Nurses' freedom of expression: Rights, obligations and responsibilities

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Abstract

Aim: This commentary aims to spark debate on the ethical, legal, professional and institutional challenges faced by nurses' use and interactions when using traditional, mass and social media.

Background: Freedom of expression is a core value of democratic systems. However, it appears to be a complex right when exercised by nurses in traditional media and/or during online interactions. Active use of these types of media can help promote healthcare incentives and reach larger audiences, or even influence public policy.

Nevertheless, with the increase in social media use, some nurses have been found to have engaged in unprofessional practices, which, in some serious cases, have led to their dismissal.

Evaluation: We identified specific instances of conflicts—most commonly related to breach of privacy, inappropriate interactions on social media or a simple lack of knowledge or guidance regarding its use—and formal complaints concerning nurses' freedom of expression.

Key Issues: While nursing codes do exist, professional guidelines concerning the use of mass and social media are still much needed. With the advent of social media, there may be ambiguity regarding how nurses engage with and make use of these platforms. In order to ensure that nurses interact professionally with any form of media, clear ethical, legal and professional frameworks of use are needed. Specific codes exist, such as the new ICN code of ethics or the NMC code, among other initiatives, but more comprehensive guidance is needed in order to support nurses in using better judgement regarding their media interactions. While the existence of such frameworks may not fix the problem of incorrect use, it can help those nurses looking for clear guidance when interacting with mass media or using social media.

Also, it is important that more professionals are aware that such guidance exists, since understanding the limits and dangers of certain interactions would ultimately protect nurses' and patients' rights.

Conclusion: The increasing use of media platforms by nurses calls for further professional guidance regarding its professional utilization. To date, limited guidance exists to support media interactions. In an interconnected world that favours media interaction in both professional and private spheres, the development and widespread dissemination of clear guidance for professionals must also detail two essential points: how professionals can better interact with media platforms and also how they can avoid having unethical media interactions in the first place.

Implications for Nursing Management: The existence of a solid, comprehensive framework for generalized media use should ensure that nurses can exercise their right to freedom of expression. Clearer limitations should support nurses' professional presence and interactions in the media.

KEYWORDS

freedom of expression, freedom of speech, guidelines, mass media, nurses, social media

1. Aim

The purpose of this commentary is to draw attention to the debate concerning ethical, legal, professional and institutional opportunities created by nurses' use of and interactions when using traditional, mass and social media but also to highlight a number of the risks involved. We wish to emphasize the relevance of conducting research on this rapidly evolving topic and the need to generate comprehensive reference frameworks to provide a safe context for nurses when publicly exercising their right to freedom of expression.

2. Background

Freedom of expression is a core value of democratic systems. Both European and American constitutional laws, as well as international conventions—such as the 1948 UN Universal Declaration of Human Rights and the 1950 European Convention on Human Rights— define freedom of

expression in an abstract way, without any concrete explanation of its limitations, aspects or exceptions to be taken into account.

The recognition of freedom of expression includes the right to criticize, the right to publicly express one's opinion and the right to research and publicize information. It is well known that citizen participation in society is one of the essential elements for the development of democracy.

Freedom of expression promotes the active engagement of citizens. However, individual freedom of expression often faces restrictions due to the presence of collective interests, such as public health and safety, as well as other individual rights, such as the right to reputation or privacy. It is in this precise context that nurses' freedom of expression emerges as a real but complex right to exercise. On the one hand, the fact of being a healthcare professional, as is the case for nurses, can lend credibility to statements concerning health, illness, care, treatment or hospital-related issues when they are broadcast on social media, television or the radio or in the press, for example. On the other hand, the 'moral authority' granted by 'being a nurse' also entails more social responsibility: firstly, because of the very sensitive issue of human health and, secondly, because of the potential far-reaching consequences, in terms of disinformation or misinformation, that nurses' public statements could have on the topic at hand.

Although freedom of expression is a universal right enshrined in the constitutions of a great number of countries, our ongoing review of scientific literature on nurses' freedom of expression has not yet identified a frame of reference that encompasses the ethical, professional, legal and institutional aspects of this issue. This would be a key element in providing safety guidelines for nurses when interacting with any type of media.

Perhaps, the infrequency of nurses' opinions in health-related news (Mason et al., 2018; Sigma Theta Tau International, 1997) may explain why this issue has not yet been thoroughly researched neither in academic nor professional circles. At the beginning of the 21st century, the emergence of social media and the active participation of nurses on these platforms generated some controversy, stirring an important debate about what nurses should and should not say when using these new forms of media. Dozens of opinion pieces were published reflecting on this issue (Kelly, 2014; O'Connor et al., 2020; Villa-García & Rodriguez Blanco, 2020; Voycey, 2011). In order to provide guidance to their members, several international nursing associations, such as the National Council of State Boards of

Nursing (NCSBN) (2011) in the United States and the Nursing and Midwifery Council (NMC) (2016) in the United Kingdom, promoted guidelines explaining what type of content nurses should share if they wanted to use social media in a professionally appropriate way. The International Council of Nurses and the American Nurses Association (ANA) have also published an updated code of ethics and provided specific guidance on the matter (American Nurses Associations, 2015; International Council of Nursing, 2021). In addition, a number of hospitals and healthcare institutions have also issued their own guidelines (TIcbiomed, 2013).

Not surprisingly, the COVID-19 pandemic has increased the presence of nurses in traditional media (in the press, on the radio and on television), but above all on social media. This has given rise to situations of legal uncertainty and ethical and professional dilemmas, for example, healthcare professionals denouncing the lack of financial and human resources within healthcare systems as preventing them from providing high-quality care, thus putting their health and that of their patients at risk.

3. Evaluation

When a breach of guidelines is detected, the appropriate board and healthcare authorities of the relevant country are notified. Following a detailed assessment and review, a decision will be taken on whether any further action is required. These bodies have a duty of care to the reputation and continued development of the nursing profession. To our knowledge, these bodies do not carry out ongoing, official monitoring of the content that nurses share in the media and online, but we acknowledge that their functions include addressing and acting on any complaints or grievances raised by any person or body in relation to material published. We are aware of the existence of analyses of these complaints, such as those published by the ANA, the NMC and the NCSBN.

In the case of the ANA, the most common complaints against nurses who misuse social media were 'breach of privacy or confidentiality against patients (egregious or more subtle cases), failure to report others' violations of privacy against patients; lateral violence against colleagues; communication against employers; boundary violation; or employer/faculty use of social media against employees/students' (Spector & Kappel, 2012).

In the case of the NCSBN, the instances of social and electronic media misuse reported to an American Board of Nursing (BON), and are therefore subject to disciplinary action, vary between jurisdictions. Depending on the laws in any given jurisdiction, the BON in question may investigate allegations of a nurse's inappropriate disclosure of information on social media on the following grounds: 'unprofessional conduct; unethical conduct; moral turpitude; mismanagement of patient records; revealing a privileged communication; and or breach of confidentiality' (National Council of State Boards of Nursing, 2011). When misconduct is considered to have occurred, nurses may then face disciplinary action from the BON, which can consist of 'a reprimand or sanction, assessment of a monetary fine, or temporary or permanent loss of licensure' (National Council of State Boards of Nursing, 2011).

In the United Kingdom, the Code of the NMC, when applied to social media use, states that nurses, midwives and nursing associates 'may put their registration at risk' by 'sharing confidential information inappropriately; posting pictures of patients and people receiving care without their consent; posting inappropriate comments about patients; bullying, intimidating or exploiting people; building or pursuing relationships with patients or service users; stealing personal information or using someone else's identity; encouraging violence or selfharm; inciting hatred or discrimination', among others (Nursing and Midwifery Council, 2016).

Our research group has found that not all national nursing councils have formally addressed the topic in question. In Spain, for instance, we identified that the General Council of Nursing (Consejo General de Enfermería) does not have a public register, guidance nor reports on the issue.

Against this backdrop, it is imperative that nurses understand the vital importance of best practice when using traditional and social media. Specific guidance should be available and widely distributed, even from the early stages of the profession, such as during university study, to ensure that this issue is addressed throughout the entire profession. Although we have not yet conducted an exhaustive analysis of all possible existing codes (this piece relates to more comprehensive research being conducted at the moment), a preliminary reading reveals that most of the codes identified include recommendations on what is acceptable and what is discouraged during media interactions.

We are currently conducting a content analysis of each of these codes in order to identify potential similarities and differences. We believe that the results of this analysis could contribute to the creation of a comprehensive code that would be useful to nurses around the world.

Current developments in media use and participation, as well as the rampant spread of misinformation, provide an excellent opportunity for nurses to reach the public with reliable health information (Ritter et al., 2021). In addition, the scientific background and the prevailing traditional biopsychosocial perspective suggest that nurses have a key role to play in social media. In fact, this should not be just an option, but a new opportunity to provide care to the general population, or simply interact in a new environment. It goes without saying that social media can help the public to reach out to nurses and engage with them in policy debates to ensure better continuity between policy and practice (O'Connor, 2017). As noted by Hughes (2017), 'nurses have a voice; we need to speak out and ensure that voice is heard, for the profession, for health and for our patients'.

Also, according to Fontaine et al. (2019), there is very limited research evidence on science communication by nurses 'in the digital and social media ecosystem', which is an accurate description of today's reality. There remains a clear need for further studies exploring the best and most effective science communication strategies to improve public health outcomes, as well as to highlight the barriers, facilitators and, above all, the ethical considerations that safeguard the participation of health professionals in the world of digital and social media (Fontaine et al., 2019).

4. Key Issue

So far, our review of the scientific literature on the topic highlights the lack of guidance for nurses regarding their presence and participation in traditional media and online. This would provide a solid framework for protecting nurses' freedom of expression when using any of these platforms. Although this may not fix the issue of inappropriate use by certain professionals, it would certainly be useful for those willing to moderate how they engage and interact with the media.

5. Conclusions

As highlighted earlier, there is a particular lack of guidance for nurses in the use of traditional and social media. This is especially relevant nowadays, as media use is quite prevalent on both individual and professional levels. A comprehensive framework is urgently needed to protect professionals in this regard so that they can exercise their right to freedom of expression safely. Such a framework must include ethical, professional, legal and institutional facets to enable nurses to use traditional and social media platforms in a responsible and professional manner.

In order to explore this issue further, our research team is currently working on a broader systematic review that will provide further clarification on this particular policy context. The protocol can be found in the PROSPERO systematic review library under reference CRD42022298810: 'Nursing in social media and mass media: risks and opportunities. A systematic review'.

6. Implications for nursing management

Ultimately, the aim of this commentary is to spark debate about nurses' media use, as well as to underline the need for further research in this field. We believe that it is crucial to:

- ✓ Better inform nurses on how to use traditional and social media platforms to engage in public debates in a professional manner when discussing health issues.
- ✓ Raise awareness of the opportunities and risks involved in exercising their freedom of expression so that nurses can exercise it safely and professionally.
  We also consider it a priority to integrate this knowledge into nursing curricula so that they can acquire adequate professional communication skills. Only in this way can the nursing profession reach its full potential in terms of visibility and public influence.
  We believe that the appropriate and professional use of traditional and social media platforms by nurses would substantially contribute to the following areas:
- ✓ The social image of nurses.
- ✓ The capacity to influence decision makers through opinion leaders who are aligned with the reality of nurses.
- ✓ A narrative that describes current nursing competencies while debunking stereotypes and highlighting the advanced practice and scientific nature of the nursing profession.

Conflict of interest

The authors declare no conflicts of interest.

Ethics statement

Ethical approval was not required as the nature of the manuscript (a reflective commentary) did not require human or animal testing.

Data availability Statement

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

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