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Is Facebook an appropriate platform for professional discourse?

Abstract

Facebook was founded in 2004 and is an online social networking service (SNS). There are over 31 million users in the United Kingdom (UK) (McRory, 2014), with in excess of 77,000 of these listing their occupation as nurse, midwife or health visitor (NMC, 2011). Historically, Facebook was used to supplement and enhance existing real-world relationships, rather than for making new friends or acquaintances; however with the growing popularity and accessibility of social media, could Facebook be used safely and effectively as a platform for professional discourse?

Keywords: Facebook, professional networking, social media, e-professionalism, online communication

What is Facebook?

Facebook's mission is to give people the power to share and make the world more open and connected. People use Facebook to stay connected with friends and family, to discover what's going on in the world and to share and express what matters to them.
(Facebook, 2014a)

Registered users can create profiles, upload photos and video and send messages to keep in touch or reconnect with friends, family and colleagues. Members can create an individual profile, a 'group' with a shared interest or a 'page' to disseminate information about a person, group or product (Kashani *et al.*, 2014).

How to create an account

Go to <https://www.facebook.com/help/> to access the Facebook Helpdesk which provides comprehensive information about Facebook from getting started to managing your privacy and security and safety tools and resources. This is an excellent place to start as you can browse before you commit to signing up.

To sign up go to www.facebook.com. If you see the sign up form, fill out your name, email address or phone number, password, birthday and gender. If you don't see the form, click Sign Up, then fill out the form. Once you sign up, you'll

need to confirm your email address or phone number. Facebook will send you either an email or a text message to help you confirm your account. That's it!

Table 1. Selected Facebook groups and pages

The Nursing and Midwifery Council	The UK regulator for nursing and midwifery professions with a stated aim to protect the health and wellbeing of the public.
Care Quality Commission	Checks whether hospitals, care homes and care services are meeting national standards.
World Health Organisation	The directing and co-ordinating authority for health within the United Nations system.
Department of Health (United Kingdom)	The Ministerial Department of the United Kingdom Government responsible for government policy on health and social care matters
Perinatal Institute for Maternal and Child Health	Dedicated to improving the quality of maternity services through education, research and the development of products and services which promote excellence in care.
The Royal College of Midwives	The voice of midwifery. We are the UK's only trade union, professional organisation led by midwives for midwives.
NHS Choices	Provides updates on the latest health news and provides a community to help people improve their health.

You can also like or follow groups or organisations through their websites, where you see the Facebook logo.

Privacy and Security

On 1st January 2015 Facebook updated its terms and policies. This was quickly followed by a hoax that has been around since 2012 regarding terms and conditions and ownership of data whereby some Facebook users were duped into copying and pasting a spurious post allegedly protecting them from the new terms and conditions, forbidding Facebook from taking control of their data and violating their privacy. This hoax was quickly quashed by Facebook who clarified that users own and control the content and information they post. Users are bound by the terms and conditions they agree to on signing up to Facebook and these terms and conditions cannot be changed without notice.

Privacy Basics was introduced in January 2015 (Facebook, 2014b) which provides tips and a how-to guide for using Facebook. This is a must for new users as it is a user-friendly resource providing step by step, interactive guides on what privacy features are available and how to use them. There is research

to suggest qualified healthcare professionals use Facebook mostly for social rather than professional and educational purposes (Aklhateeb *et al.*, 2011). The need for education and professional guidance, both in terms of how to use the internet confidently (McKenna and McLelland (2011) and on the concept of maintaining e-professionalism were key themes in a number of studies (Sandars and Schroter, 2007; MacDonald *et al.*, 2010; George, 2011) so Privacy Basics is also a useful resource for experienced members to refer to, to consider the relationship between their social Facebook activity and professional status.

Should Facebook be a social or professional space?

The advent of social media has necessitated the concept of professional identity to expand to incorporate professionalism in the digital as well as real-world domain (Harshman *et al.*, 2005). Understanding the concept of e-professionalism/digital professionalism, defined as 'the attitudes and behaviours reflecting traditional professionalism paradigms that are manifested through social/digital media' (Cain and Romanelli, 2009:67) is crucial if midwives choose to disclose their professional status on Facebook. Users must realise that the boundary between personal and professional personas is blurred in an online environment and professional responsibilities still apply (NMC, 2012; NMC, 2008) which is why a number of nurses have been disciplined by the NMC for inappropriate use of Facebook. The majority of cases were unintentional, arguably as a result of how they set up their privacy and security, or assuming posts could only be read by the intended recipient and therefore including confidential information which could subsequently be shared with a wider audience than intended, thereby breaching confidentiality (Farrelly, 2014).

To sign up or not to sign up?

There are clear benefits to the judicious use of social media to support midwifery practice and promote high quality, evidence-based care (Power, 2014; Power, 2015). Facebook is already a legitimate platform for professional communication and dissemination of information and has been adopted by professional bodies and organisations for that very purpose, examples of which are given in table 1. In order to use Facebook safely it is vital that midwives understand that, unlike face-to-face communications, information disclosed online, even if originally intended for a 'trusted' group of people, is permanent and searchable. Once a comment, photo or video has been posted it is 'out there' and can be copied, shared and distributed. With this in mind, Chinn (2014) offers some practical advice: before posting anything, consider whether you would be happy to disclose this information to a room full of people in a 'real-world situation'. Facebook is the virtual equivalent of this room full of people; however the difference is there are no physical or geographical boundaries and the size and membership of the audience is unknown.

A personal perspective

I am a social media novice who is keen to explore the possibilities for social media to enhance and support me in my professional role. I have a professional Facebook presence which is under-used probably as a result of a lack of confidence in how to use it and a fear of inadvertently jeopardising my registration. Kashani *et al.*, (2014) suggest adopting multiple Facebook personalities: one for personal and another for professional use. When

researching this article I tried this approach and set up a personal account. To date my experience of this has been mixed: it has provided me with a user-friendly and frankly addictive means of communicating with friends and family irrespective of geographical location, which admittedly has been particularly valuable over the Christmas period; conversely I have also received friend requests from acquaintances, long lost friends and friends of friends which I am hesitant to accept as, using Chinn's (2014) 'room full of people' rule, I don't think the comments I deem to be 'banter' would be of interest or appropriate and more personal postings would be none of their business. This might sound extreme or naïve; however from a professional standpoint I feel this could potentially leave me in a vulnerable position and this is a risk I am not prepared to take.

Facebook Groups – a happy medium?

Facebook offers the facility to set up a group which could be a very useful tool for professional discourse, collaboration and networking with potentially greater levels of privacy and security than those offered by an individual profile. A group must be set up properly, not only in terms of appropriate Facebook settings but also with clear ground rules ('what goes on the Facebook Group stays on the Facebook Group'). Anyone with an account can create a group using one of three levels of privacy: *public* where anyone can see the group, its members and their posts; *closed* where anyone can find the group and see who's in it but only members can see posts; *secret* where only members can find the group and see posts. These three levels of privacy provide flexibility in terms of creating and administering groups with a specific purpose in mind: a public group may attract a diverse group of personalities, interests and contributions; a private group may have a more specific focus and therefore want to be visible in the first instance to attract potential members, yet maintain the facility to limit membership by vetting individual requests to join. A secret group is effectively membership by invite only for a very specific group of people which in a midwifery context could be a journal club, staff members from a particular clinical area or even a class reunion and so it would not be appropriate for it to be made available or visible to the general public.

And finally...

The aim of this article was to provide a simple 'how-to' guide on how to use Facebook confidently, productively and safely in a professional context; however it is clear that Facebook is far from simple.

There is no doubt that Facebook is incredibly popular, with a third of the UK population visiting the site every day (Sedghi, 2014). It has many benefits: it is global and therefore has great potential for international networking and information sharing; our professional bodies and organisations have a presence which is useful in terms of enabling us to keep up to date with professional issues; it provides us with the facility to create professional or social groups; it is cheap, accessible, engaging and arguably addictive! Facebook's mission is to allow people to 'stay connected with friends and family' (Facebook, 2014a) yet it has crossed over into the professional domain, necessitating a reconsideration of professional and personal boundaries. Historically physical location dictated what constituted appropriate behaviour: when you were at work you acted professionally in line with professional standards; when you were off duty

societal expectations of appropriate behaviour applied. There is no such distinction in an online environment and so the key issues in safe Facebook use are:

- to understand how the platform works
- to be conscious of how you use it, with 'the room full of people' rule being a useful barometer (Chinn, 2014)
- to be judicious in your choice of friends
- to revisit your privacy and security settings on a regular basis

It has been suggested in the press (Kuchler, 2014) that Facebook is secretly working on a new platform called 'Facebook at Work' which would effectively be a professionally orientated platform allowing colleagues to chat, connect and collaborate on documents whilst keeping personal profiles private. Facebook has not commented on this; however if it does become a reality then it would be in direct competition with the professional social networking site LinkedIn - the topic of the next article in this series.

References

Alkhateeb F, Clouston K, Latif D (2011) Pharmacist use of social media.

International Journal of Pharmacy Practice **19** 140-142

Cain J, Romanelli F (2009) E-professionalism: a new paradigm for a digital age.

Currents in Pharmacy Teaching and Learning **1** 66-70

Chinn T (2014) Maintaining a professional approach online. *Journal of Health*

Visiting **2** (8) 418

Facebook (2014a) About Facebook. *Facebook* [online]. Available from:

https://www.facebook.com/facebook/info?tab=page_info [Accessed 23.12.14]

Facebook (2014b) Privacy Basics: you're in charge. *Facebook* [online].

Available from: <https://www.facebook.com/about/basics> [Accessed 23.12.14]

Farrelly R (2014) Nurses and social media. *British Journal of Nursing* **23** (6)

343

George D (2011) 'Friending Facebook?' A mini course on the use of social

media by health professionals. *Journal of Continuing Education in the Health*

Professions **31** (3) 215-219

Harshman E, Gilsinan J, Fisher J, Yeager F (2005) Professional Ethics in a Virtual

World: the impact of the internet on traditional notions of professionalism.

Journal of Business Ethics **58** 227-236

Kashani R, Burwash S, Hamilton A (2014) To be or not to be on Facebook: that

is the question. *Occupational Therapy Now* **12** (6) 19-22

Kuchler H (2014) Facebook seeks foothold in your office. *Financial Times*

[online]. Available from: <http://www.ft.com>. [Accessed 08.01.14]

MacDonald J, Sohn S, Ellis P (2010) Privacy, professionalism and Facebook: a

dilemma for young doctors. *Medical Education* **44** (8) 805-813

McKenna L, McLelland G (2011) Midwives' use of the internet: an Australian study. *Midwifery* **27** 74-79

McRory R (2014) UK Social Media Statistics for 2014. *Rose McRory social management media* [online]. Available from: <http://www.rosemcgrory.co.uk/2014/01/06/uk-social-media-statistics-for-2014/> [Accessed 14.10.14]

Nursing and Midwifery Council (NMC) (2011) Facebook trials and tribulations: Social networking sites and their joys and dangers *NMC* [online]. Available from: http://www.nmc-uk.org/Documents/Events/Staff-at-events/Handout_Facebook-trials-and-tribulations-social-networking-sites-and-their-joys-and-dangers.PDF. [Accessed 10.01.14]

Nursing and Midwifery Council (NMC) (2012) *Social Networking Sites* [online]. Available from: <http://www.nmc-uk.org/Nurses-and-midwives/Advice-by-topic/A/Advice/Social-networking-sites/> [Accessed 07.02.14]

Nursing and Midwifery Council (NMC) (2008) The Code: Standards of conduct, performance and ethics for nurses and midwives. *NMC* [online]. Available from: <http://www.nmc-uk.org/Documents/Standards/The-code-A4-20100406.pdf>. [Accessed 27.03.14]

Power A (2014) What is Social Media? *British Journal of Midwifery* **22** (12) 896-897

Power A (2015) Twitter's potential to enhance professional networking. *British Journal of Midwifery* **23** (1) 65-67

Sandars J, Schroter S (2007) Web 2.0 technologies for undergraduate and postgraduate medical education: an online survey. *Postgrad Medical Journal* **83** 759-762

Sedghi A (2014) Facebook: 10 years of social networking, in numbers. *The guardian* [online]. Available from: <http://www.theguardian.com/news/datablog/2014/feb/04/facebook-in-numbers-statistics>. [Accessed 08.01.14]