GUIDELINES FOR THE RESPONSIBLE USE OF SOCIAL MEDIA BY NURSING STUDENTS

T. NYANGENI

2015

GUIDELINES FOR THE RESPONSIBLE USE OF SOCIAL MEDIA BY NURSING STUDENTS

THANDOLWAKHE NYANGENI

Submitted in fulfilment of the requirements for the degree of

MASTER OF NURSING

in the

FACULTY OF HEALTH SCIENCES

at the

NELSON MANDELA METROPOLITAN UNIVERSITY

Supervisor: Prof R M van Rooyen

Co-Supervisor: Dr S M du Rand

April 2015

DECLARATION

DEPARTMENT OF ACADEMIC ADMINISTRATION
EXAMINATION SECTION
SUMMERSTRAND NORTH CAMPUS
PO Box 77000
Nelson Mandela Metropolitan University
Port Elizabeth
6013
Enquiries: Postgraduate Examination Officer

Nelson Mandela Metropolitan University

for tomorrow

DECLARATION BY CANDIDATE
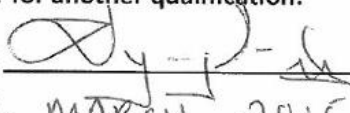
NAME: THANDOLWAKHE NYANGENI

STUDENT NUMBER: 211211125 _____

QUALIFICATION: MASTER OF NURSING (RESEARCH_____

TITLE OF PROJECT: GUIDELINES FOR THE RESPONSIBLE USE OF SOCIAL MEDIA BY NURSING STUDENTS_____

_____

_____

_____

DECLARATION:

In accordance with Rule G4.6.3, I hereby declare that the above-mentioned treatise/ dissertation/ thesis is my own work and that it has not previously been submitted for assessment to another University or for another qualification.

SIGNATURE: _____

DATE: 16 MARCH 2015 _____

i

ACKNOWLEDGEMENTS

LIST OF ABBREVIATIONS

BON   American Board of Nursing

HEI   Higher Education Institution

NCSN National Council of State Boards of Nursing

NEI   Nursing Education Institution

RCNA Royal Council of Nursing Australia

REC-H Human Research Ethics Committee

SANC South African Nursing Council

USA   United States of America

ABSTRACT

Social media use is becoming a popular activity among students at Nursing Education Institutions in South Africa, with Facebook, WhatsApp, YouTube, Twitter, LinkedIn, Instagram, Blackberry Messaging, Mxit and Google Plus being some of the social networking sites adopted for various reasons by nursing students. However, lack of accountability and unethical use of social media by nursing students in South Africa has been reported. Owing to the lack of accountability and unethical misconduct associated with the use of social media, guidelines for responsible usage are needed.

A qualitative, descriptive, explorative and contextual research study was conducted to explore and describe the perceptions of nursing students regarding the responsible use of social media. Nursing students registered for the undergraduate nursing degree at a Nursing Education Institution in the Eastern Cape, South Africa were interviewed using a semi-structured individual interview method in order to elicit rich descriptions of their perceptions regarding the use of social media.

The goal of the study was to develop guidelines for the responsible use of social media by nursing students. In phase one, the researcher explores and describes the perceptions of nursing students regarding the use of social media. In phase two, guidelines for the responsible use of social media by nursing students were developed, using the findings of the study.

Tesch's method of thematic synthesis was utilised to analyse the data. To ensure rigour and trustworthiness in the study, the researcher used Guba and Lincoln's criteria, namely: credibility, dependability, confirmability, and transferability. To protect the rights and dignity of the participants and to safeguard the integrity of this study, the researcher complied with the following ethical principles: beneficence and non-maleficence, autonomy, justice, privacy, and confidentiality.

Twelve in-depth, semi-structured interviews provided saturated data, which was then transcribed and coded to yield the major and sub-themes that were identified in this study. The information shared by the participants provided the basis for the development of guidelines for the responsible use of social media by nursing students, which are intended to provide guidance for legally and ethically acceptable social networking.

Three themes that emerged from the data were: Nursing student's lives are centred around social media, Nursing students experience blurred personal and professional boundaries and lack of accountability, and Students expressed a need for the guidelines for the responsible use of social media. Six principle guidelines focusing on accountable and ethically acceptable use of social media were developed. The study concludes with the recommendations regarding nursing practice, nursing education and nursing research.

The limitations of the study were that data was collected from students in the undergraduate nursing degree programme and therefore the experiences of the nursing students in the postgraduate degree and diploma programmes regarding the use of social media are not known. The researcher depended solely on the story as told by the participants and did not get the opportunity to observe their social networking conduct, so the researcher made inferences based on the information that was supplied by students. The paucity of research in this topic made it a challenge for the researcher to find context-specific research articles for South Africa.

Recommendations from this study could be used to influence further research aimed at establishing the effectiveness of the guidelines. The findings of this research study could also be used to influence policy making at national and provincial levels of government regarding the use of social media at healthcare facilities.

Key words

Facebook

Internet

Social Networking Sites

Blogs

Ethics

TABLE OF CONTENTS

CHAPTER 1

OVERVIEW OF THE STUDY

CHAPTER 2

RESEARCH DESIGN AND METHODS

CHAPTER 3

DISCUSSION OF FINDINGS AND LITERATURE CONTROL

CHAPTER 4

GUIDELINES, RECOMMENDATIONS, LIMITATIONS AND CONCLUSION

LIST OF TABLES

CHAPTER 1

OVERVIEW OF THE STUDY

1.1 INTRODUCTION

The founding of the Internet added value to communication systems worldwide. Entrepreneurs became aware of the need for group social communication through a bounded system in which people can share knowledge, ideas and experiences. Further experimentation resulted in the discovery and subsequent launching of social media as one of the tools in contemporary communication. The phrase 'social media' refers to a set of online tools that are designed for and centred around social interaction. According to Bertot, Jaeger and Hansen (2012:30) the intention of these online tools is to enable users to communicate, edit, interact, and share content. The content of social media is therefore user-generated, and allows large groups of geographically dispersed people to produce valuable information resources and to access rare expertise (Bertot *et al.,* 2012:30). Online communication tools include a mixture of Web-based technologies and services like blogs, microblogs (e.g. Twitter), social video sharing services (e.g. YouTube), text messaging (e.g. WhatsApp, Mxit, Blackberry messaging), discussion forums, collaborative editing tools (e.g. Wikis), virtual worlds (e.g. Second Life) and social networking services (e.g. Facebook, MySpace). Information and communication technology, especially via the Internet, continues to play a significant role in shaping current and future social, economic and personal structures (Akoh, 2012:3).

Social media has grown rapidly and has become a social communication tool of choice, especially for young professionals and students, because it is cost-effective and convenient to use (Cain and Fink, 2010:1). The convenience of social media allows users to communicate with other people without any limitations of time, place and distance (Schmitt and Lilly, 2012:181). The growth of social media as an emerging Internet technology can also add value and benefit to existing methods of distance education (Akoh, 2012:6). For students in tertiary education institutions, the convenience of social networking in terms of time and place is an advantage because the student does not have to be in class, but can interact with the class colleagues and lecturers from home or at work. Social media can facilitate online learning,

allowing flexibility that accommodates adult learning through convenience of time and place (Akoh, 2012: 9). Social media tools are viewed as enabling technologies that support blended learning solutions, and can encourage active learning and knowledge construction through peer-to-peer interaction (Holden and Westfall, 2010:14). Another purpose that social media can serve is enhancing clinical expertise in healthcare. Expert guidance for learners and facilitators can be sought from specialists throughout the world; this is particularly beneficial for nurses who work in under-resourced areas, because they can send messages or even pictures to people in resourced areas in order to get the best advice to deliver better patient care (Martinez-Garcia, Moreno-Conde, Jodar-Sanchez, Leal and Parra, 2013:978).

While social media offer benefits for students and professionals, there are legal and ethical risks associated with their use. The improper and irresponsible use of social media carries significant risks for users, employers and organisations like tertiary education institutions and healthcare facilities (National Council of State Boards of Nursing, 2013: 14). Privacy and online security risks pose new challenges which institutions, academic bodies and teachers should consider when they develop policies (Akoh, 2012:18). Of late, there have been instances of inappropriate use of social media in nursing and higher education institutions, resulting in litigation in America (Chandra and Chatterjee, 2011, 453).

Despite the risks associated with irresponsible use, banning social media in nursing schools and clinical practice cannot be advocated, but guidelines must be developed and implemented to safeguard the interests of the users and those of other parties such as healthcare consumers, healthcare organisations, and Nursing Education Institutions. Those who use social media are obliged to do so within the context of the law, and in an ethically sound and acceptable way. The goal of this research project is therefore to develop guidelines for responsible use of social media by nursing students.

1.2   RATIONALE FOR THE STUDY

Social networks, which provide platforms for online users to connect, share, and build relationships with others online, have changed the lives of individuals, communities and societies all over the world. Social media are important contemporary

communication tools with large subscription figures which include the students studying at Nursing Education Institutions (NEIs.) Professionals are also using social media as a business tool to sell goods and services, communicate with service consumers, and to update their skills (Cain and Fink, 2010:1). Because of the popularity of social media, the social communication system is changing from the traditional face-to-face or telephone model to the Web-based social media applications, and with that there has been a noted disruption of social moral fabric (Cain and Fink, 2010:1).

According to a survey conducted in 2011 in America, social networking sites have reached 82 per cent of the world's online population, representing about 1.2 billion users around the world (Friedman, 2011:1). Data from the same survey shows that nearly 1 in every 5 minutes spent online is now spent on social networking sites (Friedman, 2011:1). Social media usage is growing rapidly in every country throughout the world, which shows that social media have universal appeal among different population groups (Kind, Genrich, Sodhi and Chretien, 2010:1).

The United States of America has the largest social media subscription rate (98 percent) of the population, followed by China (53 percent) (Friedman, 2011:1). The total time spent on social networking, according to Friedman (2011:1) grew by 35 per cent in 2010, and accounts for about 19 per cent of all the time spent online. According to a study conducted in South Africa in 2012 by World Wide Worx and Fuseware, there are 5.33 million South Africans using Facebook, 6.8 per cent of whom access Facebook using cellular phones (www.worldwideworx.com).

 There are many benefits in using social media, which include enhanced communication, social cohesion, and technical skills for children and adolescents (O'Keeffe and Clarke-Pearson, 2011:800). For example, social media have been found to enhance learning opportunities for high school children, especially for completing school projects and eliciting information from other sources. In addition, social media are an effective tool for accessing and sharing health information, as well as for marketing professional skills, goods and services (Newbold and Campos, 2011:6).

Social media can benefit healthcare in a variety of ways, including fostering professional connections, promoting timely communication with patients and family members, and educating and informing consumers and healthcare professionals (Cronquist and Spector, 2011:38). Some healthcare organisations use social media to market their services to the public, and to keep the hospital staff and customers engaged (Klich-Heartt and Prion, 2010:57). Social media are another avenue for the public to access a variety of health information resources anonymously, and patients with similar health problems can use social media to form support groups (O'Keeffe and Clarke-Pearson, 2013:801). Healthcare professionals are using social media to share workplace experiences, to reflect, or to seek support from friends and colleagues about challenging events (Cronquist and Spector, 2011:38).

Other benefits of social media are helping to establish an identity for oneself, providing the opportunity for engagement with others, and finding potential employment (Baker, 2013:503). Nurses can use social media to upload résumés to potential employers' sites, and employers often use sites like LinkedIn and Facebook to advertise vacant posts (Klich-Heartt and Prion, 2010:57).

While the use of social media and social networking has benefits as listed above, there are problems associated with irresponsible use of the tool. These problems include posting of inappropriate content, lack of understanding of online privacy, communication of false, embarrassing or hostile information, and sending sexually explicit messages and photographs (O'Keeffe and Clarke-Pearson, 2013:802). Because social media use the Internet, they carry the same risks that are inherent in Internet use, for an example, cyber-crime which includes 'phishing' (attempting to acquire sensitive information by assuming the guise of a trustworthy source) and 'spoofing' (creating a fake website which looks like a legitimate website using components or whole pages of the original), 'hacking' (defeating the security capabilities of computer systems in order to gain illegal access to the information stored in the system, cyberbullying, pornography, cyberstalking, and identity theft (Mbatha, 2012:182). Internet addiction disorder is another phenomenon with which social media can be associated (Mbatha, 2012: 193).

Healthcare workers must consider legal and ethical issues when using social media. The public has consistently voiced concern about improper social networking

behaviour involving health practitioners and patients (Greysen, Kind and Chretien, 2010:1227). These concerns are evidenced by frequent reports of unprofessional postings in social networking sites, and include reports of violation of patient privacy and confidentiality (Greysen *et al.,* 2010:1228). Two of the main problems are a lack of distinction between social and professional boundaries, and non-establishment of clear limits between what is ethically/legally correct and what is not (Baker, 2013:504).

Security, control, and trust, are significant issues in social media use. Divulging confidential information to the wrong people is professional misconduct. The inappropriate use of social media tools may put an organisation at legal risk, and the use of social media tools may not fit an organisational culture because of the perceived time wasted by employees (Nesbit, 2011:68).

Social media content which is posted can spread rapidly beyond the intended audience even if access settings are changed from public to private – this is called digital footprint (Greysen *et al.*, 2010:1228). Another problem is the nature of social networking which is designed around the sharing of content amongst all the people with whom the person has contact. Every one of those people listed as contacts has indiscriminate access to the information posted online. In many cases the indiscriminate access can trigger excitement and more interest if the subject matter is perceived to be funny (e.g. pictures of a naked patient) resulting in an unprecedented amount of information being posted online.

People sometimes turn to social media to express their anger and dissatisfaction (Crawford, 2009:528). There have been reports of students using social media to post degrading comments and pictures about the nursing education institutions and staff, and evoking violence towards their colleagues in what is referred to as "cyber bullying/violence" (O'Keeffe and Clark-Pearson, 2011:801). Literature also warns about several ethical risks, including media and cyber ethical misconduct (Pritchard, Benecke and van Vuuren, 2012: 3).

The right of people to privacy and confidentiality should always be respected, even when using social media. Social media have allowed people to express their freedom of speech by communicating their views using a variety of ways, including pictures and graphics which are sometimes contradictory to nursing norms and values (Cain

and Fink, 2010:2). The freedom of speech and expression to which all South African citizens are entitled should, of course, not be exercised to the detriment of the rights of the patient to privacy and confidentiality (Constitution, South Africa: 1996). The excitement that came with the digital explosion can easily translate into massive lawsuits for nurse practitioners and employers because nurses and nursing students sometimes find it irresistible to discuss patients' conditions on social networks, committing unauthorised disclosure of patient privacy in the process (Cronquist and Spector, 2011: 38).

The American State Board of Nursing (BON) and the National Council of State Boards of Nursing (NCSBN) have used their mandate of ensuring public safety through the regulation of public practice in America. They impose disciplinary action for substance abuse, and criminal or civil violations as part of their core business, and are also increasing disciplinary action for the improper use of social media (Hillman and Watson, 2012: 48). These two bodies (BON and NCSBN) have gone so far as to conduct surveys to determine the extent of social media-related violations, especially regarding patient privacy and confidentiality. Their involvement boosts the efforts of American nursing schools and healthcare organisations to regulate social media usage in America (Cronquist and Spector, 2011:37).

In South Africa, the National Health Act, 2003 (61 of 2003: Section 14) gives guidelines for the protection of confidentiality and conditions for disclosure of patient information, and these guidelines must be adhered to consistently. The failure to distinguish personal from professional roles, and private from public capacity, is one of the areas of social media use that is being investigated.

As pointed out above, social media are not always used for the positive benefits they offer. Ethical problems relating to social media use by nurses and nursing students involve blurring of social conduct and professional misconduct. There are reports of development of inappropriate relationships in which nurses and patients solicit sexual relationships using social media (Ventola, 2014:497). A professional relationship should exist between nurses and patients, and there must be maintenance of clear professional boundaries to protect patients from exploitation, but this imbalance is often overlooked when an intimate relationship occurs between the nurse and the patient (Baker, 2013:501).

In 2009, Chretien *et al.* (quoted in von Muhlen and Ohno-Machado, 2013:779) polled United States medical school administrators and found that 60 per cent reported incidents in which students exhibited unprofessional conduct, and 13 per cent reported violations of patient confidentiality. The New Zealand Nurses' Organisation (2012:13) states that nurses and nursing students are increasingly using social media, and so are legal cases and media reports about inappropriate behaviour. There is therefore a need for development of guidelines regarding the correct use of social media that applies in the clinical and the classroom environments (Skiba, 2011:126).

The use of social media should be a concern for healthcare organisations and NEIs because of the increase in cases of violations of patient privacy and confidentiality through uncontrolled use of social media in the work and classroom environment. As a result of the improper social media use by their students, an NEI could face risks like safety and security of information, job losses, and strained relationships between students and nurse educators. Nurses are expected to uphold professional values, act responsibly, and remain accountable, around the clock, therefore choosing to be a nurse brings a responsibility to maintain professional boundaries both in one's personal and professional roles (Schmitt and Lilly, 2012:184). The same values must be cascaded and enforced to student nurses to cultivate a culture of compliance, responsibility, and professionalism as early as their first year of study at an NEI.

In some cases, student nurses do realise the legal and ethical implications of improper use of social media, and may omit the name of a patient, but this is not sufficient to protect the patient's privacy and confidentiality (Hillman and Watson, 2012:48). Any information referring to a diagnosis, patient number, photographs or personal belongings can easily identify a patient, and must be viewed as a breach of privacy and confidentiality. The information learned during the course of healthcare provision may therefore not be shared with anyone other than the healthcare service providers who need to use it for continuity of care.

The ethical dilemma is a question of when a nurse has the right to let go, and not maintain the professional role in a social networking environment (Baker, 2013: 503). A study by Greysen *et al.* (2010:1228) shows that social media have the power to promote medical professionalism by providing information that counterbalances less trustworthy media postings.

Although there are risks associated with improper and irresponsible use of social media that can pose a danger to the nursing profession, these risks can be managed and the tools be properly used. On the other hand, improper use of the social media may violate state laws, and a responsible nursing education institution would have to face civil and criminal penalties alongside the students. If these risks are managed well, social media can be a positive force for patient advocacy and education, as well as a resource for evidence-based practice and research (Greysen *et al.,* 2010:1228).

The nursing organisation Sigma Theta Tau, recently published a book on the effective use of social media, and dedicated Chapter 3 to advice about responsible use of social media and how to avoid potential legal and ethical transgressions (Fraser, 2011: 50). To prevent additional breaches, the NCSBN has published a White Paper with guidelines for the use of social media, and a brochure and a video are also available at their website. The American Nursing Association and the NCSBN have mutually endorsed each other's organisation's guidelines for the use of social networking (Hillman and Watson 2012:48). This joint collaboration further emphasises the ethical responsibility of nurses to safeguard their patients' private and confidential healthcare information.

According to Greysen *et al.* (2010:1228), social media technology cannot be blamed for a lack of online professionalism, but all learning institutions must take proactive steps to develop social media guidelines. The NEIs therefore have a moral obligation to protect the public, while allowing freedom of expression among the lecturers and students. There is a growing wish in Nursing Education Institutions to control social media misconduct in other parts of the world, especially in America (Greysen *et al.*, 2010:1228; Kind *et al.*, 20120:7; Hillman and Watson, 2012:48).

The South African Nursing Council (SANC) has not yet put responsible social media usage by nurses on its agenda. In South Africa the SANC has a mandate to protect the public and ensure that nurses and nursing students adhere to the code of ethics during patient interactions. The SANC has a responsibility to advance their mandate of protecting the public by including social media use guidelines in their code of conduct. However, there seems to be no information about responsible use of social media on the SANC website. This leaves the responsibility to the NEIs for developing guidelines for correct use of the social media.

This study will help to extend the control mechanisms for social media usage by nursing students to the clinical environment, through the development of guidelines that apply in both the classroom and the clinical environment.

There is a paucity of research regarding responsible use of the social media by nursing students in South Africa. Authors mainly emphasise the benefits of social media use and social networking by nurses, but they also call for caution regarding privacy for the patient population (Klich-Heart and Prion 2010: 56). This view is supported by von Muhlen and Ohno-Machado (2013:779) who state that there are concerns regarding social media usage by both nurses and nursing students. These concerns include breaching of patient confidentiality, the use of negative language describing a patient, and publicising unprofessional content. According to Hillman and Watson (2012:48), social networking sites, blogs, emails, and online chat rooms, forums, and video sites, are avenues through which nurses frequently communicate information about their patients, thus potentially jeopardising privacy and confidentiality, which then may provoke disciplinary action.

1.3   PROBLEM STATEMENT

As a lecturer at a South African NEI, it was the researcher's impression that there might be a need to develop guidelines for the responsible use of social media as he had witnessed and has been informed by his colleagues in this and other NEIs that misconduct might be taking place regarding social media usage.

The researcher became aware of the indiscriminate use of social media by nursing students when patient-related information (text and pictures) was sent to him, friends, colleagues and other nurse educators. On investigation, the researcher also became aware of pictures of patients, babies and other patient-related information being circulated between students and nurse educators by students in health facilities.

It is also the impression of the researcher that NEIs in South Africa have not appropriately acknowledged the need or expressed the urgency for developing control instruments for social media usage. NEIs housed within universities in South Africa seem to depend mainly on the general code of conduct and policies of the universities to control online behaviour. As discussed earlier, there is a need for NEIs to develop their unique social media guidelines to enforce acceptable and accountable online

behaviour by nurse educators and students in the school environment and in clinical practice.

Registered nurses and nurse educators are expected to know the rules, recognise the boundaries or limits of the rules, and maintain the patient relationships within those limits by acting as role models for student nurses and by enforcing appropriate social networking behaviours. Nurse educators are after all the gatekeepers to the nursing profession, and must protect the patients and the image of the profession by providing ethical guidance to their students.

The practice of divulging patient information is unethical and illegal because the students did not follow the correct procedures when they took and disseminated photos of patients. When patients become aware that their details are being disseminated without their consent, they might lose trust in the healthcare system and might not seek medical treatment on time when they are sick. The privacy and confidentiality of the patients were thus not upheld. It is crucial for the educators as bastions of professionalism, to guide the nursing students while protecting the dignity of the patient population.

The improper use of social media and the lack of effective guidelines for responsible use of social media by nursing students prompted the researcher to explore this problem further. The focus of the research study was therefore on responsible use of social media by nursing students studying in NEIs, and the goal was to develop guidelines for responsible use of social media by nursing students both on campus and in clinical practice.

1.4   RESEARCH QUESTION

Having identified the problem, the researcher aimed to answer the following research questions:

1. What are the perceptions of the nursing students regarding the use of social media?

2. What should be included in the guidelines for the responsible use of social media by nursing students?

1.5   GOAL OF THE STUDY

The goal of the study was:

To develop guidelines for the responsible use of social media by nursing students both in the academic and in clinical practice environment.

1.6   OBJECTIVES OF THE STUDY

The objectives of the study were:

- To explore and describe the perceptions of nursing students regarding the use of social media at a Nursing Education Institution and in related clinical practice areas.

- To develop guidelines for the responsible use of social media by nursing students.

1.7   RESEARCH PARADIGM

A research paradigm is a basic set of beliefs that guide action (Creswell, 2013:18). Social constructivism will be employed as a point of departure for this study. This approach is informed by Vygotsky's theory of social development. In terms of this theory, learning cannot be separated from the social context, because all learning is a product of social interactions (Ozer, 2004:3). The theory emphasises building of social skills like honesty, integrity, respect, acceptance and personal responsibility, in order to cultivate a positive sense of community (Drew, 2012:1). Constructivism also emphasises role modelling and encouragement by influential individuals to teach the desired norms and values to students, which is consistent with what the researcher intended to achieve with this study. Because learning is a product of learning creation, the researcher aimed to develop the guidelines for the responsible use of social media by nursing students. The guidelines for the responsible use of social media are intended to create knowledge so that the nursing students can use the guidelines to learn responsible social media use and integrate it into practice. The researcher intends to develop guidelines for responsible use of social media by nursing students in order to help students understand the importance of upholding the patient's rights to privacy and confidentiality. Vygotsky's concept of the zone of proximal development

examines human development in relation to individuals' interactions with others around them (McNamee, 2003: 287). The concept of the zone of proximal development explains how thinking that is initially carried out among people becomes reorganised, with individuals gradually taking over more control and direction of their own thinking and relations. In developing the guidelines for the responsible use of social media by nursing students, the researcher wanted the nursing students to reorganise their social networking behaviour and use social media without infringing on the rights of patients to privacy and confidentiality. The guidelines for responsible use of social media were meant to be used by nursing students as a reminder for what is legally and ethically acceptable social networking for them. The theory further emphasises the interdependence of people and the use of written language to mediate activities of daily life (McNamee, 2003: 288). To achieve the interdependence, the researcher made the guidelines available to the nursing students as a frame of reference for them to achieve ethically and legally desirable social networking practices. According to McNamee (2003:288) in order to grow and develop, people need to think differently from what they do presently. One of the conditions for change of the zone of proximal development is the capacity to make use of the help of others. The guidelines for responsible use of social media and the positive influence of NEI members were harnessed to develop the social skills needed for the students to adopt desired social networking behaviour. The guidelines provide the platform for the nursing students to take control and direction for responsible social networking. The students who have access to the guidelines can influence their peers to use the guidelines when using social media.

1.8 CONCEPT CLARIFICATION

Botma, Greeff, Mulaudzi and Wright (2010: 272) state that concepts must be defined and supported by sources in order to help readers interpret and understand what they mean in the context of a specific research study. Garbers (1996:290) states that the multiplicity of interpretations of concepts in the human sciences necessitates that the main concepts be clarified and operationalised in research. Thus theoretical definitions and explanations are given for the following concepts:

1.8.1 Guidelines

Guidelines are sets of non-mandatory rules, principles or recommendations for procedures or practices in a particular field. Guidelines only become mandatory if authorities turn them into legislation, professional bodies incorporate them into codes of conduct for their members, or funding bodies insisting on compliance with them (National Health and Medical Research Council, 2011:1). In the context of the present study, a guideline will mean a rule or principle that provides guidance for appropriate social media behaviour for nursing students in classroom environments and in clinical practice.

1.8.2 Responsible use

'Responsible use' means having an obligation to do something as part of a job or role based on good judgement and accountable thinking. This includes the application of the ethical principles of beneficence and non-maleficence, justice, autonomy, veracity, fidelity, privacy, and confidentiality (Greysen *et al.*, 2010:1229). In the present study, responsible use means voluntary compliance with legal and ethical standards when using social media on campus and in clinical practice.

1.8.3 Social Media

Aronski (2011:1) defines social media as "the vehicle used to share information with social networks" and includes all social networking sites like Facebook, Twitter, and LinkedIn. Websites and applications dedicated to forums, micro blogging, social networking, social bookmarking, social curation, and wikis are among the different types of social media (Wigmore and Rouse, 2012:1). Social media as internet-based applications build on the technological foundations of Web 2.0 that allow the creation and exchange of User Generated Content (Kaplan and Haenlin, 2010:61). In the present study, 'social media' means any online or Web 2.0 application used to create, send and receive user-generated content by the students.

1.8.4 Nursing students

Nursing students are persons undergoing education or training in nursing, who are registered as such in terms of Section 32 of the Nursing Act, 2005 (33 of 2005). In this study, only undergraduate nursing students were asked to participate in the study.

1.8.5 Social networking

'Social networking' is the use of applications that enable users to connect by creating personal information profiles, and inviting friends and colleagues to have access to those profiles including any information like photos, videos, audio files and blogs (Kaplan and Haenlien, 2010:64). In this study, social networking will include the use of all Web 2.0 applications like Facebook, Twitter, LinkedIn, MySpace, Wikis, WhatsApp, Mxit, Blackberry messaging, and other related applications.

1.8.6 Nursing Education Institution (NEI)

An NEI is any Nursing Education Institution accredited in terms of section 42 of the Nursing Act, 2005 (33 of 2005: section 42). In this study, NEI provide nursing education on a part-time, full-time or distance-learning basis.

1.9 CHAPTERS IN THE STUDY

Chapter 1: Overview of the study

Chapter 2: Research design and methods

Chapter 3: Discussion of findings and literature control

Chapter 4: Guidelines, recommendations, limitations and conclusion

1.10 RESEARCH DESIGN AND METHODS

According to Wagner, Kaluwich and Garner (2012:21), a research design is a blueprint that guides how research will be conducted, including the methodology that will be employed, methods of data collection, and techniques for analysing data. Research methods are the techniques researchers use to structure a study, and to gather and analyse information relevant to the research question (Polit and Beck, 2012:12). The

research approach that was used in this study was qualitative, explorative, descriptive and contextual, to achieve the research objectives as explained in detail in Chapter 2.

1.11   SUMMARY OF THE CHAPTER

The above discussion was a brief overview of the topic being researched. The problem statement, goals and objectives were outlined within the context of the topic. The research methodology will be discussed in detail in Chapter 2.

CHAPTER 2

RESEARCH DESIGN AND METHODS

2.1   INTRODUCTION

In Chapter one, an introduction to the study was done, the research problem was identified and the goal and objectives of the study were stated. In this Chapter, an in-depth description of the research design and methods will be done.

2.2   RESEARCH DESIGN

As stated in Chapter 1, a research design is a blueprint that guides how research will be conducted, including the methodology that will be employed, methods of data collection, and techniques for analysing data (Wagner, Kaluwich and Garner, 2012:21). Research methods are the techniques researchers use to structure a study and to gather and analyse information relevant to the research question (Polit and Beck, 2012:12).

A qualitative, explorative, descriptive and contextual design was used to achieve the objectives of the research study.

2.2.1   Qualitative research

According to Creswell (2013:46), the characteristics of qualitative research are that it is conducted in a natural setting, relies on the researcher as the key instrument in data collection, is reflective and interpretative, presents a holistic complex picture, and is situated within the context of the participants. Qualitative research produces data in the form of words related to a specific phenomenon, including feelings, behaviours, thoughts, insights, and actions rather than in the form of numbers (Botma, Greeff, Mulaudzi and Wright, 2010:182). According to Creswell (2013:44) qualitative research uses an emerging qualitative approach to enquiry, the collection of data occurs in the natural setting of the participants, and data analysis is non-statistical. Qualitative research is conducted to explore an issue or a problem, or to identify variables that cannot be easily measured (Creswell, 2013:48). A qualitative enquiry is conducted to empower participants to share their stories and to minimise power relationships that often exist between the researcher and the participants in a study (Creswell, 2013:48).

In qualitative research, rigorous data collection procedures are employed, allowing the researcher to collect multiple forms of data, adequately analyse them, and spend adequate time in the field (Creswell, 2013:53). Qualitative research provides an in-depth examination of the qualities, characteristics or qualities of a phenomenon to better understand or explain it (Botma *et al.*, 2010: 182).

The researcher used few participants but collected deep data using in-depth individual interviews in this research study. Qualitative researchers often enquire about emotion-laden, close to people and practical questions (Creswell, 2013:51). The researcher collects data by asking open-ended questions, organises and stores the data and analyses it using codes or themes to make sense of the data (Creswell, 2013: 52).

Qualitative research was relevant to this study because the researcher wanted to understand and describe the participants' perceptions of social media in their natural environment. The qualitative research design enabled the researcher to collect data in the participants' setting, using individual in-depth interviews which were non-statistical in nature. Collecting data in the participant's natural setting and being the main instrument in data collection allowed the researcher to eliminate the power relationships between him and the participants, and to make the participants feel at ease. The qualitative research design also allowed the researcher to describe the perceptions of the participants and to get a complex picture about their use of social media.

The researcher asked the participants open-ended questions to get a deep understanding of their perceptions about the use of social media. The researcher was able to correlate what the participants were saying and the behaviour they demonstrated to draw conclusions about their social networking behaviours. The topic being studied was emotion-laden and close to people because responsible use of social media has legal and ethical implications.

2.2.2 Explorative research

An explorative study is undertaken to gain an initial understanding of a phenomenon that is relatively unknown (Rubin and Babbie, 2005:54). The researcher aims to become conversant with basic facts and to create a general picture of conditions (Fouche and de Vos, 2012:96) in de Vos (2012).

In this study, the researcher did not know the perceptions of the nursing students regarding responsible use of social media. The researcher, therefore wanted to gain an understanding of the perceptions of student nurses regarding the responsible use of social media and wanted to explore these perceptions using in-depth individual interviews, because little information was available on the topic (Botma *et al.*, 2010:182). The researcher wanted to explore the views of the participants regarding their use of social media in order for him to get an understanding of the way in which they use social media. Although there was information about general use of social media, there was very little information about the perceptions of nursing students concerning responsible use of social media in lecture rooms and clinical practice in South Africa.

The researcher explored the perceptions of nursing students by interviewing a few participants and refrained from adopting the role of the expert researcher on the topic. The researcher examined the experiences, feelings and perceptions of the nursing students without imposing his value judgement on the participants. The researcher wanted to get the meaning participants give to their experiences of social media use and how they interpret them, and to understand the process by which they make sense of their own behaviour and the rules that govern their actions.

The researcher used semi-structured interview questions that allowed him to probe participants further about what they were saying regarding social media. Explorative research design allowed the researcher to get a deeper understanding about how the participants use social media in order to get the relevant information on which to base the findings and to develop guidelines for the responsible use of the media. The interview questions were adjusted and refined during the research process to reflect an increased understanding of the problem being studied.

2.2.3   Descriptive research

The purpose of a descriptive research study is to observe, describe and document aspects of a situation as it occurs (Polit and Beck, 2012: 226). Descriptive research presents a picture of the specific details of a situation, social setting or relationship, and focuses on describing the phenomenon (Fouche and de Vos, 2012: 96) in de Vos (2012). Descriptive research may therefore be used to provide a picture of a

phenomenon as it unfolds, and to justify the current practice or make judgements about it.

Descriptive research was used in this study in order for the researcher to make sense of what the participants were saying regarding their use of social media. For the purpose of this study, descriptive research was used to obtain a picture of the student nurses' perceptions about the responsible use of social media so that the researcher could understand it better, and to enable other researchers to use it in future. The researcher wanted to know the characteristics of the participants who used social media, the extent to which they used it and how they used it. Descriptive research allowed the researcher to interact with the participants in order to get a better understanding of their characteristics and their attitudes about responsible use, and to draw conclusions about behaviour.

The researcher immersed himself into the context of the participants in order to study their life world, values and interactions, without losing focus on the goals and objectives of the research study. The understanding of the context of the participants enabled the researcher to provide 'thick' descriptions of the phenomenon.

2.2.4   Contextual research

In contextual research "the primary aim of the investigators is to produce an extensive description of the phenomenon in a specific context" (Mouton, 2006:133). Qualitative research is conducted to understand the contexts in which the participants address a problem or issue (Creswell, 2013:48). Qualitative research can thus not take place outside the context of the participants, because this is where the phenomenon is taking place. In the participants' natural setting the researcher will be able to have a face-to-face interaction with the participants (Creswell, 2013:47).

Nursing education in South Africa takes place at nursing colleges and at universities, but the present research was conducted at an NEI attached to a university. The NEI in which the study was conducted was therefore the natural context in which students used social media. The NEI is situated in the Eastern Cape (South Africa) and provides nursing education to local and international undergraduate and postgraduate students. The researcher is familiar with the context as he is a nurse educator at a NEI.

The participants for this research study were the undergraduate nursing degree students as explained later in this chapter. The rationale for using undergraduate nursing degree students was that these students were the majority group in this NEI and would therefore make it easier for drawing conclusions about the whole NEI.

The researcher immersed himself into the context of the nursing students by observing, asking questions, and listening to the nursing students. This helped the researcher to focus on the interactions between the participants and the way they use social media. It was therefore important for the researcher to be part of the participants' context in order to understand their experiences regarding social media and to be familiar with their world. The researcher took into account the fact that the context can affect the behaviour of participants, and therefore kept his focus on the objectives of the research study. To maintain the focus, the researcher kept his own assumptions aside, acted like a stranger, and understood the world from the view point of the participants.

2.3   RESEARCH METHODS

A research method is a technique that a researcher uses to gather and analyse data provided about the research question (Polit and Beck, 2012:12). In this research study, semi-structured individual interviews were used to collect data. Semi-structured interviews make use of an interview schedule or guide with basic questions, but are flexible enough to allow the researcher to probe and explore deeper to get clarity on issues that emerge during the course of the interview (Wagner, Kawulich and Garner, 2012:134). According to Greeff (2012:351) the rationale for using this type of data collection method is that it is very flexible in that even though there are pre-planned questions, the researcher is able to follow up interesting points to get a full picture. The pre-determined questions serve to guide rather than dictate the interview schedule.

The researcher requested class lists from the NEI where the research study was conducted and used electronic mail (email) to invite students who were registered in the undergraduate nursing degree programme to participate in the research study. The researcher put his contact details on the email so that the students who were willing to participate could contact him directly. The students were also informed about

the preferred way the researcher could contact them. The students who indicated their willingness to participate in the research study were contacted by the researcher, using a contact method chosen by them. The students were asked to indicate the time and venue that would be most convenient for them and the researcher visited them at the time and venue as indicated by the student. The researcher explained the process as outlined in the information letter to the participant (annexure1) and obtained informed consent from the student before the interview was conducted.

This research study was divided into two phases to address the objectives stated in section 1.6 above. Table 2.1 outlines the objectives and research methods per phase.

Table 2.1: Objectives a**nd methods per phase of the study**

Phase	Objectives	Method
1	To explore and describe the perceptions of nursing students regarding the use of social media at the NEI and in clinical practice.	In-depth semi-structured individual interviews
2	To develop guidelines for the responsible use of social media for the NEI.	A guideline development framework was put forward to develop the guidelines. Please see Phase 2 for more information.

2.4   PHASE ONE OF THE STUDY

Phase 1of the research study consisted of sampling, recruitment of participants, the qualitative data collection, and analysis of the data.

2.4.1   Research population

The research population consists of all the elements (individuals, objects, or substances) that meet the criteria for inclusion in a given population (Grove, Burns

and Grey, 2013:44). The population for this study was the nursing students who were currently studying in the undergraduate nursing (degree) programme at an NEI. As explained earlier, this population comprised the majority of the nursing students studying in this NEI and included native South African and international students. This was the appropriate population for the study because the researcher could draw conclusions about the use of social media in the whole NEI.

2.4.2   Sampling

A sample is a subset of the population that is selected for a particular study; sampling is the process for selecting a group of people, events, behaviours or other elements with which to conduct a study (Grove *et al.,* 2013:44). According to Strydom (2012:222) in de Vos (2012), sampling can also mean taking a portion or a smaller number of units of a population as representative, or having particular characteristics, of the total population. There are two types of sampling procedures – probability sampling which is based on a degree of randomisation, and non-probability, which is done without randomisation (Strydom, 2012:228) in de Vos (2012).

The researcher used purposive sampling for this research study. Purposive sampling is considered to be the most useful type of non-probability sampling (Wagner *et al.*, 2012:93). In purposive sampling, the researcher relies entirely on his judgement in that a sample is composed of elements that contain the most characteristic, representative or typical attributes of the population, that best serve the purpose of the study (Strydom, 2012: 232) in de Vos (2012). The NEI from which the research study was conducted was composed from diverse backgrounds, diverse cultures, and ages. The researcher thought that this diversity of backgrounds, cultures and ages would bring about different perspectives regarding the participants' use of social media and how they view responsible use of social media. The diversity of information given by the participants enabled the researcher to base the guidelines for the responsible use of social media on facts as told by the students. Purposive sampling was also deemed by the researcher to be a quick way for gathering participants because he knew what characteristics he was looking for.

Inclusion criteria

To obtain the sample, the following criteria for inclusion were used:

- Registered students of the NEI in their second, third and fourth year of the undergraduate nursing programme were included because the researcher wanted to understand the perceptions of social media use, from those students who had had clinical experience. The researcher intended to include the first year students in order for him to understand how students who had never been to the clinical environment use social media, but none of first year undergraduate degree students volunteered to participant in the study.

2.4.3   Sample size

There are no rules in qualitative research concerning the most appropriate sample size, but because of the intense and in-depth nature of qualitative research studies, samples tend to be small (Wagner *et al.*, 2012:88). The sample size must however not be so small that it will be difficult to achieve data saturation. Data saturation is achieved when themes and categories in the data become repetitive, and no new information can be obtained from the participants (Wagner *et al.,* 2012:62). A minimum sample of 12 participants would be used for this study, but would enlarge until data saturation was achieved. If data saturation was achieved earlier, the researcher would not continue interviewing the rest of the participants.

2.4.4   Recruitment of participants

The prospective participants were approached and requested (not forced or persuaded) to participate in the study. The researcher requested class lists from the secretary in the Nursing Science Department and invited the students via email to participate in the research study. The research aims and objectives were explained to the students, and any questions they had were answered.

2.4.5   Data collection

Data collection involves gaining permission, conducting a good quality sampling strategy, developing means for recording information, storing the data, and anticipating ethical issues (Creswell, 2013:145). In qualitative research, the researcher is a primary instrument for data collection (Creswell, 2013:46). Semi-structured, individual interviews were used to gather data. Such interviews are generally used to gain a detailed picture of the participants' beliefs or views about the topic of the

research study. The number of participants interviewed for this research study was determined by data saturation which is a point at which no new themes emerged from the interviews (Wagner *et al.,* 2012:62). The rationale for using this type of data collection method is that it is very flexible in that even though there are pre-planned questions, the researcher is able to follow up interesting and relevant points to get a full picture, as suggested by Greeff (2012: 351) in de Vos (2012).

The gate keepers were approached and consent was sought from them by means of a formal letter. After gaining ethical approval to conduct the research study, arrangements were made with the students who agreed to participate for the interviews to take place, at a time that was suitable for them, and in a setting that was convenient and comfortable.

The researcher read the attached information letter which contains the goals and the objectives of the study, the rights of the participant, consent form and an ethics approval letter, and obtained informed consent from the participants.

Semi-structured, individual interviews were conducted with each participant who had signed the consent form and agreed to be interviewed. The goal of the study was to explore and describe the perceptions of nursing students regarding the use of social media, in order to use this knowledge to determine what to include in developing guidelines for the responsible use of social media by nursing students. The researcher used probing, summarising, paraphrasing, silence, and minimal verbal response as communication skills to elicit the perceptions of the nursing students regarding their use of social media. The interviews were recorded electronically using an audio recorder, and transcribed, to ensure that all the responses were captured correctly by the interviewer. An interview schedule covering the following questions was used:

- Tell me about the use social media in your everyday life.

- How do you use social media as a nursing student?

- What do you regard as responsible use of social media?

- Tell me if there should be any difference between using social media as a private citizen and using social media as a nursing student?

- Tell me if you are aware of any guidelines that nursing students should take into consideration when using social media.

Deep and rich data was collected up to a point at which saturation was reached. The interviews were transcribed verbatim by the researcher himself, the data was analysed, and themes were formulated, and were then contextualised within the framework of existing literature.

2.4.6   Data analysis

Data analysis consists of preparing and organising data for analysis, then reducing the data into themes, through a process of coding and condensing the codes and finally representing the data in figures, tables or a discussion (Creswell, 2013: 180). Data analysis in qualitative research takes place at the same time as data collection (Grove *et al.,* 2013:280). Coding was done by the researcher and by an independent coder who holds a doctoral degree and is an experienced researcher and coder. The independent coder was given printed transcripts and the voice recordings by the researcher. The independent coder was asked to sign a declaration of confidentiality developed by the researcher to safeguard the rights of the participants. The coding and data analysis process were done according to the 8 steps suggested by Tesch as cited in Creswell (2009:186):

- Get a sense of the whole. Read all the transcriptions carefully and make summaries. Write thoughts in the margin.

- Pick one document at a time and go through it in search of the underlying meaning.

- When this task has been completed for several informants, make a list of all the topics and cluster similar topics together, forming these topics into columns that might be arranged as major topics, unique topics and left-overs.

- Take this list and go back to your data. Abbreviate the topics as codes and write the codes next to the appropriate segments of the text. Try this preliminary organising scheme to see if new categories will emerge.

- Find the most descriptive wording for the topics and turn them into categories. Find ways of reducing the total list of categories by grouping topics that relate to each other, and draw lines between the categories to show interrelationships.

- Make a final decision on the abbreviation for each category and use alphabets for the codes.

- Assemble the data material for each category in one place and perform a preliminary analysis.

- Re-code the existing data if necessary.

Emerging themes were identified by listening to the recordings repeatedly to get the meanings the participants attached to social media. Once the coding was done independently by both parties, the researcher and the coder discussed the findings and came to an agreement regarding the themes.

2.4.7 Pilot study

A pilot study is a small-scale trial run research to test the research instruments and methods (Polit and Beck, 2012: 195). The functions of a pilot study according to Polit and Beck (2012:195) are to evaluate:

- the adequacy of the study methods and procedures;

- likely success of the participant recruitment strategy;

- the extent to which the preliminary evidence justifies more rigorous research;

- the testing of the research question and if it yields valid results.

The pilot study was executed in the same manner as the main study. After obtaining consent from the Head of the Nursing Science Department of the NEI, the researcher conducted the pilot study, using nursing students in the undergraduate degree programme who fitted the inclusion criteria as outlined above. Three interviews were used in the pilot study to determine the validity of the interview schedule. The researcher felt that three pilot interviews would be reasonable to test the research methods and instruments. The interview was recorded and transcribed in order to

assess the themes that arose, and a copy of the interview was given to the supervisors to assess the quality of the interview technique and the appropriateness of the questions in terms of the validity of the data collected. The necessary adjustments were made regarding the interview schedule as suggested by the supervisors.

2.4.8   Reporting the data and literature control

An extensive literature control was conducted to verify the research findings. A literature control is conducted with the intention of understanding how other researchers have theorised and conceptualised the research issues, their empirical findings, and what research instruments they used (Mouton, 2001:6). Linking data to the literature is an important part of the research process as it locates the researcher's findings to existing literature and shows how the findings contribute to, develops further, or challenges what is already known about the topic (Braun and Clarke, 2013:257). The researcher also conducted a literature control to place the research findings in the existing frame of knowledge.

2.5   PHASE TWO OF THE STUDY

Phase 2 of this study entailed the development of guidelines for responsible use of social media by nursing students. The researcher used the results of the study to inform the development of guidelines for responsible use of social media by nursing students at NEIs. From the themes identified out of the data collected in Phase one of the study, the researcher made inferences about the over-arching topics for the guidelines to be used by nurse educators in guiding students towards responsible use of social media. The guidelines should be used to guide student nurses toward the responsible use of social media. The following process was used in developing the guidelines:

- The principle generation was stated

- The main purpose of each principle guideline and the rationale were stated

- To further clarity the principle guideline and to operationalize the guideline, sub-guidelines were then stated.

- A purpose, rationale and action steps to operationalize the sub-guideline were then developed.

2.6   ESTABLISHING TRUSTWORTHINESS

Trustworthiness in qualitative research means methodological soundness and adequacy (Holloway and Wheeler, 2002: 254). Lincoln and Guba (1985) suggested four criteria for achieving the trustworthiness in qualitative research namely: credibility, dependability, confirmability and transferability (Polit and Beck, 2012:584).

2.6.1   Credibility

'Credibility' refers to the confidence in the truth value of the data and its interpretations (Polit and Becker, 2012: 585).   The following techniques were used to ensure credibility:

- Prolonged engagement – adequate time was spent in the field by the researcher to collect in-depth data until data saturation was achieved.

- Persistent observation – the researcher observed the characteristics that were relevant to what student nurses perceived as responsible use of social media. Persistent observation provides more depth and allows the researcher to look for multiple influences and to find what counts and what is relevant (Klopper and Knobloch, 2013:319) in Jooste (2013). Peer debriefing – the researcher worked closely with the supervisors for guidance and support.

- Member checking – the researcher took the findings back to the participants for confirmation of his interpretations and/or to clarify any uncertainties.

- Bracketing – the researcher kept his own assumptions aside, acted like a stranger, and understood the world from the view point of the participants.

Credibility was also be ensured by using audio recorders and an independent coder to review the information. Proof of transcription was available when necessary.

2.6.2 Dependability

'Dependability' means accuracy and consistency of translation of information from various data sources, and providing a means for reconstruction of events and conclusions that leads to the conclusions in research (Wagner *et al.,* 2012:243). To have dependability, the research findings should be consistent and accurate. Dependability was achieved by prolonged engagement, persistent observation, and member checking (Klopper and Knobloch, 2013:322) in Jooste (2013). Peer review and dense description also allow future research to be repeated and achieve the same results.

2.6.3 Confirmability

'Confirmability' means ensuring that the findings are grounded in the data and that the findings have been derived from events and not from the researcher's construction (Wagner *et al.*, 2012: 243).

The concept of confirmability is the qualitative investigator's comparable concern to objectivity. Here steps must be taken to help ensure as far as possible that the study findings are the result of the experiences and ideas of the participants, rather than the characteristics and preferences of the researcher (Shenton, 2004:72). The emphasis should be on whether the informants consider that their words match what they actually intended, since, if a tape recorder has been used, the articulations themselves should at least have been accurately captured (Shenton, 2004: 68). To ensure confirmability, an independent coder and an expert supervisor were used.   The researcher used examples of the participants' exact words when reporting the research findings.

2.6.4 Transferability

'Transferability' means that the findings of the research study can be applied in another context or with other participants, and achieve similar results (Wagner *et al.,* 2013:243). The quality of information obtained from participants is very important in qualitative research, so that the depth and richness of the information allows for inductive generalisation from the sample to the target population (Klopper and Knobloch, 2013:320) in Jooste (2013). To achieve transferability, the researcher

provided information about the context of the study and 'thick' descriptive data, so that the results could be applied to different contexts.

2.7   ETHICAL CONSIDERATIONS

Any research study must comply with sound ethical practices and standards, and there must be a balance between contributing to science and protecting the rights and dignity of human subjects (Pera and van Tonder, 2012:326). Research ethics provide guidelines for responsible conduct. The researcher undertakes to consider and adhere to all ethical principles at every stage of the research process, to safeguard the integrity of the research study, and to protect the research participants. The following principles were adhered to:

2.7.1   Beneficence and non-maleficence

Beneficence means promoting the good, and non-maleficence means avoiding harm (Guido, 2009:8). The researcher promoted good and avoided any harm that could result as a direct consequence of participating in this study. Voluntary participation was ensured, the researcher was sensitive to the participants' emotions, and they were informed of their right to withdraw at any stage of the study. The objectives of the research study were explained to them and their anonymity was be ensured. Any questions that the participants had were answered extensively and honestly, and debriefing sessions were held when necessary. The information given by participants was not used to harm them, and there were no reprisals for refusing to participate, or withdrawing from further participation. Discrimination and exploitation of the research participants were avoided at all costs.

The research findings will benefit the nursing education institutions, future students and the community, and will contribute to the body of knowledge about the perceptions of nursing students regarding the use of social media. Guidelines for the responsible use of social media by nursing students were developed based on the research findings.

2.7.2 Autonomy

Autonomy is the right to self-determination (Pera and van Tonder, 2012:332). The right of the research participants to conduct their lives as autonomous agents and without coercion were protected. The participants were informed about the implications of the research study, which allowed them to voluntarily accept or decline an invitation to participate. Full and accurate disclosure of research objectives was done so that the participants could make an informed decision to participate or decline participation. No coercion or undue pressure was put on students to participate.   Participants were given the opportunity to withdraw from the study at any time.

2.7.3 Justice

Justice is an obligation to treat each participant fairly and in accordance with what is morally right (Guido, 2009:9). Participants were treated fairly and equitably throughout the research study. Participation was guided by the inclusion criteria and not by any undue or discriminatory pressure. The researcher was sensitive to the beliefs, cultures, lifestyles and habits of the participants. The research participants were not subjected to discrimination and exploitation.

2.7.4 Privacy and confidentiality

Privacy and confidentiality mean that no information provided by the candidates will be divulged except for research purposes (Pera and van Tonder, 2012:335). Anonymity was ensured by not including information that identified the participants in the research study. A form of identification using numbers rather than the names of participants was employed during data collection and analysis. The researcher upheld the promise of privacy and confidentiality throughout the study but this promise was not used to coerce the candidates into participating in the research project (Pera and van Tonder, 2012:335). The interviews were done in a private setting to ensure anonymity. Interview questions only related to the research objectives to protect the privacy and confidentiality of the participants. Information will be kept in a place where access is limited to the researcher only.

2.7.5 Entry to site

Researchers must gain entry into sites that are suitable for the enquiry and must seek the approval of the gatekeepers (Polit and Beck, 2012:184). The researcher supplied adequate information to help the gatekeepers understand the benefits of the research. This information must cover the purpose of the research and who the beneficiaries would be, why the site was chosen, how much disruption could be expected, resource requirements, maintenance of ethical guidelines, and how results would be reported (Polit and Becker, 2012:184). The gatekeepers in this study were the Head of the Nursing Science Department, the Dean in the Faculty of Health Sciences and the Deputy Vice Chancellor: Research and Engagement. Formal letters requesting permission to interview the participants were written to the gate keepers. The researcher submitted the research proposal to the Health Sciences Faculty and the Department of Nursing Science research committees for approval and gained permission to do the research before beginning the fieldwork.

2.7.6 Gaining ethical permission to do the study

The research proposal was sent to the research committees in the Department of Nursing Science and the institutional Research Ethics Committee of the NEI for approval. The researcher also sought the approval of the REC-H committee because students would be interviewed in this study. Further, the researcher followed the ethical principles, namely protection from harm and exploitation, beneficence, respect for human dignity, autonomy, justice and privacy and confidentiality, as outlined above.

2.8 SUMMARY OF THE CHAPTER

In this Chapter, the researcher gave an in-depth discussion of the research design and methods for phases one and two of this research project. The rationale for the research design and methods used in this study were outlined. Strategies for ensuring trustworthiness and the ethical considerations were also discussed. Chapter 3 will outline the findings of the interviews and the literature control.

CHAPTER 3

DISCUSSION OF FINDINGS AND LITERATURE CONTROL

3.1 INTRODUCTION

In Chapter 2, a full description of the research design and method was given. In this Chapter, the researcher will identify themes and provide an account of the story as told by the research participants in the interviews. Relevant quotations will be supplied to demonstrate the trustworthiness of the results. As discussed in Chapter 2, the interviews were audio-taped and transcribed verbatim, and a literature control was done in order to align the research findings with the existing literature.

3.2 RESEARCH PARTICIPANTS

As discussed in the research methods section, the researcher approached the nursing students using email communication and went into their classrooms during break time and explained to them the research study he was going to undertake. The goal and the objectives of the study were explained and the students were requested to indicate to the researcher if they were interested in participating in the research study. The researcher emphasised that participation in the research study was completely voluntary and that the students should not feel coerced to participate. Details of the participants are shown in Table 3.1 below.

Twelve students indicated their willingness to participate in the research study by emailing and/or sending a short text message on their phones back to the researcher. The students who replied and indicated their willingness to participate in the research study were in the second, third or fourth level of their undergraduate nursing degree programme.

Table 3.1: Details of the students who participated in the research study

Participant number	Participant code	Year level	Gender	Age
Participant 1	XXX/4	4th year	Female	28
Participant 2	TTT/4	4th year	Female	24
Participant 3	VVV/4	4th year	Female	23
Participant 4	YYY/3	3rd year	Female	22
Participant 5	XYZ/2	2nd year	Male	21
Participant 6	ZZZ/3	3rd	Female	20
Participant 7	ABC/4	4th	Female	26
Participant 8	EFG/2	2nd	Female	21
Participant 9	KKK/4	4th	Female	25
Participant 10	NMB/3	3rd	Female	26
Participant 11	LLG/2	2nd	Male	21
Participant 12	JH/2	2nd	Female	22

All students who agreed to participate in this research study met the inclusion criteria outlined in Chapter 2 of this document. Each participant was given a random code and the name of the student was known only to the researcher, in order to safeguard the privacy and the anonymity of the participant. The researcher used letters of the alphabet for the codes and included a number to denote the level of study of each student. To extend this, the researcher excluded the names of the healthcare facilities and the NEIs that the participants had mentioned in the interviews. The researcher made arrangements for the interviews to take place at a time and place chosen by and comfortable to the participants. A day before the interviews, the researcher called or sent a short text message to remind the participant about the interview.

Ten of the participants chose to be interviewed at the places where they stayed, and two of the participants chose to be interviewed at another residence because they shared their residences with other students whom they did not want to disturb. On the day of the interview, the researcher confirmed if the students were still interested in participating in the research, and all of them wanted to be interviewed.

The researcher started off the meeting by asking general questions to break the ice and to get the participant comfortable with the researcher. After that the researcher gave details about the study including its aims and objectives and the rights of the participant. Each participant was given the opportunity to ask if he/she had questions or concerns about participating in the study. The participant then signed written consent to indicate that he/she was granting consent to the researcher to interview him/her for the purpose of data collection in this research study.

The independent coder

An independent coder was appointed to assist with identifying and ensuring trustworthiness of the themes relating to the perceptions of nursing students regarding the use social media at the NEI and at the clinical facilities. The independent coder had completed a doctoral degree study programme and had a comprehensive understanding of the qualitative research process.

3.3   IDENTIFIED THEMES

Creswell (2013:136) defines a theme as a broad unit of information that consists of several codes aggregated to form a common idea. Three central themes and related subthemes were identified from the research interviews.

The following table is a summary of the identified themes and subthemes. A discussion regarding each theme and subtheme will follow the table.

Table 3.2: Perceptions of nursing students regarding the use of social media

THEMES	SUB-THEME
Theme one: Nursing students' lives are centred around social media	3.2.1.1 Nursing student's lives are centred around social media
	3.2.1.2 Students indicated that they spend most of their time on social media
	3.2.1.3 Social media help students enjoy the celebrity-type culture that exists with posting interesting information online
	3.2.1.4 Students sometimes encounter negative comments from their friends as a result of the information they post online
	3.2.1.5 Students subscribe to specific social networking sites for different reasons
	3.2.1.6 Students use social media for academic purposes
	3.2.1.7 Students use social media to voice negative professional experiences from the clinical facilities
Theme two: Nursing students experienced blurred personal and professional boundaries and lack of accountability	3.2.2.1 Students expressed that patients' rights to privacy and confidentiality were contravened
	3.2.2.2 Students establish inappropriate relationships with their patients and post about those relationships on social media
	3.2.2.3 Students do not obtain informed consent for taking and distributing patient's photos, audio and video clips
	3.2.2.4 Some students felt that their colleagues failed to play the role of being an advocate for the patients
	3.2.2.5 Students felt that posting "special photos" online seems to be somewhat competitive and rewarding

	3.2.2.6 Students expressed an awareness of the digital footprint and misrepresentation of the nursing profession, the NEI and the healthcare institutions
	3.2.2.7 Students experience difficulty in separating their professional and personal lives when using social media
Theme three: Students expressed a need for guidelines for the responsible use of social media for nursing students	3.2.3.1 Students expressed the need for accountability and responsible social networking behaviour
	3.2.3.2 Students expressed the need for provision of standardised information about what constitutes responsible use of social media
	3.2.3.3 Students took a stand by developing their own social networking rules for their study groups

3.4   DISCUSSION OF THEMES AND SUB-THEMES

In this section, the researcher will introduce each theme and sub-themes, then provide the views of the student on the theme in the form of a quotation in order to ensure trustworthiness and provide literature to confirm or counter the researcher's findings. Although literature related to the themes is abundant, the researcher found it difficult to get articles that specifically addressed a specific theme and as such the literature used in this chapter is overlapping on various themes. The first theme that emerged from the interviews was that the lives of the nursing students were centred around social media.

3.4.1   Theme 1: Nursing students' lives are centred around social media.

Sharing of information online emerged as a popular activity amongst all the students. The researcher found throughout the study that the students use social media in all facets of their lives; in fact, that everything the students encounter in life, good and bad, is either communicated or uploaded on social media. The Merriam Webster dictionary defines something that is central as being the main or the most important or having power over the other parts (http://www.merriam-webster.com/dictionary/central). The students used the term 'addiction' to describe the fact that their lives are centred around social media. Addiction is defined by the

Merriam-Webster dictionary as a strong desire to do or to have something (http://www.merriam-webster.com/dictionary/addiction).

The researcher found that the students did not only have a strong desire to use social media, but took steps to use social media whenever they could. They found social media to be an inseparable part of their lives, and irresistible to use even though there are other important activities that they need to complete.

Students take every available opportunity to update their social media, chat to friends and family, and to follow interesting pages. The students gave examples of activities for which they use social media. When the students feel lonely or need to adjust to a new environment, they find social media a channel to communicate their feelings of loneliness and the need for friendships and the need to adjust to the new environment. Students also use social media for entertainment by downloading and sharing photos and videos online.

> *"I use social media to connect with friends, to communicate with family and ja just to keep in touch with people because especially me because I'm from another province so it's…the people I'm used to having in my closed friendly circles they are not there, they are not here with me now so I need to communicate with them and need to keep contact with people that are far away from me" (EFG/2, 1:7).*

Ezumah (2013:32) found in his research that keeping in touch with friends emerged as the number one reason for using social media. Correa, Hinsley and de Zuniga (2009:247) point out that the Internet is part of our daily lives and has changed human experiences, being used to find information, buy and sell products, search for entertainment, and to participate in politics. Scanfeld, Scanfeld and Larson (2010:182) state that it is common to participate in social networking as these platforms enable people to share their knowledge and experience, creating a rich array of user-generated content, including photos and videos.

The researcher's findings are confirmed by Ezumah (2013:32) who found sharing of photos and video with family and friends as one of the main purposes for which social media are used.

"We share everything" **(LLG/21:12).**

The researcher found that students use social media for sharing learning material (such as lecture notes), photos, video and audio clips and comments. Lenhart, Purcel, Smith and Zickuhr (2010:23) found that teens and young adults share self-created content online, such as photos, videos, artwork or stories. The findings of the present research study are slightly different from those of Lenhart *et al.* in that the content shared by students through social media in the present study was not exclusively self-created. According to Kietzmann, Hermkens, McCarthy and Silvestre (2011:245) sharing is a fundamental activity on social media where people share common interests like news and other objects like pictures, links, text, or videos. Social media seem to be a medium through which the students share interesting and new developments in their lives.

"I use social networks like to socialise with friends, old friends like the friends I was schooling with at high school, people I know now, people I just met" **(LLG/2, 1:6).**

Literature confirms the findings of the researcher that social media are used for a variety of reasons. Subrahmanyam, Reich, Waechter and Espinoza (2008: 426) found that students used social networking sites primarily for social reasons such as keeping in touch with people they do not see often and keeping in touch with relatives and family. According to Huang, Unger, Soto, Fujimoto, Pentz, Jordan-Marsh and Valente (2014: 509) social networking sites provide a mechanism for instant connection with friends, for staying in touch, sharing pictures, exchanging ideas, and fostering community engagement. According to Kietzmann, Hermkens, McCarthy and Silvestre(2011:246) one of the functional building blocks for social media is a relationship where two or more people have some form of association that facilitates dialogue and friendship between them. Kietzmann *et al.* (2011:244) state that many social media are designed primarily to facilitate conversations amongst individuals and groups. Steinfield, Ellison and Lampe (2008:443) found that social networking sites like Facebook provide technical and social infrastructure for social interaction through messages and the inclusion of user's contact information.

Two of the participants (YYY/3 and XYZ/2) shared that their colleague is spending so much time on the Internet that the Higher Education Institution (HEI) in which the student is registered has had to limit the amount of Internet data he uses per month.

> *"The friend of mine showed me an email that came from the University that said that he was using the Internet too much and they were actually [going] give him only I think it was 2 GIG[ABITE], not 2 GIG man but they allocated him a specific amount of data that he has to use for that month"* **(YYY/3, 16:22).**

Correa, Hinsley and de Zuniga (2010:250) found in their research that the majority of people who use the Internet do so in order to frequently connect to social networking sites. Sherman (2011:4) states that excessive social media use, especially Facebook, is a concern which has prompted universities, schools and companies to monitor and limit its use.

One of the participants acknowledged her awareness of excessive use of social media, and referred to her excessive social networking as addiction. The need for repeated use of social media was experienced by the students as overwhelming and difficult to overcome. One of the participants stated that she would allocate a specific time for social networking but find herself spending more time than what she originally planned. She went on to state that her "addiction to social media" had negative implications on her study time as she spent more time on social networking than on studying. She added that she wasted the time she had allocated to studying by switching between studying and social networking.

> *"I think I'm addicted to YouTube because you will go on YouTube thinking that you want that specific video and then when you see that video there are lots, so many on the side like a side bar that shows so many videos and you often find yourself clicking on video then you start watching. Then you click on another…"* **(YYY/3, 14:9)**.

Ferreira and du Plessis (2009:11) support the researcher's findings that social networking is addictive. Lenhart (2009) as cited in Correa, Hinsley and de Zuniga (2009:248) state that social networking site users are young adults under the age of 25 years, but that the popularity of the social networking sites is attracting more adults.

Correa *et al.* (2009: 250) found in their research that people who are emotionally unstable, those who are open to new experiences and those who are extraverts use social media more frequently. Cabral (2010:9) conducted a study aimed at examining generation Y's psychological addiction to social media; she found that 59 per cent of the participants in her study were addicted to social media and that they expressed an awareness of their addiction to them. Cabral (2010:10) found that the majority of the participants in her research used social media often in order for them to be satisfied with its use, because spending more time on social media was perceived to achieve the desired effect.

One of the determinants of addiction, according to Sussman and Sussman (2011:4027) is pre-occupation with the behaviour, which means excessive thoughts and desire to perform a specific behaviour. The pre-occupation stated by Sussman and Sussman (2011:4027) is consistent with the findings of the present research study, because the students stated that when the opportunity avails itself, the first thing that comes to their minds is to use their social media. According to Sussman and Sussman (2011:426) there are five elements which constitute addiction, namely feeling different, pre-occupation with the behaviour, temporal gratification, loss of control, and negative consequences, Amichai-Hamburger, Wainapel and Fox (2002) as cited in Correa *et al.* (2009:248) hypothesised that the anonymity of the Internet often attracted people who were less comfortable with themselves and who had trouble connecting with others. Subrahmanyam, Reich,Waechter and Espinoza (2008:426) found that students used social networking sites to interact with people known to them rather than looking for new friendships. This finding is consistent with the findings of the present research study because all the participants communicated with people known in their lives such as friends and family.

Sherman (2011:6) classifies social media addiction (e.g. Facebook addiction) in the same category as Internet addiction, as social media is an extension or a component of the internet. Sherman (2011:7) proposes the main criteria for the diagnosis of 'Internet Addiction Disorder' as pre-occupation (a strong desire) for the Internet, thinking about previous online activity or anticipation of the next Internet use as the dominant activity in daily life), withdrawal (characterised by a dysphoric mood; anxiety, irritability and boredom after several days without internet activity); tolerance (marked

increase in Internet use required to achieve satisfaction); difficult control (persistent desire and/or unsuccessful attempts to control, cut back or discontinue Internet use); disregard for harmful consequences (continued excessive use of Internet); persistent recurrent physical or psychological problems (likely to have been caused or exacerbated by Internet use); loss of interest in other activities (loss of interests, previous hobbies, entertainment as a direct result of, and with the exception of, Internet use); alleviation of negative emotions (use of the Internet to escape or relieve feelings of helplessness, guilt and anxiety); and lying about the actual cost or the amount of time spent on the Internet.

3.4.1.1   Sub-theme 1.1: Students indicated that they spend most of their time on social media

The researcher found that students spend more time on social media than on any other activity. Students mentioned that they spend most of their time on social media and that they try to use social media whenever they can. Subrahmanyam *et al.* (2008: 425) confirm the researcher's findings when they state that 91 per cent of the college students who participated in their research spent more time on social media than on studying. The use of social media by the nursing students is also proving to be a challenge for them because they find themselves using even more time on social networking than on doing their academic work, thereby upsetting the balance between academic and social activities even more. Students seemed to realise that a proper balance between social and academic activities can only be found if the students develop a realistic time-table, allocate time to these activities, and are disciplined to adhere to the allocated time-table.

From the story as told by the students, it is evident that being in class or at clinical facilities limits their opportunities for social networking, but they cannot wait for the opportunity of using social media when they are not being watched. One of the students said that she would log online using her cellular phone whenever she was sent to another Department within the clinical facility in which she was placed. Cellular phones are the devices often used by students to connect to social media.

> *"Maybe I'm sent to the dispensary I quickly WhatsApp on my way…"* *(NMB/3, 11:7).*

In their study on psychological risk factors of addiction to social networking sites among Chinese smartphone users, Wu, Cheung, Ku and Hung, (2013: 64) found that nearly one-fourth of the participants spent three hours or more on social networking sites. Although the number of hours spent on social media is not quantified in this study, the participants stated that they are spending a lot of time on social networking.

Students named Facebook as one of the social networking sites that they use the most, because they log online frequently to view the same information they looked at a few moments before. A survey done by Pempek, Yermolayeva and Calvert (2009:231) found that Facebook use is integrated into student's lives regardless of how busy they are.

> *"Facebook is just a time waster for me…because you often find that I would be online, look at just look through the er my newsfeed and then 2 minutes later, I'm on again looking at the same thing…it's just a waste of time…"* **(YYY/3, 15:6).**

Sherman (2011:4) states that although Facebook could be a great tool to use to connect with friends and maintain relationships, there is a line that could be crossed in which a person uses the Facebook excessively. Facebook includes numerous communication features such as sending public and private messages, posting photos, blogging, instant messaging, games, and even presenting a "users' likes" (Aharony, 2013:1). According to Butt and Phillips (2008) cited in Hughes, Rowe and Lee (2012:563) conscientious individuals (work ethic, orderliness and thoroughness) are inclined to avoid social networking sites because they promote procrastination and distraction from more important tasks. This result is confirmed by the findings of a study done by Cabral (2011:10) who found that students will plan to spend a few minutes online, but find themselves spending more time than was originally intended. Excessive social networking was also viewed to be fuelling procrastination and slowing academic activities. Facebook was found to be a preferred social networking site because it is enjoyable and easy to use, and therefore prompts frequent use amongst its users (Aharony, 2013:7).

> *"Some people…can study while attending er while attending the messages or the texts that they get from their friends…"* **(LLG/2, 11:2).**

Subrahmanyam *et al.* (2008:425) also found that students switch between switched between social networking and studying. Although students believed that social media limit their time for performing academic activities, there appears to be no conclusive evidence about the negative effects of social networking on productivity and academic performance. Contradictory to the general belief that the use of social media interferes with academic achievement, Wang, Chen and Liang (2011:6) found that there is no correlation between heavy social media use and academic performance.

Two of the students (ABC/4 and XYZ/2) stated that they have their own blogs and YouTube channels. Students shared that they waste more of their time switching between different networks and updating their blogs or YouTube channels. One of the participants went on to say that managing and updating a YouTube channel takes a lot of time and effort. Students shared that they use their blogs or YouTube channels for a variety of reasons, including entertainment, learning, and for sharing their thoughts.

> *"I have a separate…blog where I use it specifically for my nursing career…my nursing…anything nursing related"* (ABC/4, 14:18).

Lenhart *et al.* (2010:24) found that the prevalence of blogging among adults is constant, while it has declined among teens and young adult students. In the present research, only one student out of twelve reported that she has her own blog. Lenhart *et al.* (2010:25) also found that students create and maintain their own websites. This finding is consistent with that of the present research as one of the students mentioned that he created and maintains his own YouTube channel. Data sharing in social networking sites is enabled by a range of software applications, where users can make their work available to the rest of the online world, for example through their personal and group blogs (McLoughlin and Lee, 2007:667). Blogs are simple content management tools enabling building of easily adaptable diaries or online journals, frequently used between several users who post thoughts, links and commentary that often focus on specific issues of interest (Boulos and Wheelert, 2007:5). There are different motives for using blogs which include sharing of information and expression of opinions, improving writing skills, to organise thoughts and ideas, and to interact and create relationships with other people (Shema, Bar-Ilan and Thelwall, 2012:1).

The NEI in which the research was conducted is housed in a Higher Education Institution (HEI) and the students have 24-hour access to free Internet and Wi-Fi. Students mainly use cellular phones to access social media because cellular phones are convenient to use and have additional standard features.

"At our residence] we get free Wi Fi so YouTube is something I'm always on, seeing videos and [new things], that I want to view" **(YYY/3, 1:18).**

One of the advantages of social networking is that it is cheap and cost-effective, and can sometimes be accessed free of charge (Baruah, 2012:9). Cabral (2011:10) confirms a finding of the researcher that students show an inability to control the amount of time spent on social networking sites, and that social media were taking priority over other activities. Kuss and Griffiths (2011:3530) state that the increased appeal in the use of the social networking sites is a good indicator for a rise in social media addiction. The need for pleasure and for building a network of friends online may predispose one to social media addiction (Kuss and Griffiths, 2011:3530). Social media addicts exhibit the same symptoms seen in individuals with substance addiction, namely mood changes, salience (behavioural, cognitive and emotional pre-occupation with social networking sites), tolerance, withdrawal symptoms, conflict, and relapse (Kuss and Griffiths, 2011:3530).

3.4.1.2   *Sub-theme 1.2: Students use social media for personal reasons in order to communicate with other people*

Daily contact with friends and family seems to be a valuable activity for which students use social media. The researcher found that social media help students communicate with their friends and family and share ideas without being restricted by time and distance. The traditional face-to-face communication as a method of communication is fast becoming outdated as many people, including nursing students, are using social media as a preferred method of communication. Because people are now busier and have little time to meet others in person, they tend to use social media as a communication tool, because they can be used regardless of the barriers of time and place (DeAndrea, Ellison, LaRose, Steinfield and Fiore, 2011:1). Social media tools have the potential to reshape communication patterns among their users by enabling online communication and lowering the barrier to face-to-face communication. For

these students, social media seems to be a preferred communication method to the traditional face-to-face communication.

One of the students shared that some social media are used as a form of communication rather than a source of information.

> *"…WhatsApp we don't use it as a source but we use it as a form of communication to share ideas"* **(XYZ/2, 3:10).**

The students found it important for them follow their friends and to comment on what other people have posted online. Maintaining relationships with friends and family is an important consideration for the student's use of social media. Students find comfort in communicating with friends, old and current, using social media especially when they are in an unfamiliar environment. Thompson, Dawson, Ferdig, Black, Boyer, Coutts and Black (2008: 956) found in their study that medical students frequently used Facebook as a social networking site for communicating with their friends and families.

> *"It's like people you communicate with people on a daily basis without actually having contact with them, like physical contact"* **(EFG/2, 1:21).**

Steinfield *et al.* (2008: 443) found that social networking sites facilitate the maintenance of close and distant relationships, which in turn help address the need to belong. Social networking sites give Internet users a venue for interpersonal communication with friends, relatives, peers, co-workers, and strangers (Aharony, 20013:1). Social networking sites provide a web-based platform for building social networks or social relations amongst people, such as shared interests or activities, and provide a means to interact over the Internet, e-mail and now even with the mobile phones (Baruah, 2012:4). Social media allow for shorter, more frequent communication, and increase the awareness of the movement of friends or associates (Baruah, 2012:4).

3.4.1.3 Sub-theme 1.3: Social media help students enjoy the celebrity-type culture that exists with posting interesting information online

The researcher found that students enjoyed being appreciated or receiving positive comments from people who follow their pages on social media. Sharing the news on social media seems to be providing intangible benefits for the students and is boosting their morale. The students shared that if they experience an interesting phenomenon, they use social media to post about what they have experienced.

> *"If there was something I learnt in class…let's say a certain disease [or] that has the certain kind of clinical manifestations or whatever the case may be or a certain practice of doing something I will go and brag about it in the group especially if I know okay that friend of mine [or] who is still a nursing science student but is not exposed to that as yet"* (YYY/3, 3:21).

Ahn (2011:1439) confirms the findings of the researcher when she states that social networking sites are used to build social capital. Social capital refers to the idea that one gets benefits like advice, information, or social support from the online community of friends (Ahn, 2011:1439). Lee and Ma (2011:337) state that appreciation seeking is a strong motivating factor influencing the intention to share news in social media. The need for appreciation arises as a result of one's wish to establish or improve one's credibility, self-confidence, and self-esteem (Lee and Ma, 2011:337). Lee and Ma further explain that social media users try to establish status through interacting with each other in the form of comments and discussions.

Students said that getting approval, known as "likes", from those who follow their pages, was an important aspect of social networking. Some of the messages and pictures the students post online are posted only in order to receive the "likes" and to gauge the number of people who appreciate what they posted. Receiving the "likes" seems to be boosting their morale, confidence, and sense of well-being. When the students achieve academic distinctions, they post about those achievements online, in order to make their friends and family aware of their success.

> *"And sometimes you know the, the appreciation you get from…you know, I know there is this thing of social media friends and everything, you get this (laughing) appreciation, like these likes, comment, you know…you*

feel like you have. It's also like having cyber friends kind of thing, so ja, you find support there, you know. You find appreciation there, yes…" **(EFG/2, 1:11)**.

Having more positive reactions to one's social networking site profile is associated with higher self-esteem, which contributes to one's satisfaction in life (Ahn, 2011:1441).

The students enjoy the appreciation, support and comments they receive from their 'cyber friends'. The cyber friends are the people the students meet and speak to online. The appreciation is expected when students have posted information relating to their personal success and where they are in life. When the students post about challenges and difficulties they face in their personal lives, they expect to receive messages of support and sympathy from well-wishers who are on social networks. Social networking sites have features that make it possible for users to update their profiles to inform others how they are feeling and what they are doing at a given time, and to prompt responses from the followers (Ellison and Boyd, 2013:154).

"It's kinda like social support in a way. 'Cause sometimes you can say, ah I feel sick and they say oh get well soon, you know…" **(EFG/2, 1:18).**

This finding is confirmed by Steinfield *et al.* (2008: 443) who also found that social networking sites can help to address the relationship development and maintenance of needs of young adults when they are moving from their homes to university. The more friends one has on social networking sites, the more positive reactions one will receive strengthening one's self-esteem even more (Ahn, 2011:1441). Rogers (2003) as cited in Lee and Ma (2011:337) explains that the sharing of news on social media is done so that others can see it, and for them to be seen as opinion leaders within their community, which will then allow them to achieve the desired appreciation within the social networking community.

3.4.1.4 Sub-theme 1.4: Students sometimes encounter negative comments from their friends as a result of the information they post online

While the students enjoyed the celebrity-type culture that exists with posting interesting information online, the researcher found that they also experience negative

comments from their followers. The students who posted sensitive information on their Facebook profiles in order to get sympathy and support from their peers would sometimes encounter hostile feedback. The hostility experienced online is not expected, especially from one's friends. The students said that these negative comments ruin friendships among them and can have devastating psychological effects for them. They pointed out that Facebook is a social networking site that makes them vulnerable to negative comments. One participant went on to say that she felt that the negative comments were distressful, annoying, and insensitive.

> *"Facebook I don't like much because I…there's too much going on there for me…"* **(JH/2, 1:8).**

The researcher found that the negative experiences of students regarding social media were caused by their friends or colleagues. In a research study done by Al-Dubai, Ganasegeran, Al-Shagga, Yadav, and Arokiasami (2013:4) found that the negative effects of using social media were as a result of unhealthy behavioural actions, such as holding urine and defecation, postponing or skipping meals, using Facebook until midnight. Chat rooms are often unmonitored public spaces where people talk simultaneously, an activity that exposes users to unwanted interactions like cyberbullying and sexual solicitation (Ahn, 2011:1439). Ahn further states that although these negative experiences are real, they represent a small percentage of online activity but each case represents a significant concern. In this research study, one of the students expressed concern about the behaviour of social media users. She felt that the behaviour of her social media friends was unacceptable. Sending or posting text messages intended to hurt or embarrass another person using the internet or mobile phones constitutes cyber bullying (Mbatha, 2012:185) in Lesame, Mbatha and Sindane (2012). Belsey (2008) as cited in Mbatha (2012:185) defines cyber bullying as "the use of information and communication technologies to support deliberate, repeated and hostile behaviour by an individual or group to harm others."

> *"Some people would be nasty talking about stuff that really should not be posted about so I thought man this is not for me…"* **(JH/2, 1:14).**

Subrahmanyam *et al.* (2008:431) found that the public nature of one's profile on social media can create relationship problems, while some of the participants in their study

found that the open profiles helped them fix existing relationship problems. In the present study, the researcher found that participants became victims of negative commentary as a result of posting information online. In the present study, there is no indication of open social media profiles assisting with resolving problems. Students instead de-registered their social media when they felt they are being victimised. Kuss and Griffiths (2011:35-36) found that by disclosing more personal information on their pages, social media users put themselves at risk for negative feedback. Kuss and Griffiths add that people with low self-esteem tend to use social networking sites as compensation for real-life social network paucity, because they are dependent upon the feedback they receive from these sites. Tufekci (2008:549) acknowledges that participation on social networking sites involves extensive self-disclosure, but most sites have privacy controls which aim at controlling access to one's personal information. According to Boyd and Ellison (2008:213) when one registers in a social networking site, one is asked to provide personal information including age, location and personal interests, and to upload a profile photo. Visibility of one's profile varies according to the site and according to the user's discretion (Boyd and Ellison, 2008:213). A significant number of social media users seem not to be using these controls because they want other people to access their profiles (Tufekci, 2008:549). Owing to the large amount of personal information circulating on social networking sites (such as photos, addresses, identity numbers, sexual orientation) users may be exposed to online attacks such as identity theft, phishing, and other cybercrimes (Aimeur, Gambs, and Ho, 2010:173). One participant said that if she felt that she did not want to interact with a particular person online, she could block that person from her profile. Students mentioned Facebook and WhatsApp as social networking sites that give them the ability to block a person who is not welcome on the student's profile. Some students tried to avoid these negative comments by refraining from posting personal information in an open platform, and by choosing a social networking site which allows them to control access. Some of the students seemed to understand that overexposure of their personal lives on social networking sites could be detrimental to their wellbeing. These students shared that Facebook offers privacy capabilities which help them choose who views their profiles and who should not. One of the students claimed that Twitter does not offer such capabilities as privacy.

"I control the access. I control who I want to see my information. I control who I want have…who's information I want to have. As a friend, you can friend, unfriend, block. So with Facebook I have that control, unlike Twitter…" **(ABC/4, 4:16).**

Hoadley, Xu, Lee and Rosson (2009:6) confirm the findings of the current research when they found social media users were concerned about their private information being freely accessible to other people. Hoadley *et al.* (2009:6) found that when Facebook introduced the Newsfeed interface, users felt that they were being spied on because they had no control over who had access to their private information on Facebook. The researcher's findings were confirmed by Tufekci (2008:556) who stated that students have privacy concerns regarding the use of social media but are also aware of the mechanisms for preventing negative comments and encroachment of privacy.

Aimeur, Gambs, and Ho (2010:174) propose criteria for evaluating how well a particular social networking site integrates privacy features into its design, such as grouping friends or acquaintances into categories, and using an access control mechanism to restrict the type of information available by each group of friends or acquaintances. Facebook is one such social networking site that provides elaborate privacy settings, breaking user profile into several small elements (basic information, personal information, wall posts, friend) and an option to specify who can see the information and who cannot (Aimeur, Gambs and Ho, 2010:174). While some social networking sites have comprehensive privacy settings, others such as MySpace and Bebo do not offer such a range of settings (Aimeur *et al.*, 2010:175).

The language used by some people online was found by one of the participants to be inappropriate and distressing.

"The other comment people…someone said…you don't really look much different from, from you looked before your lip got swollen, you are ugly any way so I though wow it's…that was not really necessary" **(JH/2,1:22).**

Chretien, Goldman, Beckman and Kind (2010:569) found that hearing personal stories from friends and family, educators and the press raised perception of students

regarding the privacy risks of social media use. Farnan, Sulmacy, Worster, Humayun, Chaudhry, Rhyne, and Arora (2014:622) warn against venting of frustrations online by the health professionals as this is disrespectful and undermines the principles of professionalism.

3.4.1.5   Sub-theme 1.5: Students subscribe to specific social networking sites for different reasons

The researcher found that students subscribed to more than one social networking site according to what that social networking site could offer. Apart from the control features some social networks offered as a reason for using a specific social networking site, students who participated in this research used three or more types of social networks because of the appealing and unique features each social networking site offered. Facebook, WhatsApp, BlackBerry Messaging and Twitter seemed to be the most popular social networks among all the students. Pinterest, LinkedIn and Instagram were being used by one or two of the students. This finding is confirmed by Subrahmanyam, Reich, Waechter and Espinonza (2008:426) who also found that students used more than one social networking site and updated their profiles on each of their social networking sites daily.

For an indication of the uses of some of the social networking sites, the following examples are given by Broughton, Higgins, Hicks and Cox, (2009:7) will be briefly explained.

Facebook is a social networking service where users create personal profiles, add other users as friends, and exchange messages, including automatic notifications when they update their own profile. Users may join common-interest user groups, organised by common characteristics (e.g. workplace).

Twitter is a microblogging service enabling its users to send and read publicly visible messages called tweets. Tweets are text-based posts of up to 140 characters displayed on the user's profile page. Users may subscribe to other users' tweets.

LinkedIn is a business-related social networking site mainly used for professional networking. Users maintain a list of contact details of people with whom they have some level of relationship, called connections. This list of connections can then be

52

used to build up a contact network, follow different companies, and find jobs, people and business opportunities.

MySpace – an online community of users' personal profiles. These typically include photographs, information about personal interests, and blogs. Users send one another messages and socialise within the MySpace community.

YouTube is a video-sharing website on which users can upload, share, and view videos. A wide variety of user-generated video content is displayed, including film and television clips, as well as amateur content such as video blogging. Media corporations also offer some of their material via the site. Most videos enable users to leave and exchange comments.

Pinterest is a photo-only microblogging site where users define theme 'boards' for posting content. Pinterest is a new and emerging social media site whose user demographics are significantly different from other portals. 'Pins' can also be shared via Facebook and Twitter.

> "*On Facebook… I've got my own personal things. I put up my personal information, my personal, my life, my private life, my photos, my thoughts, my everything whereas WhatsApp is impersonal where there's no platform to write stuff or personal things. It's somebody's phone number, that's it*" (ABC/4, 2:10).

Pempek *et al*. (2009: 232) found that Facebook is the most preferred social networking site because it gives users access to a variety of activities, such as fun, meeting people, finding help with school work. Facebook was also found by Pempek *et al.* (2009: 233) as being used to establish one's identity which is achieved by describing one's details (birthday, relationship status, pictures, political or religious affiliation). Pempek *et al.* concluded that providing detailed information about oneself on social networking sites ensures that one's identity is known out there. The choice of a social networking site seems to be influenced by specific factors like identity, maturity, social position or social position (Livingstone, 2008:400).

Sometimes the students find something interesting on one of the social networking sites and switch to a different social networking site to experience what was found on

the previous social networking site. One of the students said that if he finds information about a new song on Facebook, he logs onto YouTube to listen to the song or to watch videos.

> *"With YouTube…I use it for many ah things. I...let's say I see on Facebook but someone has posted about a new song I go and check it out on YouTube. I also use YouTube to download movies because they have more movies so you can stream movies online…"* **(XYZ/2, 1:12)**.

Lenhart, Purcell, Smith and Zickuhr (2010:18) found that as the number of adults using social networking sites grows the percentage of social networking site users who maintain a profile on multiple sites. According to Quan-Haase and Young (2010:350), social media users tend to use more than one type of social media; they embrace new social media and adopt them as part of their communication repertoire. Quan-Haase and Young observe that the users do not completely replace one form of social media with another, because each form supports unique communication needs that the other cannot completely fulfil. Bik and Goldstein (2013:1) agree that particular social media tools become popular for different populations.

The students remarked that their choice of a social networking site depends on what they need at that given time and what the social network has to offer. YouTube is a preferred social networking site for watching and downloading videos, WhatsApp is preferred because of its instant messaging capabilities, and Facebook is preferred because it has multiple functions like choosing who you want to accept as a friend and who must be excluded.

The researcher's findings are consistent with the statement by Ellison, Steinfield and Lampe (2007:1143) who found that social networking sites are orientated towards different contexts. Kietzmann, Harmkens, McCarthy and Silvestre (2011:242) state that there are diverse social media sites which differ in their scope and functionality. LinkedIn is a professional network, MySpace, YouTube, and Flickr concentrate on shared videos and photos (Ellison *et al.,* 2007:1143). Facebook and Twitter are very versatile sites which enable users to share text, pictures, videos, audio files, and applications (Joseph, 2012:148).

Students also reported that they used Twitter and Facebook for posting comments and to start up a discussion, or to elicit a response.

> *"Apart from Twitter, Facebook is a wide social media where, you know you can post something definitely, you know it's out there erm you know for people to read and to see and comment. It's basically it starts up a discussion…" (ABC/4, 6:2).*

Bosch (2009:194) found that students chose Facebook as an information sharing site so that their friends could have access to their postings. Students shared that privacy was another factor they considered when choosing a social networking site. The sites that do not have private settings are mostly not used for posting personal information. While users willingly share their identities on social networking sites, this does not mean that they do not care about what happens to this information (Kietzmann *et al.,* 2011:244). In an effort to protect their privacy, people use different identities or post anonymously on social media (Kietzamann *et al.*, 2011:244).

3.4.1.6   *Sub-theme 1.6: Students use social media for academic purposes*

Baruah (2012:8) states that social networks are increasingly being used by teachers and learners as a communication tool, where teachers create chat rooms, forums and groups to extend classroom discussions to posting assignments, tests and quizzes. Baruah (2012:8) explains that learners can also form groups and engage in discussion over a variety of topics. Social networks are a source of information for generating and sharing content about various topics.

The researcher found that that although students stated that they used social media as a source of communication more than as a learning tool, it was evident that they used social media for learning purposes as well. They shared that they sometimes used YouTube for watching educational videos to facilitate understanding of theory taught in class. Social media were experienced as a communication tools for facilitating access to important academic information. Students also used social media as a substitute for email communication between themselves and their lecturers. Most of the students admitted that they checked their social media communique more often than their academic email communique, especially when they are not at the Nursing School. Tower, Latimer and Hewitt (2014:10) found that Facebook was perceived by

students as an innovative way to support their study and being active in guiding and in promoting peer learning.

> *"Well it helps me 'cause I'm, I don't check my emails much. I…can go two days without checking my emails so when…I always keep contact with my friends, my class mates and I always ask if, if I know there is class because some of our classes we don't have a fixed schedule so they change so if, if I know I have to attend a class I always make sure…are we still attending that class that time and even during the exams like I still make sure because I don't check my emails seriously so I still make sure…we're writing at this venue at that time so it helps me to communicate with them like that and for assignments as well like if I have some issue with an assignment, if I don't understand a certain part I just ask can you explain this to me. So it helps me to just keep in contact with like academic stuff…"* **(JH/2, 2:9)**.

This finding is supported by Baer and Schwarts (2011:304) who state that students are entering their medical careers at a time when email is considered by some as old and formal. According to DeAndrea, Ellison, LaRose, Steinfield and Fiore (2011:1) social media have the potential to reshape communication patterns among their users, and lower the barriers of face-to-face communication. Drussel (2012:1) highlights the fact that the increased utilisation of computers and cellular phones to communicate tasks that have historically required face-to-face interaction, may be altering the means by which young people attain and practise the skills that are necessary to function in their daily lives. Boyd and Ellison (2008:215) support the researcher's finding that social networking is used as a replacement for the electronic mail, when they point out that users of the Friendster (a social networking site) replaced email with Friendster at one point.

Social media have also been used as a tool to support the student's decision making regarding the choice of an NEI to study at. One of the students shared that the reason she chose to study at the current NEI was attributed to social media. The student praised Facebook as having enabled her to make a choice about the NEI through a friend's Facebook profile.

"I thought okay, I think [name of the university] would be it because I love everything about it, the way I was seeing it through the lens of somebody's Facebook profile" **(EFG/2, 3:23).**

The participant's statement is confirmed by Hays, Page and Buhalis (2013:221) who state that social media are tools that can be harnessed to market goods and services because of the information which is passed on from one social media user to another. According to Thackeray, Neiger, Hanson and McKenzie (2008:340), the use of social media is increasing its potential to transform and promote marketing, using customers to drive the marketing and earn the customers' loyalty to the organisation. Social media technologies enhance the power of viral marketing by increasing the speed at which consumers share experiences and opinions with larger audiences (Thackeray *et al.,* 2008:341).

Social media give students access to important academic information like video clips of clinical procedures and opportunities like bursaries. Some students shared that they are visual learners, and that they prefer to watch video clips in order to understand academic information more easily. Students found it comforting that even if they did not understand something in class, there was a resource like YouTube which would enable them to watch the video and help them make sense of what the academic content was about.

"I often find that sometimes things that are explained in class I don't understand…and then sometimes I often find myself not even asking questions because I know at least maybe a video that I find on YouTube will explain it even more better" **(YYY/3, 2:1).**

The researcher's findings are consistent with those of Mohamed and Guandasami (2014:321) who found that Facebook is an effective collaborative tool that enables sharing of ideas in a relaxed atmosphere, where complex matters are discussed and problems resolved by the students at their own convenience in terms of time and venue.

The researcher found that students turn to social networking sites when they do not understand a topic that was discussed in class. Students felt that some of learning resources offered by the NEI are difficult to understand, and as such resort to social

media resources in order to gain a better understanding of nursing topics taught in class.

> *"I'm gonna give you an example in my first year last year our evaluation was on aseptic technique and patient presentation and then we had that green book, but that green book… it gets confusing many times so I had to use YouTube that time. Just so that it can be put as picture for me. So it became easy. My practicals became easy for one"* **(XYZ/2, 1:22).**

Clifton and Mann (2010:311) define the latest generation of students as experienced in digital interaction from an early age, but suffer from a low attention span due to the range of activities offered to them, and demanding a wide range of learning resources to which they are accustomed in their lives. Clifton and Mann (2010:312) add that YouTube is beneficial to learning because it can be used anywhere, anytime, increases students' engagement, and helps students to remember more.

Some students felt strongly that because many people use social media, it could be one of the mediums that could assist in teaching people about certain medical conditions and congenital abnormalities. The students felt that many people fool themselves into thinking that certain conditions affect only people from other countries, and not South Africans. In order to teach the people about the reality of these medical conditions, the students felt that pictures of these conditions should be posted online.

> *"These things do happen. You don't see them in New York or in USA happening. Actually in South Africa they do happen as well so take that opportunity as learning opportunity for someone else"* **(XXX/4, 10:4).**

Scanfeld, Scanfeld and Larson (2010:5) highlight Twitter as one of the social networking sites where health information and advice can be shared to promote positive behaviour change, and to disseminate valid health information.

Peer collaboration seems to be a positive benefit for students' academic progress, and the students find it valuable to learn from each other. Since the students are not always together, social media seem to enhance their ability to exchange academic information without limitations of time and place. Those students who could not attend classes would receive updates via social media from their colleagues who were in class.

Students explained that they start social media groups to teach each other and to share academic resources with each other.

> *"We have a WhatsApp group. We usually activate it during exam time just to ask each other questions, what textbook to supplement, stuff like that and we also have a Facebook group just to update each other"* **(XYZ/2, 2:26).**

Bosch (2009:195) found that students actively participated in Facebook groups in order to engage in academic activities. Mcloughlin and Lee (2007:667) confirm that social media support learning where people can make their work available to the rest of the online world, thereby stimulating genuine engagement and communication. According to Selwyn (2009:158), one of the educational uses of social networking sites is to support the interaction between students, and to allow them to enter networks of collaborative learning that is not catered for in their immediate educational environment. Tower *et al.* (2014:1014) confirm the researcher's findings when they state that students in their research reported that participating in Facebook groups developed their knowledge and study skills and prepared them well for examination. Tower *et al.* (2014:1015) also found that students used Facebook to engage with academic staff in order to receive guidance and support. This finding is not supported in the present study as students did not use social networking sites to engage with academic staff. The research study conducted by Tower *et al.* (2014:1014) found Facebook as a social networking site that supported student's learning, whereas the present study found WhatsApp, Facebook and YouTube as the preferred academic support social networking sites for students.

Students added that they took pictures of the information they needed from the textbooks, policy documents and PowerPoint slides, and shared that information with others who did not have such resources. Students stated that they included pictures taken at clinical facilities in their class assignments in order to earn more marks. It is clear that although students used pictures taken at clinical facilities as their profile pictures, they also used these pictures to improve their academic achievements.

> *"You moss you can take pics of the slides 'cause…some slides we don't get it because of the copy rights thing so we send each other those*

> *pictures so that we can get slides. So if you have a computer you can just take…transfer the information in the laptop then you can view them as slides"* **(LLG/2, 1:26).**

Bosch (2009:195) found that students felt that Facebook was useful for them to check class related material while engaging in personal communication. One of the students observed that Twitter has a wealth of health and academic information resources that is available to the people who are interested in it. Some of the topics for which Twitter is used to disseminate health information are: safe use of antibiotics, reminders about taking of medication, smoking cessation, prevention of sexually transmitted infections, vaccinations, and support for insulin therapy (Scanfeld *et al.,* 2010:5).

> *"On Twitter, there, there are accounts of nurses, whether it's personal or professional where people will post specifically work related work things… there would be groups or…even blogging especially blogging, you have people who would blog or have a specific nursing blog whether it's for example ICU [intensive care unit] nurses or whatever. Then they would specifically focus on those things, write out whatever information or documents, anything that can be useful for other people"* **(ABC/4, 6:110).**

This statement is confirmed by Kietzmann *et al.* (2011:242) who state that blogs have become very popular because they are easy to create and to maintain, and their authors range from ordinary people to professionals and writers.

Although social media are used for academic purposes by nursing students, some of the students were cautious about the validity, usability, trustworthiness and accuracy of information that is available on social media.

> *"…Some of them [videos] are put there as jokes eish people I don't know people (laughing). Anyone can post, anyone can post you just have for fun"* **(XYZ, 2:4).**

Cherry and Jacob (2014:265) propose criteria for evaluation of online information resources, including the review of the author's credentials, objectivity, accuracy,

regular updating and usability, as steps to determine the trustworthiness of online information resources.

3.4.1.7 Sub-theme 1.7: Students use social media to voice negative professional experiences from the clinical facilities

Students find social media as a good way to share problems related about being a student nurse. Some of the problems with which the students did not cope well included being on duty on weekends, public holidays and during the night. Students shared that sometimes they have a hostile reception from the clinical facilities and do not always get the assistance they need from the nurses. Students also shared that they sometimes feel overwhelmed, especially when they are working night duty or during the festive season or public holidays, and feel better when they post their frustrations online. They find social media a good platform for ventilating their negative feelings. It seems that students use social media as a platform to communicate these ill feelings, but their reasons for them to do so were not established in the present research study.

> *"I would write about that,…work politics…for example, the treatment of student nurses at work you know by, by. Mostly negative treatment,…I'd write about that. My experiences with, with patient, with diseases or you know deaths, workload"* **(ABC/4, 13:24).**

Contrary to the researcher's findings that students use social media to voice negative professional experiences from clinical facilities, Chretien, Greysen, Chretien and Kind (2009: 1311) found that students voice negative comments about the medical schools they are studying at. Kross, Verduyn, Demiralp, Park, Lee, Lin, Shablack, Jonides and Ybarra (2013:3) on the other, hand state that people communicate their ill feelings on social networks when they are not happy.

3.5 THEME 2: NURSING STUDENTS EXPERIENCE BLURRED PERSONAL AND PROFESSIONAL BOUNDARIES AND LACK OF ACCOUNTABILITY

3.5.1 Introduction

Maintaining professional boundaries is important in nursing practice as these boundaries allow for a safe personal connection between the healthcare providers and the patients/clients. Gutheil and Simon cited in Baca (2011:196) define a boundary as "*the edge of appropriate or professional behaviour, transgression of which involves the therapist stepping out of the clinical role*". They add that "*not all boundary crossings are boundary violations*". "*A boundary crossing is a deviation from classical therapeutic activity that is harmless, non-exploitive, and possibly supportive of the therapy itself… A boundary violation is harmful or potentially harmful to the patient and therapy alike because it constitutes exploitation of the patient, using the therapist-patient relationship as its vehicle*".

The researcher found that students cannot differentiate between private and professional roles when using social media. According to von Muhlen and Ohno-Machado (2013:777), posting of unprofessional information and breaches of patient confidentiality using social media, especially by healthcare workers, are common, and this behaviour sends a wrong message to students who could adopt inappropriate social networking behaviours as acceptable. Thompson, Dawson, Ferdig, Black, Boyer, Coutts and Black (2008: 956) found that medical students do not associate negative professional consequences of their social networking with their current and future practice of sharing information that could be misinterpreted.

3.5.1.1 Sub-theme 2.1: Students expressed that patients' rights to privacy and confidentiality were contravened

The students shared that they took photos, recorded audio and video clips of patients and of clinical interventions, and posted this information on social media without the knowledge of the patient or his/her relatives. It seems that the students were enjoying this inappropriate practice of infringing the dignity of the patients, and tried to get other people to enjoy this too. One of the students added that they posted these pictures in order to overwhelm their friends and colleagues and to have fun.

"We want to tell them what we see and they will also share what they have there. Some are not nursing friends, we just want to overwhelm them and we want them to laugh about this or we want to scare them and just show them what we get to see in our work place" **(VVV/4, 2:17).**

Chretien, Greysen, Chretien and Kind (2009: 1312) also found that students posted information describing clinical experiences with enough detail that patients could potentially be identified. It is common for nurses to share information on social networks to impress other people and to share information about their professional experiences, but this must not be done at the expense of the patients' right to privacy and confidentiality (Klich-Heartt and Prion, 2010:58). Chretien and Kind (2013:13) state that medicine is constantly evolving to adapt to new technologies which should be embraced in order to give better and more efficient patient care while keeping to the principles of professionalism, humanism, integrity, ethics and trust. It is evident that the students were not keeping to these principles when using social media. It is imperative that these principles are maintained as they serve as a framework on how healthcare workers use social media for clinical care (Chretien and Kind, 2013:1414). Writing about patients on social media sites must be done in a manner that protects the rights of the patient to dignity, and must be in line with the health practitioner's duty to promote good and to avoid foreseen and unforeseen harm to the patient (Chretien and Kind, 2013:1416).

3.5.1.2 Sub-theme 2.2: Students establish inappropriate relationships with their patients and post about those inappropriate relationships on social media

A relationship that should exist between the patient and the nurse is one which respects professional boundaries, maintains personal dignity and promotes the best interests and trust of the patient (Baca, 2011:195). A relationship gets established between the patient and the nurse when both these parties agree to co-operate, with the patient agreeing to receive healthcare services and the nurse agreeing to provide healthcare services (Armstrong, 2013:237) in Geyer (2013). This implies that a relationship established between the nurse and the patient should not benefit one party to the detriment of the other.

The students stated that some of their colleagues initiated inappropriate and unprofessional relationships with patients. These inappropriate and unprofessional relationships included sharing of social media contact details, taking of photos with patients, and posting those photos online and chatting with patients on social media. This means that the students failed to maintain professional boundaries because the relationships the students had with patients were social rather than professional, and continued beyond the working hours of the students.

> *"When we were doing psychiatry in the places that we visited…most of the time [students] create relationships with patients and then maybe, maybe in the last days then take pictures…I've seen, I've seen some of the classmates with, with pictures of patients maybe at the places where they have gone, ja…" (ABC/4, 9:24).*

Chretien, Greysen, Chretien and Kind (2009:1311) also found in their research that medical students posted sexually provocative photographs and sexually suggestive comments requesting inappropriate friendships with patients on Facebook. The act of initiating online friend request has become common with patients who send requests for online friendships to health staff (Farnan, Sulmasy, Brooke, Worster, Humayan, Chaudhry, Rhyne, Vineet and Arora, 2013:622). Nurses need to ensure that they maintain therapeutic relationships that will benefit the needs of the patient and not those of the nurse (Royal College of Nursing Australia, 2011:3). A therapeutic relationship means that nurses do not connect with or accept patients or former patients as friends on social media sites, as that could pose a risk for breaking the therapeutic relationship (Royal College of Nursing Australia, 2011:3). According to Ventola (2014:497), interacting with patients on social media may be violating the patient-provider boundary even if patients initiate the online communication themselves. Healthcare practitioners are advised to encourage patients to set up a website that is specifically designed for posting health-related information, and health practitioners can follow up on the updates posted by the patients in a more professional manner (Ventola, 2014:497).

Social media can be used positively to provide a wealth of information to patients, and this information can help the public identify specific medical conditions and how these can be managed (Ventola, 2014:497). Even in these social media platforms,

healthcare professionals must exercise extreme caution and avoid being judgemental to patients who post photos that depict patients participating in risk- taking behaviours as this could threaten the relationship between the healthcare worker and the patient (Ventola, 2014:497).

Accountability is an integral part of professional practice for nurses, and nurses are expected to uphold their duty to be accountable in their everyday professional conduct (Pera and van Tonder, 2012:87). Milton (2014: 301) defines accountability as being accountable to oneself and others for one's own actions, including the demonstration of the ethical principles of fidelity, and respect for dignity, worth and self-determination of others. Nurses are also expected to act responsibly when executing their functions, as accountability and responsibility are closely related concepts (Muller, 2009:34). 'Responsibility' is defined by Geyer (2013:135) as accepting liability for one's acts and/or omissions.

A nurse is held accountable when he/she demonstrates ability (knowledge, skills and attitude) authority (formal authorisation granted in terms of the legislation permitting one to practice as a nurse or a midwife) and responsibility (Geyer, 2013:134). A nurse should demonstrate responsibility towards the clients, society, the nursing profession and self (Mokoena and Jooste, 2013:35) in Jooste (2013). Responsibility towards the clients and society can be demonstrated by respecting the dignity and the rights of clients, promoting the well-being and interests of clients, respecting human life, ensuring privacy, provision of information to facilitate informed consent, being compassionate and empathetic, and using technology safely (Mokoena and Jooste, 2013:35) in Jooste (2013). Responsibility towards the profession can be demonstrated by honouring the traditions of the profession, maintaining standards of professional conduct to enhance public confidence, and using professional judgement in caring for clients (Mokoena and Jooste, 2013:135) in Jooste (2013).

Students said that they posted everything about their patients including the patients' medical conditions and the affected body organs including the patients' genitals. One of the students shared that she received a video and audio clips of clinical interactions between healthcare personnel and the patients from a colleague. Some of the students gave detailed information about the patients' conditions which could potentially disclose the patients' identity.

"I have received a video of a, it was a session with a psychologist, in fact, it was not a video, it was a recording. The patient is having psychological counselling session and then others were pictures of wounds and others were pictures of patients with head injuries and others were pics from theatre of the operations that were being done there. Others were what else? Just videos of ahm demonstrations by other nurses and doctors in the hospital" **(VVV/4, 3:15)**.

Frankish, Ryan and Harris (2012:182) found that if doctors divulged details of their patient's confidential medical information, patients would be less likely to reveal important information during a medical consultation. Butts (2007:91) reports that there is a growing amount of inappropriate social networking behaviour involving health professionals on social media, for which employers are instituting disciplinary measures. In one of the cases, five nurses were fired for violating privacy and confidentiality of the patient, while in another case, nurses exploited, made fun of and took cellular phone pictures of naked, unconscious patients (Butts, 2007:92). Posting of inappropriate and unprofessional content on social media can damage the reputation of the healthcare workers because potential employers can conduct background checks on the person on social media, and might discover these inappropriate or unprofessional postings (Pillow, Hopson, Bond, Cabrera, Patterson, Pearson, Sule, Ankel, Fernández-Frackelton, Hall, Kegg, Norris and Takaneka, 2013:28). Unprofessional behaviour according to Ventola (2014:496) includes violating patient privacy, profanity, inappropriate language, negative comments, sexually suggestive images, and so on. To prevent people from discovering one's information on social media, a person can use privacy settings as a precaution. Even the use of privacy settings in order to prevent people from following posts might not be a solution, as the privacy settings are relatively easy to circumvent (Pillow *et al.*, 2013:28).

Students also believed that if the patient's face is not identified in the photo they took, that was enough to ensure the anonymity of the patients. One of the students insisted that giving extensive information about the patient does not identify the patient.

*"**S**ometimes I post these pictures to inform people, maybe in terms of STI's. Would take pictures of STI'S, there is no face there, so I am*

informing plus 2000 people. I think it's not bad, it's good. Yes but then now if I'm posting picture with someone's face on it, someone's mother, grandmother, someone, somewhere may know this person, so it's not good, Ja" **(VVV/4, 7:21)**.

Frankish *et al.* (2012:183) found that social media are being used to distribute patient information about rare medical conditions in order for the sender to receive advice about the management of these medical conditions form clinical experts around the world. Frankish *et al.* (2012:183) further state that confidentiality is not breached if medical information is presented in a way that protects the identity of the patient. While some of the students were aware that some social networking sites identify the location of the person who posted the information online, others seemed oblivious to the fact that in social networks like Facebook, the places where posts were made can be identified, which could potentially identify the patient about whom the information was posted. The identification of the location of the person who posted the information online would therefore an indicator that the patient's identity and health status could be revealed even if the facial features are not shown on the photo.

> *"Most of those instances, for example when you post a picture or anything or a comment on Facebook, for example there's an option where [you choose whether you] want to display your location or not? So in most instances, the location is displayed either on pictures or on the comments"* **(ABC/4, 13:1)**.

Ziv and Mulloth (2006:4) state that social networking sites are integrating the global positioning systems into their plat forms to allow users to locate the position of their contact. According to Pillow *et al.* (2013:28) even de-identified discussions of patients and specific medical cases on social media sites must be avoided, because of the potential identification of the patient. Whipple, Allgood and Larue (2012:534) found that posting of a de-identified photo of a patient on Facebook, or a medical procedure on YouTube were perceived as privacy concerns by students.

All the students confirmed that they were fully empowered with knowledge about the patient's rights by the NEI, but they did not appear to be willing to apply this knowledge

to prevent harm to the patient. This meant that the students had a good foundation upon which to base correct judgement and make acceptable decisions.

> *"Just to post pictures of all the new things I see there. Ah, some weird things or funny, unusual things that I experience and get to see there. Sometimes we take videos, sometimes of the interviews that we may have with our patients. Then I will send those to my family, to my friends, Ja on Facebook…"* **(VVV/4, 1:16).**

Baer and Schwartz (2011:305) found that medical students who had Facebook accounts commented on unprofessional material that they had viewed online, such as pictures of partially nude people, negative comments about the job or co-workers and derogatory comments about patients. While online content and behaviour have the potential to enhance the nursing profession, they also have the potential to undermine the public trust and belief about the integrity of the nursing profession, the nurse-patient relationship, and the individual nurses' careers; therefore one must post content responsibly and make sure to answer for one's actions (International Nurse Regulator Collaborative, 2014:2).

3.5.1.3   Sub-theme 2.3: Students do not obtain informed consent for taking and distributing patient's photos, audio and video clips

Nurses have an obligation in terms of the law to obtain informed consent from the patients before undertaking any clinical investigation, intervention or research (Stellenberg, 2013:163) in Geyer (2013). In order for the patient to give informed consent, the patient must be empowered with full, accurate and honest information regarding the act for which consent is necessary. Berglund (2007:119) as cited in Pera and van Tonder (2012:17) states that giving full information also enables the patient to exercise autonomy in decision making. Truth-telling is a basis for respect, and open communication between the patients and the nurses and acting professionally demands that healthcare professionals tell the truth (Pera and van Tonder, 2012:87). Failure to speak the truth is unethical as it violates the ethical principle of veracity (Pera and van Tonder, 2012:87).

The researcher found that students do not obtain informed consent before obtaining and distributing information on social media. In some case students obtained the

consent for taking photos, videos or audio clips of patients but did not obtain consent for sending information to third parties. Some of the students did not see the need to speak the whole truth when obtaining consent from the patient because they did not tell the patient that the pictures they took were going to be uploaded on social networks or disseminated to third parties.

"…I don't tell them that I'm going to post this picture" **(VVV/4, 9:7).**

Go, Klaassen and Chamberlain (2012: 298) found that students feel that the voluntary sharing of inappropriate and incriminating content online represents poor judgement, especially when no effort has been made to maintain adequate privacy. Clearly, the student must obtain a separate consent in order to disseminate the photos or to upload them on social networks. Failure to tell the truth also amounts to deception, and deprives the patients of reality and leaves them even more vulnerable, as well as compromising the fiduciary relationship (Pera and van Tonder, 2012:87). The students said that they did not attempt to obtain consent from some patients before taking the photos. Section 7 of the National Health Act, 2003 provides guidance about the procedure to follow if a patient cannot give informed consent.

> *"Some patients if you see that the patient may have a problem, we won't tell. We won't inform the patient, we will just steal the picture and circulate it. Some patients we ask permission and [they] will give us [the consent] willingly because maybe they want us to learn about the situation or thing"* **(VVV/4, 2:11).**

Palacios-Gonzalez (2014:1) reports that a doctor was fired from a hospital for publishing information on her Facebook page photographs of patients before a surgical procedure. The doctor did not have the patient's informed consent before taking the photographs and posting them online (Palacios-Gonzalez, 2014:1). According to the National Health Act (33 of 2003: section 7:20) a healthcare provider must take all reasonable steps to obtain informed consent from the users. The National Health Act, 2003 explains the requirements for obtaining informed consent (Stellenberg, 2013:163) in Geyer (2013). "Enabling conditions must be taken into consideration when obtaining informed consent from a patient. These enabling conditions include the literacy level and the mental and legal capacity of the patient in

terms of Sections 6 (2) and 8 (2) (b) of the National Health Act, 2003." In order to establish enabling conditions for obtaining informed consent, the nurse must build a relationship of trust with the patient. This relationship of trust will assist the patient in understanding whether or not a course of action planned by the nurse will be in his/her best interests as a patient. If the planned course of action is not in the best interests of the patient, the nurse is expected play her advocacy role in order to protect the interests of the patient. Some of the students went to the extent of taking photos of the patient's genitals and posting them on social media.

> *"…Just the genitals or maybe mention it that it was in a clinic or it was in a hospital"* **(VVV/4, 8:15).**

A study exploring the administrative experience with online misconduct reported that 60% of allopathic schools in the United States of America (USA) reported incidents of students posting unprofessional content online, including details that violate patient confidentiality, use of discriminatory language and behaviour, sexually explicit material and public displays of intoxication (Go, Klaassen and Chamberlain 2012:296).

Students shared that they do not disclose to their patients that photos of their (patient's) genitals have been taken and posted on social media.

> *"Sometimes they are not aware because genitals are sensitive parts (laughing) so it's the picture I stole…"* **(VVV/4, 8:17).**

Writing about the patient and disclosing the patient's details violates the patient's right to privacy (Chretien and Kind, 2013:1416). Chretien and Kind (2013:1416) add that even a disrespectful tone is wrong even if the patient's details have been excluded in the post. Publicly posting an update about a specific patient to release frustration or to entertain others can be interpreted as advancing the interests of the healthcare practitioner above those of the patient (Chretien and Kind, 2013:1416).

As stated in the previous section, students acknowledged that they were taught about the rights of the patients in the first year of their undergraduate nursing degree. They said that the information they were taught included the right of the patient to informed consent, and they seemed to understand the implications of failure to obtain informed consent before undertaking investigations or interventions on a patient. However, the

students admitted that they did not always obtain consent from the patient or his/her relatives before taking and posting photos and video and audio clips of patient or clinical interactions on social media.

The students justified themselves for not obtaining consent, saying that they sometimes approached the patient for this purpose, but if they saw that there was a potential for the patient to refuse, they took the photos without the patient's knowledge. One of the students stated that trying to obtain consent from the hospital authorities was a long process which could potentially jeopardise their chances of taking the photos before the patient was discharged home.

> *"You just wanna take the short cut it's because you know sometimes you just need those things now for your own, let me say you just want to take a pic[ture] of a baby just to have it on your phone you not gonna do anything. You don't wanna go up there and ask you know moss to follow those criteria, it's a long process. You can even take a pic er let's say they say wait, wait and then the baby is…the mother and the baby is discharged, you won't even see them again"* **(LLG/2, 5:9).**

One of the conditions that must be fulfilled for informed consent to be valid is that the patient is not forced or manipulated or improperly influenced by healthcare workers to give consent (Palacios-Gonzalez, 2014:2). Section 9 of the National Health Act, 2003 (Act no 61 of 2003) explains the conditions where consent may not be obtained from a patient. The students seemed not to be concerned about the right of the patient to dignity and confidentiality; they were more concerned about what they wanted, and they took risks even if they knew there was a potential for them to be disciplined or prosecuted. When asked about the appropriateness of taking and disseminating patient information on social media, some of the students said that didn't worry them as long as it would be to their benefit (for instance in completing an assignment). Students were aware of the consequences of their behaviour but were willing to take the risk hoping not to be caught. One of the students shared that if she was discovered to have infringed on the rights of the patients using social media, she would deny it.

Some of the students shared that they did obtain consent to take the pictures, audio clips or video clips, but did not notify the hospital authorities about this activity because

they were afraid they would be denied the opportunity to get the pictures, audio clips or video clips. Even when consent had been granted by the patient or the relative, no separate consent was obtained for uploading the photos online or for sharing them with a third party.

> *"We don't wanna include the staff or the nurses er, the sisters in the ward. It's just, just for our benefit our… for our own information between us, between us in the group and then the patient only"* **(LLG/2, 2:14).**

When patients are intentionally or unintentionally misled about the procedures, incompetent or improperly influenced, it is legally accepted that the patient's choices did not originate from his/her reasoning and intentions (Palacios-Gonzalez, 2014:2). Telling the truth is very important in nursing practice, and nurses have the responsibility to tell the truth as a way of showing respect in the nurse-patient relationship (Pera and van Tonder, 2012:86). The students did not reveal the full extent of their intentions for taking the photos and video clips of the patients. The patients were only told that the photos or video clips would be for educational purposes only, but as explained above, these pictures were uploaded on social media or sent to friends and family members.

Some of these students did not seem to fully comprehend the future consequences of their inappropriate and unprofessional social networking behaviour, as they were only concerned about being disciplined by the NEI if their unethical activities were discovered. Many of the students interviewed did not seem concerned about acting appropriately and professionally on social media, but they seemed to be more concerned about getting the photos and the video or audio clips they waned. One of the students shared that she is aware that her social networking behaviour is inappropriate and illegal and that she knew the consequences of such behaviour, but continues her inappropriate social networking behaviour.

> *"I know we are not allowed to because you might get into trouble"*
> *(XXX/4, 4:3).*

Chretien, Goldman, Beckman and Kind (2010:70) found that students being advised to be cautious when using social media felt being unfairly constrained. Understanding

the consequences of taking and distributing patient information online did not seem to be a deterrent to the students.

> ***"They will call you into the office and they'll make you read all the protocols and the agreements you've signed…"* (XXX/4, 4:8).**

Thompson, Dawson, Ferdig, Black, Boyer, Coutts and Black (2008:956) found that students considered professionalism as important, and that students did not associate negative professional consequences of their current and future practice of sharing information on social media.

The Royal College of Nursing, Australia (RCNA) (2011:20) published a short report of a case in which a nurse was charged with misconduct after posting a case study relating to a patient who had an unusual medical condition without obtaining consent from the patient. The RCNA stated that obtaining consent of the patient must be acknowledged in any online post.

3.5.1.4   Sub-theme 2.4: Some students felt that their colleagues failed to play the role of being an advocate for the patients

'Advocacy' is described by Gilkey, Earp (2009:120) as efforts to support patients and their interests in healthcare. Nurses have a privileged relationship of trust with patients. This relationship of trust is based on the premise that the nurse will always act in the best interests of a patient (Vasuthevan and Geyer, 2013:277) in Geyer (2013). This means that nurses have an obligation to protect the patient from unnecessary exposure, harm, and exploitation. Illness has the potential to make an individual vulnerable, especially when one is admitted into a healthcare facility away from his/her loved ones. Sometimes the patients, because of their dependency, become victims of unacceptable conduct from some members of the multi-disciplinary team. When patients submit themselves to treatment, they entrust their whole being to the nurses, and nurses have a duty to observe and respect the rights of the patients; they must play the role of advocates for patients who cannot make independent decisions (Vasuthevan and Geyer, 2013:280) in Geyer (2013).

The students made it clear to the researcher that they inappropriately took advantage of the vulnerability of the patients by taking pictures of them under the pretext that they

were doing it for educational purposes. The students shared that they established a relationship of trust with the patients, and when they felt that the patient was comfortable with them, they took the pictures and distributed them to other people.

> *"You can first like see a patient for like a couple of days, be friendly and then days later you can ask like you see…you tell the patient oh I've never seen this before, ja I'd love to know about it, I'd like to know more about it. Do you mind if I take a pic[ture]"* **(LLG/2, 3:6).**

Taking pictures of patients and posting them on social media is a direct infringement of the patient's right to privacy and dignity. Some of the patients who were the victims of the students' behaviour were the most vulnerable patients, who because of their circumstances needed protection from the students. These patients were the mentally ill, the children, and the terminally ill (Vauthevan and Geyer, 2013:280) in Geyer (2013). The students took take pictures of the patients' genitals and uploaded them as profile pictures on social networks and sent them to other people via social media. The students therefore exploited the relationship of trust that they had established with the patients. The students' behaviour amounts to exploitation and gross violation of human rights as stated in the Bill of Rights (Vasuthevan and Geyer, 2013:279) in Geyer (2013).

One of the students said that she took a picture of a baby who was in an incubator, but her aim was to show a friend who is not a nurse what an incubator looks like.

> *"I took a picture, send it to my friend to see er. It was a picture of a patient in an incubator… sending the picture was to give the person an idea of what er an incubator looks like"* **(ABC/4, 9:1).**

Henry and Molnar (2014:1428) who found that second year dental students who were placed in clinical practice for the first time were more likely to engage in unacceptable social networking behaviour, such as pictures of patients sitting on dental chairs. Some of the students said that they faced barriers when trying to protect patients from illegal and ethical behaviour of their colleagues. They said that they tried to stop their colleagues from taking pictures of patients and sending them to colleagues or uploading them on social media. Their advocacy role was, however, not successful

because they lacked the authority to do so, and were fearful of being ostracised by their colleagues.

> *"All those 3 people are not people that I see eye to eye with because in class I'm known as that person that always states when something is wrong so I've had conflicts with those people before so now I try to distance myself because other nursing students are liking it so I don't want to be seen as that guy who's always on people's cases"* **(XYZ/2, 8:6).**

Powerlessness and lack of authority are some of the most significant barriers to advocacy (Vasuthevan and Geyer, 2013:284) in Geyer (2013). While it is acceptable for one to cite these barriers, however, there is an expectation that the students could have reported this inappropriate behaviour to someone who had the power to stop it, such as hospital authorities. The students did not mention that they reported the matter to the hospital authorities. Reporting abuses or dangers such as misconduct, illegal or unethical behaviour, is called whistleblowing and is a step one should take when all other steps to rectify the problem fail (Vasuthevan and Geyer, 2013:289) in Geyer (2013). The Canadian Nurses' Association (2008:12) further states that nurses, as part of their ethical responsibilities, are expected to intervene and report when others fail to respect the dignity of a person receiving care, recognising that to be silent and passive amounts to condoning inappropriate behaviour. Caring, compassion and conscience are important attributes nurses should take into consideration when providing patient care.

Students admitted that although they knew the inappropriateness of taking and uploading patient photos on social media, they did it anyway with in hope that they would not be caught. They said that one of their colleagues was reprimanded for having uploaded a photo of a patient on social networks, but this did not seem to be a deterrent to them because they continued to unethically and illegally post patient information online. It is therefore clear that the experience of seeing a colleague being reprimanded for uploading a photo of a patient on social media did not serve as a deterrent to other students.

3.5.1.5 Subtheme 2.5: Students felt that posting "special photos" online seems to be somewhat competitive and rewarding

Students felt that they could not miss the opportunity to capture "that special" moment on camera and post it online. They always felt a sense of satisfaction and triumph when they were the first to see a patient who had a certain condition about which they were being taught in class. Being the first person to see a condition prompted the students to post about that patient online and this made the students seem resourceful people to those students who had not seen that condition in the clinical facilities.

> *"It's something that I will type out … okay this is what I saw, this is what the patient presented with. Remember this lecture said that you will see this this and that? And then I will type it and then they'll be kind of probing you with questions. So what else did you see? How was the patient like? And then I actually type it out, if I have time obviously or when I get back to res[idence] and something that I will kind of brag about in that group"* **(YYY/3, 4:5).**

Kind, Genrich, Sodhi and Chretien (2010:3) found that medical schools that have social media policies guide students in understanding what is acceptable and appropriate social networking behaviour.

The students explained that they did not only take photos of patients and use them as profile pictures, but also distributed them to their friends and family. They said that one of the reasons for sending the pictures of patients online was for their friends and parents to see the kind of experiences the students had at clinical facilities.

> *"At times on social media you don't only take to expose but it's a reward at the end of the day to yourself, like you have a patient with a very bad, severe bed sore and you were treating this patient and you see the improvement. So it's actually a reward to me at the end of the day and you gonna look back at that and say, wow, I don't believe I did that to myself. So it's really encouraging you to post forward, it's giving you more courage and belief to yourself that even if you think you cannot do or help anyone but at times, Gees on or how far you have been. You actually say wow to yourself and become proud"* **(XXX/4, 20:7).**

There is compelling evidence that what one puts into one's social networking profile is assessed by others and earns one more friends in the social networking world (Ahn, 2011:1437). Social media has created accessing and sharing news where users can harness their social networks and social media platforms to filter, assess and react to news (Lee and Ma, 2011:331).

The students said that they post everything on social media as long as they have the information. The information the students post online includes full size photos of patients, photos of babies, audio clips of patients' psychotherapy sessions, video clips of patients with hallucinations, genitals, and information that will potentially disclose the patient's identity and medical condition. Getting the pictures, videos and video clips is more important for students than protecting the patient's right to privacy and confidentiality. One of the students commented that some video clips are taken in order to have fun about the patient's condition. The students said that some of the photos, videos or audio clips were taken during clinical interactions with patients.

> *"Those babies with congenital defects, erm, people with erm extensive side effects like in psychiatry when they do those hallucinations and they don't really know where they are. And also if maybe you are cleaning patient's wound or how it is then you take a picture and send. Ja…" (XXX/3/4, 2:17).*

Devakumar, Brotherton, Halbert, Clark, Prost and Hall (2013:4) found that getting consent was perceived to be important when a photo of a child is taken and the request for consent must be accompanied by sufficient details stating what the photograph will be used for. Although the students are not selective about the information they post on social media, they seem to accept the advice, requests or instructions from friends regarding the information that must not be posted or must be removed from social media. One of the students said that when someone posts a gruesome photo, colleagues do complain about the post, and the concerned student generally removes the photo in order to maintain acceptable collegial relationships.

> *"Some people, they don't like seeing…those…let's say an open wound, some people don't like that, they will complain you know…er take the profile pic off, it's not nice and all that stuff ja because social networks,*

it's not only for you, everybody you're chatting with can see your like your profile pic" **(LLG/2, 6:1).**

One of the privacy criteria for social networking sites is the function that allows users to report bad behaviour or abuse of other users in the social networking site in order to identify users who divert from the purpose of that particular site (Aimeur *et al.,* 2010:176). The Nursing and Midwifery Board of Ireland (2013:10) encourages nurses to remain professional and to report inappropriate content to the relevant authorities.

3.5.1.6 Subtheme 2.6: Students expressed an awareness of the digital footprint and misrepresentation of the nursing profession, the Nursing Education Institutions and the healthcare facilities

Landman, Shelton, Kauffmann and Dattilo (2010:383) found that the dual use of social media for professional and for personal use causes blurring of lines between one's role as a health professional and one's personal or social role. Although some of the students seemed to be aware of the fact that information posted on social media can be traced back to the original author, some unaccountably believe that if they post the information on social media and thereafter remove it, it will be will be difficult to recover it. One of the students believes that because he had deleted the information he posted on social media, no one can trace that message back to him.

> *"I delete it 'cause I work in that ward so nobody if somebody touches my phone nobody can see the pic because it's out of my phone. If it's not there in my phone even if it's within the circulation I would probably say, let's say I see a pic on your phone you…if, if, if the patient says no this is my leg I will say no 'cause you've never met this guy even I took it I'll say I didn't, I didn't take any pic, I didn't send it to anyone because they don't have any like, like back up plan that I took the information that I deleted"* **(LLG/2, 3:11).**

Content posted online becomes permanent as it travels across the Internet within a short space of time and it can be traced back to the person who posted the information (Nursing and Midwifery Board of Ireland, 2013:11). One of the students believes that if anyone tries to trace pictures sent from his phone, it will be very hard for that person to get hold of the photos because a lengthy legal process has to be followed first.

"…if they want to trace it back they moss to, to talk to the company moss let's say I'm using WhatsApp to take the pic, they have moss to phone like the…WhatsApp company in order to get out information in this…yo there's a lot of things involved. It's not like easy ja but the…some of those things in order to retrieve information it can be done by judges or something so like in that trial of Pistorious…" **(EFG/2, 4:19).**

The information one shares online can be viewed by other people and once the information is online, it remains there forever (Thatcher, 2014:1769). Everything one posts online combines and makes one's digital footprint, which can be traced back to the person that posted the information (Ventola, 2014:498). It is important for nurses to differentiate between their roles as health professionals and their roles as individuals, so that the information one posts can be linked either to their professional roles if one was posting information relating to his/her profession, or to their private roles if one is posting information as a private citizen (Farnan *et al.,* 2014: 623).

3.5.1.7 Sub-theme 2.7: Students experience difficulty in separating their professional and personal lives when using social media.

All the students the researcher interviewed stated that their private and professional lives are inseparable. They said that posting on social media as nursing students should not be any different from posting as a private citizen.

"It's very difficult to separate myself from my career. So I think that's where people lose it. So a person is used to posting their pictures on Facebook so they forget that now I'm here to post as a nursing student so it's for me...I would say it's difficult to separate yourself from the fact that you're doing nursing. So it's difficult to be 2 people. If I'm a person who likes hip hop on that Facebook page so that's where the trick is. It's very difficult to separate yourself into two" **(XYZ/2, 10:22).**

Cain, Scott and Akers (2009:4) found that students do not have a full understanding of what constitutes private versus public information and the consequences of making private information public. The Nursing and Midwifery Board of Ireland (2013:9) advises nurses to keep a separate personal and professional life online.

"I don't think there should be any difference because we are nursing students; we are also the citizens as well. So me experiencing these things in the work place , it's still me, it's my experience, it's my own opinions and my own interests. So I don't see why there should be any difference because the other people as well from their work places, they also share their experiences just like us, just that they are not the same" (VVV/4, 6:6).

The more health professionals in training separate their private and professional lives on social media, the less misinterpretations people will have about their professional lives (Farnan *et al.*, 2014:624). For as long as the nursing students cannot differentiate between professional and private postings online, the public out there will continue to judge them as irresponsible health professionals.

Healthcare professionals in training need to take responsibility for their online behaviour because the public will continue to judge them according to their irresponsible online behaviour. It is clear that the nursing students are not using social media responsibly. Their irresponsible use of social media could damage the relationships between the healthcare institutions where the nursing students are allocated for their clinical experience and the NEI. Nursing students in South Africa must be placed at healthcare facilities that are accredited by the South African Nursing Council (Geyer, 2010:83). Should the relationship between the NEI and the healthcare institutions in which the students get placed for clinical experience break down, completion of training of these nursing students could be delayed because the NEI cannot place the nursing students at a healthcare institution that is not accredited for that purpose by the South African Nursing Council (SANC). Putting the relationship of the NEI and the healthcare institutions could lead to the training programmes for nurses at the NEI being suspended or cancelled by the SANC because the accreditation criteria will have been contravened.

"They usually take pic[ture]s, they go to the hospital and then they see that for example what did they post, what did they post. Oh there's no linen savers then they would post that on Facebook. No linen savers and then people in the group will comment like instead...there was this guy that said we don't have nappies I think it was at [name of the hospital].

80

Then people on the group commented use linen savers so it's stuff like that" **(XYZ/2, 3:22).**

The actions of the students in instances where they have voiced concern about the unavailability of resources for patient care could be interpreted as advocacy or whistleblowing, but their comments were not directed to the correct channels and did not ease the plight of the patients, and therefore this amounts to misrepresentation. If the student's comments about the non-availability of resources were directed to the health facility authorities, they could be interpreted as advocacy or whistleblowing. Hornett (2013:247) adds that nurses should refrain from sending information about issues of governance or lack of resources, but should instead raise these issues with the appropriate authorities. Hornett (2013:247) calls for nurses to talk to each other to try and resolve problems and to discourage other people from engaging in unacceptable behaviours. In affirmation of the researcher's findings Cain *et al.* (2009:5) found that students do not seem to consider professionalism as an important aspect to adhere to when using social media.

3.6   THEME 3: STUDENTS EXPRESSED A NEED FOR GUIDELINES FOR THE RESPONSIBLE USE OF SOCIAL MEDIA FOR NURSING STUDENTS

3.6.1   Introduction

Students need guidance in order for them to develop and sustain the professional behaviour expected from a nurse practitioner when using social media. That guidance can only be provided during their training so that when they become professional nurses they have the ability to act in a responsible and mature manner and take full accountability for their actions. The researcher found that students need guidance with the use of social media. Cain *et al.* (2009:5) students opposed accountability and authority regarding the information they post on social media. From the discussion in the previous sections, it is clear that the social networking conduct of the students is not acceptable and is infringing on the rights of the patients. The students also highlighted the need for guidelines for the responsible use of social media to be developed, in order for them to get the guidance on how they should use social media responsibly. When the researcher asked whether the students were aware of

guidelines for responsible use of social media, all of them indicated that they were not aware of such guidelines.

"We were never told of any guidelines…" **(VVV/4, 6:21).**

Chretien, Greysen, Chretien and Kind (2009: 1312) found in their research on posting of unprofessional content by medical students that not all medical schools have control mechanisms for the use of social media, or have broad online policies which do not explicitly cover Internet use. In some cases medical schools were found to have policies regarding the use of social media or were in the process of developing or revising these policies (Greysen *et al*., 2009:1313). A number of articles about social media are emphasising the need for development of guidelines for responsible use of social media. Ventola (2014:498) encourages organisations to establish guidelines for appropriate use of social media in order to prevent legal and ethical violations. Policies for social media use should address issues like discrimination, harassment, productivity, use of cellular phones, damage to the organisation's reputation, and so on (Ventola, 2014:498). Many institutions prohibit the use of work email addresses or logos on employees' personal social media pages in order to address security concerns, and to help separate professional and personal activities. Although social media is a communication tool that nurses can use to advance their right to freedom of expression, this right should not be exercised to the detriment of other people. Nursing students have a legal and ethical responsibility to protect their patients, as well as protecting the good name of the nursing profession. Baker (2013:505) states that there are no guidelines on how to deal with social networking as a first step to establishing policies for social networking.

3.6.1.1 *Sub-theme 3.1: Students expressed the need for accountable and responsible social networking behaviour*

Although nursing students were not using social media responsibly, they understood what constitutes responsible use of social media. All the students who were interviewed said that social media should be used responsibly, even though they did not use it responsibly themselves.

Some of the students felt very strongly that using social media involves protecting the rights of the others, especially the patients. These students were concerned about

ensuring that the dignity of the patients is protected and that the good name of the nursing profession is preserved. One of the students stressed that the relationship of the NEI and healthcare facilities must be maintained, and that the name of the NEI must be protected as 'a good brand'. The students felt that they had a responsibility to be role models for the younger students who were in the first year of their undergraduate degree programme.

> *"I do know like the first years when they come we're supposed to teach them… They need to be sensitive in that and also like when you're wearing something representative of [name of the NEI] like my uniform is representative of [name of the NEI] because no other nursing college or anything wears that particular uniform. So already when they see me they associate me with [name of the NEI] therefore I need to tell myself to carry out myself as a person from [name of the NEI]"* **(EFG/2, 15:9).**

This finding is in contrast with the findings of Cain *et al.* (2009:5) found that students felt that they should not be held accountable for the information they post on social media and that they should not be judged on the basis of the information they post on their profiles. As indicated in the previous section, the students said that they were taught about the rights of the patient including the fact that nurses should obtain consent from the patient every time they wanted to undertake interventions. Armstrong (2013:248) in Geyer (2013) states that because of the special role nurses play within the community, they are also expected to demonstrate acceptable and exemplary behaviour.

> *"For me in first year it was said you cannot say anything of a patient without the patient's consent. So I don't think there would be a mother that would say take a picture of my child and tell...when I say Facebook I mean the world that my child is in hospital with this and this and that. So for me it's very unprofessional"* **(XYZ/2, 4:11)**.

Some of the students emphasised that obtaining consent from the patient is a matter of common sense which they internalised through primary socialisation by their parents long before they registered as nursing students. This finding is consistent with that of Chretien *et al.* (2010:70) who found that although students were not aware of

formal guidelines for posting of content online, they stated that they were guided by their individual interpretations of what was expected from medical students and by their desire to limit the risk.

> *"What I can say is that it's just ethics things like ah it's things we learn …from let me just say from home when you want something or need something you ask first. If it's not yours you ask and even…they even tell us on our…at the university that everything you do if it's, if you wanna do something from someone you ask consent"* **(LLG/2, 9:29).**

Chretien *et al.* (2010:70) found that students did not believe guidelines for posting online were necessary or desirable because everyone should instead use their common sense. These students denounced their colleagues for posting irresponsibly on social media because they felt that the community out there would believe that all the students were acting unprofessionally. The students even mentioned that there are terms and conditions for each social networking site and that each person registering to use a social networking site has a responsibility to adhere to these terms and conditions.

> *"Don't post the patient's identity because with the picture now you're putting it out there...this patient is at [name of the hospital] and is diagnosed with this and this and that so that, that for me is it's wrong"* **(XYZ/2, 4:17).**

Kind *et al.* (2010:3) advise medical schools that do not have social media policies and guidelines in place to benchmark from those that have these policies and guidelines. The Nurse's Association of New Brunswick (2012:8) asserts that understanding the risks involved in using social media may prevent potential personal and professional consequences, and therefore calls for the nurses to use social media responsibly.

3.6.1.2 Sub-theme 3.2: Students expressed a need for provision of standardised information that explains what constitutes responsible use of social media

The researcher found that students were receiving different meanings regarding what responsible use of social media. This is finding is confirmed by Cain *et al.* (2009:5) who found that there is a generation gap on attitudes towards online social activities, with the younger generation defining "appropriate" use differently than the older generation.

Some of the students emphasised the need for them to receive some kind of guidance so that they can be informed about what the correct social networking behaviour is.

> *"I think there is no responsible use on social media. I've seen and from my own personal experience erm because what is responsible to me, may not be responsible to somebody else, er, unless we both have the same understanding of what responsible is"* **(ABC/4, 12:18).**

The National Council of State Boards of Nursing (2011:1) observes that instances of inappropriate use of electronic media by nurses are growing, and as such there is a need to provide guidance to nurses to use electronic media in a manner that respects privacy and confidentiality of patients.

3.6.1.3 Sub-theme 3.3: Students took a stand by developing their own social networking rules for their study groups

Students declared that they establish study groups, especially during examination time. The aim of these study groups, according to the students, is to enhance collaborative learning among them. They use social media as a communication tool to facilitate collaborative learning. The students have drawn up their own rules for the use of social media in their study group, in order to establish standards for acceptable social networking behaviour in the group.

> *"With WhatsApp group that we formed, we set our own guidelines: no vulgar language, you don't take numbers of people from the group and then inbox them privately because we know some nurses...I see a girl on*

that group then I want…to steal her number and then inbox her". *We also said that respect was one of our guidelines on the WhatsApp group and we also said that we don't post from time to time on that WhatsApp group. On the Facebook group what we said you post something relevant to the group"* **(XYZ/2, 9:11).**

Broughton, Higgins, Hicks (2009:16) state that clear guidelines for the use of social media guide users in differentiating between acceptable and unacceptable social networking behaviour. While the students agreed about the rules for social media communication, they expressed concern about the non-adherence of their group mates to the rules, and they felt that they did not have the authority to enforce the rules because they are of the same status as their colleagues.

"It gets difficult to maintain the guidelines that we started ourselves…On WhatsApp our first guidelines was strictly English because we have coloureds and English students. Within 4 hours people were speaking in Xhosa- a guideline broken" (XYZ/2, 9:11).

One of the students drew attention to the fact that some social networking sites have rules for acceptable social networking, which should provide some guidance to the nursing students. It is clear that the students do not follow these guidelines when using social media. Policies on social media may not resolve problems related to inappropriate social media use if users social media do not perceive these policies as ethical (Broughton *et al.,* 2009:16).

"The best way to use social media responsibly is to follow the Facebook guidelines the ones that they set for you, that no use of vulgar language, offensive pictures, no sexual pictures. These are the basic guidelines" (XYZ/2, 10:13)

Hardnova, Helbig and Peters (2010:14) suggest that before creating social media policies from scratch, it is important to identify existing policies that apply to the use of those media. Literature shows that social media users have trouble with existing privacy controls on social networking sites, and are not using them to customise their accessibility (Liu, Krishnamurthy, Gummandi and Mislove, 2011:2).

"Responsible use of social media for me I would say these social medias they have their guidelines, for example with YouTube, you can't view a sexual video. It will say you must fill something like a form to prove that you're over 18 so that's a guideline. With Facebook you can't post, you can post anything but some, there's a platform whereby someone can say I'm not happy with your post can you please remove it. If you don't remove it, then that person can report to Facebook"
(XYZ/2, 6:17).

This statement from this participant was supported by Kietzamann *et al.* (2011:245) who state that YouTube has controls requiring users who want to upload a video to register and agree to terms of use, and provides content management systems that allow users to identify and manage their content on YouTube and asking users to flag inappropriate content.

3.7   SUMMARY OF THE CHAPTER

In this chapter the researcher described how nursing students use social media based on the data generated from the twelve interviews, using quotes to substantiate the students' views. The researcher placed his findings within the context of available body of knowledge found in existing literature.

In Chapter 4, guidelines will be developed for the responsible use of social media using results from the data collection. The guidelines that will be developed will emphasise the importance of protecting the rights of the patient to privacy, confidentiality, dignity and consent, as well as private, public, and professional life when using social networking, use of access control, digital footprint, and differentiating between acceptable and inappropriate posting on social networks.

GUIDELINES, RECOMMENDATIONS, LIMITATIONS AND CONCLUSION

4.1   INTRODUCTION

In Chapter 1, an overview of the research study was presented and the problem statement, goals and objectives were described. In Chapter 2, an in-depth discussion of the research design and the method was given. Chapter 3 dealt with data collected during the interviews with the students and analysed under themes describing the perceptions of the nursing students regarding the use social media at the Nursing Education Institution (NEI) and in clinical practice In the present Chapter, 4, the researcher develops guidelines for the responsible use of social media at the NEI and in clinical practice. In addition to the guidelines, this chapter gives a summary of the findings, limitations, recommendations and the conclusion of the study.

4.2   SUMMARY OF THE FINDINGS

This research study emanated from the researcher's observation of the manner in which nursing students use social media. In Phase one of the study was used to gather the data. During the interviews, the students shared how they used social media. Information-rich data was collected using semi-structured, in-depth, individual interviews as described in Chapter 3. The following themes emerged from the interviews with the participants:

- **Theme one: Nursing students' lives are centred around social media.** Students said that they used different social networking sites and spent most of their time on social media to communicate with friends and family members as well as to find academic information online. They added that they enjoyed the celebrity-type culture that exists from posting information online, but they experienced negative comments from their friends, and some of the information posted online, attracted negative comment and hostility from other students. They also used social media to voice negative professional experiences from the clinical facilities.

- **Theme two: Nursing students experienced blurred personal and professional boundaries and lack of accountability.**

  Students stated that patient's rights to privacy and confidentiality were being contravened and that some students established inappropriate relationships with patients, and failed to advocate for their patients. They felt that posting 'special photos' (such as those of patients with congenital abnormalities and sexually transmitted infections) online seemed to be somewhat competitive and rewarding. They acknowledged an awareness of the digital footprint and misrepresentation of the nursing profession, the NEI, and the healthcare institutions. Over all, students experienced difficulty separating their professional and personal lives.

- **Theme three: Students expressed a need for guidelines for the responsible use of social media for nursing students.**

  Students expressed concern about the way in which they currently used social media, and recommended that guidelines for the responsible use of social media should be created in order for them to have a standardised frame of reference that assist them to use social media responsibly. A group of students took a stand by developing their own social networking rules for their study groups.

4.3   GUIDELINES FOR THE RESPONSIBLE USE OF SOCIAL MEDIA

In Phase two of the study the guidelines. The guidelines were developed to enable nurse educators to guide student nurses toward responsible use of social media.

4.3.1   Purpose of the guidelines

From the findings of this research study, it is clear that the nursing students do not use social media responsibly. These guidelines are intended for the NEI as a framework to provide guidance to their nursing students to use social media responsibly. The guidelines will therefore provide a framework for the students to use social media in an ethically, legally acceptable and accountable manner so that they can enjoy the

benefits of social networking without infringing on the rights of the patients or misrepresenting the nursing profession. The NEIs are therefore expected to ensure the implementation of these guidelines by their nursing students.

4.3.2   Development of the guidelines

From the themes identified out of the data collected in Phase one of the study, the researcher made inferences about the over-arching topics for the guidelines to be used by nurse educators. The guidelines should be used to guide student nurses toward the responsible use of social media. Six principle guidelines were generated from this process as follows:

- The principle guideline was stated

- The main purpose of each principle guideline and the rationale were stated

- To further clarity the principle guideline and to operationalize the guideline, sub-guidelines were then stated.

- A purpose, rationale and action steps to operationalize the sub-guideline were then developed.

The guidelines for the responsible use of social media are summarised in Table 4.1 below. An in-depth discussion on each guideline and sub-guideline will follow after the table.

Table 4.1: Guidelines for the responsible use of social media by nursing students

Principle guideline	Sub-guideline
1. Posting or uploading of content responsibly and accountably	1.1 Nursing students should be familiar with the social networking sites they are using or are intending to use in order to understand how they work.

		1.2 Carefully select the content uploaded online to maintain a professional and to protect the reputation of others.
2. Students should familiarise themselves with and maintain to the relevant legislation and the code of ethics when using social media		2.1 Obtain informed consent from all the relevant stake holders when posting information about patients, the Nursing Education Institution or health facility.
		2.2 Protection of patient's privacy and confidentiality online.
3. Protection of student's own privacy and confidentiality on social media		3.1 Use of and regular updating of online privacy settings and passwords.
		3.2 Awareness of the digital footprint
4. Prevent the blurring of lines between private and professional roles on social media or maintenance of professional boundaries		4.1 Separate personal and professional status when posting online.
5. Awareness of social media addiction		Recognition of signs of social media addiction.
		Implementation of mitigation strategies for social media addiction.
6. Use of social media to enhance academic development of students		Exploration of academic development opportunities available through social media
		Verification of the credibility of information received online

4.3.2.1 Principle guideline 1: Posting or uploading of content responsibly and accountably

It is clear that nursing students do not demonstrate accountability and responsibility when posting information on social media. The information students post on social media includes in-depth comments about patients' medical conditions, including photos, and video and audio clips which students claim serve to educate the public about these medical conditions. In order to encourage students to post information on social networks accountably and responsibly, it is necessary to provide guidance about the activities to be performed or avoided when posting information online. The Emergency Nurses' Association (2012:1) advises nurses to evaluate communication they post on social networking sites, and encourages reporting of inappropriate posting of information by one's colleagues.

Main purpose

This guideline has been developed to promote responsibility and accountability regarding the information that students post on social media. To encourage students to conform to the responsibility and accountability expected of the nurse practitioner, NEIs should continuously encourage posting of acceptable and appropriate information online.

Rationale

Because social media have a significant effect on the reputation and image of the nursing profession, it is important to encourage nursing students to use social media in a responsible and accountable manner, in order to promote social media use that does not bring the nursing profession into disrepute, and to create awareness about what constitutes responsible and accountable posting and/or uploading of content on social media.

4.3.2.2   Sub-guideline 1.1: Nursing students should be familiar with the social networking sites they are using or are intending to use, in order to understand how they work.

Nursing students mentioned that it is important for people using social media to use the rules that networking sites provide for their users. Social networking sites are created for specific purposes, some have multiple purposes, and others complement each other in giving users different functions (Ellison and Boyd, 2013:158).

Purpose

This sub-guideline is intended to promote full understanding of nursing students regarding how each social networking site works, including the pro's and cons of each.

Rationale

Being familiar with the social networking sites the student is using or is intending to use empowers him/her to understand what capabilities each social networking site can offer the user. The use of social networking sites comes with the responsibility to understand the nature, benefits, and consequences of its use, as well as the responsibility to manage its professional and personal risks (Association of Registered Nurses of Newfoundland and Labrador, 2013:1). For an indication of how social networking sites can do, the following examples as given by Broughton, Higgins, Hicks and Cox (2009:7) will be briefly explained:

Facebook is a social networking service where users create personal profiles, add other users as friends, and exchange messages, including automatic notifications when they update their own profile. In addition, users may join common-interest user groups, organised by common characteristics (e.g. workplace). The terms and conditions for using Facebook are available on http://personalweb.about.com/od/facebookrules/a/Facebook-Terms-Of-Use.htm.

Twitter is a microblogging service enabling its users to send and read publicly visible messages called tweets. Tweets are text-based posts of up to 140 characters displayed on the user's profile page. Users may subscribe to other users' tweets. The

terms and conditions for using Twitter are available on http://tweetadder.com/terms-and-conditions/.

LinkedIn is a business-related social networking site mainly used for professional networking. Users maintain a list of contact details of people with whom they have some level of relationship, called connections. This list of connections can then be used to build up a contact network, follow different companies, and find jobs, people and business opportunities. Terms and conditions for using LinkedIn are available on https://www.linkedin.com/legal/user-agreement.

MySpace is an online community of users' personal profiles. These typically include photographs, information about personal interests, and blogs. Users send one another messages and socialise within the MySpace community. Terms and conditions for using MySpace appear on https://myspace.com/pages/terms.

YouTube is a video-sharing website on which users can upload, share, and view videos. A wide variety of user-generated video content is displayed, including film and television clips as well as amateur content such as video blogging. Media corporations also offer some of their material via the site. Most videos enable users to leave and exchange comments. Terms and conditions for using YouTube are available on https://www.youtube.com/static?template=terms.

Pinterest is a photo-only microblogging site where users define themed ''boards'' for posting content. Pinterest is a new and emerging social media site whose user demographics are significantly different from other portals. ''Pins'' can also be shared via Facebook and Twitter. The terms and conditions for using Pinterest are available on https://about.pinterest.com/en/terms-service.

Action steps

The following actions should be implemented by Nursing Education Institutions to achieve this sub-guideline:

- Empower students with a list of social networking sites they can choose from, the rules and practices of each social networking site (terms and conditions) of a social networking site before registering an account, including whether the

user has full, partial or no ownership of the information posted online, and whether the user can cancel your account registration with the site.

- Encourage students to select social networking sites that best address their social networking, but have minimal disadvantages.

- Explain the responsibilities of students regarding posting of information on social media sites. Educators should also include professional accountability and responsibility expected from nurses in the discussion about posting of information on social media, to ensure that students understand that the profession, the public and individuals can take them to court for inappropriate postings of information

- Foster the responsibility of the students to follow the terms and conditions of their chosen social networking site and the recommendations they give for trouble shooting.

- Recommend social networking sites that promote privacy, security of information and whistle-blowing.

- Take responsibility for the activating, managing and regularly updating of their online privacy settings

- Encourage vigilance regarding take note of the concepts of privacy, confidentiality, defamation, cyber-bullying, libel (a publishing of false statements or written defamation that is damaging to a person's reputation) and copyright, and use these as a basis for acceptable social networking conduct

- Discourage registering of a social networking account for the purpose of posting inappropriate information, defamation or committing crime.

4.3.2.3 Sub-guideline 1.2: Carefully select the content that will be uploaded online to maintain a professional reputation and protect the reputation of others.

The activities students engage in online can potentially compromise their professional reputation and damage the dignity of patients, because students can post photos of genitals, video and audio clips of patients with hallucinations and psychotherapy sessions of patients online. Students understand the consequences of their actions (e.g. disciplinary action and litigation) but continue with these actions with the hope that they will not be caught. This shows that the nursing students do not take the consequences of their actions seriously. The College of Registered Nurses of Nova Scotia (2012:3) discourages posting of any client information or image(s) unless it is related to employer expectation for client care. Therefore students should understand and follow policies regarding patient interactions and what is acceptable or not acceptable in terms of these interactions.

Purpose

The purpose of this guideline is to ensure that students do not post any information about patients or information that could bring Nursing Education Institutions and healthcare organisations into disrepute.

Rationale

This sub-guideline has been written in order to help students take charge of the content they post online, and to avoid compromising their professional integrity and that of the profession and the NEI. Failure to be selective about the content posted online might compromise their chances of being employed, because employers also turn to social networking sites to screen an applicant's lifestyle and that of their friends in order to determine whether the content does not go against the core values of the organisation (Aimeur, Gambs and Ho, 2010:174).

Action steps

The following actions should be implemented by nurse educators in order to achieve this sub-guideline:

- Familiarise students with the social networking policy of the NEI and the healthcare facility they are placed in. If a network policy is not available, they should obtain a social networking policy from another institution where a social networking policy is available and adapt it where necessary, or use a best practice guideline from a reputable organization and adjust it to their own legal-ethical framework and context.

- Discourage posting of offensive pictures or videos online, such as pornography, photos of nude people or patients and defamatory statements.

- Discourage posting of misleading or inaccurate information online such as information that has not been verified from the relevant sources.

- Encourage the maintenance of healthy relationships with colleagues, healthcare professionals, the public at large and healthcare organisations, by raising concerns or disagreements politely, using the correct channels of communication.

- Discourage venting of anger and frustration online and promote solving of personal issues with other people face-to-face.

- Remind students to reflect on the legal and ethical implications and consequences of the student's social networking behaviour.

- Encourage students to pause before posting online to maintain professionalism and to avoid posting messages or information about something they would not want their colleagues and lecturers to see.

- Encourage reporting of inappropriate social networking behaviour (by colleagues) to the relevant stake holders like the NEI, the healthcare facility, and the social networking site.

4.3.3 Principle guideline 2: Students should familiarise themselves with and adhere to the relevant legislation and the code of ethics when using social media

Nurses should be familiar with legislation that applies to specific nursing functions such as obtaining consent and disseminating patient information to third parties. Some of the students the researcher interviewed said that they get consent from the patient if possible, but in some cases they do not obtain consent at all. The legal and ethical validity of the consent students got is questionable because they did not give all the details about the nature of the activities they required consent for, including the negative consequences of giving such consent.

Main purpose

The purpose of this guideline is to ensure understanding of the provisions of the law and the ethical requirements regarding access to and dissemination of patient information, and to confine students within the limits of the law as a basis for correct decision making. The criminal law applies in the same way to the Internet as elsewhere, and what is illegal offline is illegal online (United Kingdom Council for Child Internet Safety, 2010:4). Therefore nursing students are expected to abide with the law when using social media in the same way as they do in their offline activities.

Rationale

Students need guidance with specific legislation that could direct them to the steps necessary to obtain and disseminate patient information. It is important that Nursing Education Institutions create opportunities for support and guidance regarding the legal and ethical correctness of photographing and disseminating patient information on social media. The Association of Registered Nurses of Newfoundland and Labrador (2013:1) states that nurses must not transmit, or place, publicly any client information.

4.3.3.1 Sub-guideline 2.1: Obtain informed consent from all the relevant stake holders when posting information about patients, the Nursing Education Institution or a health facility

It is clear that the students do not always obtain consent from the patients before taking and uploading patient photos and audio and video clips online. Sometimes students do obtain consent for taking the photos but do not disclose all the details/information about what the photo will be used for. While disseminating of patient information online cannot be encouraged, this practice of disseminating patient information online is unlikely to stop immediately unless the statutory bodies like the South African Nursing Council takes disciplinary steps against nursing students who engage in this behaviour. It is therefore important for Nursing Education Institutions to enforce the legal and ethical responsibility of students to obtain informed consent when using patient information on social media. Taking pictures, video and audio clips of patients without obtaining consent take disciplinary from the patient or his/her relatives is illegal and unethical (Australian Nursing and Midwifery Federation, 2014:2).

Purpose

The purpose of this sub-guideline is to provide information to educators to guide students in order for them to the fulfil the legal and ethical obligation expected of nurses which requires them to obtain informed consent when undertaking direct nursing interactions with specific patients.

Rationale

Students should understand that there are requirements which must be fulfilled in order to make informed consent legally and ethically valid. Students said in the interviews that they did not give full details about the nature of the activities for which they obtained consent from patients. According to Mokoena and Jooste (2010:36) full accurate details should be furnished to the patient when one is obtaining informed consent.

Action steps

The following action steps should be taken by nurse educators to operationalize the sub-guideline:

- Encourage students to always obtain written informed consent from the patient or relatives before taking photos, audio and video clips of patients

- Discourage disclosure of information that reveals the identity of the patient such as the name of the patient, the patient's relatives or friends, the patient's face, patient's medical records, the name of the healthcare institution where the patient is admitted and the circumstances around the patient's admission, health professionals treating the patient, and the patient's diagnosis

- Encourage disclosure of full and accurate details when obtaining informed consent from a patient including the right of the patient to refuse to grant that information, and the negative consequences of giving such consent

- Promote obtaining of a separate consent for uploading the photos, audio or video clips online.

- Obtain consent from the hospital authorities under whose care the patient has been placed. Obtaining consent from the hospital authorities is important because the hospital has full responsibility over the patient's wellbeing and duty of care.

- Encourage students to enquire about the appropriateness of their intention from the relevant authorities if they are intending to post information about a healthcare institution or the Nursing Education Institution.

- Ascertain that the request for permission has been granted by hospital authorities for students to use hospital facilities, name or patient information for academic purposes.

- Establish the legal validity of the consent students obtained before they take or upload photos, audio or video clips.

- Persuade students to comply with the National Health Act, 2003 with regard to confidentiality, access to health information and protection of health information.

- Tell students to read and implement procedures for dissemination of information from the Promotion of Access to Information Act, 2000 (Act no 2 of 2000 in its entirety.

- Urge students to comply with the ethical principles of justice, autonomy, advocacy, duty to care, veracity, fidelity, beneficence and non-maleficence when taking and uploading patient-related information online

4.3.3.2 Sub-guideline 2.2: Protection of patients' privacy and confidentiality online

Maintaining confidentiality of patients is an ethical obligation to keep someone's personal and private information private or secret (Nurse's Association of New Brunswick, 2012:6). Nurses have an obligation to safeguard the information obtained during the course of treatment of care, and may only disclose this information to other members of the health team for the purposes of continuity of care (Pera and van Tonder, 2012:84).

Purpose

During the interviews, students stated that the patient's rights to privacy and confidentiality were infringed upon when patients' confidential details were posted on social media. The purpose of this sub-guideline is therefore to foster a culture in the professional practice environment   in which the students always protect the rights to privacy of the patients, whether they are on duty or off duty.

Rationale

Respect for the patient's privacy and confidentiality is a fundamental responsibility that nurses must consider when providing nursing care to patients. It is therefore important to promote a social networking culture that discourages posting of information that could potentially reveal the identity of patients and their medical conditions on social media. The Emergency Nurses' Organisation (2012:1) encourages nurses to respect

patient's rights to privacy and confidentiality as part of their responsibility in using social media appropriately.

Action steps

Action plans to achieve this sub-guideline include the following:

- Discourage taking and uploading or disseminating patient information on social media unless this is absolutely necessary and does not reveal the patient's identity

- Encourage adherence to the policies of the Nursing Education Institution and those of healthcare facilities regarding the use of cellular phones and social media at healthcare facilities

- Encourage reporting of information that infringes on the patient's right to privacy and confidentiality to the hospital authorities and the Nursing Education Institution.

4.3.4 Principle guideline 3: Protection of student's personal privacy and confidentiality on social media

Students stated that they are experiencing negative comments from their friends on social media. It is therefore important for social media nursing students to protect their own privacy and confidentiality and that of their colleagues.

Purpose

The purpose of this guideline is to enhance the students' knowledge regarding the measures they can take to protect their privacy, avoid harassment, cybercrime, and an awareness of the digital footprint.

Rationale

It seems that not all nursing students are aware of or use privacy settings to protect themselves from negative comments and harassment online. It is important for nursing students to take steps to reduce their personal information being made available to potential cybercriminals.

4.3.4.1   Sub-guideline 3.1: Use of and regular updating of online privacy settings and passwords

The risks that exist with the use of social media can be minimised or prevented when nursing students have sufficient knowledge about these risks and the mitigation strategies they can use to minimise or prevent such risks.

Purpose

The purpose of this sub-guideline is to encourage students to take proactive steps to secure the safety of their information by preventing unauthorised access in order to protect the privacy and confidentiality of the student themselves and that of the patient.

Rationale

It is important for students to be made aware that, while the safety of their information on social networking sites cannot be fully guaranteed there are measures that can be used to minimise the risk of information being accessible to cybercriminals. Ventola (2014:499) states that while it is important to protect social media user's privacy online, it is equally important to maintain user's credibility by using correct credentials, and to specify whether or not the user's comments are being made on behalf an employer.

Action steps

To achieve this guideline the following are suggestions given by the Nursing and Midwifery Board of Ireland (2013:12):

- Advise the student to regularly change their privacy settings on social media.

- The students should be encouraged to review their own security settings every few weeks.

- Promote the use of 'strong' passwords. 'Strong' passwords are at least seven characters long and are a mix of letters, numbers and symbols. The password should not spell out any word that is in the dictionary, and it should not contain the name of the student or the company name.

- Encourage the use of a password that is very different from earlier passwords. If a password is 'weak', as it might be guessable, leaving the social networking account susceptible to hacking.

- Encourage the students to remove any links with inappropriate content online.

- Advise student to consider using the "block comments" feature or setting their social networking profile to "private" so only designated friends can view it

- Students should be discouraged to set up fake online accounts to impersonate someone else and hurt other people.

- Foster students' respect for the copyright policies of the Nursing Education Institution regarding material copied online.

4.3.4.2   Sub-guideline 3.2: Awareness of the digital footprint

Some of the students seemed to ignore the negative impact of the digital footprint when posting information on social media. While students are aware of the digital footprint, some think that its negative impact on them is minimal or impossible. As a result when students post information about patients, they feel that chances of that information being traced back to them are remote or impossible. Students need to take ownership of the content they post, and should be aware that what they post online remains in circulation long after it has been deleted from your social media account, and it can still be traced back to the sender.

Purpose

The purpose of this sub-guideline is to create awareness of the dangers to the student of the digital footprint, and take measures to minimise its negative impact on students' present and future personal and professional life. The Internet is worldwide; therefore if the social media user's profile is public, it is accessible to people who are not in the user's contact list (United Kingdom Council for Child Internet Safety, 2010:36). Public availability of information can result in this information being misused by others, leading to pictures or videos being altered and posted elsewhere without the knowledge of the user (United Kingdom Council for Child Internet Safety, 2010:36). It is therefore critical that one's online reputation is protected.

Rationale

The digital footprint could have negative implications for the student's personal and professional lives, especially when student's information is accessed and disseminated to cause harm to students. Students should post content that does not compromise their online and professional reputation, because the information cannot be stopped from circulating around.

Action steps

Action steps that nurse educators should take to achieve this sub-guideline include:

- Discourage posting of photos, content and links that are inappropriate or reveal too much personal information (e.g. nude and sexually explicit photos, pornography, threats, racist comments) as this information could be forwarded to other people.

- Report inappropriate posts or negative comments made by online friends to your social networking site administrator, healthcare facility management and NEI management.

- Promote a social media presence that students will not regret when their social networking activity becomes available to the audience beyond their chosen contacts or control.

- Encourage online self-audit to assess if one's social media account is well protected against hackers with malicious intent to discredit the credibility of the students.

4.3.5   Principle guideline 4: Prevent the blurring of lines between private and professional roles on social media or maintain professional boundaries

Australian Nursing and Midwifery Federation (2014:1) stated that the sharing nature of social media can create problems when personal roles are blurred with the professional roles on social media. Students in this study stated that some of their colleagues established inappropriate relationships with their patients at the healthcare facilities, and information about these relationships is posted on social media.

Students also said that they found it difficult to separate personal and professional roles online.

Main purpose

The purpose of this guideline is to help students distinguish between private and professional posts on social media.

Rationale

Maintenance of professional boundaries online is as important as maintaining boundaries in face-to-face conversations (International Nurse Regulator Collaborative, 2014:1). Students should therefore establish and maintain appropriate professional boundaries while discharging their duties and refrain from casual or romantic interactions with patients. This guideline was developed to enable the nurse educator to help students understand the importance of the distinction between private from public postings on social media.

4.3.5.1 Sub-guideline 4.1: Separate personal and professional status when posting online

One of the ways to prevent the blurring of lines between the private and the public roles on social media is by separating student's personal and professional roles when posting information online.

Purpose

The goal of this sub-guideline is to help and inform nursing students to keep within their allocated nursing duties and to implement correct interventions in the event of these professional boundaries being crossed.

Rationale

It is every nurse's responsibility to become knowledgeable regarding the prescribed professional boundaries and to comply with these boundaries in order to best serve the interests of the public during all nursing interactions (Remshardt, 2012:6). It is important for nursing students to understand that the primary goal for their clinical placement is to gain clinical expertise, and they should therefore not establish

inappropriate relations with patients. This guideline has been developed to help nurse educators encourage activities that students should use to separate private and professional roles when using social media.

Action steps

To achieve this guideline, nurse educators should:

- Encourage registration and use of separate social media accounts for private and professional interaction of nursing students.

- Discourage the student from making statements about patients, the healthcare facility or the Nursing Education Institution on private social media accounts unless they have been authorised in writing to do so. Students should always disclose when they are making statements about the patients, the healthcare facility, or the Nursing Education Institution in their private capacity.

- Encourage students to refer patients to professional and reputable medical social media sites for medical advice rather than allowing student-patient conversation online.

- Discourage students initiating or accepting friend requests from current and previous patients online.

- Advise students to be careful of their behaviour being interpreted as supporting unprofessional and illegal activities like drug trafficking or abuse, alcohol abuse, prostitution, and other crimes.

4.3.6   Principle guideline 5: Awareness of social media addiction

During the interviews, some students mentioned that they use social media excessively, and that they are addicted to it. Students stated that addiction to social media can interfere with academic activities and progress. In order to complete the academic programme within the allocated completion time, it is necessary for students to allocate specific time for social networking and to adhere to this time.

Main purpose

The purpose of this guideline is to enable students to acknowledge social media addiction and to identify strategies to prevent and manage social media addiction.

Rationale

According to Griffiths (2014:1) the transition from normal to problematic social media use occurs when social networking is viewed as an exclusive mechanism to relieve stress, loneliness, or depression, which eventually leads to dependency. The rationale for developing for this principle guideline is to recognise signs of social media addiction early and to identify and apply strategies for social media addiction on time.

4.3.6.1 Sub-guideline 5.1: Recognition of signs of social media addiction

Recognition of signs of social media addiction is a first step in diagnosing and managing the problem of social media addiction.

Purpose

The purpose of this sub-guideline is to help students identify specific signs of social media addiction, and to take action to prevent addition or to mitigate it if and when addiction occurs.

Rationale

As indicated above, some students recognize that they are addicted to the use of social media. It is important for Nursing Education Institutions to help students realise the detrimental effects of social media addiction and help them use social media meaningfully and appropriately. It is also important that Nursing Education Institutions do something about social media addiction once it (addiction) is recognised.

Action steps

The following action steps should be taken by Nursing Education Institutions to achieve this guideline:

Students should be made aware of the signs of Internet addiction which also apply to social media addiction. The following are the signs of internet addiction and should be recognized as such by the student as proposed by Sherman (2011:7):

- A strong desire for the internet, and thinking about the previous online activity or anticipation of the next internet use, as a dominant activity in daily life

- Withdrawal manifested by dysphoric mood, anxiety, irritability and boredom after several days without internet activity

- Marked increase in the use of the internet in order to achieve satisfaction

- Difficulty in controlling persistent desire or unsuccessful attempts to control, cut back or discontinue internet use

- Disregard of harmful consequences caused by excessive internet use

- Loss of previous social communication and interest in other activities of daily life

- Using the internet to escape or relieve feelings of helplessness, anxiety or guilt.

4.3.6.2 Sub-guideline 5.2: Implementation of mitigation strategies for social media addiction

It is important for student nurses to be aware that there are strategies that they can implement to manage social media addiction.

Purpose

The purpose of this sub-guideline is to empower students with strategies to deal with social media addiction.

Rationale

Being empowered with strategies to deal with or minimise the risk of social media addiction will help students implement self-help or to find professional resources when help is necessary. The implementation of the guideline will also reduce or prevent the harmful effects that social addiction.

Action steps

Action steps to achieve this guideline include the following:

- Encourage acknowledgement of addiction to social media and a declaration of a need for help

- Encourage allocation of specific time slots each day for social networking, and adherence to these time slots or use of social media when one's day's academic activities have been completed. Communication of one's social media use time slots to one's contacts and directing the contacts to adhere to these time slots

- Advise blocking off the people in one's contact list who do not adhere to the time slots allocated for social networking

- Encourage students to avoid an environment that encourages social networking if they find it difficult to adhere to the allocated time slots for using social media

- Encourage deactivating of social media account temporarily during examination times and whilst they are in the clinical facilities

- Encourage limiting the number of contacts in one's contact list to those who have the same academic and professional goals as oneself

- Persuade the student to use social media for personal use only e.g. communication with friends, or to post positive "chats" thus displaying personal restraint and discipline

- Reward positive behaviour by students regarding the use of social media e.g. using chat groups for appropriate academic discussion

- Promote enlisting of professional help from a psychologist when unable to follow the actions steps listed above.

4.3.7 Principle guideline 6: Use of social media to enhance academic development of students

Although students stated that they use social media as a means to communicate and not learn, it is clear that they use social media sites like YouTube for their learning. Social media is a wonderful tool that could be used to enhance one's academic development. Students could, for example, keep up to date with research using Twitter, Facebook updates from Institutions of Higher Learning and other reputable organisations. Students should aim to make their online presence valuable to themselves and others (Nursing and Midwifery Board of Ireland, 2013:10).

Main purpose

The purpose of this guideline is to help students exploit academic development opportunities available on social networking and to use such opportunities to enhance their learning.

Rationale

By identifying academic development opportunities that exist on social networking the nurse educator will help students use the time they spend on social media constructively rather than using social media only for fun. It is therefore important to empower students with the ability to identify social networking sites that provide learning opportunities relevant to their academic needs and to verify the credibility of online information resources.

4.3.7.1 Sub-guideline 6.1: Exploration of academic development opportunities available through social media

The Internet is of the methods of communication which allows users to quickly spread information, allowing collaboration between students (Gurcan, 2014:965). Some students stated that they have established social media study groups in order to learn from each other and to communicate academic information and instructions to their colleagues who do not have email access when off campus. This shows how powerful social media are for students in terms of their academic development.

Purpose

The purpose of this sub-guideline is to help students identify social networking sites that provide academic development opportunities, and help students get advice from colleagues, lecturers and subject specialists.

Rationale

Social media can be used in education for improving communication skills of students and teachers, expanding participation, empowering peer support and realisation of collaborative learning (Gurcan, 2014:965). Social media also provide facilities which are enriching learning and teaching processes with text, video, and audio materials, supporting learning processes of students and supporting teachers' teaching and evaluation processes (Gurcan, 2014:965). Students spend most of their time on social networking sites; therefore it is important for them to use social media in a way that will benefit them academically.

Action steps

The following are actions steps that can be implemented by the nurse educator to achieve this guideline:

- Persuade students to collaborate with their colleagues and to request guidance from lecturers and subject specialists when in need of support

- Encourage students to refer to the Nursing Education Institution's social networking site pages to find updates about academic programmes on offer, or changes to policies and guidelines

- Lobby for posting of academic information (like notes, old examination papers, or mock tests) or links on the NEI's social networking site

- Promote posting of assignments online thereby helping students use social media profitably

- Educators should promote the use of social media to interact with their students about academic activities

- Explore the use of blogs, Twitter, Facebook, YouTube, Flickr and LinkedIn as social networking sites that provide academic development opportunities for students (http://www.theguardian.com/social-care-network/2012/mar/20/world-social-work-day-social-media).

4.3.7.2 Sub-guideline 6.2: Verification of the credibility of information received online

The information available on social networks is not always authentic and credible because just about any person can post information on the internet, without concern of its worth, validity or usefulness. One of the students in the study highlighted the fact that they thought that not all information on social networks is valid the researcher realized that the students had misconceptions about the validity of posted information.

Purpose

The purpose of this sub-guideline is to help students identify and utilize credible, valid and authentic online resources for academic and other purposes.

Rationale

The guideline was developed in order to minimize the use of inappropriate and non-credible Internet sites. Determining the credibility of online resources is important for nursing students because only credible sources are allowed for academic use at Nursing Education Institutions.

Action steps

The following are action steps as suggested by Cherry and Jacob (2014:265) that nurse educators can guide students to use to evaluate information received online:

- Authority - review the author's credentials to ascertain whether his/her background and affiliation prepare him/her to write on the subject

- Objectivity - check whether the purpose of the website is clear and that it does not advance a specific viewpoint at the expense of alternative views. Organisations that are sponsored tend to advance the views or the interest of their sponsors. Identifying whether information that is presented is fact or

opinion and whether information is primary or secondary in origin, is also important

- Accuracy - ascertain the accuracy of the information by looking for references and compare it with other sources

- Currency - review the website for evidence that the information it contains is current, by looking at the dates at the top and bottom of the page. A website should be updated regularly, and you should compare the last update with current literature

- Usability - a website should be accessible, logically organised and easy to navigate. The content should be free of errors and readable.

4.4   COMPLETION OF THE STUDY

The objectives of the study were:

- To explore and describe the perceptions of nursing students regarding the use of social media at a Nursing Education Institution and in clinical practice.

- To develop guidelines for the responsible use of social media by nursing students

The first objective was accomplished in phase one of the study by exploring and describing the experiences of the nursing students using a qualitative, explorative, descriptive and contextual research design. The second objective was achieved in phase two by developing the guidelines for the responsible use of social media by nursing students, using the inferences made by the students in the interviews. The study has therefore met the objectives and has been successfully completed.

4.5   LIMITATIONS OF THE STUDY

The richness of the data provided in understanding the experiences of nursing students regarding the use of social media enabled the researcher to achieve the goals for this research project. The following are the limitations of the study that were identified by the researcher:

- It is recognised, that the limited sample size and the specific nature of the sample and research context may prohibit generalisation

- Data was collected from students in the undergraduate level of the nursing degree programme and therefore the experiences of the nursing students in the postgraduate degree and diploma programmes regarding the use of social media are not known

- The researcher depended solely on the story as told by the participants and did not get the opportunity to observe their social networking conduct, so the researcher made inferences based only on the information that was supplied by the students

- There is paucity of research in the area researched in this study. The paucity of research on this topic made it a challenge for the researcher to find context-specific research articles for South Africa.

4.6 RECOMMENDATIONS

In the light of the findings and the limitations highlighted above, the following recommendations are suggested by the researcher:

4.6.1 Recommendations for nursing practice

The following recommendations are proposed for nursing practice:

- Dissemination of the findings of this research study to the public and private healthcare organisations for them to develop policies for social media usage among nursing students allocated to their healthcare institutions

- Develop social networking policies to enforce ethical and legal social networking in healthcare facilities

- Develop and implement disciplinary processes when it found that personnel in health care institution behave inappropriately when using social media

4.6.2 Recommendations for nursing education

The following recommendations are proposed for nursing education:

- Dissemination of these guidelines for the responsible use of social media to all Nursing Education Institutions in the country in order for them to assess, implement, contextualise and re-evaluate the guidelines and their efficacy.

- Nurse educators should cascade the information on ethical and legal obligations of nursing students regarding the use of social media by incorporating the topic into their lectures about ethics and professional conduct.

- Nursing Education Institutions should develop their own policies for social networking that fit the philosophy and the culture of the organisation. Disciplinary procedures should also be developed in terms of such policies and uphold them, to ensure that all employees and students comply with the policies.

- Nursing Education Institutions should inform their staff about the use of social media, by giving them in-service training regarding the appropriate use of social media, as social media was not used during training a few years ago.

- The expectation of the of health professionals as role models regarding social media use in these organisations should be emphasised.

4.6.3   Recommendations for nursing research

The following recommendations are made for nursing research:

- A research study to determine the effectiveness and the impact of implementation of the guidelines will be useful.

- More research needs to be conducted on social media use in the South African healthcare context in order to contribute to the body of knowledge.

- Further research needs to be undertaken to establish the role of the lecturers and hospital personnel in the use of social networking conduct of the nursing students.

4.7   SUMMARY OF THE CHAPTER

This chapter concentrated on the development of guidelines that are aimed at helping the nursing students to utilise social media positively by not violating the rights of patients. The guidelines are also aimed at promoting appropriate use of social media for academic purposes while minimising addiction associated with excessive use of social media for personal purposes. Six principle guidelines were developed, using the literature, the needs identified by the students and the experience of the researcher. Implementation of these guidelines is help to maintain the values and the standards of behaviour expected of a nurse and to maintain positive and mutual relationships between the NEIs and the healthcare facilities.

4.8   CONCLUSION OF THE STUDY

This research study provided in-depth understanding of the way in which nursing students use social media. Evidence of the irresponsible use of social media by nursing students was found. Social media is a communication tool for the future which has been embraced by billions of people throughout the world including at NEIs. Guidelines have been put forward to guide nursing students in using social media responsibly and accountably. The guidelines developed in this research study can also be used by healthcare facilities as a base for the development of policies for social media use by their staff members.

REFERENCES

Aharony, N. 2013. *Factors affecting the adoption of Facebook by information professionals.* Available at https://www.asis.org/asist2013/proceedings/submissions/papers/8paper.pdf. Accessed on 25 November 2014.

Ahn, J. 2011. The Effect of Social Network Sites on Adolescents' Social and Academic Development: Current Theories and Controversies. *Journal of the American Society for Information Science and Technology*, 62(8), 1435-1445.

Aimeur, E., Gambs, S. and Ho, A. 2010. *Towards a Privacy-Enhanced Social Networking Site*. Available at http://ieeexplore.ieee.org/xpl/login.jsp?tp=&arnumber=5438097&url=http%3A%2F%2Fieeexplore.ieee.org%2Fxpls%2Fabs_all.jsp%3Farnumber%3D5438097. Accessed on 28 November 2014.

Akoh, B. 2012. *Changing paradigms for e-learning pedagogy: Social networking technologies for teaching and learning in Canadian post-secondary institutions*. Available at http://umanitoba.ca/faculties/education/media/Akoh12.pdf. Accessed on 13 October 2013.

Al-Dubai, S.A.R., Ganasegeran, K. Al-Shagga, M.A.M., Yadav, H. and Arokiasami, J.T. 2013. *Adverse health effects and unhealthy behaviours among medical students using Facebook*. Available at http://www.ncbi.nlm.nih.gov/pubmed/24453859. Accessed on 31 December 2014.

Armstrong, S. 2013. *A new approach to professional practice*. Cape Town: Juta.

Aronski, E. 2011. *What is the difference between social media and social networking*? Available at http://www.netlz.com/seo-blog/2011/10/12/what-is-the-difference-between-social-networking-and-social-media/. Accessed on 30 April 2013.

Association of Registered Nurses of Newfoundland and Labrador. 2013. *Position statement*. Available at http://www.arnnl.ca/documents/publications/Position_Statement_on_Social_Media_2013.pdf. Accessed on 2 December 2014.

Australian Nursing and Midwifery Federation. 2014. *Use of social media and online networking.* Available at http://anmf.org.au/documents/policies/P_Use_of_ social_media_and_online_networking.pdf. Accessed on 2 December 2014.

Babbie, E. 2012. *The practice of social research*. 12th edition. Wordsworth: Cengage Learning.

Baca, M. 2011. Professional boundaries and dual relationships in clinical practice. *The Journal for Nurse Practitioners*, 7(3), 195-200.

Baker, J. D. 2013. Social networking and professional boundaries. *Association of Perioperative Registered Nurses' Journal*, 97(5), 501-506.

Baruah, T. D. 2012. Effectiveness of social media as a tool of communication and its potential for technology enabled connections: A micro-level study. *International Journal of Scientific and Research publications*, 2(5), 1-10.

Bertot, J.C., Jaeger, P.T. and Hansen, D. 2012. *The impact of policies on government social media usage: issues, challenges and recommendations*. Government information quarterly. Available at http://ac.els-cdn.com/S0740624X 11001171/1-s2.0-S0740624X11001171-main.pdf? Accessed on 13 October 2013.

Bik, H.M. and Goldstein, M.C. 2013. *An introduction to social media for scientists*, [Online] 11(4): 1-8, April 13. Available at http://www.plosbiology.org/article/fetchObject.action?uri=info%3Adoi%2F10.13 71%2Fjournal.pbio.1001535&representation=PDF. Accessed on 9 October 2014.

Bosch, T.E. 2009. Using online social networking for teaching and learning: Facebook use at the University of Cape Town. *South African Journal for Communication Theory and Research*, 35(2), 185-200.

Botma, Y., Greeff, M., Mulaudzi, F.M. and Wright, S.C.D. 2010*. Research in health Sciences.* Cape Town: Pearson.

Boulos, M.N.K. and Wheelert, S. 2007. The emerging Web 2.0 social software: an enabling suite of sociable technologies in health and health care education. *Health Information and Libraries Journal*, 24, 2-23.

Boyd, D.M. and Ellison, N.B. 2008. Social networking sites: Definition, history & scholarship. *Journal of Computer Mediated Communication*, 13, 210-23.

Braun, V. and Clarke, V. 2013. *Successful qualitative research. A practical guide for beginners.* Los Angeles: Sage.

Broughton, A., Higgins, T., Hicks, B and Cox, A. 2009. *Workplaces and Social Networking The Implications for Employment Relations*. Available at http://www.acas.org.uk/media/pdf/f/q/1111_Workplaces_and_Social_Networking-accessible-version-Apr-2012.pdf. Accessed on 13 November 2014.

Butts, J.B. 2007. *Ethics in Professional Nursing Practice.* USA: Jones and Bartlett Learning

Cabral, J. 2011. Is Generation Y Addicted to Social Media? *The Elon Journal of Undergraduate Research in Communications,* 2(1) 5-14.

Cain, C. and Fink, J.L. 2010. Legal and ethical issues regarding social media and pharmacy education. *American Journal of Pharmaceutical Education*, 74(10), 1-8.

Cain, J. 2008. Online social networking issues within academia and pharmacy education. *American Journal of Pharmaceutical Education*, 72(1), 1-7.

Cain, J., Scott, D.R. and Akers, P. 2009. Pharmacy students' Facebook activity and opinions regarding accountability and E-Professionalism. *American Journal of Pharmaceutical Education,* 73(6), 1-6.

Canadian Nurses Association. 2008. *Code of ethics for registered nurses*. Available at http://www.cna-aiic.ca/~/media/cna/files/en/codeofethics.pdf. Accessed on 29 October 2014.

Cherry, B. and Jacob, R.S. 2014. *Contemporary nursing issues, trends and management.* St. Louis: Elsevier.

Chretien, K.C. and Kind, T. 2013. *Social media and clinical care. Ethical, professional, and social implications*. Available at http://circ.ahajournals.org/content/127/13/1413. Accessed on 30 October 2014.

Chretien, K.C., Goldman, E.F., Beckman, I. and Kind, T. 2010. *It's your own risk: Medical students' perspectives on online professionalism,* [Online] 85(10): October. Available at http://www.ncbi.nlm.nih.gov/pubmed/20881708. Accessed on 30 December 2014.

Chretien, K.C., Greysen, S.R., Chretien, J and Kind, T. 2009. Online posting of unprofessional content by medical students. *Journal of the American Medical Association*, 32(12), 1309-1315.

Clifton, A. and Mann, C. 2010. *Can YouTube enhance student nurse learning?,* [Online] 31(2011): 311-313. Available at http://www.ncbi.nlm.nih.gov/pubmed/21036430. Accessed on 17 November 2014.

College of Registered Nurses of Nova Scotia. 2012. *Position statement. Social media.* Available at http://www.crnns.ca/documents/PositionStatement_SocialMedia.pdf. Accessed on 2 December 2014.

Correa, T., Hinsley, A.W. and de Zuniga, H.G. 2009. *Who interacts on the Web?: The intersection of users' personality and social media use*, [Online] 26(2010): 247–253. Available at http://www.sciencedirect.com/science/article/pii/S0747563209001472. Accessed on 20 November 2014.

Crawford, K. 2009. Following you: Disciplines of listening in social media. *Journal of Media and Cultural Studies*, 23(4), 525-535.

Cresswell, J.W. 2009. Research design*: Qualitative, quantitative and mixed methods approaches.* 3rd edition. Los Angeles: Sage.

Creswell, J.W. 2013. *Qualitative inquiry & research design. Choosing among five approaches.* 3rd edition. Washington: Sage.

Cronquist, R. and Spector, N. 2011. Nurses and social media: Regulatory concerns and guidelines. *Journal of nursing regulation*, 2(3), 37-40.

Dabbagh, N. and Kitsantas, A. 2011. *Personal Learning Environments, social media, and self-regulated learning: A natural formula for connecting formal and informal learning, Internet and Higher Education,* [Online] 15(2012), 3–8. Available at http://www.sciencedirect.com/science/article/pii/S1096751611000467. Accessed on 15 November 2014.

DeAndrea, D.C., Ellison, N.B., LaRose, R., Steinfield, C. and Fiore, A. 2011. *Serious social media: On the use of social media for improving students' adjustment to college.* Available at https://www.msu.edu/~nellison/DeAndrea_et_al_SeriousSocialMedia.pdf. Accessed on 18 October 2014.

Devakumar, D., Brotherton, H., Halbert, J., Clarke, A., Prost, A. and Hall, J. 2013. *Taking ethical photos of children for medical and research purposes in low-resource settings: An exploratory qualitative study.* Available at http://www.ncbi.nlm.nih.gov/pubmed/23835013. Accessed on 29 October 2014.

Drew, C. 2012. *Insights into social constructivist theory.* Available at http://www.aisr.org/school/newsflash/402. Accessed on 16 September 2013.

Drussel, J. 2012. *Social Networking and Interpersonal Communication and Conflict Resolution Skills among College Freshmen.* Available at http://sophia.stkate.edu/cgi/viewcontent.cgi?article=1021&context=msw_papers. Accessed on 13 November 2014.

Ellison, N.B. and Boyd, D. 2013. Sociality through social network sites. In Dutton ed. *The Oxford handbook of internet studies.* Oxford: Oxford University Press. 151-152.

Ellison, N.B., Steinfield, C. and Lampe, C. 2007. The benefits of Facebook "friends:" social capital and college students' use of online social network sites. *Journal of Computer-mediated Communication*, 12(2007), 1143-1148.

Emergency Nurses Association. 2012. *Social networking by emergency nurses. Expectations for nurses.* Available at http://www.ena.org/SiteCollection Documents/Position%20Statements/SocialNetworkingByERNurses.pdf. Accessed on 2 December 2014.

Ezumah, B.A. 2013. College students' use of social media: site preferences, uses and gratifications theory revisited. *International Journal of Business and Science*, 4(5), 27- 35.

Farnan, J.M., Sulmacy, L.S., Worster, B.K., Humayun, J. Chaudhry, D.O., Rhyne, M.D. and Arora, V.M. 2013. *Online Medical Professionalism: Patient and Public Relationships: Policy Statement From the American College of Physicians and the Federation of State Medical Boards.* Available at http://anals/org/. Accessed on 30 October 2014.

Ferreira, A. and du Plessis, T. 2009. *Effect of online social networking on employee productivity.* Available at http://www.sajim.co.za/index.php/SAJIM/article/ viewFile/397/384. Accessed on 13 November 2014.

Fouche, C.B. and de Vos, A.S. 2012. *Research at grassroots.* Pretoria: Van Schaiks.

Frankish, K., Ryan, C. and Harris, A. 2012. Psychiatry and online social media: Potential, pitfalls and ethical guidelines for psychiatrists and trainees. *Australasian Psychiatry*, 20(3), 181-187.

Fraser, R. 2011. *The nurses' social media advantage. How making connections and sharing ideas can enhance your practice.* Honour Society of Nursing.

Friedman, T. 2011. *It's a social world. 10 need-to-knows about social networking and where it's headed.* Available at http://www.brandchannel.com/images/papers/ 534_comscore_wp_social_media_report_1212.pdf. Accessed on 13 August 2013.

Garbers, J.G. 1996. *Effective research in human sciences.* Pretoria: van Schaik.

George, D.R., Rovniak, L.S. and Kraschnewski, J.L. 2013. *Dangers and opportunities for social media in medicine*, [Online] 56(3), 1-10. Available at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3863578/. 21 November 2014.

Geyer, N. 2013. *A new approach to professional practice.* Cape Town: Juta.

Gilkey, M.B. and Earp, J. 2009. Defining patient advocacy in the post-quality chasm era. *North Carolina Medical Journal*, 70(2), 120-124.

Go, P.H., Klaassen, Z. Chamberlain, R.S. 2012. Attitudes and practices of surgery residency programme directors toward the use of social networking profiles to select residency candidates: A nationwide survey analysis. *Journal of Surgical Education*, 69(3), 292-300.

Greeff. M. 2012. *Research at grassroots*. Pretoria: Van Schaik.

Greysen, S.R., Kind, T. and Chretien, K.C. 2010. *Online professionalism and the mirror of social media. Journal of General Internal Medicine*, 25(11), 1227-1229.

Griffiths, M.D. 2013. Social networking addiction: Emerging themes and issues. *Journal of Cancer Research and Therapeutics*, 4(5): 1-2.

Grove, S.K., Burns, N. and Grey, J. 2013. *The practice of nursing research*. 7th edition. St. Louis: Elsevier.

Guido, G.W. 2009. *Legal and ethical issues in nursing*. 5th edition. United States: Pearson Education.

Gurcan, H. I. 2014. Contribution of social media to the student's academic development. *International Journal of Information and Education Technology*, 5(12) 965-968.

Haridakis, P. and Gary Hanson, G. 2009. Social Interaction and Co-Viewing With YouTube: Blending Mass Communication Reception and Social Connection. *Journal of Broadcasting and Electronic Media*, 53(2), 317-335.

Hays, S., Page, S.J. and Buhalis, D. 2013. *Social media as a destination marketing tool: its use by national tourism organisations*. Available at http://dx.doi.org/10.1080/13683500.2012.662215. Accessed on 17 November 2014.

Henry, R.K. and Molnar, A.L. 2013. Examination of social networking professionalism among dental and dental hygiene students. *Journal of Dental Education,* 77(11), 1425-1430.

Hillman, H. and Watson, E. 2012. State boards of nursing disciplinary actions: Use of social media. *Journal of Legal Nurse Consulting*, 23(1), 48-49.

Hoadley, C.M., Xu, H., Lee, J.J. and Rosson, M.B. 2010. *Privacy as information access and illusory control: The case of the Facebook news feed privacy outcry*, [Online] 9(2010): 50-60, 2 May. Available at http://www.sciencedirect.com/science/ article/pii/S1567422309000271. Accessed on 21 October 2014.

Holden, J.T. and Westfall, P.J.L. 2010*. An instructional media selection. Guide for distance learning- implications for blended learning featuring an introduction to virtual worlds.* 2ⁿᵈ edition. United States: Distance Learning Association.

Holloway, I. and Wheeler, S. 2002. *Qualitative research in nursing.* 6ᵗʰ edition. Oxford: Blackwell Science.

Hornett, M. 2013. The Francis Report: My priorities. *British Journal of Nursing*, 22(4), 247-248.

Hrdnova, J., Helbig, N. and Peters, C.S. 2011. *Designing social media policy for government: Eight essential elements.* Available at http://www.ctg.albany.edu/ publications/guides/social_media_policy/social_media_policy.pdf. Accessed on 19 November 2014.

Huang, G.C., Unger, J.B., Soto, D., Fujimoto, K., Pentz, M.A., Jordan-Marsh, M. and Valente, T.W. 2014. Peer influences: the impact of online and offline friendship networks on adolescent smoking and alcohol use. *Journal of Adolescent Health*, 54(2014), 508-514.

Hughes, D.J., Rowe, M., Batey, M. and Lee, A. 2012. *A tale of two sites: Twitter vs. Facebook and the personality predictors of social media usage*, [Online] 28(2012): 561-569, December 5. Available at http://www.sciencedirect.com/science/ article/pii/S0747563211002457. Accessed on 20 November 2014.

International Nurse Regulator Collaborative. 2014. *Social media use: common expectations for nurses.* Available at http://www.heti.nsw.gov.au/Global/nm/Social-media-nurses.pdf. Accessed on 12 December 2014.

Joseph, S. 2012. *Social media, political change and human rights*, [Online] 35(1), 145-188, January 1. Available at http://lawdigitalcommons.bc.edu/iclr/vol35/iss1/3. Accessed on 20 October 2014.

Kaplan, A.M. and Haenlien, M. 2010. *Users of the world unite! The challenges and opportunities of social media*, [Online] (53): 59-68. Available at www.sciencedirect.com. Accessed on 7 August 2013.

Kietzmann, J.H., Hermkens, K. McCarthy, I.P. and Silvetre, B.S. 2011. *Social media? Get serious. Understanding the functional building blocks of social media*. Available at http://www.sciencedirect.com/science/article/pii/S0007681311000061. Accessed on 15 November 2014.

Kind, T., Genrich, G., Sodhi, A. and Chretien, K.C. 2010. *Social media at US medical schools. Medical education online*. Available at http://www.ncbi.nlm.nih.gov/pubmed /20859533. Accessed on 15 July 2013.

Klich-Heartt, E.I. and Prion, S. 2010. *Social networking. Ethical concerns for nurses*. Available at http://www.sciencedirect.com/science/article/pii/S154146121000008X. Accessed on 13 August 2013.

Klopper, H and Knobloch, S. 2013. *The principles and practice of nursing and healthcare. Ethos and professional practice, management, staff development and research*. Pretoria: Van Schaik.

Kross, E., Verduyn, P., Demiralp, E., Park, J., Lee, D.S., Lin, N., Shablack, H., Jonides, J. and Ybarra, O. 2013. *Facebook Use Predicts Declines in Subjective Well-Being in Young Adults*. Available at http://www.ncbi.nlm.nih.gov/ pubmed/23967061. Accessed on 18 November 2014.

Kuss, D.J. and Griffiths, M.D. 2011. Online social networking and addiction- A review of the psychological literature. *International Journal of Environmental Research and Public Health*, 8, 3528-3552.

Landman, M.P., Shelton, J., Kauffman, R.M. and Dattilo, J.B. 2010. Guidelines for maintaining a professional compass in the era of social networking. *Journal of Surgical Education*, 67(6), 381-386.

Lange, P.G. 2008. Publicly Private and Privately Public: Social Networking on YouTube. *Journal of Computer-Mediated communication*, 13(2008) 361–380. Available at http://onlinelibrary.wiley.com/doi/10.1111/j.1083-6101.2007 .00400.x/pdf. Accessed on 19 November 2014.

Lee, C.S. and Ma, L. 2011. *News sharing in social media: The effect of gratifications and prior experience*, [Online] 28(2012): 331-339, November 1. Available at http://www.sciencedirect.com/science/article/pii/S074756321100210X. Accessed on 17 October 2014.

Lenhart, A., Purcel, K., Smith, A. and Zickuhr, K. 2010. *Social media and mobile Internet use among teens and young adults.* Available at http://www.pewinternet.org/files/old-media/Files/Reports/2010/PIP_ Social_Media_ and_Young_Adults_Report_Final_with_toplines.pdf. Accessed on 29 December 2014.

Liu, Y., Krishnamurthy, B., Gummadi, K.P. and Mislove, A. 2011. *Analysing facebook privacy settings: User expectations vs. reality.* Available at http://conferences. sigcomm.org/imc/2011/docs/p61.pdf. Accessed on 21 November 2014.

Livingstone, S. 2014. *Taking risky opportunities in youthful content creation: teenagers' use of social networking sites for intimacy, privacy and self-expression.* Available on http://nms.sagepub.com/content/10/3/393. Accessed on 20 November 2014.

Martinez-Garcia, A., Moreno-Conde, A., Jodar-Sanchez, F., Leal, S. and Para, C. 2013. Sharing clinical decisions for multimorbidity case management using social network and open-source tools. *Journal of Biomedical Informatics*, 46 (2013), 1977-1984.

Mbatha, B. 2012. *New media in the information society*. Pretoria: Van Schaik.

Mcloughlin, C. and Lee, J.W. 2007. *Social software and participatory learning: Pedagogical choices with technology affordances in the web 2.0 era*. Available at http://www.ascilite.org.au/conferences/singapore07/procs/mcloughlin.pdf. Accessed on 17 November 2014.

McNamee, G.D. 2003. *Learning to read and write in an inner-city setting: a longitudinal study of community change*. Cambridge: University Press.

Merriam Webster Dictionary. Available at http://www.merriam-webster.com/dictionary/central. Accessed on 30 October 2014.

Milton, C.L. 2014. *Accountability in Nursing: Reflecting on ethical codes and professional standards of nursing practice from a global perspective*. Available at http://nsq.sagepub.com/content/21/4/300. Accessed on 21 October 2014.

Mohamed, M. and Guandasami, W. 2014. *The Influence of Peer-to-Peer Social Networks and Computer Supported Collaborative Learning (CSCL) in Mathematics*. Available at http://wl=http%3A%2F%2Fsdiwc.net%2Fdigital-library%2Fweb-admin%2Fupload-pdf%2F00001048.pdf&ei=PsyrVIy9LszzUNjFgKAL&usg=AFQjCNEYlUVvNNy7Of9e8s1sfLfPyIQrcA&sig2= 2e299nqz97dGKEaFhJcRiQ. Accessed on 19 October 2014.

Mokoena, J.D. and Jooste, K. 2013. *The principles and practice of nursing nursing and healthcare. Ethos and professional practice, management, staff development and research* . Pretoria: Van Schaik.

Moore, K. and McElroy, J.C. 2011. *The influence of personality on Facebook usage, wall postings, and regret,* [Online] 28(2012), 267–274. Available at http://www.sciencedirect.com/science/article/pii/S0747563211002020. Accessed on 20 November 2014.

Mouton, J. 2001. *How to succeed in your master's and doctoral studies: A South African guide and resource book*. Pretoria: Van Schaik.

Mouton, J. 2006. *Understanding social sciences research: Concepts, principles and good practice.* Pretoria: Van Schaik.

Muller, M. 2009. *Nursing Dynamics.* Sandton: Heinemann.

National Council of State Boards of Nursing. 2013. *White paper: A nurses' guide to the use of social media.* Available at https://www.ncsbn.org/Social_Media.pdf. Accessed on 12 July 2013.

National Health and Medical Research Council. 2011. *How NHMRC develops its guidelines.* Available at http://www.nhmrc.gov.au/guidelines/how-nhmrc-develops-its-guidelines. Accessed on 12 October 2013.

Nesbit, T. 2011. Social media in the workplace and patterns of usage. *International Journal of Interdisciplinary Social Sciences,* 5(9), 62-80.

New Zealand Nurses, Organisation, 2012. *Social media and the nursing profession: a guide to online professionalism for nurses and nursing students.* Available at http://www.waikatodhb.govt.nz/file/fileid/Social%20media%20and%20the%20nursing%20profession.pdf. Accessed on 28 January 2014.

Newbold, K.B. and Campos, S. 2011. *Media and social media in public health messages: A systematic review.* Available at http://www.mcmaster.ca/mihe/documents/publications/Social%20Media%20Report.pdf. Accessed on 24 May 2013.

Nurses Association of New Brunswick. 2012. *Practice Guideline: Ethical and Responsible Use of Social Media Technologies.* Available at http://www.nanb.nb.ca/downloads/Practice%20Guidelines-%20Social%20Media-E(1).pdf. Accessed on 21 November 2014.

Nursing and Midwifery Board of Ireland. 2013. *Guidance to nurses and midwives on social media and social networking.* Available at http://www.ul.ie/nm/sites/default/files/Guidance%20to%20Nurses%20%26%20Midwives%20on%20Social%20Media%20%2B%20Social%20Networking.pdf. Accessed on 29 October 2014.

O'Keeffe, G. S. and Clarke-Pearson, K. 2011. The impact of social media on children, adolescents and families. *Official Journal of the American Academy of Paediatrics*, 3, 800-804.

Ozer, O. 2004. *Constructivism in Piaget and Vygotsky.* Available at http://www.fountainmagazine.com/Issue/detail/CONSTRUCTIVISM-in-Piaget-and-Vygotsky. Accessed on 14 January 2014.

Palacios-Gonzalez, C. 2014. The ethics of clinical photography. Available at https://www.academia.edu/7648771/The_ethics_of_clinical_photography_and_social_media. Accessed on 29 December 2014.

Park, N., Kee, K.F. and Valenzuela, S. 2009. *Being immersed in social networking environment: Facebook groups, uses and gratifications, and social outcomes*, [Online] 12(6): 729-733. Available at http://www.ncbi.nlm.nih.gov/pubmed/19619037. Accessed on 8 October 2014.

Pempek, T.A., Yermolayeva, P.Y. and Calvert, S.L. 2009. College students' social networking experiences on Facebook. *Journal of applied Developmental Psychology,* 30(2009), 227-238.

Pera, S. and van Tonder, S. 2012. *Ethics in healthcare.* 3rd edition. Lansdowne: Juta.

Pillow, M.T., Hopson, L., Bond, M., Cabrera, D., Patterson, L., Pearson, D., Sule, H., Ankel, F., Fernandez-Frackelton, M., Hall, R.V., Kegg, J.A., Norris, D. and Takaneka, K. 2013.   Social Media Guidelines and Best Practices: Recommendations from the council of residency directors social media task force*. Western Journal of Emergency Medicine, XV, (1), 26-30.*

Polgar, S. and Thomas, S.A. 1996. *Introduction to research in health sciences.* 3rd edition. Melbourne: Churchill Livingstone.

Polit, D.F. and Beck, C.T. 2012. *Research manual for nursing research. Generating and assessing evidence for nursing practice.* 9th edition. Lippincot: Williams and Wilkins.

Pritchard, M., Benecke, R. and van Vuuren, R. 2012. *The Work integrated learning student as social media practitioner: Ethical challenges*. University of Johannesburg

Quan-Haase, A and Young, A.L. 2010. *Uses and gratifications of social media: A comparison of Facebook and Instant Messaging*, [Online] 30(5): 350-361, September 14. Available at http://bst.sagepub.com/content/30/5/350. Accessed on 17 October 2014.

Remshardt, M.A. 2012. *Do you know your professional boundaries?* Available at http://journals.lww.com/nursingmadeincrediblyeasy/Fulltext/2012/01000/Do_you_know_your_professional_boundaries_.3.aspx. Accessed on 20 October 2014.

Royal College of Nursing Australia. 2011. *Social Media guidelines for Nurses.* Available at http://www.rcna.org.au/wcm/Images/RCNA_website/Files%20for%20upload%20and%20link/rcna_social_media_guidelines_for_nurses.pdf. Accessed on 29 October 2014.

Rubin, A. and Babbie, E. 2005. *Research methods for social work.* 5th edition. Australia: Thompson Brooks/Cole.

Scanfeld, D., Scanfeld, V. and Larson, E.L. 2010. Dissemination of health information through social networks: Twitter and antibiotics. *American Journal of Infection Control*, 38(3), 182-188.

Schmitt, T.L. and Lilly, K. 2012. *Social media use among nurses*, [Online] *Dermatology nurses' association*, 4(3): 181-187.

Selwyn, N. 2009. *Faceworking: exploring students' education-related use of Facebook, Learning, Media and Technology*, [Online] 34(2), 157-174. Available at http://dx.doi.org/10.1080/17439880902923622. Accessed on 20 October 2014.

Shema, H., Bar-Ilan, J. and Thelwall, M. 2012. *Research blogs and the discussion of scholarly information*, [Online] 7(5): 1-8, May 11. Available at http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0035869. Accessed on 17 December 2014.

Shenton, A. K. 2004. Strategies for ensuring trustworthiness in qualitative research. *Journal of Education for Information*, 22, 63-75.

Sherman, E. 2011. *Facebook addiction: Factors influencing an individual's addiction.* Honours thesis: University of Massachusetts. Available at http://scholarworks. umb. edu/management_hontheses/5/. Accessed on 28 November 2014.

Skiba, D.J. 2011. The need for social media policies for schools of nursing. *Journal of Nursing Education*, 32(2), 126-127.

South Africa. 1996. *The Constitution Act 108 of 1996.* Pretoria: Government Printer.

South Africa. 2003. *The National Health Act 61 of 2003.* Pretoria: Government Printer.

South Africa. 2005. *The Nursing Act 33 of 2005.* Pretoria: Government Printer.

Steinfield, C., Ellison, N.B. and Lampe, C. 2008. Social capital, self-esteem, and use of online social network sites: A longitudinal analysis. *Journal of Applied Developmental Psychology*, 29(2008), 434-445.

Stellenberg, E. 2013. *Patient's rights and responsibilities*. Cape Town: Juta.

Strydom, H. 2012. *Sampling in the quantitative paradigm*. Pretoria: Van Schaik.

Subrahmanyam, K., Reich, S.M., Waechter, N. and Espinoza, G. 2008. Online social networks: Use of social networking sites by emerging adults. *Journal of Applied Developmental Psychology*, 29(2008), 420-433.

Sussman, S. and Sussman, A.N. 2011. Considering the Definition of Addiction. *International Journal of Environmental Research and Public Health*, 8, 4025-4038.

Thackeray, R., Neiger, B.L., Hanson, C.L. and McKenzie, J.F. 2008. *Enhancing Promotional Strategies Within Social Marketing Programs: Use of Web 2.0 Social Media*. Available at http://hpp.sagepub.com/content/9/4/338. Accessed on 17 November 2014.

Thompson, L.A., Dawson, K., Ferdig, R., Black, E.W., Boyer, J., Coutts, J. and Black, N.P. 2008. *The Intersection of Online Social Networking with Medical Professionalism.* Available at http://www.ncbi.nlm.nih.gov/pubmed/18612723. Accessed on 15 November 2014.

Tower, M., Latimer, S. and Hewitt, J. 2014. Social networking as a learning tool: Nursing students' perception of efficacy. *The Journal for Nurse Practitioners*, 34(6), 1012-1017.

Tufekci, Z. 2008. *Grooming, gossip, Facebook and MYSPACE. What can we learn about these sites from those who won't assimilate?* Available at http://www.tandfonline.com/doi/abs/10.1080/13691180801999050#.VJ77hnAC c. Accessed on 16 November 2014.

United Kingdom Council for Child Internet Safety. 2010. *Good practice guidance for the providers of social networking and user-interactive services*. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/ 251456/industry_guidance_social_networking.pdf. Accessed on 11 December 2014.

Valenzuela, S., Park, N. and Kee, K.F. 2009. Is there social capital in social network sites?: Facebook use and college students' life satisfaction, trust and participation. *Journal of Computer-Mediated Communication*, 14(2009), 875-901.

Vasuthevan, S and Geyer, N. 2013. *Advocacy*. Cape Town: Juta.

Ventola, C.L. 2014. *Social Media and Health Care Professionals: Benefits, Risks, and Best Practices*, [Online] 39(7), 491-520. Available at http://www.ncbi.nlm.nih.gov /pmc/articles/PMC4103576/. Accessed on 14 December 2014.

von Muhlen, M. and Ohno-Machado, L. 2013. Reviewing social media use by clinicians. *American Medical Association Journal*, 19, 777-781.

Wagner, C., Kaluwich, B. and Garner, M. 2012. *Doing social research. A global context.* Berkshire: McGraw-Hill.

Wang, Q., Chen, W. and Liang, L. 2011. *The effects of social media on college students. Johnson and Wales University*. 11 January 2011. 1- 12.

Wehrli, S. 2008. *Personality on Social Network Sites: An Application of the Five Factor Model.* Available at http://econpapers.repec.org/paper/etswpaper/7.htm. Accessed on 22 November 2014.

Whipple, E.C., Allgood, K.L. and Larue, E.M. 2012. *Third year medical students' knowledge of privacy and security issues concerning mobile devices.* Available at http://www.ncbi.nlm.nih.gov/pubmed/22489969. Accessed on 5 August 2014.

Wigmore, I. and Rouse, M. 2012. *Social media. Part of the computing glossary.* Available at http://whatis.techtarget.com/definition/social-media. Accessed on 16 October 2013.

World-wide worx and Fuseware. 2012. *South African media landscape.* Available at http://www.worldwideworx.com/wp-content/uploads/2012/10/Exec-Summary-Social-Media-20121.pdf. Accessed on 12 July 2013.

Wu, A.M.S., Cheung, V.I., Ku, L. and Hung, E.P.W. 2013. Psychological risk factors of addiction to social networking sites among Chinese smartphone users. *Journal of Behavioural Addictions*, 2(3), 160-166.

Ziv, N.D. and Mulloth, B. 2006. *An exploration of mobile networking: Dodgeball as a case in point.* Available at http://ieeexplore.ieee.org/xpls/abs_all.jsp?arnumber=4124116&tag=1. Accessed on 29 December 2014.

ANNEXURES

ANNEXURE 1: Information letter for the participant

• PO Box 77000 • Nelson Mandela Metropolitan University

• Port Elizabeth • 6031 • South Africa • www.nmmu.ac.za

**Nelson Mandela
Metropolitan
University**

f o r   t o m o r r o w
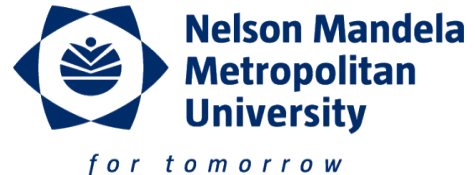
Dear participant.

REQUEST FOR YOUR PARTICIPATION IN A RESEARCH PROJECT

My name is Mr Thandolwakhe. Nyangeni and I am a Master's student at the Nelson Mandela Metropolitan University (NMMU) in Port Elizabeth. I wish to conduct research for my Master's treatise entitled: *Guidelines for the responsible use of social media by nursing students*. The project is being conducted under the supervision of Professor R.M. van Rooyen at the Department of Nursing Science at the NMMU.

The goal of the study is to develop guidelines for the responsible use of social media by nursing students and what should be included in the guidelines for the responsible use of social media by the nursing students.

Interviews will be conducted with participants in order to collect information regarding the content that should be included to develop the guidelines for responsible use of social media by nursing students. The interviews will be recorded and transcribed verbatim and kept safe for a period of 5 years. The data will be kept strictly confidential at all times. Each interview will last approximately 45 to 60 minutes. The questions that you will be asked are:

Tell me about the use social media in your everyday life

How do you use social media as a nursing student?

What do you regard as responsible use of social media?

Tell me if there should be any difference between using social media as a private citizen and using social media as a nursing student.

Tell me if you are aware of any guidelines that nursing students should take into consideration when using social media.

Tell me if there whether there should be any difference between using social media as a private citizen and using social media as a nursing student.

Tell me if you are aware of any guidelines that nursing students should take into consideration when using social media.

To participate, it will be required of participants to provide a written consent that will include your signature, date and initials to verify that you understand and agree to participate. Furthermore, it is important that you are aware of the fact that the ethical integrity of the study has been approved by the Research Ethics Committee (REC-H) of the university.

Participation in research is completely voluntary. You are not obliged to take part in any research. If you choose not to participate in this research, your present and/or future rights and privileges as a student will not be affected in any way and you will incur no penalty and/or loss of benefits to which you may otherwise be entitled. If you do partake, you have the right to withdraw at any given time, during the study without penalty or loss of benefits. However, if you do withdraw from the study, you should return for a final discussion or examination in order to terminate the research in an orderly manner.

Although your identity will at all times remain confidential, the results of the research study may be presented at scientific conferences or in specialist publications.

This informed consent statement has been prepared in compliance with current statutory guidelines.

Yours faithfully

Thandolwakhe Nyangeni

Student number: 211211125

INFORMED CONSENT BY THE PARTICIPANT

Guidelines for the responsible use of social media by nursing students

I give consent for you to interview me for the purposes of data collection for the above-mentioned research study.

I have read the accompanying letter explaining the goal and objectives of the research project and understand that:

- My participation the student's study is voluntary

- I may decide to withdraw at any time without penalty

- All information obtained will be treated in strictest confidence

- My name and that of the university will not be identifiable or used in any written reports

- I can withdraw from the research study at any time without incurring any penalty or losing any of my rights as a person and as a student

- A report of the findings will be made available to me via my institution

- I may seek further information on the project from Mr. Thandolwakhe Nyangeni:

        Cell nr: 071 468 8807   **Tel. nr:** 041 504 2963
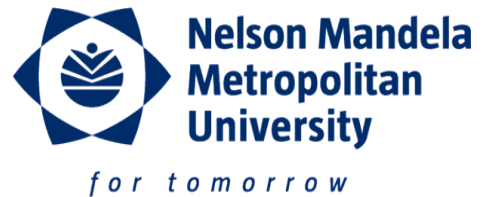
        Fax nr: 086 545 0198   **Email:** Thandolwakhe.Nyangeni2@nmmu.ac.za

_____

Signature

ANNEXURE 2: Permission letter to the Head of Department

The Head of Department

NMMU Nursing Science Department

North Campus

Summerstrand

Port Elizabeth

Dear Professor Ricks.

REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT NMMU NURSING SCIENCE DEPARTMENT

My name is Thandolwakhe Nyangeni, and I am a Master's student at the Nelson Mandela Metropolitan University in Port Elizabeth. I wish to conduct a research study for my Master's treatise titled *Guidelines for the responsible use of social media by nursing students*. This project will be conducted under the supervision of Professor R.M. van Rooyen and Dr S.M. du Rand.

I am hereby seeking your consent to approach nursing students in the undergraduate degree programme at NMMU for the purpose of data collection. Permission will be sought from the students for their participation in the research. Only those students who give consent will participate. The researcher will perform the interviews, which will be tape-recorded in order to facilitate transcription. Each interview will take approximately 45 minutes. All information collected will be treated in strictest confidence. Participants may withdraw from the study at any time without penalty. If a participant requires support as a result of their participation in the study, steps can be taken to accommodate this. Once I have received your consent to approach students to participate in the study, I will:

- Arrange for informed consent to be obtained from participants

- Arrange a time and venue suitable to each participant for data collection to take place

Upon completion of the study, I undertake to provide the Nursing Science Department with a bound copy of the full research report. If you require any further information, please contact me on 071 468 8807, fax: 086 545 0198, email: Thandolwakhe.Nyangeni2@nmmu.ac.za.

Thank you for your time and consideration in this matter.

Yours sincerely,

Thandolwakhe Nyangeni

Student number: 211211125

Nelson Mandela Metropolitan University

INFORMED CONSENT BY THE HEAD OF DEPARTMENT

Guidelines for the responsible use of social media by nursing students

I give consent for you to approach nursing students in the undergraduate nursing degree programme at the Nelson Mandela Metropolitan University for the purpose of data collection for the above-mentioned study.

I have read the accompanying letter explaining the purpose of the research project and understand that:

- The student's participation in the research is voluntary

- The students may decide to withdraw at any time without penalty

- All information obtained will be treated in strictest confidence

- The names of the students and that of the university will not be identifiable and used in any written reports

- A report of the findings will be made available to them via the institution

- They may seek further information on the project from Mr. Thandolwakhe Nyangeni:

Cell nr: 071 468 8807   **Tel. nr:** 041 504 2963

Fax nr: 086 545 0198   **Email:** Thandolwakhe.Nyangeni2@nmmu.ac.za

_____   _____
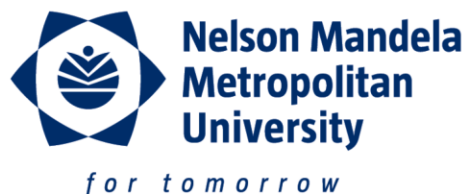
HoD   Signature

ANNEXURE 3: Approval from the head of the nursing science department

Nelson Mandela Metropolitan University

for tomorrow

North campus
Faculty of Health Sciences
Department of Nursing Science
Tel . +27 (0)41 504 2114 Fax. +27 (0)504 2616
Esmeralda.Ricks@nmmu.ac.za

Mr Nyangeni

Department of Nursing Science

NMMU

Dear Mr Nyangeni

PERMISSION TO CONDUCT RESEARCH AMONG THE BACHELOR OF NURSING STUDENTS

In response to your letter requesting permission to conduct a study titled *"Guidelines for the responsible use of social media by nursing students"* among all undergraduate Bachelor of Nursing students. Please be advised that permission is hereby granted. I wish you success with your studies.
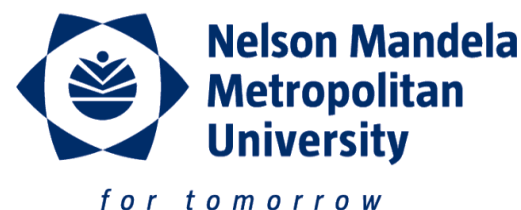
Yours sincerely

Professor EJ Ricks

Head: Department of Nursing Science

ANNEXURE 4: Permission letter to the Deputy Vice Chancellor-Research and Engagement

• PO Box 77000 • Nelson Mandela Metropolitan University

• Port Elizabeth • 6031 • South Africa • www.nmmu.ac.za

The Vice Chancellor: Research and Engagement

NMMU

Summerstrand

Port Elizabeth

Dear Professor Mayekiso.

REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT NMMU NURSING SCIENCE DEPARTMENT

My name is Thandolwakhe Nyangeni, and I am a Master's student at the Nelson Mandela Metropolitan University in Port Elizabeth. I wish to conduct a research study for my Master's treatise titled *Guidelines for responsible use of social media by nursing students*. This project will be conducted under the supervision of Professor R.M. van Rooyen and Dr S.M. du Rand.

I am hereby seeking your consent to approach nursing students in the undergraduate degree programme at NMMU for the purpose of data collection. Permission will be sought from the students for their participation in the research. Only those students who give consent will participate. The researcher will perform the interviews, which will be tape-recorded in order to facilitate transcription. Each interview will take approximately 45 minutes. All information collected will be treated in strictest confidence. Participants may withdraw from the study at any time without penalty. If a participant requires support as a result of their participation in the study, steps can be taken to accommodate this. Once I have received your consent to approach students to participate in the study, I will:

- Arrange for informed consent to be obtained from participants

- Arrange a time and venue suitable to each participant for data collection to take place

Upon completion of the study, I undertake to provide the Nursing Science Department with a bound copy of the full research report. If you require any further information, please contact me on 071 468 8807, fax: 086 545 0198, email: Thandolwakhe.Nyangeni2@nmmu.ac.za.

Thank you for your time and consideration in this matter.

Yours sincerely,

Thandolwakhe Nyangeni

Student number: 211211125

Nelson Mandela Metropolitan University

INFORMED CONSENT BY THE DEPUTY VICE CHANCELLOR- RESEARCH AND ENGAGEMENT

Guidelines for the responsible use of social media by nursing students

I give consent for you to approach nursing students in the undergraduate nursing degree programme at the Nelson Mandela Metropolitan University for the purpose of data collection for the above-mentioned study.

I have read the accompanying letter explaining the purpose of the research project and understand that:

- The student's participation in the research is voluntary

- The students may decide to withdraw at any time without penalty

- All information obtained will be treated in strictest confidence

- The names of the students and that of the university will not be identifiable and used in any written reports

- A report of the findings will be made available to them via the institution

- They may seek further information on the project from Mr Thandolwakhe Nyangeni:

Cell nr: 071 468 8807   **Tel. nr:** 041 504 2963

Fax nr: 086 545 0198   **Email:** Thandolwakhe.Nyangeni2@nmmu.ac.za
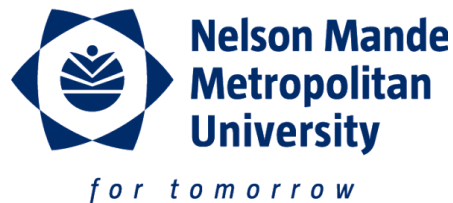

_____   _____

Deputy Vice Chancellor: Research and Engagement   Signature

ANNEXURE 5: Approval from the Deputy Vice Chancellor: Research and Engagement

Nelson Mande Metropolitan University

for tomorrow

21 July 2014

Mr T Nyangeni

NMMU

GUIDELINES FOR THE RESPONSIBLE USE OF SOCIAL MEDIA
BY NURSING STUDENTS

Ref: [H14-HEA-NUR-001]

According to the internal regulatory code for ethical clearance [[H14-HEA-NUR-001] Institutional permission is required to implement institutional studies on campus.

I, **Professor Thoko Mayekiso, DVC Research and Engagement** hereby consent to the above study and am satisfied that all pre requisite ethical clearance for the implementation thereof will be adhered to.
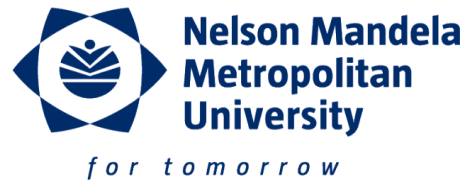
SIGNATURE _____.

DATE: _____21July 2014_____.

145

ANNEXURE 6: Permission letter to the Dean of the Faculty of Health Sciences

• PO Box 77000 • Nelson Mandela Metropolitan University

• Port Elizabeth • 6031 • South Africa • www.nmmu.ac.za

Nelson Mandela Metropolitan University

f o r   t o m o r r o w

Dear Professor Exner.

REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT NMMU NURSING SCIENCE DEPARTMENT

My name is Thandolwakhe Nyangeni, and I am a Master's student at the Nelson Mandela Metropolitan University in Port Elizabeth. I wish to conduct a research study for my Master's treatise titled *Guidelines for responsible use of social media by nursing students*. This project will be conducted under the supervision of Professor R.M. van Rooyen and Dr S.M. du Rand.

I am hereby seeking your consent to approach nursing students in the undergraduate degree programme at NMMU for the purpose of data collection. Permission will be sought from the students for their participation in the research. Only those students who give consent will participate. The researcher will perform the interviews, which will be tape-recorded in order to facilitate transcription. Each interview will take approximately 45 minutes. All information collected will be treated in strictest confidence. Participants may withdraw from the study at any time without penalty. If a participant requires support as a result of their participation in the study, steps can be taken to accommodate this. Once I have received your consent to approach students to participate in the study, I will:

- Arrange for informed consent to be obtained from participants

- Arrange a time and venue suitable to each participant for data collection to take place

Upon completion of the study, I undertake to provide the Nursing Science Department with a bound copy of the full research report. If you require any further information, please contact me on 071 468 8807, fax: 086 545 0198, email: Thandolwakhe.Nyangeni2@nmmu.ac.za.

Thank you for your time and consideration in this matter.

Yours sincerely,

Thandolwakhe Nyangeni

Student number: 211211125

Nelson Mandela Metropolitan University

INFORMED CONSENT BY THE DEPUTY VICE CHANCELLOR- RESEARCH AND ENGAGEMENT

Guidelines for the responsible use of social media by nursing students

I give consent for you to approach nursing students in the undergraduate nursing degree programme at the Nelson Mandela Metropolitan University for the purpose of data collection for the above-mentioned study.

I have read the accompanying letter explaining the purpose of the research project and understand that:

- The student's participation in the research is voluntary

- The students may decide to withdraw at any time without penalty

- All information obtained will be treated in strictest confidence

- The names of the students and that of the university will not be identifiable and used in any written reports

- A report of the findings will be made available to them via the institution

- They may seek further information on the project from Mr Thandolwakhe Nyangeni:

Cell nr: 071 468 8807   **Tel. nr:** 041 504 2963

Fax nr: 086 545 0198   **Email:** Thandolwakhe.Nyangeni2@nmmu.ac.za

_____   _____
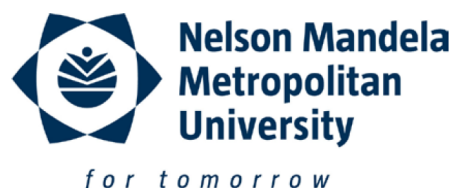
Dean: Faculty of Health Sciences   Signature

ANNEXURE 7: Research Ethics Committee clearance

Nelson Mandela Metropolitan University

for tomorrow

Vice-Chairperson: Research Ethics Committee (Human)
Tel: +27 (0)41 504-2235

Ref: [H14-HEA-NUR-001/Approval]

Contact person: Mrs U Spies

26 May 2014

Prof R van Rooyen
Faculty of Health Sciences
Nursing Science
J Block – 202A
North Campus

Dear Prof Van Rooyen

GUIDELINES FOR THE RESPONSIBLE USE OF SOCIAL MEDIA BY NURSING STUDENTS

PRP: Prof R van Rooyen
PI: Mr T Nyangeni

Your above-entitled application for ethics approval served at Research Ethics Committee (Human).

We take pleasure in informing you that the application was approved by the Committee.

The ethics clearance reference number is **H14-HEA-NUR-001** and is valid for three years. Please inform the REC-H, via your faculty representative, if any changes (particularly in the methodology) occur during this time. An annual affirmation to the effect that the protocols in use are still those for which approval was granted, will be required from you. You will be reminded timeously of this responsibility, and will receive the necessary documentation well in advance of any deadline.

We wish you well with the project. Please inform your co-investigators of the outcome, and convey our best wishes.

Yours sincerely

Prof CB Cilliers
Chairperson: Research Ethics Committee (Human)

cc: Department of Research Capacity Development
      Faculty Officer: Health Sciences