

Social Media Use in Nursing Practice: Ethical, Legal, and Professional Implications for Healthcare Delivery

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ABSTRACT

RESEARCH ARTICLE

Social media has become an indispensable instrument in contemporary nursing practice, reshaping professional communication, education, advocacy, and healthcare delivery. This review closely analyzes the ethical, legal, and professional ramifications of social media usage among nurses, focusing on the potential for innovation and the challenges to professional integrity. By utilizing current international and regional evidence, the study emphasizes how platforms like Facebook, WhatsApp, LinkedIn, and X (formerly Twitter) facilitate professional networking, ongoing education, and public health advocacy. Nevertheless, these platforms also present risks, such as violations of patient confidentiality, misinformation, the weakening of professional boundaries, and disparities in access based on socio-economic and geographic factors. A comparative study of global regulatory frameworks, including the NMC (UK), ANA (US), AHPRA (Australia), and NMCN (Nigeria), reveals notable differences in digital governance and enforcement. While developed countries have thorough policies, like HIPAA and GDPR, to protect patient information, many low- and middle-income nations function with inconsistent or poorly enforced regulations, which leaves nurses at risk for ethical and legal challenges. This work promotes the idea of digital professionalism, suggesting its inclusion in nursing education and ongoing training as a means to foster responsible online behavior. It also recommends institutional guidelines, peer-support systems, and culturally aware policies to encourage safe and fair participation. This review emphasizes the notion that the incorporation of social media into nursing is inevitable and has the potential to be transformative. To ensure that it enhances rather than jeopardizes healthcare delivery, nurses must adopt digital literacy, maintain ethical standards online, and take the lead in developing inclusive, context-sensitive governance structures that balance innovation with responsibility. The future of nursing professionalism does not lie in resisting digital change but in defining ethical engagement within that change.

KEYWORDS: Confidentiality, Digital professionalism, Nursing education, Nursing ethics, Policy framework, Professional boundaries, Social media

Introduction

The internet has become the backbone of contemporary society, with close to 70% of the global population now connected. Within this digital ecosystem, social media occupies a central position, engaging more than half of the world's population across multiple platforms

[1]. For nursing and healthcare, this level of connectivity presents both unprecedented opportunities and significant responsibilities. The ability of individuals to maintain several accounts across different networks underscores the role of social platforms as critical spaces for communication, knowledge exchange, and the construction of professional identity [2]. For nurses, this digital shift is redefining how information is disseminated, how professionals collaborate, and how patients interact with healthcare beyond traditional clinical environments.

Social media has emerged as a transformative tool in nursing, revolutionizing how healthcare professionals communicate, collaborate, and engage with colleagues, patients, and the public [3]. As healthcare continues to evolve in response to technological change, social media offers both remarkable possibilities and complex challenges [4]. Its integration reflects sociotechnical theory, which highlights the interplay between social and technical systems in driving motivation and productivity [5]. In practice, platforms exemplify this by facilitating seamless knowledge sharing and global networking within and beyond clinical settings [6].

In nursing education, social media enhances interactivity, resource-sharing, and connectivity between students and faculty, reshaping traditional learning environments. Clinically, it allows nurses to build professional networks, overcome geographic barriers, and access global communities of practice [7]. This shift from face-to-face interactions to digital engagement has redefined accessibility and communication in healthcare delivery [4]. Yet, these opportunities also introduce ethical, legal, and professional dilemmas. Establishing an online presence while safeguarding patient confidentiality and trust presents an ongoing challenge [8]. As Ma et al. [9] argue, professionalism in the digital age requires adapting long-standing ethical principles to an environment where personal and professional behaviors are highly visible and often permanent. Nurses must therefore balance openness in communication with professional decorum to protect both their integrity and the public's confidence.

Risks such as blurred professional boundaries, confidentiality breaches, and inappropriate online behavior highlight the urgent need for clear policies and governance frameworks to guide social media use in nursing [8]. Education and mentorship are essential to fostering responsible digital engagement, particularly in light of documented instances of unprofessional conduct [10]. Nonetheless, when used responsibly, social media is widely perceived by nurses and students as a valuable tool for enhancing education, clinical practice, and public health engagement. Increasingly, platforms are being harnessed to disseminate evidence-based health information, promote awareness campaigns, and share clinical guidelines, thereby extending the visibility and impact of healthcare services [11].

Against this backdrop, this review critically examines the intersections of social media and nursing practice, with a focus on ethical, legal, and professional dimensions. Specifically, it interrogated the ethical implications of nurses' online activities, including challenges surrounding patient privacy, misinformation, and the blurring of personal and professional identities. It further evaluated legal and regulatory frameworks, drawing on professional codes of practice, policy gaps, and illustrative disciplinary cases. In addition, the review explored the concept of digital professionalism and the shifting boundaries that shape nurse-patient interactions in virtual spaces. Finally, it considers contextual disparities, particularly in low-resource settings where weaknesses in digital infrastructure, regulatory oversight, and professional education may constrain safe and effective engagement.

Evolution of Social Media in Nursing Practice and the Emergence of Digital Professionalism

From Early Adoption to Integral Tool

Over the past two decades, social media has shifted from a niche innovation to an integral part of everyday life, profoundly influencing nursing practice. Initially used informally through platforms such as Facebook and personal blogs, social media has expanded into a dynamic ecosystem that includes Twitter (now X), Instagram, LinkedIn, TikTok, WhatsApp, and YouTube, each serving professional functions that range from peer-to-peer collaboration to patient education, advocacy, and global health communication as shown in Table 1 [12] highlighted how a generation accustomed to rapid, virtual interactions is now tasked with negotiating the complexities of professional identity online, a shift that exposes vulnerabilities when boundaries are not clearly defined by guidance or policy.

Today, social media is a transformative force in global communication, driving connectivity, information sharing, and professional interaction at an unprecedented scale [13]. Current estimates place the number of active global user identities at over 5.24 billion in 2025, reflecting a near-universal communication layer that extends across demographics and contexts [1]. Importantly, participation has broadened beyond younger populations, with significant uptake among older adults, demonstrating its relevance across age groups and its potential impact across all patient populations [14].

Defining Social Media in Nursing Contexts

Within healthcare, and particularly in nursing, social media refers to digital platforms that facilitate the creation, exchange, and discussion of information, ideas, and experiences within virtual communities [3]. Unlike traditional broadcast media, these platforms empower nurses to contribute actively to professional dialogues, enabling multidirectional communication, diversity of thought, and enhanced professional development opportunities [15]. Nurses use social media for networking, collaborative learning, knowledge dissemination, and engaging with broader communities of practice, thereby positioning themselves as both consumers and producers of health-related information [13].

Expanding Roles and Applications

Platforms such as Facebook, WhatsApp, LinkedIn, Instagram, and YouTube remain among the most frequently used by nurses, offering functional versatility across personal and professional domains [16][17]. They provide spaces to share resources, discuss anonymized clinical cases, and engage in patient and community health education. Lefebvre *et al.* [18] reported that these tools have become embedded in nursing practice, extending beyond individual use to institutional strategies. Healthcare organizations increasingly leverage social media for public health campaigns, staff training, patient engagement, and crisis communication. During the COVID-19 pandemic, for example, social media served as a vital channel for evidence-based updates, health education, and psychosocial support [19]. Also, during the Ebola outbreak, nurses utilized platforms such as Facebook, WhatsApp, and Twitter to disseminate preventive health messages (e.g., hand hygiene, avoiding bushmeat, safe burial practices), counter misinformation (e.g., claims that drinking salt water could prevent infection in Nigeria), and advocate for safer working conditions [20]. These digital engagements not only supported community education but also amplified nurses' voices in highlighting frontline challenges and promoting professional solidarity.

Beyond education and clinical utility, social media also facilitates advocacy, allowing nurses to influence health policy debates and promote equity in healthcare delivery [21].

Emergence of Digital Professionalism

As social media becomes embedded in nursing practice, it also introduces ethical and legal complexities. Concerns around patient confidentiality, data protection, misinformation, and blurred professional boundaries underscore the need for vigilance and professional self-regulation [22]. These realities have given rise to the concept of *digital professionalism*, which extends traditional nursing values of integrity, accountability, and patient-centeredness into the online environment. Digital professionalism emphasizes not only the avoidance of misconduct but also the active cultivation of a professional digital presence that supports education, advocacy, and evidence-based care.

The evolution of social media in nursing therefore, represents more than a technological shift; it reflects a reconfiguration of professional practice itself. To fully harness its benefits while mitigating risks, the profession must embrace structured guidelines, institutional policies, and continuous reflection to ensure that digital tools are used responsibly, ethically, and effectively.

Table 1: Overview of Social Media Types and Their Functional Uses in Nursing

S/N	Type of Social Media	Examples	Uses in Nursing Practice
1	Social Networking Sites	Facebook, LinkedIn	Connecting with peers, sharing clinical updates, and engaging in community health outreach
2	Microblogging Platforms	Twitter, Tumblr	Disseminating real-time health updates, engaging in professional discourse, and sharing research highlights
3	Photo & Video Sharing Sites	Instagram, YouTube, TikTok	Creating visual health education content, raising public health awareness, and showcasing nursing initiatives
4	Professional Networks	LinkedIn, ResearchGate	Exploring career opportunities, building professional connections, and accessing scholarly resources
5	Discussion Forums	Reddit, Quora	Exchanging clinical experiences, offering peer insights, and discussing evidence-based practices
6	Social Bookmarking Sites	Pinterest, Flipboard	Curating nursing-related content, organizing health education materials, and discovering new care approaches
7	Messaging & Communication Apps	WhatsApp, Telegram, Slack	Coordinating with healthcare teams, conducting remote case reviews, and delivering patient reminders
8	Blogging Platforms	WordPress, Medium	Publishing articles on nursing topics, reflecting on practice, and educating the public through storytelling
9	Live Streaming Platforms	Twitch, Facebook Live	Hosting live Q&A sessions, delivering virtual health talks, and conducting remote nursing webinars

The Impacts of Social Media on Nursing Practice

Enhanced Professional Networking & Communication

Social media platforms enable nurses to build global professional connections, exchange clinical experiences, and stay abreast of practice innovations. These platforms help reduce professional isolation and foster interdisciplinary collaboration beyond the confines of traditional workplace settings. For example, Gruzd and Haythornthwaite [23] demonstrated through social network analysis that the Twitter community using the hashtag #hcsmtca fostered robust connections among members, irrespective of professional hierarchy. Similarly, Goff *et al.* [24] highlighted how a Twitter group successfully attracted a wide range of professionals interested in infectious diseases and antimicrobial stewardship. On LinkedIn, the group “Nursing Network” experienced significant growth, amassing 111,937 members over fourteen years, which is a clear indication of a thriving community of practice emerging across geographical borders.

Access to Evidence-Based Resources & Continuing Professional Development

Nurses use social media to engage with peer-reviewed research, clinical guidelines, webinars, and training opportunities. These tools support just-in-time education and lifelong learning, helping nurses maintain currency in fast-evolving practice environments [25]. Social media also supports structured educational interventions and improves learning outcomes in the nursing and midwifery education context. According to O'Connor *et al.* [26], learning through social media is influenced by the quality of educational design, the digital literacy and e-professionalism of both students and faculty, the accessibility of online platforms, and individual motivation.

Peer Support & Well-Being Encouragement

Online platforms provide essential emotional and informational support, allowing nurses to share experiences, seek advice, and feel connected to a professional community. Evidence indicates that such peer support can reduce stress and boost resilience, which is especially important in high-pressure nursing roles, while also strengthening social capital and overall well-being. According to Liu *et al.* [27], social media offers nurses a way to express their feelings, reflect, or seek support from friends, colleagues, peers, or virtually anyone online.

Health Education & Public Health Advocacy

Nurses play an active role in disseminating health information through social media, helping to raise public awareness and promote healthy behaviors. Platforms such as Facebook, Twitter (X), Instagram, and YouTube are used to counter misinformation and deliver accurate, evidence-based messages, especially during health emergencies like the COVID-19 pandemic. Media-savvy nurses, such as those featured on TikTok and other channels, have significantly improved public health literacy and awareness by translating complex medical information into accessible formats. Health. Sufrate-Sorzano *et al.*, [28] reported that the social networking sites for health education most cited, firstly, YouTube, followed by X (Formerly Twitter, Facebook, and Instagram. Other tools analysed for this purpose with less reference were Myspace [29] (Martin-Fernandez *et al.*, 2025), Reddit [30], Wiki [31], Flickr [29], LinkedIn [30], Tumblr [32], and WeChat [33] [34].

Collaboration & Knowledge Sharing

Social media facilitates rapid, widespread dissemination of clinical protocols, case studies, and best practices among nursing professionals. It enhances access to up-to-date guidelines and encourages collaborative problem-solving across institutions and regions. Oyediran *et al.* [35] revealed that nurses perceived social media as a valuable tool for information dissemination and reception, professional development, and strengthening referral networks. Beyond its functional benefits, participants reported that social media platforms are easy to navigate, clear, and user-friendly, requiring minimal mental effort. These attributes contributed to nurses' overall favorable attitude towards the use of social media in their professional practice.

Bridging Gaps and Creating Risks: The Dual Nature of Social Media in Nursing

While social media provides nurses with unprecedented opportunities to enhance healthcare delivery, its integration into practice also raises critical considerations that warrant attention. Beyond its utility for education, networking, and patient engagement, the increasing reliance on digital platforms requires nurses to navigate issues of **professionalism, ethical boundaries, and data privacy** in online interactions [36]. The blurring of personal and professional spaces on platforms such as Facebook and Twitter may expose nurses to risks of **misrepresentation, breach of confidentiality, and workplace conflicts** if guidelines are not carefully observed [37].

Additionally, the **digital divide** remains a pressing concern, particularly in low-resource contexts where access to stable internet connectivity and digital literacy is uneven [38]. While urban-based nurses can leverage platforms like LinkedIn for global collaboration, their counterparts in rural areas may face limitations that inadvertently widen professional disparities. This challenge underscores the need for **institutional support, training, and policy frameworks** that can guide responsible and equitable use of social media across diverse healthcare settings [13]. Although social media empowers nurses to combat misinformation and contribute to public health campaigns, its unregulated nature also makes it a **channel for the spread of false or misleading health information** [17]. As frontline health professionals, nurses must balance their roles as educators and advocates while remaining vigilant in curating and disseminating only evidence-based content.

Social Media Usage and Prevalence Statistics among Nurses

Across regions, nurses are heavy social media users for both personal and professional purposes, though the platform mix and use cases vary. A U.S. national survey of 812 nurses found personal use outpaced professional use on most platforms: Facebook 78% personal vs. 43% skilled; Instagram 61% vs. 19%; TikTok 27% vs. 6%. LinkedIn was the exception, used slightly more for professional activities (51%) than personal (50%) [39]. These data underscore that while nurses maintain broad personal footprints, professional engagement is platform-dependent, skewing toward LinkedIn for networking and career moves.

In the Middle East/Asia, platform prevalence often reflects messaging-first ecosystems. Among clinical nurse specialists at a tertiary hospital in Oman, **100%** reported using social media; WhatsApp dominated (95.3%), followed by Instagram (55.8%) and YouTube (27.9%). Most respondents used social media during work, at home, and even on leave to communicate with patients and colleagues and to access knowledge resources [40]. This messaging app primacy aligns with practical workflow needs (rapid team coordination, patient follow-up) and with lower-friction mobile access.

Across Sub-Saharan Africa, usage is similarly high and oriented toward low-cost, mobile-first platforms. In a 2024 study of Nigerian hospital nurses, WhatsApp (94.6%) and Facebook (92.7%) were the most commonly used platforms; nearly two-thirds reported spending at least four hours per day on social media. Over half perceived high benefits for practice (e.g., faster information access, interprofessional communication), even as many simultaneously recognized privacy and professionalism risks [35]. These findings mirror broader LMIC patterns in which social media doubles as both an informal professional network and a just-in-time knowledge channel amid infrastructure constraints.

Taken together, the evidence suggests several global through-lines. First, **penetration is high** among nurses across settings, with platform preferences reflecting local tech ecosystems (e.g., WhatsApp in Oman and Nigeria) and professional aims (LinkedIn for U.S. career networking) [35][39]. Second, **professional use is purposeful** communication, continuing education, and guideline awareness, yet often occurs on tools originally adopted for personal use, blurring boundaries. Third, **risk-benefit trade-offs** (privacy, workload creep, and e-professionalism) remain salient, reinforcing the need for clear organizational guidance and digital professionalism education across regions

Ethical Considerations in Nurses' Social Media Use

Confidentiality and Patient Privacy

Confidentiality remains the cornerstone of nursing ethics, rooted in the obligation to protect patient information. On social media, however, this duty is frequently challenged by the speed and informality of online communication. Even seemingly innocuous posts, such as sharing de-identified patient experiences or ward photographs, can inadvertently reveal sensitive details when combined with contextual clues. Studies have documented cases where nurses unintentionally breached confidentiality by discussing clinical encounters in closed groups or posting workplace images, leading to professional sanctions and, in some instances, legal consequences [22] [41].

The difficulty lies in the blurred boundary between personal storytelling and professional responsibility. Unlike traditional case presentations, social media audiences are public, persistent, and often beyond the nurse's control. Thus, the ethical obligation extends not only to avoiding overt disclosure but also to exercising foresight in anticipating how fragmented information might be pieced together. This raises a pressing need for digital ethics training that is as integral to nursing education as traditional confidentiality instruction [42].

Misinformation and the Nurse's Role as a Knowledge Broker

Nurses are consistently ranked among the most trusted professionals, which places a heightened responsibility on their digital communications. The COVID-19 pandemic starkly illustrated this challenge: alongside evidence-based content, social platforms were flooded with misinformation about vaccines, treatments, and prevention. Some nurses became key voices in countering falsehoods, while others, unfortunately, were implicated in amplifying unverified claims [43]. The ethical tension here lies in balancing freedom of expression with professional accountability. When a nurse shares unverified health information, their professional identity lends credibility to misinformation, potentially undermining public trust and patient safety. This dual role, personal citizen versus professional knowledge broker, requires ongoing critical reflection and clear guidance from nursing codes of ethics. Regulatory bodies and professional associations have urged nurses to ensure that online

health communication aligns with best available evidence and to disclose when opinions are personal rather than professional [44] [45].

Online Persona Management and Professional Boundaries

Social media collapses traditional boundaries between personal and professional lives. A nurse's online persona often integrates private expressions (family photos, opinions, lifestyle choices) with professional signifiers (uniforms, work experiences, advocacy posts). This "context collapse" can create ethical dilemmas when personal posts are interpreted as professional statements, or when professional affiliations subject private expressions to heightened scrutiny [46]. One risk is the erosion of professional credibility if online behavior, humor, political commentary, or lifestyle content appears inconsistent with nursing values of respect, compassion, and neutrality. Another is role confusion when patients or students attempt to interact with nurses via personal accounts, expecting continuity of the therapeutic relationship beyond clinical or educational contexts. The ethical imperative is thus one of persona management: curating digital presence in ways that preserve authenticity while safeguarding professional boundaries.

Best practices suggested in the literature include maintaining separate personal and professional accounts, applying strict privacy settings, and adopting reflective posting practices [47]. However, such measures are not foolproof; even private posts may be screenshot and circulated, underscoring the principle that anything posted online should be assumed public and permanent.

Legal and Regulatory Frameworks Governing Nurses' Social Media Use

Professional Codes of Conduct

Professional nursing bodies worldwide have recognized the need to address digital conduct explicitly. The **Nursing and Midwifery Council (NMC, UK)** was among the first to integrate social media into its *Code of Professional Standards*, stating that nurses must uphold patient confidentiality and maintain professional boundaries across all platforms [48]. Similarly, the **American Nurses Association (ANA)** developed *Principles for Social Networking and the Nurse*, which emphasize that online behavior must reflect the same ethical and professional standards as in-person care [49]. The **International Council of Nurses [42]** echoes these principles, framing social media conduct as integral to global nursing ethics.

These codes provide broad guidance but often stop short of offering operational clarity. For example, while confidentiality and respect are emphasized, nurses may still be uncertain whether sharing anonymized clinical anecdotes or commenting on policy issues constitutes a breach. The lack of detailed interpretive frameworks leaves much room for subjective judgment, often resolved only when disciplinary cases emerge.

National Legal and Policy Instruments

Beyond professional codes, national legal systems establish overarching rules on privacy, data protection, and workplace conduct as indicated in Table 2. In the European Union, the **General Data Protection Regulation** has significant implications for healthcare professionals, making it unlawful to share patient-identifiable data without explicit consent even inadvertently on social media. In the United States, the **Health Insurance Portability**

and Accountability Act [50] serves a similar function, with violations linked to online disclosures resulting in hefty fines and professional sanctions [51].

In many developing countries, however, comprehensive digital health laws remain underdeveloped. Nigeria, for example, has enacted the **Nigeria Data Protection Regulation [52]**, but enforcement is weak, and sector-specific guidance for healthcare workers is minimal [53]. This disparity emphasizes how nurses in low-resource contexts operate in a regulatory vacuum, where professional codes exist but lack the legal and institutional support needed for enforcement.

Telehealth and Remote Patient Support

With the rise of telehealth, social media serves as an auxiliary tool for remote patient support. Nurses can use closed groups on Facebook or secure messaging apps like WhatsApp to follow up with patients, answer questions, and provide encouragement as part of their recovery process. This form of support is particularly beneficial for patients in remote or underserved areas, who may have limited access to in-person healthcare services [54].

Illustrative Disciplinary Cases

These cases illustrate the **double-edged nature of precedent**: while they clarify boundaries, they also expose the ambiguity that nurses face in navigating online spaces. Often, breaches are judged retroactively rather than proactively guided. Disciplinary precedents shed light on how professional bodies interpret social media misuse:

- **United Kingdom:** In 2012, a nurse was struck off the NMC register for posting derogatory comments about patients on Facebook. Despite the absence of names, the comments were deemed identifiable by context, breaching confidentiality and professional integrity.
- **United States:** Several cases have involved HIPAA violations where nurses posted patient images or videos on social media. A notable example occurred in **2025**, when a registered practical nurse in the United States was terminated and placed under investigation for **livestreaming a medication pass on TikTok**, potentially exposing protected health information (PHI) without consent [55]. This case underscores the risks of social media misuse in clinical settings and the strict consequences for breaching patient privacy.
- **Australia:** The Australian Health Practitioner Regulation Agency (AHPRA) disciplined a nurse in 2018 for promoting unverified health treatments on her personal social media account, ruling it as professional misconduct given her influence as a registered nurse [56].

Critical Gaps and Emerging Challenges

Despite progress, legal and professional frameworks remain reactive rather than anticipatory. Three key gaps persist:

1. **Ambiguity of Scope** – Codes emphasize “professionalism” but rarely specify what is permissible in personal spaces, leaving nurses vulnerable to disciplinary action for private posts.

2. **Unequal Enforcement** – Robust frameworks such as GDPR and HIPAA are absent in many low- and middle-income countries, creating uneven levels of accountability and protection.
3. **Emergent Risks** – New forms of digital expression (TikTok “day-in-the-life” videos, live-streaming, AI-generated content) raise ethical and legal issues that codes have yet to fully address [26].

Ultimately, regulation is struggling to keep pace with the speed of digital innovation. A forward-looking approach will require clearer interpretive guidelines, harmonization across jurisdictions, and educational programs that bridge the gap between abstract codes and everyday digital practice.

Professional Boundaries in the Digital Age

Professional boundaries are a cornerstone of safe and ethical nursing practice. Traditionally, these boundaries have been negotiated within the physical spaces of hospitals, clinics, and communities, where nurses maintain a careful balance between therapeutic closeness and professional distance. With the advent of social media, however, the negotiation of boundaries has shifted into digital spaces, where distinctions between personal and professional roles are less clear-cut [57].

Blurring of Personal and Professional Identities

Social media platforms collapse previously separate domains of life, enabling patients and nurses to interact beyond clinical settings. A nurse’s personal post on Facebook or Instagram may be accessible to patients, colleagues, and employers simultaneously. This visibility risks role confusion and can undermine the perception of professional integrity if posts are inconsistent with nursing values [58]. For example, even seemingly innocuous sharing of personal opinions on sensitive topics can be perceived as unprofessional or biased, thereby eroding trust.

Virtual Relationships and Over-Familiarity

The ease of digital communication fosters new relational dynamics. Patients may “friend” or follow nurses on social media, seeking personal connection or advice outside formal channels [59]. While such interactions may feel benign or even supportive, they risk dependency, breaches of confidentiality, and boundary violations. Professional codes across jurisdictions such as the NMC (UK) and ANA (US) explicitly discourage friending or direct messaging patients on personal accounts, warning that it can blur therapeutic relationships [48].

Surveillance and the Digital Footprint

Nurses’ online presence is also subject to surveillance by employers, regulators, and the public. Posts made in private contexts can be screenshotted, shared, and misinterpreted, resulting in disciplinary action [60]. This creates a climate where nurses must continuously self-monitor their “digital footprint.” The professional boundary thus extends beyond patient–nurse relationships to encompass boundaries between personal freedom of expression and professional accountability [61].

Risks of Boundary Crossings and Violations

Boundary crossings in digital spaces can quickly escalate to violations. For instance, engaging with patients via WhatsApp groups intended for care coordination can drift into informal conversations that extend beyond professional scope [38]. Similarly, sharing patient-related anecdotes, even when anonymized, can be re-identified, breaching confidentiality and crossing ethical lines [62]. Such risks highlight how technology amplifies traditional vulnerabilities in nurse-patient relationships.

Toward Digital Boundary Management

To mitigate these challenges, scholars emphasize the need for cultivating “digital professionalism” as an extension of professional identity [2]. This includes explicit training in boundary management, teaching nurses to establish clear online policies, maintain separate professional accounts, and exercise caution in online discourse. Regulators increasingly require continuous professional development on e-professionalism, recognizing that lapses often stem from lack of guidance rather than intentional misconduct [63]

Table 2: Comparative Framework: Social-Media Governance for Nurse

Jurisdiction	Primary legal basis (privacy/data)	Nursing regulator – codes & social-media guidance	What the guidance stresses	Illustrative precedent	disciplinary	Key gaps/notes
United Kingdom	UK GDPR & Data Protection Act (post-EU GDPR alignment)	NMC: <i>The Code and the dedicated Social media guidance</i> (latest update, 2025)	Same standards online/offline; confidentiality; maintaining boundaries; avoid identifying patients even indirectly; caution with closed groups and messaging apps. (Nursing and Midwifery Council)	NMC sanctions for offensive/identifiable posts on Facebook (e.g., suspension case reported in UK media). (The Guardian)		Guidance is strong, but recent independent scrutiny of NMC’s disciplinary system highlights backlog and consistency concerns, policy clarity ≠ consistent enforcement. (The Times)
United States	HIPAA (privacy/PHI); state laws & employer policies	ANA: <i>Principles for Social Networking and the Nurse</i> ; widespread hospital policies	Absolute prohibition on posting PHI without written authorization; professionalism; separating personal opinion from professional advice; report breaches.	Documented HIPAA actions over Snapchat/Facebook images of patients; terminations and sanctions across facilities. (The HIPAA Journal)		Fragmented landscape (federal/state/employer policies); nurses often learn via cases rather than proactive, standardized training. Practical summaries keep being updated for clarity. (The HIPAA Journal , PMC)
Nigeria	Nigeria Data Protection Act (NDPA) 2023 (established NDPC); previously NDPR 2019	NMCN: <i>Code of Professional Conduct</i> (ethics; confidentiality; professionalism)	Protect personal data; confidentiality; professionalism online—though social-media-specific operational detail is limited in public docs. (CERT Nigeria , PLACNG , Nursing and Midwifery Council of Nigeria)	The enforcement environment is maturing: the NDPC has issued notable fines (a non-health example shows rising stakes for data misuse). (Reuters)		Sector-specific guidance for nurses is less granular in the UK/AU; uneven institutional policies and digital ethics training create ambiguity in day-to-day practice. Calls for explicit social-media addenda continue. (tmrjournals.com)
Australia	Privacy Act 1988; state health privacy laws	Ahpra & National Boards/NMBA: <i>Social media guidance</i> (2019, current on Ahpra site)	Same standards as clinical settings; advertising rules; no misleading claims; no patient info; clear boundaries; complaints may arise from personal accounts. (ahpra.gov.au , nursingmidwiferyboard.gov.au)	Regular admonitions/conditions for misleading health claims or unprofessional content have been issued under Ahpra/NMBA processes. (Guidance documents signal common breach patterns.) (ahpra.gov.au)		Strong top-level guidance; fast-moving platforms (short-form video, live streams) still outpace detailed examples; ongoing need for case-based education within services. (nursingmidwiferyboard.gov.au)

Contextual and Resource-Based Differences in Social Media Use

The opportunities and risks of social media in nursing practice are not experienced uniformly across contexts. Access, regulation, and professional expectations vary significantly between high-resource and low-resource settings, shaping how nurses engage with digital platforms. These disparities expose inequities in the digital transformation of healthcare and underscore the need for context-sensitive ethical and legal frameworks.

Inequities in Access and Infrastructure

In high-income countries (HICs), nurses benefit from stable internet connectivity, institutional support for digital learning, and well-developed regulatory oversight. Social media is often integrated into professional development programmes, with platforms like LinkedIn and Twitter used for continuing education and networking [2]. By contrast, in low- and middle-income countries (LMICs), such as Nigeria, Kenya, and parts of South Asia, infrastructural deficits, unreliable electricity, poor internet penetration, and high data costs limit nurses' capacity to fully leverage these tools [38][64]. This digital divide widens disparities in professional growth and global participation, particularly in rural and underserved regions.

Regulatory and Policy Gaps

Legal and professional codes of conduct governing social media use are more developed in countries such as the UK, US, Canada, and Australia, where bodies like the NMC (UK) and ANA (US) have issued explicit guidance on digital professionalism [48]. Conversely, in many LMICs, nursing councils have yet to articulate formal policies, leaving nurses vulnerable to arbitrary disciplinary action or unchecked misuse [65]. The absence of clear policy frameworks creates uncertainty, forcing nurses to rely on institutional discretion or personal judgment, which in turn increases the ethical risk.

Socio-Cultural Dynamics and Power Imbalances

Cultural perceptions of professionalism also shape how boundaries are managed. In collectivist societies, where relational closeness and community engagement are valued, social media interactions between nurses and patients may be normalized rather than seen as boundary violations [66]. However, this cultural permissiveness can expose nurses to reputational risks if global standards of professionalism are imposed without sensitivity to local norms. Similarly, hierarchies within healthcare systems may mean that nurses are already at a structural disadvantage relative to physicians who are more closely scrutinized for online behaviour [61]

Equity in Professional Development

Social media offers potential to democratize access to professional resources, but inequities persist in practice. For example, during the COVID-19 pandemic, nurses in developed countries used Twitter and online webinars to access rapidly evolving evidence, while many of their counterparts in LMICs were excluded due to connectivity issues or lack of institutional subscriptions [26]. This uneven access not only reinforces knowledge disparities but also marginalizes voices from low-resource settings in global health conversations.

Toward Inclusive Digital Professionalism

Bridging these inequities requires both infrastructural investment and regulatory innovation. Policymakers in LMICs must prioritize affordable internet access and incorporate digital literacy training into nursing curricula [67]. At the same time, global professional bodies should recognize context-based differences, moving beyond one-size-fits-all frameworks to foster more equitable participation. Inclusive digital professionalism must therefore be grounded in principles of justice and cultural sensitivity, ensuring that nurses worldwide can engage safely and effectively in online spaces [68].

Strategies toward Safe and Effective Social Media Integration

Social media's ubiquity in nursing practice necessitates structured strategies that balance opportunities with safeguards. Integrating these tools effectively requires a multidimensional approach spanning education, institutional support, and policy development.

Embedding Digital Literacy in Nursing Education

Education remains the cornerstone of safe social media use. Curricula must evolve to incorporate **digital professionalism, online communication ethics, and critical appraisal of online information** [2]. Early exposure at undergraduate and continuing professional development levels can help nurses internalize responsible practices, such as avoiding confidentiality breaches, recognizing misinformation, and cultivating professional digital identities [26]. Simulation-based training and reflective exercises around online scenarios can further prepare nurses to navigate complex boundary dilemmas.

Institutional Guidelines and Support Mechanisms

Healthcare institutions have a responsibility to establish **clear social media policies** that outline permissible behaviors while also providing support. Policies should not only restrict harmful conduct but also encourage constructive engagement, for instance, by using closed platforms for staff collaboration or patient education initiatives [61]. Dedicated digital ethics officers, peer-support networks, and confidential reporting channels can foster a culture of safety rather than surveillance. Importantly, institutions should protect nurses from undue victimization when genuine mistakes occur, emphasizing restorative rather than punitive approaches.

Policy Development and Regulatory Alignment

Professional regulatory bodies must harmonize with the realities of digital practice. National councils in LMICs, where formal guidance is often absent, should draw from international models (e.g., NMC UK, ANA US) while adapting them to cultural and infrastructural contexts [48]. Such alignment ensures consistency, reduces ambiguity, and provides nurses with legal protection. Policymakers should also collaborate with social media companies to curb misinformation and ensure health professionals' voices are amplified in digital spaces.

Promoting Positive Use Cases

Beyond regulation, there is a need to **celebrate positive exemplars** of social media use in nursing, such as online peer mentoring, public health campaigns, and grassroots advocacy. Showcasing these success stories can counterbalance narratives of risk and inspire nurses to engage responsibly and creatively [36]. In resource-limited settings, leveraging low-cost

platforms such as WhatsApp for teleconsultation and referral coordination can demonstrate pragmatic innovation when institutional resources are scarce [38].

Conclusion and Future Directions

Social media is no longer peripheral to nursing; it is embedded within the profession's evolving identity. The review has highlighted its dual nature: a tool of empowerment for **education, advocacy, and networking**, but also a vector of risk through **confidentiality breaches, misinformation, and boundary erosion**. Addressing this duality requires more than reactive regulation; it calls for a proactive re-imagining of **digital professionalism**.

Future research must interrogate how social media shapes professional identity formation, the mental health implications of constant digital visibility, and the contextual inequities that hinder nurses in low-resource settings. Comparative, cross-cultural studies could illuminate how cultural values mediate perceptions of professional boundaries, while longitudinal studies could track the career impact of nurses' digital presence.

Crucially, the profession must embrace **ethically anchored innovation**: embedding digital literacy in education, strengthening institutional support, and enshrining context-sensitive policy frameworks. As healthcare becomes increasingly digitized, nurses must not only adapt but also lead in shaping ethical online environments. The challenge is not whether social media belongs in nursing as it already does, but how it can be harnessed to **safeguard patients, empower nurses, and uphold the integrity of the profession**.

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