Over the past several years, social networking sites have transformed the way people interact and the way they build and maintain social relationships (Lin, Fan, & Chau, 2014). Social networking sites are websites designed for communicating and for sharing information and photographs (Cambridge University Press, 2015). Users can share information with friends, colleagues, or even strangers through various websites (Terry, 2009). Users create and post profiles, which may include such personal information as “name, age, sex, contact information, photographs, areas of interest, educational background, employment, hobbies, and relationship status” (Bemis-Dougherty, 2010, p. 42).

According to the Pew Internet Project, as of January 2014, 74% of online adults used social networking sites. The most popular sites as of September 2014 were Facebook (with 71% of adult online users), followed by LinkedIn and Pinterest (28% each), Instagram (26%), and Twitter (23%). Using Facebook and similar sites allows people to communicate and connect with hundreds of others by posting information about their life through instant messaging, chat rooms, file sharing, and blogging (Klich-Heartt & Prion, 2010), as well as photos, videos, and links to other sites (Bemis-Dougherty, 2010). The Pew Internet Project also found that multiplatform use is increasing, with more than 50% of online adults using two or more social networking sites. Social networking sites offer users many benefits in terms of staying connected with family, friends, acquaintances, and others, but the type and amount of information shared may result in ethical conflict related to one’s professional roles. Persons who are friends on social networking sites have no legal obligation to protect confidential information. In addition, because of the often unclear personal relationships associated with social networking friendships, individuals who access shared information may feel no moral obligation to refrain from disclosing it.

The widespread use of smartphones and tablets means that many people are able to access social networking sites easily throughout the day, including while they are at work or school. The Pew Internet Project (2014) reported that 70% of Facebook users are on the site daily, with 45% accessing Facebook several times a day. This, in turn, presents increased opportunity for ethical conflict.
INAPPROPRIATE USE

The potential exists for users of social networking sites to post insensitive, inflammatory, offensive, or illegal content. Sites attempt to prevent this by stating their expectations for responsible use, as delineated in user terms and conditions. Facebook’s (2010) Statement of Rights and Responsibilities and Instagram’s (2013) Terms of Use prohibit inappropriate postings, including, but not limited to, those that are offensive, harassing, discriminatory, infringing, hateful, exploitative, illegal, defamatory, or libelous or that violate the privacy rights of others. Despite these terms of agreement, the popular media continue to report incidents of inappropriate use. The reach of opinions or photographs posted to social networking sites is not always limited to the private audience for which they were intended.

Several celebrities and politicians who were caught posting homophobic rants or sending sexually explicit photos of themselves (i.e., sexting) through Twitter have made public apologies, and their career and reputation rebounded, to some extent, from the incident. This is not always the case for the average citizen, however. For example, a management company sued a tenant for libel after she used electronic social networking to broadcast that her apartment was moldy (Heussner, 2009). In another instance, a senior state corrections official in Maryland was fired after posting on Facebook that he was groped by prison guards (Johnson, 2015). Employers also access social networking sites when making decisions about whether to hire a candidate (Clark & Roberts, 2010) or to fire an employee (Greenhouse, 2010) on the basis of inappropriate postings about colleagues and supervisors. School teachers and principals have been fired after offensive posts about students (Rhodan, 2015), and hospital employees have been fired after posting comments about patients (Yin, 2010).

Although privacy filters are available, people may not use them. There is also the chance that someone may post publicly accessible, inappropriate information about other people. That is, if you “friend” someone on your social networking page, in essence, you are agreeing that anything you post on your page can be made public by that friend. Other people have no legal obligation to keep confidential information that you have posted. Once you post information, you lose control of who may view it. Furthermore, once information is posted online, a visitor to the site or third-party storage program can save it; for this reason, posted information should be considered permanent, even after it has been deleted (Bemis-Dougherty, 2010).
ISSUES FOR OCCUPATIONAL THERAPY EDUCATORS, PRACTITIONERS, AND STUDENTS

Use of social networking sites by health care providers presents unique concerns because of the blurring of the line between one’s personal and professional life (McBride & Cohen, 2009). In most settings, a health care professional’s behavior during personal time (i.e., away from the health care setting) does not intersect with his or her professional behavior (Thompson et al., 2008). The exception to this may be active participation in social networking sites. Although posting information on a social networking site is not inherently unprofessional, health care providers need to be cognizant of their responsibility to carefully select the content and amount of information they post. As health care providers, occupational therapy practitioners, educators, and students should ensure that their postings are consistent with professional, legal, and ethical standards, behavior the term e-professionalism was coined to describe (Jannsen, 2009).

Unprofessional postings can have unintended and far-reaching consequences, including legal action against the person who posted the information (McBride & Cohen, 2009). Posting negative information or inflammatory (but not identifiable) information about one’s employer or colleagues can diminish one’s credibility in the eyes of the employer, clients, and community. Equally important are ramifications related to the recipient–health care provider relationship. Of utmost concern are the legal and ethical mandates to keep protected health information confidential and thus avoid posting identifying information about clients. Because many cell phones and tablets have a built-in camera, and given society’s preoccupation with digital documentation through video and self-photographs (i.e., selfies), it is easy to accidently include in a photograph a client or a nearby document with protected information.

Information shared by health care providers whose sites are public or who engage in online friendships with clients can jeopardize professional boundaries through involvement in a dual relationship with service recipients (Guseh, Brendel, & Brendel, 2009). Health care providers must weigh the risks and benefits of self-disclosure and the potential that a client’s knowledge of the provider’s personal information might lead to an erosion of trust between client and provider (McBride & Cohen, 2009). Similarly, providers may learn information about service recipients that places the provider in the awkward position of deciding whether or how to use the information and whether to document the information in the client’s medical records (Guseh et
The same principles that apply to health care providers also apply to educators, researchers, and students. Occupational therapy students may be especially vulnerable to issues related to e-professionalism. Students are in the process of learning to incorporate high standards of professional behavior. As such, they may not understand the ramifications of unprofessional, unethical, or illegal postings on social networking sites. Popular media reports include multiple incidents of college students who experienced negative consequences related to online postings (Cain, 2008), including a nursing student who was expelled from a university because of her inappropriate postings about a patient on a social networking site (Lipka, 2009).

Although no research has been conducted about occupational therapy students’ online posting habits, studies with medical students have documented the prevalence of unprofessional postings (Chretien, Greysen, Chretien, & Kind, 2009; Thompson et al., 2008). These included violations of patient confidentiality, profanity, discriminatory language, depiction of intoxication, and sexually suggestive language (Chretien et al., 2009). Postings that students perceive as harmless or normal may actually be deemed unprofessional, unethical, or illegal by faculty, administrators, or potential employers (Cain, 2008). Recognizing that most college students use social networking sites, college faculty may use these sites for projects or in-class assignments. However, many colleges and universities have policies regarding the use of social networking sites by students—for instance, requiring a faculty member to be included in student Facebook groups that use the name of the institution. In addition, occupational therapy educators must also take care not to make public any comments, information, or photographs that could damage their reputation or that of the educational institution.

**CASE SCENARIO**

*Sara* was a 27-year-old occupational therapy student who had completed half of her second Level II fieldwork placement in adult physical disabilities at a local general hospital. Her performance at this point was below passing level. *Jessica*, Sara’s supervisor, told Sara that she was taking too long to complete patient documentation, was having difficulty establishing rapport and interacting with patients, and could not be left alone with patients because of her lack of consistency in following safety precautions.

Sara was an avid user of Facebook, checking her page and posting information five to six
times each day. Thinking it would help Jessica get to know and understand her better, Sara decided to invite Jessica to be her Facebook friend. Jessica declined and provided verbal feedback to Sara concerning the inappropriateness of being her Facebook friend. Throughout that day, Sara was impatient with her patients and became easily frustrated when they couldn’t complete the activities she had planned for them. Around 1:30 p.m., Sara decided she needed a break, so she returned to the occupational therapy department, logged on to a computer, and accessed Facebook. Sara began to vent on her page. She wrote,

I can’t believe how unprofessional my supervisor J is! What a witch! How she ever got to be an OT is beyond me! Believe it or not, she REFUSED to be my Facebook friend. . . . This hospital stinks . . . you don’t EVER want to be a patient here, let alone work here! The patients are crazy. . . . I just saw Mabel—Miss “I don’t care what you want me to do, I just had a total hip replacement, and I’m going to rest.” . . . All she does is make me look bad—and J blames ME! Only three more hours . . . I CAN’T WAIT to go home, kick back, and drink a bottle (or two) of wine!!!!!!

Several aspects of Sara’s behavior in the case scenario are in direct violation of the Occupational Therapy Code of Ethics (2015) (referred to as “the Code”; American Occupational Therapy Association [AOTA], 2015). Her behavior violates Principle 4E, Justice, which states, “Occupational therapy personnel shall maintain awareness of current laws and AOTA policies and Official Documents that apply to the profession of occupational therapy” (p. 5). Occupational therapists have an ethical obligation to adhere to legal regulations. Sara’s posting violated a federal statute, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA is a confidentiality and privacy statute that requires individually identifiable health information to be held confidential in all forms of communication (e.g., verbal, written, electronic) unless an individual explicitly gives permission for it to be shared (U.S. Department of Health and Human Services, 2010). The U.S. Department of Health and Human Services holds enforcement powers and may seek civil penalties and criminal punishments against people who violate HI- PAA standards (Allen, 2004). Although Sara did not divulge her patient’s full name, identifying her by her first name and diagnosis might well have provided enough information for the patient, her family members, or others in the community to identify her as
Sara’s patient.

Sara also violated Principle 3, Autonomy, which states, “Occupational therapy personnel shall respect the right of the individual to self-determination, privacy, confidentiality, and consent” (AOTA, 2015, p. 4). In particular, Principle 3H requires occupational therapy personnel to “maintain the confidentiality of all verbal, written, electronic, augmentative, and nonverbal communications, in compliance with applicable laws, including all aspects of privacy laws and exceptions thereto” (p. 4), such as compliance with HIPAA regulations. Principle 3I explicitly requires occupational therapy personnel to “display responsible conduct and discretion when engaging in social networking, including but not limited to refraining from posting protected health information” (p. 4). As noted above, Sara divulged personal information about her patient Mabel without Mabel’s permission.

Sara’s negative postings about Jessica also directly violate Principle 6, Fidelity, of the Code, which states, “Occupational therapy personnel shall treat clients, colleagues, and other professionals with respect, fairness, discretion, and integrity” (AOTA, 2015, p. 7). Information about their supervisory relationship should be considered private and should be preserved and respected as such (Principle 6A). In contrast, Jessica’s decisions were consistent with expected behaviors as outlined in the Code. Jessica’s decision not to accept Sara’s invitation to be her friend on Facebook was in adherence with Principle 2 (Nonmaleficence) and Principle 6 (Fidelity). By not accepting a friend invitation from Sara on Facebook, Jessica avoided a situation that could have exploited Sara socially or that could have compromised Jessica’s own professional judgment and objectivity as Sara’s supervisor (Principle 2F). Additionally, Jessica’s refusal allowed her to maintain clear professional boundaries and thus ensure Sara’s well-being (Principle 2I). With regard to Principle 6, by not engaging in a personal relationship with a student outside of the workplace, Jessica avoided potential conflicts of interest as Sara’s fieldwork educator (Principle 6C).

Sara’s posting also included several elements of questionable professional behavior. Speaking negatively about the facility and her patients not only cast Sara in a negative light but also might have diminished the facility’s reputation in the community. The reference to drinking up to two bottles of wine might have been exaggerated or said in jest. Nevertheless, these verbal, written, electronic, augmentative, and nonverbal communications, in compliance with applicable laws, including all aspects of privacy laws and exceptions thereto” (p. 4), such as compliance with
HIPAA regulations. Principle 3I explicitly requires occupational therapy personnel to “display responsible conduct and discretion when engaging in social networking, including but not limited to refraining from posting protected health information” (p. 4). As noted above, Sara divulged personal information about her patient Mabel without Mabel’s permission.

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Sara’s posting also included several elements of questionable professional behavior. Speaking negatively about the facility and her patients not only cast Sara in a negative light but also might have diminished the facility’s reputation in the community. The reference to drinking up to two bottles of wine might have been exaggerated or said in jest. Nevertheless, these comments also cast Sara in a negative light. Colleagues, patients, administrators, or faculty who read these comments may pass judgment on Sara, question her judgment and professionalism, or even suspect that she might be impaired by the influence of alcohol. Although alcohol-related postings may be acceptable on a personal level, this incident shows them to be problematic on a professional level.

**SUMMARY AND CONCLUSIONS**
The proliferation of social networking sites offers millions of people worldwide opportunities to easily stay connected with friends and loved ones. Many may feel that their postings are personal
In nature and, as such, are not subject to review or judgment by others. However, the personal–professional boundary lines may blur when one considers the appropriateness of content posted on personal social networking sites. This issue is of particular concern to health care providers.

Health care practitioners need to be aware that an unintended audience may be viewing material posted on social networking sites (Jannsen, 2009). Personal information is readily available and may include content that should not be disclosed in provider–patient relationships (Thompson et al., 2008). As noted in the case scenario, professional relationships with coworkers may be compromised when people use this arena for communication. Although, in many instances, these sites are seen as a means to facilitate communication, when used inappropriately they may lead to a breach of ethics standards set forth by the health professions, including occupational therapy.

Inappropriate postings by health care providers have ethical and, potentially, legal ramifications that may not be applicable to laypeople. As health care providers, occupational therapy personnel need to be cognizant of ethical boundaries related to content posted on personal social networking sites and should carefully consider whether the information they post is consistent with ethical standards, as outlined in the Code. If one doubts whether information to be posted is appropriate, one should err on the side of being conservative and avoid sharing the content on social networking sites.

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