in today’s repertoire of communication. Through social networking, an individual has the ability to contact others or communicate with groups to create connections and even communities. These connections can occasionally be essential. Survivors of the recent disasters in Japan used social networking to contact loved ones to report on their safety. Social networking can also be used to create groups for support or scholarly pursuits, notify students of upcoming events or school closings, and help with job searches and career development.

But what are the issues that come with social networking? Many people use social networking sites as a place to vent frustrations. Some of those currently venting are nursing students. Now, all nurse educators know that nursing students have always vented, but social networking sites take this venting into a public, permanent forum. Students have always vented, but social networking? Many people networking sites. Students may believe that every experience they have is one to be shared; an example of which happened recently at a Kansas school where one student posted a picture on Facebook of students with a human placenta (Jaschik, 2011), but sharing in this way can lead to breaches of confidentiality. Therefore, many nursing programs have developed policies to address the appropriate professional use of social networking sites, reminding students about the limits on sharing imposed by patient confidentiality and warning them that future employers will have access to what they post as students. Program administrators may wish to consider policies prohibiting photos and videos of learning experiences, as control of where they may be posted is lost once these have been made. However, it is critical to remember that any policy violation does require a thorough investigation as part of due process before any action is taken.

Another implication of social networking is the impact that the move from communicating through the written word has on face-to-face, spontaneous verbal and nonverbal communication, which is critical to therapeutic communication and the nurse–patient relationship. Although teaching therapeutic communication has historically been a part of the curriculum in every nursing program, students generally come with a background of and comfort with verbal communication. However, this may no longer be the case as students now come with the experience of communicating via the controlled, edited, written word sent via texting or posting. Nurse educators may need to expand therapeutic communication content to include the “how-to” of verbal communication necessary for patient communication and to emphasize the differences between social and therapeutic communication and the need to be fully present when communicating with a patient.

Nurse educators may also need to address the issue of dependence on connectivity, which has been identified in a recent study at the University of Maryland. Students in a media class were challenged to go media-free for 24 hours. A student who participated in this project made a particularly telling comment, “I felt quite alone and secluded from my life. Although I go to a school with thousands of students, the fact that I was not able to communicate with anyone via technology was almost unbearable” (University of Maryland Newsdesk, 2010, ¶6). Nurse educators may need to teach students how to set limits on their dependency on being connected and may ask students to...
consider that social networking is not always true engagement, but at its worst can be “narcissism masquerading as connection” (Barton, 2010, p. 9A). This last comment addresses the issue that a posting on Facebook is one-way communication, often made without thinking of the potential impact on others. Such comments do not require a response, although they often receive one (or many).

The opportunities and challenges presented by each new form of technology are numerous. Although there are no clear answers to the implications of social networking for nurse educators, awareness is critical so that we can guide students as they steer their way through this maze of social networking and accomplish the fundamental goal of nursing education—to develop the ability to think like a nurse, albeit one who is fully immersed in this new technology.

References

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