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Keywords

Professionalism, social, networking, can, patients, physicians, nurses, supervisors, all, friends

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**Professionalism and Social Networking:
Can Patients, Physicians, Nurses, and Supervisors All Be ‘Friends’?**

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ABSTRACT

This study examines the use of Facebook by certified nurse anesthetist students. Our results showed that, contrary to expectations, most were neutral about faculty, physicians, and supervisors viewing their Facebook profiles but expressed concerns about patients seeing such information. Many (30%) of our respondents had observed unprofessional content posted on the social network sites of their classmates including: intoxication or substance abuse, profanity, sexually suggestive photos or comments, and negative work-related comments. 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 and directions for future research are discussed.

Keywords: Social networking, professionalism, healthcare

The issue of professionalism is receiving a lot of attention in the healthcare and medical education literature (Finn, Gamer, & Sawdon, 2010; MacDonald, Sohn, & Ellis, 2010).

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 (Guseh, Brendel, & Brendel, 2009; Jha, Bekker, Duffy, & Roberts, 2006). 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, it is recognized that ongoing changes in the workplace and society can place challenges on how professionalism is defined. For example, as healthcare moved into providing services in nontraditional settings such as patient homes, the issue of professional boundaries had to be re-examined (Knapp & Slattery, 2004). Now, with the widespread use of social networking and other electronic media, healthcare is facing a significant threat to professionalism as patients and healthcare workers communicate with one another in a virtual world.

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 (Facebook, 2010).

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 U.S. 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 (Lupsa, 2006). 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. One of these studies found that only about 35% of the U.S. medical students surveyed used privacy settings and some profiles displayed potentially unprofessional pictures and comments (Thompson, Dawson, Ferdig, Black, Boyer, Coutts, & Black, 2008). Likewise, a survey of US medical schools found that over 50% indicated evidence of unprofessional conduct posted by their medical students online (Tonks, 2009). 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 (Ferdig, Dawson, Black, Black, & Thompson, 2008). It appears that this unprofessional online behavior continues as they transition into the workplace. In their study of young doctors, MacDonald, Sohn, and Ellis (2010) found that, although 60% restricted their profiles to their 'friends', the remaining profiles contained personal information about sexual orientation, religious views, use of alcohol, and personal relationships. This has prompted a cry for the establishment of guidelines to aid healthcare

workers in negotiating responsibly and professionally the use of social networking forums (Guseh, Brendel, & Brendel, 2010).

Studies about the use of social networking among medical professionals have primarily focused on medical students and/or doctors. Since some healthcare providers speculate that as many as 50% of their employees use some form of social media (Gevertz & Greenwood, 2010), we believe that other healthcare professionals are also participating in social networking and may be demonstrating a lack of professionalism in their online behavior. Concerns for professionalism in online use 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 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 and their observations about classmates' profile content. In addition, to tap their concerns about maintaining professional boundaries, we will 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

Since participants in social networking are generally motivated by wanting to "be seen" by others, this is likely to influence their judgment about what they choose to post about themselves (Tufekci, 2008). Some, in an effort to draw attention, may be bolder about the information they decide to share about themselves, whereas others are likely to be more discreet. With the open access of Facebook, the distinction between what is personal and what is private has been blurred. At the same time, there has been a "graying" of user demographics. For example, the number of users in their 50s more than doubled in 2009 (MacMillan, 2009). Due to the widespread use of Facebook, the original younger users are finding that they are sharing the same virtual space with their elders (e.g. their parents, grandparents, other relatives) or

individuals with whom they have not typically shared personal information (e.g. their supervisor, co-workers, customers/clients). This poses a major challenge to the medical profession in their aim to protect patient privacy (MacDonald, Sohn, & Ellis, 2010).

Much of what is being written about privacy concerns with regard to healthcare providers' use of social networking focuses more on the issues of patient confidentiality and violations of the US HIPAA (Health Insurance Portability and Accountability Act) and less on what they are choosing to share about themselves online. For example, one case of privacy violation involving social networking dealt with two U.S. 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. Both nurses were fired for violating company policy and are being investigated by the FBI for federal violations ("Facebook firings show privacy concerns with social networking sites", 2009).

Besides what might be considered illegal violations of privacy, there are concerns about professionalism in how social networking is being used by healthcare providers. Hader and Brown (2010) indicate that 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 (Klich-Heartt & Prion, 2010). 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 there would be greater concern about supervisors, physicians, faculty, and patients viewing profile information as opposed to classmates, friends, and family members. Thus, we predict:

Hypothesis 1: Nurse anesthetists have greater concerns about supervisors, physicians, faculty, and patients viewing their Facebook profile information as opposed to classmates, friends, and family members.

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 (1959) theory 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 (2004), 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. Some medical professionals appear to be quite comfortable with this. In fact, a U.S. 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” (Nolan, 2010).

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 in the U.S. 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 (Aspinwall, 2010). 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 (Nolan, 2010). 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 (2010) 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. 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 their 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 (Horowitz, 2008). While some claim that there may be mentoring and networking advantages to 'friending' the boss (Rutledge, 2008), the issue of unequal power appears to be a concern for many with regard to workplace relationships. Ruettimann (2009) 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% would be uncomfortable about being “friended” on Facebook by people they manage, and 69% reported they would be uncomfortable being social network ‘friends’ with their boss (“Your boss doesn’t want to be your Facebook friend,” 2009). It is interesting to note that, when examining blog 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.

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). Thus, we predict:

Hypothesis 2: Nurse anesthetists would be less likely to accept a ‘friend’ request from their supervisor than a physician that they work with and least likely to accept such a request from a patient.

Hypothesis 3: Nurse anesthetists would be less likely to initiate a 'friend' request to their supervisor, physician, or patient.

METHOD

Sample

The present study used a sample of 82 students enrolled in a graduate-level certified registered nurse anesthetist program at a medium-sized university located in the Midwestern part of the United States. All students had a minimum of two years' work experience in critical care nursing. While students, 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%. There were 29 (37%) males and 49 (62%) females for a total of 78 respondents. Most participants (95%) were Caucasian, one was an African American, one was an Asian Pacific Islander and two indicated "other". Most participants (76%) indicated they were between the ages of 20-39, with most falling either into the 25-29 or 30-34 age groups (32% and 21%, respectively). The remaining were age 40-44 (17%) or 45 and older (8%).

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 friends, family members, classmates, prospective or current employers, faculty, patients, strangers or physicians viewing their social network profiles; (3) photos or comments on their own Facebook site that they would not want current or prospective employers to see; (4) whether they had observed unprofessional content on their classmates' Facebook sites, and if so, whether the content included profanity, discriminatory language, intoxication or substance abuse, sexually suggestive photos or comments, questionable group memberships (e.g., I don't need sex because grad school f***s me every day), and/or negative comments related to faculty or negative work-related comments; (5) their responses to a 'friend' request from their boss, a patient, and a

physician; and (6) 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?"

RESULTS

Approximately 85% of our respondents indicated that they used Facebook. Most respondents indicated that they had been using Facebook for two years or less (62%), with 27% using Facebook for three years. On average, our respondents had 363 Facebook 'friends' (range =10 to 7200) and belonged to an average of 13 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 (34.3% and 25.4%, respectively).

Regarding respondents' beliefs as to whether they were concerned about various parties viewing their Facebook profile, most agreed that they would have no concerns with their family

($M = 4.24$, $SD = 1.10$), friends ($M = 4.19$, $SD = 1.12$), or their classmates ($M = 4.17$, $SD = 3.37$) seeing their profile information. In general, respondents were neutral with regard to faculty ($M = 3.37$, $SD = 1.41$), physicians ($M = 3.24$, $SD = 1.40$) or employers ($M = 3.14$, $AD = 1.49$) viewing their profiles. However, many respondents expressed some concerns about patients ($M = 2.62$, $SD = 1.54$) or strangers ($M = 1.94$, $SD = 1.33$) having access to their profiles. These findings provide partial support for Hypothesis 1. Regarding the photos or comments on their social network site that they would not want employers to see, 21% indicated they had such photos and 10% indicated they had such comments. Most (75%) of the photos that respondents did not want seen by employers were of alcohol use, whereas many of the comments were those made by friends and/or included profanity.

Approximately 30% of our respondents reported they had observed unprofessional content posted on the social network sites of their classmates. The most common types of unprofessional content observed included intoxication or substance abuse ($N = 21$), profanity ($N=16$), or sexually suggestive photos or comments ($N = 11$). Less common were negative work-related comments ($N = 6$), discriminatory language ($N = 4$), negative comments related to faculty ($N = 4$), and questionable group memberships ($N = 2$).

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 (46%) 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 (25%) was similar to the number who would ignore their boss' 'friend' request (28%). In contrast, only 11.5% 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 [$F(2, 76) = 104.27$, $p < .000$; 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 ($M = 1.50$, $SD = .70$), followed by their boss ($M = 1.82$, $SD = .85$), and least favorable responses to ‘friend’ requests from patients ($M = 2.76$, $SD = .54$). These results provide partial support for Hypothesis 2.

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 (37%) or a physician they work with (40%), but only one respondent 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 and failed to provide support for Hypothesis 3.

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 it would depend on the relationship they had with that person (45%), or they would have to block some of the content (usually photos) they currently had on their profile (37%). 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 (31%) mentioned the need for separation. For example, one respondent wrote “I tend to keep personal and professional relationships separate.” Many (31%) also noted that they thought it was unprofessional or that there was a need for privacy (16%), 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 (76%). The reasons as to why respondents had not initiated such a request to any of the three parties included: they were not Facebook users or believed that the other party used Facebook (39%), they viewed it as unprofessional (37%), they wanted separation (33%), or they did not view the person as a friend (29%).

DISCUSSION

The results of this study showed that a large majority of this sample are Facebook users and that many (30%) of our respondents had observed unprofessional content posted on the social network sites of their nurse anesthetist classmates including: intoxication or substance abuse, profanity, sexually suggestive photos or comments, and negative work-related comments. This provides evidence that shows social networking is being used by healthcare providers other than physicians and medical students and raises concerns about the risk to professionalism in the healthcare workplace.

Regarding respondents’ concerns about other parties viewing their Facebook profile, most were neutral with regard to physicians or employers seeing their 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. 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 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. 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.

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? 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. Additionally, healthcare supervisors 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.

Additionally, healthcare educators have a responsibility to ensure that they are providing a comprehensive curriculum that deals with a range of professionalism issues in their preparation of students for the current and future workplace. For example, discussions of professionalism should include “e-professionalism”, or professional behavior and communication in online settings (Cain, 2008). While arguments are already being made for the importance of this in the training of pharmacy students (Cain, Scott, & Akers, 2009) and medical students (MacDonald, Sohn, & Ellis, 2010; Thompson, Dawson, Ferdig, Black, Boyer, Coutts, & Black, 2008), this should be extended to training in the other healthcare professions as well.

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 requests. 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 United States. Future research should extend this study to other healthcare settings in other countries.

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TABLE 1

Respondents' answers to open-ended questions regarding why they would have reservations about accepting a "friend" request or why they would ignore a "friend" request from their boss, a physician or a patient.

Accept with Reservations	Boss N = 19	Physician N = 20	Patient N = 10
Would need to block content or edit profile	11	7	4
Depends on relationship or whether person is liked, or is a real friend	5	13	4
Would feel obligated	4		
Suspicious, would want to know why	2		
Don't know very well			1
Unprofessional		1	
Ignore	Boss N = 14	Physician N = 4	Patient N = 43
Separation	6	1	12
Unprofessional	3	2	14
Privacy	3	2	5
Not a friend	4	1	5
Depends on relationship or whether person is liked, or is a real friend	3		
Don't know well enough			6
Creepy, awkward			4
Conflict of interest			2
HIPAA violation or unethical			2

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

TABLE 2

Respondents' explanations as to why they had or had not initiated a "friend" request to a boss, a physician or a patient

Why respondent had initiated a "friend" request	Boss N = 25	Physician N = 23	Patient N = 1
Is a real friend	17	20	
Like the person	3	3	
Nothing to hide	1		
Only after I left	1		
Close relationship to family			1
Why respondent had NOT initiated a "friend" request	Boss N = 22	Physician N = 26	Patient N = 39
Respondent or Other does not use Facebook	7	9	3
Unprofessional	2		16
Separation	5	2	9
Not a friend	7	6	1
Respondent does not initiate friend requests	3	4	1
Never considered it		2	5
Don't know well enough		3	1
Privacy		1	2
Other "friend" requested them first	2		
HIPAA violation or unethical			2

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

FIGURE 1

Percent of Respondents who would Accept, Accept with Reservations, or Ignore a Friend Request by Source of Request

