



A Position Statement on Workflow Interruptions, Technology, Social Media and Perianesthesia Practice

^aThere are numerous examples of litigation claims associated with the inappropriate use of social media. The following list includes a few examples that have been publicly noted:

- An RN who took a picture of a man during noninvasive procedure and posted it on Facebook*
- An RN who sent text messages to another nurse and physician describing a challenging interaction between a sick child and his mother*
- An RN who shared a photo on Instagram depicting an empty trauma room where a patient had been treated for a gruesome injury*

^bIn addition to the use of digital technology by members of the healthcare team, inappropriate use of technology by patients/families/visitors in patient care areas may pose a threat to privacy and confidentiality standards through taking pictures or recording of patients as well as members of the healthcare team. This is especially concerning when the patient's judgment or ability to fully consent is impaired by anesthesia/medications. Patients/families/visitors may also attempt to record healthcare team members without their permission. Perianesthesia registered nurses must protect patients and themselves by endorsing facility policies related to the use of technology in patient care areas.

The American Society of PeriAnesthesia Nurses (ASPAN) has the responsibility for defining the principles of safe, quality nursing practice in the perianesthesia setting. This includes professional conduct which reflects an understanding and respect for the moral, ethical, and legal issues of perianesthesia practice. ASPAN, therefore, sets forth this position to acknowledge the impact of social media and use of technology on clinical practice, patient safety, and professional behaviors.

Background

An expanding array of devices (including, but not limited to, smartphones, smartwatches, tablets, readers, netbooks, notebooks, and laptop computers) as well as the enhanced ease of access to the Internet have dramatically changed the ability of professionals and consumers to communicate, socialize, and find/share information at incredible rates of speed.¹ Personal devices are a mainstay of today's world, with the majority of the population carrying or wearing these on their person both at home and at work. The presence of these devices has allowed for constant transmission of both personal and professional information. Information is shared through a variety of platforms, with some of the most common including cellular data (text messaging, voice calls, and video chat), virtual group rooms for information sharing, picture and video sharing sites, email, instant messaging, and virtual gaming. Numerous social media sites readily allow for access and sharing of news, information (personal and professional), images, and other content. In the healthcare setting, these technologies have positively impacted access to quality patient health education, access to current evidence to assist in clinical decision-making, and enhanced patient and healthcare team communication.¹⁻³

While there are many benefits associated with access to various technologies, instant availability of information, and the social media world, there are a number of disadvantages for members of the healthcare team.^a These include the potential for:

- Breach of privacy and confidentiality standards^{3,b}
- Violation of professional boundaries³
- Abuse and/or misuse of technology both personally and professionally⁴
- Questionable reliability of information sources from the Internet
- Workflow interruptions/distractions which can pose a significant threat to patient safety^{1,4-6}

Position

ASPAN is highly committed as an advocate for a culture of safety and to the tenets of the *Perianesthesia Principles for Ethical Practice*⁷ in all perianesthesia

practice settings, for the patient, the nurse, and the healthcare team. This commitment includes the impact of technology on perianesthesia practice. ASPAN provides the following recommendations when considering the use of social media and digital technologies:

- Facilities should determine measurements for the safe use of physiologic monitoring devices and alarm systems to help determine whether specific alarms are necessary or incidentally contribute to alarm noise and fatigue^{8,9}
- Secure platforms should be observed
- The privacy and confidentiality of patients will be maintained at all times^{3,7,10}
- Perianesthesia registered nurses will refrain from posting or commenting on any negative reflections of colleagues, employers, patients, or clinical situations in a public social media forum³
- Perianesthesia registered nurses will protect their personal information in public social media forums⁷
- Perianesthesia registered nurses will know and endorse facility policies and procedures related to social media, digital technology, and the use of personal devices in the workplace^{1,7,10}
- Perianesthesia registered nurses will know and endorse facility policies and procedures related to patient/family/visitor utilization of digital technology and the use of personal devices in patient care areas^{1,10}
- Clinical leadership will provide mechanisms to report any observed breach⁷
- Educational curriculum will support education providing principles of professionalism, privacy, and confidentiality
- Discernment for the reliability of information sources should be used when utilizing the Internet for medical information
- Perianesthesia registered nurses will refrain from using digital means of socializing during patient care and work hours³
- Perianesthesia registered nurses will maintain professional boundaries by avoiding connecting with patients via social media^{3,7,10}

Patient/Family Considerations:

- Patient/family use of technology can contribute to workflow interruptions
- Anticipate and acknowledge family utilization of devices
- Educate regarding facility policy (e.g., consents required for recording, videotaping, photography)

Expected Outcomes

ASPAN recognizes the added value that digital technology and social media brings to perianesthesia practice as well as the consequences that improper use of digital technology and social media can raise. Creating and maintaining a healthy work environment and relationship to digital technology and social media are essential priorities for perianesthesia registered nurses.



Approval of Statement

This statement was recommended by a vote of the ASPAN Board of Directors on April 13, 2013, and approved by a vote of the ASPAN Representative Assembly on April 14, 2013, in Chicago, Illinois.

This position statement was updated and revised at the October 2019 meeting of the Standards and Guidelines Strategic Work Team in Dallas, Texas.

REFERENCES

1. ECRI Institute. Judgment call: smartphone use in hospitals requires smart policies. *Health Devices*. 2012;41(10):314-29. Accessed July 14, 2020. https://www.ecri.org/components/HDJournal/Pages/hd201210guid_Smartphones.aspx?tab=2#
2. Holland TM. Mobile technology in nursing improves quality of care at hospitals. November 5, 2015. Accessed July 14, 2020. <https://insights.samsung.com/2015/11/05/mobile-technology-in-nursing-improves-quality-of-care-at-hospitals-whitepaper/>
3. Piscotty R, Martindell E, Karim M. Nurses' self-reported social media and mobile device use in the work setting. *Online J Nurs Inform*. 2016;20.
4. Balestra ML. Social media missteps could put your nursing license at risk. *Am Nurse Today*. 2018;13(3). Accessed July 14, 2020. <https://www.americannursetoday.com/social-media-nursing-license-risk/>
5. Bartholomew K. Not so smart: cell phone use hurts our patients and profession. *Am J Nurs*. 2018;118(6):11. <https://doi.org/10.1097/01.naj.0000534826.34492.e9>
6. Association of periOperative Registered Nurses. AORN position statement on managing distractions and noise during perioperative patient care. *AORN J*. 2014;99(1):22-26. <https://doi.org/10.1002/aorn.13064>
7. American Society of PeriAnesthesia Nurses. Principles of perianesthesia practice: perianesthesia standards for ethical practice. In: *2019-2020 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. ASPAN; 2018:10-13.
8. Cvach, M. Monitor alarm fatigue: an integrative review. *Biomedical Instrumentation Technology*. July/August 2012;46(4):268-277. <https://doi.org/10.2345/0899-8205-46.4.268>
9. Association for the Advancement of Medical Instrumentation. Clinical alarm management compendium. 2015. Accessed July 9, 2020. http://s3.amazonaws.com/rdcms-aami/files/production/public/FileDownloads/Foundation/Reports/Alarm_Compndium_2015.pdf
10. McBride D, LeVasseur SA, Li D. Nursing performance and mobile phone use: are nurses aware of their performance decrements? *JMIR Hum Factors*. 2015;2(1):e6 <https://dx.doi.org/10.2196%2Fhumanfactors.4070>

ADDITIONAL READING

American Nurses Association. *ANA's Principles for Social Networking and the Nurse: Guidance for Registered Nurses*. Nursesbooks.org; 2011. Accessed July 14, 2020. <https://www.nursingworld.org/~4af4f2/globalassets/docs/ana/ethics/social-networking.pdf>