Global Journal of Multidisciplinary Research
Volume 3, Issue 1, January–June 2026 | E-ISSN: 2476-1540
Original Research Article | DOI: 10.5281/zenodo.20302269

Received: March 10, 2026 | Revised: March 12, 2026 | Accepted: March 15, 2026 | Published: March 18, 2026

Digital Professionalism: What Nursing and Midwifery Students Need to Know About the Benefits and Risks of Engaging with Online Social Media

Linda McGrath [1], **Amelia Swift** [2], **Maria Clark** [3], **Caroline Bradbury-Jones** [4]

[1,2,3,4] School of Nursing, University of Birmingham, Birmingham, United Kingdom

Corresponding author: llmcgrath@bham.ac.uk

Abstract

Digital professionalism represents a rapidly expanding domain within nursing practice. Online social media platforms, originally designed for personal communication, have been widely embraced by student nurses for peer-to-peer learning and mutual support. While the advantages of such engagement are increasingly recognized, the associated risks have received comparatively limited attention. A review of Nursing and Midwifery Council (NMC) fitness-to-practice data has identified a steady rise in student referrals linked to social media conduct. Student nurses must therefore develop a clear understanding of the potential consequences of online information-sharing, including formal misconduct proceedings and removal from the professional register. Notwithstanding these risks, the benefits remain substantial, and both students and educators deserve structured support to engage with digital technologies in a manner that maximizes their educational and professional value while mitigating hazards. A more comprehensive appreciation of digital professionalism is necessary so that all nurses can harness social media effectively for peer support and patient benefit.

Keywords: digital professionalism, student nurses, nursing, social media, risks, benefits, patient safety, technology, e-professionalism, NMC, fitness to practice

1. Introduction

Digital technology, the internet, and social media have fundamentally transformed how individuals interact and present themselves in both personal and professional contexts. The boundary between private and professional identity has shifted considerably, opening new avenues for nurses to develop contemporary knowledge and skills that benefit patient care. As Ferguson (2013) observed, social media, although deeply embedded in daily life, now constitutes the next major technological wave in healthcare, and therefore represents a learning opportunity that the profession cannot afford to overlook.

Digital professionalism encompasses the competencies and values expected of professionals when engaging in online communication (Jones et al., 2016). With the vast majority of young people now possessing smartphones and actively using platforms such as YouTube, Instagram, Twitter, Facebook, and Snapchat (Ofcom, 2018), most student nurses arrive at their training programmes already immersed in online social networks. However, the standards of communication expected of a student nurse differ substantially from those expected of a private individual (Green, 2017). The Nursing and Midwifery Council (NMC, 2017) has produced guidance on acceptable online conduct, clarifying how the professional Code (NMC, 2015) extends to digital behaviour.

Student nurses who engage with social media encounter both notable benefits and significant personal and professional risks. This article examines what digital professionalism means in practice, what those entering the nursing profession need to understand about online engagement, and why these considerations matter for both students and the individuals in their care.

2. Digital Professionalism

Being professional is widely recognized as foundational to building therapeutic relationships with patients (Day-Calder, 2016), and encompasses attributes such as altruism, respect, honesty, integrity, dutifulness, accountability, and excellence. The NMC equates professionalism with adherence to the Code (NMC, 2015). Digital professionalism is frequently defined as professionalism transposed to the online context, described as 'attitudes and behaviours reflecting traditional professionalism paradigms but manifested through social media' (Cain & Romanelli, 2009).

In 2015, the NMC published guidance on nurses' social media use, setting out core principles while acknowledging that it could not anticipate every scenario a nurse might encounter online. The guidance aimed to equip nurses to navigate these situations professionally, with public protection as the primary consideration. Recognizing the constantly evolving nature of social media, the NMC committed to reviewing and updating this guidance as needed. Rather than providing a specific definition of digital professionalism, the NMC directs nurses to the Code's (NMC, 2015) requirement that all communications be conducted 'responsibly' (p. 3), meaning the maintenance of confidentiality and the avoidance of harm through bullying, intimidation, or incitement to violence or self-harm.

Professional behaviour is expected at all times, and the NMC has explicitly warned students that unprofessional conduct in personal time could result in being denied registration (Ford, 2009). This expectation is not universally accepted: medical students surveyed in the United

States expressed the view that 'free time is private time' and that 'professionalism is unrealistic as a way of life' (Ross, 2013). This tension between regulatory expectation and personal boundaries contributes to lapses in judgement that expose students and qualified nurses to disciplinary proceedings. A Freedom of Information request submitted by one of the authors revealed that 55 allegations of social media misconduct were investigated by the NMC between January 2017 and July 2018, a figure reflecting an upward trend.

Healthcare professionals may also underestimate their online vulnerability, and may fail to adequately restrict access to personal, political, and professional content posted online (Edge, 2017; Osman et al., 2012). Facebook's history of privacy breaches is particularly relevant in this context. Research at the University of Florida found that although 44.5% of medical trainees held Facebook accounts, only one third had restricted access to their posts (Thompson et al., 2008). A study at the University of Liverpool reported that half of participating students had encountered 'unprofessional' conduct by peers on Facebook (Garner & O'Sullivan, 2010). Similarly, Ross (2013) identified 'an alarming lack of discretion' in Facebook use among medical students, with some accounts containing potentially offensive material. Despite agreeing that online professionalism was important, participants did not support routine monitoring of online behaviour.

3. Unprofessional Use of Social Media and Sanctions

Nursing-related social media pages can contain posts that demean patients and their families. In a widely cited incident, a group of nursing students in the United States posted a photograph of a placenta on Facebook, believing they had their tutor's permission, and were subsequently expelled from their programme (Kuhns, 2012). Green (2017) describes a case in which a nurse photographed surgical patients on her personal mobile phone and shared the images online. In a further example, a nurse who publicly complained online about attending work, under the mistaken belief that only friends could see the post, was struck off the register after the content became visible to families of children at the hospice where she worked. Edge (2017) further noted that some students were unaware that omitting patient names is insufficient to guarantee anonymity, as contextual details can enable followers to identify individuals.

Legal proceedings have been initiated in the United States against healthcare professionals who breached patient confidentiality through social media, heightening risk awareness for UK practitioners. Nurses must recognise that views and images shared publicly via platforms such as Facebook or Twitter shape professional perceptions. Colleagues, mentors, and academics who encounter offensive content online are themselves obliged under professional codes of conduct to act on what they observe.

Particular care is warranted when educators and students connect online (Green et al., 2014). The disclosure of inappropriate or abusive personal information online carries lasting consequences for career prospects, as employers have been documented to use social media searches during candidate screening (Lehavot, 2009). Even deleted content may remain accessible. There is a clear duty to current students, tomorrow's registrants, to educate them about what is and is not acceptable conduct for a nurse, both within and outside of the workplace (Doel et al., 2010). Young adults transitioning to university life may be particularly vulnerable to social media missteps (Edge, 2017).

The type of platform used for online sharing also carries implications. Research by Clark et al. (2018) on public health nurses' responses to sexting among young people referenced a UK Children's Commissioner's report (2017), which highlighted children's rights to digital access and outlined the features of a healthy online life. A subsequent report, 'A Life in Likes' (Children's Commissioner, 2018), noted that children aged 8–12 may develop excessive reliance on social media for self-validation, with adverse effects on mental health and online safety. These observations underscore the importance of a balanced approach to digital engagement. The NMC (2017) affirms that social media can legitimately support professional networking, knowledge development, and access to peer support, when used responsibly.

4. Developing a Professional Network and Engaging in Debate

Student nurses arrive at their training with diverse motivations and varying conceptions of nursing as a profession (Cook et al., 2003). The degree programme provides an opportunity to explore professional identity in depth. A social media presence extends students' sphere of influence considerably, enabling contact with professionals and communities that would be inaccessible in everyday life (Gooding & Swift, 2018). Among the established benefits, Twitter has proven particularly effective at enhancing professional visibility and fostering learning engagement for those who participate actively.

Social presence, defined as 'the ability of social networking participants to identify with their networked community and communicate with others purposefully and in a trusting environment' (Garrison et al., 1999), underpins effective professional use of social media. Student nurses have drawn on Twitter to raise awareness of issues rarely addressed in curricula or clinical placements, including advocacy on global health matters such as climate change (Richardson et al., 2016).

Twitter has been constructively used to raise the visibility of nursing and midwifery and strengthen professional communities (Chudleigh & Jones, 2016). Organised student accounts, such as the Student Nurse Project (@stnurseproject, with 5,800 followers) and WeStudentNurses (@WeStudentNurses, with 3,500 followers), provide platforms through which student nurses can begin to shape professional agendas.

Students have also mobilized collectively around campaigns for structural change. The RCN campaign #FundOurFuture attracted substantial student nurse engagement, with participants tweeting about the challenges of financing their training and engaging with Members of Parliament and other influential figures. Over a seven-day period in late 2019, 367 posts using the hashtag reached over 100,000 Twitter users. Analytics tools can identify high-reach accounts, in this instance @theRCN, @RCNstudents, and @younginvinvincibles, enabling users to amplify their own impact by incorporating key influencers into their posts.

5. Providing and Receiving Support

A sense of connection and belonging is vital to student nurse wellbeing. Membership in a valued social group enhances self-efficacy and self-esteem (McKenna & Bargh, 1998). Growing numbers of student nurses have embraced social media to establish their professional presence and articulate their voices (Gooding, 2018). Communities such as @StNurseProject and @WeStudentNurses actively provide peer encouragement and advice. Online conversations among student nurses typically follow one of three patterns: posing technical questions and receiving peer responses; sharing personal achievements; or seeking emotional support, overtly or passively. This latter mode of peer-to-peer support has been described as a transformational dimension of the internet (Ziebland & Wyke, 2012) and holds particular promise for reducing stigma, supporting recovery, and promoting wellbeing in mental health contexts (Naslund et al., 2016).

Nonetheless, online support carries risks. Damaging material can be inadvertently shared beyond its intended audience, placing students, colleagues, universities, or patients at risk. What begins as an innocuous post, such as 'had a bad day', can escalate through peer engagement into something far more damaging than intended. The immediacy of social media also diminishes opportunities for quiet reflection, and has the potential to amplify grievances into misuse of power or outright abuse (Ellaway et al., 2015).

Online communities can also promote intellectual insularity. Social media algorithms and social tendencies toward like-minded groups produce an 'echo chamber' effect, in which polarized views become entrenched without exposure to external challenge (Del Vicario et al., 2016). Students therefore need structured support to navigate social media safely and understand these dynamics (Henning et al., 2017).

Students seeking support may encounter the opposite: cyberbullying. 'Flaming', the posting of aggressive or offensive messages, can occur within online discussion spaces or via direct messaging. Such behaviour has been linked to adverse mental health outcomes for victims (Garett et al., 2016). As a practical heuristic for self-regulation, Unigo (2018) proposed the 'grandmother test': if you would not want your grandmother to see it, do not post it.

6. Developing Knowledge

Twitter provides an effective platform for professional nursing learning, facilitating dynamic exchange and knowledge dissemination (Chudleigh & Jones, 2016; Gillen & Merchant, 2013). Hashtags enable users to follow and contribute to ongoing discussions, whether topic-specific (e.g., #paineducation) or linked to host organisations (e.g., #ebnjc for chats hosted by Evidence Based Nursing). Many university nursing departments maintain programme-specific Twitter accounts to enhance the digital learning experience for both staff and students.

There is evidence that Twitter engagement with course content and discussions can improve student academic performance (Buzzelli et al., 2016; Junco et al., 2011). Box 1 lists recommended Twitter accounts for nurses and nursing students.

Box 1: Recommended Twitter Accounts for Nursing Professionals and Students

@NurseStandard

@nmcnews

@TheQNI

@Nurse_UK

@theRCN

@WeLearn

@WeLearnOutLoud

@EBNursingBMJ

@6cslive

@WeNurses

@Jadvnursing

@healthtalkorg

@PatientsAssoc

@NurChat

@NHSChoices

@NHSLeadership

@DementiaFriends

@TheKingsFund

Garrison et al. (1999) identified three prerequisites for effective computer-mediated educational communication: a teaching presence (to initiate and guide discussion), a social presence (characterized by safe, emotionally engaged expression), and a cognitive presence (involving

inquiry, information exchange, and the application of new ideas). Although Twitter permits a degree of anonymity, reconciling risk-free expression with the professional requirement for accountability remains challenging. Consequently, certain subject areas may be unsuited to open online discussion due to the difficulty of separating hypothetical from factual statements in digital contexts.

Jones et al. (2016) established the first student nurse-led Twitter forum in the United Kingdom through the Plymouth University Nursing Cohort (PUNC), which integrated Twitter as an assessed component of a first-year Digital Professionalism module. Recognizing that not all students wished to participate, an alternative assessment pathway was provided. This reflects an important caveat in the use of social media as an educational tool: not all students are willing or able to engage, and inclusive alternatives must remain available.

Social media use, while often rewarding, carries personal safety risks that are under-explored in the literature. Some students may experience unwanted attention, online pursuit, or stalking as a result of their digital visibility. Disgruntled service users or individuals with personal grievances could escalate from unfriending to profile hijacking. Fraudulent accounts designed to harass are not uncommon, and the reputational and personal harm from false information spread online can be severe. These risks resemble bullying and harassment, and the harms can escalate. A Cavell Trust (2016) survey found that nurses, midwives, and healthcare assistants are approximately three times more likely than the general public to have experienced intimate partner violence or domestic abuse. Some student nurses may legitimately fear that establishing a digital presence could allow a perpetrator to locate or monitor them. Every student has the right to safety, and to engage with digital professionalism at a level that is personally safe and appropriate.

7. Conclusion

Despite the risks associated with online engagement, the benefits for student nurses are substantial. Both students and educators should be actively supported to use digital technologies in ways that capitalize on their potential while reducing their hazards. This article offers a framework for opening productive discussions about how this balance might best be achieved, supporting the development of new approaches to learning and professional practice in the digital era.

8. References

[1] Buzzelli, A., Holdan, E. G., Rota, D., & McCarthy, J. (2016). Utilizing Twitter for concept learning. International Journal of Information and Communication Technology Education, 12, 64–76.

[2] Cain, J., & Romanelli, F. (2009). E-professionalism: A new paradigm for a digital age. Currents in Pharmacy Teaching and Learning, 1, 66–70.

[3] Chudleigh, M., & Jones, R. (2016). How to set up and use a Twitter account professionally. Nursing Standard, 31, 40.

[4] Clark, M., Lhussier, M., & Carr, S. M. (2018). Public health nurses' knowledge of sexting among children and young people: A qualitative study. Journal of Advanced Nursing, 74(4), 906–916.

[5] Cook, T. H., Gilmer, M. J., & Bess, C. J. (2003). Beginning students' definitions of nursing: An inductive framework of professional identity. Journal of Nursing Education, 42, 311–317.

[6] Day-Calder, M. (2016). Professional boundaries. Nursing Standard, 30, 37–38.

[7] Del Vicario, M., Vivaldo, G., Bessi, A., Zollo, F., Scala, A., Caldarelli, G., & Quattrociocchi, W. (2016). Echo chambers: Emotional contagion and group polarization on Facebook. Scientific Reports, 6, 37825.

[8] Doel, M., Allmark, P., Conway, P., Cowburn, M., Flynn, M., Nelson, P., & Tod, A. (2010). Professional boundaries: Crossing a line or entering the shadows? British Journal of Social Work, 40, 1866–1889.

[9] Edge, W. (2017). Nursing professionalism: Impact of social media use among nursing students. Journal of Healthcare Communications, 2, 3.

[10] Ellaway, R. H., Coral, J., Topps, D., & Topps, M. (2015). Exploring digital professionalism. Medical Teacher, 37, 844–849.

[11] Ferguson, C. (2013). It's time for the nursing profession to leverage social media. Journal of Advanced Nursing, 69, 745–748.

[12] Ford, S. (2009). Student nurses warned over 'wild' freshers week behaviour. Nursing Times. https://www.nursingtimes.net/student-nurses-warned-over-wild-freshers-week-behaviour/5006926.article

[13] Garett, R., Lord, L. R., & Young, S. D. (2016). Associations between social media and cyberbullying: A review of the literature. mHealth, 2, 46.

[14] Garner, J., & O'Sullivan, H. (2010). Facebook and the professional behaviours of undergraduate medical students. Clinical Teacher, 7, 112–115.

[15] Garrison, D. R., Anderson, T., & Archer, W. (1999). Critical inquiry in a text-based environment: Computer conferencing in higher education. The Internet and Higher Education, 2, 87–105.

[16] Gillen, J., & Merchant, G. (2013). Contact calls: Twitter as a dialogic social and linguistic practice. Language Sciences, 35, 47–58.

[17] Gooding, D., & Swift, A. (2018). Use of social media to support student nurses: An EBN Twitter chat led by Daniel Gooding and Alison Twycross. Evidence Based Nursing.

[18] Green, J. (2017). Nurses' online behaviour: Lessons for the nursing profession. Contemporary Nurse, 53, 355–367.

[19] Green, J., Wyllie, A., & Jackson, D. (2014). Social networking for nurse education: Possibilities, perils and pitfalls. Contemporary Nurse, 47, 180–189.

[20] Henning, M. A., Hawken, S., MacDonald, J., McKimm, J., Brown, M., Moriarty, H., Gasquoine, S., Chan, K., Hilder, J., & Wilkinson, T. (2017). Exploring educational interventions to facilitate health professional students' professionally safe online presence. Medical Teacher, 39, 959–966.

[21] Jones, R., Kelsey, J., Nelmes, P., Chinn, N., Chinn, T., & Proctor-Childs, T. (2016). Introducing Twitter as an assessed component of the undergraduate nursing curriculum: Case study. Journal of Advanced Nursing, 72, 1638–1653.

[22] Junco, R., Heiberger, G., & Loken, E. (2011). The effect of Twitter on college student engagement and grades. Journal of Computer Assisted Learning, 27, 119–132.

[23] Kuhns, K. A. (2012). Social media and professional nursing: Friend or foe? The Pennsylvania Nurse, 67, 4.

[24] Lehavot, K. (2009). 'MySpace' or yours? The ethical dilemma of graduate students' personal lives on the internet. Ethics & Behavior, 19, 129–141.

[25] McKenna, K. Y. A., & Bargh, J. A. (1998). Coming out in the age of the internet: Identity 'demarginalization' through virtual group participation. Journal of Personality and Social Psychology, 75, 681–694.

[26] Naslund, J. A., Aschbrenner, K. A., Marsch, L. A., & Bartels, S. J. (2016). The future of mental health care: Peer-to-peer support and social media. Epidemiology & Psychiatric Science, 25, 113–122.

[27] Nursing and Midwifery Council. (2015). The code: Professional standards of practice and behaviour for nurses and midwives. NMC.

[28] Nursing and Midwifery Council. (2017). Guidance on using social media responsibly. NMC.

[29] Ofcom. (2018). Adults' media use and attitudes report 2018. Ofcom.

[30] Osman, A., Wardle, A., & Caesar, R. (2012). Online professionalism and Facebook: Falling through the generation gap. Medical Teacher, 34, 549–556.

[31] Richardson, J., Grose, J., Nelmes, P., Parra, G., & Linares, M. (2016). Tweet if you want to be sustainable: A thematic analysis of a Twitter chat to discuss sustainability in nurse education. Journal of Advanced Nursing, 72, 1086–1096.

[32] Ross, S. (2013). 'I have the right to a private life': Medical students' views about professionalism in a digital world. Medical Teacher, 35, 826–832.

[33] Thompson, L., Dawson, K., Ferdig, R., Black, E., Boyer, J., Coutts, J., & Black, N. (2008). The intersection of online social networking with medical professionalism. Journal of General Internal Medicine, 23, 954–957.

[34] Tyma, A. (2011). Connecting with what is out there!: Using Twitter in the large lecture. Communication Teacher, 25, 175–181.

[35] Unigo. (2018). Can what I post on Facebook affect my chances of getting accepted? https://www.unigo.com/admissions-advice/can-what-i-post-on-facebook-affect-my-chances-of-getting-accepted/314/1

[36] Ziebland, S., & Wyke, S. (2012). Health and illness in a connected world: How might sharing experiences on the internet affect people's health? Milbank Quarterly, 90, 219–249.