Professionalism and social networking: can patients, physicians, nurses, and supervisors all be "friends?"

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Abstract
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Keywords
patients, nurses, supervisors, all, be, friends, professionalism, physicians, can, social, networking

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Abstract

The purpose of this study was to examine the use of social networking (Facebook) among nurse anesthetists. We examined whether they would have concerns about their supervisor, patients, or physicians seeing their Facebook profile. We also examined their attitudes related to maintaining professional boundaries with regard to the initiation or receipt of Facebook ‘friend’ requests from their supervisor, patients, or physicians they work with. Our respondents consisted of 103 nurses currently enrolled in a graduate-level nurse anesthetist program. All respondents had a minimum of two years of work experience in critical care nursing. We found most respondents were neutral about physicians and supervisors viewing their Facebook profiles but expressed concerns about patients seeing such information. A vast majority indicated they would accept a ‘friend’ request from their supervisor and a physician but not a patient. Surprisingly, about 40% had initiated a ‘friend’ request to their supervisor and/or physician they work with.

Implications for health care managers are discussed.

Keywords: Social networking, professionalism, healthcare
The issue of professionalism is receiving a lot of attention in the healthcare and medical education literature.\textsuperscript{1, 2} Generally, this refers to sensitivity about the maintenance of appropriate demeanor, professional boundaries, and respect for patients so as to maintain the public’s trust in the profession.\textsuperscript{3, 4} Professional boundaries in healthcare derive from rules that clarify which behaviors are acceptable and distinguish it from a social or personal relationship in order to protect the patient.\textsuperscript{5} For example, although it would be considered appropriate in a personal relationship for two individuals to engage in mutual self-disclosures about their personal lives, it would not be viewed as appropriate for a therapeutic relationship.

While there appears to be general agreement as to what is acceptable with regard to sexual boundaries, financial relationships, and gift-giving in the patient-healthcare provider relationship,\textsuperscript{6, 7} it is recognized that ongoing changes in the workplace and society can present challenges to the maintenance of professionalism boundaries. For example, as healthcare moved into providing services in nontraditional settings such as patient homes, concerns were raised as to how situations that either crossed or violated (placing the patient at harm) professional boundaries should be handled.\textsuperscript{5} Now, with the widespread use of social networking and other electronic media, healthcare is facing another threat to professionalism as patients and healthcare workers communicate with one another in a virtual forum that often involves considerable self-disclosure.

Facebook is probably the most popular social networking site, with over 500 million users in 2010 and 150 million users accessing the site from a mobile device.\textsuperscript{8} Like other online social networking sites (e.g. MySpace and Friendster), Facebook users create an online profile and have considerable freedom to post photos and a range of
information about themselves. Members of Facebook can join groups and chat or comment to others about posted information. The site was originally developed for US college students in 2004 and, as primary users of the site, they were generally carefree about what they posted on their profile, assuming that the chances of anyone other than fellow students or recent alumni seeing their profile would be remote. However, Facebook opened up its site to the general public in 2006 and expanded accessibility worldwide. With this change, some users began to utilize privacy settings to limit access to their profiles, but many did not.

Recent studies of healthcare professionals indicate that, although nearly two-thirds have a Facebook profile and are regular users of the site, evidence suggests that there are lapses in judgment with regard to professionalism. Studies about the use of social networking among medical professionals have primarily focused on medical students and/or doctors. One of these studies found that only about 35 percent of the US medical students surveyed used privacy settings and some profiles displayed potentially unprofessional pictures and comments. Likewise, a survey of US medical schools found that over 50 percent indicated evidence of unprofessional conduct posted by their medical students online. Examples included breaches of patient confidentiality, sexually suggestive material, requests for inappropriate friendships with patients, and photographs of students’ drunk or using illegal substances. Another study of medical students found that they seemed unaware of or unconcerned about the possible ramifications of sharing personal information even though such information could negatively impact their working lives. Additional research suggests that this unprofessional online behavior continues as these medical professionals transition into the workplace. In a study of
young doctors, it was found that, although 60 percent restricted their profiles to their ‘friends’, the remaining profiles contained personal information about sexual orientation, religious views, use of alcohol, and personal relationships. These findings have prompted a cry for the establishment of guidelines to aid healthcare workers in negotiating responsibly and professionally the use of social networking forums.

Since some healthcare providers speculate that as many as 50 percent of their employees use some form of social media, we believe that healthcare professionals other than doctors and medical students are also participating in social networking and may be demonstrating a lack of professionalism in their online behavior. Concerns for professionalism in online forums generally focus on issues of privacy (sharing of personal or inappropriate material about oneself or others) and the maintenance of professional boundaries.

This paper examines the attitudes and use of social networking (Facebook) by a previously unexamined sample of healthcare professionals, namely nurse anesthetists. Specifically, we will examine their concerns about who sees their Facebook profile information. To determine whether maintaining professional boundaries is a concern, we will also examine their perceptions regarding the initiation or receipt of Facebook ‘friend’ requests from individuals in their workplace, such as their supervisor, patients, or physicians. To date, this has not been examined in previous studies of healthcare workers.

Social Networking and Privacy

Much of what is being written about privacy as it relates to healthcare providers’ use of social networking focuses on the issues of patient confidentiality and violations of
the US HIPAA (Health Insurance Portability and Accountability Act). For example, one case of privacy violation involving social networking dealt with two nurses in Wisconsin who photographed an X-ray showing a sexual device lodged in a patient’s rectum. One of the nurses posted the photo onto her Facebook profile and discussed it with others, prompting both nurses being fired for violating company policy. Two other recent cases of privacy breaches occurred in California, resulting in dismissals and disciplinary actions. One involved hospital employees who posted photos of a mortally wounded victim on Facebook and the other in which five nurses discussed patient information on Facebook. An additional case involved a Rhode Island physician who was fired and reprimanded by the state medical board for posting information online about a trauma patient. Similar violations of patient confidentiality are occurring elsewhere in the world. For example, a Swedish nurse was suspended after posting a photo of herself taken in a hospital operating room in which she was holding a piece of a patient’s flesh.

Besides what might be considered illegal violations of privacy, there are concerns about professionalism in how social networking is being used by healthcare providers. Work-related online postings that are not patient-specific could also draw attention from a hospital’s risk management office. For example, a seemingly tame Facebook status update about a long day at work due to understaffing could have consequences for the quality and reputation of the healthcare facility. Some hospitals are encouraging employees to use social networking in hopes of fostering the development of community, as well as goodwill and free press. They are even asking employees to connect their profiles to the employer’s site but, in turn, may be monitoring employees’ postings outside of working hours.
Social Networking and Professional Boundaries

In addition to privacy and sharing of personal or patient information on Facebook, the maintenance of professional boundaries is another professionalism issue with regard to social networking use. To establish relationships with others on Facebook, individuals send ‘friend’ requests to others that they wish to communicate with and, upon mutual agreement, each is granted access to the other’s profile. Since only acknowledgements of acceptance are returned to the initiator of the request, no response would indicate the request has been declined or ignored.

Drawing from Goffman’s theory\(^\text{19}\) of self-presentation, we are all actors who stage daily performances in an attempt to manage the impressions of our audience. Most people are onstage when they interact with others in public or professional settings, whereas backstage is a place where actors can relax and be themselves. For many individuals, co-workers are different and separate from non-work friends; both of those groups are different and separate from family members. According to Donath and Boyd,\(^\text{20}\) we use time and space “in the physical world” to separate aspects of our lives but in the virtual world, all one’s social network ‘friends’ are in one virtual space. Similarly, Naylor\(^\text{14}\) states that the boundary between private conversation and public disclosure becomes blurred in online communication, whereby private messages on Facebook ‘walls’ become visible through ‘friends of friends’ and widely disseminated.

Some medical professionals appear to be quite comfortable with this. In fact, a US physician in Texas who has ‘friended’ several of his patients on Facebook indicates that he does not feel like he is learning too much about their personal lives from the website. He states “A lot of my patients, by virtue of the relationship we have
professionally, I get to know their families and other details about their lives. We get to be familiar with each other.”

Similarly, an Ohio physician states that he is not overly concerned about medical professionals being friends with patients and argues “Doctors have been friends with patients even before the internet started. These kind of awkward situations or potential conflicts of interest have always been there. They’ve been amplified now because of the internet and Facebook.”

However, others see this lack of separation between the multiple groups to which one belongs as a major challenge to professional boundaries. Dr. Monks of Tulsa Dermatology Clinic argues that it is important to play it safe since there are cases where doctors interacted with someone who was not a patient and were later sued by people they gave advice to. Although Dr. Monks has a Facebook profile, he has privacy controls set so that only colleagues and friends can interact with him. Another physician, who is Facebook friends with several of his patients, indicates that he makes sure that his patients understand that their online relationship is separate from their professional one. He views requests for medical advice outside the office setting as a lack of respect for personal privacy.

Some healthcare professionals go a step further and decline Facebook ‘friend’ requests from patients. They see it as asking to engage in a relationship that is secondary, or social, in addition to the medical or therapeutic one. For example, in an article entitled, “A doctor's request: Please don't 'friend' me”, Chretien states “We need professional boundaries to do our job well” and believes having a dual relationship with patients can lead to serious ethical issues, potentially impairing professional judgment. Likewise, Tariman found that, when asking several practicing nurses about patient
‘friend’ requests, most viewed the nurse-patient relationship as a therapeutic one and that being Facebook ‘friends’ crossed boundaries, thereby damaging the therapeutic relationship.

While this anecdotal evidence provides us with some idea as to how medical professionals are dealing with Facebook ‘friend’ requests, it is key to the maintenance of professional boundaries and no empirical studies to date that have addressed this issue. Because of legislation and professional codes of conduct, we would expect responses to patient ‘friend’ requests to be generally cautious or resistant, citing concerns about professional boundaries. Since some healthcare workers are at lower level in the medical hierarchical structure than physicians, it is possible that their responses could be even more conservative, prompting a refusal or ignoring of such a request. Other possible sources of workplace ‘friend’ requests for healthcare workers could be supervisors or physicians but, with no data from the healthcare industry, we have to rely on what is happening in other organizations.

Anecdotal evidence suggests most people agree it is acceptable for a boss to accept a ‘friend’ request from a subordinate, but it is not appropriate for a boss to initiate such a request to a subordinate.\textsuperscript{26} While some claim that there may be mentoring and networking advantages to ‘friending’ the boss,\textsuperscript{27} the issue of unequal power appears to be a concern for many with regard to workplace relationships. Ruettimann\textsuperscript{28} recommends that employees decline an invitation from the boss and pretend like it never arrived in their inbox. He explains “your supervisor isn’t your friend, you have no idea what he will do with your personal information, and he does not need that kind of access into your life.” A survey of 100 Canadian senior executives conducted by staffing firm
OfficeTeam found that 72 percent would be uncomfortable about being “friended” on Facebook by people they manage, and 69 percent reported they would be uncomfortable being social network ‘friends’ with their boss.²⁹

Because academic research examining the workplace implications of Facebook use among supervisors and subordinates is limited, we searched the internet for additional sources and discovered that several bloggers had addressed the issue of “friending” one’s boss. It is interesting to note that when examining their comments regarding the question of how one should respond to a boss ‘friend’ request, respondents were somewhat split on their opinions. Some felt that one should accept the request but limit what the boss can see on one’s profile, whereas others believed that one should ignore the request. One person states “The employer, employee relationship should always be ‘friendly but not familiar’.” Another states “I’d join LinkedIn and add him there as a contact”. Clearly, many individuals struggle with how to respond appropriately in these situations.

Given that the aforementioned literature provides examples of unprofessional postings among medical students and other healthcare providers (such as doctors and nurses), we expect that there is content of a similar unprofessional nature on the Facebook profiles of nurse anesthetists and that, as such, they would be concerned about who would be viewing their profile information. Given the working and/or hierarchical relationship, we expect that nurse anesthetists will have concerns about their employer, physicians, and patients viewing profile information.

Since both healthcare supervisors and physicians are in higher positions in the healthcare hierarchical structure, we would expect many healthcare workers’ responses to ‘friend’ requests from these two sources to be somewhat similar and that they would feel
compelled to accept the request to avoid any potential negative consequences. However, because supervisors are in a more direct reporting relationship over nursing staff than physicians, we would expect nurse anesthetists to experience greater discomfort in receiving such requests from their direct supervisor. In other words, they might accept the request but would have reservations in doing so. Similarly, we would not expect nurse anesthetists to initiate ‘friend’ requests to those of a different level in healthcare hierarchical structure (such as their supervisor, physician, or patient).

**Method**

**Sample**

The present study used a sample of 103 nurses enrolled in a graduate-level certified registered nurse anesthetist (CRNA) program at a medium-sized university located in the Midwestern part of the United States. All nurses had a minimum of two years of work experience in critical care nursing. While students in the CRNA program, they are “on call” for assisting in anesthesia approximately three days a week and are supervised by certified nurse anesthetists. Participation in the study was voluntary and the response rate was 95 percent.

**Survey Instrument**

The survey instrument consisted of six sections: (1) demographic items including gender, age, and social network use; (2) respondents’ reports of whether they had any concerns with their employer, patients, or physicians viewing their social network profiles (responses were made on 5-point rating scale with 1 = strongly disagree and 5 = strongly agree); (2) their responses to a ‘friend’ request from their boss, a patient, and a
physician; and (3) their reports of ‘friend’ requests they had initiated to their boss, a patient, or a physician.

The items measuring participants’ responses to ‘friend’ requests included the following statement: “Assume you have a Facebook profile and that you have received the following email message from Facebook — "Mr./Ms. X [who is your ____ (where the blank was a boss, a patient, or a physician)] added you as a friend on Facebook. We need you to confirm that you are, in fact, friends with Mr./Mrs. X. To confirm this friend request, follow the link below: http://usi.facebook.com/n/?reqs.php." What would your response be to this request from your ____ (again, the blank was a boss, a patient, or a physician).” Response options included: (1) accept as a friend, (2) accept as a friend, but with reservations, and (3) ignore, not respond. For options 2 and 3, respondents were asked to explain either why they had reservations or why they chose to ignore the friend request.

The items measuring ‘friend’ requests that respondents had initiated themselves were worded as follows: “Have YOU ever initiated a ‘friend’ request to any of the following: (a) a boss (i.e., a supervisor, manager, or team leader), (b) a patient, (c) a physician you work with.” Each of these three persons was followed by a “Yes” or “No” response option as well as a question asking “Why/why not?”

Findings

A frequency analysis of the demographic items revealed that our sample consisted of 39 males (38%) and 64 females (62%). Most participants (93%) were non-Hispanic whites, one was a non-Hispanic African American, four were Asian Pacific Islanders and two indicated “other”. Most participants (78.6%) indicated they were between the ages
of 20-39, with most falling either into the 25-29 or 30-34 age groups (35% and 16.5%, respectively). The remaining were age 40-44 (14.6%) or 45 and older (6.8%).

Approximately 86 percent of our respondents indicated that they used Facebook. Most respondents indicated that they had been using Facebook between six months and two years (51%) and many others (32%) had been using Facebook for over three years. On average, our respondents had 406 Facebook ‘friends’ (range =10 to 7200) and belonged to an average of 10 Facebook groups (range = 0 to 500). Most respondents were frequent users of Facebook, indicating that they logged on either one or two times a day or over three times a day (32% and 27%, respectively).

Regarding respondents’ beliefs as to whether they were concerned about various parties viewing their Facebook profile, most respondents were neutral with regard to physicians (M = 3.22, SD = 1.40) or their employer (M = 3.18, SD = 1.45) viewing their profile. However, many respondents expressed some concerns about patients (M = 2.49, SD = 1.50) having access to their profile.

With regard to our respondents’ responses to ‘friend’ requests from their boss, a patient, or a physician they work with, results varied. Most respondents would accept a ‘friend’ request from their boss (48%) or a physician they work with (61%), but would ignore a ‘friend’ request from a patient (81%). The number of respondents who indicated that they would accept their boss’ ‘friend’ request but would have reservations about doing so (24%) was similar to the number who would ignore their boss’ ‘friend’ request (28%). In contrast, only 12.6% of our respondents indicated they would ignore a ‘friend’ request from a physician. These results are shown in Figure 1. A within-subjects comparison of means using ANOVA with repeated measures revealed a significant
difference based on the source of the ‘friend’ request \( F (2, 101) = 123.02, p < .000; \)
where responses were coded as accept = 1, accept with reservations = 2, ignore = 3].
Respondents had the most favorable responses to a ‘friend’ request from a physician \( M = 1.51, \text{SD} = .71 \), followed by their boss \( M = 1.81, \text{SD} = .85 \), and least favorable
responses to ‘friend’ requests from patients \( M = 2.75, \text{SD} = .55 \).

Regarding our respondents’ initiation of ‘friend’ requests to their boss, a patient,
or a physician, our results showed that about an equal number had initiated a ‘friend’
request to their boss \( 40\% \) or a physician they work with \( 49\% \), but only two
respondents had initiated such a request to a patient. While not a majority, the number of
respondents who initiated requests to either their boss or a physician they work with was
higher than expected.

**Qualitative Analysis**

Our respondents’ comments to the open-ended questions were reviewed and
common themes were identified. These themes are shown in Tables 1 and 2. The most
common reasons given as to why our respondents would have reservations about
accepting a ‘friend’ request from their boss, a physician or a patient were that they would
have to block some of the content (usually photos) they currently had on their profile
\( 46\% \) or that it would depend on the relationship they had with that person \( 41\% \). With
regard to ‘friend’ requests from one’s boss, some \( N=4 \) felt they would have to accept
the request or may suffer negative consequences, while others felt suspicious \( N =2 \) and
would want to know why their boss initiated such a request.

Regarding why our respondents would ignore a ‘friend’ request from any of these
three sources, many \( 40\% \) mentioned the need for separation. For example, one
respondent wrote “I tend to keep personal and professional relationships separate.” Many also noted that they thought it was unprofessional (14%), that the person was not their friend (18.5%), or that there was a need for privacy (12%), as indicated by one respondent who wrote “I prefer to keep my profile private to close friends.” Several additional reasons were that they did not know the person well enough, they did not consider the person to be a friend, they found the request to be “creepy” or “awkward” (e.g., the words “stalker” and “obsession” were also mentioned these respondents). Some also indicated that they saw such a request as a conflict of interest or that it would be a potential legal violation (e.g. HIPAA).

The most common reason given as to why respondents had initiated a ‘friend’ request to a boss, a physician or a patient was that the respondent viewed the person as a real friend outside of the workplace (95%). The reasons as to why respondents had not initiated such a request to any of the three parties included: they viewed it as unprofessional (26%), they were not Facebook users or believed that the other party did not use Facebook (19%), they wanted separation (21%), or they did not view the person as a friend (14%).

Discussion

The results of this study showed that a large majority of nurses in our sample are Facebook users and most were neutral with regard to physicians they worked with or employers viewing their Facebook profiles. Despite these neutral responses, the vast majority indicated that they would accept their boss’s ‘friend’ request. Surprisingly, an even larger majority (almost 90%) said they would accept a ‘friend’ request from a
physician that they worked with. However, many said they would have reservations about accepting such requests from both.

Of those who provided explanations for their responses, many said they would block their boss or a physician they work with from seeing photos, wall comments, and other personal information, citing a desire for privacy or the preference to keep their personal and professional lives separate. Others said they thought such “friendships” were unprofessional or it would depend on the relationship they had with their boss or the physician they work with. In other words, it depended upon whether they liked the person or whether they considered the person a friend in the real world and not just the “virtual” world. It should be noted, however, that some felt they would be obligated to accept a ‘friend’ request from their boss, fearing it might offend their boss or that they might face some form of retribution in the workplace if they did not. When asked if they had ever initiated a ‘friend’ request to their boss or a physician, only a few had done so and most brought up either the need for separation or that the person was not a real friend as a reason for why they had not done so. Many also believed that neither their boss nor the physicians they worked with used Facebook.

Most of our respondents had concerns about patients accessing their Facebook profiles and the vast majority (over 80%) would ignore a ‘friend’ request from a patient. The primary reasons given were that they thought it would be unprofessional, the desire for privacy or to keep their personal and professional lives separate, that they did not know the patient well enough, or that they did not consider patients to be their friends. A few also mentioned that they thought it would be awkward, even “creepy”. For example, the words “stalker” and “obsession” were used indicating the belief that the patient may
be establishing an unhealthy emotional connection with their caregiver. Only one of our respondents had initiated a ‘friend’ request to a patient. The most common reasons given were the same as those mentioned earlier, namely that it would be unprofessional and the desire to keep their personal and professional lives separate.

**Practice Implications**

Can patients, physicians, nurses and managers all be Facebook ‘friends’? Or, perhaps, more importantly, should they be? That is, does ‘friending’ in the healthcare workplace cross too many professional boundaries, thereby leading to a potential reduction in the public’s trust in the profession? Evidence suggests that there is considerable debate about the use of social media in healthcare. Some cite the benefits of social media for connecting with and empowering patients or communicating with staff within a healthcare facility, while others express concern about patient privacy and safety, professional conduct, and appropriate boundaries for a therapeutic relationship.

The results of this study support the need for organizational policies and professional guidelines to aid healthcare workers in negotiating responsibly and professionally the use of social networking. This is beginning to happen in some medical institutions but needs more widespread attention in order to avoid legal and ethical problems. Attorneys argue that only about one third of healthcare employers have enacted policies that address employees’ use of social media sites and that a quicker response is needed as social media continues to evolve. Danbury (CT) Hospital, the Mayo Clinic, Vanderbilt University Medical Center, and Kaiser Permanente are touted as examples of healthcare facilities that, not only have initiated such policies, but are seen as
champions in keeping the language short, simple, positive, educational, and transparent.\textsuperscript{35} This ensures greater understanding by employees and provides guidance on best practices that avoids a “finger-wagging” tone.

Additionally, healthcare supervisors need to be trained so that they do not inadvertently create problems regardless of their intention, leading to potential claims of fraternization, harassment, or stalking.\textsuperscript{34} Managers need to be aware that, while sending a ‘friend’ request to an employee might seem rather fun and friendly, it could have unintended consequences. Even if the manager is comfortable initiating the request, the employee may not feel the same way, creating a potentially negative undertone to their working relationship. Finally, it is the responsibility of those who are involved in training healthcare providers to include social media in their discussion of professional conduct and ethical behavior in the healthcare workplace. Many medical and healthcare education programs are starting to recognize the importance of addressing this and are including it in their curriculum and clinical training.\textsuperscript{16}

\textbf{Limitations and Future Research}

This study is not without some limitations. Since the ‘friend’ requests in this study were fictitious, there could be a discrepancy between how respondents reported they would act and their actual reactions if they were to receive such a request. Future researchers should examine reactions to actual Facebook ‘friend’ requests from patients, supervisors, and physicians. Another limitation is that, although respondents in this study had work experience, they were relatively young and were currently only working on an “on call” basis as part of their clinical training. The sample size was also relatively small. Future studies should continue to explore the social networking behavior among a larger
and more diverse sample of healthcare employees. In addition, the sample for this study was nurse anesthetists working in the US. Future research should extend this study to other healthcare settings in other countries.

In conclusion, this study provides evidence that social networking is being used by healthcare providers other than physicians and medical students and raises concerns about the risk to professionalism and privacy in the healthcare workplace.
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TABLE 1

Respondents’ Answers to Open-ended Questions Regarding Their Response to ‘Friend’ Requests from Boss, Physician, and Patient by Type of Response

<table>
<thead>
<tr>
<th>Accept with Reservations</th>
<th>Boss</th>
<th>Physician</th>
<th>Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N = 23</td>
<td>N = 26</td>
<td>N = 12</td>
</tr>
<tr>
<td>Would need to block content or edit profile</td>
<td>61%</td>
<td>35%</td>
<td>42%</td>
</tr>
<tr>
<td>Depends on relationship or whether person is liked, or is a real friend</td>
<td>26%</td>
<td>54%</td>
<td>42%</td>
</tr>
<tr>
<td>Would feel obligated</td>
<td>17%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suspicious, would want to know why</td>
<td>9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don't know very well</td>
<td></td>
<td>4%</td>
<td>8%</td>
</tr>
<tr>
<td>Unprofessional</td>
<td>8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Would not want him to get biased opinion about me.</td>
<td></td>
<td></td>
<td>4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ignore</th>
<th>Boss</th>
<th>Physician</th>
<th>Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N = 19</td>
<td>N = 5</td>
<td>N = 56</td>
</tr>
<tr>
<td>Separation</td>
<td>47%</td>
<td>40%</td>
<td>30%</td>
</tr>
<tr>
<td>Unprofessional</td>
<td>16%</td>
<td>40%</td>
<td>32%</td>
</tr>
<tr>
<td>Privacy</td>
<td>2%</td>
<td>40%</td>
<td>11%</td>
</tr>
<tr>
<td>Not a friend</td>
<td>3%</td>
<td>2%</td>
<td>13%</td>
</tr>
<tr>
<td>Depends on relationship or whether person is liked, or is a real friend</td>
<td>2%</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>Don't know well enough</td>
<td></td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td>Creepy, awkward</td>
<td></td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>Conflict of interest</td>
<td></td>
<td>4%</td>
<td></td>
</tr>
</tbody>
</table>
HIPAA violation or unethical 4%

Note: the N shown is the number of respondents who provided written comments. The total percentage may be greater than 100% because some comments had multiple themes.

### TABLE 2

**Respondents’ Explanations of Initiation (or Lack) of a ‘Friend’ Request to Their Boss, Physician or Patient by Type of Response**

<table>
<thead>
<tr>
<th>Why respondent had initiated a ‘friend’ request</th>
<th>Boss N = 36</th>
<th>Physician N = 38</th>
<th>Patient N = 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is a real friend</td>
<td>78%</td>
<td>84%</td>
<td>100%</td>
</tr>
<tr>
<td>Like the person</td>
<td>11%</td>
<td>16%</td>
<td></td>
</tr>
<tr>
<td>Nothing to hide</td>
<td>6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Only after I left</td>
<td>3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Close relationship to family</td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Manager asked why employees had ignored her friend request</td>
<td>3%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Why respondent had NOT initiated a ‘friend’ request</th>
<th>Boss N = 30</th>
<th>Physician N = 28</th>
<th>Patient N = 52</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondent or Other does not use Facebook</td>
<td>30%</td>
<td>32%</td>
<td>6%</td>
</tr>
<tr>
<td>Unprofessional</td>
<td>13%</td>
<td>4%</td>
<td>46%</td>
</tr>
<tr>
<td>Separation</td>
<td>27%</td>
<td>11%</td>
<td>23%</td>
</tr>
<tr>
<td>Not a friend</td>
<td>23%</td>
<td>21%</td>
<td>4%</td>
</tr>
<tr>
<td>Respondent does not initiate friend requests</td>
<td>13%</td>
<td>14%</td>
<td>2%</td>
</tr>
<tr>
<td>Never considered it</td>
<td></td>
<td></td>
<td>7%</td>
</tr>
<tr>
<td>Don't know well enough</td>
<td></td>
<td></td>
<td>12%</td>
</tr>
<tr>
<td>Privacy</td>
<td></td>
<td></td>
<td>11%</td>
</tr>
<tr>
<td>4%</td>
<td></td>
<td></td>
<td>2%</td>
</tr>
<tr>
<td>Other ‘friend’ requested them first</td>
<td>7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIPAA violation or unethical</td>
<td></td>
<td></td>
<td>6%</td>
</tr>
</tbody>
</table>

Note: the N shown is the number of respondents who provided written comments. The total percentage may be greater than 100% because some comments had multiple themes.
FIGURE 1
Respondents’ Response to a ‘Friend’ Request by Source of Request

- Accept as a friend: 47.6% (Boss), 61.2% (Physician), 5.8% (Patient)
- Accept as a friend with reservations: 24.3% (Boss), 26.2% (Physician), 13.6% (Patient)
- Ignore: 28.2% (Boss), 80.6% (Physician), 12.6% (Patient)