Factors and Processes That Influence E-Professionalism among Pre-Licensure Baccalaureate

Nursing Students When Utilizing Social Media

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Dedication Page

This dissertation is dedicated in loving memory to my grandparents who constantly
expressed how proud they were of me as I sought to advance my education.

Acknowledgements

I would like to thank my family for their loving support, encouraging words, and continued faith in my abilities. Thank you to my parents, who at a young age taught me to believe in myself and to always reach for the stars regardless of obstacles encountered. If not for their constant support and encouragement, I would not be where I am today. A special thank you to my sister for her extra patience, understanding, and words of wisdom as we both ventured together through our doctoral studies. I need to also acknowledge the support that I received from my peers and colleagues (Robin Spangler, Renee Towne, Sherry Koenigsman, Robin Kappler, Ann Nebel, and Sue Pilker) as we maneuvered the doctoral journey together. Your daily support made our travels bearable and, at times, enjoyable.

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Table of Contents

LIST OF TABLES

LIST OF FIGURES

Abstract

There is limited research related to nursing students' social media use. Because of this, there was a need to further explore how they were using social media and their ability to maintain e-professionalism. This study discovered that pre-licensure baccalaureate nursing students are actively using multiple social media accounts on a daily basis. Nursing is considered a trusted and respected profession, therefore, nursing students are held to a high professional standard. This includes maintaining privacy boundaries when managing professional and personal information during social media use.

The purpose of this grounded theory study was to explore the processes pre-licensure baccalaureate nursing students used to maintain e-professionalism when utilizing social media. Participants were chosen through purposeful sampling. Semi-structured interviews were utilized along with documents that simulated social media postings. Participants' privacy settings were inspected. After completing the coding process, the Skrabal theory of e-professionalism among pre-licensure baccalaureate nursing students© was developed.

Results found students struggled with recognizing professional social media use. Privacy settings, number of friends, frequency of social media use, and operation of different social media accounts were processes that influenced social media use and management of privacy boundaries. The factors of age, nursing school, ethical reasoning, managing emotions, and social media education influenced nursing students' ability to use social media in a professional manner. Social media education was determined to be the factor that, if modified, could impact e-professionalism most significantly. Concept-based education, along with teaching strategies that assist students in transferring knowledge learned in the classroom to actual practice, was recommended.

Keywords: e-professionalism, social media use, pre-licensure baccalaureate nursing students

Factors and Processes That Influence E-Professionalism among Pre-Licensure Baccalaureate

Nursing Students When Utilizing Social Media

Chapter I: Introduction

Research regarding social media showed that healthcare professions students exhibited

unprofessional behavior when engaging in social media use. This behavior continued after

professional organizations and colleges implemented social media guidelines and policies

regarding appropriate use (Marnocha, Marnocha, & Pilliow, 2015). In addition, faculty included

education about professional use of social media throughout the curriculum (Frazier, Culley,

Hein, Williams, and Tavakoli, 2014). Ultimately, there continues to be a lack of understanding

among researchers as to why healthcare professions students, along with nursing students,

continue to exhibit this behavior (Frazier et al., 2014).

This chapter identifies the purpose of this study along with the background and rationale

as to why additional research is needed regarding professional use of social media among

nursing students. The problem statement and research questions are described, along with

definitions of terms. The theoretical framework that provided the foundation for this study is

discussed. Finally, the assumptions, limitations, and delimitations are examined.

Purpose of the Study

The purpose of this grounded study was to explore the processes baccalaureate nursing

students used to maintain e-professionalism when utilizing social media while attending nursing

school at two Midwestern Colleges.

Background and Rationale

The use of social media in today's society has grown rapidly. Social media is defined as

applications, which are internet-based, that allow the user to generate, create, and exchange

content (Kaplan & Haenlein, 2010). Examples of social media include social networking sites (Facebook and MySpace), microblogging (Twitter and Instagram), content communities (YouTube), and virtual games (Kaplan & Haenlein, 2010). Snapchat, a messaging app, is a social media site popular among college students (Greenwood, Perrin, & Duggan 2016).

Based the on research by Greenwood et al. (2016), Facebook was the most popular social media site used among adult users with 79% of its users engaged with the site on a daily basis. Although Facebook remained the most popular social media site, data showed that 56% of adults maintained more than one social media accounts (Greenwood et al., 2016). Among individuals between the ages of 18-29, 88% used Facebook, whereas 59% of these individuals were engaged with Instagram (Greenwood et al., 2016). Based on these statistics, young adults demonstrated that they were actively using social media and likely have multiple social media accounts.

According to the annual Gallup poll regarding honesty and ethics among various professions, nursing was considered the most trusted profession with 84% of the general public rating nurses' ethical standard and honesty at "very high" or "high" (American Nurses Association, 2016; Gallup, 2016). Because of this, healthcare professions students, including nursing students, are held to a higher degree of professionalism regarding social media use versus the general public (Jain et al., 2014). In a study by Frazier et al. (2014), 87% of nursing students surveyed recognized that nurses must be held to a higher standard when using social media. Therefore, most nursing students should not rely on inexperience or their student status to excuse them from using social media inappropriately (Azizi, 2013; Griffith & Tengnah, 2011). Because it is unrealistic to think that nursing students will abstain from using social media, students must learn how to use social media in a professional manner.

According to the National Council of State Boards of Nursing (2011), social media allowed for networking among professionals and peers, enhanced communication, and served as an educational tool among nursing students and nurses. Although there were several benefits associated with using social media, there were multiple consequences that resulted when social media was not used appropriately. Because information can be shared through social media, new concerns about professionalism emerged among leaders and faculty in the nursing profession.

E-professionalism is defined as the attitudes and behaviors exhibited by individuals through digital media (Cain & Romanelli, 2009). According to the University of Minnesota (2011), attitudes and behaviors that constitute e-professionalism include recognizing and using privacy settings when using social media. In addition, e-professionalism consists of maintaining boundaries between professional and personal information while recognizing the permanence of information posted to social media (University of Minnesota, 2011).

Spector and Kappel (2012) gave multiple examples in which nurses and students failed to follow e-professional behaviors when using social media. These examples included privacy breaches against patients, as well as communication against the profession, future employers, and schools. In addition, cyber-bulling against faculty and peers occurred (Spector & Kappel, 2012). Ultimately, these examples damaged the professional reputations of nursing students, led to a loss of respect by the public, and harmed patients.

In a recent study by Marnocha et al. (2015), deans and directors of schools with accredited associate and/or bachelor degree nursing programs were surveyed. Of those participants surveyed, 77% were aware of incidents of unprofessional content posted online by nursing students. Of the examples of unprofessional content, 58% were negative comments about patients, peers, their work environment, or the nursing profession, 37% were profanity, and 31%

were violations of patient confidentiality. Although multiple professional nursing organizations developed guidelines and standards advising nursing students on proper social media use, students continued to blur professional and personal boundaries when using social media (Marnocha et al., 2015).

Furthermore, 68% of nursing students confirmed the presence of unprofessional behavior by peers and by other nurses when using social media (Frazier et al., 2014). Frazier et al. (2014) also found that half of the nursing students surveyed (136 undergraduate and graduate nursing students) reported that they did not receive training throughout the nursing curriculum regarding proper use of social media, whereas 71% of the nursing faculty reported that social media guidelines were addressed. Based on this study, it was determined that additional research was needed to better understand how undergraduate nursing students develop professional boundaries when using social media (Frazier et al., 2014).

Problem Statement

Based on the literature, some healthcare professions students continued to exhibit a lack of e-professionalism when using social media. They were challenged with maintaining clear boundaries between professional and personal information. In many incidences, healthcare professions students have blurred boundaries and posted information that was unprofessional. The problem was that after completing a literature review of social media, there was minimal research related to nursing students and their use of social media. Due to limited research, there is an increased need to explore the processes nursing students use to maintain e-professionalism as they utilized social media.

Research Questions

Central research question. What were the processes pre-licensure baccalaureate nursing students at two Midwestern colleges used to maintain e-professionalism while utilizing social media?

Subquestion one. How did pre-licensure baccalaureate nursing students manage and control professional versus personal information when utilizing social media at two Midwestern colleges?

Subquestion two. How did pre-licensure baccalaureate nursing students maintain privacy boundaries when utilizing social media at two Midwestern colleges?

Definition of Terms

The following terms were identified as key concepts to this research study. To provide clarity, terms were formally defined and discussed as to how they related to this study.

Baccalaureate nursing student. A baccalaureate nursing student is a student who receives a baccalaureate degree after attending a university or college program that contains theoretical and clinical courses related to the practice of nursing (Potter, Perry, Stockert, & Hall, 2013). For this study, pre-licensure baccalaureate nursing students were considered as individuals who were currently enrolled in one of two Midwestern Colleges, Schools of Nursing. Students were currently taking a nursing course that contained both theoretical and clinical components.

Privacy management dialectics. Privacy management dialectics is a systematic or logical understanding of how personal information is managed by individuals. With this, individuals must recognize that turbulent boundaries may occur when managing private information (Petronio, 2002).

E-professionalism. E-professionalism consist of attributes exhibited by individuals through digital media which are based on the traditional professionalism paradigm (Cain, 2008; Cain & Romanelli, 2009). The traditional professionalism paradigm encompassed the attributes of accountability, excellence, respect, honesty, altruism, dutifulness, honor, and integrity (American Board of Internal Medicine, 2001).

Traits of the nursing profession include responsibility and accountability for actions (Catalano, 2015). In addition, the nursing profession is acknowledged for its service to the public and its altruistic activities. The goal of nursing was described as helping others adapt to illness and achieve the highest level of functioning possible (Catalano, 2015)). Other traits of the nursing profession included the Code of Ethics, commitment to the profession, professional identity, and specialized body of knowledge (Catalano, 2015). Therefore, professionalism was defined as the demonstration of personal, ethical, and skill characteristics of the nursing profession (Catalano, 2015). The traits of the profession, when carried out, convey professionalism.

Nursing students needed to acknowledge the traits of the nursing profession and how this related to their social media use. E-professionalism in the nursing profession included being accountable and responsible for the information being posted to social media. In addition, nursing students were expected to protect patients and provide care according to the Code of Ethics.

E-professionalism was defined for this study as maintaining professional and personal boundaries when posting information to social media. In addition, e-professionalism included using privacy settings appropriately.

Midwestern college. A Midwestern college is an institution of higher learning that individuals attend following high school which leads to a bachelor's degree (Merriam-Webster Dictionary, 2015). For this study, both colleges were considered to be Midwestern because they were located in the north central region of the United States (Merriam-Webster Dictionary, 2015).

Privacy boundaries. Privacy boundaries are perimeters individuals use to distinguish between personal and professional information (Petronio, 2002).

Private information. Private information is content or data individuals feel is theirs to keep and manage (Petronio, 2002). Private information included use of privacy settings when using social media and maintaining attributes of e-professionalism. In addition, student nurses needed to follow the Health Insurance Portability and Accountability Act (HIPAA) when using social media.

Public information. Public information is content or data individuals feel they can share freely with others (Petronio, 2002).

Rule-based management system. Through the rule-based management system, rules provide structure or guidelines to individuals which assist in handling personal information (Petronio, 2002).

Social media. Social media are applications, which are internet-based, that allow the user to generate, create, and exchange content. Examples of social media consist of social networking sites (Facebook and MySpace), microblogging (Twitter), content communities (YouTube), and virtual games (Kaplan & Haenlein, 2009). Snapchat is a social media messaging app which can be accessed on a smartphone (Greenwood et al., 2016). For this study, social media included use of Facebook, Twitter, Snapchat, and/or Instagram.

Theoretical Framework

The theory discussed in this section provides a sound framework for this research study. Petronio's Communication Privacy Management (CPM) theory allowed for a comprehensive understanding of how individuals manage private information both personally and collectively. The theory showed insight into how people determine boundaries when sharing personal information (Petronio, 2002). This knowledge provides valuable insight when exploring how information is shared through social media.

Petronio's Communication Privacy Management (CPM) theory. Communication Privacy Management (CPM) theory was developed from social-behavioral research of how individuals manage personal information (Petronio, 2002). The CPM theory recognizes that confidentiality and privacy are determined by the need for autonomy versus the need to connect with others (Petronio, DiCorcia, & Duggan, 2012). Navigating between autonomy and connectedness is important to understand because individuals want to connect with others by granting access to information. However, the continued desire for autonomy and privacy leads to protecting and concealing information (Petronio et al., 2012). Privacy boundaries are used to determine how information is presented. This theory applies to the healthcare provider-patient relationship (Petronio et al., 2012). The principle of autonomy demands that patients determine privacy boundaries when sharing and controlling information that is presented to healthcare providers.

The CPM theory also extends to the use of social media by healthcare professions students. Students must acknowledge boundaries and navigate between the need for autonomy versus wanting to connect with others (Petronio et al., 2012). The CPM theory provides a

framework to better understand how healthcare professions students manage information posted to social media.

To understand this theory, basic concepts include the following: Communication is considered essential when disclosing personal information. Privacy disclosure is focused on granting or denying access to personal information. Disclosure of information is a communicative process that involves self and others (Petronio, 2002). According to Petronio (2002), privacy management identifies parameters when considering personal information. Determining privacy boundaries between individuals is part of the privacy management system. CPM recognizes that disclosure of personal information is rule-based (Petronio, 2002). Therefore, understanding the general concepts of the CPM theory was important to provide the foundation for the Skrabal theory of e-professionalism among pre-licensure baccalaureate nursing students©.

According to Petronio (2002), the CPM theory is based on five suppositions. An understanding of the five suppositions is needed to gain insight into how information is managed and disclosed.

Supposition one. The first supposition acknowledges that individuals have and control personal information (Petronio, 2002). Based on this, individuals believe that personal information is theirs to keep and manage. According to Griffin, Ledbetter, and Sparks (2014), ownership of personal information involves both rights and obligations. Individuals have the responsibility and accountability to properly handle personal information. This assumption relates to healthcare professionals. Personal information is shared with members of the healthcare team by patients, and members of this team have an obligation to protect information

and keep it confidential from others. This includes healthcare-related information along with

personal information about patients (Petronio, 2002).

      Supposition two. Boundaries are lines individuals draw between private and public

information (Petronio, 2002). Boundaries are either personal or collective. Personal boundaries

are established to manage private or personal information about an individual. Collective

boundaries are established to control private information among multiple individuals such as a

family (Petronio, 2002). As a result, this supposition acknowledges that individuals need to

determine if boundaries are personal or collective when accessing and managing personal

information.

      Petronio (2002) concedes that boundaries change as individuals move through life.

Boundaries strengthen, weaken, or become obscure or unambiguous based on specific life

situations. Boundaries are established at a young age, and they change as individuals mature. As

individuals become adults, boundaries strengthen to accommodate the amount of personal

information individuals manage concerning themselves and others (Petronio, 2002). Boundaries

are altered to assist in managing personal information when accommodating situations

throughout life. With this in mind, individuals recognize when boundaries need to be adjusted to

assure that personal information is managed appropriately.

      Supposition three. According to Petronio (2002), individuals believe that they own

personal information or co-own it with others. This supposition looks at the control individuals

have when managing personal and collective boundaries (Petronio, 2002). With personal

boundaries, individuals have the ability to manage personal information. Individuals feel less

vulnerable if they perceive that they own and control their personal information (Petronio, 2002).

Ultimately, boundaries are erected to assure individual control and ownership of personal information.

Collective personal information is co-owned with others, and information is mutually controlled by all individuals who are part of the group. Individuals who co-own personal information should have a sense of responsibility in protecting this information; however, the responsibility may not be equally shared (Petronio, 2002). Finally, individuals exercise less control to maintain or protect co-owned personal information (Petronio, 2002). In essence, the ownership and control of personal information that is co-owned varies and its boundaries fluctuate.

With thicker boundaries, personal information is maintained, and there is high control over information. As boundaries become thinner, individuals feel that they have less control of the personal information and the information is at greater risk of being openly shared (Petronio, 2002). Individuals form thicker boundaries when managing personal or private information. In contrast, boundaries are typically thinner with co-owned information, and there is a greater risk of violations of an individual's privacy in this situation.

Supposition four. Supposition four considers disclosure of personal information as rule-based, and these rules help guide the management of boundaries (Petronio, 2002). Rules are needed to establish responsibility in managing information that is received. When information is shared, the receiver of the information needs to abide by rules that are established (Petronio, 2002). Rules are established and assumed by both the person who reveals the information and the recipient (Petronio, 2002). Establishing these rules is essential to ensure personal information is kept confidential among all parties.

There are processes that occur when dealing with the rule management system when establishing boundaries. According to Petronio (2002), boundary coordination is the process that reflects how personal information is regulated by rules when managing collective boundaries. Turbulent boundaries occur when coordination of information does not occur and rules become unpredictable (Petronio, 2002). Turbulent boundaries lead to blurring of the boundaries. As a result, there is less control over personal information and this information may be inadvertently shared with others (Petronio, 2002).

Supposition five. The fifth and final supposition considers the CPM theory as dialectical. This means that privacy management experiences tensions or turbulent boundaries (Petronio, 2002). Dialectical tension is the pulling force between concealing personal information and revealing information to the public. The pull to reveal information publicly depends on how many people have access to the information, how much information is disclosed, and who receives the information (Petronio, 2002). Once personal information is revealed, individuals recognize that it becomes less private and more public.

The CPM theory provided a foundation for understanding how personal information was disclosed when using social media. The CPM theory contributed to knowledge regarding communication of personal information and formation of boundaries that guide individuals when sharing information. Literature identified that healthcare professions students struggle in identifying rules for boundaries when using social media. This may result in blurring of boundaries or turbulent boundaries between what was considered personal and professional information.

For this study, it was proposed that CPM suppositions influence the key concept of e-professionalism (see Figure 1.1). As baccalaureate nursing students use social media, they

establish boundaries which help maintain or manage personal information. With established

boundaries, personal information is more likely to be properly handled, which eventually leads to

maintaining e-professionalism when using social media.

       To establish boundaries, nursing students need to determine what is considered

professional versus personal information. With this knowledge, nursing students are able to

recognize that patients have control of and manage their personal information. However, as

patients are admitted to healthcare facilities, there is a thinning of boundaries as personal

information is shared with the healthcare team. Nursing students are part of the healthcare team

and acquire personal information while caring for patients. Because of this, nursing students

need to ensure they are protecting personal patient information when using social media.

       Supposition four influenced the formation of boundaries. According to Petronio (2002),

disclosure of private information is rule-based. Therefore, nursing students determine the process

of managing the rules which influence the formation of privacy boundaries. Finally, dialectical

tension can create turbulent boundaries, and nursing students need to learn how to manage this.

       This researcher believed that there was a need to further explore how rules influenced

boundaries and the processes nursing students used to establish these rules. In addition, there was

a greater need to understand how dialectical tension influenced nursing students' social media

behavior. It was thought that age, formal education, moral reasoning, and managing emotions

were factors that impacted baccalaureate nursing students' use of social media. Based on the

literature review, it was determined that as nursing students matured chronologically and

participated in formal education, moral reasoning was enhanced, which may help improve

professional use of social media. In addition, the researcher believed that nursing students'

management of their emotions affected social media use. Gaining better insight into how these

factors influenced boundary formation and dialectical tensions helped clarify the processes

nursing students used to manage personal information essential to maintaining e-professionalism.
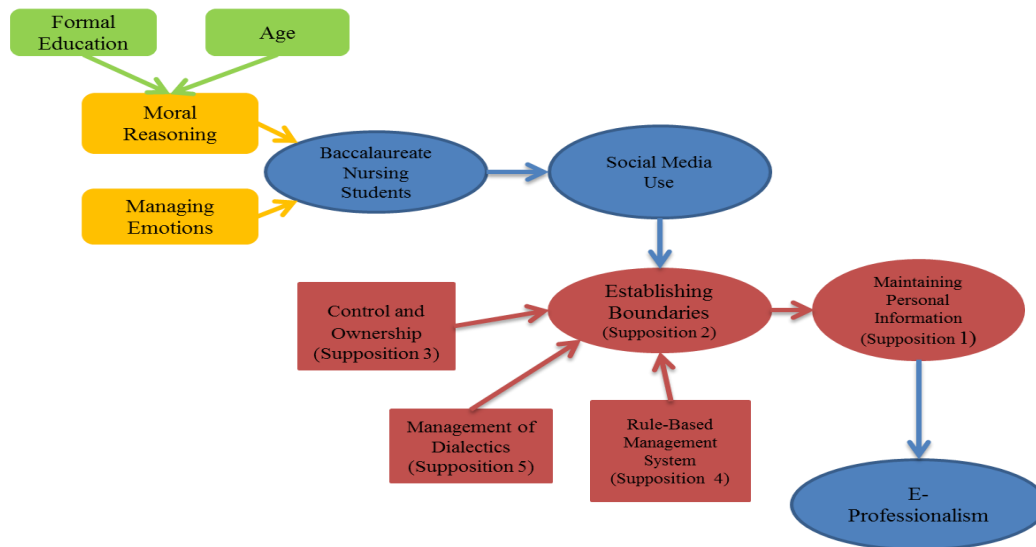
Figure 1.1. Factors that influenced baccalaureate nursing students' professional use of social media. Adapted from "Communication Management Theory," by S. Petronio, 2002, *Boundaries of Privacy: Dialectics of Disclosure*. Adapted from "E-professionalism: A New Paradigm for a Digital Age," by J. Cain, and F. Romanelli, 2009, *Currents in Pharmacy Teaching & Learning*, 66-70. Copyright 2017 by J. Skrabal.

Assumptions, Limitations, and Delimitations

There were assumptions associated with this research study. The first assumption was

that all students interviewed for this study were currently enrolled in a baccalaureate nursing

course at a Midwestern college. Furthermore, it was assumed that students participated in a

course that contained a clinical component within the baccalaureate nursing curriculum. Another

assumption was that baccalaureate nursing students had at least one or more active social media

sites. In addition, it was assumed that both colleges had social media policies and that students

were aware of these policies (*Appendix A*). An additional assumption was that all baccalaureate

nursing students received some type of education about appropriate versus inappropriate use of

social media prior to starting clinical experiences in the nursing curriculum. The final assumption

was that students were honest regarding their social media use.

A potential limitation to this study was that participants were from two educational settings. With participants coming from two educational settings, they were being educated about social media use differently. In addition, the social media policies varied among the educational institutions.

A delimitation identified for this study was the inclusion criteria. Participants needed to attend one of two Midwestern Colleges and be enrolled in a pre-licensure Bachelor of Science in Nursing Program. They needed to be enrolled in a nursing course that contained both theoretical and clinical components. Participants were required to be between the ages of 19 and 35. Finally, it was essential that participants had at least one active social media account.

Summary

As the use of social media grew and became more popular, so did the use of social media by nursing students. Because of this, there was a growing need to explore the process of how baccalaureate nursing students maintained e-professionalism when utilizing social media.

The next chapter presents a review of literature related to social media use among health professions students and nursing students. This review demonstrates the need to further explore the concept of e-professionalism related to nursing students as they utilize social media. Since literature regarding nursing students and their social media use is limited, it was important to review how healthcare professions students use social media and how they maintain e-professionalism.

Chapter II: Literature Review

Healthcare professions students, like the rest of the population, communicate via social media regularly and frequently. As a result, social media is changing how we communicate with one another (Schmitt, Sims-Giddens, & Booth, 2012). Due to its rapid growth in popularity, social media and its role within healthcare has yet to be clearly defined. Cain (2008) found that little to no research exists on how healthcare professionals or students use social media. Since then, researchers specifically studied medical and pharmacy students' use of social media. Studies regarding nursing students' social media use are starting to emerge but continue to be limited. Due to the limited research, there is an urgent need to further explore how students in health professions, especially nursing students, use social media. In particular, there is a need to discover the processes which baccalaureate nursing students use to maintain e-professionalism when utilizing social media. From this research, there is hope that appropriate measures can be implemented to protect nursing students from negative consequences due to unprofessional social media use.

According to Corbin and Strauss (2015), completing a literature review prior to starting a research study helps to identify topics that need further development or areas that are unexplored. Charmaz (2014) recognized that completing a focused literature review strengthens both the researcher's argument and credibility. When writing a thorough review, the researcher must look at literature from across disciplines and fields. In addition, a literature review allows for ideas to be clarified, makes comparisons with current data, and shows how the findings from this study fit with or extend current, relevant literature (Charmaz, 2014).

This literature review will provide an overview of the research available related to social media use among health professionals and health professions students. Through this review, the

first key concept that emerged was social media. Because there was a need to further explore

how healthcare professions students used social media, these students were the next key concept

defined. E-professionalism emerged as a key concept along with several sub-concepts associated

with professionalism and e-professionalism. Finally, ethical reasoning was explored since it was

determined that this may influence professional use of social media. The following section

provided the conceptual context for this research study. Identified concepts and sub-concepts

were discussed in detail.

Social Media

Social media, in general, is changing how individuals communicate and receive

information (Schmitt et al., 2012). In fact, social media increases some types of connection with

others while offering the ability to freely share information. Although enhanced connection and

sharing information openly can be seen as a benefit to most in society, this places healthcare

professions students at risk for negative consequences. Therefore, there is an increased need to

explore how healthcare professions students are using social media and to understand the

processes students use to avoid these negative consequences.

Friends. Each Facebook user has an average of 155 friends (Duggan et al., 2015). Of

these Facebook friends, an average of 50 are actual friends (Duggan et al., 2015). In a study by

Jafarey et al. (2016), faculty members, trainees, and medical students had an average number of

400 friends associated with their Facebook account. Participants were found to be more reflexive

and less discriminating when accepting friend requests from individuals not considered as actual

friends (Jafarey et al., 2016).

To support these studies, Prescott, Wilson, and Becket (2012) found that 40% of

pharmacy students surveyed accepted a relative stranger as a Facebook friend. Likewise, Garner

and O'Sullivan (2010) found that 19% of medical students surveyed accepted a friend request from an individual they did not know well.

These studies demonstrate that social media users connect with others who are merely acquaintances or even strangers, individuals whom users know little about. In the large scheme of things, this changes how friendship is defined and what information is being communicated to "friends" who are simply acquaintances. Communication boundaries may become blurred in the sense that personal information that typically would not be shared face-to-face with friends is now being shared with others through social media.

Current practice. Although studies identified the popularity of social media, it was important to review the literature regarding how college students are currently using it. Among undergraduate college students, males were significantly more likely than females to post risqué pictures and comments about sex and alcohol on their profiles. Female students were more likely to post romantic information and cute pictures (Peluchette & Karl, 2008). Peluchette and Karl (2008) also found that most college students were comfortable with family, friends, and classmates viewing their social media profiles. However, 20% of those surveyed indicated that items were posted to their profile that they would not want a current or prospective employer to see. These items included photos of drinking alcohol, inappropriate comments and humor, and marijuana use (Peluchette & Karl, 2008). In essence, college students are posting content to social media that they ultimately do not want others to see. This indicates that college students lack the understanding of what is appropriate versus inappropriate to share or post to social media.

Advantages. There are several advantages to using social media. The use of social media is cheaper than traditional methods of communication and takes place in real time (Cleary,

Ferguson, Jackson, & Watson, 2013). As a result, social media increases accessibility to updated

information. In fact, Greenwood et al. (2016) indicated that the majority of Americans are using

social media to obtain news. Social media also enhances frequency of communication,

networking, and the ability to engage with others (Cleary et al., 2013). For the most part, using

social media magnifies how we engage with others.

College students, in general, indicated that using social media was a way to cope with

stress, especially during their freshman year (Kalpidou, Costin, & Morris, 2010). This may

explain the number of hours students spend per day using social media. Social media itself may

seem like a quick and easy way to deal with stress and anxiety related to school and life in

general. Kalpidou et al. (2010) found a positive relationship between the number of Facebook

friends and social adjustment, along with institution attachment among upper-class students. All

things considered, using social media can potentially enhance personal well-being and can

provide a feeling of acceptance and belonging within a community.

Disadvantages. There are disadvantages to social media use. Social media that is used

inappropriately can lead to negative consequences. Inappropriate use among college students

includes breach of privacy, boundary violation, communication against school, college, or

employers, and bullying others (Lachman, 2013). For healthcare professions students,

inappropriate social media use could be harmful to patients. Ethical and legal issues may also

arise. Consequences of inappropriate use of social media can include being dismissed from a

program of study, being fired from a job, or not being able to obtain a professional license. To

avoid negative consequences of social media use, there needs to be increased awareness of how

to use social media in an appropriate and professional manner.

There is a strong indication that social media use will continue, and it is unrealistic to think that college students will abstain from using it. Studies indicate that most students have accounts with at least one social media account, if not with multiple accounts. This review has provided an understanding of how college students are currently using social media, the advantages of social media use, and the disadvantages. With this in mind, faculty who work with college students need to keep up with the progression of social media and gain a better understanding of how students are currently using it. As a result, faculty can implement education and guidelines to assist students in using social media in a professional manner.

Healthcare Professions Students

Social media use. Among individuals between the ages of 18 and 29, 88% used Facebook, whereas 59% used Instagram (Greenwood et al., 2016). Greenwood et al. (2016) also reported that 76% of Facebook users accessed the site daily compared to 51% of users accessing Instagram on a daily basis. Peluchette and Karl (2008) found that 80% of undergraduate college students surveyed indicated use of at least one or more social networking sites, with Facebook being the most popular. Based on these studies, college-aged students have emerged as the most active users of social media.

Along with a surge in popularity, the frequency of social media use is also increasing. Roblyer, McDaniel, Webb, Herman and Witty (2010) found that most college students and faculty surveyed check Facebook one to five times a day, whereas approximately a quarter of the group checked it five to ten times a day. Kung and Oh (2014) discovered that healthcare professionals who used social media spent 5.33 hours daily using the Internet compared to 4.48 hours a day using the Internet for those who did not use social media.

Furthermore, Giannakos, Chorianopoulos, Giotopoulos, and Panayiotis (2013) discovered that graduates and post-graduate students are motivated to use social media to satisfy specific needs. The first need was to establish and maintain a connection with others. An additional need that was satisfied was social network surfing. This allows students to search and gain access to information about others to which they may not otherwise have access (Giannakos et al., 2013). The final need that motivated students to use social media was that it was a way to fill free time (Giannakos et al., 2013).

Giordano and Giordano (2011) found that, like traditional-age college students, students in healthcare heavily use Facebook. Multiple studies discovered that 80% to 90% of healthcare professions students had Facebook profiles, and approximately 77 % of these students logged on daily (Ginory, Sabatier, & Eth, 2012; Lie, Trial, Schaf, Wallace, & Elliot, 2013; Prescott et al., 2012; Prescott, Wilson, & Becket, 2013). Additionally, Ferguson et al. (2016) had nursing students report about "excessive use or checking of Facebook" (p. 9). Based on these studies, it is evident that healthcare professions students are similar to traditional-age college students in that they actively use social media.

Professional values versus personality traits. As college students enter healthcare professions, there is a conflict between the use of social media and the overall values of the healthcare profession. Anderson and Puckrin (2011) identified that sharing information was considered to be caring and empathic in the healthcare culture. However, sharing information on social media may conflict with, or even violate confidentiality, or may appear to be unprofessional.

In addition, Yesil (2014) discovered a significant relationship between university students who use Facebook and certain personality traits. Students who used Facebook were likely to

have the personality traits of openness to experiences, conscientiousness, and agreeableness. Although these traits were likely seen among university students who use Facebook, many healthcare professions students in general possess these personality traits, which are valued in healthcare. These personality traits may cause healthcare professions students to blur boundaries when sharing information on social media, which may lead to negative consequences.

Overall, additional research is needed to determine if personality traits influence how healthcare professions students form boundaries to manage information when using social media. Boundary formation is essential when managing professional and personal information. To ensure professional and appropriate use, personality traits of healthcare professions students need to co-exist with the values of the profession, including professionalism. This will help to maintain boundaries and prevent blurring of the boundaries.

Current use. Literature suggests that social media behaviors among health professions students and college students are similar. Like college students in general, health professions students continue to post information to their profiles that they do not want others to see. Garner and O'Sullivan (2010) found that 52% of medical students admitted that there were pictures of themselves on Facebook that they felt were embarrassing. In the same study, 54% of these medical students reported seeing unprofessional behavior by their peers on Facebook. These unprofessional behaviors were reported as being excessive drinking, various states of being undressed, and discussing clinical experiences (Garner & O'Sullivan, 2010). Consequently, this behavior violates professional values and can be viewed as unprofessional by anyone who has access to these profiles. Knowing that the majority of friends associated with social media are relative strangers, patients and family members may have access to these healthcare professions students' profiles, which leads to negative consequences.

Connecting with others. Like other college students, healthcare professions students identified social media as a way to connect with others. Research conducted with baccalaureate nursing students found that they use social media to connect with friends, but also to connect with faculty and others professionally (Frazier et al., 2014). In addition, the research indicates that nursing students use social media to cope with emotional and ethical stressors associated with the profession (Booth, 2015; Englund, Chappy, Jambunathan, & Gohdes, 2012). Equally important, medical students indicated that they use social media for personal entertainment, to provide social updates, and for distraction (Chretien, Goldman, Beckman & Kind, 2010; Ness, Sheehan, & Snyder, 2014).

With this in mind, healthcare professions students have unique needs and stressors that other college students do not deal with. Healthcare professions students need to deal with the stress and anxiety associated with both course work and clinical experiences. According to Pulido-Martos, Augusto-Landa, and Lopez-Zafra (2011), nursing students had an increased amount of stress related to the workload associated with each nursing course. In addition, a significant source of stress was related to clinical experiences, which included fear of the unknown, handling equipment, and the fear of making mistakes (Pulido-Martos et al., 2011). Kim (2003) too found that nursing students had increased anxiety related to various clinical experiences. Experiences that were most anxiety-provoking were being observed by faculty, talking to physicians, fear of making a mistake, response to new experiences, and arriving late (Kim, 2003). Based on the research, social media provides an outlet for healthcare professions students to connect and share with others. Social media has become a way to deal with daily classroom and clinical stressors.

In summary, the literature shows that healthcare professions students are actively using social media. There are benefits to using it on a regular basis. These benefits include connecting with others and assisting with stress management. However, there is a need to fully understand how professional and personal values influence social media use and boundary formation.

E-Professionalism

E-professionalism is defined as the attitudes and behaviors exhibited by individuals through digital media and is based on the traditional professionalism paradigm (Cain, 2008; Cain & Romanelli, 2009). The traditional professionalism paradigm encompasses the attributes of accountability, excellence, respect, honesty, altruism, dutifulness, honor, and integrity (American Board of Internal Medicine, 2001).

Healthcare professions students have access to confidential patient information through medical records, information that is required to be protected at all times and in all settings, which includes clinical areas and the larger community. When students see social media as an extension of their personal lives, there is an increased concern that information regarding patients may surface on social media which can be seen by multiple users. This is clearly unprofessional and involves negative consequences.

Professional standard. Nursing is the most trusted profession with 85% of the general public rating nurses' ethical standard and honesty at "very high" or "high" (American Nurses Association, 2016; Gallup, 2016). Because of this, nursing students are held to the same standards as healthcare professionals and are unable to use their student status as an excuse for unprofessional social media use (Azizi, 2013; Griffith & Tengnah, 2011). Compared to other college students, students training to become healthcare professionals have higher expectations, from faculty and from the profession, in regard to professional conduct (Hall, Hanna, & Huey,

2013). Since healthcare professions students are caring for patients and their families in the clinical area, it is essential that they be held to a higher standard to ensure private information is being kept confidential.

When surveying pharmacy students, 69.3% agreed that they should be held to a higher standard in regard to social media profiles. This study also identified that 65% of these students felt their social media profiles reflected their status as a future healthcare provider (Cain, Scott, & Akers, 2009). In addition, female pharmacy students were more likely to indicate that professional standards should apply when using social media (Hall et al., 2013). Overall, the majority of healthcare professions students recognized that they are held to a higher standard than other college students when using social media.

In contrast, not all healthcare professions students feel that they should be held to a higher standard professionally. In the study by Cain et al. (2009), 30% of pharmacy students felt that they should not be held to a higher standard regarding their social media use. Finn, Garner, and Sawdon (2010) found that the majority of medical students desired leniency regarding their professional behavior when they first entered the program. They indicated that time was needed to learn the traits and characteristics of being a professional. Furthermore, nursing students had mixed views about whether healthcare professions students should be held to a higher standard related to social media use (Prescott et al., 2013). Professionalism in general is not an option for healthcare professions students, for they are expected to follow professional standards as they enter the profession (American Nurses Association, 2015). Ultimately, students need to learn how to professionally engage in the world of social media. Failure to use social media in a professional manner leads to negative consequences.

Privacy settings. Privacy settings allow the user to control who sees what content on social media and helps to maintain professional boundaries (Chinn, 2014). Although the privacy settings can be set to only allow friends to view posted content, healthcare professions students need to be aware that privacy settings do not prevent posts from being shared, duplicated, and copied to others by friends (Chinn, 2014). Students need to keep in mind that information posted to social media can ultimately be shared regardless of privacy settings. However, failing to use privacy settings allows anyone to have full access to social media accounts and the content posted to it.

Online privacy literacy was explored. Online privacy literacy is defined as "a combination of factual or declarative and procedural knowledge about online privacy" (Trepte et al., 2015, p. 339). Bartch and Dienlin (2016) found that individuals who spent more time using social networking sites and updated their privacy settings frequently had more online privacy literacy. It was also discovered that individuals with online privacy literacy were more cautious with overall activity on their social networking sites (Bartch & Dienlin, 2016).

To be accountable and responsible for online networking, healthcare professions students need to utilize privacy settings to help limit access to personal information. In addition, there needs to be a balance, when using social media, between being professional yet representing who they are as students. To create professional online behavior, healthcare professions students need to be role models, support others, share knowledge, and be open and honest (Chinn, 2014). This is done by creating positive posts and engagement with others (Chinn, 2014).

The literature review revealed findings that demonstrate the lack of online privacy literacy among healthcare professions students. In two studies, approximately 10% of medical and pharmacy students studied did not use any privacy settings (Garner & O'Sullivan, 2010;

Ginory et al., 2012). Likewise, Hall et al. (2013) discovered that 7.2% of pharmacy students were not using privacy settings. Of these students, 40% posted materials that they would not want faculty or future employers to see.

Langenfeld, Cook, Sudbeck, Luers, and Schenarts (2014) accessed Facebook profiles of surgical residents. Of these Facebook profiles, 73.7% were professional or had privacy settings applied, and 26.3% had potentially unprofessional or clearly unprofessional content. Content that was clearly unprofessional included photos that displayed intoxication and were sexually suggestive. In addition, there were HIPAA violations. Profanity was also discovered along with a racist cartoon. Potentially unprofessional content included pictures with alcohol, residents hunting with a gun, and political and religious comments (Langenfeld et al., 2014).

In another study, 65% of physicians claimed to have a Facebook account and 63% were using privacy settings (MacDonald, Sohn, & Ellis, 2010). When reviewing the unprotected accounts, photos were found that showed alcohol consumption and intoxication, pictures of patients, and pictures that were unprofessional and offensive. One photo showed possible criminal behavior (MacDonald et al., 2010).

In essence, learning how to be a professional did not translate to professional social media use. Although some pharmacy and medical students' behavior did not improve as they advanced through the curriculum, a study that involved nursing students identified different results. Prescott et al. (2013) noted that as nursing students matured and gained clinical experience, they became more aware of professionalism and used social media in a more professional manner. This study confirmed that as healthcare professions students mature, professional growth may occur.

In the healthcare world, faculty assumes that healthcare professions students possess online privacy literacy. The literature clearly indicates that this is not the case (Garner & O'Sullivan, 2010; Ginory et al., 2012; Hall et al., 2013; Langenfeld et al., 2014; MacDonald et al, 2010). Although a small percentage of students are not using privacy settings and are posting inappropriate content, this behavior can create a great impact in the world of healthcare. Even though studies provided conflicting information regarding maturity and professionalism, there is hope that as students mature and gain clinical experience, they will become more aware of how to use social media in a professional manner. Additional research is needed in this area to clearly understand what behaviors influence professional use of social media and formation of boundaries.

Future opportunities. When applying for employment and residency positions, employers and residency program directors use social media to determine the character of healthcare professions students along with their ability to be professional. Healthcare professions students are familiar with drug screenings and background checks as common practice when moving into a new position, however they now need to consider that their social media will be scrutinized (Cain, Scott, & Smith, 2010).

Ness et al. (2014) found that 55% of pharmacy students noted that future employers were justified in reviewing social media profiles of applicants when making hiring decisions. From this study, 74% of participants felt that they needed to make changes to their social media profiles before applying for future jobs or before attending job fairs. These changes ranged from applying privacy settings to removing content they did not want future employers to view (Ness et al., 2014).

In addition, Cain et al. (2010) determined that 90% of pharmacy residency candidates agreed that they should be held accountable for their behavior on social media sites when applying for residencies. As a result of content found on their social media profiles, 28% of these candidates were not offered residencies (Cain et al., 2010).

With this in mind, Wortham (2009) disclosed that employers increasingly use social media profiles to screen potential employees. From this study, 45% of employers were currently screening social media profiles prior to hiring applicants. Furthermore, 35% of these employers found inappropriate content on potential employees' social media profiles which led them to not extend job offers to these applicants (Wortham, 2009).

Guidelines and education. Studies show that healthcare professions students are willing to make changes to how they use social media, but need guidance in doing so. Prescott et al. (2012) discovered that 68% of pharmacy students wanted guidelines and education regarding online professionalism. Multiple studies identified a need to educate healthcare professions students on appropriate use of social media, both professionally and personally. In addition, the literature indicated that colleges need social media policies that provide clear guidelines. Once social media policies are in place, students need to be made aware that policies exist and of where to locate the policies if questions regarding social media use arise.

It was noted that multiple schools implemented educational programs for their healthcare professions students regarding social media use. Following a presentation regarding e-professionalism to 297 pharmacy students, Cain et al. (2009) indicated that 47.5% of students were already following necessary guidelines to maintain professional social media sites. Out of 128 pharmacy students, 98.4% of students indicated that they would make some changes to how

they use social media. A concerning finding was that two students continued to feel that it was unnecessary to be cautious when posting information to social media (Cain et al., 2009).

Following a required presentation regarding social media professionalism, the majority of medical students self-reported that their awareness of professionalism when using social media increased overall and recognized the need to monitor their online presence. This study also found that the majority of students felt they did not need reminders of e-professionalism beyond their second year in the curriculum (Lie et al., 2013). The findings from this study do not match social media behavior found in previous studies as cited in this paper. Even though medical students indicated that they did not need to be reminded about e-professionalism beyond the second year of school, the unprofessional behavior regarding social media use argues otherwise.

On the contrary, Chretien et al. (2010) revealed through their study that students do not want to be controlled by guidelines regarding social media use. Medical students noted that e-professionalism was common sense and that most students should know better. In addition, Hatch, Bates, Khera, and Watson (2013) found that after providing a hands-on learning activity regarding e-professionalism, 21% of healthcare professions students disliked the activity and did not feel that there was a need for it. Like the previous study, students felt that professional use of social media was common sense and should not be addressed formally through education.

The literature clearly showed a disconnect between healthcare professions students' social media use and perceived educational needs regarding social media. Even though students feel that e-professionalism is common sense, social media misconduct is still happening. The misconduct demonstrates that e-professionalism is not common sense and education is needed throughout the curriculum. Research clearly indicates that providing education and guidelines is

essential to helping improve students' understanding of professional conduct and social media use.

Professional dignity. The nursing profession is well-respected and trusted by the general public (American Nurses Association, 2016). Individuals place their lives and personal information in the hands of nurses and healthcare professionals. Therefore, nursing students must uphold the values, standards, and principles of the profession.

Nursing students need to have an awareness that they are contributing to the global image of nursing (National Student Nurses Association, n.d.). Posting inappropriate information about the healthcare profession reflects poor judgment, devalues the profession as a whole, and decreases the respect and trust one may have for those in the profession (National Student Nurses Association, n.d.). In general, nursing students do not understand that posting inappropriate information on social media is a direct reflection on the nursing profession (Englund et al., 2012). In contrast, Ness et al. (2014) revealed that 45% of pharmacy students did not want to post information to social media if it could potentially change the public's opinion about their profession.

Individuals work hard to uphold the image of the healthcare profession. In order to maintain the trust and respect needed by the public, healthcare professions students need to gain an understanding that information posted to social media can be a reflection on them as individuals and on the profession as well.

Professional boundaries. Healthcare professions students continue to struggle with e-professionalism. Although education is provided and social media policies are implemented, students still have trouble with blurring of boundaries. In a study by Ginory et al. (2012), 11.6% of medical residents posted information about a specific patient. Equally important, Chretien,

Greysen, Chretien, and Kind (2009) discovered that deans of medical programs reported that

13% of social media violations involved patient confidentiality. In addition, the National Council

of State Boards of Nursing (2011) reported that 33 of 46 State Boards of Nursing received

complaints of nurses who violated patients' confidentiality when using social media.

Students who used social media prior to their professional life struggle with how it relates

to them professionally (Kaczmarczyk et al., 2013). Prescott et al. (2013) discovered that nursing

students viewed Facebook as being separate from their professional lives. In addition, Garner

and O'Sullivan (2010) recognized that medical students felt that their Facebook activity was

their own business and not related to their medical career. Finally, Finn et al. (2010) found that

medical students struggled with identifying the difference between being a professional student

and being an individual. Students felt that when outside the clinical setting, professional

standards and behaviors did not apply (Finn et al., 2010). When students are unable to separate

the personal and professional dimensions of their lives in relation to social media, blurring of

boundaries occurs.

As students navigate the professional world, they need to understand that information

regarding patients must always be kept confidential. When students leave the clinical setting and

enter the social media world, patient information must continue to be kept confidential. Students

who lack this understanding experience blurred boundaries, for they are not able to differentiate

between professional and personal information.

Policies. To help delineate professional boundaries, policies and guidelines have been

developed by professional nursing organizations. These organizations include the National

Council of State Boards of Nursing, American Nurses Association, and National Student Nurses

Association. In general, all three organizations have very similar guidelines regarding

appropriate social media use. In essence, nursing students must maintain patient privacy and confidentiality at all times. According to the guidelines, nurses and nursing students must:

- avoid posting, sharing, or disseminating patient-related information, including images, through social media;

- avoid making disparaging remarks about patients, colleges, employers, co-workers, faculty, and/or peers;

- avoid threatening, harassing, sexually explicit, or derogatory statements;

- use privacy settings and update settings as needed;

- maintain professional boundaries;

- avoid taking photos or videos on personal mobile devices; and

- report breaches of privacy or confidentiality immediately (National Council of State Boards of Nursing, 2011; National Student Nurses Association, n.d.; Spector & Kappel, 2012).

Despite these policies and guidelines, the research shows uncertainties regarding professional use of social media. There continue to be questions regarding how professional boundaries are learned by healthcare professions students. Some research indicates that it may relate to student maturity, professional experiences, or exposure to ethical dilemmas (Frazier et al., 2014). For this study, factors that may influence formation of professional boundaries included formal education, age, ethical reasoning, and management of emotions.

To gain better understanding of how professional boundaries are developed, additional research is clearly needed. Professional boundaries are essential in healthcare. Establishing and maintaining professional boundaries will assist healthcare professions students in avoiding the negative consequences that result when boundaries are inappropriately crossed.

Ethical Reasoning

Ethics, in general, means to understand the moral qualities of human behavior (Blais & Hayes, 2016). For healthcare providers, ethics is the standards, practices, and beliefs of behaviors expected of the profession (Blais & Hayes, 2016). When conducting the literature review, it was determined that ethical reasoning may influence e-professionalism and social media use. Because of this, it is important to explore how ethical reasoning develops in general.

Kohlberg's Moral Development theory. Kohlberg discovered that ethical development is essential in structuring one's thought process (Kohlberg & Hersh, 1977). Kohlberg and Hersh (1977) determined that ethical reasoning develops through three levels, or six stages, that evolve over time. Each level of ethical development consists of two stages. Basic principles regarding stages were established through Kohlberg's research. Kohlberg and Hersh (1977) stated that stages are structured, hierarchical, and sequenced. Stages of ethical reasoning often progress forward and a person is unable to skip a stage. Thinking at a higher stage integrates thinking and experiences from the lower stages (Kohlberg & Hersh, 1977). In general, ethical reasoning influences ethical behavior (Dierckx de Casterle, Grypdonck, Vuylsteke-Wauters, & Janssen, 1997; Dierckx de Casterle, Roelens, & Gastmans, 1998; Duckett et al., 1992). In addition, there is a positive correlation between ethical reasoning and formal education (Dierckx de Casterle et al., 1997). In fact, life experiences and formal education help shape an individual's ethical being. To enhance knowledge and understanding, the various levels of ethical development must be explored further.

Level one (pre-conventional morality). The first level in Kohlberg's Stages of Moral Development is pre-conventional. This level addresses how individuals, mostly children, respond to rules and labels. As a result, individuals can in turn evaluate these rules and labels in regard to

consequences (Kohlberg & Hersh, 1977). Stages one and two of ethical development are contained within this level.

Level two (conventional morality). Stages three and four are within the conventional morality level of Kohlberg's Moral Development. Maintaining expectations of family and society are valued at this level regardless of consequences (Kohlberg & Hersh, 1977). This level is characterized by conformity to norms, expectations, and rules of specific groups, and to society as a whole. Generally speaking, individuals guard, maintain, support, and defend the established norms, which leads to acceptance in the group in which the norms were established (Kohlberg, 1981).

Level three (post-conventional morality). This level contains stages five and six. At this level, one has accepted societal norms and rules. Acceptance is based on ethical principles that uphold norms and rules. When there is an ethical conflict, one judges the conflict by using principles instead of societal norms (Kohlberg, 1981). At this level, one has a clear understanding of ethical principles and values. An individual is able to place personal opinions and judgment aside and utilize knowledge to determine an appropriate outcome for ethical dilemmas (Kohlberg, 1981).

Through the years, there have been several questions regarding the use of Kohlberg's Theory of Moral Development when studying nurses and nursing students' moral behavior. The controversy is based on Kohlberg's justice approach to moral reasoning and how this affects gender differences (Dierckx de Casterle et al., 1998). This belief is based on the fact that Kohlberg's theory was developed by studying only male participants and does not include a caring perspective. Carol Gilligan, a colleague of Lawrence Kohlberg, challenged Kohlberg's theory because she observed a difference in moral development among males and females. Moral

reasoning among women is characterized by caring for both themselves and others, and being responsible while maintaining relationships with others (Gilligan, 1993). Gilligan (1993) recognized that females are more likely to develop interpersonal relationships and take responsibility for others' well-being. Based on this philosophy, Gilligan's work addresses both care-based morality and justice-based morality (Gilligan, 1993). In contrast, Kohlberg's work was focused only on a justice approach (Dierckx de Casterle et al., 1998). With this in mind, nursing is a profession of mostly females. One does need to question if the use of Kohlberg's theory appropriately supports and explores how females develop ethical reasoning.

Based on this controversy, additional research was completed to see if men and women scored differently when using the Defining Issues Test (DIT), which was developed by J. Rest. The DIT measures ethical judgment, and results showed that the scores of both men and women were similar (Dierckx de Casterle et al., 1998). Given this information, it appears that Kohlberg's work is valid when explaining moral development for both men and women. The principles of Kohlberg's theory clearly identify that ethical reasoning develops over time and is based on cognitive development.

Today, Kohlberg's Moral Development theory is accepted and used in the nursing profession (Dierckx de Casterle et al., 1998). The theory provides valuable insight when studying ethical development and practices of nurses and nursing students. Because of this, Kohlberg's work was used to determine if ethical development influences the use of social media among nursing students.

Healthcare professions students / nursing students. Research has shown that the majority of nursing students behave and think at Kohlberg's fourth stage of moral development (Dierckx de Casterlo, Janssen, & Grypdonck, 1996; Dierckx de Casterlo et al., 1997). This

reveals that these students are guided by expectations or rules set by a specific group (Kohlberg, 1981). Knowing that acceptance by peers is important, college students will maintain norms and values identified by this group of individuals. These students have the need to connect with others. This links to the CPM theory in that individuals must determine the need for autonomy versus the need to connect (Petronio et al., 2012). In light of the nursing students' level of ethical development, managing dialectical tension is challenging for them. There is a strong conflict between needing to conceal personal information and wanting to connect with others by sharing information (Petronio, 2002). Recognizing that this group of students value connecting with others, information that needs to be kept personal will likely be revealed. This supports the studies that linked ethical development to e-professionalism. These studies claimed that as healthcare professions students developed ethical reasoning, their ability to use social media in a professional manner increased. This is an expected finding in that as individuals progress to stages five and six of ethical development, they use principles to help guide decisions and behaviors versus societal norms.

With this in mind, Frazier et al. (2014) revealed that freshman nursing students felt that it was okay to "friend" a patient on social media, whereas senior students felt it was inappropriate. This study also reported that healthcare professions students who were 35 years or older were much more aware of the need for professional behavior when using social media. These students used social media more cautiously and recognized the effects social media can have on a patient relationship (Frazier et al., 2014). Ultimately, Frazier et al. (2014) recognized that, compared with older students, healthcare professions students between the age of 18 and 20 had an increased difficulty delineating their personal and professional lives when using social media.

Furthermore, Englund et al. (2012) proposed that as students progressed through the nursing curriculum, they had a better understanding of what was appropriate to post to social media. Senior nursing students were able to better define the difference between posting personal versus professional information. The researchers hypothesized that this understanding was a result of student maturity, increased clinical experience, and possible enhanced ethical reasoning (Englund et al., 2012). However, the researchers stated that additional research was needed to better understand this development. Generally speaking, these studies demonstrated that as healthcare professions students matured and gained clinical experience, their ethical reasoning was enhanced, which led to a better understanding of personal and professional boundaries when using social media.

To support these findings, Christiaens (2009) stated that nursing students demonstrated changes in ethical, cognitive, and skill development as they progressed through the curriculum. This was supported in the findings by Cannaerts, Gastmans, and Dierckx de Casterle (2014) which revealed that ethics instruction in the nursing curriculum led to increased ethical awareness and the development of ethical reasoning. Ultimately, there is hope that as healthcare professions students progress through the curriculum, ethical reasoning will continue to grow and develop, which will lead to positive outcomes associated with social media.

To emphasize these points, Duckett et al. (1997) discovered that nursing students who were female, who had higher grade point averages, and who had more college education had overall higher scores for ethical reasoning. Research also showed that students in baccalaureate nursing programs had higher levels of ethical reasoning than those nursing students who graduated from technical (two year) or diploma (three year) programs (Davis, 1981; Dierckx de Casterlo et al., 1996; Duckett et al., 1992; Ketefian, 1981). Literature showed that nursing

students who had less experience dealing with ethical issues in the clinical area lacked

experience in identifying ethical issues. Notably, Christiaens (2009) discovered that the more

experience nursing students had in dealing with ethical dilemmas in a safe, controlled

environment, the more prepared they were to become professional nurses. In addition, Dierckx

de Casterlo et al. (1996) recognized a positive correlation between nursing students' clinical

experience and ethical behavior. As nursing students gain more exposure and experience in the

clinical area, they are better able to recognize and deal with ethical dilemmas. This includes

maintaining professional boundaries when managing information related to social media.

Ethical reasoning is a cognitive process that develops through formal education, therefore

faculty needs to ensure that nursing curricula incorporate ethics throughout. In addition to

addressing ethics in the classroom, nursing students need to be exposed to, not sheltered from,

ethical dilemmas. Providing exposure to either actual or potential ethical issues within a safe

environment will enhance nursing students' ethical development. With the development of

ethical reasoning, there is hope that there will be an increase in professional behavior among

nursing students, especially when using social media.

Ethical principles. Ethical principles help guide individuals when making ethical

decisions. They are typically applied to professional ethics in that the principles identify actions

that should or should not be performed (Blais & Hayes, 2016). Ethical principles that relate to

the nursing practice and use of social media are respect for person, fidelity, nonmaleficence, and

beneficence.

Respect for person refers to treating individuals with consideration (Blais & Hays, 2016).

Fidelity is the responsibility and accountability accepted when practicing as part of a profession

(Catalano, 2015). Nursing students have responsibilities to patients, schools, employers, society,

and the profession. Ultimately, this ethical principle addresses the students' responsibility to maintain patient confidentiality (Blais & Hays, 2016).

Nonmaleficence is the ethical principle to do no harm to patients, either intentionally or unintentionally (Catalano, 2015). This principle also indicates that healthcare providers need to protect individuals who cannot protect themselves from harm (Catalano, 2015). Nonmaleficence implies maintaining patients' medical records and ensuring information regarding patients is kept confidential.

Beneficence means to do good for others. This is a key ethical principle, for the primary goal of healthcare is to provide good to others. Providing good care takes a holistic approach when caring for patients and their families. Good care includes managing patients' personal information regarding their beliefs, feelings, and wishes (Catalano, 2015).

As a result, these four ethical principles should guide the professional use of social media. When engaging in social media use, nursing students need to have a strong understanding of HIPAA. Patients must provide informed consent to release confidential information. Nursing students and other healthcare professions students who post any patient information to social media violate these ethical principles.

Code of Ethics. Healthcare professionals practice according to a Code of Ethics. The American Nurses Association Code of Ethics provides registered nurses a framework when dealing with and making ethical decisions (American Nurses Association, 2015). The Code of Ethics serves as the profession's ethical standard and shows the profession's commitment to society. In addition, the Code of Ethics provides statements of obligations, ethical values, and duties expected of individuals who enter the profession of nursing (American Nurses

Association, 2015). All nursing students and practicing nurses are expected to abide by the American Nurses Association Code of Ethics.

Social media was incorporated into the recent revision of the Code of Ethics. Provision 3.1 addresses the "protection of the patients' rights of privacy and confidentiality" (American Nurses Association, 2015, p. 9). This provision includes the following statement regarding social media use:

> The nurse has a duty to maintain confidentiality of all patient information, both personal and clinical in the work setting and off duty in all venues, including social media or any other means of communication. Because of rapidly evolving communication technology and the porous nature of social media, nurses must maintain vigilance regarding postings, images, recordings, or commentary that intentionally or unintentionally breaches their obligation to maintain and protect patients' rights to privacy and confidentiality. (American Nurses Association, 2015, p. 9).

The Code of Ethics is written at a level that requires both nursing students and nurses entering the profession to practice at Kohlberg's stage six of ethical development. As previously identified, the majority of nursing students perform at Kohlberg's fourth stage of ethical development (Dierckx de Casterlo et al., 1996; Dierckx de Casterlo et al., 1997). It is important to recognize that there is a discrepancy between the stage of ethical reasoning at which nursing students are practicing and the stage of ethical reasoning for which the Code of Ethics was written. Because of this discrepancy, nursing schools need to assist students as they develop throughout the curriculum and when becoming nurses. This discrepancy also provides insight into why nursing students continue to use social media inappropriately and struggle with establishing boundaries between personal and professional information.

Ethical principles provide the foundation for the Code of Ethics. When violating an ethical principle, the Code of Ethics is also violated (Henderson & Dahnke, 2015). Violating ethical principles and the Code of Ethics in healthcare eventually leads to legal concerns. Therefore, understanding the Code of Ethics and how it relates to social media is important for healthcare professions students. According to Scruth, Pugh, Adams, and Foss-Durant (2015), professional boundaries are defined as the space between the nurses' power and the patients' vulnerability. Ethical concerns occur when there is a blurring of professional boundaries when using social media.

To further explore ethical concerns related to social media, inappropriate social media use by nurses and nursing students that was then reported in the media was reviewed. Three specific examples were found that represent clear violations of ethical principles and the Code of Ethics.

First, The University of New Mexico Sandoval Regional Medical Center recently fired a nurse for inappropriate social media posts. According to Reed (2015), this nurse made a post to Facebook that insinuated that a patient would need to die in the Intensive Care Unit to give this nurse something to do. In addition, this nurse had another post that made "crude comments about Native American women" (Reed, 2015, p. 1). The Medical Center fired this nurse based on the fact that the postings were not consistent with the values of the organization (Reed, 2015).

Another example of an inappropriate social media post found had to do with a nurse who worked at New York-Presbyterian Hospital in the emergency room. This nurse posted to her Instagram account a picture of an empty trauma room where a patient had been treated after being hit by a subway (Ramisetti, 2014). Below the posted picture was the following caption: "Man Vs 6 Train…The After. #lifesaving #EMS #NYC #ER #Nurses #Doctors #nymed #trauma

#realLife" (Ramisetti, 2014, p. 2). Although the nurse made sure the photo did not violate

HIPAA, she was fired based on the insensitive nature of the photo and the fact that others may

find the photo offensive (Ramisetti, 2014).

The final example of inappropriate social media use was that of several nursing students

who were expelled from a community college after posting a picture of a human placenta on

Facebook. The students posted the picture after seeking permission from the clinical instructor.

When the instructor failed to give clear guidance, the students posted the picture while ensuring

that patient information was not revealed (Fox News, 2011). The students were expelled based

on the school's belief that "the demeanor and lack of professional behavior surrounding this

event was considered a disruption of the learning environment" (Fox News, 2011, p. 1).

These are examples of how healthcare professionals and students clearly violated ethical

principles and the Code of Ethics. Based on the examples found in the media, it appears that

nurses and nursing students are aware of the need to protect HIPAA when using social media.

However, there continues to be a lack of understanding of what is appropriate or professional

versus inappropriate or unprofessional to post. This relates back to the concept of boundaries and

the question of whether or not formation of boundaries influences social media behavior. Again,

further research is needed.

Legal concerns. The profession of nursing is governed by statutory law. Statutory laws

regarding nursing practice are written at the state level (Blais & Hayes, 2016). These state laws

include "the nurse practice act, the scope of practice for nurses, individual licensure procedures,

and punitive actions for violation of the practice act" (Catalano, 2015, p. 179). The state board of

nursing is the governing body that has the authority to regulate nursing practice. Through the

boards of nursing, the states are authorized to "develop administrative rules, regulations, and

responsibilities related to the nurse practice act, and to enforce the rules to obtain and maintain

licensure" (Blais & Hayes, 2016, p. 77).

In addition to the nurse practice act, the nursing profession is also expected to follow the

scope and standards of nursing practice. These guidelines are another way to ensure that the

nurse is competent and safe to provide patient care regardless of the clinical setting (Blais &

Hayes, 2016).

In both the nurse practice act and the scope and standards of nursing practice, the intent is

to protect patients from harm (Russell, 2012). One could argue that blurring professional

boundaries when using social media can lead to harm. When professional boundaries are blurred

while using social media, this may lead to a breach of patient confidentiality. As a result, the

nurse practice act and the scope and standards of the nursing practice are violated.

HIPAA is a federal law protecting patient privacy. This act was designed to protect

identifiable data regarding patients' past and present healthcare (Lyons & Reinisch, 2013).

HIPAA violations result in legal consequences. According to the National Council of State

Boards of Nursing (2011), violations can result in civil and criminal penalties which may include

fines and possible jail time. Healthcare professionals, including healthcare professions students,

may "face personal liability and may be individually sued for defamation, invasion of privacy or

harassment. Particularly flagrant misuse of social media websites may also raise liability under

According to Russell (2012), the practice of nursing requires knowledge and skill. The

nurse practice act helps the state protect those that need nursing care: vulnerable individuals.

"Safe, competent nursing practice is grounded in the law as written in the state nurse practice act

and its rules" (Russell, 2012, p. 1). To ensure nurses are providing safe, competent care to

patients, they must follow the nurse practice act when practicing nursing.

state or federal regulations focused on preventing patient abuse or exploitation" (National

Council of State Boards of Nursing, 2011, p. 2).

In addition to possible civil and criminal penalties, nurses may suffer a loss of license and

job (Scruth et al., 2015). As a healthcare professions student, this can also result in being

removed from a program of study. With such high stakes related to inappropriate use of social

media, research shows that additional exposure to the clinical settings will enhance students'

understanding of HIPAA and how to maintain confidentiality through the formation of

professional boundaries (Scruth et al., 2015).

In conclusion, faculty working with healthcare professions students need to acknowledge

that social media use is occurring every day among our students. Since literature shows that

healthcare professions students struggle with managing information when using social media,

education and resources are essential to ensure that the boundaries between professional and

personal information do not become blurred. Keeping boundaries intact will assist in promoting

professionalism and will prevent legal violations.

Summary

Before healthcare as a whole can move forward with social media use, it must recognize

that there continues to be a conflict between the values of healthcare and the values of social

media. Healthcare emphasizes professionalism and confidentiality, whereas social media

emphasizes sharing and openness (George, 2011). There is evidence of inappropriate use of

social media by healthcare professions students and other healthcare professionals. Examples of

inappropriate use have ranged from unprofessional content posted to social media sites to

privacy breaches against patients. When inappropriate information is posted to social media,

there is a blurring of professional boundaries. Blurring of professional boundaries violates ethical

principles and the Code of Ethics on which nursing bases its practice. This may also cause harm

to patients, which is a violation of the nurse practice act and the scope of nursing practice.

Because of this, there may be legal implications.

      As students enter school to become healthcare professionals, there are higher

expectations and standards associated with social media use. Healthcare professions students

have the privilege to care for patients. Along with this privilege comes the responsibility and

accountability of managing private information. The literature is starting to acknowledge current

social media behavior, but the need for more research continues to grow with an increase in

social media use. Better comprehension is needed to determine why boundaries are being blurred

when managing information.

      The literature identifies interventions that help prevent blurring of the boundaries, but it

lacks information as to why healthcare professions students continue to blur boundaries.

Education throughout the curriculum regarding social media use is important to ensure

appropriate management of professional and personal information. Guidelines and policies

addressing social media use are also essential to help guide healthcare professions students. It

was also recognized that maturity, clinical experience, and ethical development may influence

how healthcare professions students handle personal information.

      For the most part, there continues to be an urgency to explore ways of increasing

professionalism in the use of social media. This literature review validates the need to gain a

better understanding of the processes baccalaureate nursing students use to maintain e-

professionalism when utilizing social media while attending nursing school. Having a better

understanding of this process will allow interventions to be implemented throughout the

curriculum to assist healthcare professions students, especially nursing students, in growing to use social media with more professionalism.

The next chapter will discuss the research design, sample, data-gathering tools, and procedures used for this research study. Data analysis and ethical considerations will also be addressed.

Chapter III: Methods and Procedures

This chapter discusses the research design and data-gathering procedures that were used for this grounded theory study. Furthermore, the sample size, methods in which data was analyzed, and ethical considerations were examined.

Research Design

This qualitative study utilized a grounded theory research design. Because the literature regarding social media and nursing students was limited, it was believed that this research design helped in exploring the processes nursing students used to maintain e-professionalism as they utilize social media while in nursing school.

Grounded theory helps to generate a theory when the literature does not address the population or problem being studied (Creswell, 2012). The theory itself was constructed based on grounded data (Corbin & Strauss, 2015). In addition, grounded theory was designed to examine the social process of a particular concept, action, event, activity, or interaction (Leedy & Ormrod, 2013). To better understand the process in question, grounded theory utilizes a systematic approach of collecting data and identifying and connecting categories, which ultimately results in the formation of a theory (Creswell, 2012). Generally speaking, grounded theory research design assisted in answering the identified research questions for this study.

Identification of Sample

Participants of this grounded theory study were chosen through purposeful sampling. In accordance with this type of sampling, participants were identified based on their exposure to or understanding of the social process being investigated (LoBiondo-Wood & Haber, 2010). According to Creswell (2013), 20 to 30 participants should be included in the study when using

grounded theory. After 12 participants, saturation was reached for no new information was being

obtained to help support the established categories.

Following initial interviews, theoretical sampling was initiated. Theoretical sampling

allowed the researcher to select the method of data collection that yielded pertinent data needed

to develop a theory (Charmaz, 2006; Creswell, 2012). Seeking pertinent data assisted in

elaborating and refining developing categories which supported the emerging theory (Charmaz,

2006). Theoretical sampling continued until saturation was reached, which indicated that no

additional data would provide information or insight for the developing categories (Creswell,

2012).

Demographics

Inclusion criteria for this study encompassed participants who attended one of two

Midwestern Colleges and were currently enrolled in a pre-licensure Bachelor of Science in

Nursing (BSN) program. Students were taking a nursing course that contained both theoretical

and clinical components. Participants needed to be between the ages of 19 and 35. For this

study, participants were required to have at least one active social media account. Social media

was classified as Facebook, Instagram, Snapchat, and/or Twitter.

Exclusion criteria included students who were enrolled in the RN-BSN completion

option. Students younger than 19 years of age and over the age of 35 were excluded from this

study. In addition, students enrolled in a nursing course that did not contain a clinical component

and students who were solely taking general education courses were excluded. Finally, students

who did not have an active social media account were eliminated as participants.

For this study, 12 pre-licensure Bachelor of Science in Nursing (BSN) students were

interviewed. All participants were currently enrolled in a nursing course that contained both

theoretical and clinical components. All participants were females between the ages of 21 and 31 with the mean age being 24. The majority of the participants (58%) maintained four social media accounts (Facebook, Instagram, Twitter, and Snapchat), while Facebook (92%) was the social media account participants used most frequently. Participants self-reported using social media anywhere between 2.5 to 20 hours a week with the mean number of hours per week of social media use being 10.88 (see Table 3.1).

Table 3.1

Demographic Characteristics of Sample

Age	n	%
19-22	5	42%
23-26	4	33%
27-30	2	17%
31-35	1	8%

Year in Nursing Program	n	%
Sophomore	1	8%
Junior	1	8%
Senior	10	84%

Number of Social Media Accounts Maintained	n	%
1 social medial account	1	8%
2 social media accounts	2	17%
3 social media accounts	2	17%
4 social media accounts	7	58%

Social Media Account Most Frequently Used	n	%
Facebook	11	92%
Instagram	1	8%

Number of Hours a Week Social Media was Used	n	%
2.5-5	2	17%
6-10	6	50%
11-15	1	8%
16-20	3	25%

Description of Setting

Pre-licensure baccalaureate nursing students from two Midwestern colleges were used for this study. The first setting was a private, women's Catholic college that offers degrees in liberal arts, professional studies, and healthcare. Degrees offered in nursing include a pre-licensure Bachelor of Science in Nursing (BSN) and a RN to BSN completion option. In addition, a Master of Science in Nursing (MSN) is offered. The nursing program is accredited by the Accreditation Commission for Education in Nursing. This metropolitan college averages an enrollment of appropriately 1,000 students. Students have the option of either living in residential dorms or commuting to campus for classes. For this study, students had to be enrolled in the pre-licensure BSN program.

The other setting that was used was a private college that offers associate, baccalaureate, master's degrees in health sciences. Degrees offered in nursing include a pre-licensure Bachelor of Science in Nursing (BSN) and a RN to BSN completion option. In addition, a Master of Science in Nursing (MSN) is offered. The School of Nursing is accredited by the Accreditation Commission for Education in Nursing. Enrollment is approximately 700 students. This college is a commuter school and is located in an urban setting. For this study, students had to be enrolled in the pre-licensure BSN program.

Data Gathering Tools

In grounded theory, multiple sources of data were used. Initially for this study, semi-structured interviews were utilized. According to Corbin and Strauss (2015), semi-structured interviews allow for specific topics to be discussed, but give participants the freedom to add information to the interview that may be relevant to the topic being discussed. This type of interview allowed for the researcher to ask additional questions to clarify a concept or topic

(Corbin & Strauss, 2015). An interview protocol was used to ensure all participants had the opportunity to answer key questions that assisted in answering the research questions.

Demographic data was included in the interview protocol (*Appendix B*). Data collected included current age of participant, gender, present theory/clinical course, name, and number of social media accounts. In addition, social media account most frequently used and the number of hours per week the participant used social media were also collected. Documents that depicted social media postings were utilized to better understand the processes students use to determine if a posting is professional or not (*Appendix C*). Finally, the researcher examined participants' personal social media accounts during the interview to determine whether privacy settings were being used.

When using grounded theory, collection and analysis of data happened in a simultaneous and sequential manner (Creswell, 2012). With this in mind, theoretical sampling occurred after the initial interviews.

For this study, an emerging design was used. This was the process by which the data was collected and analyzed immediately. Decisions about what data to collect next were based on the analysis (Creswell, 2012). Creswell (2012) refers to this as zigzag data collection (see Figure 3.1).
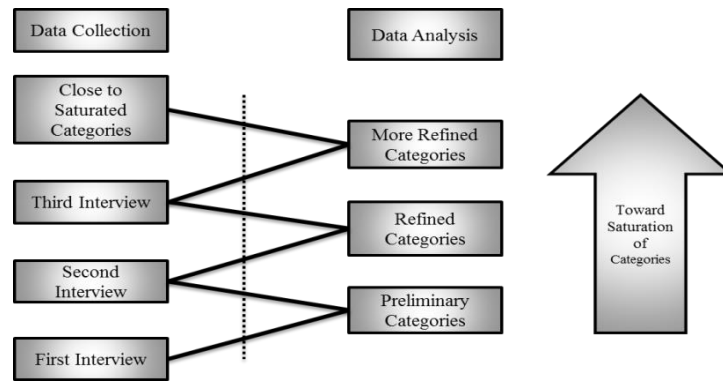
Figure 3.1. Zigzag data collection method with grounded theory. From *Educational Research: Planning, Conducting, and Evaluating Quantitative and Qualitative Research,* 4th ed. (p. 433), by J. Creswell, 2012, Upper Saddle River, NJ: Pearson. Copyright [2012] by Pearson. Reprinted by permission of Pearson Education, Inc., Upper Saddle River, NJ (*Appendix D*).

Data Gathering Procedure

Data were collected from participants through face-to-face interviews during the summer and fall 2016 semesters. Prior to this, the researcher sought permission from the Deans of Undergraduate Nursing to complete identified research at selected colleges (*Appendix E*). Approval was granted by both Deans of Undergraduate Nursing to start the data collection at selected colleges once approval was obtained from the colleges' Institutional Review Boards (IRB) (*Appendix F*).

Permission to conduct research was sought through the colleges' Institutional Review Boards (IRB). Approval to complete the identified research study was granted through both IRBs (*Appendix G*). After receiving approval from IRBs, an email was sent to all pre-licensure baccalaureate nursing students who were enrolled in both theoretical and clinical nursing courses (*Appendix H*). This email was sent to students' assigned college email addresses by individuals designated by the Deans of Undergraduate Nursing. Participants needed to be between the ages of 19 and 35 and have at least one active social media account. Students who were interested in participating in the study were asked to respond to the email.

The setting of the interviews was free of distractions and allowed for audiotaping (Creswell, 2012). Prior to conducting the interviews, interview rooms were chosen and reserved to ensure a quiet environment. Interviews occurred at the colleges where the participants attended school. This ensured that the setting was convenient and familiar for participants. In addition, interviews took place at a time of day and day of the week that was convenient for both students and researcher. A sign was placed outside the interview room that stated, "Interview in process. Do not disturb."

Participants completed face-to-face interviews. To provide a less intimidating environment for the interviews, chairs were arranged so that the researcher and participants faced each other. Before starting interviews, participants were informed that the interviews were going to be recorded to ensure that the conversation during interviews was accurately captured. Two audio recorders were placed on a small table between participants and the researcher to ensure easy accessibility. Additional notes were documented directly on the interview protocol.

Consent was obtained from participants prior to starting the interview. The researcher reviewed the purpose of the study, the estimated amount of time needed to conduct the interviews, and plans for utilizing the results obtained from the interviews. Following this explanation, participants were asked to sign the informed consent form prior to starting the interviews (*Appendix I*).

Proper interviewing techniques were used. The researcher used the interview protocol sheets to record basic information. Before starting the interviews, participants were given a Target gift card valued at $10.

Data Analysis Plan

Interviews were transcribed and imputed in *NVivo11*. In addition, comments were added

to an Excel spreadsheet to assist with sorting categories. Data analysis began from initial

interviews. The software program and spreadsheet were used to organize identified categories

and codes. Throughout the data analysis, memos were used to elaborate thoughts and ideas about

the data and coded categories (Creswell, 2012).

The first step the researcher took for data analysis was open coding. According to Corbin

and Strauss (2015), open coding is the process in which data is examined in a deliberate manner,

broken down into segments, and compared for similarities and differences. Data was then

compared using the constant comparative method. Creswell (2012) stated that constant

comparison "is an inductive data analysis procedure in grounded theory research of generating

and connecting categories by comparing incidents in the data to other incidents, incidents to

categories, and categories to other categories" (p. 434). Through this, data was grouped together

to help form categories or themes. The goal of this process was to ground categories in data

(Creswell, 2012).

Next, the researcher used axial coding, the second phase of data analysis. From this, a

core category emerged as a central phenomenon for the theory (Creswell, 2012). With the core

category established, the researcher identified how the other categories related to it. Creswell

(2012) identified the other categories as "the causal conditions (factors that influence the core

phenomenon), strategies (actions taken in response to the core phenomenon), contextual and

intervening conditions (specific and general situational factors that influence the strategies), and

consequences (outcomes from using the strategies)" (p. 426). During this phase, a coding

paradigm was created which involved a diagram showing the interrelationship of categories and

how those categories influenced the central phenomenon (Creswell, 2012). Creswell (2012)

demonstrated this process of data analysis through the following illustration (see Figure 3.2).
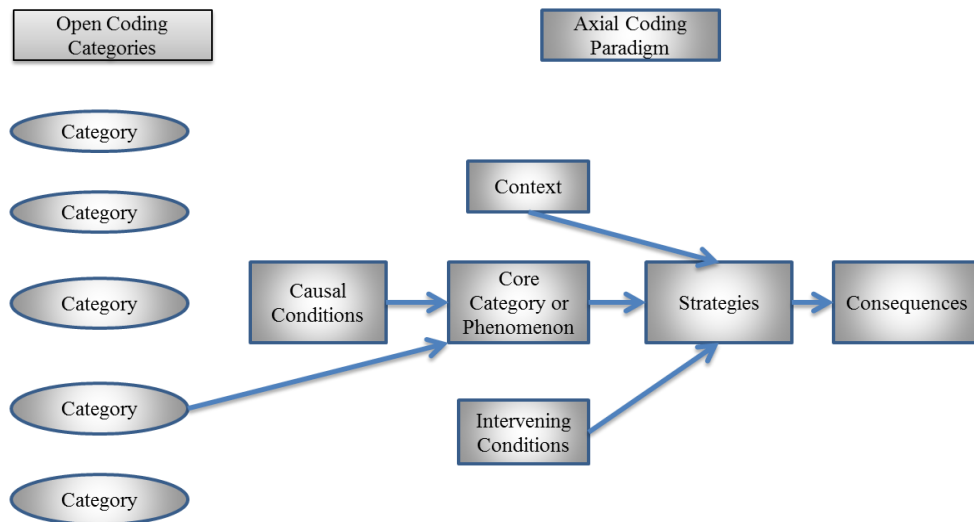
Figure 3.2. Open and axial coding using grounded theory. From *Educational Research: Planning, Conducting, and Evaluating Quantitative and Qualitative Research,* 4th ed. (p. 428), by J. Creswell, 2012, Upper Saddle River, NJ: Pearson. Copyright [2012] by Pearson. Reprinted by permission of Pearson Education, Inc., Upper Saddle River, NJ (*Appendix D*).

Selective coding was the third phase of data analysis. Through selective coding, the

researcher developed a theory based on the interrelationship of categories discovered during

axial coding (Creswell, 2012). The researcher next identified theoretical propositions or

hypotheses with interrelated categories of the theory that had been developed (Creswell, 2013).

Propositions were written to be tested through additional research.

Based on the identified categories, the research questions were adjusted to align with the

categories that were discovered. According to Creswell (2014), research questions, with

grounded theory, are expected to evolve and change as data is collected and analyzed. Because

of this, two additional subquestions were added to the overall central research question to help

guide this process. These two subquestions were:

Subquestion three. What factors influenced pre-licensure baccalaureate nursing students in maintaining e-professionalism when utilizing social media at two Midwestern colleges?

Subquestion four. How were pre-licensure baccalaureate nursing students utilizing social media at two Midwestern colleges?

Data Quality Measures

Through grounded theory, validation of the data becomes an active process (Creswell, 2013). Implementing validity strategies ensured that the findings obtained through the research were accurate. For this study, the researcher implemented several strategies.

Bracketing was used by the researcher. This process allowed the researcher to identify personal bias, beliefs, and assumptions that may interfere with the findings (Cresswell, 2014).

Triangulation was utilized to help provide validity to this study. According to Creswell (2013), triangulation is used as evidence to provide clarity to a theme or process. In grounded theory, triangulation occurred during the constant comparative procedure. During constant comparison, the researcher triangulated data from the interviews with emerging categories (Creswell, 2012). In addition, triangulation included the review of literature, interviews, viewing social media sites for privacy settings, and examining documents that simulated social media postings. Through determining privacy settings and examining simulated social media documents, these measures helped support the processes students used to maintain e-professionalism when using social media.

In grounded theory, discriminant sampling assisted in validating the process. According to Creswell (2012), this is a process in which the "researcher poses questions that relate to the categories, and then returns to the data and looks for evidence, incidents, and events" (p. 442).

Once the theory was developed, another way to validate the process was to compare existing

processes with existing processes which originated in the literature (Creswell, 2012).

Member check was used to assure validity. This was a process wherein the researcher

conducted follow-up contacts with participants. Through these contacts, subjects were presented

with the final report with specific categories from the study. Participants had the opportunity to

provide feedback on the results of the study and to ensure accuracy in the findings (Creswell,

2013). In addition, participants were asked to review the theory that was developed from the

study in order to confirm that the theory supported and captured data that they had provided,

thereby validating the theory.

Rich, thick descriptions were utilized when reporting findings. Through this validation

strategy, details were provided throughout the study that allowed findings to transfer to another

setting (Creswell, 2013). Detailed reflective field notes were kept during the interviewing

process and while data was being analyzed. Reflective field notes were a record of the

researcher's personal thoughts related to "insights, hunches, or broad ideas that emerged during

the observation" (Cresswell, 2013, p. 217).

A peer review, which is an external exercise, was completed when data was being

analyzed. Categories and subcategories, along with the proposed theory, were presented to peer

reviewers. The peer reviewers asked questions about the process, categories identified, the

categories' meanings, and how they related to one another (Creswell, 2013). Through this,

questions were generated which assisted in keeping the researcher honest about the process.

Finally, an external audit was completed by the researcher's doctoral committee chair

(*Appendix J*). The purpose of this audit was to assess the process and product for accuracy

(Creswell, 2013). Furthermore, the audit determined if the research data supported the findings, interpretations, and conclusions (Creswell, 2013).

Ethical Considerations

Ethical considerations when using grounded theory must be acknowledged. According to Creswell (2012), the use of interviews raises concerns about authority and power versus giving participants a voice in the process. Because of these concerns, measures were taken to appropriately address any ethical issues that arose. These included having the researcher's dissertation committee review and approve additional interview questions that were added to the interview protocol.

Prior to starting data collection, IRB approval was sought at the researcher's college. To avoid individuals who were vulnerable, the researcher invited students who were 19 years or older to participate in this study. To ensure participants were protected, participation in this study did not cause any psychological, physical, economic, social, or legal harm (Creswell, 2014). Before seeking IRB approval, the researcher obtained permission from both colleges to gain access to the institution and the pre-licensure baccalaureate nursing students. Once IRB approval was obtained from the researcher's college, IRB approval was obtained from the other educational institution that was utilized for this study.

Prior to obtaining informed consent, the researcher disclosed the purpose of the study to each participant. They were also informed of the interview process and that social media accounts would be viewed in the participants' presence to determine if privacy settings were being utilized.

All participants received the Rights of Research Participants handout (*Appendix K*). Once individuals had the opportunity to review this document, they were asked to review and sign the

informed consent form. Participants were informed that inclusion in the study was voluntary and that they could decide to withdraw from the study at any time. Since the researcher had a working relationship with a number of the participants who were current students, special considerations were taken to assure participants that participation in this study would not affect course grades and clinical evaluations.

Confidentiality and anonymity of participants were maintained at all times. To ensure confidentiality and anonymity, an email to recruit students to participate in the study was sent to their assigned college email addresses by individuals designated by the Deans of Undergraduate Nursing. Numbers were assigned to participants (Creswell, 2013). Written notes and audio recordings gathered during interviews were stored in a locked file cabinet accessible only to the researcher. Data was stored on password-protected computers. Recorded interviews were erased from the audio recorders once transcription of interviews were completed and verified for accuracy (Creswell, 2013). Materials and raw data used during the study will be retained for a period of five years and properly destroyed thereafter (Creswell, 2014).

Summary

This chapter clearly described the rationale for using grounded theory design for this study. Participants were identified through purposeful sampling. Inclusion and exclusion criteria were discussed. The two Midwestern colleges that were utilized in the study were described. Semi-structured interviews were utilized which assisted in answering the research questions. In addition, participants were asked to provide demographic information along with providing thoughts regarding simulated social media documents. Data analysis included open, axial, and selective coding. Finally, data quality measures were identified along with ethical considerations.

The next chapter contains data analysis and interpretation of the data. Categories that

emerged through the coding process are discussed along with identification of the core category

or phenomenon. Since research questions assisted in guiding this research, categories that are

associated with each research question are identified.

CHAPTER IV: RESULTS

Introduction

Through open coding, multiple categories and subcategories emerged from this grounded theory study. Research questions were used to help guide this research. As identified, research questions were adjusted to align with the categories that were discovered.

In this discussion, categories and subcategories were aligned with corresponding research questions. Categories and subcategories were discussed along with significant findings. Following this, the proposed theory, which was developed through axial coding, was discussed. Through this theory, interrelationship of categories was examined with further explanation.

Central Research Question

The central research question that was identified for this study was, "What were the processes pre-licensure baccalaureate nursing students at two Midwestern colleges used to maintain e-professionalism while utilizing social media?" One main category of e-professionalism was identified. In addition, two subcategories that assisted in supporting this central research question were identified: recognizing professional social media behaviors and the processes participants use when creating a social media post.

E-professionalism. The main category for the central research question was e-professionalism. Based on this, the key to this research study was to recognize if participants could maintain e-professionalism when using social media. This included knowing what participants considered professionalism to be in social medial use. Since nursing is a trusted profession that is respected by many, it was also essential to determine if participants saw the need to maintain e-professionalism as nursing students.

Participants acknowledged that they needed to exhibit professionalism on their social media accounts because of the profession into which they were entering. A number of

participants acknowledged that "nursing is very professional." Participant two indicated that as

"nursing students, we are caring for lives, especially when we become nurse[s]." Because of this,

participant one stated that "professionalism creates the trusting relationship with the patient."

Since professionalism is essential in creating this trusted relationship with patients, a

number of participants recognized that they were held to standards expected of the profession.

Participant six indicated:

> I feel like as a nursing student, I am held to a higher standard than just a regular student. I
>
> feel like we have more responsibilities and it's important for me to make my [social
>
> media] page look good and make everything clean…so I don't make our school look bad
>
> or I don't make other people look bad.

Participant one noted that it was essential to be held to a higher standard because "we are taking

care of people's lives and they trust us to keep all that information confidential."

In addition to caring for patients, participant three recognized that through social media,

"not only are we representing the institution that you are at or the clinicals you are doing, but you

are also representing yourself as a human being, as a professional person." This participant went

on to say, "I still believe that how you look and… present yourself, um, you know, I am going to

trust somebody a little bit more."

Even though the majority of participants indicated that they should be held to a higher

standard, two participants felt otherwise. Participant 12 responded, "I don't think so" when asked

if she should be held to a higher standard related to her social media use. She followed this

statement up with, "I just think that it gets to [a] different point [in that] nursing students get

checked more."

For the most part, participants determined that they needed to maintain e-professionalism when using social media. As nursing students, they are held to a higher professional standard due to the expectations of the profession. Several participants recognized this and indicated that being held to a higher standard was appropriate since they are working with patients and confidential information.

***Recognizing e-professional behaviors*.** The first subcategory for the main category of e-professionalism was recognizing e-professional behaviors. When participants were asked during interviews what constituted professional behavior when using social media, a number of responses were received. Although some participants indicated that professionalism in social media use was "common sense," participant five recognized that e-professionalism should be "simple, but it's not because it's getting so big."

Participant 11 described e-professionalism as "use[ing] your social media in a professional manner. I think that would mean just keeping things um, appropriate, and, you know, not sharing information about other people." Furthermore, participant six indicated, "I guess professionalism to me…is like a clean slate, it's appropriate behavior, appropriate attitudes, um, appropriate pictures, appropriate posts."

Participants were asked what constituted appropriate, professional behavior. Participant two indicated "positivity," whereas participant 12 stated, "not posting, like, [negative information] or starting an argument." Several participants indicated "not cursing" or using "foul language." Professional pictures, according to participant two, were "nothing with your butt showing or your boobs." Professional behaviors included, according to participant nine, "not, like, breaking HIPAA" and avoiding posting "anything that is mean."

Only three participants identified that having privacy settings initiated on their social media account was considered professional. Participant seven stated, "Making sure your settings are good…so not everybody can just be your friend. You should have some control over who can see your stuff." In addition, participant 12 acknowledged that using privacy settings "just protects you more" as a nurse. On the other hand, there were at least four participants who did not recognize that using privacy settings represents professional behavior.
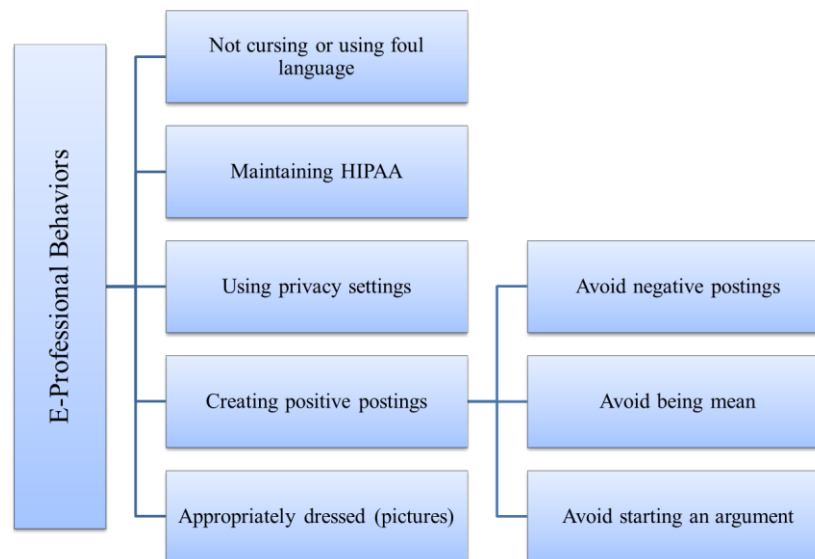
Figure 4.1. Professional behaviors that resulted in e-professionalism.

Participants identified professional behaviors that they felt constituted e-professionalism (see Figure 4.1). Based on participants' responses, they believed that if the behaviors they identified were followed, then e-professionalism would be maintained when using their social media accounts.

Processes when creating professional postings. The second subcategory for the main category of e-professionalism was processes when creating professional postings. During interviews, it became clear that participants do go through an ethical process prior to posting. First, participants recognized that their social media accounts needed to represent who they were

as individuals. They indicated that it was essential to think about their activity on social media to ensure they were staying true to themselves. Participant three stated, "You are an individual and you are representing yourself." Participant seven said, "[I] don't want people to portray me as somebody who is rude on social media." In addition, participant two stated, "I am not going to post something that gives me a bad image."

The varied processes that participants used when posting to social media were identified. Again, all participants recalled that they definitely go through some type of process. The most common process that was identified by at least half of the participants was that they determined if postings were appropriate based on if they wanted their mothers, fathers, or grandmothers seeing them. When posting, participant nine said, "I think, 'Will my parents be okay with this post?' Um, and if I am okay with my mom and dad seeing it, reading it, whatever, then I am okay with posting it." Participant eight indicated, "Honestly, my grandma and my mom [are] on Facebook. I just think about what would they not want to see, what would they want to see." In addition, participant one stated that before posting she thinks, "My mom is on…Facebook. What would my mom think if she read this? What [would] she think if she saw it?"

Additional thought processes were identified by participants regarding posting to social media. Participant three said, "I do checks and balances before I post." Furthermore, she went on to say that before posting:

> I just do a check with myself. Okay, is this going to be productive? Is this something that will hurt someone's feelings? Is this something to, um, destroy confidentiality? Um, is this something that somebody…wants to be posted? If someone else posted this, am [I] okay with that…There are a lot of questions that I ask myself before I post.

 Participant 11 stated, "I am just a very firm believer that if I wouldn't say it in person, I shouldn't say it on social media." Participant 12 said, "I kind of think, 'What do people want to see?'" In addition, participant two stated, "I am not going to post something that is just random, I always post something that has a meaning." Finally, participant five acknowledged that "I most definitely consider how is this affecting that individual, how does it affect me, and does it really need to be said?"

Participants indicated that they think more about what they are posting before they actually post it to social media. Both participants eight and nine identified that "they think more" before posting and commenting on social media. Participant one stated, "I always, like, read [the posting] in my head again, is it going to come off rude?"

Two participants acknowledged that they have a rule to avoid certain types of postings. Participant 10 said, "I definitely do not post things that could be perceived or taken into a biased account." In addition, participant eight said, "I don't ever post on controversial things; I don't like to get involved with that."

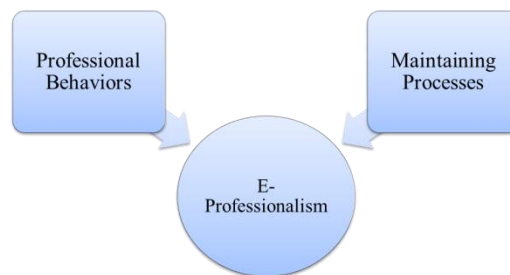Professional Behaviors → E-Professionalism ← Maintaining Processes

Figure 4.2. Actions baccalaureate nursing students take to maintain e-professionalism.

This research question was clearly supported by participants' responses in that they recognized the need to manage professional behaviors. In addition, several participants noted that they also go through processes to help maintain e-professionalism (see Figure 4.2). By

maintaining professional behaviors and processes that were established by participants, there was a feeling that participants were confident that they were able to manage their social media accounts in a professional manner.

Subquestion One

The first subquestion was, "How did pre-licensure baccalaureate nursing students manage and control professional versus personal information when utilizing social media at two Midwestern colleges?" With this subquestion, one main category of maintaining privacy boundaries was identified. Through maintaining privacy boundaries, it was determined that e-professionalism was maintained. When analyzing interviews, it was clear to the researcher that participants identified that maintaining boundaries was how they controlled their professional and personal information. However, many recognized that maintaining these boundaries became gray and blurry at times. Because of this, participants maintained privacy boundaries by using different social media accounts, and through not posting information to social media. Using different social media accounts and not posting information to social media were considered subcategories of maintaining privacy boundaries.

Maintain privacy boundaries. The main category for this research question was maintaining privacy boundaries. Participants acknowledged that they needed to manage both professional and personal information when using their social media accounts, although they indicated that there was no way to keep information separate. Participant seven addressed the management of professional and personal information this way:

I don't, like, have…two different mindsets of, like, on the weekends I can post whatever I want about my social life, and then during the week I have to be professional. I am

always thinking about professionalism when I use my social media accounts. So I don't

think there is a difference between the two for me right now since I am a nursing student.

Participant six indicated that "I just try to kind of keep my site professional even though it's my

personal site." In addition, participant 11 stated:

I don't know if there is, like, anything specific that I do to keep [information] separated. I

mean, kind of like I said before, I monitor what I post, who I am friends with, um, you

know, making sure even what my friends are posting is appropriate, because anything

that you like, someone else can see… You know watching what you are liking and

sharing.

Participants acknowledged that they maintained this privacy boundary of managing

information by who they accepted as friends to their social media accounts. Participant nine

stated, "I wouldn't accept a professor, um, I wouldn't accept a boss either." She went on to say,

"You have to be a good friend, it would be someone that I trust enough. I don't not trust my boss

[or professor], I just think there is personal and professional boundaries." In addition, participant

nine said:

That goes along with who I decide to friend. Um, and that is why I like to keep Facebook

primarily just friends. Because, uh, it allows you, I guess, to be a little bit more free into

what you post, um, because, you know, well at least I know my friends, that is why they

are my friends, because they appreciate certain things about me that maybe my professors

and bosses don't, so that is how I kind of keep those separate and those boundaries there.

In addition, participant five found that to maintain this privacy boundary, one needs to "keep

your personal life and work separate. [You need to] keep [your personal life] as private as

possible."

However, participants recognized that this privacy boundary can become blurred when managing professional and personal information. This was acknowledged by participant seven when she stated, "I definitely think they can become blurred." In addition, participant eight found that by "going through nursing school…finishing school, and there is a fine line [as] a student as you don't know …what is right and wrong to post." She went on to say, "At the same time, maybe my wrong thing to post isn't the same as others, and I just don't want to, like, it is a blurry line." This participant said, "I just choose not to [post information]" to help control the uncertainty of managing information.

Overall, participants recognized that they needed to manage professional and personal information differently when using social media. They acknowledged that there are times that management of information becomes blurry. However, participants indicated that they used various processes, such as avoiding posting to social media to limiting friend access, to help manage information.

Avoid posting information. The first subcategory for the main category of maintaining privacy boundaries was avoiding posting information. Over half of the participants acknowledged that they control boundaries of managing professional versus personal information simply by avoiding posting information to social media. Participant six best demonstrated this by saying, "I try not to post everything that is going on in my life, like, some things are just meant for yourself or your own family's knowledge and not for everyone's [knowledge]." Since starting nursing school, participant 12 acknowledged that:

> I definitely don't use it as much, I don't post as much anyway. I don't have time for it. I would say that nursing school just decreased the post, it really has showed me who I care about and what I want to post something for.

Participant eight stated, "I think personally I deal with [maintaining boundaries] just by, like I said, not really posting anything. I mostly look at social media." This participant went on to say, "I don't want to risk posting something that isn't appropriate."

Participants identified additional processes they use for maintaining boundaries. In regard to managing information, participant five said, "I am the type of person that I will 'like' rather than comment, just a simple 'like'." Participant 10 stated, "I try not to share things, and I just feel like the less I can talk about nursing, the less chance I have to violate someone's rights or a patient's rights."

Clearly, participants have found that not posting content to their social media accounts is a process helpful in maintaining privacy boundaries. In addition, the action of simply "liking" a posting rather than commenting or sharing was another process they used. Although participants were at times confused as to how to maintain these boundaries, they indicated these processes were both useful and helpful.

Using different social media accounts. The second subcategory for the main category of maintaining privacy boundaries was using different social media accounts. During interviews, 11 participants indicated that they had two or more active social media accounts. Participant two provided essential information regarding how individuals may use different social media accounts to manage communication boundaries. She said, "More people use Facebook, my family, so I think that is kind of where I might draw the line that everyone can see my Facebook, not everyone can see my Instagram." She went on to say, "I know a lot of future employers can look at information…so I would say…[I am more] professional on Facebook." In addition, she stated:

I am never going to violate HIPAA. But if I were to do anything, I know that Instagram

would be more private, and so that is where I post my personal things. It doesn't have my

last name so it's not as noticeable to just the random people who come across my page.

This participant communicated openly about how she used different social media

accounts to maintain privacy boundaries. Of the other 10 participants who had multiple social

media accounts, several participants indicated that they managed their accounts the same.

However, there were questions about whether or not this was truly accurate.
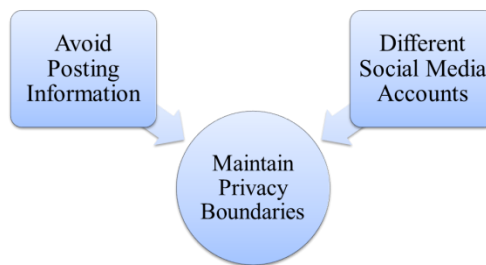
Figure 4.3. Processes to maintain privacy boundaries.

In summary, participants recognized that they needed to maintain privacy boundaries

when using their social media accounts. Participants indicated that processes were implemented

to maintain these privacy boundaries, even though they became blurred at times. Therefore,

participants controlled professional and personal information by not posting content to their

social media accounts and by using various social media accounts for different purposes (see

Figure 4.3).

Subquestion Two

The second subquestion was "How did pre-licensure baccalaureate nursing students

maintain privacy boundaries when utilizing social media at two Midwestern colleges?" With this

subquestion, privacy settings was identified as the main category.

Privacy settings. The main category for this research question was privacy settings. Since the use of privacy settings was considered professional social media behavior, there was a need to further explore if participants were indeed using them. Participants' most frequently used social media accounts were accessed during interviews to determine if privacy settings were set or not. Of the 12 social media accounts that were checked (11 Facebook accounts and one Instagram account), 11 accounts (92%) had privacy settings activated. Of the 11 accounts with privacy settings, it appeared that one participant had her privacy settings set to include friends of friends.

Of the 11 participants with privacy settings initiated, one participant had just established her privacy settings within the last month. "I think, like, probably just a month ago, I went on my Facebook and, like, locked, like, who can see my friends list," responded participant one. When asked why she did this, she indicated that she had just attended a national conference and she went to a presentation about getting one's first job as a nurse. The human resource presenter recommended that privacy settings be initiated on all social media accounts. This participant went on to say:

> I will be looking for jobs here in December and, not saying that I have anything bad on
> [my social media account], but I wanted to narrow down what people could see and what
> people could find out about me on my Facebook.

An interesting fact was that three of the 11 participants, who had their privacy settings initiated on their social media accounts most frequently used, self-reported that privacy settings were not initiated on social media accounts they used less frequently. Participant one, who most frequently uses Facebook, said, "I don't have a lock on my Twitter right now. Because, I guess, I probably should, but I don't tweet about anything bad."

Participant three, the one participant who did not activate privacy settings on her most frequently used social media account and who was a senior in the nursing program, noted that she never used privacy settings, saying:

I feel like there is nothing on my feed that I wouldn't share with anyone. I mean, there is nothing that I feel like I need to hide or I am secretive about. So, I just don't set those privacy [settings].

Similarly, participant 12 stated, "When I was applying to college, I never, like, locked my accounts just because I was like, I have nothing to hide on my accounts on, like, you can go through them and see who I am."

Two participants said that they changed their privacy settings once they were accepted into nursing school. Participant five said, "I would say that when I got to college is when I changed [my privacy settings]." In addition, participant 11 stated, "When I first started nursing school, I didn't have as strict privacy settings on my social media accounts. But then after, like, going through, [I decided that] I need to have tighter settings on these."

Two of the participants thought that privacy settings were not used by other individuals because they lacked knowledge or were unaware of the various types of settings. Ultimately, participant 10 stated why she felt privacy settings should be used by all individuals:

I think that everybody should use privacy settings. It always makes me cringe a little when I am looking for something and somebody's information all pops up. I don't want to see your posts [be]cause that is your personal information.

She went on to say, "I wonder if they don't use them because they…are not aware [of privacy settings]." In addition, participant seven stated:

I think a lot of people know about privacy settings, maybe not the extent of all of the

settings that you can set. Um, yea, I think there are some people that still need to be

educated on that. But, I think a good majority know the settings that they should set.

Interestingly, participant seven said, "I do try to do all the privacy settings that I can. Sometimes,

I don't feel like I am knowledgeable enough about all of the privacy settings that are out there."

To ensure additional security to their social media accounts, participants needed to accept

friends or postings before they appeared on participants' news feeds. Participant one said, "I

actually have it as a privacy setting right now where if someone tags me in a picture or they post

on my wall or something, I have to approve it before it shows on my timeline." She further

explained, "I think a lot of people do have those privacy settings on where they have to ask to

follow you and you have to approve that."

Of the participants that used privacy settings, multiple participants recognized that their

privacy settings were more secure than others who were on social media. Participant 10

illustrated this with this statement: "Scary thing when you think about maybe I have better

privacy settings but it doesn't mean that everybody does." To put it another way, participant

seven stated:

> People need to get better [about using privacy settings] because sometimes when I ask to
>
> be someone's friend, it doesn't say, like, "you have to wait until they accept you."
>
> Sometimes, I am just accepted. So, that raises a red flag to me.

When participants were asked about privacy settings, participant nine said, "I review the

privacy settings actually quite often and I think I have it pretty secure." Participant six stated, "I

try to keep it as private as possible." She went on to say, "I try to go through them at least every

two months because sometimes it feels like they get changed or more things get added."

To ensure privacy boundaries are being maintained when using social media, three

participants acknowledged that they do not use their actual names on their social media accounts.

They indicated using pseudonyms or various forms of their name. Participant 10 stated, "I do not

use my actual name to keep it even more private. I wanted it to be more private against settings

and against people that I [don't] want to see it." Participant two indicated that she had a specific

reason for starting this practice. She said, "My last name was on my [name] badge and I did get a

friend request from a patient."

Privacy
Settings

Maintain
Privacy
Boundaries
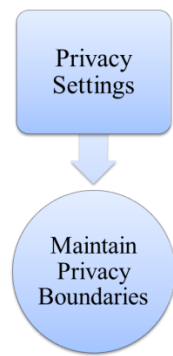
Figure 4.4. Maintain privacy boundaries though privacy settings.

In summary, participants clearly found that using privacy settings assisted in maintaining

privacy boundaries (see Figure 4.4). Participants acknowledged that privacy settings limited who

could see or access their social media accounts. Because of this, it was important to not only

ensure that they were using them, but to determine if friends were also using them. Participants

were uneasy about accepting friend requests from individuals not using privacy settings. The

participants' responses showed that they relied on privacy settings to protect professional and

personal information from being shared publically.

Overall, participants considered using privacy settings as professional and essential to

managing privacy boundaries. All but one participant had privacy settings activated on their most

frequently used social media accounts. With the one participant, that did not have her privacy

setting initiated, this most likely indicated that she did not understand the importance of maintaining privacy boundaries when using social media.

Subquestion Three

The third subquestion was "What factors influenced pre-licensure baccalaureate nursing students in maintaining e-professionalism when utilizing social media at two Midwestern colleges?" There were several factors that were identified that influenced participants' ability to maintain e-professionalism. With this subquestion, age, formal education through nursing school, ethical reasoning, emotions, and social media education were categories that emerged. In addition, searchability, simulated social media postings, and consequences were subcategories identified for the category of ethical reasoning. Social media resources were selected as a subcategory for the category of social media education. All categories and subcategories were further explored and discussed.

Age. The first category that emerged from this research question was age. All participants were between the ages of 21 and 31 with the mean age being 24.42. Half of the participants recognized that as they aged or matured, their social media use changed. Participant 10, who was 30 years old, best illustrated this by stating, "I really don't post things that I [would] consider inappropriate and…I think a part of that is definitely my age, [be]cause I am older and I don't want things to be out there that might be taken incorrectly." This participant said that there was an age gap among her nursing class with the youngest student being 18 years old, whereas the oldest student was in her 50s. She went on to say that "younger students…[are] more willing to post things to where our older student [is] more aware of what [she is] putting out there." In other words, participant nine, who was 28 years old, said, "The older I get, the more strict I guess

I am with what I post and who I am friends with…and I know that goes hand in hand with becoming an adult and also becoming a professional."

Participant eight, who was 24 years old, acknowledged that "social media as you get older changes." As a freshman in college, she would "talk with friends…amongst Facebook," whereas "now it's texting" as a way to communicate with others. Finally, participant 12, who was 22 years old, said, "My life has slowed down and…I am not a person to think about while I am enjoying doing something…[that] I need to post this [to social media] so everyone else can see how much fun I am having."

In general, participants noted that as they aged, they matured in their thoughts about how they used social media. They recognized the need to display professional behaviors when using social media. Because of this, age was determined to be a factor in maintaining e-professionalism.

Formal education through nursing school. The second category that emerged from this research question was formal education through nursing school. Ten participants were in their senior year of the nursing program whereas, one participant was in her sophomore year and one was in her junior year. When analyzing the data, it was identified that formal education through nursing school was a factor that determined if participants were able to maintain e-professionalism when utilizing their social media. Participant 10, who was a senior, made a general statement on this subject:

> I think that when you are in college, you have to change your views on a lot of things to understand how the world operates, and not necessarily, not change your views, but just be more aware or cognizant of what is going on.

Since being in nursing school, participant six, who was a senior, stated, "We change as people and we realize what is important in everyday life." This participant indicated that she used social media completely different in high school versus when she started college. She said, "I just wish I would have realized in life how much potential was going to come about later in life and…that was just stupid [what I posted in high school]."

A number of participants acknowledged that being in college had increased their maturity and how they thought about things. Participant three, who was a senior, said, "I believe that I was somewhat emotionally charged [when I started school], I was very immature with my feelings. I have learned a lot through nursing school." Participant seven, who was a senior, identified that being in nursing school "makes me, like, hold back a little bit more [when using social media]." Finally, participant six stated that:

> It was just time to not only change myself, but change the way I think about things and the way I do things…I know that my privacy settings got more serious when I got to nursing school. You just really start to think about the future and your potential of future employers and things like that, so I just kind of, I don't know, professionalism, just trying to keep everything good.

Several participants acknowledged that being in nursing school has led them to become more "positive" and "professional" when using social media. Participant seven recognized that:

> I used to post a lot of, like, my feelings, of how I was feeling about the day. I…wasn't always positive. [Now] I want my accounts to look more positive and hold myself to those higher standards. I don't want people looking at my account and thinking, "Oh, I don't think she would be a good nurse."

To support this, participant one, who was a senior, stated, "I want people to see me as being a positive person." She went on to say, "I am dedicated to this, um, this is what I want to do." In addition, this participant recognized that through nursing school, "I just have become a lot more professional because of the goals that I have developed as a nursing student." In addition, participant four, who was a sophomore, increased her professionalism on social media, saying, "I played with my privacy [settings] and made it more private, [I] watch out what I am posting and commenting. I might have deleted a lot of people, limited my friends, who I am posting to, my audience."

Finally, one participant recognized that she developed critical thinking skills during nursing school. She acknowledged that the use of critical thinking has been valuable when using social media. Participant three said, "It's helped me in a lot of ways, critically, you know, assess how I am using…[social media] that we do on a daily basis." She went on to say, "It's just taught me to be more leery of how I do things and think things through, I mean, not just in social media, in daily life." This participant also recognized that when individuals use social media inappropriately, they are lacking critical thinking skills. She stated, "In general…we are learning critical thinking, and yet these individuals still do these dumb acts. I am like, are you not applying that at home or on your social media? Because, it applies."

Participants' statements indicated they believed their formal education through nursing school appeared to be a factor that influenced e-professionalism. Several participants said that being in nursing school required them to think differently about how they were using social media. They described that they needed to start portraying a more professional, positive image on social media. Because of this, they recognized the need to use privacy settings and adjusted how they were using them.

Ethical reasoning. The third category that emerged from this research question was

ethical reasoning. As participants matured and received formal education, it was determined that

this helped enhance ethical reasoning. Participants recognized that nursing was a "trusted"

profession and that social media accounts were a reflection of individuals. Participant seven

acknowledged that "we need to be trusted and professional". She stated:

> [If we are] more willing to post something about a patient or take a picture of something
>
> and post it on there that you are not supposed to, um, that could reflect about you as a
>
> nurse and you might be more willing to gossip about a patient or, um, take a picture and
>
> show someone that you shouldn't be doing.

Participants acknowledged that others look up to them as future nurses. Participant nine

said that nurses "see people at their most vulnerable state and they look up to you." Participant

seven stated, "I feel like nurses, we should hold ourselves to a higher standard [because] we are

looked up to." She recognized that "younger people on my social media accounts, um, a lot of

them know that I am in nursing school and I think they look up to me."

Ultimately, participants felt like they wanted their social media accounts to be a reflection

of who they are. Participant six said, "I just don't want my social media site to define me as

someone different than who I actually am." According to participant five, she recognized that her

social media account may be the first impression individuals have of her. She stated:

> [It is the] first impression…that you get and I would want to make sure that I present
>
> myself [in] the best manner that I can. Because people, I am totally guilty, I sum people
>
> up quickly from their Facebook profile.

Clearly, participants acknowledged that nursing was a trusted profession and that their

social media behaviors influenced individuals' perceptions of them and their ability to be nurses.

Since their social media friends considered them as role models, they wanted to ensure that they were reflecting the values and behaviors of the profession.

    Searchability. The first subcategory for the category of ethical reasoning was searchability. Since nurses are expected to uphold the standards and values of the profession, participants needed to recognize that a number of individuals were accessing their social media accounts to identify who they were. Trust in participants' ability to provide safe, quality care may be influenced based on what others saw on social media. Because of this, participants needed to ensure that information that was posted to their accounts reflected behaviors expected of the nursing profession.

    Multiple participants recognized that individuals actively used social media to "look up" others. Participant five best illustrated this through this statement:

> [This] is how people get to know people these days. You can know someone before you meet them via Facebook and, uh, so I just try to make [my social media account] as current and as perceivable as how I really am in person.

Participant four said, "Everyone is seeing what I post, so I have to watch out what I am doing." In addition, participant 11 became "more aware of what people can see and how it can always be accessed."

    With this, participants realized that patients and family members were looking at their social media sites to determine who they were as individuals. Participant seven stated, "There are so many people that look at social media accounts now-a-days." She went on to say, "I don't want those family members to go look on my social media account and see all these things that are inappropriate and…not trust me to be [able to] take care of their loved one." Participant eight said, "We are taking care of family members and loved ones, and I wouldn't want someone who

has pictures of alcohol everywhere on their Facebook to take care of my mom." In addition,

participant nine indicated, "I would hate for me to post something inappropriate, then a patient

[would] look me up and see that and then just have [a]…tainted thought of me." Finally,

participant 10 stated she needed to ensure "[she is] not posting things that could be perceived in

an incorrect manner, perception is everything."

Nine participants recognized that future employers also would look at their social media

accounts and that future employment opportunities would be decided on how they were using

their social media. In essence, participant four said, "Whenever you are applying for a job,

[employers] look through your social media." Participant five said that by looking at your social

media account, "employers have a quick sum up of how [you are as an] individual." Participant

12 stated that she was "very cautious" when using her social media accounts for she does not

"want anything that could possibly look bad on me in the future out there." She went on to say,

"I make sure, like, if somehow an employer would see [my social media account], there is

nothing there for them to be like, 'Oh, we don't want her.'" Ultimately, participant 10 said, "We

[need to be] aware that people can see what we post and that it can influence if we get a job later

in the future."

Interestingly, participants realized that even though privacy settings were initiated,

employers and patients still had access to personal information. Participant six said, "I know that,

like, future employers and everybody can look at [my social media account] and they…can still

look at my profile picture, they can look at who my friends are." Participant 10 stated:

> I believe that employers have more access than we believe. Just for the simple fact that if
>
> somebody works there and knows you, they can pull up the stuff and give that
>
> information…Again, people can see… more than we realize.

Participant one recognized that her profile picture could still be perceived by others as inappropriate. However, she was the only participant who acknowledged that information from social media could be shared with others through the use of screenshots. She stated that information can be "screen shot…and sent to [students] Dean of Nursing or [future employers]."

Overall, participants realized the need to keep their social media accounts professional and reflective of the standards expected of nursing students due to searchability. They recognized that patients, their family members, and future employers are looking at their social media accounts to determine their character and integrity. Because of this, social media postings could influence future employment decisions and opinions of how they provide care.

Simulated social media postings. The second subcategory for the category of ethical reasoning was simulated social media postings. Since ethical reasoning reflects the standards and beliefs of the nursing profession, there was a great need to determine if participants could identify ethical standards in relation to their social media use. In essence, standards and beliefs translated to professional behavior expected of the profession when using social media. Although participants were able to verbally identify professional behaviors associated with the profession, there needed to be a way to determine if they could recognize these behaviors when viewing simulated social media postings. To assist in establishing if ethical reasoning was a factor in students' e-professionalism, six simulated social media postings were shown to all participants (see Table 4.1).

Table 4.1

Participants' Responses to Professional and Unprofessional Simulated Social Media Postings

Simulated Social Media Postings	Number and Percent of Participants who responded correctly	Number and Percent of Participants who responded incorrectly
Simulated posting one: Unprofessional picture and inappropriate comment ("On the way to work…#Iwannagohome")	N = 10 (83%)	N = 2 (17%)
Simulated posting two: Unprofessional behavior and comment ("Just casually taking selfies in an ambulance at work #escortingpatients")	N = 9 (75%)	N = 3 (25%)
Simulated posting three: Picture of empty trauma bay following a trauma case, HIPAA violation ("Man vs 6 train...The After")	N = 10 (83%)	N = 2 (17%)
Simulated posting four: HIPAA violation and inappropriate comment ("This is a great news story on CNN about one of our patients….He has been our patient for many years.")	N = 8 (67%)	N = 4 (33%)
Simulated posting five: Professional posting with picture of student in scrubs, stethoscope, and name tag on. Comment "Great day today on clinical…"	N = 9 (75%)	N = 3 (25%)
Simulated posting six: Extremely unprofessional post that identifies work place	N = 12 (100%)	N = 0 (0%)

Participants were asked to identify if they thought the simulated social media postings were professional or unprofessional and why. Although participants were able to provide verbal examples of unprofessional behaviors to avoid posting to social media when interviewed, there were inconsistent responses when participants were asked to look at actual simulated postings. Five of the six social media postings were considered unprofessional, whereas one social media posting was considered a professional post that would likely be posted by nursing students. Of the five unprofessional postings, one social media posting was extremely unprofessional.

Participants responded inconsistently to the first five simulated social media postings. They struggled at times to determine if postings were professional or not. All participants recognized that the sixth simulated social media posting was extremely unprofessional. Of all participants, three were able to accurately identify all six simulated social media postings and provide appropriate reasons as to why the postings were professional or not.

The first simulated social media posting was a selfie of an individual in her uniform going to work. The individual was sticking her tongue out. In the actual posting, the individual stated, "On the way to work, #work #nswhealth #redlips #tongue #hehe #redhair #photooftheday #imgoingtosneeze #love #iwannagohome #mwahh" (*Appendix C*). This posting was tagged as an unprofessional social media posting since the individual was in her uniform with her workplace displayed. In addition, the participant identified in the posting where she worked and that she did not want to go to work.

Ten participants determined that this social media posting was unprofessional; however, a few of these participants struggled when explaining their reasoning. Participant one stated, "[I] don't think that it [was] professional because, um, just like the way her facial expression is." This participant went on to say:

> I see in her hashtag it says, like, #imgoingtosneeze, #iwanttogohome, like, if you don't want to go to your clinical or if you don't want to go to your job, why do you have that job? I don't see it as professional at all.

"I don't think that it is horrible. Um, I wouldn't have used the hashtag of her employer or had her employer's name on her shirt," said participant two, who eventually identified this social media posting as unprofessional. However, this participant stated, "I think that is an okay picture, personally." Participant four was one of the participants who was challenged with this posting.

She eventually stated that the statement, "#iwanttogohome" made the posting unprofessional because "it shows, like, she doesn't enjoy what she is doing."

Two participants judged that the posting was professional. Participant eight stated, "I don't think it is unprofessional, I mean, there is no, there is nothing like breaking the rules and the law." She went on to say, "Does it depict a professional? Maybe not a 100%, but I don't think she is, like, saying anything bad." Finally, participant nine labeled the posting professional. Her comment regarding the post was, "I mean, for me, it is not something that I would post, but I don't think that it is inappropriate, no."

The second simulated social media posting was a selfie of an individual in her uniform riding in a vehicle. In the actual posting, the individual stated, "Just casually taking selfies in an ambulance at work #escortingpatients #lovemyjob" (*Appendix C*). This posting was identified as being unprofessional since the individual appeared in a uniform that identified her work place. In addition, she implied that she is at work escorting patients.

Nine of the participants indicated that the posting was unprofessional. Participant five stated, "She is…taking selfies on the job, which is unprofessional, especially in an ambulance, there is usually an emergency situation." In addition, participant nine said, "The picture itself, I don't find inappropriate. But the fact that she is in the ambulance and saying 'escorting patients' or whatever, so she is, like, talking about the fact that she is on the job is inappropriate."

Three participants recognized the posting as professional. Participant four responded, "I think it is professional because it doesn't, like, specifically say…like anything that is harming patients or violating any of their privacy." In a like manner, participant eight said that the picture was professional because there were no patient identifiers visible. She stated, "I mean, it is, like,

a good picture, but at the same time, you have to be careful if there is a patient in the back, then you have to be…careful that there are no identifiers."

The third simulated social media posting was a picture of an empty trauma bay following a trauma. The caption listed under the picture stated, "Man vs 6 Train…The After. #lifesaving #EMS #NYC #ER #Nurses #Doctors #nymed #trauma #reallife" (*Appendix C*). This was an actual posting by a nurse who worked at New York-Presbyterian Hospital who was fired because of unprofessional use of social media. She posted this social media posting to her Instagram account following a trauma case in which the patient had been treated after being hit by a subway (Ramisetti, 2014). The posting was deemed unprofessional based on the insensitive nature of the photo and that others may find it offensive (Ramisetti, 2014).

Ten participants recognized that the posting was unprofessional. Participant six indicated that it was unprofessional because "it is in the work place [and] I just believe that no pictures should be taken in the work place." Likewise, participant nine stated, "I guess the main thing that makes it inappropriate is the…captions, just 'man vs train.'"

An interesting fact was that two participants, who identified the posting as unprofessional for social media, indicated that they would still take the picture and share it with others. Participant 12 was challenged in answering whether the posting was professional or unprofessional. She eventually indicated that it was unprofessional but stated:

> This is a cool photo, and maybe I would take it, but I wouldn't post it. That is something that I could, like, share with my friends or, you know, like, just a reminder of, hey I did do something positive today, like, this person lived sort of thing.

In addition, participant nine acknowledged that she would share the photo "maybe, like, in private it would be okay to share with some friends but not, um, not on social media."

Two participants recognized that this posting was professional. One of the participants really was challenged in identifying the posting but eventually felt that it was professional. Participant eight said, "I would say that it is professional, if anything, there is no patients or anything."

The fourth simulated social media posting was a picture of a patient in a baseball cap. The caption encouraged people to check out a CNN link for additional information about this patient's journey. In addition, the caption stated, "This is a great news story on CNN about one of our patients, talking about what it is like to battle leukemia. He has been our patient for many years. It is great to hear his positive statement about surviving long term with cancer. #soproud." (*Appendix C*). This posting was identified as being unprofessional for the caption led to a HIPAA violation.

Eight participants recognized that this posting was unprofessional. All participants who deemed this posting unprofessional recognized that individuals cannot acknowledge that they care for patients directly. Participant one stated, "I don't think that it is professional because you are saying that you took care of him." In addition, participant four said, "You can't talk about patients at all…even though it states in there. You can't say, especially, 'he has been our patient for many years.'"

Of the participants, four said this social media posting was professional. All four participants indicated that if CNN received permission to cover this patient's journey, then it would be appropriate to post to social media. Participant seven said, "I would think that this is from CNN. I think this would be okay if they had consent from the patient to post this, then that would be okay."

The fifth simulated social media posting was a picture of a male nursing student. He was in a nursing uniform and had a name badge on along with a stethoscope around his neck. It appeared that he was standing on stairs but it was not possible to determine the rest of the background. The caption stated, "Great day today on clinical. Graduation in three months. Can't wait to be a real nurse. Love the profession that I have chosen. #lovenursing" (*Appendix C*). This posting was deemed professional.

With this social media posting, nine participants recognized that it was professional. Participant five stated that the posting was "totally appropriate" and that she had "posted the same exact photo." She went on to say, "It's not like there is patient identifiers around him. Yes, he has his badge on, um, but it doesn't say what floor he is on or who he is caring for." Participant nine acknowledged she would also post something similar. In addition, participant 11 recognized that the posting was professional in that "he doesn't say, like, where he is at for clinical, um, it seems more like a positive post: 'I can't wait to be a real nurse.'" Interestingly, participant three was challenged in identifying the posting but eventually recognized it as being professional. She really felt that the student should not be wearing his name badge. "Just looking at it, it looks harmless," she stated. However, she went on to say, "I would probably get rid of the name badge."

Three participants indicated that this social media posting was unprofessional. Participant seven deemed the posting unprofessional because the caption said, "great day today on clinical." She went on to say, "I think that it would be okay if he left out 'great day today on clinical.'" Participant 12 originally stated, "I don't see anything wrong with this [posting]." She finally identified the posting as unprofessional because the student was wearing scrubs or a school uniform. "I never post anything in my scrubs." However, she went on to say, "I still…don't think

that it is super professional." Finally, participant 10 commented that "they are standing outside a hospital that people would know where they are at, especially with their name badge on. So yeah, it would definitely be a HIPAA violation because people know where you are at."

Finally, the sixth simulated social media posting was an actual posting that a nurse from the University of New Mexico Sandoval Regional Medical Center posted to Facebook. She posted, "Sooo sleepy here in the ICU. Will someone please code and give me something exciting to do? #isthatbad?" (*Appendix C*). This nurse was ultimately fired for this social media posting (Reed, 2015). For this study, this posting was deemed as unprofessional.

All participants overwhelmingly identified this posting as unprofessional. Participant 12 looked at the post and responded, "Yeah, this is bad." She went on to say, "That is never something that you should say just because you are bored or sleepy, um, and she tagged her work place." Participant five recognized the posting as being "completely unprofessional and inappropriate, absolutely." She stated, "I feel like that goes against, um, your own morals and values. You are hoping someone codes so you have something to do? That is asking for someone to have a near death or death experience." Participant four said, "[You are] just making the hospital look bad, and why are you there if you are bored and not loving your job?"

Based on the simulated social media postings, there was evidence that participants had difficulty with recognizing professional versus unprofessional behaviors. However, when shown an extremely unprofessional posting, all participants were able to accurately identify the posting as going against the values and standards of the profession. With this finding, it supported the idea that ethical reasoning played a factor in participants' ability to maintain e-professionalism.

Consequences. The third subcategory for the category of ethical reasoning was consequences. Participants were asked during interviews what they thought consequences should

be for inappropriate social media use by nursing students. A fascinating finding was that all participants were challenged with answering this question, and some participants ended up not answering it at all. A number of prompting questions were needed to get participants to answer this question.

Participants addressed HIPAA violations first when answering the question. Most participants were in agreement that consequences would occur if this violation happened. Participant one responded, "I mean, if you use one of your patient's names, I mean, that's a no-brainer." Additional questions were needed to have this participant define what a "no-brainer" was. She went on to say, "I would probably say be dismissed from the program." Participant three also struggled in recognizing what a consequence should be for a HIPAA violation. She responded, "Well, if it is a HIPAA violation, then, I mean, it is sad to say it, it should probably have a higher consequence just because of what is at stake." Participant 10 again recognized that a HIPAA violation would be "probably a much harsher punishment," such as "termination from a nursing program." Participant five eventually recognized that "suspension, [expulsion] would be the consequence of a HIPAA violation." When participant six was asked if removal from a nursing program was an appropriate consequence for a HIPAA violation, she responded:

> I mean, we are told what we are supposed to do. It is an extreme measure, but I feel like it is something that has been hammered into us since day one, so if we are not following that, I can't imagine what else they are not following.

Participant 11 acknowledged that a HIPAA violation would be "dismissal from the program." She stated, "I feel like especially as a third level nursing student, we should know not [to] post stuff like that, and especially with the education that we have had, um, you know, just the education on HIPAA and privacy."

Though most participants were consistent in that a HIPAA violation may lead to suspension or removal from a nursing program, participant seven had another thought. She acknowledged, "[A] HIPAA violation…is bad, that is way more serious." However, she stated, "I think you get one warning and you are called into the office and, um, yeah, you only get one warning, if you do it again and you are dismissed."

When asked what consequences should be for a social media violation other than HIPAA (i.e. inappropriate comment about a facility, college, and faculty), comments varied. However, participants were consistent in indicating that individuals should be given "warnings" when using social media inappropriately. Participant eight stated, "I mean, it's obviously not a patient and it's not right, you should probably be talked to, some consequence. I just don't think that it should jeopardize their nursing career." In other words, participant seven said:

> I would think, um, there should be warnings, like three warnings and you get an email saying, "We saw what you posted on Facebook, it wasn't appropriate, um, could you delete it please?"…Then, like, after the third time, you are called into the Dean's office to have a conversation about your social media accounts and how to be more professional and why you need to be professional.

Participant nine said, "I think that they will need to delete their posts…I don't think, like, a first incident they should be kicked out or anything because I think that is the point of us being in school is to learn."

Overall, participants were challenged with identifying consequences for situations other than HIPAA. Participant five acknowledged that inappropriate comments to social media are "extremely unprofessional." However, she stated, "The first thought in my head is freedom of speech; would that be that you are expressing that right?" In addition, participant seven said, "I

don't know if I really like the college being able to look at my social media." She eventually

acknowledged that "anyone can look at [her] social media accounts."

Overall, all participants were able to acknowledge that HIPAA violations on social media

resulted in consequences up to dismissal from the nursing program. However, participants had a

hard time identifying consequences for violations other than HIPAA violations. Although they

recognized that possible violations made against college or faculty were not right, they were

challenged in identifying possible consequences for these violations. This finding may indicate

that participants needed to continue to grow in their ethical reasoning.
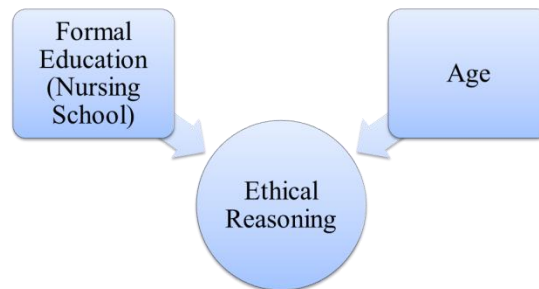
Figure 4.5. Factors that influenced ethical reasoning when using social media.

In summary, ethical reasoning was considered to be a factor that influenced e-

professionalism. This study supported the fact that formal education and age play a factor in

ethical reasoning (see Figure 4.5). Based on the data, as students matured or aged and advanced

through the nursing curriculum, ethical reasoning was enhanced. However, there were gaps in

participants' ethical reasoning that influenced e-professionalism that must be addressed.

Emotions. The fourth category that emerged from this research question was emotions.

Over half of the participants agreed that emotions played a factor in maintaining e-

professionalism when using social media. Participants admitted that emotions led to

unprofessional behaviors. Emotions discussed ranged from being happy to being frustrated.

Three participants acknowledged that they turned to social media when they were feeling happy. Participant two said, "I did post one time about a patient [who] made me very happy…[he] told me that I would be a great nurse." Participant nine admitted that even a happy post may lead to a violation of patient information. She stated:

I know that I had a co-worker at one point that…posted something that I would have perceived as a HIPAA violation because it gave a little too much detail [regarding] the patient. You know, anyone could read between the lines and figure out who it was.

Finally, participant five recognized that she posted to social media when she was happy at her job as a nursing aid. However, her statement indicated confusion as to whether the posting was professional or not. This participant acknowledged that if she was posting a picture with her scrubs and name badge, that the posting could be perceived as unprofessional. Her comment regarding this happy posting was:

I spent those exact days on the [clinical] floor as a patient, um, I didn't specify what floor I was on. I didn't identify that, um, but I was in the hospital…I was in my scrubs. I had my vocera [and name badge] on…You know that you can come full circle, that justified it in my head that it was okay…I think it is okay. I think there was no patient identifiers, I didn't slander.

A number of participants recognized that they turned to social media when they were frustrated or upset. Participant three was most vocal about how her emotions led to unprofessional behavior on social media. She said, "I have…done things that I regretted, like, recently." She went on to say, "I felt just in pain emotionally, my heart, um, you know, I don't ever let people think that there is anything wrong with me, but my heart is big and it is sensitive." As a result of this pain, this participant stated, "I was emotionally charged and I

erased a lot of those people [from Facebook]. I just de-friend them. I just, I was hurt [and] I felt rejected." In addition, she commented:

> I decided at that very moment that if I felt that strongly that I was erasing all of these people on Facebook that I just needed to step back because you cannot allow something like that decipher your actions. You know, actions that are done in seconds or minutes are not actions that are good and that is what I am finding out.

This participant said that when she has placed emotional postings on social media, she "was mature enough at the time not to involve names or institutions."

Other participants recognized that they may also turn to social media when feeling emotional. Participant seven said, "The other day, I was posting on Twitter…and then, I didn't actually post it, but I typed it all out and then I thought about it and then I deleted it." She admitted that "someone had hurt my feelings and I was going to post my feelings about how they hurt my feelings."

Two participants indicated that they used social media as a way of confronting others regarding feelings and emotions. They recognized that it was easier to say things through social media than having to confront an individual face-to-face. Participant five stated that "we avoid personal contact because we have social media, and that we are quick to type something on Facebook or Instagram of our feelings and emotions, but we don't express those in real life." Furthermore, participant three said, "I have a hard time with coming out directly and telling someone how I feel, but [social media is] a passive way that I do it." She stated:

> Sometimes when I post quotes, they are sort of passive-aggressive in the sense that they are relating to me in a sense of how I am feeling at the time, but I am not coming out and saying it in a direct way.

Three participants had determined that when their emotions were running high, they needed to avoid using social media as a way to express their feelings. Participant seven stated, "When your emotions get the best of you, um, when you post things that you regret posting, um, that is something that I have learned to control." In addition, participant 11 recognized that when frustrated, "you get ready to type out your little spiel, you are kind of ready to post it, [then you realize that] no, it's just not worth the conflict that I think is going to come out of this." Finally, participant 10 determined that in managing her emotions, "sometimes that might mean typing something up somewhere else to kind of talk about my feelings but not actually posting them somewhere where people could see them or speaking with someone directly."

In essence, participants recognized that they may turn to social media when experiencing strong emotions. The data identified that emotions influenced e-professionalism. Because of this, participants acknowledged that awareness was important in that they needed to avoid social media when their emotions were high.

Social media education. The final category that emerged from this research question was social media education. Participants were asked if they received education regarding social media while in nursing school. In addition, they were asked to identify where in the nursing curriculum this education was provided. Eleven participants indicated that they received some type of social media education. Participant three stated that she received "none" when asked about social media education.

There were mixed responses when asked when they received this education. Most participants indicated that this education occurred prior to starting their clinical experiences, whereas participant nine indicated that it happened "after a couple of students posted something on Facebook and got caught so it was kind of [an] after-the-fact thing."

Again, the responses were mixed in terms of the amount of education they actually received. According to participant 10, "I remember talking [about] it," however, "I don't think we really touched a lot…on that." Participant five also indicated that she received "little" education. In contrast, participant one recognized that "we are spoken to about it almost every semester." In addition, participant 12 stated that she received education "at the beginning of every clinical [experience]."

Participants, who received education, gave various answers regarding how they received their education. When asked how the information was presented to them, participant nine indicated that the information was presented in "a brief 'don't do this' session." Participant two noted that information was presented during lecture, but "it is not like we got a handout that said 'don't do this.'" Furthermore, participant 11 said, "I know we got handouts, I don't remember how many exactly. [In addition] we had just a small lecture." This participant acknowledged that "I read the [handout] that was, like, how to use social media professionally with nursing."

All 11 participants, who said they had received social media education, were consistent in responding that they were taught "rules" of how to manage their social media accounts. Participant two indicated that she remembered the rules, including, "Don't post anything about patients, so basically just don't violate HIPAA." In addition, participant one said, "They definitely talked…a lot about HIPAA." Participant nine stated, "Our professors told us not to post anything, um, in our uniforms, at the school, at the clinical sites, about patients." In like manner, participant 12 said, "They tell you to not post photos, um, in the facility." Ultimately, participant seven summed up what most participants remembered the rules as being:

There really wasn't any appropriate content that you should ever post about clinical. But even saying like, "I had a great day today," and then people might comment and say, "Oh

I know you were in clinical, where were you?" and so that is where the HIPAA violation

come in to play, so you just don't say anything about clinical.

Finally, participant two stated, "Like, if there is anything that you question, don't even post it [to

social media]. Don't post it at all. Even if there is a slight question about it."

Additional "rules" were given to participants about how to manage their social media

accounts in a professional manner. This education occurred at the same time that they received

education about the clinical setting. Participant 11 indicated that she was taught to "make sure

that what you are posting is being respectful." In addition, participant two remembered being

taught not to "post anything unprofessional that could possibly come back when you are trying to

get a job."

An interesting finding worth reporting was about privacy settings. When asked if

participants were taught about privacy settings, participant five stated, "[We] never really have

had a conversation about privacy settings or what people would see if they look[ed] me up." On

the contrary, participant six indicated that privacy settings were addressed in terms of "just

making sure that you keep everything private."

Two participants, who received social media education, indicated that it met their

learning needs. Participant eight said, "There was plenty of education about it." Participant four

stated that "[social media was] common sense…and when I came to nursing school [I] kind of

touched up on it." Finally, when participant 12 was asked about education regarding social

media, she summed up how she wanted information presented to her. She stated:

In nursing school, it for me…is kind of black and white. I try not to, like, over-complicate

things. I want it to be "you can post this, this is okay" versus "no, like, you shouldn't post

this because of this reason." I don't like to gray that area, so I would say post it if it, like, relates personally to you and not involving the school at all.

For the most part, participants received social media education in their nursing curriculum. Participants indicated that they were provided "rules" to ensure that they maintained privacy boundaries when using their social media.

Social media resources. The first subcategory for the category of social media education was social media resources. During interviews, participants were asked to identify resources that were available to them on campus that would assist in answering questions regarding social media. Participants' responses to this question were varied. Most participants indicated that they would ultimately turn to faculty for questions regarding social media use. Participant five identified that she would turn to someone who "actively used social media and had a good understanding of how it should be used as a health care provider." This participant also recognized that one needs to find resources because "you can't instantly assume that it [is] common sense because it is pretty easy to make mistakes."

On the flip side, participant four stated that social media was "common sense." This participant also said that she would use "Google" as a social media resource. Other resources that were identified included "student handbook," "nursing friends," "advisors," "IT personnel," "Dean of Students," and "Dean of Undergraduate Nursing."

When participants were asked if the college had a social media policy, all 12 participants were unaware that a policy existed. Participant five responded, "I don't believe there is a policy on [it]." This participant went on to say, "I don't think there is a rule that says your Facebook has to be presented in this way or your Instagram or Twitter. Not that I know of."

In summary, participants identified resources to turn to if questions regarding social media came up. Interestingly, participants were unaware that social media policies existed on both campuses and were located in the student handbook. For the most part, participants recognized that social media was not "common sense" and that resources were needed to assure proper social media use.

This subquestion clearly identified factors that influenced baccalaureate nursing students' ability to maintain e-professionalism (see Figure 4.6). The research determined that nursing school and age were factors. As students progressed through the curriculum and matured, participants indicated that they exhibited professional behaviors when using social media. Because of this, this study found evidence that nursing school and age enhanced participants' ethical reasoning. Although participants were able to verbalize professional social media behaviors, they were challenged when analyzing simulated postings that exhibited both professional and unprofessional social media use. In addition, participants recognized that when emotionally charged, they used social media inappropriately. Therefore, emotions again impacted participants' e-professionalism. The final factor that influenced e-professionalism was social media education. Although most participants received education at least once in the curriculum, they reported receiving "rules" to help them maintain professional social media accounts.
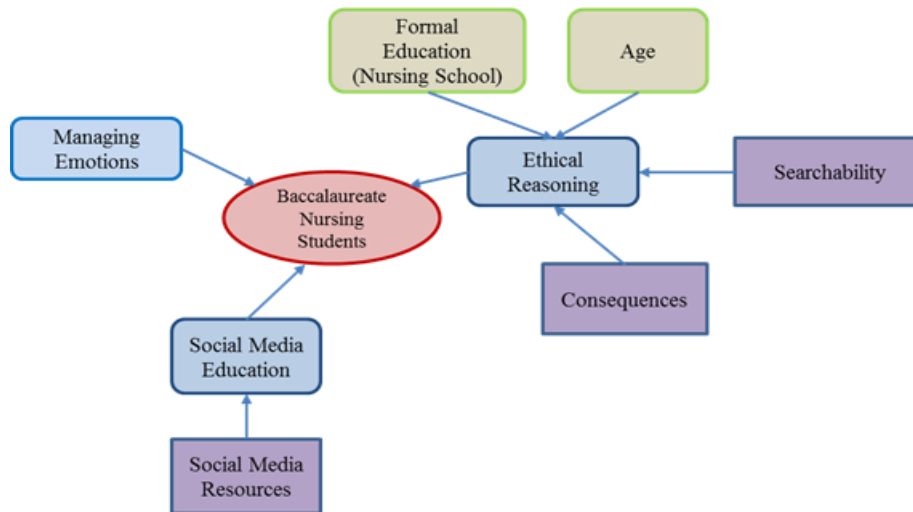
Figure 4.6. Factors that influenced baccalaureate nursing students in maintaining e-professionalism.

Subquestion Four

The fourth subquestion that was identified for this study was "How were pre-licensure baccalaureate nursing students utilizing social media at two Midwestern colleges?" Through the research, it was clearly identified that participants were actively using social media in their daily lives. With this subquestion, one main category of social media use was determined. In addition, the subcategories of daily use, frequency, distraction, and friends were identified.

Social media use. The main category for this research question was social media use. This research study assisted in identifying how nursing students were currently using social media. In general, all participants had at least one social media account that they accessed on a daily basis. Participants most frequently used Facebook (92%) followed by Instagram (8%). Among the participants, several maintained multiple social media accounts which included Facebook, Instagram, Snapchat, and Twitter. It was discovered that participants, who were active on multiple social media accounts, used accounts for different purposes. Participant two best illustrated this with this quote:

[I use] Facebook to keep up with my family that lives out of state. Instagram, I look at

different fitness accounts and get tips and tricks on how to eat healthier and exercise. I

use Snapchat to send pictures to my friends. I rarely use Twitter but I follow a lot of

news accounts on Twitter if I ever am on that [social media account].

In addition, participant 12 added, "My Instagram is kind of more of my friend life. Facebook is

kind of like more for family or like big trips. I never really use my Twitter [since starting]

nursing school." When participant 11 was asked how she used her multiple social media

accounts she stated, "I would say they are all mostly [for] personal [reasons]."

Based on this research study, participants confirmed that they were actively using social

media. In addition, they were maintaining multiple accounts that were being used for different

purposes.

Daily use. The first subcategory that emerged from the main category of social media use

was daily social media use. All participants indicated that they primarily used social media on a

daily basis to stay connected with others. Participants made multiple comments that helped

support this statement. Participant 12 stated, "I use it to keep up with my friends," whereas

participant 11 maintained Facebook "to stay connected with people." Participant 10 said, "I keep

in contact with people," whereas participant six said, "I primarily just use Facebook…to keep up

on family and friends." Participant four indicated, "I go on my wall and news feed to see what

my friends are doing and what they are posting." Participant two stated:

It's a great way to keep up with people that have, that I might have not been in touch with

lately just because I have been so busy with school. It is a good way to keep in touch with

my classmates, especially over the summer.

Three of the participants indicated that they also used their social media accounts to stay current with news and, in participant six's words, "to see what [is] going on in the world." This participant went on to say, "[You] can get the daily news…on social media." Participant seven indicated she used social media to "see what people are doing, talking about, news." Finally, participant five said she used her social media account "to stay caught up with friends and family and news, essentially, even though it is not always really true news, that is how you see certain things occurring in the world and surrounding areas."

Additional ways that participants used social media were to post pictures of family and friends in addition to posting updates when exciting events happened. "I like to post, like, family pictures when we go out," said participant six. She went on to say, "I like to post when exciting things are happening."

Participants also stated that they used social media for educational purposes. Participant 11 said, "there are a couple NCLEX Prep pages that I follow," whereas participant 12 stated, "I follow…accounts on Facebook that give me…daily NCLEX questions." Participant four said, "[I] look for videos that are, like, scientific."

Participants indicated that they used social media for humor and to inspire others. Participant five said, "[I will post] an impactful video of, like, a life lesson or spiritual quotes, typically." In addition, participant three stated, "I post quotes that I find are inspiring…I, like, find an article through…a third party source, I will post that. [An article] that I feel like people should read." Finally, participant 11 noted that "I post a lot from the nursing pages. It is suppose to make you see the funny side of nursing." Participant five used social media for "just comedy… there are a lot of funny things on Facebook."

Finally, six participants indicated that they used social media to connect with their

nursing class. "I think the positives of it [is that] our class has a Facebook page," responded

participant eight. Participant one stated that the class page allowed classmates to stay "updated

through that," whereas participant three added, "[Classmates] would relate information about

projects [through the page]." In addition, participant 10 emphasized that "we use it to discuss if

we were unclear about a question in class. Sometimes, we use it when grades are posted to let

everyone know that they are." This participant stated that the class page was also used to share "a

link to something that [was] relevant to what we are learning [in class]."

Not only was the class page used to share information or to ask questions, but three

participants indicated that the class page provided support. Participant 11 stated, "We use [our

class page] to support each other." To back this statement, participant 11 said, "It's a way to

encourage each other when we know that we have a hard test coming up." Finally, participant

three acknowledged that the class page "makes you feel like you were part of a school body, you

know, with your classmates."

Ultimately, participants demonstrated that they used social media daily. The main

purpose of using social media was identified as staying connected with family and friends. In

addition, participants recognized that they were connected to their class through a class page.

This page was used as a way to communicate with each other, but it also made participants feel

connected to the college. A number of other purposes, such as staying current with news, were

also identified as reasons for daily social media use.

Frequency. The second subcategory that emerged from the main category of social

media use was frequency of social media use. Social media was being used "multiple times a

day," according to participant nine. In general, all participants indicated that they used social

media frequently throughout the day. Most participants accessed their social media accounts upon waking in the morning, during class breaks, and right before bedtime. Participant five supported this by saying she checked social media "at least once a waking hour, to be totally honest, first thing when I wake up [in the] morning." In addition, participant 12 responded, "[I access social media] probably about an hour or two a day just depending on how busy I am with my school work. I use it for about 5-10 minutes at a time." Participant three best demonstrated how social media was being used throughout the day by this statement:

> I think I wake up every morning and I check it…I usually stay on it until I have to go somewhere and then, um, when I am on lunch, I check it. Then when I go to bed, I check it right before I go to bed...

When completing demographic information, participants were asked to identify how many hours they spent a week using social media. Participants were also asked during interviews how often they used social media. For the most part, participants' self-reported use matched how they responded to this question during the interview. However, it was determined by the researcher that two participants underestimated the total number of hours that they used social media when self-reporting. Originally, participant eight self-reported that she used social media five hours a week. When asked during the interview how frequently she used social media, she responded, "On a daily basis…like breaks during class time, I access it. When I am studying and I need a break, that is what I do. So, I would say like a couple hours…a day." Finally, participant one, who self-reported that she used social media seven hours a week, said, "I probably check my phone, I would say, once every half hour."

It was determined that participants used social media frequently throughout the day. The frequency with which they used it was dependent on their schedules for that day. Although the

researcher determined that most participants accurately reported the amount of time spent using

social media, two of the participants appeared to have underestimated their time spent using it.

    Distraction. The third subcategory that emerged from the main category of social media

use was distraction. Multiple participants recognized that they used social media as a distraction

from school and life in general. Throughout interviews, participants made comments that helped

support this subcategory. Participant five identified social media as "a distraction." In addition,

participant nine acknowledged that "[social media is a] fun distractor more than anything."

Finally, participant 12 found that "[social media] is a nice little break to get focused back into

school." This participant went on to say, "It just defines, like, a happy moment for me [for] there

is not a whole lot of negativity on my Facebook feed." When asked why this defines a happy

moment, this participant responded, "It is like a positive break for me [so] I can get on [social

media], give myself 5-10 minutes, and get off and be focused again." To support this, a number

of participants indicated that they accessed their social media accounts frequently during class

breaks and when studying.

      There appeared to be a connection between the need for distraction and how frequently

participants used social media (see Figure 4.7). If participants indicated that they needed a break

from class or from studying, they turned to social media. They recognized that accessing social

media provided distraction from what was going on with school or work. Therefore, if

participants needed a distraction, this increased how frequently social media was being used,
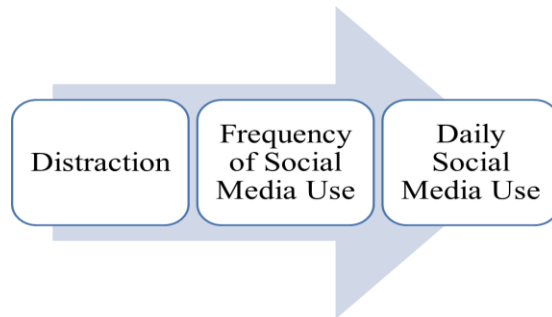
which impacted the daily use of it.

Figure 4.7. Progression of how distraction influenced frequency and daily social media use.

Friends. The final subcategory that emerged from the main category of social media use was friends. This subcategory had an additional subcategory of accepting or initiating a friend request to a patient or patient's family member. Participants were asked to identify how many friends they had associated with the social media account they most frequently used. The number of friends attached to participants' social media accounts ranged from 100 to 1,500 (see Table 4.2).

Table 4.2

Friends Associated with Frequently Used Social Media Account

Friends	n
0 – 250	1
251 – 500	6
501 - 1,000	2
1,000 – 1,500	3

Note: Friends associated with social media account most frequently used.

There appeared to be a connection between age and the number of friends participants had associated with their social media accounts. Participant 10, who had the least number of friends and was one of the oldest participants, said, "I get more strict, I guess…with what I post and who I am friends with."

A number of participants recognized that their social media use changed once they entered college. "The beginning of nursing school, I think I would mainly …just add anybody

and everybody," said participant three. This participant indicated that as she progressed through

nursing school, she became more selective with her friends. Participant one said, "I have gotten

more selective as who I add." According to participant 12, who had 850 friends, "I have been

going through and deleting [friends], actually." She stated:

> It was more the personal preference of I don't actually care to be your friend anymore. In
>
> high school it is kind of like, get as many friends as you can cause its cool, this number,
>
> the higher it is, it's cool. Now, I am just like, I don't care about this person, I don't need
>
> friends on here, I don't need fake friends.

Participant four found that as she entered college and received education regarding social media,

her pattern of accepting friends changed. She stated:

> First, I would friend people that didn't matter. I would friend people who would request
>
> me, or whatever, and when I received the information and education on social media, I
>
> just, click, started to limit those people that I actually [do not] interact with.

> Overall, all participants indicated that they go through a process when accepting and

requesting friends to their social media accounts. According to participant two, "I will add only

people that I know. If I get a friend request, even if I have a few friends in common, I still don't

add them." This participant reported 1,500 friends linked to her most frequently used social

media account. In addition, participant 11, who had 670 friends, stated, "I have this thing for

myself that if I wouldn't talk to them in person, then I don't have them on Facebook or any of

my social media." A similar statement was made by participant 12, saying, "I only accept them if

I personally know them, like, met them in person." This individual had 850 friends linked to her

social media account. These participants displayed a disconnect between the process with which

they claim friends are accepted and the number of friends they truly have linked to their

accounts.

This research discovered that the process with which participants accepted friends to

social media was less defined for some. In some cases, it caused some confusion for participants

as to whether they were accepting friends or acquaintances. Participant one stated, "I see who

they are friends with and if it's someone that I am close with, I will send them a text message

and be like, 'Hey who is this person, how did I meet them?'" This participant followed this

statement by saying, "I have gotten more selective [as to who] I add." She had 1,100 friends

connected to Facebook. Participant seven describes her process as this:

> If someone asks for me to accept them, I first, like, if I don't know them, I don't accept
>
> them but if, like, I don't know them but we have mutual friends, I will look at those
>
> mutual friends and sometimes I will be like, oh, yes, I do know this person. But, um, if I
>
> don't know them at all, I don't accept them.

This participant went on the say, "I don't add friends that I don't know." She indicated that she

will accept a friend "if I know the name and the face." Participant five, who had 1,423 friends,

said:

> I have noticed that if I have just met them through a friend, this is just a quick "hi" or
>
> whatnot, then I feel okay with accepting them as well because I can kind of take a look at
>
> their profile and "oh, yup, they seem nice, maybe we can be friends."

There appeared to be a connection between number of friends participants had linked to

social media accounts and participants' self-esteem. According to participant three, "You check

how many friends you have. Some people decide not to be your friend and so then, if you

concentrate on how many friends you have, it can be a self-esteem downer." This participant

went on to say:

> You just have to be leery of who you are adding because it can be a huge self-esteem
>
> down-shooter so, um, I just, I am pretty cautious. If I have had a conversation with
>
> someone and I feel like they like me, then I will add them. But sometimes, I am even
>
> wrong with that too, which also hurts your feelings.
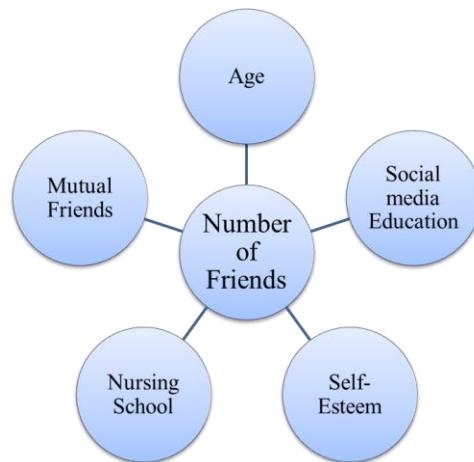
Figure 4.8. Elements that influenced number of friends associated with social media accounts.

To summarize, participants were found to have anywhere between 100 to 1,500 friends

attached to their social media accounts. The number of friends was influenced by a number of

elements (see Figure 4.8). Participants indicated that after starting nursing school and after

receiving social media education, they started the process of eliminating friends from their social

media accounts. They also determined that as they became older, they became more selective in

who they allowed access to their accounts. Participants recognized that at one point they

accepted everyone as friends, but with age, they now only select friends that they feel they really

know. In addition, there were comments about mutual friends influencing the decision to accept

friend requests or not. Finally, it was identified that participants' self-esteem was altered based

on the number of friends.

Accepting a patient as a friend. Accepting a patient or a patient's family members as a friend is a subcategory of friends. Of the participants interviewed, 10 of 12 indicated that they had never accepted patients or patients' family members as friends on their social media accounts. Most participants acknowledged that they had received friend requests from patients after caring for them. Participant eight said, "I have had some requests, but I always just delete them." Furthermore, participant 12 said, "This guy kept saying 'I am going to add you on Facebook,' like, 'I am going to find you.' I am like, 'no…you know, even if you do, I can't be your friend.'" Finally, in regard to a time when a patient asked if she could be a Facebook friend, participant six said, "I just said that we don't connect that way as this is nice that we are able to communicate here in the hospital, whatever, but in the outside world it is just not appropriate."

Interestingly enough, participant one acknowledged that although she had not experienced a patient requesting access to her social media account, she realized that this may be a reality in the near future. She said:

> I feel like I have taken care of a lot of the older population and they don't
>
> have…Facebook, but when you have those younger patients in their 20s and 30s, I think
>
> that they are more apt to ask you that. And it is hard. Because you are like 'eeeehhhh I
>
> can't, but you are really nice, but I can't do that.'

As a result, this participant recognized that she needed to figure out how to acknowledge these requests from patients without feeling awkward in turning them down.

There were two participants who initiated friend requests on their social media accounts to either a patient or a patient's family member after caring for them. Participant two cared for a patient who happened to also be a co-worker. When asked, this participant indicated that she initiated the friend request after caring for the co-worker. "I requested her because I wanted to

see, you know, I wanted to see her pictures of her baby," stated participant two. In addition,

participant three initiated a friend request to a patient's family member after caring for the

patient through a home health position. The participant indicated that she waited to initiate the

request after the patient died. She stated:

> Sometimes when you give someone…Facebook account access, you are not giving them
>
> your phone number, you are not giving them your home address, but it is a way of
>
> staying in contact. You are verifying that you had that connection at one point, so I am
>
> friends with her, so it's not like we talk or communicate, it's just saying, 'I was with you
>
> during that time.'

Participant three went on to say, "I think it's safer to give your Facebook account versus your

home phone number, not that I have had any issues with her…I just [know] there is a

professional boundary." It just so happens that this participant also is not using privacy settings

with her frequently used social media account.

To summarize, ten participants recognized that requesting or initiating a friend request to

a patient or patient's family member was inappropriate. However, there were two participants

that initiated a friend request to either a patient or a patient's family member. Undoubtedly,

accepting a friend request from or initiating a friend request to a patient or patient's family

member violated privacy boundaries when using social media. To ensure that privacy boundaries

are being maintained, participants needed to recognize that this behavior was unprofessional.
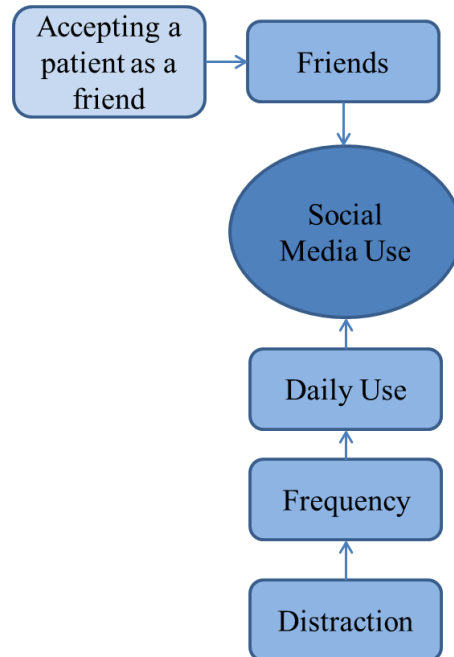
Figure 4.9. Elements that influenced social media use.

In conclusion, participants clearly identified that they were actively using social media on a daily basis. They primarily used it to stay connected with others, including family, friends, and classmates. Overall, participants indicated that they accessed social media frequently during the day in five to ten minute increments. They recognized that needing a distraction from school or work influenced how frequently they accessed their social media accounts during the day. Finally, the number of friends participants had associated with their social media accounts was a direct link as to whether participants were able to maintain privacy boundaries (see Figure 4.9).

Overview of the Emergent Theory

Through axial coding, the core category was identified along with how the other categories related back to it. According to Creswell's model (2012), the researcher needed to complete a coding paradigm which portrayed the interrelationships of all categories. This coding paradigm assisted in identifying the emerging theory (see Figure 4.10). Selective coding, which

is the third phase of coding, occurred as categories were discussed along with how they related

one other.
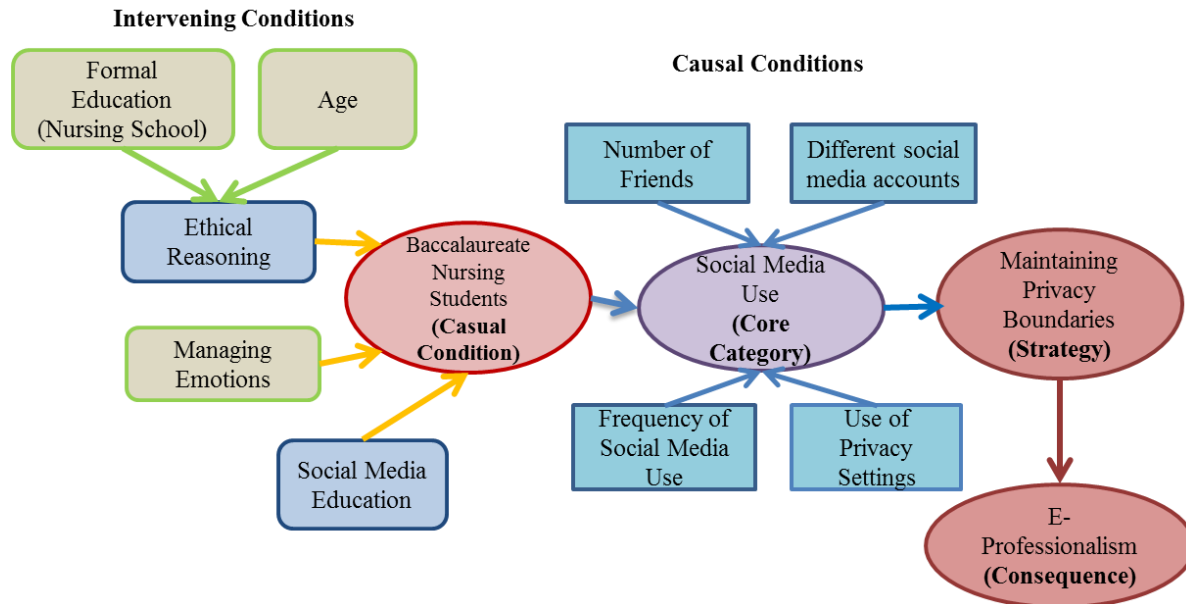
Figure 4.10. Emergent theory: Skrabal theory of e-professionalism among pre-licensure baccalaureate nursing students©.

The core category identified for this theory was social media use. Ultimately, this

category represented why this study was being conducted. Through the research, it was

discovered that baccalaureate nursing students actively use multiple social media accounts. A

better understanding of what influences social media behavior and the maintenance of e-

professionalism occurred.

According to Creswell (2012), causal conditions were the categories "that influenced the

core categories" (p. 426). The main causal category that influenced social media use was

baccalaureate nursing students. Through this research, it was identified that there were a number

of factors that influenced the baccalaureate nursing students' ability to use social media in a

professional manner. These factors ultimately influenced baccalaureate nursing students' ability

to maintain privacy boundaries and were considered intervening conditions. Intervening

conditions were "general contextual conditions that influenced strategies" (Creswell, 2015, p. 426). Overall, ethical reasoning impacted baccalaureate nursing students' social media use. Through this study and research done by others, age and formal education affected the formation of baccalaureate nursing students' ethical reasoning. Additional factors that swayed baccalaureate nursing students included emotions and social media education.

Strategies were specific actions which resulted from the core phenomenon (Creswell, 2012). The strategy identified from this study was maintaining privacy boundaries. By managing privacy boundaries, professional and personal information was maintained. Understanding the need to maintain privacy boundaries decreased the probability that boundaries would become blurred or thin.

Creswell (2012) indicated that causal conditions were "categories of conditions that influenced the core category" (p. 426). Causal conditions that influenced social media use included number of friends, use of privacy settings, different social media accounts, and frequency of social media use. These categories were found to directly impact baccalaureate nursing students' social media use, which ultimately influenced maintenance of privacy boundaries.

Finally, consequence, which was the outcome, included e-professionalism. Through maintaining privacy boundaries, baccalaureate nursing students controlled professional and personal information which led to e-professionalism.

After forming the theory, several individuals were asked to assist in validating it. Among those that assisted in this process were participants of the study and nurse educators, who were considered experts in the field of nursing education. Feedback was received and the theory was altered based on the data received.

Recognizing how categories interrelated with each other was important to developing this theory. With that, appropriate measures were recommended to help baccalaureate nursing students understand and maintain e-professionalism.

Results Summary

In conclusion, data analysis showed that nursing students were actively using social media. Not only were they using social media on a daily basis, they were managing multiple accounts. Participants acknowledged that they were held to a higher standard related to their social media use because nursing is considered a trusted and respected profession. Therefore, participants recognized that exhibiting professional behaviors was essential when using social media. Although participants were able to verbally identify behaviors that constituted professional social media behaviors, they were challenged at recognizing professional and unprofessional behaviors when viewing simulated social media postings.

Participants recognized that e-professionalism also consists of maintaining privacy boundaries which help manage professional and personal information. Through this research, participants acknowledged that these boundaries become blurred at times. Processes, which participants identified to help manage information and prevent blurring of boundaries, were to avoid posting information to social media and to use different social media accounts.

They recognized that they would rather follow friends and "like" postings versus posting content to social media. Participants indicated that by avoiding posting content, they were less likely to post content that could be considered unprofessional. In addition, they acknowledged that different social media accounts with various levels of privacy settings were used to assist with managing information. Participants maintained professional social media accounts that they knew their college, future employers, and patients were reviewing. However, participants

acknowledged that they used other social media accounts that were more difficult to track for possible unprofessional content.

Additional processes that were identified to assist in managing privacy boundaries and information were using privacy settings and managing the number of friends who had access to social media accounts. All but one participant realized that privacy settings were essential to maintaining boundaries and access to information. Finally, participants indicated that limiting the number of friends was another technique. However, based on the number of friends participants had associated with their most frequently used social media accounts, there were questions about whether participants truly understood that boundaries thin with the increased number of friends.

Several factors that influenced nursing students' ability to maintain e-professionalism were identified. Participants indicated that as they matured and advanced through the nursing curriculum, they recognized that their social media became more professional. This study found that age and formal education enhanced nursing students' ethical reasoning. Participants acknowledged that they became more aware that they were held to higher standards related to their social media use as they matured and advanced through the curriculum. They also became more aware that a number of individuals were accessing their accounts to "better get to know them." Because of this, they recognized the importance to managing information and maintaining privacy boundaries.

Additionally, emotions were identified as a factor that influenced e-professionalism. Participants acknowledged that they turned to social media when happy or mad, both of which led to posting unprofessional content. Lastly, social media education influenced e-professionalism. Eleven participants acknowledged that they received education regarding

professional social media use at some point in the curriculum. They reported that they received "rules" on how to maintain professional social media accounts.

This chapter ended with a discussion on how the categories and subcategories interrelated with one another. Based on the categories and subcategories, the Skrabal theory of e-professionalism among pre-licensure baccalaureate nursing students© was developed and discussed.

In chapter five, the results will be interpreted and compared with existing literature, the theoretical framework, and proposed theory. Recommendations for education will be provided along with thoughts regarding future research.

CHAPTER V: DISCUSSION AND SUMMARY

This grounded study explored the processes baccalaureate nursing students used to maintain e-professionalism when utilizing social media while attending nursing school at two Midwestern Colleges. This chapter provides an interpretation of results and correlation to the literature for each research question. The proposed theory is explained in further details. In addition, implications for nursing education will be discussed along with limitations that were identified. Finally, recommendations for future research will be discussed.

Research Questions and Interpretation

Results were discussed for each research question, which included the categories and subcategories that supported each question. In addition, interpretation of the results along with how the findings correlated with the literature, the theoretical framework, and proposed theory were reviewed.

Central Research Question

The central research question to this study was "What were the processes pre-licensure baccalaureate nursing students at two Midwestern colleges used to maintain e-professionalism while utilizing social media?" This research question revealed one main category of professionalism. In addition, subcategories were identified for professionalism, which were recognizing professional social media behaviors and the processes participants used when creating a social media posting. Data from the category and subcategories were analyzed and discussed. Finally, data from this study were correlated with current literature and to the theoretical framework.

E-professionalism. The main category for the central research question was e-professionalism. Participants acknowledged that because they were working with patients and

their families, there was an increased need for them to exhibit professional behavior. Participants

also indicated that nurses in general were trusted and respected, and that they were accountable

to uphold the values of the profession. This was supported in the literature in that nursing is the

most trusted profession (American Nurses Association, 2016; Gallup, 2016). Overall,

participants recognized that exhibiting professional behavior assisted patients in establishing a

trusting relationship.

Because they are trusted with confidential patient information when on the clinical area,

all participants noted that they should be held to a higher standard professionally. Participants

acknowledged that, as nursing students, their behavior was a direct reflection of themselves. In

addition, they recognized that their behavior also reflected on the facility in which they were

completing their clinical experiences, their colleges, and the profession itself.

Interestingly, 83% of participants in this study acknowledged that the higher professional

standard applied to their social media use, whereas Cain et al. (2009) found that 69.3% of

pharmacy students indicated that they should be held to a higher standard with their social media

accounts. Ultimately, participants acknowledged that individuals look at social media accounts to

better get to know another person. They said that this practice included patients and family

members looking at their social media accounts to better get to know them as people and as

nursing students. Participants stated that they wanted their social media accounts to reflect who

they were as individuals. They wanted their accounts to reflect the fact that they were

professional and capable of providing safe, competent care. Participants recognized that

unprofessional behaviors on their social media accounts, such as posts about drinking or

partying, may lead patients to question if they are receiving quality care.

In contrast, there were two participants (17%) who identified that this higher professional standard should not apply to their social media accounts. This finding is slightly lower then what was reported by Cain et al. (2009) in that 30% of pharmacy students indicated that their social media accounts should not be held at a higher standard. In addition, a participant discussed how everyone has a different perception as to what this higher standard should be. She acknowledged that different individuals' perceptions of professionalism may be different than what she perceived as being professional. This may explain why a variety of answers were received when participants were asked to define professional behaviors when using social media. As one participant indicated, professionalism should be "simple, but it's not."

Recognizing e-professional behaviors. Recognizing e-professional behaviors was the first subcategory that emerged from the category of e-professionalism. Participants were able to verbally identify what they thought were behaviors that demonstrate e-professionalism. Behaviors included not sharing information about other people, and only displaying appropriate pictures and postings. When participants were asked to define what appropriate pictures and postings were, they responded with statements like "not cursing" or "not violating HIPAA." They also indicated that they needed to keep their social media accounts positive, to avoid negative comments, and avoid posting controversial information that may lead to arguments. These behaviors were consistent with what Chinn (2014) identified as being professional online behavior. Chinn (2014) indicated that professional online behavior consisted of creating positive posts, engagement with others, sharing knowledge, and using privacy settings. Three participants, from this study, acknowledged that activating privacy settings was considered professional.

Although participants were able to verbally identify professional or unprofessional behaviors related to social media, they were challenged at recognizing behaviors as being professional or not when viewing simulated social media postings. All participants were able to identify a simulated social media posting that was extremely unprofessional. However, participants' responses were inconsistent when viewing the other simulated social media postings that did not exhibit such extreme behaviors. At times, some participants struggled in determining if the simulated social media posting was professional or not. Additional discussion regarding the simulated social media postings and participants' responses can be found in subquestion three under ethical reasoning.

This finding showed that participants were challenged with transferring didactic information regarding e-professionalism to actual practice. Most were receiving social media education in the classroom through handouts, brochures, and discussion. However, there continued to be the question of whether or not nursing students could transfer this information to actual practice when using their social media accounts. This finding was supported by Prescott et al. (2013) in that nursing students identified professional behaviors, but were unable to link these behaviors to their social media use.

Based on the results of this study and the literature, nursing students continued to be challenged with connecting professionalism with their social media use. Because of this, there were questions as to whether students understood behaviors and actions that make up professionalism in general. As nurse educators, additional education may be needed regarding professionalism before e-professionalism can be understood by nursing students.

Process when creating professional postings. Process when creating professional posting was the second subcategory that emerged from the category of e-professionalism. Healthcare

professions students were unable to use their student status as an excuse for unprofessional social media use (Azizi, 2013; Griffith & Tengnah, 2011). Because of this, participants clearly indicated that they go through processes prior to posting to social media. Most participants recognized that they think about their mothers and grandmothers prior to posting. They determined prior to posting what information their mothers and grandmothers would want to see versus what they would not want to see. If participants felt that their mothers or grandmothers would find the information appropriate, they were comfortable posting it.

Several participants indicated that they go through a checklist prior to posting. Before posting, they determined if the posting was going to be productive, if it would hurt someone, and if it would violate confidentiality. In addition, they asked if others wanted to see it, did it really need to be said, and had someone else posted something similar? One participant acknowledged that she goes through a slightly different process before posting. She indicated that she has a simple rule that she does not post anything that she would not say in person.

Finally, participants indicated that since starting nursing school, they think more about what they were posting. They stated that they take extra time to reread comments prior to posting them to social media. Participants noted that when they reread a comment, they determine if it is rude, controversial, or biased.

By going through these processes that were identified in this study, participants indicated that they maintained e-professionalism. This was consistent with what Chinn (2014) reported in that being cautious with social media activities was considered professional. In addition, professional online behavior consisted of creating positive postings that supported others (Chinn, 2014).

Clearly, participants established processes which were based on self-made rules or guidelines that helped manage professional postings. This follows the CPM theory in that disclosure of information was rule-based, whereas these rules helped manage boundaries which controlled how information was protected (Petronio, 2002). Even though policies and guidelines have been developed by both schools and by professional nursing organizations, participants made no indication that they referred to these when identifying what their processes were.

Subquestion One

The first subquestion for this study was "How did pre-licensure baccalaureate nursing students manage and control professional versus personal information when utilizing social media at two Midwestern colleges?" This subquestion revealed one main category, which was maintaining boundaries. In addition, two subcategories were identified, which were avoiding posting information and using different social media accounts. Data from the category and subcategories were analyzed and discussed. Finally, data from this study were correlated with current literature, the theoretical framework, and proposed theory.

Maintain privacy boundaries. The main category for this subquestion was maintaining boundaries. This study revealed that participants realized that they needed to manage professional and personal information when using social media. They acknowledged that they used their social media accounts for both professional and personal purposes. For the most part, they recognized that because of this, they needed to uphold standards and behaviors of the profession to ensure that their accounts remained professional even though they used it for personal reasons. This finding was different than what Prescott et al. (2013) reported, which was that nursing students viewed Facebook as being separate from their professional lives. In

addition, Finn et al. (2010) found that when medical students were outside the clinical setting, they felt that professional standards did not apply.

Participants acknowledged that they managed privacy boundaries based on who they accepted as friends to their social media accounts. They indicated that they only accepted those friends that they really knew. Two participants stated that they would never accept professors or employers as friends because that would be crossing boundaries.

One participant stated that she kept her social media accounts primarily for friends that know her and appreciate her for who she is. She indicated that she feels freer to post information because she knows that her friends will not share it with others. Referring to the CPM theory, this participant assumed that when she shares information with her friends, they followed the rules set forth by this participant. However, participants in this study failed to understand that when information is shared or co-owned with others, privacy boundaries become thinner and information becomes less secured (Petronio, 2002). Because this participant had over 400 friends, boundaries were thin, which leads to an increased risk that information will be shared outside the circle of friends

The data analysis confirmed that participants continue to struggle in managing or maintaining these privacy boundaries. First, most participants identified that they knew their friends and that friends would not share information. Participants had anywhere from 100 to 1,500 friends (see Table 4.2). Based on this, it was difficult to believe that participants knew friends well enough to be assured that they would follow the rules and not share information with others. They lacked the understanding that the more individuals who had access to information, the less protected the information was as privacy boundaries thinned. As privacy boundaries thin, there was decreased control over the information. Second, participants made comments that

indicated that there continued to be conflict as to what is right versus wrong to post. Third, several participants stated that they just avoided posting information to social media altogether to keep from violating boundaries. Finally, one participant recognized that she maintained boundaries by using different social media sites.

Avoid posting information. The first subcategory that emerged from the main category of maintaining privacy boundaries was avoiding posting information. Half of the participants made it very clear that they had a rule to avoid posting information to their social media accounts as a way to manage professional and personal information. They indicated that they would rather avoid posting than post something inappropriate. One participant stated, "I feel like the less I talk about nursing, the less chance I have to violate someone's rights or a patient's rights."

To avoid posting, participants acknowledged that they typically just looked at social media to follow friends and family. If they felt like they wanted to respond or react to a posting, they indicated that they used the "like" feature versus posting comments. Based on this finding, these participants exhibited online privacy literacy. According to Bartch and Dienlin (2016), individuals with online privacy literacy are more cautious with overall activity when using their social media accounts.

Using different social media accounts. The second subcategory that emerged from the main category of maintaining privacy boundaries was using different social media accounts. Through this study, it was found that 92% of participants maintained two or more social media accounts. This finding was higher than what was reported in the literature. Peluchette and Karl (2008) found that 80% of undergraduate college students used at least one or more social media accounts, whereas Greenwood et al. (2016) discovered 56% of online adults were using two or more accounts.

For this study, one participant clearly made it known that she used multiple social media accounts to manage professional and personal information. Not only did she use the privacy settings, she acknowledged that her social media accounts were set up in various forms of her name. For example, her Facebook account was set up under her first and last name, whereas her Instagram account was set up using only her first name. Her Twitter account was established using only her initials. She recognized that individuals had a hard time finding her through both her Instagram and Twitter accounts. This practice follows the recommendations of Mostaghimi and Crotty (2011). To maintain boundaries, Mostaghimi and Crotty (2011) recommended that physicians create separate social media accounts to represent both their professional and private identities. By creating separate accounts, this controlled how information was being shared while protecting their personal and professional images (Mostaghimi & Crotty, 2011).

Therefore, this participant indicated that more people, like her family and future employers, could see her Facebook account, so she kept that account more professional. Since only select individuals could see her Instagram account, she noted that she did not need to worry about what information she was posting there. To emphasize this point, this participant shared this statement:

> I am never going to violate HIPAA. But if I were to do anything, I know that Instagram
> would be more private and so that is where I post my personal things. It doesn't have my
> last name so it's not as noticeable to just the random people who come across my page.

Although several participants, who maintained multiple social media accounts, indicated that they managed all accounts professionally and equally the same, this participant's statement would warrant further research to determine how multiple accounts are being used.

The proposed theory demonstrated how multiple processes influenced nursing students'

social media use and how they managed information (sees Figure 5.1). The number of friends

associated with each social media account along with how different accounts were being used

impacted students' overall social media use. In addition, frequency with which nursing students

were posting to social media influenced the use as well. As baccalaureate nursing students use

social media, boundaries must be maintained when managing professional and personal

information. By recognizing the impact that these processes had in managing information,

nursing students likely had a better understanding of what steps they need to take to ensure all

social media accounts remain professional with intact privacy boundaries.

Figure 5.1. Processes that influence maintenance of privacy boundaries. From "*Skrabal theory of e-professionalism among pre-licensure baccalaureate nursing students©*" by J. Skrabal.

Subquestion Two

The second subquestion was "How did pre-licensure baccalaureate nursing students

maintain privacy boundaries when utilizing social media at two Midwestern colleges?" This

subquestion revealed one main category, which was the use of privacy settings. Data from the

category were analyzed and discussed. Finally, data from this study were correlated with current

literature and the theoretical framework.

Privacy settings. The main category that emerged from this research question was privacy settings. Participants were able to maintain privacy boundaries primarily by using privacy settings. Through this research, it revealed that 11 participants (92%) had privacy settings activated on the accounts that they most frequently used. Conclusions from this study were different than what was reported in the literature. Langenfeld et al. (2014) determined that 73.7% of surgical residents utilized privacy settings, whereas MacDonald et al. (2010) found that 63% of physicians surveyed used privacy settings.

Of these 11 accounts, at least one participant had her privacy settings set to include friends of friends. With this setting (friends of friends), not only could the participant's friends see what was being posted, but so could all of their friends. This increased the number of individuals that had access to information being posted to this participant's social media account. Although the researcher was only able to truly identify one participant's privacy settings set to include friends of friends, there was a sense that other accounts may have similar settings. When participants were asked about this setting, a number responded that they did not know how their privacy settings were set. This finding indicated that additional education is needed regarding privacy settings and the importance of not using the friends of friends setting. According to Petronio (2002), private information becomes more difficult to maintain and the boundaries become thinner when co-owned with others. Using the friends of friends setting increased the number of individuals that had access to private information. This leads to an increased lack of control over the information being posted. Therefore, there was a greater risk that information would not be kept private in that it may be shared with others.

Most participants stated that they started using privacy settings when they began nursing school or recently when they started looking for jobs. One participant indicated that she

activated her privacy settings after receiving education about how future employers look at social media accounts of applicants. Most participants were already aware that future employers looked at social media accounts and acknowledged the need for privacy settings to better protect themselves. According to Wortham (2009), 45% of employers reviewed social media accounts prior to making any hiring decisions.

Several participants in this study were found to have online privacy literacy when using their most frequent social media account. Bartch and Dienlin (2016) acknowledged that individuals who update their privacy settings frequently have online privacy literacy. Participants indicated that they kept their social media accounts as private as possible and that they reviewed their privacy settings at least every other month. They also ensured security to their accounts through settings that required them to accept friends or postings before they showed on participants' social media feeds.

In addition, participants recognized that their social media accounts usually were more secure than others' accounts, which was concerning to them. Although participants indicated that everyone should be using privacy settings, they acknowledged that not everyone does. They indicated that they knew accounts were secured when they had to wait when friend requests were sent. When immediate access was granted to social media accounts when friend requests were sent, they considered this a red flag. Although participants were concerned about unsecured social media accounts, no one indicated that they unfriended anyone because of it.

There were interesting findings from this study. The first finding was that at least three participants did not connect the use of privacy settings to maintain privacy boundaries as being professional social media use. When participants were asked about what behaviors constituted e-professionalism, several participants did not acknowledge privacy settings as being one of them.

The second finding was that three participants reported that they did not use privacy settings on social media accounts that they used less frequently. Participants indicated that they did not use privacy settings because they either hardly used the account or they posted information that did not need to be kept private.

Two participants (17%) used a pseudonym when establishing their social media accounts which was significantly higher in what was reported in the literature. Jafarey et al. (2016) found that 2% of participants used a pseudonym with their Facebook accounts. Of the two participants who used a pseudonym, one participant indicated that she wanted an additional layer of security attached to her account to ensure that only friends had access to her account. Another participant used her real name with her most frequent social media account, but used various forms of her name on her other three accounts. She indicated that she had experienced a situation in which a patient was able to find her on social media since her first and last names were on her nametag. In addition, it was found that she felt freer to post information that lacked professionalism, information which was just meant for her friends to see. This lessened the likelihood of her being caught posting information that was unprofessional.

Finally, one participant (8%) did not activate privacy settings associated with her most frequently used social media account. This finding was comparable to what was in the literature in that 10% of pharmacy and medical students studied did not use privacy settings (Garner & O'Sullivan, 2010; Ginory et al., 2012). In addition, Hall et al. (2013) found that 7.2% of pharmacy students studied did not use privacy settings. When this one participant was asked why she did not use privacy settings, she indicated that she did not have anything to hide. She did not feel that she had to be secretive about the information being posted.

To support this finding, another participant indicated that she did not use privacy settings when applying for college. She indicated that she had nothing to hide and she wanted people to see who she was as a person.

This finding indicated that these participants recognized a need to connect with others versus protecting the information. According to the CPM theory, these participants were challenged with managing dialectical tension in that there was a pulling force to conceal personal information versus wanting to connect with others by sharing information (Petronio, 2002).
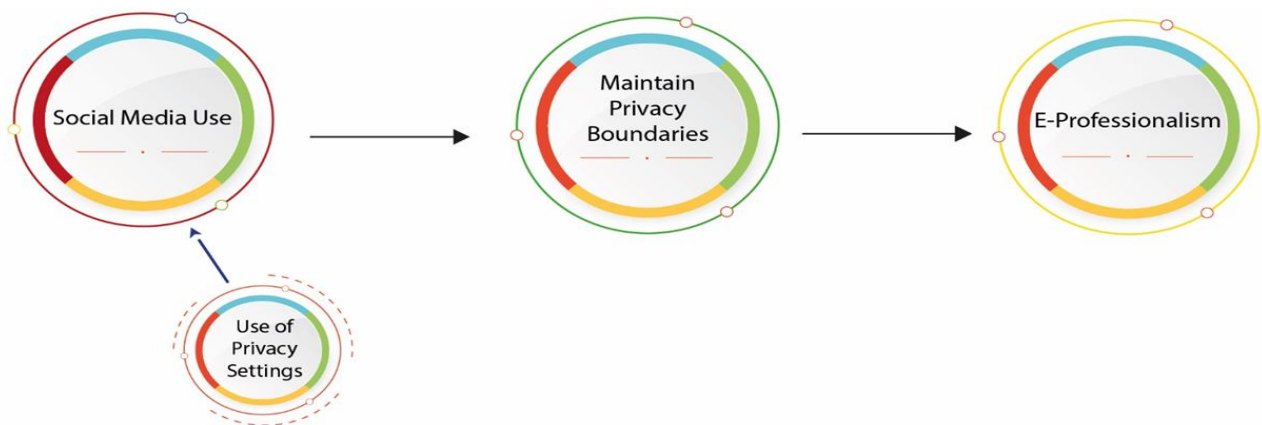
Figure 5.2. Privacy settings influencing social media use. From "*Skrabal theory of e-professionalism among pre-licensure baccalaureate nursing students©*" by J. Skrabal.

According to Skrabal theory of e-professionalism among pre-licensure baccalaureate nursing students©, privacy settings was a process that participants used to help manage both professional and personal information within their social media accounts. This led them to successfully maintain privacy boundaries. Participants agreed that maintaining privacy boundaries was essential to limiting access to their social media accounts. By doing this, patients, nurse educators, and employers could only see what participants wanted them to have access to.

Subquestion Three

The third subquestion for this study was "What factors influenced pre-licensure baccalaureate nursing students in maintaining e-professionalism when utilizing social media at two Midwestern colleges?" This subquestion revealed five main categories which were age, formal education, ethical reasoning, emotions, and social media education. In addition, subcategories were identified for the categories of ethical reasoning and social media education. Data from the categories and subcategories were analyzed and discussed. Finally, data from this study were correlated with current literature, the theoretical framework, and proposed theory.

Age. The first category that emerged from this research question was age. This study found that age was a factor when determining if baccalaureate nursing students maintained e-professionalism when utilizing social media. Participants acknowledged that as they became older and matured, their social media use changed. They recognized that there was a need to control and manage information. Participants indicated that they became more selective in what was being shared on social media and they found that less information, in general, was being posted. Participants acknowledged that this change resulted from not wanting to post something that could be perceived as bad or unprofessional.

There was one participant in this study that was an exception to this. Being the oldest participant in the study, she was found to not be using privacy settings with the social media account that she most frequently used. In addition, this participant also initiated a friend request to a patient's family member. The next oldest participant in the study ensured her social media account was kept private by restricting the number of friends who had access to her account to 100 and using privacy settings. These findings indicated that further exploration is needed of how age impacts social media use.

Results from this study correlated with results found in the literature. Frazier et al. (2014) found that as healthcare professions students became older, they recognized an increased need to maintain professional behavior when using social media. In addition, Englund et al. (2012) discovered that as nursing students matured and gained clinical experience, they were better able to maintain professional boundaries when managing personal and professional information.

Formal education through nursing school. The second category that emerged from this research question was formal education through nursing school. In general, the data showed that being in nursing school influenced participants' social media use. Most participants acknowledged that being in nursing school led them to be more professional and positive when using social media. This was accomplished by using privacy settings, being more aware of what was considered professional versus unprofessional to post, and limiting the number of friends who had access to their accounts. One participant even indicated that the critical thinking she developed through nursing school helped guide her with her social media use. This study supported the findings by Englund et al. (2012) in that nursing students had a better understanding of what was appropriate to post to social media as they advanced through the curriculum. They attributed this to students' maturity, increased clinical experiences, and possible enhanced ethical reasoning (Englund et al., 2012).

Ethical reasoning. The third category that emerged from this research question was ethical reasoning. Ethics are standards, practices, and behaviors expected of healthcare providers (Blais & Hayes, 2016). According to Kohlberg and Hersh (1977), one's thought process is developed through ethical development. The literature strongly suggested that there is a positive correlation between ethical reasoning and both life experiences and formal education (Dierckx de Casterle et al., 1997; Dierckx de Casterle et al., 1998; Duckett et al., 1992). Through this study, it

was determined that age and formal education (baccalaureate nursing program) were factors in

developing participants' ethical reasoning. As participants matured and advanced through the

curriculum, they indicated that they needed to be more aware of their actions related to their

social media use. This finding was supported by Christiaens (2009) in that ethical development

occurred as nursing students progressed through the curriculum.

Participants acknowledged that nursing was a trusted, respected profession and that they

represented the profession. In addition, participants noted that their actions represented the

college, the facilities in which they completed their clinical experiences, and themselves as

professionals. As a result, participants acknowledged that as nursing students, they were held to

higher standards in relation to their behavior, both in general and when using social media. When

asked why they were held to higher standards, they indicated that patients trusted them with their

lives. In addition, they had access to confidential information about patients. Because they are

held to a higher standard, they indicated that they have become role models among others and

that younger friends associated with their social media accounts looked up to them. This finding

was supported by Chinn (2014) in that being role models and providing support to others were

professional online behaviors expected among healthcare professions students.

Searchability. The first subcategory for the category of ethical reasoning was

searchability. According to MacDonald et al. (2010), searchability was the ability to find anyone

or anything on Facebook. Multiple participants noted that you can get to know individuals via

social media without ever having met them in person. This matched what Giannakos et al. (2013)

reported in that a benefit of social media is that it allows students to search and gain access to

information about others to which they may not otherwise have access.

Participants realized that as they advanced through the curriculum, they became more aware of what people saw and accessed through social media accounts. Because of this, participants acknowledged that they wanted their social media accounts to reflect who they really were. They indicated that they were concerned that something would be posted to social media about them that others deemed unprofessional. Participants stated that they did not want others, such as patients or future employers, to perceive them as being bad or lacking judgment. Because of this, participants acknowledged that they kept this in mind when determining if they should post information to their social media accounts. This finding was opposite of what was reported by Englund et al. (2012) which was nursing students did not understand that posting inappropriate information on social media was a direct reflection on the nursing profession.

In addition, they indicated that they needed to use their privacy settings to limit access to most information that is located on their social media accounts. However, they recognized that even though their privacy settings were activated, people still accessed their accounts and learned more about them. This included personal information along with access to profile pictures. Participants indicated that they needed to be mindful as to what profile pictures they were posting to ensure a positive perception of who they were as individuals.

Ten participants (83%) recognized that patients and their family members used social media to "look them up" to better get to know who they were. They acknowledged that patients and family members form opinions base on what they see and determine whether they trust the student nurse caring for them or their loved ones. This finding was higher than what was reported by Ness et al. (2014) in that 45% of pharmacy students did not want information posted to social media to potentially change the public's opinion about them and their profession. This was another reason why participants indicated that their social media use needed to be held to a

higher standard. Numerous participants recognized that they would not want someone caring for their loved one who had pictures of alcohol or comments about attending a party on his or her social media. Because of this, they had become more aware that they needed to maintain boundaries when using social media.

Most participants also recognized that future employers would look at their social media accounts when determining employment. This finding was supported in the literature in that Wortham (2009) disclosed that employers were making hiring decisions based on potential employees' social media profiles. Based on this study, 45% of employers were screening social media profiles prior to hiring applicants (Worthan, 2009). Therefore, participants acknowledged that they have become more aware, or even cautious, when posting since a number of them indicated that they were looking for jobs or would be soon. They noted that they did not want to post something now that could be deemed unprofessional and could influence whether they got a job or not. Just like with patients, participants wanted future employers to see who they were when they accessed their accounts. They wanted to be perceived as being professional and accountable.

One participant indicated that she had just recently activated her privacy settings and started purging her accounts of unwanted content since she was actively applying for jobs. This finding was significantly lower than the finding by Ness et al. (2014) that 74% of pharmacy students felt they needed to make changes, such as applying privacy settings to or removing content from, their social media accounts before applying for future jobs.

Based on participants wanting to be perceived as professional, accountable, and competent by patients, family members, and employers, data strongly suggested that participants were functioning at Kohlberg's fourth stage of moral reasoning (Dierckx de Casterlo, Janssen, &

Grypdonck, 1996; Dierckx de Casterlo et al., 1997). Participants were guided by expectations or

rules set by a specific group (Kohlberg, 1981) which in this case was the nursing profession.

  Simulated social media postings. The second subcategory for the category of ethical

reasoning was simulated social media postings. Six simulated social media postings were used to

help triangulate data and verify participants' ability to use ethical reasoning to determine if

postings were considered professional or not. Five of the simulated social media postings were

considered unprofessional for a variety of reasons. These simulated social media postings ranged

anywhere from unprofessional pictures, behaviors, and comments to HIPAA violations

(*Appendix C*).

  There was one simulated social media posting that was considered professional in that it

pictured a nursing student in scrubs wearing a stethoscope and nametag. The background of this

professional simulated posting was non-descript and the posting included the comment, "Great

day today on clinical. Graduation in three months. Can't wait to be a real nurse. Love the

profession that I have chosen. #lovenursing" (*Appendix C*). Participants acknowledged that this

posting would be something that they would consider posting to their social media accounts.

  When viewing the simulated social media postings, participants were asked to identify if

postings were professional or not and why. Interestingly, participants were able to verbally

identify behaviors that constituted professional and unprofessional postings when interviewed,

however participants gave inconsistent responses when viewing the simulated social media

postings (*Appendix C*). When viewing the simulated postings, some of the participants struggled

significantly. Only three participants (25%) were able to accurately identify all six simulated

social media postings and provide appropriate reasons as to why the postings were professional

or not. These three participants were senior nursing students who were planning on graduating within the next six months.

Of the five unprofessional postings, one posting was extremely unprofessional and all participants were able to recognize this. The percentage of participants who missed the other four unprofessional postings ranged from two participants (17%) to four participants (33%). Surprisingly, the unprofessional posting (simulated posting four) which four participants missed was a HIPAA violation. During interviews, participants were readily able to identify behaviors that constituted HIPAA violations. The other three postings dealt with unprofessional pictures, comments, and behaviors (simulated postings one, two, and three) where at least two to three participants were unable to deem the posting unprofessional (see Table 4.1).

An interesting finding was that with a simulated social media posting that was deemed unprofessional based on the insensitive nature of the photo (simulated posting three), two participants indicated that they would still take a picture of the cluttered emergency department room. Although they identified that it was unprofessional to post to social media, they indicated that they would share it with others in person.

Participants were challenged in identifying the one professional posting (simulated posting five). Of the participants who were able to identify it correctly, a number of these participants had a hard time answering why. Three participants were unable to identify this posting as being professional. There was some confusion when interviewing participants in that a number of them acknowledged that posting pictures of themselves in school scrubs was considered unprofessional. One participant indicated that this was even a HIPAA violation. Participants recognized that they had a hard time determining if this posting was professional

because they were told during social media education to never post pictures in their school uniforms, with their name badges, or at clinical sites.

Based on participants' responses to these simulated postings, there was a question as to whether they understood behaviors and actions that constituted professionalism in general. Since participants struggled with recognizing professional behaviors, this researcher questioned if having a better understanding of professionalism would lead to better e-professionalism.

Due to the inconsistent responses, there appeared to be a connection between how participants were educated about social media use as they started their clinical experiences and their ability to identify if social media postings were professional or not. Participants were given rule-based education regarding professional social media use. This education included rules of what they should and should not do to maintain e-professionalism.

Viewing these simulated postings showed a disconnect in that participants could verbally differentiate professional versus unprofessional behaviors, but were unable to transfer this knowledge to practice when viewing the simulated postings. In addition, findings from this activity indicated that how students are being educated about professionalism must be reviewed.

Consequences. The third subcategory for the category of ethical reasoning was consequences. When asked about consequences for inappropriate social media use, participants struggled in answering this and some ended up not addressing it at all. Those who did answer addressed HIPAA violations first. Participants were in agreement that consequences would occur with HIPAA violations. They recognized that consequences may vary, but a harsher type of punishment would be warranted in this situation. Participants consistently answered that removal from the nursing program would be an appropriate consequence. In contrast, one participant

indicated that a HIPAA violation was bad, but felt that a warning should be given before dismissal.

Participants experienced difficulty in identifying consequences for inappropriate social media use besides HIPAA violations. Inappropriate social media use included comments about faculty, college, or even facilities where clinical experiences were completed. Overall, participants were consistent in acknowledging that individuals should receive warnings for these examples of inappropriate social media use. One participant indicated that these violations should be turned into teachable moments versus being removed from the nursing program.

Based on participants' comments regarding consequences, there were questions about whether participants were uncomfortable addressing consequences or if they truly did not understand the impact of posting unprofessional content to social media. This may support the finding by Englund et al., (2012) in that nursing students did not understand that posting unprofessional information to social media was a direct reflection on the nursing profession. Additional research is needed to further explore students' thoughts and feelings regarding consequences for unprofessional social media use.

Two participants had interesting comments when pushed to identify consequences for violations other than HIPAA violations. One participant recognized that posting inappropriate comments about the college or faculty was "extremely unprofessional," however she also stated that she had freedom of speech and the right to express her thoughts and opinions. Furthermore, two participants were somewhat defensive in that they responded that they did not feel like the college had a right to look at their social media accounts.

Because of these statements, participants lacked understanding that information posted to social media can be shared freely with others and saved through screen shots. According to

Frazier et al. (2014), 68% of nursing students interviewed confirmed the presence of

unprofessional social media use by peers and by other nurses. Based on this, nursing students

were most likely seeing unprofessional social media use and reporting it as opposed to colleges

reviewing students' social media accounts. This study showed that only one participant

recognized that information posted to social media can be saved through screen shots. She

indicated that once this information is saved, it can be shared with the Dean of Nursing or future

employers.

        Emotions. The fourth category that emerged from this research question was emotions.

This study found that emotions were a factor when determining if baccalaureate nursing students

maintained e-professionalism when utilizing social media. The literature clearly indicated that

nursing students deal with additional stress and anxiety related to workload and clinical

experiences associated with nursing courses (Kim, 2003; Pulido-Martos et al., 2011). In addition,

the literature identified that nursing students use social media as a way to cope with the

emotional and ethical stressors associated with nursing (Booth, 2015; Englund et al., 2012).

Because of this, nursing students were more likely to use social media as an outlet to release

emotional stress.

        Participants admitted that they turned to social media when they were either happy or

frustrated. When sharing happy stories on social media, participants recognized that they may

have posted information that could be perceived as unprofessional or even considered possible

HIPAA violations. They shared that these happy stories were usually about patients that they

cared for or were postings from when they were working in clinical areas.

        On the other side, several participants recognized that they turned to social media when

frustrated or mad. Participants indicated that social media was a quick way to confront others

regarding their feelings instead of addressing individuals face-to-face. Two participants

acknowledged that using social media, although passive, made it easier for them to say what

needed to be said to others since they struggled with confronting individuals in person.

A number of participants shared stories about times when they either posted comments

about how mad they were at someone or how someone had hurt their feelings. Interestingly, one

participant indicated that she has typed up postings that were mean only to realize that posting it

to social media was inappropriate and not worth the conflict. Therefore, she deleted the

comments before actually posting them.

Three participants acknowledged that they learned that when their emotions are running

high, they needed to avoid social media. They recognized that this was when they tend to post

inappropriate information. To avoid this, they found other outlets to express their frustrations or

feelings. Based on this, participants recognized that emotions created dialectical tension.

According to the CPM theory, dialectical tension was the pulling force between concealing

personal information and revealing information to the public (Petronio, 2002). With increased

emotions, privacy management experienced turbulent boundaries (Petronio, 2002).

Social media education. The final category that emerged from this research question

was social media education. All but one participant (92%) indicated that they received some type

of social media education while in nursing school. This finding varied from what was reported

by Frazier at al. (2014) in that 50% of nursing students surveyed reported they did not receive

social media education throughout the nursing curriculum. Of the participants who reported that

they received education, there was a discrepancy among participants as to when this education

occurred in the nursing curriculum. Most of the participants acknowledged that they received this

education prior to starting their clinical experiences. However, three participants indicated that

they received this education when an incident happened at their college where a group of nursing students were caught using social media inappropriately.

In contrast, there was one participant that indicated that she did not receive any education related to social media prior to starting her clinical experiences. This was the participant that was not using her privacy settings and had initiated a friend request to a patient's family member. Based on this finding, there appeared to be a direct link between her perception of the lack of social media education and the ability to demonstrate e-professional behaviors.

Participants, who received social media education, provided mixed responses regarding how they received the education and how much education they received. A number of the participants recalled that they acquired education regarding social media through a lecture or presentation that identified rules for how to maintain e-professionalism, whereas other participants indicated that they received this education through a presentation and were given handouts. It appeared that participants from one college received education through a presentation, and participants from the other college gathered this information both through a presentation and handouts that were provided to them.

Participants' responses varied when asked to recall the amount of time that was spent on social media education. Some participants indicated that they received little education; however others said that they received education at the beginning of every clinical experience. It appeared that the amount of education that participants received varied based on the college that they attended.

All participants who received social media education (92%) indicated that they received rule-based education from nurse educators. Basically, they were taught rules of how to manage their social media accounts in a professional and respectful manner. According to one

participant, she wanted information regarding professional social media use to be presented in a

very basic way, describing what she should or should not do. Findings from this study were

slightly higher than what was reported by Prescott et al. (2012) in that 68% of pharmacy students

wanted education and guidelines regarding online professionalism.

Participants were able to discuss some of the rules that were provided to them through

education. Some of the rules that they described were actions to help them avoid violating

HIPAA and to avoid posting pictures in their clinical uniforms when at school or at their

assigned clinical sites. In addition, they were told not to post anything about their clinical

experiences. All participants indicated that they were told that if they question if something

should be posted, most likely it should not. This rule-based education was appropriate for these

students because research showed that the majority of these participants function at Kohlberg's

fourth stage of moral reasoning (Dierckx de Casterlo et al., 1996; Dierckx de Casterlo et al.,

1997). This basically means that participants' behavior related to their social media use is guided

by expectations or rules (Kohlberg, 1981).

Participants were asked if they received education regarding privacy settings. Again, the

responses varied from receiving no education to being told that privacy settings should be used

to help keep information private. Based on this and previous statements from participants

regarding privacy settings, additional education is needed about how to set and properly use

them to assure security of their social media accounts.

Most participants indicated that the education they received met their learning needs and

they appreciated the guidelines or rules that they received. Participants identified that these

educational sessions were helpful and assisted them in having a better understanding of e-

professionalism. They did not state that additional education was needed. This matched what was

reported by Lie at al. (2013) in that medical students reported that they had an increased awareness of e-professionalism, however they indicated that they did not need additional education or reminders regarding it.

There were comments from participants that indicated that there was still confusion as to what was professional versus unprofessional to post. Furthermore, participants recognized that they needed to be aware of what resources were available in case they had questions since e-professionalism was not considered common sense.

In contrast, one participant from this study stated that she thought professional social media use was common sense. This finding was validated in that medical students in two different studies stated that e-professionalism was common sense and that guidelines and education were not needed (Chretien et al., 2010; Hatch et al., 2013).

Although rule-based education was provided to participants, they were challenged when reviewing simulated social media postings that were both professional and unprofessional. In essence, participants were not able to transfer the knowledge that was obtained through educational sessions to the simulated social media postings. Through these simulated postings, it was discovered that the rules or guidelines that were provided to participants created confusion or doubt as to what was professional or not. This study recognized that determining e-professionalism was not a clear process with set rules. As identified by one participant, e-professionalism was a very gray area in that a number of factors must be taken into consideration when determining it. With rules not covering all situations, it appears that social media education needs to move away from being rule-based to being more concept-based. Nurse educators must work with students in learning concepts regarding professionalism and assist them in applying these concepts to various situations, including social media.

Social media resources. Participants were asked what social media resources were available to them at their colleges. Although both colleges have a social media policy, all participants acknowledged that they were not aware that this policy existed. Most guessed that if they needed to look for this policy, that it would be located in their student handbook.

A number of participants said that if they had questions regarding professional social media use, they would most likely ask nurse educators, especially nurse educators who had social media accounts that demonstrate professionalism. Other resources included nursing friends, institutional technology personnel, Dean of Students, and Dean of Undergraduate Nursing. The one student who felt that professional social media use was common sense indicated that she would use Google as a resource.

Participants did not indicate that additional guidelines or resources were needed after receiving their social media education. In contract, Prescott et al. (2012) found that 68% of pharmacy students wanted guidelines regarding online professionalism.

The National Council of State Boards of Nursing and National Student Nurses Association, professional nursing organizations, developed guidelines to help nurses and nursing students maintain professional boundaries. These guidelines were introduced to some participants during the nursing curriculum. No participants in this study indicated that they would turn to these established guidelines if questions regarding e-professionalism.

This study revealed that several factors were significant when discussing e-professionalism. When exploring the theory, these factors influenced baccalaureate nursing students and their social media use (see Figure 5.3). Of the factors identified, it was determined that ethical reasoning and social media education were modifiable. Cannaerts at el. (2014) found that incorporating ethics throughout the nursing curriculum led to the development of ethical

reasoning. This study focused on how students' age and formal education impacted their ethical

reasoning. Although age is not a modifiable factor, ethics and formal education are. Additional

research is needed to determine how ethics affects nursing students' ethical reasoning.

Furthermore, research found the that students in baccalaureate nursing programs had higher

levels of ethical reasoning than nursing students who graduated from two or three year programs

(Davis, 1981; Dierckx de Casterlo et al., 1996; Duckett et al., 1992; Ketefian, 1981).

Study results indicate that the modifiable factor that most influenced nursing students' e-

professionalism was the education students received regarding social media. Recommendations

are that social media education needs to be incorporated throughout the curriculum. In addition,

education must be structured to assist nursing students in applying e-professionalism concepts

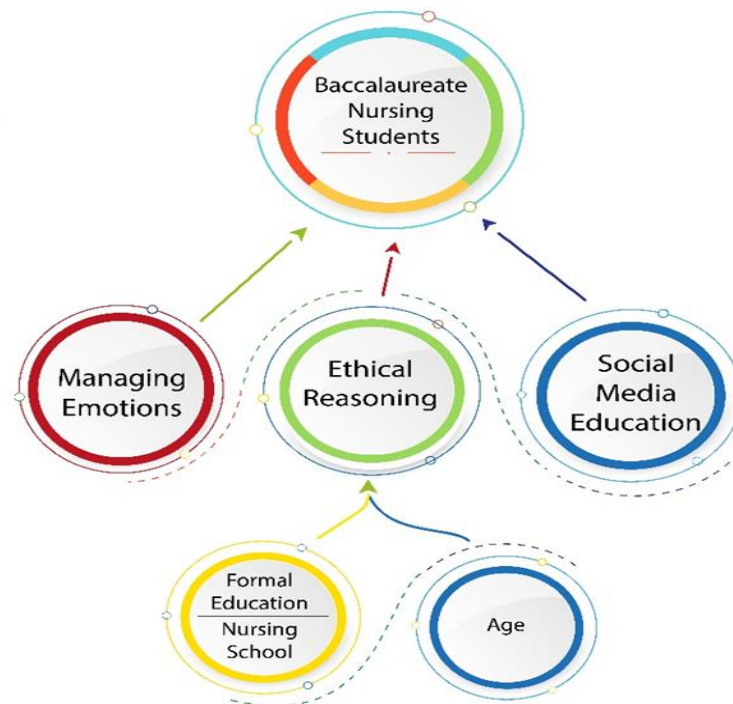learned in the classroom setting to actual practice.

Figure 5.3. Factors that influence baccalaureate nursing students' social media use. From
"*Skrabal theory of e-professionalism among pre-licensure baccalaureate nursing students©*" by
J. Skrabal.

Subquestion Four

The fourth subquestion was "How were pre-licensure baccalaureate nursing students utilizing social media at two Midwestern colleges?" This subquestion revealed one main category which was social media use in general. In addition, four subcategories were identified which included daily use, frequency, distraction, and friends. Data from the category and subcategories were analyzed and discussed. Finally, data from this study were correlated with current literature and to the theoretical framework.

Social media use. The main category that emerged from this research question was social media use. This study verified that nursing students were actively using social media. All participants had at least one social media account that they accessed on a daily basis. In general, all participants had Facebook accounts, however 92% of the participants considered Facebook to be the social media account that they most frequently used. One participant (8%) considered Instagram to be her primary social media account. In this study, social media use followed the current literature in that Facebook was identified as being the most popular social media account among adult users (Greenwood et al., 2016; Peluchette & Karl, 2008). In fact, multiple studies found that 80% to 90% of healthcare professions students maintained Facebook accounts (Ginory et al., 2012; Lie et al., 2013; Prescott et al., 2012; Prescott et al., 2013). Greenwood et al. (2016) also found that among college-aged students (ages 18-29), 88% used Facebook, whereas 59% of these individuals also engaged with Instagram. This study found that 100% of participants, whose ages ranged from 21 to 31, maintained a Facebook account, whereas 92% also maintained an Instagram account.

In addition, 92% of the participants had two or more social media accounts. Of these participants, 58% of them maintained four social media accounts. These social media accounts

included Facebook, Instagram, Snapchat, and Twitter (see Table 3.1). The use of multiple social media accounts was significantly higher for this study than what was reported in the literature. Greenwood et al. (2016) found that 56% of online adult users maintained two or more social media accounts. Furthermore, Peluchette and Karl (2008) reported that 80% of undergraduate college students maintained at least one or more social media accounts.

Daily use. The first subcategory that emerged from the category of social media use was daily social media use. Participants primarily used social media as a way to stay connected with friends and family. This finding matched the literature in that baccalaureate nursing students and graduates and post-graduate students used social media to connect with others (Cleary et al., 2013; Frazier et al., 2014; Giannakos et al., 2013). In addition, Frazier et al. (2014) found that social media was a way to connect with faculty and others professionally. Findings from this study varied in that only one participant indicated that she used social media as a way to connect with others on a professional level. Two participants stated that being friends with faculty or professors was inappropriate and felt that it blurred the boundaries of maintaining professional and personal connections.

In general, participants said that they used social media to post pictures of family and friends. They also recognized that they posted information when something exciting or special happened to them. Most participants acknowledged that they wanted to keep their social media accounts positive and avoid posting anything that embarrassed themselves or others. This finding was different than Garner and O'Sullivan's (2010) in that 52% of medical students admitted to posting embarrassing pictures of themselves to Facebook.

Participants also stated that they avoided posting information that may contain inappropriate language or pictures containing alcohol. In contrast, Peluchette and Karl (2008) found that 20% of college students did post inappropriate pictures of alcohol and marijuana use.

In addition to staying connected with others, three participants indicated that they used social media to stay current with what was happening locally and around the world by viewing various news feeds. This finding is supported in the literature in that the majority of Americans are accessing news through their social media accounts (Greenwood et al., 2016).

Participants also used social media to enhance their education. They were able to watch videos that explained what they were learning in school. In addition, they joined groups specifically designed for nursing students, groups that provided daily NCLEX style questions and rationale. Finally, participants indicated that they used social media to provide humor and inspiration through pictures or quotes about life or nursing. They acknowledged that this was a way to keep their social media accounts positive. Most indicated that they avoided posting anything that may be seen by others as controversial, which included information regarding immunizations and political views. They felt that the negative feedback that the controversial postings created was not worth their time or energy. Based on this finding, participants were exhibiting professional online behavior for they were sharing knowledge, creating positive posts, and engaging with others (Chinn, 2014).

Furthermore, all participants acknowledged that they were connected to a page just for their nursing class. They noted that the class page provided general support for them and their fellow students along with creating a safe outlet to ask questions regarding course content or about assignments. Participants indicated that being part of the class page helped them stay connected to the class and to their college. As stated before, the literature does confirm that

social media enhances the feeling of being connected with others (Frazier et al., 2014). In general, the class page was also used to communicate with other students and to provide updates as needed. Announcements that may be posted to the class page included information about grades being posted or reminders about assignments and upcoming tests.

Frequency. The second subcategory that emerged from the category of social media use was frequency of social media use. All participants (100%) from this study indicated that they used social media daily. In contrast, the literature found that 77% of healthcare professions students used social media on a daily basis (Ginory et al., 2012; Lie et al., 2013; Prescott et al., 2012; Prescott et al., 2013). Greenwood et al. (2016) found the 76% of Facebook users accessed the site on a daily basis, whereas 55% of these users accessed the site several times a day. Many participants recognized that they used social media essentially when they had downtime, which matched the findings by Giannakos et al. (2013) that students used social media as a way to fill free time.

The number of times that participants accessed social media during the day varied and was dependent on their class, clinical, and work schedules. Most indicated that they checked social media for updates at least first thing in the morning and before bedtime. In addition, the number of times that they checked social media varied from every half hour to once or twice throughout the day. This finding is support by Ferguson et al. (2016) in that nursing students reported "excessive use or checking of Facebook" (p. 9). Roblyer et al. (2010) also found that most college students checked Facebook one to five times a day, whereas a quarter of the group checked it five to ten times a day. In contrast, findings from this study found the majority of the participants checked social media at least five to ten times a day, whereas a quarter of participants checked social media one to five times a day.

Participants indicated that they used social media anywhere between 2.5 to 20 hours a week. It was discovered that participants used social media in short durations (five to ten minutes) throughout the day, usually during breaks. This finding correlated with what was reported in the literature. Kung and Oh (2014) discovered that healthcare professionals who used social media spent 5.33 hours daily using the Internet compared to 4.48 hours a day using the Internet for those who did not use social media.

For this study, participants reported the number of hours spent on social media when filling out the demographic information and when asked during the interview. For the most part, it was determined that participants accurately self-reported the number of hours spent using social media on a weekly basis. However, it was recognized that two participants underestimated the total number of hours that they spent using social media. Based on this, there needs to be additional research to determine how many hours nursing students are truly using social media.

Distraction. The third subcategory that emerged from the category of social media use was distraction. This study found that participants used social media as a distraction or as a break from school. They noted that social media provided a mental break from the stress and anxiety related to school. The literature clearly found that nursing students deal with additional stress and anxiety related to the workload associated with nursing courses (Pulido-Martos et al., 2011). Furthermore, nursing students deal with increased amounts of stress and anxiety associated with clinical experiences (Kim, 2003; Pulido-Martos et al., 2011). In addition, Greenwood et al. (2016) indicated that Americans turned to social media when a mental break was needed from work.

When using social media, participants identified words like fun and happy. They indicated that after using social media for five to ten minutes, this break allowed them to refocus

on school work and helped decrease stress. Findings from this study matched the results found in

the literature. Multiple studies discovered that college and nursing students used social media as

a way to cope with stress (Booth, 2015; Englund et al., 2012; Kalpidou et al., 2010).

Friends. The final subcategory that emerged from the category of social media use was

friends. The number of friends that participants had associated with the social media account that

they most frequently used ranged from 100 to 1500 for an average of 679 friends. As previously

identified, Facebook was the most frequently used social media account (see Table 4.2). This

finding was significantly higher than what was reported in the literature. Duggan et al. (2015)

identified that Facebook users each had an average of 155 friends, whereas Jafarey et al. (2016)

reported participants having an average of 400 Facebook friends.

There was consistency among participants that in high school and upon entering college,

they accepted friend requests from anyone who wanted to be friends. They admitted that they

accepted friend requests from individuals that they would consider strangers. However, as they

progressed in nursing school, participants recognized the need to purge or delete friends who

they did not really know from their social media accounts.

Participants acknowledged that as they progressed through nursing school and matured,

they became more selective when requesting and accepting friend requests. They all indicated

that instead of friending everyone, they now go through a process when deciding who to request

and accept as friends to their social media accounts. Interestingly, a few participants indicated

that they would only accept friend requests from individuals that they knew or had met in person.

These participants had over 650 friends associated with their most frequently used social media

accounts.

However, the process was less clear for other participants. Although they indicated that they would not accept friends that they did not know, participants acknowledged that if they had mutual friends in common, the friend requests would be granted. One participant, who had over 1,400 friends, recognized that she would accept a person to her social media account if she had just met them or had just said "hi" to them. This finding indicated that participants have accepted friends who were merely acquaintances. The literature did support this finding in that 19% of medical students who were surveyed accepted a friend request from an individual they did not know well (Garner & O'Sullivan, 2010). In addition, Prescott et al. (2012) discovered that 40% of pharmacy students admitted when surveyed to accepting a relative stranger as a Facebook friend. Jafarey et al. (2016) found that faculty members, trainees, and medical students were more reflexive and less discriminating when accepting friend requests to Facebook from individuals not considered as actual friends. Overall, it was determined that for this study, the percentage of nursing students who accepted relative strangers to their social media accounts was higher based on the number of friends participants had associated with their accounts.

Several participants indicated that they trusted their social media friends and knew that they would not share information that they posted. Knowing that the majority of participants accepted individuals as friends that they knew little about, there were questions concerning whether or not privacy boundaries can be maintained. In addition, Chinn (2014) acknowledged that healthcare professions students need to be aware that privacy settings do not prevent postings from being shared, duplicated, and copied to others by friends. An interesting finding from this study was that only one participant acknowledged that no matter how secured social media accounts were, information could still be shared freely with others. Friends could "share" postings with their friends and screenshots of postings could be made.

The number of friends participants had influenced boundaries and how information was maintained. According to Petronio (2002), ownership and control of personal information that is co-owned with others causes boundaries to fluctuate. In addition, when information is co-owned with others, boundaries become thinner and there is a greater risk that information will be shared and not kept private (Petronio, 2002). So, as information was placed on social media, the number of friends that nursing students had influenced boundaries. These privacy boundaries determined if information was kept private (kept among friends) or shared with others.

Accepting a patient as a friend. A subcategory of friends was accepting a patient as a friend. Results revealed that 83% of participants acknowledged that it was inappropriate to accept friend requests from patients or from patients' family members. This finding was slightly higher then what was reported in the literature in that 70% of medical trainees, students, and faculty felt it was not acceptable to accept friend requests from patients (Jafarey et al., 2016).

Two participants (17%), a junior and a senior, identified that they have initiated friend requests to either a patient or a patient's family member after caring for them. This finding varied from the literature in that freshman nursing students indicated it was okay to accept a patient as a friend whereas senior students felt that it was inappropriate (Frazier et al., 2014). Furthermore, Jafarey et al. (2016) found that only 2% of participants reported initiating a friend request to current patients.

The first participant initiated a friend request to a patient who was also a co-worker. She indicated that she initiated this request because she wanted to follow this individual post-hospitalization. This participant was a junior in the nursing program and also maintained multiple social media accounts using various names to lessen the chances of her being caught posting inappropriate information.

The second participant, who was a senior, initiated a friend request to a patient's family member. She felt that the request was appropriate because she waited until the patient died. Although this participant acknowledged during the interview that there is a professional boundary that needs to be protected, she noted that it was safer to give access to her social media account versus giving someone her home phone number. This participant indicated that she initiated this request because she wanted to verify or confirm that she and this family member had a connection at one point. Through this finding, it confirmed Petronio's (2002) theory that individuals were challenged with wanting to connect with others versus protecting personal information. In addition to initiating this friend request, this participant was not using privacy settings and acknowledged that she did not receive education about social media use prior to starting her clinical experiences.

Recommendations for Education

Based on this study, nurse educators need to embrace social media and realize the positive uses of it. Some positive benefits identified include class communication, connection with others, distraction from school, and a source for educational resources and tools. In addition, social media is here to stay, and as nurse educators, we need to help facilitate nursing students' professional use of it. Based on the Skrabal theory of e-professionalism among pre-licensure baccalaureate nursing students©, the one area within the theory that can be altered or influenced is the modifiable factor of social media education (see Figure 5.4). According to the theory, altering this factor will influence the processes that impact social media use, which ultimately affects privacy boundaries and e-professionalism. Therefore, the following recommendations revolve around social media education which will assist nursing students in maintaining e-professionalism.
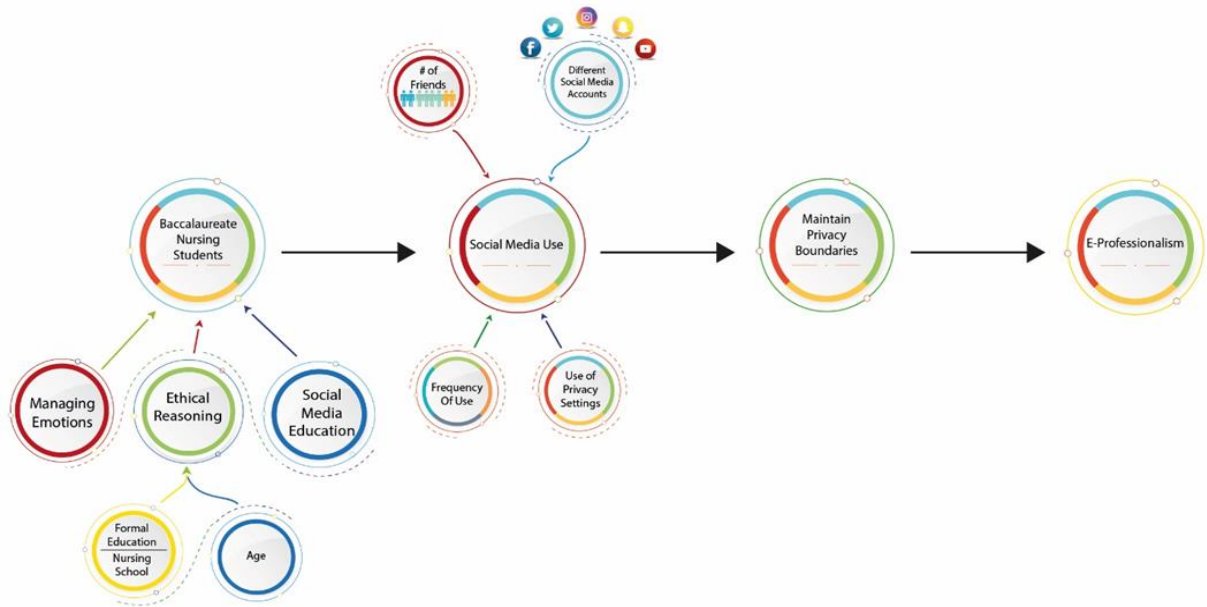
Figure 5.4. Skrabal theory of e-professionalism among pre-licensure baccalaureate nursing students©.

Education is needed regarding professionalism in general. Through this study, there were

questions as to whether nursing students understood the basic concepts of professionalism. This

included the professional behaviors and actions expected of nursing students. If the students have

a better understanding of professional behaviors and actions expected of them, there is hope that

this knowledge and understanding will better transfer over to assisting them in maintaining

professional social media accounts.

The literature and the findings from this study identified that nursing students' age and

formal education assisted in the development of ethical reasoning. Since ethical reasoning was

found to impact nursing students' ability to maintain e-professionalism, nurse educators and

administrators must implement experiences that expose students to ethical issues throughout the

nursing curriculum. Therefore, nurse educators must make a conscious effort to arrange clinical

experiences throughout the nursing curriculum that ensure exposure to ethical issues. In addition,

nurse educators may need to assist students in recognizing ethical issues when they first begin their clinical experiences early in the curriculum.

Nurse educators must explore teaching strategies that are being used when educating students about professional social media use. Based on the findings of this study, rule-based education does not work. Participants acknowledged that e-professionalism was very gray at times and that they had a hard time fitting the rules that they learned to the situations that they were being exposed to. Instead of providing nursing students with rule-based education, it is suggested that the education be more concept-based. These concepts need to follow the guidelines, policies, and practice recommendations regarding professional social media use which were established by professional nursing organizations. Using these concepts, nurse educators need to implement teaching strategies that facilitate the transfer of knowledge to actual practice. This may include showing students examples of simulated postings and discussing why the postings are considered professional or unprofessional.

Along with teaching e-professionalism as concept-based, it is suggested that students receive education regarding social media at various points in the curriculum. As students enter college as freshmen, they need to be educated in converting current social media accounts to being professional social media accounts. This includes teaching nursing students how to activate privacy settings and the importance of purging accounts of any unwanted content, such as pictures and comments. In addition, education is essential regarding the need to eliminate friends who are considered strangers or acquaintances. This initial education must also include examples of professional and unprofessional postings that they may experience as freshman. This may include professional versus unprofessional comments toward faculty and the college.

As nursing students begin their clinical experiences, additional social media education needs to be provided. Professional concepts associated with being in the clinical area must be introduced. This includes HIPAA concepts and how they translate to social media use. Again, simulated postings of professional and unprofessional behaviors related to clinical experiences are important to review and analyze with students. In addition, concepts that were introduced earlier must be reinforced. This includes the use of privacy settings on all active social media accounts along with being selective in whom nursing students invite or accept to be friends on their various accounts.

Additional information that needs to be included in educational sessions is that nursing students need to avoid using social media when emotionally charged. Students should be educated about the importance of reflecting on content prior to posting. Equally important, students should be informed that all social media accounts need to be managed with professionalism.

Nursing administrators must ensure they have a social media policy in place. The policy needs to be written so it provides meaningful information to students. It is essential that it include a breakdown of behaviors the program deems as unprofessional social media use along with possible consequences students can expect if they violate the policy. All nursing students must be educated about the policy and where the policy is located. An additional suggestion is that nursing students be made aware of the social media policy periodically throughout the curriculum.

This study discovered that when nursing students had questions regarding professional social media use, they turned to nurse educators with questions. Nurse educators need to be knowledgeable of the basic functions, such as privacy settings, of the various social media sites

that students most frequently use. This may require additional education for nurse educators to feel comfortable answering social media questions for students. If nurse educators do not feel comfortable using social media, designated personnel who are considered social media experts should be identified and students must be made aware of whom these individuals are within the college. In addition, it is essential that nurse educators act as role-models and maintain professional social media accounts themselves.

Limitations of this Study

Although great effort was made to assure validity of this grounded research study, there were limitations that must be addressed. The first limitation was the sample. It was originally decided that 20 participants would participate in this study. However, after 12 participants, it was determined that no new information was being obtained to help support the established categories. At this point, it was decided that saturation was reached and the data collection stopped. In addition, the sample contained all females who were from two institutions. Most participants were in their senior year of the nursing program and had experienced a number of clinical opportunities. Limited insight related to clinical experience was provided by the two participants who were just starting their clinical rotations.

The researcher had a working relationship with a number of the participants for they were current students at the College in which the researcher works. Because of this relationship, there was a potential for researcher bias. Steps were taken to minimize, if not eliminate, bias through triangulation and bracketing.

Finally, the researcher discovered some redundancy among interview questions. Questions need to be revised and tested during pilot interviews before questions are used again in future research.

Future Research

This research study identified areas that need to be further researched related to nursing students and their social media use. The first area that must be further explored is how nursing students define professionalism in general. There was a disconnect between what participants said was professional behavior and what they identified as professional when viewing the simulated social media postings. Having a better understanding of what current nursing students consider to be professional behavior will assist nursing programs in tailoring education to address professionalism in general and professional behaviors related to social media use.

This study revealed that nursing students are active on multiple social media accounts and that they may be using the accounts for different purposes. Additional research is needed to determine if nursing students adjust their levels of e-professionalism based on which social media account they are using.

In addition, it was discovered that emotions were a factor in maintaining e-professionalism among nursing students. Based on this study and the literature, nursing students are turning to social media to meet psychological needs. Research is needed to identify which psychological needs are being met, such as managing stress, distraction from school, and feeling connected with others. In fact, research is required to further explore if the frequency of social media use is linked to meeting emotional or psychological needs. In addition, there must be research to help determine if the number of friends individuals have connected to their social media accounts affects their personal self-esteem and emotional needs.

The frequency of social media use among nursing students should be further explored. Participants reported that they used social media in short-durations (five to ten minutes) throughout the day. Due to the short durations in which social media is being used, there is a

great need to determine how many hours a day nursing students are using social media. If nursing students struggle with managing classroom and clinical experiences, having a better understanding of this will help nurse educators assist nursing students with time management.

Additional research is required to further identify why participants had difficulty with determining what consequences related to unprofessional social media use should be. There were questions as to whether students were unaware of possible consequences that could occur or if they were just uncomfortable addressing this topic.

This research study must be replicated to validate the theory that was developed. Recommendations include research that expands the sample of nursing students to include both male and female students from multiple institutions. In addition, the sample should include nursing students who are involved in clinical experiences at various points of the curriculum.

Finally, future research needs to expand this study to look at healthcare professions students. Based on current literature, nursing students and healthcare professions students are similar in their social media use. Research is needed to determine if results can be generalized to all students in healthcare.

Summary

This study provided a better understanding of how baccalaureate nursing students are using social media. Not only were they managing multiple social media accounts, they accessed social media frequently throughout the day in five to ten minute increments. Nursing students indicated that social media was a distraction from the stress and anxiety associated with course work and clinical experiences. Recognizing the need for distraction from school creates a better understanding as to why social media accounts were accessed frequently throughout the day. In

addition, participants noted that they primarily used social media to stay connected with family, friends, and classmates.

Since nursing is considered to be a trusted and respected profession, nursing students recognized that others look to them as role models. Because of this, 83% of participants indicated that they needed to be held to a higher standard professionally, and this included their social media use. This finding was slightly higher than what was reported in the literature. In contrast, two participants (17%) identified that the higher professional standard should not apply to their social media use.

Cain and Romanelli (2009) defined e-professionalism as the attitudes and behaviors exhibited by individuals through digital media. Attitudes and behaviors that form e-professionalism include recognizing and using privacy settings when using social media. In addition, e-professionalism consists of maintaining privacy boundaries between professional and personal information while recognizing the permanence of information posted to social media (University of Minnesota, 2011).

Participants were able to verbally identify behaviors that they felt constituted e-professionalism. Interestingly, three participants noted that activation of privacy settings was considered professional use of social media. On the other side, when participants were asked to look at simulated social media postings that exhibited both professional and unprofessional behaviors, they had difficulty with this activity. Ultimately, this finding was significant in that it showed that participants had knowledge of e-professionalism but had a difficult time transferring this knowledge to actual practice.

To maintain privacy boundaries, participants recognized that there were processes that they took to manage professional and personal information when using social media. First,

several participants indicated that they avoided posting information to social media. This was

significant because participants noted that decreasing the frequency of posting to social media

lessened the chances of them posting information that was unprofessional. Although they still

frequently accessed their social media accounts, they were more likely to follow individuals or

"like" postings versus posting information.

Second, participants recognized that they maintained privacy boundaries by using

different social media accounts. This was a significant finding because participants used different

accounts for various reasons. Participants acknowledged that they maintained one professional

account and they allowed family, friends, and co-workers access to this account. They

recognized that their other social media accounts were just for friends, and they felt "freer" to

post information that may be considered unprofessional on these accounts.

The last process that participants took to assure maintenance of privacy boundaries was

activating privacy settings. When reviewing the social media accounts most frequently used by

participants, 92% of participants had their privacy settings activated. This finding was slightly

higher than what was reported in the literature regarding use of privacy settings. To ensure

additional security to their accounts, three participants used pseudonyms or initials when setting

up accounts. Another significant finding to this study was that participants reported that they did

not have privacy settings activated on social media accounts that they used less frequently. When

participants were asked why privacy settings were not used, they consistently responded that

they had nothing to hide.

Through this research, it was determined that the number of friends participants had

associated with their social media accounts influenced privacy boundaries. The number of

friends participants had associated to their most frequently used social media accounts ranged

from 100 to 1,500, with the average number being 679. This finding was significantly higher than what was reported by Duggan et al. (2015), who found that Facebook users had an average of 155 friends.

Participants indicated that friends that they currently had associated with their social media accounts were individuals that they knew well. With the number of friends attached to each account, there were questions as to whether they were all true friends or merely acquaintances. Only one participant recognized that information posted to social media could be shared with others outside the circle of friends and even screen shot and shared with others. Participants failed to recognize that privacy boundaries thin and information becomes less private with an increased number of friends who had access to information.

Although there were several processes that impacted participants' social media use and the maintenance of privacy boundaries, this study found that there were a number of factors that influenced baccalaureate nursing students' social media use. As participants got older, they indicated that they matured in their social media use. In addition, they recognized that as they advanced through the nursing curriculum, they needed to be professional when using social media. These findings were supported in the literature in that Englund et al. (2012) found that as nursing students matured and gained nursing experience, they were better able to maintain privacy boundaries.

The literature clearly documented that age and formal education influenced participants' ethical reasoning. This study also found this to be true. Overall, ethical reasoning impacted participants' ability to use social media in a professional manner. Participants acknowledged that they were held to a higher standard and that their social media use needed to match what was expected of professional nurses. They realized that their social media accounts were being

searched by patients, patients' family members, and future employers. Because of this, their

accounts needed to reflect competent individuals who can provide safe, quality care. An

interesting finding that could indicate that participants needed to continue growing their ethical

reasoning was that they had a hard time identifying consequences for unprofessional social

media use.

Managing emotions was a finding that was unique to this study. Participants indicated

that they turned to social media when upset or frustrated, which influenced their ability to

maintain e-professionalism. They recognized that they confronted others regarding their feelings

through social media because this was easier than doing so in person.

Finally, social media education was the last factor that impacted e-professionalism.

Overall, 92% of participants indicated that they received social media education, whereas one

participant noted that she did not receive any. Most participants stated that they received this

education prior to starting clinical. When asked about the education, participants were

inconsistent in their responses about how they received the education, how much education they

received, and whether they were taught the importance of using privacy settings. Participants

who received social media education indicated that it was rule-based in that they were told what

to do and what not to do in order to maintain e-professionalism. They indicated that they felt this

type of education met their learning needs and no additional educational needs were identified.

However, this study uncovered that rule-based education created confusion among participants

because they were challenged in determining professional versus unprofessional behaviors when

reviewing simulated social media postings. In addition, participants were unaware of social

media policies that were available in student handbooks that could help guide or answer

questions regarding professional social media use.

This research exposed processes that affect social media use. In addition, factors that influenced baccalaureate nursing students and their social media use were identified as well. Both the processes and factors impacted baccalaureate nursing students' ability to manage professional and personal information, which assisted in maintaining privacy boundaries. Furthermore, by maintaining privacy boundaries, e-professionalism was achieved.

The Skrabal theory of e-professionalism among pre-licensure baccalaureate nursing students© reflected the findings of this study. In addition, the theory discovered that social media education was the modifiable factor that basically influences the entire process of how baccalaureate nursing students maintain e-professionalism. This is significant for nursing education in that implementing appropriate social media education at key points in the curriculum is essential to ensure that nursing students are maintaining e-professionalism. Providing information regarding the need to activate privacy settings, limit friend access, and monitor the frequency with which they are using and posting information to social media is important. Social media education must move from being rule-based to more concept-based. Teaching strategies that assist nursing students' ability to transfer information that was learned in the classroom to actual practice must be implemented.

In conclusion, social media is being used by nursing students on a daily basis. This study provided valuable insight into how privacy boundaries are maintained. With appropriate social media education built into the curriculum, nursing students can successfully learn how to manage professional and personal information. Since they are held to a higher standard professionally, nurse educators must take an active role in ensuring that students have a good understanding of e-professionalism.

References

American Board of Internal Medicine (2001). *Project professionalism*. Philadelphia, PA: Author.

American Nurses Association (ANA). (2015). *Code of ethics for nurses with interpretative statements.* Silver Spring, MD: Author.

American Nurses Association (ANA). (2016, December). *Nurses rank #1 most trusted profession for 15th year in a row.* Retrieved from http://www.nursingworld.org/FunctionalMenuCategories/MediaResources/PressReleases/Nurses-Rank-1-Most-Trusted-Profession-2.pdf

Anderson, J., & Puckrin, K. (2011). Social network use: A test of self-regulation. *Journal of Nursing Regulation*, *2*(1), 36-40.

Azizi, T. (2013). The issues surrounding social networking sites and healthcare professionals. *Journal of Perioperative Practice, 23*(10), 233-236.

Bartsh, M., & Dienlin, T. (2016). Control your Facebook: An analysis of online privacy literacy. *Computers in Human Behavior, 56*, 147-154. doi:10.1016/j.chb.2015.11.022

Blais, K., & Hayes, J. (2016). *Professional nursing practice: Concepts and perspectives* (7th ed.). Hoboken, NJ: Pearson.

Booth, R. (2015). Happiness, stress, a bit of vulgarity, and lots of discursive conversation: A pilot study examining nursing students' tweets about nursing education posted to twitter. *Nursing Education Today*, *35*(2), 322-327. doi:10.1016/j.nedt.2014.10.012

Cain, J. (2008). Online social networking issues within academia and pharmacy education. *American Journal of Pharmaceutical Education, 72*(1), 1-7. doi:10.5688/aj720110

Cain, J., & Romanelli, F. (2009). E-professionalism: A new paradigm for a digital age. *Currents in Pharmacy Teaching & Learning*, 66-70. doi:10.1016/j.cpt1.2009.10.001

Cain, J., Scott, D., & Akers, P. (2009). Pharmacy students' Facebook activity and opinions regarding accountability and e-professionalism. *American Journal of Pharmaceutical Education, 73*(6), 1-6. doi:10.5688/aj7306104

Cain, J., Scott, D., & Smith, K. (2010). Use of social media by residency program directors for resident selection. *American Journal of Health-System Pharmacy, 67,* 1635-1639. doi: 10.2146/ajhp090658

Cannaerts, N., Gastmans, C., & Dierckx de Casterle, B. (2014). Contribution of ethics education to the ethical competence of nursing students: Educators' and students' perceptions. *Nursing Ethics, 21*(8), 861-878. doi:10.1177/0969733014523166

Catalano, J. (2015) *Nursing now! Today's issues, tomorrow's trends* (7th ed.). Philadelphia, PA: F.A. Davis.

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis.* Los Angeles, CA: Sage.

Charmaz, K. (2014). *Constructing grounded theory* (2nd ed.). Los Angeles, CA: Sage.

Chinn, T. (2014). *Professionalism online*. Retrieved from http://www.independentnurse.co.uk/professional-article/professionalism-online/65984/

Chretien, K., Goldman, E., Beckman, L., & Kind, T. (2010). It's your own risk: Medical students' perspectives on online professionalism. *Academic Medicine, 85*(10), s68-s71. doi:10.1097/ACM.0b013e3181ed4778

Chretien, K., Greysen, R., Chretien, J., & Kind, T. (2009). Online posting of unprofessional content by medical students. *The Journal of the American Medical Association*, *302*(12), 1309-1315. doi:10.1016/j.yped.2010.12.074

Christiaens, G. (2009). Becoming a nurse: Moral, cognitive and skill development in nursing

students. *Communicating Nursing Research, 42,* 255.

Cleary, M., Ferguson, C., Jackson, D., & Watson, R. (2013). Social media and the new e-

professionalism. *Contemporary Nurse*, *45*(2), 152-154.

Corbin, J., & Strauss, A. (2015). *Basics of qualitative research: Techniques and procedures for

developing grounded theory* (4th ed.). Los Angeles, CA: Sage.

Creswell, J. (2012). *Educational research: Planning, conducting, and evaluating quantitative

and qualitative research* (4th ed.). Upper Saddle River, NJ: Pearson.

Creswell, J. (2013). *Qualitative inquiry and research design: Choosing among five approaches*

(3rd ed.). Los Angeles, CA: Sage.

Creswell, J. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches*

(4th ed.). Los Angeles, CA: Sage.

Davis, A. (1981). Ethical dilemmas in nursing: A survey. *Western Journal of Nursing Research,

3*(4), 397-407.

Dierckx de Casterle, B., Grypdonck, M., Vuylsteke-Wauters, M., & Janssen, P. (1997). Nursing

students' responses to ethical dilemmas in nursing practice. *Nursing Ethics, 4*(1), 12-28.

Dierckx de Casterlo, B., Janssen, P., & Grypdonck, M. (1996). The relationship between

education and ethical behavior of nursing students. *Western Journal of Nursing Research,

18*(3), 330-350.

Dierckx de Casterle, B., Roelens, A., & Gastmans, C. (1998). An adjusted version of Kohlberg's

moral theory: Discussion of its validity for research in nursing ethics. *Journal of

Advanced Nursing, 27*, 829-835. doi:10.1046/j.1365-2648.1998.00597.x

Duckett, L., Rowan-Boyer, M., Ryden, M., Crisham, P., Savik, K., & Rest, J. (1992).

    Challenging misperceptions about nurses' moral reasoning. *Nursing Research*, *41*(6),

    324-331.

Duckett, L., Rowan, M., Ryden, M., Krichbaum, K., Miller, M., Wainwritht, M., & Kay, S.

    (1997). Progress in the moral reasoning of baccalaureate nursing students between

    program entry and exit. *Nursing Research, 46*(4), 222-229.

Duggan, M., Ellison, N., Lampe, C., Lenhart, A., Madden, M., Reinie, L., & Smith, A. (2015,

    January). *Social media update 2014: While Facebook remains the most popular site,*

    other platforms see higher rates of growth. Retrieved from

    http://www.pewinternet.org/2015/01/09/social-media-update-2014/

Englund, H., Chappy, S., Jambunathan, J., & Gohdes, E. (2012). Ethical reasoning and online

    social media. *Nursing Educator*, *37*(6), 242-247. doi:10.1097/NNE.0b013e31826f2c04

Ferguson, C., DiGiacomo, M., Saliba, B., Green, J., Moorley, C., Wyllie, A., & Jackson, D.

    (2016). First year nursing students' experiences of social media during the transition to

    university: A focus group study. *Contemporary Nurse, 52*(5), 625-635. doi:

    10.1080/10376178.2016.1205458

Finn, G., Garner, J., & Sawdon, M. (2010). "Your're judged all the time?" Students' views on

    professionalism: A multicenter study. *Medical Education, 44*, 814-825. doi:

    10.1111/j.1365-2923.2010.03743.x

Fox News (2011, January 02). *Placenta photo gets Kansas nursing students expelled.* Retrieved

    from http://www.foxnews.com/us/2011/01/02/placenta-photo-gets-kan-nursing-students-

    expelled.html

Frazier, B., Culley, J., Hein, L., Williams, A., & Tavakoli, A. (2014). Social networking policies

in nursing education. *Computers, Informatics, Nursing, 32*(3), 110-117.

doi:10.1097/CIN.0000000000000030

Gallup. (2016, December). *Americans rate healthcare providers high on honesty, ethics*.

Retrieved from http://www.gallup.com/poll/200057/americans-rate-healthcare-providers-

high-honesty-ethics.aspx

Garner, J., & O'Sullivan, H. (2010). Facebook and the professional behaviors of undergraduate

medical students. *The Clinical Teacher, 7,* 112-115. doi:10.1111/j.1743-

498X.2010.00356.x

George, D. (2011). "Friending Facebook?" A minicourse on the use of social media by health

professions. *Journal of Continuing Education in the Health Professions, 31*(3), 215-219.

doi:10.1002/chp.20129

Giannakos, M., Chorianopoulos, K., Giotopoulos, K., & Panayiotis, V. (2013). Using Facebook

out of habit. *Behaviour & Information Technology, 32*(6)*,* 594-602. doi:

10.1080/0144929X.2012.659218

Gilligan, C. (1993). *In a different voice: Psychological theory and women's development*.

Cambridge, MA: Harvard University Press.

Ginory, A., Sabatier, L., & Eth, S. (2012). Addressing therapeutic boundaries in social

networking. *Psychiatry: Interpersonal and Biological Processes, 75*(1)*,* 40-48. doi:

10.1521/psyc.2012.75.1.40

Giordano, C., & Giordano, C. (2011). Health professions students' use of social media. *Journal

of Allied Health, 40*(2), 78-81.

Greenwood, S., Perrin, A., & Duggan, M. (2016, November). *Social media update 2016: Facebook usage and engagement is on the rise, while adoption of other platforms holds steady.* Retrieved from http://www.pewinternet.org/2016/11/11/social-media-update-2016/

Griffin, E., Ledbetter, A., & Sparks, G. (2014). *A first look at communication theory* (9th ed.). New York, NY: McGraw-Hill.

Griffith, R., & Tengnah, C. (2011). District nurses' use of social networking sites: Caution required. *British Journal of Community Nursing, 16*(9), 455-457.

Hall, M., Hanna, L., & Huey, G. (2013). Use and views on social networking sites of pharmacy students in the United Kingdom. *American Journal of Pharmaceutical Education, 77*(1), 1-7.

Hatch, T., Bates, H., Khera, S., & Walton, J. (2013). Professionalism and social media: An interprofessional learning activity. *Medical Education*, *47*, 1136-1137. doi: 10.1111/medu.12334

Henderson, M., & Dahnke, M. (2015). The ethical use of social media in nursing practice. *MedSurg Nursing*, *24*(1), 62-64. doi:10.1111/medu.12334

Jain, A., Petty, E., Jaber, R., Tackett, S., Purkiss, J., Fitzgerald, J., & White, C. (2014). What is appropriate to post on social media? Ratings from students, faculty members and the public. *Medical Education, 48*, 157-169. doi: 10.1111/medu.12282

Jafarey, A., Shekhani, S., Azam, M., Gill, R., Shirazi, B., Hassan, M., Iqbal, S., & Naqvi, R. (2016). Physicians in cyberspace: Finding boundaries. *Asian Bioethics Review, 8*(4), 272-289. dio: 10.1353/asb.2016.0023

Kaczmarczyk, J., Chuang, A., Dugoff, L., Abbott, J., Cullimore, A., Dalrymple, J.,…Casey, P.

    (2013). E-professionalism: A new frontier in medical education. *Teaching and Learning*

    in Medicine, 25(2), 165-170. doi:10.1080/10401334.2013.770741

Kalpidou, M., Costin, D., & Morris, J. (2010). The relationship between Facebook and the well-

    being of undergraduate college students. *Cyberpsychology, Behavior, and Social*

    Networking, 14(4), 183-189. doi:10.1089/cyber.2010.0061

Kaplan, A., & Haenlein, M. (2010). Users of the world, unite! The challenges and opportunities

    of social media. *Business Horizons, 53*, 59-68. doi:10.1016/j.bushor.2009.09.003

Ketefian, S. (1981) Moral reasoning and moral behavior among selected groups of practicing

    nurses. *Nursing Research, 30*(3), 171-176.

Kim, K. (2003). Baccalaureate nursing students' experiences of anxiety producing situations in

    the clinical setting. *Contemporary Nurse, 14*(2), 145-155.

Kohlberg, L. (1981). *The philosophy of moral development: Moral stages and the idea of justice*.

    New York, NY: Harper & Row.

Kohlberg, L, & Hersh, R. (1977). Moral development: A review of the theory. *Theory Into*

    Practice, 16(2), 53-59. doi:10.1080/00405847709542675

Kung, Y., & Oh, S. (2014). Characteristics of nurses who use social media. *Computers,*

    Informatics, Nursing, 32(2), 64-72. doi:10.1097/CIN.0000000000000033

Lachman, V. (2013). Social media: Managing the ethical issues. *MedSurg Nursing, 22*(5), 326-

    329.

Langenfeld, S., Cook, G., Sudbeck, C., Luers, T., & Schenarts, P. (2014). An assessment of

    unprofessional behavior among surgical residents on Facebook: A warning of the dangers

    of social media. *Journal of Surgical Education, 71*(6), e28-e32.

Leedy, P., & Ormrod, J. (2013). *Practical research: Planning and design* (10th ed.). Upper

Saddle River, NJ: Pearson.

Lie, D., Trial, J., Schaf, P., Wallace, R., & Elliot, D. (2013). "Being the best we can be": Medical

students' reflections on physician responsibility in the social media era. *Academic

Medicine, 88*(2), 240-245. doi:10.1097/ACM.0b013e31827bf5fc

LoBiondo-Wood, G., & Haber, J. (2010). *Nursing research: Methods and critical appraisal for

evidence-based practice* (7th ed.). St. Louis, MO: Mosby Elsevier.

Lyons, R., & Reinisch, C. (2013). The legal and ethical implications of social media in the

emergency department. *Advanced Emergency Nursing Journal, 35*(1), 53-56.

dio:10.1097/TME.0b013e31827a4926

MacDonald, J., Sohn, S., & Ellis, P. (2010). Privacy, professionalism and Facebook: A dilemma

for young doctors. *Medical Education, 44,* 805-813. doi:10.1111/j.1365-

2923.2010.03720.x

Marnocha, S., Marnocha, M., & Pilliow, T. (2015). Unprofessional content posted online among

nursing students. *Nursing Educator*, 1-5. doi: 10.1097/NNE.0000000000000123

Merriam-Webster Dictionary. (2015). *Midwestern college*. Retrieved from http://www.merriam-

webster.com/dictionary

Mostaghimi, A., & Bradley, C. (2011). Professionalism in the digital age. *Annals of Internal

Medicine, 154*(8), 560-562. doi:10.7326/0003-4819-154-8-201104190-00008

National Council of State Boards of Nursing (NCSBN). (2011). *White paper: A nurse's guide to

the use of social media*. Retrieved from https://www.ncsbn.org/Social_Media.pdf

National Student Nurses Association (NSNA). (n.d.). *Recommendations for social medial usage and maintaining privacy, confidentiality and professionalism.* Retrieved from http://www.nsna.org/Portals/0/Skins/NSNA/pdf/NSNA_Social_Media_Recommendations.pdf

Ness, G., Sheehan, A., & Snyder, M. (2014). Graduating student pharmacists' perspectives on e-professionalism and social media: Qualitative findings. *Journal of the American Pharmacists Association*, *54*(2), 138-143. doi:10.1331/JAPHA.2014.13188

Peluchette, J., & Karl, K. (2008). Social networking profiles: An examination of student attitudes regarding use and appropriateness of content. *CyberPsychology & Behavior, 11*(1), 95-97. doi:10.1089/cpb.2007.9927

Petronio, S. (2002). *Boundaries of privacy: Dialectics of disclosure*. Albany, NY: State University of New York Press.

Petronio, S., DiCorcia, M., & Duggan, A. (2012). Navigating ethics of physician-patient confidentiality: A communication privacy management analysis. *The Permanente Journal, 16*(4), 41-45. doi:10.7812/TPP/12-042

Potter, P., Perry, A, Stockert, P., & Hall, A. (2013). *Fundamentals of nursing* (8th ed.). St. Louis, MO: Elsevier Mosby.

Prescott, J., Wilson, S., & Becket, G. (2012). Pharmacy students want guidelines on Facebook and online professionalism. *The Pharmaceutical Journal.* Retrieved from http://www.pharmaceutical-journal.com/opinion/comment/pharmacy-students-want-guidelines-on-facebook-and-online-professionalism/11104711.article

Prescott, J., Wilson, S., & Becket, G. (2013). Students' attitudes towards Facebook and online

       professionalism: Subject discipline, age and gender differences. *Health and Social Care*

       Education, 2(2)*,* 3-10. doi:10.11120/hsce.2013.00032

Pulido-Martos, M., Augusto-Landa, J., & Lopez-Zafra, E. (2011). Sources of stress in nursing

       students: A systematic review of quantitative studies. *International Nursing Review, 59,*

       15-25.

Ramisetti, K. (2014, July 08). "NY Med" star Katie Duke speaks out on getting fired from NYC

       hospital for posting Instagram photo of trauma room. *New York Daily News*. Retrieved

       from http://www.nydailynews.com/entertainment/tv/ny-med-star-talks-fired-posting-

       photo-trauma-room-article-1.1859553

Reed, E. (2015, April 13). UNM Sandoval nurse fired over offensive social media post. *KOB*

       Eyewitness News. Retrieved from

       http://www.kob.com/article/stories/s3764261.shtml#.VndDbvkrKM9

Roblyer, M., McDaniel, M., Webb, M., Herman, J., & Witty, J. (2010). Finding on Facebook in

       higher education: A comparison of college faculty and student uses and perceptions of

       social networking sites. *Internet and Higher Education, 13,* 134-140. doi:

       10.1016/j.iheduc.2010.03.002

Russell, K. (2012). Nursing practice acts guide and govern nursing practice. *Journal of Nursing*

       Regulation, 3(3), 36-40. Retrieved from

       https://www.ncsbn.org/2012_JNR_NPA_Guide.pdf

Schmitt, T., Sims-Giddens, S., & Booth, R. (2012). Social media use in nursing education. *The*

       Online Journal of Issues in Nursing, *17*(3), 1-14. doi:10.3912/OJIN.Vol17No03Man02

Scruth, E., Pugh, D., Adams, C., & Foss-Durant, A. (2015). Electronic and social media: The

    legal and ethical issues for healthcare. *Clinical Nurse Specialist*, 8-11.

    doi:10.1097/NUR.0000000000000089

Spector, N., & Kappel, D. (2012). Guidelines for using electronic and social media: The

    regulatory perspective. *The Online Journal of Issues in Nursing, 17*(3). doi:

    10.3912/OJIN.Vol17No03Man01

Trepte, S., Teutsch, D., Masur, P., Eicher, C., Fischer, M., & Hennhofer, A. (2015). Do people

    know about privacy and data protection strategies? Towards the "online privacy literacy

    scale". In S. Gutwirth, R. Leenes, & P. det Hert (Eds.), *Reforming European data*

    protection law (pp. 333-365). Berlin, Germany: Springer.

University of Minnesota. (2011). *E-professionalism*. Retrieved from https://e-

    professionalism.umn.edu/students/topics/e-professionalism/

Wortham, J. (2009). *More employers use social networks to check out applicants.* Retrieved

    from http://bits.blogs.nytimes.com/2009/08/20/more-employers-use-social-networks-to-

    check-out-applicants/?_r=0

Yesil, M. (2014). The relationship between Facebook use and personality traits of university

    students. *International Journal of Academic Research, 6*(2), 75-80.

    doi:10.1016/j.compeud.2011.08.004

Appendix A

Bryan College of Health Sciences Social Media Policy

The use of any type of social media communication (i.e., Facebook, MySpace, blogs, etc.) is supported by Bryan College of Health Sciences. The success of a positive, interactive social media site depends on the activity of those that belong and contribute. The college encourages interaction on such sites and recognizes them as valuable educational and personal and professional development opportunities. Interactions reflect on the student personally and may also reflect on the image of the college, clinical sites, and the health care profession.

- Social media associated with the Bryan College of Health Sciences, its students, faculty, staff, and any clinical setting associated with the college, and Bryan Medical Center and its affiliates, should be positive, celebratory, informative, and encouraging. Content is held to the same professional standards and guidelines as are expected when interacting with others in the classroom, clinical, and college settings.
- The college encourages the posting of photos and or videos featuring students, faculty, staff, and administration with the following guidelines when posting to college or medical center sponsored or personal sites.

The following guidelines have been developed for Bryan College of Health Sciences students when using social media communication for both personal and professional use:

1. Posting or taking patient or any care related photos, video content, or writing about patient information from any clinical area is strictly prohibited and may be a violation of Health Insurance Portability and Accountability Act (HIPAA) policy.
2. Students may not make posts suggesting they are an official representative of the college, medical center or other clinical sites. (Refer to the student handbook for complete HIPAA policy.)
3. Posting comments, photos, or videos from the classroom setting or college activities may be a violation of Family Educational Rights and Privacy Act (FERPA) or the Academic Integrity policy. (Refer to the student handbook for complete FERPA and Academic Integrity policies.)
4. Offensive, harassing, and/or bullying material are not acceptable and will not be tolerated. Content found to be posted on any Bryan College of Health Sciences sites that are offensive, harassing, and/or bullying in nature must be removed.
5. Social media sites are not the appropriate venue for expressing negative experiences in the classroom, clinical, or college setting. Such issues should be brought to the attention of appropriate personnel at the college.
6. Student posting unprofessional content on social media sites will be asked to remove such content.

Students are to report any inappropriate posts and/or violations of this policy to the Dean of Students or any college administrator. Appropriate disciplinary action will be taken when a student is found to have violated the policy up to and including dismissal from the college.

College of Saint Mary Social Media Policy

Overview

College of Saint Mary recognizes that social media sites have become important and influential communication channels for internal and external constituencies. To assist students in posting content and managing these sites, the University has developed a social media policy. This policy applies to students, faculty and staff, and must be used in connection with social media accounts directly associated with College of Saint Mary.

The purpose of using social media on behalf of College of Saint Mary is to support the University's mission, goals, programs, etc. CSM encourages students to use social media but reminds users that at any time they can be perceived as a spokesperson of the University. When using an officially recognized social media channel, you are representing College of Saint Mary.

Approval Process
Prior to establishing any social media directly representing College of Saint Mary, student organizations must receive permission from the Strategic Marketing & Communications Team.

Please follow these steps:
1. Permission from the Strategic Marketing & Communications Team – contact marketing@csm.edu.
2. Have a minimum of two administrators for each site – with one being the staff or faculty advisor. This requirement provides CSM access to the account in case of an emergency, changing of personnel or policy violations.
3. Review the Social Media Guidelines found on MyCSM's Campus Services tab for social media best practices.

Confidentiality
Confidential or proprietary information should not be shared publicly on these social media channels. Always exercise discretion, thoughtfulness and respect.

Review Process and Enforcement
Members of the Strategic Marketing & Communications Department will monitor content on CSM social media sites to ensure site administrators adhere to the social media policy. Any individual or student organization found to have violated this policy may be subject to disciplinary action. If you have any doubt about posting content, please consult the Director of Public Relations and Communications (Walsh Hall 262, ext. 2454). Due to the evolving nature of social media, the social media policy is subject to revision by CSM's Marketing Committee.

Contact
To contact the Strategic Marketing & Communications Department please send an e-mail to marketing@csm.edu.

Appendix B

Interview Protocol

Time of interview:

Date:

Place:

Interviewee:

Materials/Equipment:

Interview protocol, notepad, audio recorder (2), pen/pencil, computer

Preparation:

- Place 2 chairs facing each other with small table between.
- Place audio recorder on table (inform participant that interview will be audio taped).
- Make participant feel comfortable/welcomed.
- Place "Do Not Disturb" sign in door.

Script:

Why complete the study: Based on the current literature, some healthcare professions students continue to exhibit a lack of e-professionalism when using social media. They struggle with maintaining clear boundaries between professional and personal information. In many incidences, healthcare professions students blur the boundaries and post information that is unprofessional. The problem is that after completing a literature review of social media, there is minimal research related to nursing students and their use of social media. Due to limited research, there is an increased need to explore the processes nursing students use to maintain e-professionalism as they utilize social media.

Purpose of study: To explore the processes baccalaureate nursing students use to maintain e-professionalism when utilizing social media while attending nursing school

Source of data collection: Face-to-face interview that will take approximately 60 minutes to complete. Demographic information will be obtained along with feelings/thoughts on simulated social media postings. In addition, social media accounts will be viewed, in your presence, to determine if privacy settings are being used appropriately.

Confidentiality:

- Review the Adult Consent Form and The Rights of Research Participants.
- Reasonable steps are in place to protect your identity and keep data collected during the interview confidential.
    - You will be assigned a number and this is how you will be referred to throughout the study.

o   Written notes and audio recordings gathered during interviews will be stored in a locked file cabinet accessible only to the researcher.
o   Data will be stored on password protected computers.
o   Recorded interviews will be erased from the audio recorders once transcription of interviews have been completed and verified for accuracy.
o   Materials and raw data used during the study will be retained for a period of 7 years and properly destroyed thereafter.

Additional Information:

- Participants can stop the interview at any time.
- Participants are not expected to get any direct benefit from being in this research study.

Action:

- Have participant sign the Adult Consent Form and give each participant a copy
- Give each participant a copy of The Rights of Research Participants.
- Present each participant a ten dollar Target gift card prior to starting the interview.

Demographics Information:

Collect the following demographic information from participants:

1. Current age:

2. Gender:

3. Current theory/clinical course:

4. Name and number of social media accounts:

5. Social media account most frequently used:

6. Number of hours a week using social media:

Interview Questions

1. Tell me about how you use social media in your daily life.

2. How often do you access/utilize social media?

3. How do you incorporate privacy settings connected to your social media account?

4. What types of information do you currently post to social media?

5. How many "friends" do you currently have with the social media account you most frequently use?

6. How do you determine if you should accept a "friend" request or request a "friend" to join your social media account?

7. Have you accepted a patient or a patient's family member as a "friend" after you cared for them?
   If yes, describe the setting in which you cared for this individual.

   Are you currently still a "friend" with this individual?

8. Describe a social media post you made that you later regretted posting or maybe deleted/removed.

   How did you feel when you when you reflect on this post?

9. When you think about posting a comment or photo to social media, what is the process you use prior to posting?

10. Tell me how being in nursing school has influenced how you use social media?

11. How do you define social media as it relates to you as a nursing student?

12. Describe what type of social media education you have received prior to starting your nursing clinical.

13. If you have a question regarding social media use as a nursing student, where do you find the answer?

14. Identify how you have changed your social media use since becoming a nursing student.

15. Should nursing students be held to a higher standard when using social media?

    If so, why do you think nursing students should be held to a higher standard?

    Describe what this higher standard is.

16. Describe professional use of social media in relation to your role as a nursing student.

17. Do you see a difference between how social media is used in your personal life versus your professional life (when in your nursing student role)? If so, what is the difference between the two?

18. Describe what a consequence should be for inappropriate use of social media by a nursing student.

19. Please review the following examples of postings to social media. As a nursing student, what thoughts do you have regarding their professionalism?

        Example 1:

        Example 2:

        Example 3:

        Example 4:

        Example 5:

        Example 6:

With participant present, access social media account to determine if privacy settings are being used.

20. When accessing your social media account, are your privacy settings being utilized?

   Are privacy settings being used after reviewing the account? ____yes _____no

21. Is there anything else you would like to add on this topic before we conclude?

Conclusion:

- Thank the individual for participating in this interview.
- Assure participants that information obtained via the interview will be kept private and confidential.
- Let participants know that they may be contacted if additional information is needed.
- At some point, participants will be asked to review identified themes and provide feedback (member check).

Probes:

-Could you say more about that?

-What do you mean by that?

-Could you elaborate on that? … Can you give me more detail?
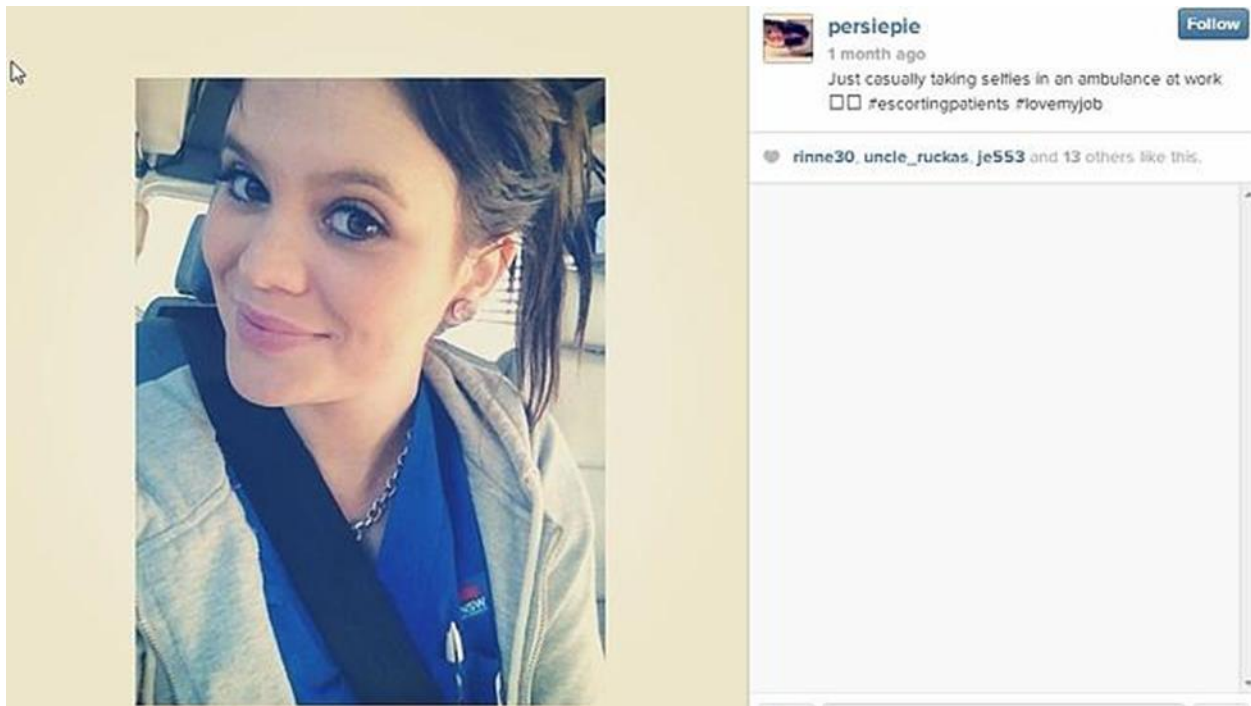
-Do you have any examples or an experience you can share?

-What were your feelings about that?

Appendix C

Example One

Example Two

Example Three

Man Vs 6 Train…The After. #lifesaving #EMS #NYC #ER #Nurses #Doctors #nymed #trauma #realLife

Example Four

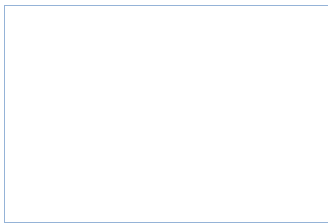Username: Status goes here   5 minutes ago

| Wall | Info | Photos | + |

Check out this link.. www.cnn.com

This is a great news story on CNN about one of our patients, talking about what it is like to battle leukemia. He has been our patient for many years. It is great to hear his positive statement about surviving long term with cancer. #soproud

Attach: Share

View photos of me (34)

Information

Relationship Status:

Example Five

Facebook

Username: Status goes here

5 minutes ago

Wall | Info | Photos | +

Great day today on clinical. Graduation in 3 months. Can't wait to be a real nurse. Love the profession that I have chosen. #lovenursing

Attach: Share

Example Six

Soooooo sleepy here in the ICU. Will someone please code and give me something exciting to do?

#isthatbad? — feeling bored at **UNM Sandoval Regional Medical Center**.

Appendix D

Pearson

Legal/Permissions
200 Old Tappan Road
Old Tappan, NJ 07675
Fax: 201-767-5956
Phone: 201-236-3263
maryann.vass@pearson.com
USAPermissions@pearson.com

January 29, 2016   PE Ref #194565

Julie Skrabal
College of Saint Mary
7000 Mercy Road
Omaha, NE 68106-2377

Fax #:

Dear Julie Skrabal:

You have our permission to include content from our text, ***EDUCATIONAL RESEARCH: PLANNING, CONDUCTING, AND EVALUATING QUANTITATIVE AND QUALITATIVE RESEARCH, 4th Ed. by CRESWELL, JOHN W.,*** in your dissertation titled "Factors That Influence E-Professionalism Among Nursing Students Using Social Media" at COLLEGE OF SAINT MARY.

Content to be included is:
PP. 428, 433 Figure 13.3 Grounded Theory Coding from Open Coding to the Axial Coding Paradigm, Figure 13.5 Zigzag Data Collection and Analysis to Achieve Saturation of Categories.

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Mary Ann Vass, Permissions Specialist

Appendix E

Recruitment email to Deans of Undergraduate Nursing

Date

Dear [Name of Dean of Undergraduate Nursing]:

I am writing this email to seek permission to conduct a research study at your institution. Currently, I am enrolled at College of Saint Mary pursuing my doctorate in education with an emphasis on health professions education. The title of my research study is "Factors that Influence E-Professionalism Among Nursing Students When using Social Media."

The use of social media is growing rapidly in today's society. Based on current literature, healthcare professions students continue to exhibit a lack of e-professionalism when using social media. As a result, they are suffering negative consequences. The current problem is that there is minimal research related to nursing students and their use of social media. Due to limited research, there is a need to explore the concept of e-professionalism related to nursing students as they utilize social media. Therefore, the purpose of this qualitative grounded study is to explore the process of how baccalaureate nursing students maintain e-professionalism when utilizing social media while attending nursing school.

If approval is granted, students from your pre-licensure baccalaureate nursing program will be asked to complete a face-to-face interview. The interview process should take no longer than 60 minutes to complete. Data collected during the interviews will remain confidential and anonymous. There will be no cost related to this study associated to either your institution and/or individual participants. Institutional Review Board (IRB) approval from College of Saint Mary and from your institution will be obtained prior to contacting students.

My goal is to complete interviews with 10 students from your institution. Besides being a pre-licensure baccalaureate nursing student, students must be taking a nursing course that contains both theoretical and clinical components. In addition, students need to be between the ages of 19-35 and have at least one social media account.

Your approval to conduct this study will be greatly appreciated. You can contact me either by phone (402-481-8850) or email (jskrabal26@csm.edu) if you have questions or concerns about this study. I look forward to hearing from you.

Sincerely,

Julie Skrabal, RN, EdD(c), Primary Investigator
College of Saint Mary
Jskrabal26@csm.edu
402-481-8850

Appendix F

Christi Glesmann <CGlesmann@CSM.edu>
Tue 1/5/2016 10:35 AM
To:
Julie Skrabal;
...
You replied on 1/5/2016 10:51 AM.
Julie,
This should be a very interesting study and one that I believe I can support thru our BSN program. We will need to make certain you survey our Level 2 and Level 3 students once you have IRB approval. Please keep me updated. Thank you.

Christi Glesmann, Ed.D, MSN, RN
Program Director, Undergraduate Nursing

COLLEGE OF SAINT MARY
7000 Mercy Road
Omaha, NE 68106
P: 402.399.2642
F: 402.399.2654

Theresa Delahoyde
Sun 1/3/2016 8:19 PM
To:
Julie Skrabal;
...
Julie,

I fully support you conducting your study with Bryan College of Health Sciences. Once you receive approval from College of Saint Mary and our IRB, please let me know so that you can proceed.

Best of luck with your data collection!
Theresa

Dr. Theresa M. Delahoyde, Ed.D., RN
Dean of Undergraduate Nursing
Bryan College of Health Sciences
Office: (402)-481-8843
Fax: (402) 481-8421

Appendix G

April 24, 2016

Dear Julie,

Congratulations! The Institutional Review Board at College of Saint Mary has granted approval of your study titled *Factors that Influence E-Professionalism Among Nursing Students When using Social Media.*

Your CSM research approval number is **CSM 1604**. It is important that you include this research number on all correspondence regarding your study. Approval for your study is effective through May 1, 2017. If your research extends beyond that date, please submit a "Change of Protocol/Extension" form which can be found in Appendix B at the end of the College of Saint Mary Application Guidelines posted on the IRB Community site.

Please submit a closing the study form (Appendix C of the IRB Guidebook) when you have completed your study.

Good luck with your research! If you have any questions or I can assist in any way, please feel free to contact me.

Sincerely,

Vicky Morgan

Dr. Vicky Morgan
Director of Teaching and Learning Center
Chair, Institutional Review Board   *   irb@csm.edu

Bryan COLLEGE OF HEALTH SCIENCES

April 27, 2016

Julie Skrabal, RN
Bryan College of Health Sciences
5035 Everett Street
Lincoln, NE 68506

Dear Ms. Skrabal,

As Chair of Bryan College of Health Sciences IRB I have reviewed your approval letter for your study (FACTORS THAT INFLUENCE E-PROFESSIONALISM AMONG NURSING STUDENTS WHEN USING SOCIAL MEDIA) from the College of Saint Mary's IRB. We would like to thank you for notifying Bryan College of Health Sciences IRB of your approval status from College of Saint Mary. We wish you the best of luck in your study!

Shannon Pecka, PhD, CRNA
IRB Chair
Bryan College of Health Sciences

Appendix H

Letter of Invitation

Date

IRB # CSM 1604

Dear Participant,

I would like to invite you to participate in a research study that will explore the process of how baccalaureate nursing students maintain e-professionalism when utilizing social media while attending nursing school. The use of social media continues to grow in today's society. Based on current literature, healthcare professions students continue to exhibit a lack of e-professionalism when using social media. As a result, they are suffering negative consequences. The current problem is that there is minimal research related to nursing students and their use of social media. Due to limited research, there is a need to explore the concept of e-professionalism related to nursing students as they utilize social media. The information gained from this study will assist current nursing students in using social media in a professional manner and to prevent any legal or ethical consequences.

To participate in this study, you must be enrolled in the pre-licensure baccalaureate nursing program and currently taking a nursing course that has both a theoretical and clinical component. You must be between the ages of 19-35 and have a Facebook, Twitter, and/or Instagram account.

In this study, you will be asked to participate in a face-to-face interview that will last no longer than 60 minutes. The interview will be held at your college and will be scheduled at a time that works for you. During the interview, you will be asked demographic information and questions about your current social media use. You will also be asked to provide thoughts and comments about simulated social media postings. In addition, your social media account will be accessed, during the interview, to determine if privacy settings are being used. Information from the interview will be held in strict confidence. Reasonable steps are in place to keep your identity and data collected during your interview private and confidential.

Your participation in this study is voluntary and you are free to decide to participate or withdraw at any time. Prior to starting the interview, you will be asked to sign an informed consent form and your rights as a research participant will be reviewed. The decision to participate or to decide to withdraw from this research study will not affect your course grade, relationship with the investigator, or relationship with your college and College of Saint Mary. There will be no cost incurred by you as a participant of this study. You will be given a $10 gift card to Target prior to starting your interview.

I appreciate your consideration to participate in this research study. Please contact me by phone (402-481-8850) or by email (jskrabal26@csm.edu) if you are interested in participating. I look forward in hearing from you.

Sincerely,

Julie Skrabal, RN, EdD(c)
College of Saint May
Primary Investigator
Jskrabal26@csm.edu
402-481-8850

Appendix I

COLLEGE OF SAINT MARY

ADULT CONSENT FORM

IRB#: CSM 1604   **Approval Date: 4/21/2016**   **Expiration Date: 5/01/2017**

Title of this Research Study. Factors that Influence E-Professionalism Among Nursing Students When using Social Media.

Invitation.

You are invited to take part in this research study. The information in this form is meant to help you decide whether or not to take part. If you have any questions, please ask.

Why are you being asked to be in this research study?

You are being asked to be in this study because you are a baccalaureate nursing student who has one or more social media accounts (Facebook, Instagram, and/or Twitter).

What is the reason for doing this research study?

The purpose of this grounded study is to explore the process baccalaureate nursing students take to maintain e-professionalism when utilizing social media while attending nursing school.

What will be done during this research study?
- The interview should last approximately 60 minutes.
- During the interview, you will be asked questions about your social media use. In addition, you will be asked to provide thoughts and feedback regarding simulated social media postings.
- Your social media account will be accessed during the interview to determine use of privacy settings.
- Following the interview, you will be asked to review the final report to provide feedback and to assure accuracy.

What are the possible risks of being in this research study?

The risks to participation in this research study may include loss of personal time while participating in the study in addition to loss of confidentiality. Other than these identified risks, there are no additional risks known to you.

Participant Initials _____

ADULT Consent Form - PAGE TWO

What are the possible benefits to you?

You are not expected to get any direct benefit from being in this research study.

What are the possible benefits to other people?

To gain a better understanding of how baccalaureate nursing student maintain e-professionalism when utilizing social media. With this understanding, steps can be taken to assure boundaries are maintained to avoid legal and ethical violations.

What are the alternatives to being in this research study?

Instead of being in this research study, you can choose not to participate.

What will being in this research study cost you?

There is no cost to you to be in this research study.

Will you be paid for being in this research study?

You will be given a ten dollar gift card from Target prior to starting the interview.

What should you do if you have a concern during this research study?

Your well-being is the major focus of every member of the research team. If you have a concern as a direct result of being in this study, you should immediately contact one of the people listed at the end of this consent form.

How will information about you be protected?

Reasonable steps will be taken to protect your privacy and the confidentiality of your study data. The only persons who will have access to your research records are the study personnel, the Institutional Review Board (IRB), and any other person or agency required by law. The information from this study may be published in scientific journals or presented at scientific meetings but your identity will be kept strictly confidential.

What are your rights as a research participant?

You have rights as a research participant. These rights have been explained in this consent form and in The Rights of Research Participants that you have been given. If you have any questions concerning your rights, talk to the investigator or call the Institutional Review Board (IRB), telephone (402)-399-2400.

Participant Initials _____

ADULT Consent Form - PAGE THREE

What will happen if you decide not to be in this research study or decide to stop participating once you start?

You can decide not to be in this research study, or you can stop being in this research study ("withdraw") at any time before, during, or after the research begins. Deciding not to be in this research study or deciding to withdraw will not affect your relationship with the investigator, or with the College of Saint Mary (also add any other sites to this statement, if needed).

You will not lose any benefits to which you are entitled.

If the research team gets any new information during this research study that may affect whether you would want to continue being in the study, you will be informed promptly.

Documentation of informed consent.

You are freely making a decision whether to be in this research study. Signing this form means that (1) you have read and understood this consent form, (2) you have had the consent form explained to you, (3) you have had your questions answered and (4) you have decided to be in the research study.

If you have any questions during the study, you should talk to one of the investigators listed below. You will be given a copy of this consent form to keep.

If you are 19 years of age or older and agree with the above, please sign below.

Signature of Participant: Date: Time:

My signature certifies that all the elements of informed consent described on this consent form have been explained fully to the participant. In my judgment, the participant possesses the legal capacity to give informed consent to participate in this research and is voluntarily and knowingly giving informed consent to participate.

Signature of Investigator: Date:

Authorized Study Personnel.

Principal Investigator: Julie Skrabal, Ed.D.(c), RN   Phone: 402-481-8850

Secondary Investigator: Lois Linden, Ed.D., RN   Phone: 402-399-2612

Participant Initials _____

Appendix J

February 23, 2017

Julie Skrabal requested an Audit Trail be conducted for her qualitative dissertation, "Determining Factors That Influence E-Professionalism Among Nursing Students When Utilizing Social Media". The Audit Trail was conducted on February 20, 2017.

In my opinion, the study followed the established processes for qualitative studies, remaining consistent with the intended purpose statement, research questions and planned procedures approved by the Institutional Review Board. NVivo 11 and manual coding were used to assist in organization of themes that emerged from the qualitative data analysis. The themes identified flowed directly from the documents that were in interview format. The procedures utilized were clear, transparent, and well documented.

In summary, I attest that the criteria for trustworthiness, credibility, and dependability of the findings met the standards for data quality management. I served as auditor as part of my role as Doctoral Committee Chair.
Sincerely,

Lois Linden

Lois Linden, EdD, RN
Associate Professor
College of Saint Mary
7000 Mercy Road
Omaha, NE 68106

Appendix K

COLLEGE OF SAINT MARY

THE RIGHTS OF RESEARCH PARTICIPANTS*

AS A RESEARCH PARTICIPANT AT COLLEGE OF SAINT MARY YOU HAVE THE RIGHT:

1. TO BE TOLD EVERYTHING YOU NEED TO KNOW ABOUT THE RESEARCH BEFORE YOU ARE ASKED TO DECIDE WHETHER OR NOT TO TAKE PART IN THE RESEARCH STUDY. The research will be explained to you in a way that assures you understand enough to decide whether or not to take part.

2. TO FREELY DECIDE WHETHER OR NOT TO TAKE PART IN THE RESEARCH.

3. TO DECIDE NOT TO BE IN THE RESEARCH, OR TO STOP PARTICIPATING IN THE RESEARCH AT ANY TIME. This will not affect your relationship with the investigator or College of Saint Mary.

4. TO ASK QUESTIONS ABOUT THE RESEARCH AT ANY TIME. The investigator will answer your questions honestly and completely.

5. TO KNOW THAT YOUR SAFETY AND WELFARE WILL ALWAYS COME FIRST. The investigator will display the highest possible degree of skill and care throughout this research. Any risks or discomforts will be minimized as much as possible.

6. TO PRIVACY AND CONFIDENTIALITY. The investigator will treat information about you carefully and will respect your privacy.

7. TO KEEP ALL THE LEGAL RIGHTS THAT YOU HAVE NOW. You are not giving up any of your legal rights by taking part in this research study.

8. TO BE TREATED WITH DIGNITY AND RESPECT AT ALL TIMES.

THE INSTITUTIONAL REVIEW BOARD IS RESPONSIBLE FOR ASSURING THAT YOUR RIGHTS AND WELFARE ARE PROTECTED. IF YOU HAVE ANY QUESTIONS ABOUT YOUR RIGHTS, CONTACT THE INSTITUTIONAL REVIEW BOARD CHAIR AT **(402) 399-2400.** *ADAPTED FROM THE UNIVERSITY OF NEBRASKA MEDICAL CENTER, IRB WITH PERMISSION.