Social Media Policies and Ethical Social Work Practices: Can ethical social work exist when utilizing social media networks?

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The emergence of the mode of information with its electronically mediated systems of communication, changes the way we think about the subject and promises to alter as well the shape of society.

Poster, 1994. p.378.

The relatively recent advent of electronic social networking sites has created yet another ethical challenge in social work and an opportunity to develop ethical guidelines designed to protect clients, as well as practitioners. The two most relevant ethics concepts are boundaries and privacy.

Reamer, 2009. p.2.

Like it or not, social work practice will occur online, and it is up to the profession to ensure that such practice is conducted thoughtfully and ethically.

Menon and Miller-Cribbs, 2002, p.113.

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ABSTRACT

Social media networks are increasingly being utilized on a professional level and for healthcare practitioners such as social workers. This type of social communication platform can present some challenges as social workers in Alberta are expected to adhere to a Code of Ethics (2005) and Standards of Practice that guide their social work practice which is traditionally face –to-face.

This research looked at the challenges that social workers and other healthcare professions face when considering online communications modes like Facebook, Twitter, LinkedIn and blogs in their practice. Individual interviews with communication specialists and those in executive roles were conducted to gain an understanding of the various impacts that social media networks have on social workers on a professional level; interview participants were purposefully selected based on their workplace and their experiences.

This study provides some insight into the challenges and considerations that social workers face when utilizing social media networks in their work as healthcare practitioners. It is also my hope that other communication specialists or social workers will be inspired to complete further research on this topic.

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1. INTRODUCTION AND BACKGROUND

1.1. Introduction

Healthcare professionals like social workers are facing a new challenge. Traditionally, healthcare practitioners treated and communicated with clients face-to-face. However, as communication technologies like computers and mobile technologies develop becoming more ubiquitous within society they are impacting how healthcare professionals communicate with their clients and their colleagues. Why is this important to the communications field? As a communications professional working within a healthcare college it is important to know the primary communication modes of the members.

I started this research study with a focus on discovering why social workers were seemingly slow to adopt modern communication modes like mass emails that resulted in low readership; I then revised my focus onto social media networks (SMNs). When utilizing social media as a mode of communication within a healthcare profession it is important to consider the ethical implications of various modes. The idea being with the increased usage of SMNs, ethical issues like privacy and confidentiality could be impacted.

Section One looks at the background of the research project and the purposes and objectives of the study. The literature review is included in Section Two and the socialcultural traditional theory is used to analyse the findings. The methodology employed is described in Section Three. This includes an overview of data sources and data gathering techniques. The findings are described in Section Four. And in Section Five the findings are discussed in the

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context of the literature, the research and the limitations are discussed; concluding with

recommendations for further study and a final overview of the research project.

1.2. Contextual Background

As a communications professional in a healthcare organization, one of the challenges I

have faced is member engagement. In my role as a promotions coordinator one of my tasks

involves preparing news items that inform members of issues and events that may impact them

in their professional roles as social workers. These news items are shared with the Alberta

organization's membership via mass email, social media networks, a website and print

publications. Unfortunately, low readership has been one of the challenges with the mass emails,

social media networks and the website. This prompted me to question the reason for low

readership. Is it just a question of non-interest on the social workers part or is it something else

altogether? The use of online communication via mass emails, social media networks and

websites is only increasing resulting in benefits and further challenges.

Social work is a helping profession primarily based on relationships between a social

worker and a client. It is practiced in both micro and macro settings in all facets of society

assisting with relationship issues, social justice, counseling, health, children, issues with seniors,

advocacy and social policies. The Canadian Association of Social Workers (CASW) in part

describes the social work profession as being focused on: "Human rights and social justice …

the philosophical underpinnings of social work practice. The uniqueness of social work practice

is in the blend of some particular values, knowledge and skills, including the use of relationship

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as the basis of all interventions and respect for the client's choice and involvement." (CASW, 2013)

In Alberta social workers are regulated by the Alberta College of Social Workers (ACSW), which operates under the Health Professions Act (HPA). The HPA was passed by the Alberta Legislature Assembly in 1999 and later in 2003 and encompasses 30 healthcare professions such as: medical doctors, nurses, psychologists and dental hygienists. This legislation requires social workers, and other healthcare organizations, to follow common rules, and set educational and practice standards for registered members. In addition to the HPA social workers are also expected to adhere to the CASW Code of Ethics ©2005 and to their provincial Standards of Practice; these ethics and standards provide guidelines and key values to social workers as they serve the public thus impacting how social workers communicate online professionally.

1.3. Purpose of Study

In 2010 only two of the thirty healthcare professions utilized social media networks like Facebook, Twitter and Youtube. (Cardinal, 2010, p.6) Upon review of the healthcare professions in Alberta this number has since grown to thirteen in 2014 demonstrating the increasing usage of social media networks. Social media networks being utilized by these professions include: Facebook, Twitter, Youtube, LinkIn, Flickr, Blog and Google Maps but many also use Digg, Reddit, Pinterest, StumbleUpon, Tumblr, Adfly, Delicious; the list continues to grow. As online communication via social media networks increases and becomes more ubiquitous healthcare fields like social work continue to face challenges related to ethical impacts.

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This study will focus on the issues surrounding if healthcare associations/colleges use social media networks to communicate with their members and if they have social media policies and/or guidelines in place for members and staff, and if so, how is that conveyed and utilized. This study also aims to understand the extent to which healthcare professionals like social workers are utilizing social media networks within their professional roles. Considering the ethical guidelines in the Codes of Ethics (2005) and the Standards of Practice that social workers and other healthcare professions agree to, how are online communication modes impacting them professionally when they communicate with their clients and their colleagues?

1.4. Research question

The question guiding this research is: Can ethical social work exist when utilizing social media networks? It aims to determine how social workers communicate "ethically" in their professional life when social media networks and mobile technology are becoming ubiquitous. For example the CASW's Core Social Work Values and Principles clearly indicate that confidentiality in professional practice is key to an ethical practice. (2005, p.4) Due to the client centred focus of social work, boundaries can be blurred between professional and personal levels which can present a challenge to the practitioner.

1.5. Objectives of Study

To address the main research question, the study objectives are:

A) To gain an understanding of how healthcare professionals, in particular social workers, communicate in a society where online and mobile communications have become the norm.

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B) To understand what the problematic issues are for social workers and their clients when considering everyone potentially has access to everyone's personal information via SMNs.

C) To gain an understanding of how and where SMNs values, guidelines and policies about confidentiality and communication come into play.

2. LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1. Literature Review

To gain more insight into online social work practice a number of databases were searched including the University of Alberta's GEO database, and websites like Social Work Today (www.socialworktoday.com). Keywords used for the online searches includes: "social work and the internet", "social work and communications", "social work and social media networks", "social work and Facebook", "social work and online practice", "ethical social work and online" and "healthcare and Facebook". One commonality between the academic articles and other social work resources is that very few addressed ethical issues as it relates to the use of the SMN's. This illustrates that ethical social work practice online is a newly developed area of research.

Common themes emerging from the literature focused on the increased usage of modern technologies and how it affects ethical practice and the impacts of Web 2.0 and social media on the client. It's no secret that SMN's plays a huge role in online communications and are redefining how society communicates online, for example, as Getz (2012) states: "The use of

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mobile technology in healthcare has secured a foothold. But while opportunities exist for social workers to adopt these technologies in their practices, acceptance has been slow." (p.8)

2.1.1. Increased technology use in the field of social work. Communication technology has been impacting social work practice for years and is not a new concept Gifford discussed the impact of email communication back in 1998, saying that social workers were lagging in adopting this "new" technology. It does seem unusual that there is resistance to what is now considered a ubiquitous communication mode; however it does illustrate that social workers have a history of avoiding or being slow to adopt new communication technology. Gifford (1998) even foresaw the impact of the internet within the social work field: "Some social workers already use the internet. Perhaps as more social workers gain access to computers that provide access to online services, the field as a whole will explore other ways of knowing within the internet's interactive setting." (p.249) The idea of social workers adopting technology at a slow rate continues to be repeated in the literature. Getz (2012) proposes that this slower rate of adoption of new technologies may be because social workers focus on the relationships with clients and may see technology as a hindrance to forming these relationships.

While there is some evidence of social workers adopting technology at a slow rate there is also evidence of social workers embracing these communication modes. Swiefach and Heft-LaPorte (2006) discussed that the increased usage may be attributed to social work students who have used the internet, mobile apps and SMNs for educational purposes. (p.13) It's not unrealistic to think that new social workers will then continue to use these tools in their practice impacting the number of social workers using modern communication modes. Another example

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of a social worker that regularly uses SMN's to communicate both professionally and personally is Kays (2011). She understands the benefits of online communication and has an understanding of social work ethics. For example she says: "Do no harm… This value asks that we explore what level of harm exists for clients when therapists use social media and under what conditions they should be used or not used." (p.7) Rarely are healthcare professions questioning the validity of using online communications tools like social media networks they are, according to Kays (2011), regularly using this media to communicate both personally and professionally and they recognize the need for guidelines and ethical parameters of social media.

2.1.2. Ethical considerations. It has become evident that as communication technology evolves and social workers increase their usage, it is important that discussions regarding ethical use of social media occur between practitioners and their colleges and associations. Marson and Brackin (2000) encourage social workers to refer to their Code of Ethics and Standards of Practice when they come across an ethical issue and ask themselves 'self-questions' that will promote ethical practice. She says: "As social workers, they [we] must continue to be accountable for our behaviors." (2000, p.40) Even though the internet and SMN's offer many benefits and opportunities to communicate they also present ethical challenges. As mentioned by White (2011) social workers are ethically held to a higher standard because of their training in the healthcare field. Online ethical issues are unique and have emerged because of these new technologies being utilized which are affecting how social workers communicate and impact ethical issues like confidentiality and privacy with their clients.

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Ethical concerns may also be impacting the adoption rate of communication technologies such as SMNs as social workers cautiously test and gain information about these communication modes. As indicated by White (2011), Kays (2013) and Hooper (2013) social workers have a high level of concern regarding the increased usage of social media and the internet in general because of how it may affect ethical practice or lack of ethical practice. Kays (2013) indicates that there is concern for potential harm when clients search for their therapist's personal information online. White (2011) brings up the reverse concern and discusses the ethical considerations when social workers search for information on their clients without the client's permission. It is important that the ethical concerns are not only identified for social workers but also for their clients. Such as: "Ethical challenges, in particular, commonly arise in the areas of self-disclosure, appropriate boundaries, and privacy." (White, 2011, p.6) Boundaries would refer to a social worker searching for information on a client via the internet without their permission and/or befriending a client on Facebook, MySpace or any other SMNs.

In addition to various ethical concerns, there are also legal risks involved when practicing online counseling or cybertherapy not limited to ethical social work practice but including client confidentiality and privacy. According to Banach and Bernat (2000) cybertherapy and/or online counseling refers to a client having online counseling sessions with their therapist. (p.154) Understanding the technology prior to using it is key to avoiding ethical issues that lead to legal actions. Johns (2011) understands what the 'ethical obligations' are recognizing that once the send button is clicked there is no control where the information goes. This is not to stop social workers from utilizing social media but to consider the purpose of what they are posting and why as there are potential risks. Johns (2011) discusses the need for social workers to consider if

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social media networks are appropriate for their own practice and be aware of the ethical and

liability challenges involved as indicated: "One must question if Facebook is an appropriate

medium for challenging organizational policies given the ethical and liability issues." (p.5)

2.1.3 Impact of Web 2.0. Another theme identified in the literature was that Web 2.0 has

enabled clients to take a more active role in their own diagnosis and treatment. Web 2.0 is the

version of the World Wide Web that enables the user to interact with other users with various

applications like Facebook and Twitter. (Wikipedia, 2014) However there is also a concern that

this access to information via Web 2.0 will enable clients to get personal information about their

therapists. As indicated by Kays (2011) social workers are encouraged to be cautious about how

much personal information they share online and to consider the affect on client relationships in

their profession. (p.6) Tapscott and Williams (2012) focus on how clients are now able to use

online technology to access information for their own diagnosis and treatment, "Citizens will be

active in researching their own health, sharing their experiences with others, and consulting with

healthcare professionals when necessary." (p. 183) Online communication technologies are

expanding and continue to evolve into a massive collection of information and because it is

readily available, users are able to search for the causes, symptoms and cures for various

healthcare issues. Impacting the traditional healthcare model, as discussed by Tapscott and

Williams (2012) where patients rely solely on a healthcare practitioner's diagnosis.

It is very important for social workers and other health professionals to consider the

impact of social media networks and to recognize that these are public networks and could have

an impact on them in their roles as caregivers. Johns (2011) suggests that social workers discuss

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boundaries and SMNs like Facebook, "the social workers' use of Facebook to "check on' clients had been discussed within the informed consent process with the client … it is important that social workers engage clients in conversations about how and when information will be accessed about them." (p.4) Not considering the implications of what is shared online can present some liability issues as well. Confidentiality and privacy are important to online and face-to-face treatment and the internet does present some concerns. Web 2.0 has enabled social workers and their clients to have access to, not only information about healthcare but also any personal information shared on SMNs.

2.2 Theoretical Framework

This research project was analysed using the lens of Mark Poster's (1994) sociocultural traditional theory. The sociocultural traditional theory is a broad theory that encompasses both macro and micro social theory and refers to the social structures and norms within society. Craig and Muller (2007) define the sociocultural tradition as a "communication … process essentially involved with concepts such as social structures, identities, norms, rituals and collective belief systems." (p.365) Poster's (1994) sociocultural traditional theory has a macro approach and considers how communication technologies like the printing press, television and more recently the internet impacts how we as a society communicate. He refers to these communication technologies as "electronically mediated communication (what … (is) called 'the mode of information')". (Poster, 1994, p.377) Basically the approach looks at the modes of communications that are becoming dominant within society and how these modes are impacting and changing societal discourse.

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Within the socialcultural traditional theory macrosocial theories include functionalism and structuralism views. Microsocial theories include symbolic interactionism and ethnomethodology but this research focuses on the macrosocial theories of functionalism and structuralism; specifically on the details of groups' (social workers) interactions online. Functionalism and structuralism are macro approaches and view communication within an entire society, "large-scale social forces such as urbanization, economic competition, and the spread of new technologies determine the aggregate behavior of individuals and groups." (Craig and Muller, 2007, p.365) Microsocial theories tend to focus on the individual actions rather than society on a whole.

Within the macrosocial, socialcultural theory Craig and Muller (2007) define Poster's approach as a post-structuralist approach to examine the impact of electronic communication modes: "post-structuralism is a theoretical approach influenced by semiotics and phenomenology that generally emphasizes the instability and contestability of meanings in societal discourse." (p.367) Poster examines how societal discourse is being impacted by communication technologies and functions differently with each new mode. He goes into great detail about online databases and discusses how information about individuals, whether on a personal or professional level, is now available online and how "one's life becomes an open book for those who have access to the right computers". (Poster, 1994, p. 381)

3. METHODOLOGY

3.1 Methodology

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To understand how social media networks (SMNs) are being used within healthcare associations and colleges when communicating with their members, a qualitative research approach was chosen. This allowed me to choose the interview method to ask interviewees several open ended questions inviting them to provide more contextual and complex responses based on their own experiences and knowledge as communication specialists and/or social workers working in healthcare organizations. Qualitative inquiry allowed me to interpret the data collected, gathering meaning from the experiences of the people being studied: "qualitative researchers work inductively from individual cases [of the data] and not from a pre-existing framework or a particular theory." (Mayan, 2009, p.11) It was important to use a qualitative research method opposed to a quantitative research method as it allowed me more flexibility in the gathering and interpretation of the data collected.

To provide a framework to this qualitative research project, I utilized a purposeful sampling of participants. This gave me some control over who was interviewed. Participants were chosen based on their workplace representation and their experiences with SMNs within these workplaces. The intention was to gather results from organizations that had a similar mandate in order to explore a pattern within the data collected.

3.2. Theoretical Framework of Methodology

The data collected was analyzed and interpreted through a sociocultural traditional lens according to communication theorist Mark Poster. Poster (1994) adheres to a post-structuralist theory that comes from a macro view looking at the "electronically mediated communication [what … (is) called 'the mode of information']" on a societal level. (p.377) This looks at the

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modes of communication that are becoming not only dominant but have become a societal norm and that influence communication on a large scale. Modern communication technologies like computers, the internet, social media networks and mobile technologies have changed the way society communicates not only 'in the how' but also impacting the evolution of language. For example the acronyms used in texting[i] or tweeting[ii] like LOL (Laughing out loud), ttyl (Talk to you later) and FB (Facebook)[iii] are examples of such current norms.

Social workers are part of a micro environment specific to their profession but are also part of the larger macro environment, where it has become ubiquitous to communicate via modern technologies and online applications like Facebook, Twitter, Reddit and Blogger, for example. Social workers in Alberta are provided "standards which all social workers practicing ... are expected to meet." (2013, CASW, p.5) These Standards of Practice are developed provincially and the Code of Ethics (2005) are developed by the Canadian Association of Social Workers (CASW), the affiliated group that provide the guidelines for Canadian social workers in their professional practice. It is these core standards and ethics that provide direction for social workers and may have impacted the rate of adoption of modern communication technologies due to the core social work values and principles that apply to confidentiality (CASW, 2005, p.7)**.**

3.3. Methodological Approaches

   3.3.1. Data sources. After receiving ethics approval from the University of Alberta's ethics board, interviewees were purposely recruited based on their roles within certain social work associations and colleges and/or other healthcare associations and colleges; specifically those who were in a communications or executive role. Participants were selected from two lists, one was the list of healthcare associations and colleges that operate under the Health Professions

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Act (HPA) in Alberta and the other list included social work associations and colleges in Canada. This helped maintain the rationale behind this research project, that of determining if ethical social work can exist when utilizing social media networks. Overall eight individuals from eight different organizations were invited to participate in the study and six agreed. All six (N = 6) participants were sent an email with the subject line 'Request to participate in a graduate research project' and a letter briefly describing the research project in the body of the email. (See Appendix A). After the initial invite was received and accepted by the participants follow up emails were sent to each participant. These follow up emails focused on thanking the participant, arranging a meeting date, forwarding the research questions to be reviewed and attaching the Participant Consent Form. (See Appendix B) All interviews took place in a private office either face to face or on the telephone and each interview was digitally recorded, with their permission and then subsequently transcribed verbatim for analyses. To supplement the transcribed interviews, I took notes during the interview and afterwards I generated researcher memos. Researcher memos refer to writing down the initial connections and ideas during data collection (Mayan, 2009). These notes were later used to assist with the analyses of the data collection.

Of the six participants (N=6), three were from social work organizations (n=3) and three were from other healthcare organizations whose mandate was not social work specifically (n=3). Four of the six participants were from organizations in Alberta; it was important to interview as many research participants from the same province to increase the possibility of consistency and/or discernible patterns within the data collected. [iv] The other two participants were from social work organizations in other provinces.

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Prior to each interview each participant submitted their signed copy of the Participant Consent Form to ensure that each participant was aware of the rationale and permission request to directly quote research participants. Each participant was given a pseudonym in the data analysis to ensure confidentiality such as: interviewee #1, interviewee #2 and so on.

In addition to interviewing six (N = 6) social work and healthcare representatives, two specialists with online communication and social work ethics were approached to help build more knowledge on the topic (F.G. Reamer,. & A.MacDonald, personal communication, March 22, 2013).

Table 1. Interviewee Information

Interviewee Information					
Number of Interviewees	Organization	Province	Who	How	When
Interview #1	Social Work	Alberta	Social work executive	Face to face	August 20, 2013
Interview #2	Other healthcare	Alberta	Communication Manager	Face to face	August 22, 2013
Interview #3	Social Work	Other	Social work executive	Telephone	September 19, 2013
Interview #4	Other healthcare	Alberta	Communication Manager	Face to face	September 20, 2013
Interview #5	Social Work	Other	Social work executive	Telephone	October 30, 2013
Interview #6	Other healthcare	Alberta	Communication Specialist	Written submission	August 31, 2013

3.3.2. Data gathering. Data gathering involved conducting individual, face to face interviews (n = 3), telephone interviews (n = 2) and taking notes both during and after each interview. There was one participant who was not interviewed but preferred to submit written answers to the interview questions by email (n = 1). Interviews were conducted face to face for

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local participants and via the telephone for participants who were geographically located outside of Alberta.

Three main open ended questions were forwarded to the participants prior to the interviews, for their reflection:

1. Does your professional association / college utilize social media networks to reach and engage members and if so, which networks are used? How often are these networks used?

2. Healthcare professionals are expected to adhere to their professions ethics. Do you foresee any conflicts between ethical practice and the usage of social media networks? For example Value 5: Confidentiality in Professional Practice within the CASW Code of Ethics ©2005 which talks about the confidentiality rights of clients. In your view how can a healthcare professional adhere to ethical practice when communicating with clients via Face book?

3. Does your association / college have a social media policy in place? Is this policy shared with members or only for staff?

In addition to the three main questions asked, probing questions were also asked during the interviews to encourage more detail and description from the participants. These probing questions also allowed some flexibility in the direction in which the interview flowed. An example of the probing questions includes: 'Can you tell me more'; 'Can you provide examples' and 'Can you explain what you mean by that'. One question that came up during many of the interviews and resulted in a lot of discussion and was included in four of the six interviews was,

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'Is generation a factor'. This question referred to younger adults utilizing mobile technologies and social media networks more frequently than older i.e. middle age adults.

The recorded interviews ranged from 15 minutes to 45 minutes depending on what the participant wanted to add to each questions. Each of the first five interviews were conducted in a private office. The sixth participant submitted written answers to the questions.

3.4. Method of Data Analysis

Analysing qualitative data involves the interpretation of data that is not based on numerical values but to gain understanding from the research participants' experiences and own knowledge: "In other words, instead of starting with a hypothesis and then testing it by collecting the data (deductive), the researcher collects data and then generates hypotheses as he or she tries to explain the data (abductive)." (Mayan, 2009, p.87) The patterns and themes discovered during the analysis process are used to code and categorize the findings. Some considerations taken into account during the data analysis process are that the themes generated are important to the overall understanding of the data collected and could possibly provide ideas for further research.

4. FINDINGS

This section will focus on the findings gathered during the interviews summarizing the key themes discovered. The participants were asked three main questions about social media networks and social media policies. Does your professional association/college utilize social media networks to reach and engage members and if so, which networks are used? How often are these networks used? and Does your organization have a social media policy? The most

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surprising find was that all three of the social work organizations, at the time of the interview, did not have a social media policy in place.

4.1. Interviews and Summary of Key Findings

The purpose of this research project was to gain some understanding of how healthcare professionals, in particular social workers communicate in a society where online and mobile communication has become the norm.

- Interview #1 was a face to face interview with a social work organization and took place in a private office in Alberta. The represented organization operates under the Provincial Health Professions Act (HPA) and utilizes a provincial Standards of Practice and a National Code of Ethics.

- Interview #2 was a face to face interview with a healthcare organization that operated under the same HPA in Alberta but they have their own Code of Ethics and Standards of Practice.

- Interview #3 was a telephone interview with a person from a social work organization in another province that follows the same National Code of Ethics as Interview #1 but operated under different provincial guidelines and Standards of Practice.

- Interview #4 was a face to face interview with a healthcare organization that operated under the Alberta HPA but follows their own Code of Ethics and Standards of Practice.

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- Interview #5 was a telephone interview with a social work organization in a different province that followed the same National Code of Ethics as Interviewee #1 but operated under their province's provincial guidelines and Standards of Practice.

- Interview #6 submitted written answers to the questions. They represent a healthcare organization that operates in Alberta under the Alberta HPA but have their own Code of Ethics and Standards of Practice specific to their healthcare field.

The interviews indicated that five of the six representatives of organizations utilized social media networks (SMNs) however one organization closed their Facebook account due to concerns about inappropriate activity and lack of staff to monitor the site. Of the four that still utilize SMNs; Facebook and Twitter were the main networks utilized. Two organizations used blogs to share information with members and LinkenIn and Youtube were used for specific purposes like education and advertising job postings. One group was exploring another popular SMN, Pinterest for use in their organization. Half of the representative organizations interviewed (n = 3) had a social media policy, strategy or guideline in place that was being used to guide their members online activity. One of the three organizations was in the process of revising their social media policy so had three different social media policies and/or guidelines in use; one for members, staff and another for their governing council.

All six representative organizations were concerned about privacy and confidentiality issues such as the possibility of practitioners and clients crossing personal boundaries.

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Maintaining professional boundaries is a key principle indicated in Value 4 of the Canadian Association of Social Workers (CASW) Code of Ethics (2005): "Social workers establish appropriate boundaries in relationships with clients and ensure that the relationship serves the needs of clients." (CASW, 2005, p.7) According to the HPA one of the objectives in Alberta is that social workers work to serve and protect the public. (HPA, 2013, p.9) Three of the organizations were still determining the "purpose" of utilizing SMNs within their organizations and questioning how they would utilize such networks.

4.2. Emerging Themes from Findings

4.2.1. Facebook was the most commonly used SMN. In relation to Question #1 Does your professional association/college utilize social media networks to reach and engage members and if so, which networks are used? How often are these networks used? The findings indicated that Facebook was the most commonly used SMN with five of the participants using it regularly, followed by Twitter. Youtube and LinkedIn were being used by half of the six representing organizations. Interviewee #3's (2013) organization was not using any SMN of any kind and were in the process of considering the validity of social media for their organization; "we are still trying to figure it all out in terms of where to place the energy and administratively what will be needed" says the interviewee. (p.1) Three of the organizations had scheduled Facebook and Twitter posts. For example, Interviewee #4's (2013) organization had recently introduced a 6-month engagement plan and has posts written in advance for the next six months. (p.1) Their organization had a focus for each network, for example Facebook targeted information for the public and Twitter targeted their members; "so on Facebook we're really targeting the public and on Twitter we are targeting more of the (members)". (Interview #4. 2013. p.4)

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The three non-social work healthcare colleges and associations utilized LinkenIn, Youtube, Webinars and blogs in addition to Facebook and Twitter. Only one of the social work organizations currently used both Facebook and Twitter while the other two social work organizations did not use Facebook. Interviewee #5 did have a provincial Facebook page but closed it due to inappropriate posts; no examples were provided. However Interviewee #5 (2013) had started creating clips for Youtube but indicated it was a matter of resources and time that impacted how often they would upload clips to Youtube. (p.2) The SMNs utilized by all the organizations were primarily focused on communicating with members to share pertinent information.

4.2.2. Ethical conflicts when utilizing SMNs. All six organizations represented in this study saw the potential for ethical conflicts when utilizing SMNs. As indicated by Interviewee #1: "conflict of interest is potentially loaded, at multiple levels, when you're dealing with social media, because the profession of social work, the inherent principles around it are around confidentiality and consent to practice, so anything that offers the potential for information to go outside that working and professional relationship needs to be looked at very carefully." (2013, p. 1) As a result, all the organizations tended to caution their members against using SMNs for professional communications and to really consider how they used SMNs personally. Healthcare professionals are expected to adhere to their professions code of ethics but these expectations can also impact their personal communication modes. For example having a personal Facebook account could potentially compromise the confidential relationship between a social worker and their client if a social relationship develops. Interviewee #6 questioned if it was the medium

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being used to communicate or the practitioner that proposed the conflict; "When it comes to the question of ethical practice and communicating with patients on Facebook, one must first ask if it is social media that poses the problem or if it is the engagement of clients outside a practitioner-patient setting." (2013, p.1) Communicating with a client on a personal level could put their clients, their practice or themselves at risk. This presents a gray line for social workers with their professional and personal communication styles and modes. When asked if they foresee any conflicts between ethical practice and the usage of social media networks? For example Value 5: Confidentiality in Professional Practice within the CASW Code of Ethics ©2005 which talks about the confidentiality rights of clients. In your view how can a healthcare professional adhere to ethical practice when communicating with clients via Facebook?

        4.2.3. Confidentiality and privacy. Due to the various healthcare professions with the various principles around confidentiality and consent to practice the potential for ethical conflicts increases when using SMNs because they have a public format. It was considered extremely important by all six interviewees to educate members about SMNs. As mentioned by Interviewee #6: "As a college and association, we have done significant coaching with our members on appropriate online engagement. This coaching includes all aspects of online engagement from blogs, comments, Facebook, Twitter, [and] websites." (2013, p.1) Interviewee #3 further supported the idea of educating members regarding online privacy and confidentiality: "Looking at privacy and confidentiality … I always tell people [that] the information shared through [a] social media platforms can be accessed by anyone who has internet access and of course it is the responsibility of the social worker to ensure the client information is kept private and

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confidential." (2013, p.8) Knowing your 'tool' was mentioned as well as being aware of the privacy settings when using SMNs.

Overall the primary concerns were focused on privacy, confidentiality, self disclosure, duel relationships, personal vs. professional relationships clients and maintaining professional boundaries. As Interviewee #6 put it, "Health practitioners hold a high level of education, skill, training and complete ongoing competency requirements. That specialty service isn't something that should be available to patients' online, 24-hours per day and at no cost". (2013, p.2) Interviewee #5 representing a social work organization, mentioned the idea that due to the personal nature of social work, social workers could become targets. (2013, p.1) For example, while social workers do receive education conducted around self-disclosure or rather avoiding disclosing too much personal information with a client could potentially put them in an unsafe position. Clients Googling[v] their social worker on Facebook may have access to personal information that could potentially put the social worker in an unsafe position. In the newly revised ACSW Standards of Practice they encourage social workers to be proficient with all communication tools and if they are not proficient to seek training to stay current with the various communication modes. (ACSW, 2013, p.24)

4.2.4. Existence of Social Media Policy. Does your association/college have a social media policy in place? Is this policy shared with members or only for staff? Of the six interviewees only half (n=3) indicated that they had a social media policy (SMP) or guideline in place; in some cases they had multiple SMPs. For example, Interviewee #2 indicated they had three policies they share: guidelines for members, response guidelines for staff and guidelines for

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their organizational web or Facebook posts and were in the process of revising these policies that were implemented in 2012. (2013, p.6) And Interviewee #4's organization had a 6-month plan in place to guide posts on Facebook and Twitter, indicating how and when the posts were to be made; "we have a six month engagement plan and … already have the posts written for the next six months". (2013, p.1) The three organizations that didn't have a SMP in place were the social work organizations. One of the social work organizations mentioned that they didn't have a SMP but communication in general was covered within their Standards of Practice and their college's policies; "[in] the code of conduct there is more about email but it applies to any kind of communication." (Interview #5, 2013, p.8)

4.2.5. Generational usage of SMNs. There was an awareness of the healthcare organizations that social media usage is or can be generational. Of the four groups that mentioned it, three of the four had seen evidence but all four thought it was a reasonable assumption that the younger generations (i.e. 30 years and under) used SMNs more often and were more familiar with the various platforms. It was also mentioned by Interviewee #5 that younger practitioners are being taught online suggesting more knowledge and education around online activity and SMNs would result in a more aware practitioner. Interviewee #4 mentioned that experience online may be generational but it was the attitudes towards social media that were different for each generation, they found that the generations seemed to use social media differently. (Interview #4, 2013, p.6) They suggested that the younger generations didn't differentiate between their personal and professional lives when using SMNs. To further support this, Interviewee #5 agreed that there was a generational impact suggesting that the younger

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generations weren't mystified by SMNs and for many of the older or middle aged practitioners SMNs weren't part of their world. (Interview #5, 2013, p.6)

Overall, the findings illustrated similar views regarding online ethical concerns between the six represented healthcare organizations. However Interviewee #4 brought up the point that the healthcare field would also have an impact on the depth of the relationship between practitioners and clients. (2013. p.10) The implications of these findings, grounded in the literature will be examined further in Section Five.

5. ANALYSIS AND DISCUSSION, LIMITATIONS, RECOMMENDATIONS AND CONCLUSIONS

5.1. Analysis and Discussion

Revealed from this study is that social workers and other healthcare practitioners are aware of the increasing popularity of online communication modes like social media networks (SMNs) that could be used in their work; however they are concerned about the potential impact that increased usage could have on them professionally. This section will discuss the findings further that resulted from the literature review and the six interviews through the lens of Mark Poster's (1994) socialcultural traditional theory and other relevant literature. The concept is that SMNs and all modern communication modes have become ubiquitous in society; however online communication modes, such as Web 2.0 platforms like Facebook, Twitter, chat pages, blogs and other SMNs present a unique challenge for social workers as these modes, by definition, are "social". One of the ethical values that social workers are expected to adhere to includes the privacy and confidentiality of their clients. For example: "A social worker who uses telephonic

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or other electronic means to provide services will seek training as necessary to stay current with emerging technologies, and demonstrate competence in the use of technology-assisted devices used in practice, especially in the matter of protecting confidentiality and security." (ACSW, 2013, p. 25) Online social networks, whether known or unknown may be asking social workers to 'breach' these values even if the practitioner is unfamiliar with the technology.

There are many examples and reasons presented in the published literature encouraging social workers to become more familiar with communication technology. Many of these articles are written by social workers for social workers and present various tips on how to handle using such technologies ethically and they make reference to the CASW Code of Ethics (2005) or the equivalent in the United States; for example *Ethical Considerations in the World of Social Media* by Annette Johns (2011) and *The Challenge of Electronic Communication* by Frederic G. Reamer (2013). It seems that social workers have to be convinced to familiarize themselves with more recent i.e. online communication modes, as they may think such technology doesn't affect them because they work with people not computers. However, society is not waiting for those who are adopting technology slowly, society is rapidly adopting online and mobile technologies no matter what the profession or purpose. As a result, the format of how society communicates online is not only changing the communication modes but also impacting the societal discourse around how we communicate. Poster's socialcultural traditional theory (1994), as a post-structuralism theory, focuses on the impact that semiotics and phenomenology have on communication "the mode of information". (Craig, Muller, 2007, p. 367) Basically, Poster is suggesting that the modes we choose to communicate with whether, print or online, impacts societal discourse on a whole. The choices made when publishing a book or newspaper to self

publishing a blog or in Facebook are vastly different. An online response is more immediate

while print is a slower process allowing more time for rewriting and editing. Online

communication via Web 2.0 is instantaneous and creates a two-way communication pattern. But

it is this immediate two-way communication that can present opportunities for social workers to

make some 'unethical' choices when communicating professionally. Unethical in regards to the

Code of Ethics (2005) and Standards of Practice that sets forth values, principles and standards to

guide social workers' professional conduct. (CASW, 2005, p. 2)

5.1.1. Impact of Web 2.0 on online access and participation. The impact of Web 2.0 is

another theme discovered from the data analysis and needing to be discussed. Since SMNs

operate on this version of the World Wide Web (WWW), - Web 2.0 enables users to interact

with other users online with various online software and applications like SMNs. It is the

growing availability of SMNs that is causing a concern for social workers and other healthcare

practitioners as it has the potential to remove the security of confidentiality because it is online,

social and is an immediate form of communication. Online communication is impacting how

social workers communicate. They are being asked to be more diligent and thoughtful regarding

their communication modes specifically when communicating with clients; however online

communication modes can potentially impact their personal usage as well as their professional

usage. Social workers have an ethical obligation to become familiar with the communication

modes available to them to enhance their work. According to Poster's (1994) theory it is the very

act of the social worker becoming familiar with the many online communication modes that is

contributing to the evolution of how society is communicating, that is, as users continue to

access SMNs, the SMNs, become a societal norm and society adjusts how they communicate to

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accommodate the technology. Craig and Muller (2007) interpret Poster's (1994) theory: "as a

collage of theme parks and the impact the unseen guards have on us as the electronic world

create categories and those categories start to have an impact on us and the decisions we make,"

(p.367)

Interviewees in this study talked about their clients also being impacted by Web 2.0. As

Tapscott and Williams (2007) indicate, Web 2.0 enables the client to be more active in their own

healthcare as they can access information about their own ailments. In addition to becoming

more active in their own healthcare there is the possibility that a client will use online

communication modes to search for personal information about the social worker or healthcare

practitioner that is treating them. The idea of a social worker's safety was mentioned more than

once in the interviews, for example, one social worker said: "When you involve things like

Facebook and clients and clients who may be Googling their therapists and counselors and trying

to find out information [they] may find out things about their counselor … inadvertently [that]

social workers may be self disclosing … on Facebook." (Interview #3, 2013, p.3) The ethical

complication that arises is when the healthcare practitioner and client cross the line of the

professional contact into the level of the personal. SMNs do present a chance for unethical

contact especially if the practitioner is not familiar with the communication mode. According to

Johns (2011) the situation is more complex than simply automatically declining online contact

with a client. She suggests that the social worker consider whether the online relationship would

constitute a dual relationship considering that not all dual relationships are harmful but it would

be up to the determination of the practitioner and their interpretation of their Code of Ethics.

Poster (1994) would suggest that as social workers and other healthcare practitioners continue to

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experience these types of situations they are changing how they communicate with others

specifically clients reinforcing his socialcultural traditional theory that emphasizes the constant

revision of societal discourse.

5.1.2. Many organizations are still developing a social media policy. From the

interviewees, it was clear that none of their social work organizations had a social media policy

or guideline. They tended to rely on their Standards of Practice, Codes of Ethics and Code of

Conduct to guide their communication modes whether face-to-face or online. Poster's theory of

socialcultural tradition (1994) doesn't address the speed at which societal discourse evolves but

he does say that it evolves with the introduction of each new technology. He says; "computer

enhanced communication such as electronic mail and computer conferencing … satellite

communication systems changes not only communication but the basic features of social life."

(Poster, 1994, p. 387) Social workers' communication modes will evolve with new online

technologies regardless of the overall adoption rate. And despite interviewees not having a social

media policy to follow, they all said that some kind of policy is being developed in the future to

meet the needs of their members who are utilizing SMNs. As one interviewee describes it;

"There is no social media policy in place, it's a good idea to develop one… I don't know of any

[social work organizations] who have social media policies already in place." (Interview #1,

2013, p.3) Another interviewee stated they would consider creating a social media policy if they

started using SMNs within the organization; however they are aware their members may be

using SMNs and would guide them to their Code of Conduct. They state: "It's not as paramount

but it is something that we have to bear in mind and it will be needed in future to be more

specific then what we have in terms of our Code of Conduct." (Interview #5, 2013, p.8)

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While the idea of not having a social media policy in place to guide the SMN usage of social workers may seem troublesome considering the popularity of SMNs; all of the social work organizations represented here were at various stages of developing a policy all illustrating Poster's theory (1994) that online communication is having an impact on the user and they are revising how they communicate to meet these new modes to meet their changing needs.

5.1.3. Usage of SMNs vary considering the generation of the user. Another theme evolving from this research was the acknowledgement that SMN usage seems higher with "younger" generations of social workers. This may be directly related to their comfort level with online technologies and may be a result of having access to computers and mobile technology all their lives. As Interviewee #3 put it, "it is certainly something that is at their finger tips … so we … go into our social work schools here in the province and talk to students about ethical considerations in social media [encouraging students to be mindful of their online activities and how it can impact their social work practice]". (Interview #3, 2013, p.5) As the younger social workers move into their practice, they bring with them a different attitude about SMNs as these communication modes are ubiquitous in their lives and "the younger generations … don't see as much (of a) distinction between their personal life and their professional life and that social media … connects all of them". (Interview #4, 2013, p.6) As Interviewee #5 suggested, social media just isn't part of the older social workers' world however as Poster (1994) suggests in his socialcultural traditional theory communication is changing based on the electronic technologies. It is understandable that the younger generations would become more adept with these technologies as they may not have known a time without computers or mobile technologies.

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Overall, the themes revealed from this study indicate that social workers are utilizing online communication technologies like SMNs more and this increased usage may be based on generational usage. As Poster highlights in his socialcultural traditional theory; "A post-structuralist approach to communication theory analyses the way electronically mediated communication (what I call 'the mode of information') both challenges and reinforces systems of domination that are emerging in a postmodern society and culture." (Poster, 1994, p.377) As social workers increase their usage of SMNs, professional social work organizations are motivated to develop social media policies and guidelines to guide a social worker's online activity thus increasing the likelihood that social workers will maintain ethical behavior online.

5.2. Limitations

There are a few considerations in which the conclusions of this study should be viewed. First, the Alberta College of Social Workers (ACSW) where I conducted one interview is my employer. This gives me an inside view of social workers and SMNs based on my own experiences. And I have experience working in a social work organization as a communication specialist and have some familiarity with the challenges that a social work organization face when communicating with its members. Though not necessarily limitations but also assets, my personal view does affect how I conducted the interviews, i.e. probed questions, analyzed the data and made conclusions.

Another limitation that had an impact on this study is the lack of academic research concerning social workers and online communication modes like SMNs. I found a number of

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studies that focused on medical doctors and nurses but very little about social workers and

SMNs. This illustrates a gap within the academic literature and state of knowledge and may

represent an incomplete view of ethical social work practice online particularly when utilizing

SMN thus validating a need for more research, within Canada. Most of the literature drawn on

for this study was Canadian however due to the small number of research reports in this area it

was necessary to also refer to a few American publications.

5.3. Recommendations for Further Study

As mentioned, there is a lack of academic literature on ethical social work practice when

utilizing current communication modes like online social media networks. There are many

articles providing online 'tips' and ethical practice guidelines published in academic social work

journals and in documents written by social work associations similar to the Newfoundland &

Labrador Association of Social Workers (2011) and the National Association of Social Workers

(2005). The lag in the academic literature may be due to social work being seen as a helping

profession that is primarily a face-to-face practice. Online treatment and communication here is

relatively new for social workers and while social work practice is standardized, online social

work practice is not and this highlights a need for further research.

Due to this gap within the academic literature, on the topic of social workers utilizing

SMNs within their professional practices, to fully understand the impact of current

communication modes on healthcare fields like social work it is recommended that more research

take place. Possible research topics could include:

- What is the impact of SMNs in both the macro and micro environments?

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- How are SMNs like Facebook, Twitter and LinkedIn impacting social work as a profession?

- How often do social workers access online technologies for their professional practice?

- Do social workers access online technologies for their own educational purposes for example participating in webinars and online courses?

- Are social work students experiencing more instruction online and is it impacting their professional practice?

- What SMNs are social workers using in their practice and is this influenced by the age of the social worker?

5.4. Conclusions

This research focused on the issues surrounding how and if healthcare associations/colleges use social media networks to communicate with their members and if they have social media policies in place for members and staff. The objectives of the study were to gain an understanding of how social workers do or don't communicate online, to understand the problematic issues and to understand how social media policies and confidentiality and communication connect. Using online technologies like social media networks (SMNs) in social work practice is a fairly new occurrence but as social workers continue to use online technologies more and take the time to consider their professions Code of Ethics and Standards of Practice they are changing their professional discourse.

Overall healthcare practitioners like social workers tend to be very cautious about using SMNs when communicating as they are concerned about the 'public' aspect of these online

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communication modes. Due to the collections of databases online whether SMNs or website it is this familiarity and access to information that could potentially put a social workers at risk. At first I did not understand this threat but it is common for social workers, specifically those who work "in the field" to come across questionable individuals with questionable morals who may not be concerned with the direction of their aggression. And if a social worker utilizes SMNs in their personal life it is necessary for them to be just that much more careful and cautious who they friend, follow or like on SMNs. It would also be in their best interest to become familiar with the security and privacy settings on any online SMN or website they utilize.

In conclusion, based on the increased usage of online technologies like SMNs amongst healthcare professionals the organizations that regulate the professionals can no longer avoid or ignore creating social media policies that would address online ethical social work (or other healthcare fields) practices. Web 2.0 has forced the evolution of healthcare and how it's provided to society. No longer are clients willing to wait for a diagnosis, they now have the ability to determine their own diagnosis and treatment, assuming they have access to computers and the internet to gather that information. The electronic world has changed the way social workers communicate (and will continue to do so); SMNs and mobile technologies have become ubiquitous. It is not unusual for an individual to reach for their smart phone or post on Facebook when a significant or insignificant event occurs. Mark Poster (1994) believed these changes in communication were necessary as the communication modes evolve and continue to evolve as technologies advance. Thus affirming his socialcultural traditional theory that societal discourse changes with each new technology as it dominates electronic communication modes.

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Notable during the period in which this research was conducted is that two of the social work associations and colleges have now begun the process to create social media guidelines and reports. For example the Canadian Association of Social Workers (CASW) released their report 'Social Media us and Social Work Practice' in early 2014 and the Alberta College of Social Workers (ACSW) is in the process of creating a social media guideline to be used internally. There is still a lot of work to be completed in this area and gains are being made for a better understanding of the ever evolving technologies that are being utilized and the important ethical related issues.

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APPENDICES

Appendix A

Initial Invite Letter

Information/Consent to Participate in the social media network research project.

Dear _____,

My name is Ilona Cardinal and I would like to invite you, as a healthcare association and/or

college communication or management representative to participate in this research project. The

title of the research project is Social Media Policies and Ethical Social Work Practices: Can

ethical social work exist when utilizing social media networks? And is the final step towards a

Masters of Arts in Communication and Technology degree with the Faculty of Extension at the

University of Alberta. In addition to being a MACT student I also work at the Alberta College of

Social Workers (ACSW) in the role of Promotions Coordinator. My interest in this topic of

ethical social work practice online has been influenced by my role within the ACSW.

The purpose of this project is to determine the role that social media networks have or do not

have within healthcare associations and colleges, specifically when communicating with

members who are required to follow ethical guidelines. And secondly to gather information that

will provide the foundation for creating a social media policy that addresses ethical social work

practices when using social media networks. I hope to see what the role of social media networks

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is within healthcare organizations and what the expectations when utilizing social media

networks are.

Data will be collected during face to face and/or telephone interviews and contribute towards the

findings and interpretation of the research project. These interviews may last from 30 minutes to

an hour depending on the responses provided. Each interview will be audio recorded and

transcribed for later comparison. In addition to the recordings I, the researcher will take notes

during and after the interview to ensure a thorough understanding. The interviews will be

conducted in August and September of 2013.

Your participation would be greatly appreciated as I embark on this research project on social

media networks and ethical social work practice. If you have any questions or concerns contact

me at **icardina@ualberta.ca**.

Sincerely,

Ilona Cardinal

MACT student, Faculty of Extension

University of Alberta

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Appendix B

Participant Consent Form

Title of Study:

Social Media Policies and Ethical Social Work Practices: Can ethical social work exist when

utilizing social media networks?

Principal Investigator:

Ilona Cardinal, MACT student

University of Alberta

Edmonton AB

780-886-5784 (cell)

icardina@ualberta.ca

You are being invited to participate in this study in your role as a communication specialist or

leader within a professional college and/or association. This study focuses on the usage of social

media networks by healthcare professionals like social workers and by healthcare colleges and

associations as they serve their membership and the public.

My interest in this topic has been influenced by my role as Promotions Coordinator with the

Alberta College of Social Workers (ACSW) in the role of Promotions Coordinator.

Social Media Policies and Ethical Social Work Practices: Can ethical social work exist when utilizing social media networks?

Participants will be asked five questions regarding social media network usage and interviews will take approximately 30 to 60 minutes, depending on responses given. Interviews will be recorded (audio) and transcribed; results will be analyzed for the study report. The information recorded and transcribed will be encrypted and stored on a password protected memory stick.

There are few benefits for participants other then receiving a copy of the report upon request. The information gathered from this study could benefit healthcare colleges and associations as they determine communication via social media and development of social media policies.

When referring to participants' quotes confidentiality is a priority and I would like to request permission to utilize direct quotes from participants, unless otherwise stated. I will refer to participants as being from healthcare colleges and/or associations in Western, Eastern, Mari-time provinces and/or territories to protect the identities of participants.

If at any time the participant would like to withdrawal their participation, please notify me directly at icardina@ualberta.ca to make this request.

By signing this consent form you are giving permission for me, the investigator, to use the information provided for research purposes.

If you have any questions about the study, contact me at icardina@ualberta.ca.

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_____ _____

Signature of Research Participant   Signature of Investigator, Ilona Cardinal

_____ _____

Printed name of Research Participant   Printed name of Investigator

_____

Date

The plan for this study has been reviewed for its adherence to ethical guidelines by Research Ethics Board 1 at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Research Ethics Office at (780) 492-2615.

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Appendix C

Definitions of key terms

Health Professions Act – The Health Professions Act is a law passed by the Alberta Legislative Assembly that requires various healthcare colleges adhere to common rules, for example with education requirements, standards of practice and investigating complaints. More information can be found on the Alberta Health Ministry website http://www.health.alberta.ca/about/health-legislation.html

Healthcare associations and colleges – Healthcare associations and colleges refers to the regulatory bodies that monitor healthcare professionals, specifically the healthcare colleges listed under the Health Professions Act.

Post-structuralist – "Post-structuralism is a theoretical approach influenced by semiotics and phenomenology that generally emphasizes the instability and contestability of meaning in societal discourses." (Craig and Muller, 2007, p.367)

Sociocultural Tradition – The socialcultural tradition is a broad communications theory that involves "concepts such as social structures, identities, norms, rituals and collective belief systems." (Craig and Muller, 2007, p.365)

Social Media – Social media combines 'Computer-mediated communication (CMC)' (Hogan & Quan-Haase) and identifies the social quality of CMC. Examples include but are not limited to

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Facebook, Twitter, LinkenIn, Google, Pinterest, Digg, Reddit and Blogger. They provide a virtual space where people can create and share information. (Hogan & Quan-Haase, 2010, p.30)

Social Media policy – Social media policies are the guidelines created by an employer or in as part of a communications policy to guide the usage of social media.

Social Media Policies

What is a social media policy and how can it improve ethical social work practice on social media networks? Social media policies are written communication policies that relate directly to the ever increasing social media networks available online. Outlining appropriate usage of SMNs and other online programs such as Skype and providing counseling over Skype.[vi]

Web 2.0 – Web 2.0 allows the user to interact with other users on various applications like SMN, wikis, blogging and video sharing like Youtube and Vimeo. The characteristics of Web 2.0 according to Wikipedia include: "rich user experience, user participation, dynamic content ... and collective intelligence." (Wikipedia, 2014)

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[i] Texting refers to the Short Message Service (SMS) used with cell phones and smart phones.
[ii] Messages on Twitter are called tweets and when an individual tweets regularly they are tweeting.
[iii] LOL is Laugh Out Loud, ttyl is Talk to you later and FB is Facebook.
[iv] Colleges refers to the regulatory bodies that regulate various healthcare professions.
[v] According to the Urban Dictionary 'Googling' refers to using the search engine Google.
[vi] Skype is a "voice-over-IP service" that allows users to communicate in real time through audio, video and instant messaging.