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Title

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Permalink

Journal

ISSN

Authors

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Publication Date

DOI

Peer reviewed

Social Media Awareness and Implications in Nursing Leadership: A Pilot Professional Meeting Campaign

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Abstract

Many nursing professionals-may be reluctant to engage in or are confused about appropriate use of social media in a clinical, research, or policy context. To address this issue, we developed a study to enhance nurse leaders' facility with social media in the context of a national professional meeting. This study examined a social media campaign at the 2015 American Academy of Nursing conference. The campaign was intended to bridge the gap between active social media users and nonusers attending the conference. Following a targeted social media campaign at the American Academy of Nursing 2015 Transforming Health, Driving Policy Conference, responses to the conference evaluation questions about social media were reviewed and analyzed. Overall, evaluations were positive about the campaign; however, some conference attendees were not aware of its various components. Despite perceived barriers to its use, there is significant curiosity about social media use among nurse leaders. With the engagement of these leaders, there may be opportunities to enhance social media use at professional meetings and to make broader use of this valuable tool throughout the nursing profession.

Keywords

social media, nursing workforce, dissemination

Social media has become a common facet of technological engagement for many populations, including health-care professionals. While many such professionals use social media personally, some are leery of integrating it into their professional lives (see e.g., Gennaro, 2015). In nursing specifically, nurse leaders may abjure social media for many reasons. Senior nurse leaders are those who have made significant and long-term contributions to research, practice, or policy—generally more than the majority of registered nurses. They are perhaps the most important group of nurse advocates in terms of developing policy, setting professional standards, and increasing the overall evidence base within nursing science. Ensuring that these leaders are well-informed about and competent with social media is vital to the incorporation and normalization of social media as a tool in nursing (McLemore, Burton, & Shattell, 2015).

The use of social media for professional purposes has become commonplace, particularly in the United States.

Professional meetings often have specific strategies in place to support and even encourage use of social media platforms for promotion and networking (Katz, 2013, 2014). Although many forms of social media, such as Internet chat rooms and bulletin board system pages originally developed as a way to connect with others for school-based or socially based interactions in one's

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personal social network (Kaplan & Haenlein, 2010; Shah, 2016), in the first three quarters of 2016 Twitter had over 300 million monthly active users globally, and more than 52 million in the United States (statista.com, 2016a, 2016b). Clearly the potential uses of social media and its potential for impact across multiple domains of interpersonal interaction are numerous and significant.

With such possibilities, however, come an equal number of concerns. There are many reasons why professionals might be reluctant to engage in social media activity, including resistance to professional interactions in what may be a public arena, lack of desire to engage with the necessary technology, discomfort or belief that social media is too complicated to be useful, and desire to avoid the blurring of personal and professional identities online (Ferguson, 2013). In this article, we report the experience and outcomes of a targeted social media campaign at the American Academy of Nursing (AAN; 2015) Policy Conference and propose strategies to

enhance effective and appropriate use of social media within professional development settings.

Background and Significance

In the late 20th century, use of the Internet prompted many individuals to seek a larger forum than their immediate communities to share information (called *content*). The *weblog* was one of the earliest mediums for this type of communication, and personal websites for weblogs became commonplace (Kaplan & Haenlein, 2010). The weblog became known as the blog, and the blog became the microblog. Microblogging is the sharing of information through very short posts, typically no more than a sentence or two. In the case of the most popular microblogging forum, Twitter, posts are currently limited to 140 characters (Elsevier Publishing Campus, 2016; Figure 1). This article focuses on Twitter as a representative social media outlet for use among nursing leaders
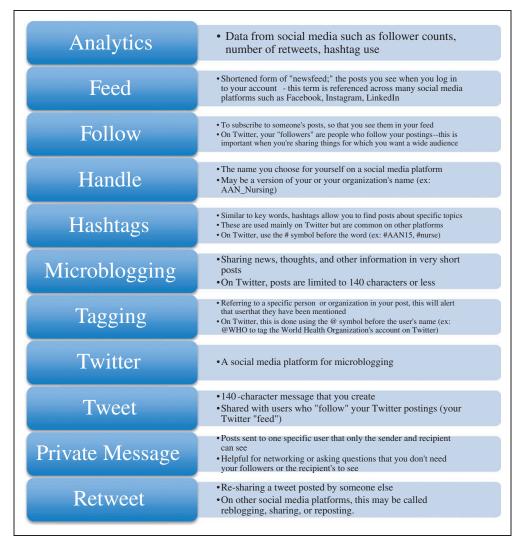
Term	Definition
Analytics	• Data from social media such as follower counts, number of retweets, hashtag use
Feed	• Shortened form of "newsfeed;" the posts you see when you log in to your account - this term is referenced across many social media platforms such as Facebook, Instagram, LinkedIn
Follow	• To subscribe to someone's posts, so that you see them in your feed • On Twitter, your "followers" are people who follow your postings--this is important when you're sharing things for which you want a wide audience
Handle	• The name you choose for yourself on a social media platform • May be a version of your or your organization's name (ex: AAN_Nursing)
Hashtags	• Similar to key words, hashtags allow you to find posts about specific topics • These are used mainly on Twitter but are common on other platforms • On Twitter, use the # symbol before the word (ex: #AAN15, #nurse)
Microblogging	• Sharing news, thoughts, and other information in very short posts • On Twitter, posts are limited to 140 characters or less
Tagging	• Referring to a specific person or organization in your post, this will alert that user that they have been mentioned • On Twitter, this is done using the @ symbol before the user's name (ex: @WHO to tag the World Health Organization's account on Twitter)
Twitter	• A social media platform for microblogging
Tweet	• 140-character message that you create • Shared with users who "follow" your Twitter postings (your Twitter "feed")
Private Message	• Posts sent to one specific user that only the sender and recipient can see • Helpful for networking or asking questions that you don't need your followers or the recipient's to see
Retweet	• Re-sharing a tweet posted by someone else • On other social media platforms, this may be called reblogging, sharing, or reposting.

Figure 1. Social media terminology.

and reports the implementation and evaluation of a pilot campaign to increase social media use at a large professional meeting oriented toward nurse leaders.

Overview of Social Media and Its Functions

Understanding what factors motivate or deter health-care providers from using social media professionally requires some comprehension of how social media functions in society. Kietzmann, Hemkens, McCarthy, and Sivestre (2011) suggest a honeycomb framework to illustrate how social media services and consumers interact. Their model illustrates the overlap and interactions among seven functional *blocks*: identity, conversation, sharing, presence, relationship, reputation, and groups. The model's authors propose that these *blocks* represent the elements that inform and structure the social media user experience, and thus direct the user's interactions with the service they are using.

Social media is increasingly integral to communication among health-care professionals and the general public. A variety of platforms and formats exist for social media, and each additional outlet brings exponentially more possibilities for use of social media. Types of social media applications include professional networking and promotion applications (e.g., LinkedIn), photo or video sharing (e.g., Instagram or Snapchat), charity sites (e.g., YouCaring), and crowd sourcing sites where users can share or seek information (e.g., Wikipedia) or funding (e.g., Kickstarter). In each case, the Internet serves as a means of communication that reaches large audiences with a single posting. This diversity demonstrates the breadth of opportunities for social media to provide information, connection, and engagement across populations and platforms.

Social Media and Health Care

The use of social media in health care has been documented in both positive and negative lights. Much has been made of instances in which nurses or other providers violated the health-care insurance portability and accountability act through inappropriate posting of information, including identifiable patient information, on social media (Brous, 2013; Hawn, 2009). Given that in such situations, patient privacy or confidentiality could be violated, some health professionals may be reluctant to engage in or confused about the appropriate use of social media in a clinical, research, or policy context (Ferguson, 2013). The same may be true for clinical practitioners of different generations or at technological facilities. Many of those now entering the workforce are of what have been called the *tech-native* generations: For them, there has never been a world in which the Internet did not exist or serve as a

means of communication and information discovery. *Tech-natives* have always used technology in their educational, personal, and professional lives. Alternatively, some non-tech-native health-care professionals whose entry to practice predates regular uses of the Internet in health-care work or who practice more often without using various technologies may prefer more direct face-to-face forms of communication, while others may simply be less comfortable with the constant onslaught of information proffered by social media (Modahl, Tompsett, & Moorhead, 2011). For nursing, this has important implications, not least of which is the discordance between faculty who may completely forego use of social media and students for whom it is an expected part of daily interaction (Ferguson, 2013; Paul & Iannitti, 2012). Understanding the implications of this for health-care professionals and patient care is vital to the integration of tech-natives into the workforce and nursing leadership positions and also provides non-tech-natives with new options for the conduct of research and patient engagement.

Social media and nursing. Social media has great potential to improve and widen dissemination of nursing science and research. Through social media, nurse scientists and other nurses can interact directly with the consumers of our work, including patients, colleagues, collaborators, funders, and policy makers. This offers a valuable opportunity to rapidly disseminate findings from studies or other work that have relevance to the profession and the general public (Archibald & Clark, 2014). In addition, nurse scientists and scholars can connect with colleagues to discuss study development, research methods, organizational roles, and other professional and scientific activities. This means that nurses can quickly connect with audiences that might help to develop and change policies and practices. To take advantage of such opportunities, nurse leaders and other nurses need to understand some of the basic concepts of social media and its use. We discuss some of these later, with reference to Twitter.

Functioning in the Social Media Environment

Each social media platform or application carries its own set of mores and user expectations (Archibald & Clark, 2014). Some of these relevant to Twitter include profile information, user engagement, and hashtags (see Figures 1 and 2).

Profile information. Twitter users create personal profiles that may include keywords, areas of interest, relevant disclaimers, or links to other outlets such as Facebook or a personal webpage. Of particular interest is the user's *handle* or the name used when posting on Twitter, which

What is Twitter?	Why Should I use Twitter?	How Do I Get Started?	What Else?
• Twitter is a social media platform that allows you to share thoughts, news and information in 140 characters--but no more.	• **Announcements** : You just got a grant. You are going to speak at a conference. There is an interesting conference that like-minded people might want to attend. • Research: Your latest publications; iinteresting findsings related to your research (such as someone else's research) • **Networking:** Find out who is interested in the same subject matter as you, and connect with colleagues worldwide.	• Go to Twitter.com • Click on the Sign Up box on the top left of the page. • Create a handle. This can be your name or what you want to be known about you. (Must be 15 characters or less.) • Pick a profile picture (a headshot is preferable). • Create a 160-character bio that reflects what you do, your accomplishments, and maybe an interesting fact about yourself. This is searchable.	• Search for people that you know or whose work you like, and click "follow" on their Twitter page. • Look for people who are in the industries or your field of studies. • The tweets of everyone you follow will appear in the feed on your home page.

Figure 2. Frequently asked questions about Twitter.

is attached to all of that user's Twitter posts or *tweets*. A handle may be the user's name or a version thereof or it may be its own construction. In the latter case, a user may create a handle that describes their work, location, or other personal referent (Wilson, Ranse, Cashin, & McNamara, 2014). Additionally, most profiles include an image. This may or may not be specific to the user, but there is an expectation that users not remain *an egg*—a reference to Twitter's default placeholder icon—as they become part of the community. Not including an image may be cause for distrust or disregard of the user's microblog posts or *tweets*.

User engagement. In addition to creating a profile, Twitter users interact with each other within Twitter. To reach another user, Twitter account holders use the symbol "@" followed by the target user's handle. This is useful both to respond to a tweet and to solicit assistance from possible experts by adding them to the conversation. For example, a user seeking to help locate information may "@" or *tag* other users who could have access to that information (Wilson et al., 2014). Other interactions can include following another user's posts, replying to or indicating appreciation of someone's tweets, sharing another's tweets, as well as engaging in dialog or sharing information. Most such interactions are cordial; however, if a user appears to be argumentative or combative, they may be classified as a *troll*—someone who *trolls* for opportunities to create discord.

Hashtags. The high volume of information shared through microblogs and other kinds of social media creates a need to categorize and track posts by subject or event. Because it can be hard to find relevant posts when so many users are tweeting each day, users often use hashtags, which are a way to categorize content and track topics by linking posts (Page, 2012). Hashtags are particularly useful when a Twitter post references a particular event (e.g., #ElectionDay) and can allow users to discover posts about current events (e.g., #StateoftheUnion). They can also help people who are interested in a particular topic to find related posts (e.g., #MentalHealth). Hashtags have also been used to rally a group around a common cause (e.g., #BlackLivesMatter). Professional nurses recently used the hashtag #NursesUnite. This hashtag campaign arose in response to a comment by *The View* host Joy Behar, who questioned why Miss America pageant contestant, Miss Colorado, Kelly Johnson, a nurse, was wearing a "doctor's stethoscope." The campaign was successful and generated a swift backlash. Two days after the instigating comments, Behar and her cohost Michelle Collins apologized and prominently featured nurses in a segment on their show (Capot, 2015).

Methods

The AAN represents one of the largest and most prestigious professional organizations in nursing. Its elected fellows are among nursing's most accomplished leaders across the domains of education, management, practice, research, and policy (AAN, 2015). For many AAN members, social media represents a new professional frontier, especially for those who are not part of a tech-native generation. To begin to bridge the gap between the many active users of social media in nursing and those

who have yet to embrace the various platforms, we explored the potential for broadening exposure to and use of social media by AAN conference attendees. This group is largely made up of nursing leaders, who represent an important potential source of role models for many in the profession. The purpose of this study was therefore to evaluate the effects of a pilot social media training and resource provision strategy at the 2015 AAN annual conference.

Setting and Data

The authors of this article are all nurse scientists and communications experts with active social media presence. Our collaboration on this project had its inception in our connection to each other via social media and to other members of the AAN. Together we coauthored several Huffington Post articles on the uses of Twitter and other types of social media for nurses and were approached by AAN leadership and conference planners to develop an initial social media strategy for the AAN 2015 Policy Conference (Burton, McLemore, & Shattell, 2015; McLemore et al., 2015; Perry et al., 2015; Shattell, McLemore, & Burton, 2015). Elements of the strategy included creation of an official hashtag for the meeting (#AAN15), creating and staffing a social media *lab* during the conference, and designating volunteer Social Media Ambassadors. Ambassadors wore large "Twitter blue" badges bearing the words "Social Media Ambassador" so that they were highly visible to consult with and guide other attendees about social media at any time during the conference.

The social media lab was open several times throughout the conference and staffed by the Ambassadors and volunteer communications professionals. The lab was located near the conference registration desk, and attendees could visit the lab for assistance starting or managing social media accounts.

All authors of this article participated in running the social media labs. We focused our efforts on engaging conference attendees with the social media platform Twitter because of its ease in set-up and use, and its utility to engage with the public, policy makers, and other health-care professionals. Finally, following the conference, three questions about attendees' experiences with social media at the conference were included in the overall conference evaluation. The study was reviewed by the institutional review board of Virginia Commonwealth University (IRB #HM20006123), which deemed the study exempt from human subject protection protocols given that data were anonymized and de-identified.

Sample. The data presented here came from responses to the three questions on the AAN 2015 Policy Conference evaluation regarding social media. This evaluation was emailed to everyone who registered for the conference. Three items comprising four questions regarding the social media labs were included in this evaluation: (a) *Did you attend the Social Media Labs?* (b) *If yes, did you find the Social Media Labs valuable?* and (c) *Do you have suggestions for future Social Media Lab training? Are there areas that can be improved?* The AAN has 2,318 members and 1,028 individuals registered to attend the meeting (AAN, 2015). We requested access only to the evaluation data pertaining to the social media strategy, and therefore our sample comprises only of those evaluations where the at least one of the questions about social media was answered ($n = 505$; total evaluations returned: $N = 548$).

Measures. The evaluation tool was a 40-question survey that asked about a broad range of meeting characteristics from temperature of the rooms to quality of the sessions. The questions about the social media campaign were the last three questions of the conference evaluation and were written by the conference planners rather than the authors of this article. The response options for the first item "Did you attend the Social Media Labs?" were a dichotomous yes or no. The second item "If yes, did you find the Social Media Labs valuable?" asked participants to indicate their response on a 5-point continuum ranging from *strongly valuable* to *strongly invaluable*. The third item, the only open-ended question, allowed participants to provide individual comments about their experiences and encounters with the social media campaign overall.

Analysis. We used descriptive statistics to explore the quantitative data and qualitative descriptive analysis to identify themes in the responses to the open-ended question. Three of the authors of this article have advanced training in research methods and peer-reviewed published work that reports findings using different types of qualitative analyses. We selected the qualitative descriptive method, described by Sandelowski (2010) as the method that allows the distribution of "residual categories": Those categories into which less interpretable data fall, to remain present in the analysis. Bowker and Starr (2000) described these categories as signaling "uncertainty at the level of data collection or interpretation under conditions where forcing a more precise designation could give a false" character (positive or negative) to the data (p. 150). We chose this method because of our lack of influence over how the data were originally collected, which meant that the analysis proceeded less organically from the data than if the data had been collected with the analysis in mind. One author read through all of the responses and developed initial codes and we used an iterative process among the three authors with advanced qualitative training to finalize the codes.

Results

Quantitative Results

The response rate for this survey was approximately 56% with 548 of the 1,028 registered conference attendees completing. Although some individuals who are not AAN fellows attend AAN conferences and events, these numbers are usually small. Moreover, because the conference includes the annual business meeting of the AAN fellows and the induction ceremony for new fellows, we assumed that most paid conference attendees were AAN fellows. We therefore used the overall AAN membership demographics as a proxy for those of conference attendees and evaluation respondents. Demographic characteristics of the overall AAN membership are presented in Table 1. Notably, these demographics are quite skewed:

Table 1. 2015 Demographic Characteristics of the Elected Fellows of the American Academy of Nursing (N = 2,318) as of January, 2015.

Gender	Male	Female	Not indicated
	110	1,819	389
Total fellows	2,318		
Race			
American Indian or Alaskan native	3	9	0
Asian	5	46	19
Black or African American	1	100	25
Hispanic or Latino(a)	5	20	4
Other	1	12	2
Prefer not to disclose	1	45	18
White or Caucasian	88	1,520	272
No response	6	67	49
Total	110	1,819	389
Age			
>70	14	563	27
60–69	35	684	111
50–59	19	164	79
0–49	8	23	15
30–39	0	2	5
Not indicated	34	383	152
Total	110	1,819	389

Academic credential	Total number
PhD, DNP, EdD	1,999
Masters	227
Bachelors	64
Not indicated	28
Total	2,318

Fellows are predominantly female, doctorally educated, and describe themselves as White or Caucasian.

Overall, use of the social media lab was low as only 34 of 505 (7%) of conference participants who completed the survey stated that they attended the social media labs. However, 66 respondents commented about the value of social media labs. Over half (n = 34; 52%) of these were undecided about the value of the social media labs; 19 (29%) strongly agreed they were valuable and 13 (20%) agreed they were valuable. Finally, 49 respondents used the free text space (open-ended question) to make suggestions about social media at the AAN 2015 conference. In addition, 748 tweets using the #AAN15 hashtag were identified within 1 week of the conference. Many of these were congratulating new AAN fellows or award winners, while others were photos of or quotes from speakers or panels. The hashtag was still searchable on Twitter at the time of this writing.

Qualitative Findings

Our analyses of the 49 open-ended responses revealed two broad categories of response: (a) those identifying barriers to use of the social media lab offerings (n = 20) and (b) those from attendees already familiar with social media use (n = 20). Nine comments were placed in a separate residual category because the participant responded by entering "not applicable" or "N/A" (n = 7) or made comments about other aspects of the conference instead of the social media labs (n = 2). We identified more specific categories to delineate comments that were similar. Of these, two stood out from the *barriers* category: lack of awareness and conflicting events. The two types of responses that emerged from the "attendees already familiar" category were suggestions for next year and skill building (see Table 2).

Lack of awareness. Twelve participants commented that they were not aware of the social media labs. This included comments that indicated attendees' lack of knowledge about the labs, themselves, or lack of understanding of the purpose. Comments in this category included the following: "I was not aware of these," "Thought it was only for (a specific social media platform)," and "...wasn't sure just what it was." These were among the comments that suggested that conference attendees could have been helped both by additional publicity regarding the labs' existence and by more information on what types of social media guidance were available from the labs.

Conflicting events. Eight participants who commented on barriers to their attendance at the social media labs specifically noted that the lab timing conflicted with something else. These comments mainly indicated that

Table 2. Analysis of Qualitative Data From Questions "Do you have Suggestions for Future Social Media Lab Training? Are there areas that can be Improved?" (*n* = 49, Nine Excluded).

Broad category	Specific category	Number of comments (%)	Exemplar comment(s)
Barriers to using social media labs	Lack of awareness	12 (24%)	I do not recall seeing this information. I don't know enough to comment.
	Conflicting events	8 (16%)	Sorry to miss. I did not attend due to another meeting. Good idea I just ran out of time.
Attendees already familiar with social media	Suggestions for next year	17 (35%)	Do a breakout session. Please provide again next year.
	Skill building	3 (1%)	(Show or learn) How social media can (be used) to influence health policy decisions and advance health.

participants were attending breakout sessions or other meeting activities during the open lab times. In addition, participants endorsed the continuation of the labs despite not being able to attend. Comments included the following: "I wish I could have attended but I had a conflict," "I did not have time to do it and would like to," and "I was unable to attend because of another meeting but would encourage continued emphasis on social media awareness and expertise." These comments indicated meetings attendees' desire to engage with the social media lab offerings and have access to this kind of social media guidance in the future.

Suggestions for next year. Seventeen participants provided comments with suggestions to support social media content at the next year's meeting. Four of the seven comments indicated frustration with the lack of Wi-Fi and cellular service in the meeting rooms. Comments in this category included suggestions that "Wifi throughout the building, roving social media ambassadors, designated ambassadors for all sessions" would be helpful. Others suggested that the AAN staff, "provide a handout on account set up, when to use # and @; maybe communicate with people in advance about setting up twitter account; sending messages in advance of the meeting." Other suggestions included designating specific social media ambassadors for all sessions, offering "a special time designated for group training," and broadcasting tweets using the official hashtag throughout the meeting. In addition to endorsing the use of social media at the meeting, these comments demonstrated that some of the participants were also eager to increase their own social media interactions. One participant specifically noted, "...I encouraged other colleagues my age to give social media a try."

Skill building. In this category, participant comments reflected differing levels of expertise but indicated some familiarity with social media. One commenter wrote,

"I was already a steady user, especially of Twitter but I got some pointers in terms of search functions, etc." Another demonstrated new understanding of Twitter, as well as interest in becoming more facile with technology: "Got twitter(sic) instruction there; now need help with more useful apps for smart phone." These comments were particularly interesting because of the low numbers of conference attendees who stated they had visited the social media labs, again highlighting the need for more publicity.

Discussion and Implications

Social media can connect conference attendees with the broader nursing audience and amplify key themes and content. According to the responses to the survey, of those who used the social media labs, the information and assistance received were helpful. We also identified several barriers to the success of the social media labs, namely, lack of Wi-Fi in the meeting rooms, lack of preconference and conference promotion of the social media lab and hashtag, and that the schedule of the conference did not afford attendees enough time to participate in the social media labs. Therefore, future social media campaigns for scientific conferences with attendees from non-tech-native generations should make sure to provide Wi-Fi services in all meeting rooms, better plan for and promote social media campaigns before, during, and after the event; and schedule dedicated social media sessions or at least allow sufficient time between sessions that is designated as social media training time.

There is little literature available on how health-care professionals, particularly nurses and nurse leaders, interact with or regard the use of social media in their professional lives. Although there are several articles on the consequences of impropriety on social media in the workplace and guidelines for avoiding it (Brous, 2013; Cronquist & Spector, 2011), few data-based and

peer-reviewed articles on the professional uses of social media among nurses could be found. Our search of commonly referenced databases including Google Scholar, PubMed, and CINAHL yielded fewer than 10 such articles. Similarly, in a review of literature on social media use by clinicians across the health professions, von Muhlen and Ohno-Machado (2012) cited only one study that included nurses and then only as part of an aggregate "health professionals" category. Recently, Kung and Oh (2014) specifically surveyed nurses from 160 advanced practice nursing organizations and colleges of nursing across 43 states about use of social media. This web-based survey was publicized by the organizations through sharing of a link to the survey webpage, and results indicated that 94% of the respondents ($N = 410$) used social media. The average age of the social media using respondents was 48 ($SD = 10.89$), suggesting that this sample was notably different from the membership of the AAN, in which 83.2% of those reporting their age are more than 60 years (Table 1). In addition, Kung and Oh found that about 38% ($n = 135$) of social media using respondents held a doctoral degree; whereas among AAN members, over 86% are doctorally prepared. This suggests that while many, if not most, nurses in the United States are using social media, there may be a "generation gap" as well as an education differential between nurses and senior nurse leaders such the members of AAN.

Our findings resonate with the existing literature on social media use among health-care professionals in important ways. First, it is clear that barriers to social media engagement among health professionals tend to be consistent, regardless of the size of the cohort examined. In a study of 268 practicing pharmacists and five pharmacy students, Barry and Pearson (2015) found that lack of time and awareness of the benefits of social media were commonly cited as reasons for not making use of social media. Among our respondents, this is reflected in the responses of those who were uncertain about the value of the social media labs, which suggests that the respondents either did not understand the value of either social media, in general, or of the lab sessions, in particular. Similarly, Antheunis, Tates, and Nieboer (2013) found that in a sample of 153 obstetric and gynecologic health-care providers and patients, a common barrier was lack of perceived skill in the use of social media for professional purposes. Among the respondents in our study, it may be that lack of awareness of the potential uses of and lack of facility with social media affected how the value of the social media labs was evaluated.

Second, our findings suggest that despite barriers or individuals' perceptions of inefficacy, health-care professionals are curious about social media. It also points to the need to more fully integrate social media support and to offer stand-alone scheduled social media training.

Those who commented that they would have liked to know more about the labs' availability and services, as well as those who reported that the labs were valuable, reflect this curiosity. Antheunis et al. (2013) further found that a large majority of both patients and providers (96.4% and 85.6%, respectively) believed that continued social media use in health care was both expected and anticipated to be helpful.

Finally, the results of this study suggest that for those survey respondents who were already engaged in social media activity, there was desire to expand capacity and facility with social media for themselves as well as for their colleagues. This is congruent with findings of a study of Twitter activity among the speakers and audience of the 2013 International Congress for Conservation Biology (Bombaci et al., 2015). In that case, 81% of conference speaker respondents indicated that they communicated their research via social media at least once per year and 31% at least once a week. This result suggests the growing importance of social media as a tool for scientific information and communication and demonstrates that it has been so accepted by professionals to varying degrees. As with our data, this suggests that social media—whether actively embraced by individuals or not—is present to some degree in professional and scientific communications globally.

Policy Implications

In this study sample, social media was generally not well understood. Given the apparent lack of perceived functionality of social media as a professional tool among this audience, it may be that a defined and specific social media policy developed by a professional organization—such as the AAN—could encourage more widespread use among members. Social media policies are not uncommon in hospitals, academia, and corporate environments and provide guidance to employees on whether a posting might violate regulations or not (Kaplan & Haenlein, 2010). Such a policy could include guidelines for staying within the bounds of professionalism as expected of members, and varying levels of direction for experienced and novice users. For example, while new users might be helped by information about avoiding privacy and confidentiality violations in their use of social media, more experienced users could make use of information about the legal ramifications of sharing their copyrighted works with the social media community. In addition to raising awareness with the organization about the uses and benefits of social media as a professional tool, the dissemination of such a policy could increase members' comfort with social media insofar as it might enhance their confidence in using social media professionally. Further, creating

standard hashtags and other social media indicators for use in professional nursing discourses might streamline communications and enhance the potential for more nurses to benefit from leadership-level knowledge.

Beyond professional organizations, health-care professionals may seek to develop policies on social media in other venues, such as communities or governments. Since nursing scope of practice and related practice issues are the jurisdiction of state governments, development of state rules and regulations regarding safe and appropriate professional use of social media could support increased social media use. This potentially broadens the scope of nurse leaders' contact with colleagues, especially practicing nurses, and creates opportunities for professional interaction among nurses who might otherwise lack opportunities to engage with peers and more senior colleagues. Certainly, social media use is more common among tech-native populations, and increased use by nurse leaders could increase dissemination of evidence and encourage other nurses to pursue advanced education.

Limitations

Our study has several limitations. First, data only come from answers to the three items on the evaluation. The authors of this article did not have input into the development of these items, which may have resulted in less specificity about the needs of the respondents. In particular, the last of the open-ended evaluation items about the social media labs could have been split into two separate items to gain more detailed comments on participants' recommendations. Not having a question about what the attendees found valuable in the social media labs is a further oversight. Future efforts to explore social media use among nurse leaders should rely on carefully constructed questions more tailored to gathering information from this population. In addition, no demographic information was collected from either the conference registrants or from those completing the evaluation. It is unclear if and how the responders differed from the nonresponders to the survey; therefore, our analyses are limited by the cross-sectional descriptive design. Given the nature of the meeting, and that the AAN is an honorary membership organization; however, we expect that the demographics of our sample reflect that of the AAN, which is largely homogenous in many demographic categories. Nonetheless, our study sample very probably lacked diversity of age, education, gender, and race.

Another limitation was the descriptive, cross-sectional design, as we cannot draw any conclusions about whether the social media presence of the AAN and its fellows has increased subsequent to this conference or not. Relatedly, because the overarching goal of the campaign was to expand the use of social media among meeting attendees, there were multiple ways for attendees to obtain guidance at any given moment. We were therefore not able to effectively discern which methods of providing guidance were most effective. Notwithstanding these limitations, this study is an important first step toward understanding how nurse leaders and researchers at a national leadership and policy conference relate to and engage with social media and to the efforts to educate, support, and enhance social media use by nurse scientists.

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