Facing a New Frontier
Safety in Cyberspace and Challenges for Nursing

For most of us, the home is considered to be our castle: When we close the doors, it is our equivalent to pulling up the drawbridge, thereby retreating from the outside world. But more often, there is no retreat from the outside community—we may have interactive televisions, mobile phones, and computers that are connected to the Internet by cables or wireless technology.

Nursing is already evolving to encompass the new advances that innovations in information technologies bring to health care. Among the many developments are telenursing, telemedicine, online health and specialist help groups, cyberspace hospitals, and health care applications for mobile phones. As nurses, we are embracing the technological age. But, as with any change, advances mean new challenges, rethinking definitions, and development of new theoretical knowledge and ways of delivering care to meet the health needs of individuals, families, and communities.

The Internet and mobile phones have allowed access to a far wider social community than previous generations, with potential for conducting research (East, Jackson, O’Brien, & Peters, 2008) and delivering enhanced health care services through this medium (Cleary, Walter, & Matheson, 2008). We can be active members of communities from our home and view and interact with people whom we have never met, and all of this can be done in the invisible, physically spaceless place called cyberspace, challenging the assumption that a “human copresence (physical bodies in physical places) is necessary for complex human relationships” (Andrews & Kitchin, 2005, p. 318). Andrews and Kitchen (2005) suggested that we look to geography to aid our understanding and development of issues about the environment, nursing, and cyberspace.

The benefits of the Internet and other mobile technology and social networking to the family and community are immense, but—as with any new developments—they are not risk free. Cyberbullying, cyberharassment, cyberstalking, and grooming for sexual exploitation are some of the risks associated with cyberspace (Dowdell & Bradley, 2010). It has been suggested that, due to their physical and emotional immaturity, the health and well-being of children and adolescents may be at particular risk from cyber misuse (Dowdell & Bradley, 2010). Young people, for example,
perceive cyberbullying to affect their confidence, self-esteem, and emotional and mental well-being (O’Brien & Moules, 2010). Cyberbullying may result in higher rates of depression than more traditional forms of bullying, such as physical, verbal, and relational (Wang, Nansel, & Iannotti, 2011).

Rice, Butts, Miller, and Shenoi (2010) indicated that public health strategies can be applied to the protection of cyberspace. They remind us of how important leadership is in coordinating strategies and how important frontline individuals are in mobilizing for prevention and community education. There is a need to be proactive and consider innovative ways of protecting families and the community from cyberspace health issues and, on the flip side, how to use cyberspace to promote mental health.

Further research is needed to assess the impact of technology on mental health so we can incorporate the appropriate questions about Internet behaviors when conducting client assessments (Mitchell, Becker-Blease, & Finkelhor, 2005). Finally, we should also develop education programs for individuals, families, and communities about cyberspace safety behaviors and cyberspace threats and risks to their health and well-being. These strategies may begin to more fully address some of the health and well-being challenges associated with Internet use and to promoting safety and health in cyberspace.

REFERENCES


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