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International perspectives on social media guidance for nurses: a content analysis

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Nursing Management
International perspectives on social media guidance for nurses: a content analysis
--Manuscript Draft--

Manuscript Number:	NM1555
Article Type:	Research
Full Title:	International perspectives on social media guidance for nurses: a content analysis
Short Title:	Social media guidance
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Abstract:	There is a range of guidance available within the UK from Royal College of Nursing and Nursing and Midwifery Council (NMC) but also good examples from an international perspective such as those from New Zealand Nurses Association. AIM: Analyse the content in professional guidance on social media for the nursing profession on an international level; consolidate 'good practice' examples of social media guidelines; inform the development of comprehensive guidance. METHOD: A scoping search of professional nursing bodies and organisations was run using google search to locate social media guidance documents. RESULTS: A total of 34 pieces of guidance were found and a content analysis conducted. CONCLUSION: The results combined with a review of competency hearings and literature indicate that guidance should consider the wider context of social media, assisting nurses to navigate and negotiate the differences in the physical and online domain to facilitate awareness into actions.
Keywords:	social media; professional accountability; professional guidance; policy; qualitative content analysis
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Author Comments:	Hello I have spoken with Helen Hyland who recommended that I submit to your journal. I do hope this research on best practice in developing guidance and policy for using social

	media fits within the scope of Nursing Management.
Manuscript Region of Origin:	United Kingdom

INTERNATIONAL PERSPECTIVES ON SOCIAL MEDIA GUIDANCE FOR NURSES: A CONTENT ANALYSIS

Abstract

There is a range of guidance available within the UK from Royal College of Nursing and Nursing and Midwifery Council (NMC) but also good examples from an international perspective such as those from New Zealand Nurses Association.

AIM: Analyse the content in professional guidance on social media for the nursing profession on an international level; consolidate 'good practice' examples of social media guidelines; inform the development of comprehensive guidance.

METHOD: A scoping search of professional nursing bodies and organisations was run using google search to locate social media guidance documents.

RESULTS: A total of 34 pieces of guidance were found and a content analysis conducted.

CONCLUSION: The results combined with a review of competency hearings and literature indicate that guidance should consider the wider context of social media, assisting nurses to navigate and negotiate the differences in the physical and online domain to facilitate awareness into actions.

Keywords: social media; professional accountability; professional guidance; policy; qualitative content analysis

Introduction

Social media & online social networks (OSNs)

An OSN is *"an online location where a user can create a profile and build a personal network that connects him or her to other users"* (Lenhart & Madden, 2007, p2). The United Kingdom has the second highest OSN rate of use in the European Union (ONS, 2013). Users are able to upload photos, videos and share information about themselves with friends, followers or networks. There is often also the facility for creating and being members of 'groups' where people who share a common goal and/or interest can network. Each user controls privacy settings and the group creator can be changed at any time, this may be set to public, closed or privately restricted to friends or closed networks. The most commonly used OSNs are social networks where users can generate and manage their own outwardly facing 'profile'. Facebook is one of the most popular OSNs globally with over 1.4 billion registered users (statista, 2015).

In the UK, 76% of adults access the internet everyday and 85% of UK households have internet access. Social networking is the second most popular use of the internet after reading or downloading news and information and is most popular in the 16-34 years age group (86% of users) (ONS, 2014).

The introduction of mobile technology [smartphones and tablet computers] has improved the accessibility of the internet and OSNs, facilitating a genuine 'always on' approach and enhancing the impact of the World Wide Web on daily lives. In the UK, 68% of adults across all age ranges use a mobile device to access the internet (over 200% increase in 2 years) (ONS, 2014) and OSN access is likely to be done through mobile technology for 71% of it's users (Adobe, 2013).

In the European Union the UK has the second highest usage rate for OSNs (ONS, 2013). Online Social Networking can be defined as,

"an online location where a user can create a profile and build a personal network that connects him or her to other users" (Lenhart and Madden, 2007, p2).

Users are able to upload photos, videos and share information about themselves with friends, followers or networks. There is often also the facility for creating and being members of 'groups' where people who share a common goal and/or interest can network. Privacy settings are controlled by each user and group creator and can be changed at any time with little effort [although these are not always apparent and users are not always fully aware of their own settings] and this may be set to public, closed or privately restricted to friends or close networks[1].

OSNs now provide opportunity for social interactions and information sharing in a range of platforms. Typically, the most commonly used OSNs in Great Britain are Social Networking Websites [in the 16-44 year age group]; those where users can generate and manage their own outwardly facing 'profile' with the most preferred and accessed as (ONS, 2014). The top 5 OSNs are summarised below:

1. Facebook – a personal online profile, which forms networks of 'friends', 'groups' or 'pages'. Individuals may link their Facebook and Twitter feeds so that one appears on the other profile automatically.   Businesses may promote and advertise via paid advertising campaigns. The user may also create 'apps' or 'games' or user surveys. Originally created for student use it rapidly expanded over its first 12 months [2004]

2. Twitter – a website whereby an individual or organization can 'tweet' posts, comments or 're-tweet' those from others who they may be following. A 'micro blog' which limits posts to 140 characters

3. Google+ - this has increased in use this year in particular. It is similar to Facebook, enabling users to generate a profile and connect with friends and groups. This also enables the user to connect their Google mail email and advertising accounts with their personal profile on google+

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[1] Public – anyone is able to view the information you share
Closed – users need to request permission to view information
Privately restricted – settings enable users to limit access for certain information to certain people

4. MySpace – this was originally created in 2003, is very similar to and competed with Facebook. Since this time it has created a 'new MySpace' tailoring its focus to the music market, sharing posts, updates, playlists, pictures or videos to the profile. Users may still utilize the standard profile [similar to that of Facebook] or their 'new MySpace'

5. LinkedIn – similar to Facebook in that a personal profile is created. However, this attempts to link professional networks rather than personal activities as part of daily life.

In addition, Youtube is in the top 5 most used OSNs but does not focus on an individual's personal, outwardly facing profile or sharing such information via a discussion thread or 'wall'. The most common use for OSNs is keeping in touch with friends or family i.e. online maintenance of offline relationships.

It is known that Facebook users in particular are more open to sharing personal information and view Facebook as 'safer' than other OSNs such as MySpace (Acquisti & Gross, 2006; Dwyer et al, 2007) suggesting that some of the major risks with OSNs can be illustrated using Facebook behaviours. Ollier-Malaterre (2013), Fogel & Nehmad (2009), Lovejoy et al (2009) and Steinfield & Lampe (2007) highlighted the differing meaning of 'friend' in the virtual domain compared to what is accepted in the physical domain. The term 'friend' in OSNs could mean a friend, family member, work colleague or even stranger; meaning that Facebook users tend to have a mix of professional, family and friends who have access to their profile but that they are not typically 'separated' into these groups as they would be in the physical world.

A large proportion of nurses and healthcare professionals now use Facebook and other social media sites with an estimated 60-98% of professionals having some kind of presence on OSNs (Garner & O'Sullivan, 2010; Ford, 2011; Hall et al, 2013; Mabvuure et al, 2014).

OSNs and the profession of nursing – the negatives

There are numerous pieces of literature that warn of the dangers and risks associated with OSNs and the nursing profession. OSNs are increasingly being linked to unprofessional behaviours and therefore, professional accountability but there is also a recognised impact on the inappropriate use of OSNs on the nurse-patient relationship and public confidence in the nursing profession. However, a complete ban on OSNs to avoid this is seen as impractical (Ford, 2013).

The Nursing and Midwifery Council (NMC) states that misuse of the internet and social networking sites is deemed as unprofessional behaviour and behaviour in one's personal life may impact on Fitness to Practice and therefore, their professional registration. The use of Facebook has been associated with professional accountability concerns as a result of registered and student nurses sharing inappropriate information through their OSN profile and the individuals who have been able to view this information (The Sentinel, 2009; Scott, 2013). While individuals may believe that their privacy settings limit what is shared widely, in reality it is difficult to know how far a post will reach nor to whom it may be visible.

Ford (2011) found that 75% of nurses had seen discussion relating to other staff members in OSNs, 32% relating to service users and 12% saw photography of patients. Conversely, a scoping search of NMC competency documents over a four year period found 38 were linked to Facebook in some way (Ryan, 2015). Lachman (2012) and Spector & Kappel (2012) found similar results linked to breaches in confidentiality and unprofessional comments about staff members or employers. The NMC have previously suspended members due to inappropriate use of Facebook, with repeated warnings to all members regarding such activity issued in subsequent years (Nursing Standard, 2008; 2008a; Middleton, 2011; Practice Nurse, 2011; Lead applicant scoping search of competency hearings, 2014).

In addition, there needs to be consideration of profile details which may be publicly accessible [particularly to patients] through 'google' searching for example, and the potential implications on professional-patient relationships or how this may reflect on the profession or organization as a whole (MacDonald et al, 2013; Conti, 2009; Wills & Hardin, 2009).

NMC (2012; 2015) and RCN (Cox, 2009) have released guidance on the use of Social Media for registered professionals within the UK providing examples of inappropriate professional behaviours on OSNs. In addition to this guidance, most employers and large organisations now have a social media policy outlining acceptable employee conduct. Within this nurses are expected to be aware of and consider what is shared through online methods and there is a strong focus on 'what not to do' and 'risk' rather than the possible benefits and best practice in using OSNs (Ryan, 2015).

OSNs and the nursing profession – the positives

While there is a range of literature focused on the likely risks and dangers of OSNs there are also clear opportunities and benefits associated with their use. Moorhead et al (2013) conducted a systematic review that specifically examined the uses, benefits and limitations of OSNs for healthcare communication. This did not focus on nursing as a profession but found that OSNs offered a unique opportunity for engaging with a broad range of service users (including those from minority or hard to reach backgrounds) for the purposes of public health or research (Moorhead et al, 2013; Ryan, 2013; NewsMedical, 2014). Conversely, Booth et al (2011) conducted a systematic review that specifically focused on the nursing profession and examples of how nurses may be using OSNs but also concluded that further work is required to evaluate how OSNs impact on the nursing profession and how this might contribute to care delivery.

Professional guidance and the international relevance of OSNs

Not only are there a range of different local policies within organisations, there are also a wide range of approaches to professional guidance across the globe. The difficulty arises when such policy and guidance judges 'professional behaviours' differently in different circumstances. For example, in one hospital a nurse may be disciplined for online behaviour but in another they may not. Professionalism and professional behaviours need to be consistently assessed and reprimanded (if appropriate) and this demonstrates the importance of evidence based, well informed, balanced professional guidance to inform policy and practice. However, it could be argued that many policies and guidance documents have been created on the basis of limited evidence, take a more 'negative' stance on OSNs and are presented in varying levels of detail. It is also contested that guidance should not solely be focused on inappropriate behaviours but also propose positive behaviours, along with ensuring nurses have knowledge of when to report unprofessional practice (NMC, 2015b).

OSNs are available on a global scale and even developing countries are rapidly increasing their use, particularly for health information (PewResearchCenter, 2012; 2015; statista, 2015). It is also known that social media use preferences vary from country to country e.g. in China Facebook is blocked (MediaMeasurement, 2015).   Here, it is proposed that 1) professional guidance for the use of OSNs is internationally relevant due to the global nature of OSNs and 2) in the UK we may be able to learn from good examples of OSN guidance for nurses.

Aims and Objectives

Aims

To analyse the content in professional guidance on use of social media for the nursing profession on an international level. This hoped to identify some good practice examples of content to inform the development of comprehensive guidance and policy.

Objectives

- Conduct a scoping search of available professional body guidance on the use of social media

- Analyse the content using a thematic content analysis

- Identify common themes in content and synthesise these into recommended themes and content to be included in comprehensive professional guidance

Method

Search strategy and criteria

The search strategy was designed to focus on professional body guidance documents that were published electronically. Consideration was given to including organisational policy but it was decided that much of this policy is informed by professional guidance and therefore, the area of focus would be professional body publications. Google search was used to identify professional bodies and organisations on a global scale such as NMC, RCN, American Nurses Association (ANA) and cross referenced with the International Council of Nurses member list to confirm eligibility for inclusion but also to ensure a broad representation on an international level.

The search strategy consisted of two stages:

1) A google search using the sample search terms in figure.1

2) A search of professional body websites found through the google search

Google page titles and descriptions were reviewed and specific selection criteria aided rapid appraisal of eligibility for inclusion (table.1).

Insert table.1

Professional body websites were accessed and associated documents and publications pages were viewed. The search functionality was used with key search terms (see figure.1).

Insert figure.1

Analysis

Qualitative content analysis was employed using the four stages described in Denscombe (2007) and adapted from Zhang & Wildemuth (n.d) and Anderson (2007). Content analysis was used to enable the rapid appraisal of corresponding content in the texts and is commonly used for analysis of documents, publications or website content for example (Bryman, 2008; Krippendorff & Bock, 2009). The RCN (2009), NMC (2012) and New Zealand Nurses Organisation (2012) were the first three pieces of guidance found. These were read and re-read to analyse common content and a basic coding schedule was developed. As new content emerged appropriate codes were added.

1) All documents found were coded using the coding schedule. Relevant sections were highlighted accordingly and any additional comments or notes were documented.

2) This content was then categorised into overarching themes and tabulated. Each document was added and it was possible to identify where there was common content across documents

3) This enabled comparisons to be drawn but also identify relevant content required in guidance documents. The frequency each theme appeared in the documents was noted.

4) Conclusions and recommendations for good practice were proposed

Results

The google search found over 4.5 million results and hence, only the first 10 pages of the most relevant documents were reviewed. The International Council of Nurses members listed 132 member countries. However, many of these were non-English speaking or did not have any specific guidance on social media use (see figure.3). Overall, twenty documents were included for review and were from a wide range of countries.

Insert figure.3

Included documents

Documents eligible for inclusion can be viewed in table.2 along with the common themes contained within each. N.B the NMC has recently released new guidance (NMC, 2015a) however, this varies little from NMC (2012) included here.

Table.2

Common themes

Finally, sixteen overarching themes were identified in the content. The most common were: confidentiality and privacy (12), tips and advice (19). Table.3 illustrates the number of documents that had some content relating to each overarching theme. The least common themes in content were discussions around:

- The impact on the employer and organisation (accountability to your employer)

- The implications and /or benefits of personal-professional boundaries with colleagues (maintaining professional boundaries)

- Myths, misconceptions and common pitfalls

Table.3

Of the documents reviewed a total of 6 used case studies to illustrate practical examples of the points being made. The majority of publications focused on more generic tips and advice that may well be given to anyone using social media, for example, check your privacy settings regularly. Surprisingly, there were less than 30% that explicitly discussed the role of professional accountability unless they were referencing concepts of legal accountability such as confidentiality. Conversely, the theme least discussed was the role and guidance of those in nurse education with only two publications raising this theme.

Discussion

Negotiating boundaries

Having conducted a content analysis of the available guidance documents on a global scale one of

the least discussed topics was 'myths, misconceptions and pitfalls' which may suggest that there is

little guidance on where things can go wrong for the professional. Not the 'consequences' of what

may happen but the *how, why and in what* context the actions occur despite professionals being

made aware of the risks.

Conversely, the nature of social media easily blurs those physical boundaries of work, personal and

public life which can leave the professional vulnerable to sharing information that they would not

normally share in the physical or 'real' world (Langenfeld et al, 2014; Guan & Tate, 2013; Farooqi et

al, 2013; Finn et al, 2010; Dwyer, 2007). Indeed, Ollier-Malaterre (2013) proposes a model that

illustrates some of the approaches to managing and sharing in social media and discusses how

difficult and time consuming it is to selectively share some information with only select people

depending on the topic. They argue that individuals will be in flux between the four approaches

presented; meaning that it is personally and context dependent whether someone transfers

awareness into action. Hence, the author here argues that [if we are to have specific] social media

guidance for the nursing profession should consider how it negotiates the conflicting values across

the personal, professional and public domain rather than those values that are more generically

accepted e.g. confidentiality versus sharing strong political beliefs. How can we negotiate these

'grey' areas?

What content was good content?

Bullet point lists of tips and advice were favoured by all but one document. While this is helpful

these pieces of advice were often not specifically related to the profession but much about security

and privacy; challenging the need for them to appear in a standalone guidance document.

Conversely, the topics that appeared in these tips tended to be the very topics that individuals expressed awareness of but not 'action upon' in other studies. Thus, bringing into question the real impact of this approach.

Case studies to illustrate action and consequence were used in 6 documents (Nursing & Midwifery Board of Ireland, 2013; NCSBN, n.d; NZNO, 2012; Nursing Council of New Zealand, 2012; NCSBN, 2011; National Student Nurses' Association, 2011). These were helpful in demonstrating application but again, did not explore the context and reasoning behind *why* a professional would act in such a way. It has been shown that context and personal feelings in a given moment impact on the action taken (Ollier-Malaterre, 2013). Stress, emotion and other challenging situations often faced by nurses [and people] on a daily basis could inevitably impact on judgement and the translation of awareness into action.

When considering ethical accountability there was little to no content discussing scenarios where the nurse may not act or intend to act unprofessionally. For example, when a patient attempts to add a nurse as a friend and the potential impact on the therapeutic relationship when the nurse is unable to accept the fried request or respond to the message. This may be of particular relevance in mental health or with vulnerable groups where the therapeutic relationship is essential in providing care and support. Hence, guidance may seek to include more discussions and vignettes around how to manage difficult situations rather than making the assumption that nurse will be at fault. This type of advice would emphasise and acknowledge the real difference between social media and professional practice prior to it.

Of the guidance documents discussed here, 12 presented advice regarding confidentiality and privacy (Australian College of Nursing, n.d; NCSBN, n.d; Signma Theta Tau Honor Society Nursing, n.d; NCSBN, 2011; Royal College of Nurses Australia, 2011; National Student Nurses Association, 2011; NZNO, 2012; College of Registered Nurses of Nova Scotia, 2012; Nursing Association of New Brunswick, 2012; Nursing Council of New Zealand, 2012; Nursing and Midwifery Board of Ireland,

2012; 2013). Something that should be an overarching consideration for a nurse regardless of context, appearing in a large majority of professional guidance. This is the same for the theme of professional boundaries with patients (less than half of the pieces made reference to this).

Interestingly, 9 documents (more than those making reference to professional boundaries) discussed the potential benefits and opportunities of social media (NCSBN, n.d; NCSBN, 2011; National Student Nurses' Association, 2011; Virginia Board of Nursing, 2012; College of registered nurses of Nova Scotia, 2012; Nursing Association of New Brunswick, 2012; Nursing Council of New Zealand, 2012; Nursing and Midwifery Board of Ireland, 2013). The positives of social media have been discussed previously, but there was a limited amount of high quality evidence noted on this topic. Hence, it was surprising to note that nearly half of the guidance documents discussed these benefits and opportunities with little evidence as to how they could be achieved or implemented appropriately and professionally.

This disconnect and general diversity of the content indicates that professions and organisations (who have professional origin prior to social media) may be still negotiating the newness, conflicting views and limited evidence surrounding professions and social media. Is it really such a concern that it requires 'standalone' 'specific' guidance documents? Or do we, as professions need to change our perspective/approach to the education and guidance of the profession; taking into account the changing social [media] landscape as we do the political and economic landscape?

Do we need guidance for social media?

As discussed previously there are competency and disciplinary hearings conducted by professional bodies such as the NMC (Ryan, 2015) and the scoping search conducted does not account for any local disciplinary, investigation or dismissal procedures that have taken place. As a result it may be fair to assume that even after the introduction of guidance documents (NMC, 2012; 2015 and the ones presented here) there are still those falling victim to the public nature of social media. Conversely, on examining some of these hearings the [mis]-use of social media seems to be

secondary to a more serious issue e.g. gross misconduct in practice or breaching professional

boundaries with a patient. Therefore, social media was simply a medium rather than a cause for the

breach in professionalism. Is this a professional issue and not a social media issue?

The questions that have been raised suggest that while guidance documents cover a wide range of

content the majority:

- Present generic topics already covered by professional guidance or privacy and security

  policy e.g. confidentiality, data protection

- Provide hints, tips and advice about social media without thorough consideration of the

  reasons this is not being followed – theory into practice or awareness into action

- Overlook the importance and relevance of educating [effectively] those entering the nursing

  profession, supporting transition

- Do not consider the wider context of social media, providing little guidance on how to

  navigate the disconnect and differences between the digital and physical world

Limitations and recommendations

While this study only examined and analysed electronically available guidance presented in English it

is the first of its kind to really examine what the guidance really means and whether it serves a

function to keep people safe, confident and competent or whether it fails short of its aim. This also

limits the ability to generalise to countries where there is limited access or where social media is

approached in a more conservative way e.g. China has banned Facebook.

Furthermore, it has only examined the content and not the impact and outcomes associated with

professional guidance documents e.g. content versus disciplinary hearings and does not take into

account any policy linked to non-professional organisations such as colleges and universities. It may

be of interest to explore the incidence of complaints, investigations and disciplinary actions in

relation to fitness to practice in students and nurses in practice environments rather than the more serious cases reported to professional bodies. This is likely to tell us where the issues are occurring, where and when there is disconnect between awareness and action.

There was only one individual researcher who conducted the qualitative content analysis; hence there is risk of coding bias and misinterpretation/misrepresentation. There were measures taken to minimise this e.g. discussion and clarification with academic peers but it must be noted as a limitation.

It could [and has] be argued that there is currently little evidence that explores the role of social media in nursing and therefore, guidance is not well informed by evidence. Hence, the recommendations from this study indicate further research is needed in the field of social media to examine the emerging role it plays in the professional life.

Conclusion

It has been documented that individuals frequently express awareness of safety, security, privacy and professional accountability and yet their profile and actions may suggest that this awareness is not being translated into the online environment. Hence, it could be argued that policy makers, organisations and professional bodies should focus more on methods and guidance that will translate awareness into behaviors and guidance into practice rather than producing lists or 'do's and don'ts' that nurses believe they are clearly aware of e.g. confidentiality, sharing patient details. The proposition that nurses need to translate the knowledge they have into online social media suggests that guidance needs to go further than stating what, but state how this can be implemented.

The guidance documents reviewed present valid content but have [for the most part] generally focused on content that the majority of nurses will claim to 'know' but not necessarily translate into their online behaviours [consciously or not]. Furthermore, they lack an underpinning theory or

framework which could enhance the application to practice. Perhaps, future guidance needs to consider what nurses don't know and provide advice on how to navigate this relatively 'new' environment. Without the assumption that this is about professional preventing misconduct but about promoting and supporting professional conduct. Furthermore, education systems are now training nurses [digital natives] who have not known a world without access to social media and when transitioning into a profession need guidance, education and advice that raises awareness in a manner that will result in appropriate action.

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Figure 1

Figure 1 – Sample search terms

1) Google Search	2) Professional body website search
Social media +/- online Social network* +/- online Facebook Twitter MySpace Internet + Professional guidance Professional policy Professional conduct Accountability Publications + Nurs*	Social media +/- online Social network* +/- online Facebook Twitter MySpace Internet

Figure 2

Figure 3 – Included documents

132 nursing countries from ICN Google search for any other possible organisations

14 excluded as not in English The rest had no document available for review which met the criteria (May 2014)

20 documents retained for review dated 2009 - 2013

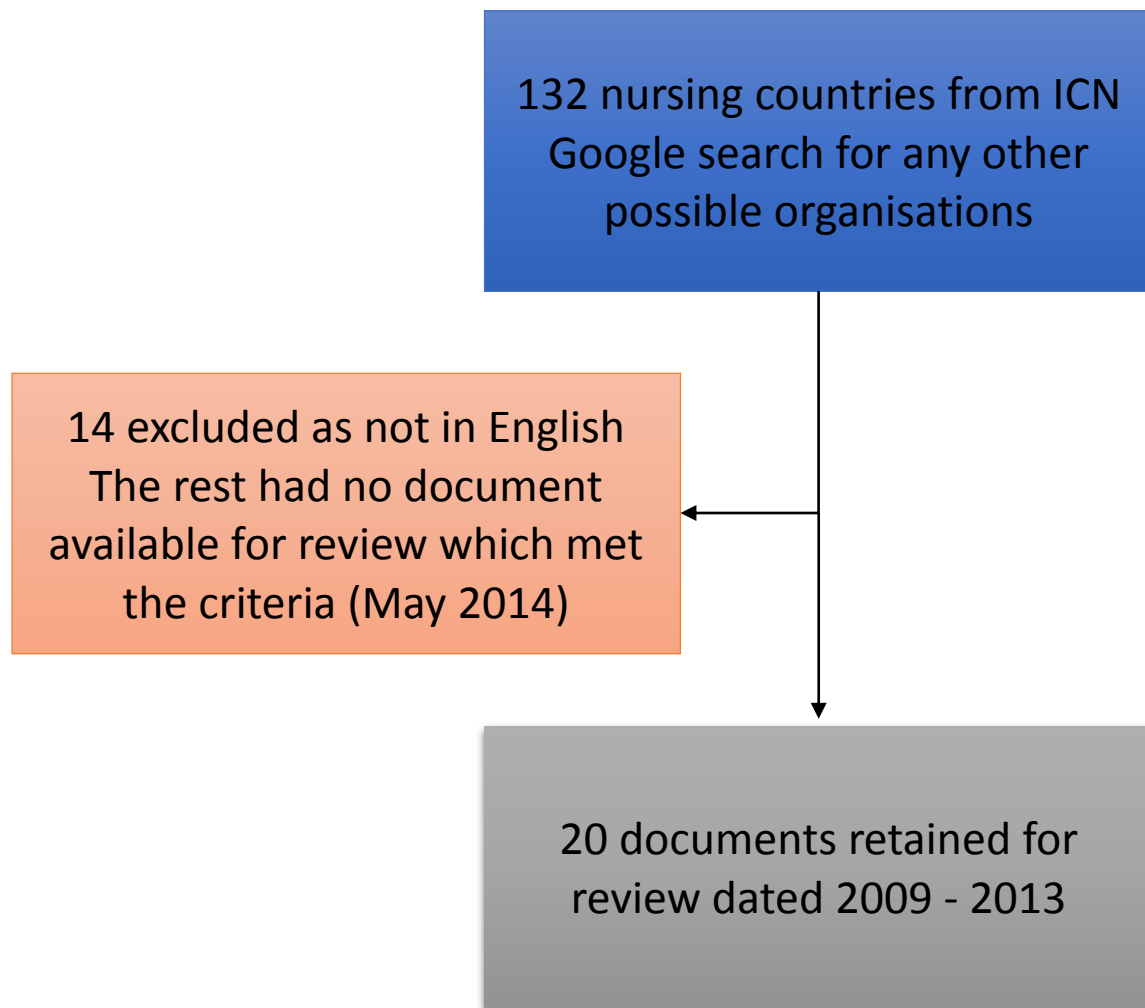Table 1

Table 1 Selection criteria

Inclusion	• Must be professional organisation e.g. NMC, RCN • Must be written in English • Must be identified as a guidance document or policy
Exclusion	• Educational policy e.g. university policy • Health & social care organisation policy • Employers policy • General professional guidance rather than social media specific

Table 2

Table 2 Documents included and associated content (CS = case study used to illustrate this theme)

Author	Year	Country	Definition	Confidentiality & Privacy	Impact on team/ colleagues	Impact on employer/ organisation	Impact on profession	Impact on patient care	Pers-prof boundaries-patients	pers-prof boundaries-colleagues	Bullying/harassment	Myths/ misconceptions	Implications/ Consequences - RN	Benefits	Tips & advice	R&R - Employers	R&R/accountability-RN	R&R- Education	Student nurses
New Zealand Nurses Organisation, National Student Unit & Nurse Education in the Tertiary Sector	2012	NZ	x	CS	CS				CS	CS			CS		x		CS		x
National Council of State Boards of Nursing (NCSBN)	No date	USA		CS				x			x	x	CS	x	x		x		
NCSBN – white paper	2011	USA		x		x	x					x	X CS	x	x				
Virginia Board of Nursing	2012	USA	X		x	x	x	x				x	x	x	x				
American College of Nurse-Midwives	No date	USA													X				

Author	Year	Country	Definition	Confidentiality & Privacy	Impact on team/colleagues	Impact on employer/organisation	Impact on profession	Impact on patient care	Pers-prof boundaries-patients	pers-prof boundaries-colleagues	Bullying/harassment	Myths/misconceptions	Implications/Consequences - RN	Benefits	Tips & advice/appropriate use	R&R - Employers	R&R/accountability-RN	R&R- Education	Student nurses
College of registered nurses of Nova Scotia	2012	USA		x		x	x		x					x	x	x	x	x	X
Nursing Association of New Brunswick	2012	USA	x	x					x					x	x	x	x	x	
Nursing Council of New Zealand	2012	NZ	x	CS	CS		CS		CS	CS				x					
Legal Advice for RCN members using the internet	2009	UK													X				
Nursing & Midwifery Council	2012	UK					x								x	x	x		x
Nursing & Midwifery Board of Australia	2010	AUS													X				

Author	Year	Country	Definition	Confidentiality & Privacy	Impact on team/colleagues	Impact on employer/organisation	Impact on profession	Impact on patient care	Pers-prof boundaries-patients	pers-prof boundaries-colleagues	Bullying/harassment	Myths/misconceptions	Implications/Consequences - RN	Benefits	Tips & advice	R&R - Employers	R&R/accountability-RN	R&R- Education	Student nurses
Royal College of Nurses Australia	2011	AUS		x	x			x	x		x				x				
American Nurses Association	2011	USA													X		x		
National Student Nurses' Association Inc.	2011	USA	x	X CS									x	x	X				x
Nursing and Midwifery Board of Ireland	2013	Ireland	x	CS	CS			CS	CS		CS		CS	x	X				x
College & Association of registered nurses of Alberta	2011	USA													X				
Australian College of Nursing	No date	AUS		x					x						X				

Author	Year	Country	Definition	Confidentiality & Privacy	Impact on team/ colleagues	Impact on employer/	Impact on profession	Impact on patient care	Pers-prof boundaries-	pers-prof boundaries-	Bullying/harassment	Myths/ misconceptions	Implications/ Consequences - RN	Benefits	Tips & advice	R&R - Employers	R&R/accountability - RN	R&R- Education	Student nurses
Registered Nurses' Association of Ontario	2013	Canada													X				
Nursing and Midwifery Board Ireland	2012	Ireland	X	X					x	X	X			X	X	X			x
Sigma Theta Tau Honor Society Nursing	No date	USA	x	x											x				