One Billion People in the Elevator: The Ethical Challenges of Social Media and Health Care

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Abstract

The purpose of this article is to discuss the precariousness of social media website security. While social media provides many advantages to health care providers; such as professional networking and professional education it can also pose a myriad of dangers to breaches in patient privacy and confidentiality. This is particularly concerning for health care providers because health care’s providers are legally and ethically bound to maintaining the privacy and confidentiality of their patients.

Keywords: Social media; Health care; Nursing; Facebook; Health insurance

Introduction

Patient confidentiality

The role of health care providers in maintaining patient privacy and confidentiality was first discussed in the Hippocratic Oath over 2,500 years ago [1-5]. Many of the basic tenants of the Hippocratic Oath, including the respect of patient privacy and confidentiality was adopted by Lystra Gretter in 1893, author of the Nightingale Pledge [6].

Today the American Nurses Association’s statement on the ethical and legal obligation to protect the privacy and confidentiality of their patients remains in align with the Hippocratic Oath and the Nightingale Pledge [1,5,6].

Communication Venues: The Hospital Elevator

Communication is a major part of a human being’s social life. Human being’s communicate for multiple reasons. Human beings communicate in an attempt to influence another’s thoughts or beliefs, to exchange information, to seek information and to express feelings and emotions [7].

Nursing is a psychological and emotional experience. Nurses often feel the need to share their experiences and feelings especially if the experience is recent [8]. Prior to the inception of social media websites the majority of communication between nurses occurred face to face.

The hospital elevator was one of the most common places where nurses saw each other as they traveled throughout the hospital, transporting patients and/or walking to and from their meals. So, frequently it was in the hospital elevator that nurses connected conversed and shared experiences.

Changing Communication Venues

In 1997 Six Degrees.com® changed the manner in which the world communicated. It was the first social media website to combine personal profiles, instant messaging and permitted its users to connect and communicate globally as well as search other member’s friends list. Six Degrees.com® was the predecessor to Facebook®. In 2001 Six Degrees.com® closed down due to financial and spam issues. However, at its peak Six Degrees.com® had an estimated one million users worldwide [4,9].

Prior to the inception of Six Degrees.com® the biggest threat to breaches of patient privacy and confidentiality was limited to the number of people who could overhear a conversation within a confined physical space, such the hospital elevator. Six Degrees.com® opened the hospital elevator to the world and the number of passengers in the today’s world elevator has continued to grow exponentially [4,9,10].

The Growth in the Use of Social Media

In 2004, the social media website Facebook® was created by a 23 year old Harvard undergraduate student Mark Zuckerberg. Zuckerberg wanted to assist fellow students to connect with
each other. The site promptly spread throughout the Boston area and to Universities throughout the country, within one year the Facebook® website became worldwide.

In 2012, it was estimated Facebook® users exceeded one billion or one-seventh of the world’s population was publicly sharing and exchanging information on Facebook® [11]. Most recently, Facebook® reported its users totaled 1.94 billion for the month of March 2017. And out of that 1.94 billion, 1.28 billion accessed Facebook® daily (Table 1) [10].

Ethical Responsibility of Communicating on Social Media and Health Care

While social media provides many advantages to health care providers; such as professional networking as well as professional education it can also pose countless dangers and threats to breaches in patient privacy and confidentiality. Often times “private” conversations on social media websites are not as private as users think. This is particularly concerning for health care providers because health care providers are ethically and legally bound to maintaining the privacy and confidentiality of their patients [1,2,4].

Perceived anonymity

The lack of direct face to face interaction that occurs when communicating with social media has been found to result in users feeling a false sense of anonymity. The ease with which information can be shared on social media coupled with a false sense anonymity has resulted in users exchanging much more information than would normally be exchanged when communication occurs during direct face to face interaction(s) [12].

Security and social media websites

Social media websites are not secure [12-14]. Exchanging confidential patient information in an environment that is not secure poses innumerable risks to breaches in patient privacy and confidentiality. Breaches of patient privacy and confidentiality can violate employer policies as well as local, state and federal policies such as the Health Insurance Portability and Accountability Act (HIPPA). Violations of employee, local, state and federal policies can result in employer disciplinary actions, civil lawsuits, criminal charges and/or licensure discipline [15].

State boards of nursing: violations of patient privacy

In 2010 the National Council of the State Board of Nursing queried 46 Boards of Nursing (BON) regarding complaints related to violations of patient privacy and confidentiality. Thirty-three BON’s reported receiving complaints about nurses who had violated patient(s) privacy and confidentiality by posting photos and/or patient information on social media websites such as Facebook®. Twenty six of the BONUS’s who received complaints related to nurses who violated patient privacy and confidentiality by exchanging confidential patient data using a social media website reported imposing disciplinary action(s) against the nurses. Those disciplinary actions included; censure of the nurse, issuing a letter of concern, placing conditions on the nurse’s license and suspension of the nurse’s license [16]. As the number of users who communicate on social media websites continues to grow so does the number of complaints received by state BON’s related to violations of patient privacy and confidentiality because of postings on social media websites [4].

Closing the elevator door: nursing faculty responsibility and social media

Prior to 1997 faculty discussions with nursing students regarding what constitutes a secure and safe environment for the exchange of confidential patient information was limited to reminding

<table>
<thead>
<tr>
<th>Threat to Security</th>
<th>How to Decrease Threat</th>
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</thead>
<tbody>
<tr>
<td>You could communicate with an imposter</td>
<td>Meet face to face or Skype®</td>
</tr>
<tr>
<td>Removal of the SIM card from your friend’s device.</td>
<td>Enable the Whatsapp® setting that enables you to see if your friend has changed devices</td>
</tr>
<tr>
<td>Be wary of strangers</td>
<td>The internet makes it easy for people to misrepresent themselves</td>
</tr>
<tr>
<td>Be skeptical</td>
<td>Don’t believe everything you read</td>
</tr>
<tr>
<td>Phone camera</td>
<td>Check to see if you have given Whatsapp® access to your camera</td>
</tr>
<tr>
<td>Limit the personal data you post</td>
<td>Do not post information that you would not share with strangers</td>
</tr>
<tr>
<td>Understand the Health Insurance Portability and Accuracy Act(HIPAA)</td>
<td>Even unintentional breaches in patient privacy and confidentiality could result in termination from employment, liability, civil and/or criminal penalties or possible jail time</td>
</tr>
<tr>
<td>Deleting does not constitute destruction</td>
<td>Don’t post what may resurface. While you may delete a post, video or photograph the data may have been downloaded on another’s user device</td>
</tr>
<tr>
<td>Evaluate your settings</td>
<td>Know the social media sites privacy setting(s)</td>
</tr>
<tr>
<td>Be wary of third party applications</td>
<td>Avoid applications that appear suspicious. Modify your setting to limit the amount of information the application can process</td>
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<tr>
<td>Use strong passwords</td>
<td>Create a password that cannot be easily guessed</td>
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<tr>
<td>Privacy policies</td>
<td>Know the privacy policies of the social media site. Some sites may share information with other companies</td>
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<tr>
<td>Keep software, particularly your web browser up to date</td>
<td>Install software updates</td>
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<tr>
<td>Use and maintain anti-virus software</td>
<td>Computer viruses can steal your identity</td>
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students that the exchange of patient information should only be conducted in a physical space whereby the only individuals present in that physical space are those who are involved in the direct care of that patient. However, since the inception of social media websites in 1997, faculty is now obligated to include in those discussions security issues related to the use of social media website(s).

Social media and security

In 2016 an end to end encryption application Whatsapp® was developed. Whatsapp® is free and can be downloaded onto personal computers and smart phones. Once installed Whatsapp® permits users to encrypt their messages so that only the users engaged in the conversation can read the message(s). However, even Whatsapp® warns its users that they can never be 100% sure if the individual they are in communication with is the individual who they claim to be [13].

Faculty responsibility: communication in the 21st century

Nursing faculty is committed to preparing nurses for practice in the 21st century. To discuss the nurse’s ethical and legal responsibility to upholding the maintenance of patient privacy and confidentially without discussing the precariousness of social media website security violates the role and ethical responsibilities of nursing faculty [17].

Conclusion

The use of social media is here to stay. While the underlying ethical principles and practices of nursing’s responsibility to protect patient privacy and confidentially has not changed in the last 2,500 years however, the venues utilized to communicate has. It is no longer reasonable for faculty to assume the exchange of patient information will only occur within the confines of a physical space, such as the hospital elevator. Educators need to recognize passengers in the 21st century hospital elevator are no longer limited to a steel compartment contained within a building. Today’s hospital evaluator is now global, with its doors literally open to the world. While steps can be taken to enhance the security of social media websites it is imperative that nurses understand that social media websites can never be viewed as 100% secure.
References


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