Social Media in Senior Care: Friend or Foe?

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Social media and social networking have permeated the culture and everyday lives of people worldwide. Estimates suggest that about 5.2 billion people worldwide are actively using social media, including nearly three-fourths of Americans.[1]

The number and types of social media applications (apps) continue to proliferate at a rapid pace, further entrenching the technology in the reality of daily life. Various social platforms — such as Facebook, YouTube, X, Bluesky, LinkedIn, Instagram, Snapchat, and Pinterest — have become integral communication tools for both personal and business-related activities.

In the corporate world, companies and organizations that don't use social media are dwindling. Many organizations now use social media and networking sites for marketing, informational, educational, and recruitment purposes. For some, these platforms have even eclipsed or replaced traditional communication channels and strategies.

Although healthcare organizations typically have not been vanguards in the social media revolution — primarily because of patient privacy concerns — they have nevertheless found their way into the social sphere. Yet, through this experience, many organizations have realized that social media is both friend and foe, offering various benefits but also creating a range of new risks.

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This article focuses on social media in relation to one particular segment of healthcare — senior care. Like other types of healthcare settings, senior care organizations may find that social media is a double-edged sword. Striking a balance between the positive aspects and the potentially negative consequences of social media is challenging. However, with careful

consideration and proactive planning, senior care leaders, providers, and staff members can implement strategies to prevent potential harm and minimize liability exposure.

Social Media Benefits and Risks

The internet and social media are primary sources of information for the masses. Healthcare consumers are increasingly using online tools to research medical issues, choose their healthcare providers, and maintain their health. As a result, healthcare organizations' ability to harness digital technology has proven beneficial in many ways.

For senior care organizations, social media offers a quick and efficient way to disseminate information and connect with residents, their families, and others in the community. Organizations can use social media to increase awareness of important issues, bolster educational initiatives, and foster collaboration and support groups. From a marketing standpoint, social media tools — when used appropriately — can offer a savvy and cost-effective approach to promoting and advertising senior care services.

In ideal situations, social media is a win–win for all parties in the senior care realm, including administrators, practitioners, staff members, residents, and families. In reality though, social media has downsides. Misuse, lack of oversight, and gray areas in appropriate social media etiquette can threaten resident privacy; infringe on confidentiality; ripen conditions for bullying, abuse, and harassment; tarnish the reputations of senior care providers and facilities; and potentially lead to licensing and legal issues.

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A series of reports from *ProPublica* between 2015 and 2017 drew increased scrutiny of social media use in senior care organizations. The reports identified 65 incidents of inappropriate social media activities by nursing home, assisted living, and long-term care workers.[2] Among these incidents were examples of both egregious and inadvertent social media actions that resulted in resident harm, loss of dignity, and privacy breaches.

The number of incidents noted in *ProPublica's* reports might represent a low estimate of actual occurrences due to lack of reporting for a variety of reasons, including residents who suffer from dementia.

When reading examples of these social media lapses, one might wonder what led to these situations and the current state of digital "oversharing." Has social media shifted the moral and ethical compass of otherwise dedicated healthcare workers, or has it just brought to light inappropriate behavior that previously went undetected?

The answer is likely a combination of both circumstances. Because of its ease of use and casual nature, social media represents fertile ground for impulsive behavior. For example, in moments of frustration, healthcare workers might be apt to complain or "vent" online. They also might turn to social media to post information that they find interesting, humorous, sad, or unsavory. The ability to instantaneously post content and receive feedback is enticing on many levels. Further, some social app features, like time-limited posts and delete functions, convey a false sense of impermanence that might encourage behaviors that individuals would otherwise more carefully consider.

Little doubt exists as to whether social media has contributed to privacy concerns in healthcare. With the click of a button, a user can distribute information to a vast audience — a task that was much more complicated before the internet and social media became mainstays.

Social Media Lapses in Senior Care

- A nursing assistant took pictures of a resident's genitals and sent them to a friend, who uploaded the pictures to social media.

- A nursing home employee posted a video on social media of a resident with dementia without the resident's or family's permission.

- A nursing home housekeeper posted a resident's photo and name to social media without permission.

- A nursing assistant videotaped another employee slapping a resident in the face with a nylon strap and posted it on social media.

- Two nurses posted a picture of themselves on social media with a resident's chart visible in the background.

- A medical assistant at an assisted living facility secretly videotaped two residents having sex and posted it on social media.[3]

However, abuse and neglect in senior care organizations go back much further than the advent of social media. Some might even credit social media for exposing instances of elder mistreatment that would otherwise have gone

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unreported. These complex networks of "friends," "followers," and "connections" can increase the awareness of potentially inappropriate behaviors, making exposure more likely.

Although policing the social media activity of all senior care providers and staff members is unrealistic, organizational leaders can implement strategies to reduce the risk of inappropriate online activities, subsequent resident harm, and possible liability exposure. These strategies include developing social media policies, engaging in monitoring and oversight when possible, and providing staff training and education.

Social Media Policies

Developing clear and detailed social media policies is an initial and essential strategy for managing the potential risks that accompany online activities. Senior care organizations that do not have detailed social media policies should strongly consider putting them in place, even as a proactive measure in the absence of any incidents. Organizations that currently have policies in place should carefully review them to help identify any gaps or areas for improvement.

Risk Tip

Social media policies should be general enough to accommodate rapidly changing technologies, but specific enough to provide solid examples of risks and consequences. Senior care organizations should review their social media policies every 6–12 months to ensure they are adequate and current.

Social media policies should extend not only to employees, but also to consultants, contractors, volunteers, and other individuals that provide care and services on behalf of the organization.[4] Organizational leaders should ensure that all applicable parties are aware of the social media policies and their obligations to uphold them.

As part of social media policy development and review, senior care leaders should consider guidance and information related to resident privacy and confidentiality, use of personal

electronic devices (PEDs), online relationships with residents/families, use of facility-owned technology, and disciplinary actions.

Leaders might find it beneficial to have an attorney who is familiar with federal and state privacy laws help develop or review social media policies.

Resident Privacy and Confidentiality

Social media policies should build on the organization's existing standards for resident privacy and confidentiality. The policies also should take into account federal regulations (e.g., HIPAA and CMS Conditions of Participation), state privacy laws, and professional standards for the use of social media in healthcare.

The organization should advise workers to avoid posting or publishing any content on social media sites that contains resident details or identifying information, including resident names, nicknames, ages, locations, health conditions, etc. Even in the absence of such details, someone still might be able to identify a resident via a picture or video. For this reason, no one should post photos or videos without appropriate permission, including those from facility-sponsored events or activities.

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Senior care workers also should understand that commenting on, or responding to, a resident's or family member's social media post might violate privacy and confidentiality laws and standards. Although residents and their family members might reveal personal or sensitive information online, workers are still obligated to maintain residents' privacy. Social media policies that incorporate specific examples of privacy and confidentiality violations can help illustrate the scope of the issue.

Additionally, social media policies should reinforce the organization's nondisclosure agreements and stipulate that individuals "are not to disclose confidential, proprietary, trademarked or other non-public information."[5] The organization also should warn employees and others against using the organization's logo, graphics, trademarks, slogans, and other company-owned branding in their personal social media postings.

Use of Personal Electronic Devices

PEDs — such as smartphones, personal laptops, and tablets — are commonplace in today's society. Most of these devices have photographic, video-recording, and audio-recording capabilities.

Developing a policy that prohibits or restricts the use of PEDs during work hours can help prevent inappropriate use of these technologies and nonwork-related distractions that might lead to resident harm. Some senior care organizations may decide that, in today's connected society, complete prohibition of PEDs is unrealistic. In these cases, senior care leaders should carefully determine appropriate versus inappropriate use of the devices and educate workers accordingly.

Further, policies related to PEDs should be applied consistently across the organization to avoid disjointed standards or complaints of favoritism or discrimination.

Online Relationships With Residents/Families

In many instances, social media has blurred the boundaries and distinctions between personal and professional. The ability to quickly and easily connect with others has eroded some of the formal and traditional norms that previously existed between healthcare providers/staff and the individuals for whom they render care.

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Attempts to define appropriate versus inappropriate online connections between healthcare professionals and those they serve can be tricky due to the broad nature of social networking and workers' personal freedoms. Although senior care organizations cannot demand that workers refrain from friending, following, or connecting with residents and their families on social media, each organization's social media policy should advise against these social connections and remind workers of their professional roles in resident care and their obligations to protect residents' privacy.

Further, individuals representing themselves on social media as employees, consultants, contractors, or volunteers of the senior care organization should be asked to include a

disclaimer on their social media accounts that explains that their opinions and views do not represent the organization.

Senior care workers also should be aware of the dangers of posting online information that people might construe as medical advice. What might be intended as an offhand observation, opinion, or response could result in malpractice exposure for the worker and the organization.

Each organization's social media policies should describe these types of risks and the possible consequences as a rationale for the organization's standards and guidance.

Use of Facility-Owned Technology

Senior care organizations, like other healthcare organizations, are limited in their ability to control how employees and others affiliated with the organization use social media during their personal time.

Unless resident privacy is breached or other violations occur, individuals have the right to use social media to express personal thoughts and opinions. The National Labor Relations Board protects employees who exercise their right to speak out about the terms and conditions of their employment.[6]

However, senior care organizations can establish rules and limitations related to the use of facility-owned computers, cameras, and mobile devices. For example, organizations might decide to block some or all social media websites on their networks or create policies that prohibit personal use of email and social media during work hours. Employees should be aware that violation of these rules will result in disciplinary actions.

Organizational leaders also should remind workers that they should have no expectations of privacy for any information sent or received on facility-owned technology or via facility-supported networks (e.g., email, phones, and the internet).[7]

Disciplinary Actions

Social media policies should not only clearly define rules and standards for social media, but also the consequences of violating the rules. Employees and others affiliated with the organization should be aware of disciplinary actions that could result from social media violations, including suspension or termination.

The organization also should communicate about other serious consequences for social media violations, including the potential for civil penalties, criminal charges, board investigations, licensure actions, and negative media coverage. Specific examples, such as the ones offered in *ProPublica's* reports, might help reinforce the potentially catastrophic outcomes that could result from social media violations.

When social media violations occur, senior care leaders should ensure that disciplinary measures are implemented promptly and consistently across the organization.

Monitoring and Oversight

From an organizational perspective, monitoring and oversight of social media take on several different facets. First, as noted earlier, senior care leaders have limited ability to set standards for how workers use social media during their personal time — as long as that use does not violate laws.

Trying to monitor workers' social media activities to ensure compliance with federal and state laws and professional standards is near impossible due to the vast number of social networks, privacy settings, technological barriers, and time constraints. In some instances, organizations might decide to assign an appropriate individual or hire a vendor to monitor social media sites for inappropriate postings about the organization or its residents. However, even in these circumstances, limitations will occur due to the aforementioned issues.

A more beneficial application of monitoring and oversight is ensuring that social media policies are applied consistently across the organization. Lack of consistency can dilute the purpose of the policies and might invite noncompliant behaviors. Further, each organization's leadership team should monitor for prompt investigation

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of known or suspected social media violations as well as appropriate use of disciplinary action. If a violation involves a breach of resident confidentiality or privacy, the leadership team also must ensure that protocols for notifying residents/families and regulatory agencies are initiated and properly pursued.

Senior care organizations that are using social media for marketing, advertising, or communication purposes should monitor their organizational accounts to ensure content (a) is accurate, current, and objective; (b) meets the goals and mission of the organization; (c) has been through the proper review channels (as determined by organizational leadership); (d) does not violate resident confidentiality or privacy; and (e) includes appropriate standard disclaimers and disclosure language.

Training and Education

At the heart of any social media risk management strategy is training and education. For individuals to comply with social media policies, they must be knowledgeable about the organization's expectations and standards. Comprehensive training on social media policies should occur during orientation and periodically thereafter as part of in-service training and professional development.

Training should include a thorough review of the facility's social media, privacy, and confidentiality policies as well as a review of each individual's obligations under HIPAA and state privacy laws. Consequences for violating resident privacy and confidentiality also should be discussed as part of training, including disciplinary actions, state board investigations and sanctions, and civil and criminal penalties.

Facilities also may want to provide education related to social media myths and misinformation (see examples on the following page). Additionally, discussing a range of real-life social media violations that have occurred in senior care organizations might help facilitate better awareness and understanding among trainees.

Another important component of social media training is reminding employees and others affiliated with the organization of their duty to report any breaches of resident privacy/ confidentiality or other social media violations for which they are aware. Education should include the proper protocol for reporting (including an anonymous option) and a reminder of the potential consequences for failure to report.

Finally, senior care organizations should consider having anyone who participates in social media training sign an acknowledgement form to attest to their understanding and acceptance of the organization's social media policies.

Social Media Myths[8]
Myth: Most social media violations in healthcare are intentional and malicious acts.
Reality: Violations often are inadvertent or innocuous in intent, but they ultimately can still have negative consequences.
Myth: Social media messages or postings are private, and only the intended audience can access them.
Reality: Once a post is made, the author may no longer have control over how it is shared.
Myth: Deleted posts, including pictures and videos, have been permanently destroyed.
Reality: Even deleted items likely still exist on servers. Individuals should assume anything they post is never truly gone.
Myth: Sharing private information about residents is harmless if the intended recipient is the only person who receives it.
Reality: This type of sharing is still considered a breach of confidentiality.
Myth: Posting information about residents is acceptable as long as they are identified by only a nickname, room number, diagnosis, etc.
Reality: Even in the absence of residents' names, social media posts might include enough information to identify a person and violate their privacy and confidentiality.
Myth: Posting information that residents have already disclosed about themselves is not a privacy or confidentiality breach.
Reality: Regardless of what residents disclose about their medical status, treatment, or care, healthcare workers are still obligated to maintain privacy and confidentiality.

In Summary

Social media has revolutionized personal and business communication in ways difficult to imagine even 20 years ago. Dynamic and evolving, social media continues to present new and novel ways for people to interact. Although the merits of these interactions sometimes are debatable, the reality of social media as a commonplace communication tool is not.

Senior care organizations, employees, consultants, contractors, volunteers, residents, and families/caregivers are all likely participants in social media. Thus, senior care leaders must negotiate a fine balance between taking advantage of social media's benefits and remaining vigilant about its potential risks.

Developing detailed policies that address organizational standards and guidelines for social media use is a vital risk management strategy for senior care organizations. Leaders should monitor social media policies to ensure consistent implementation and compliance as well as to identify potential gaps.

Additionally, workers should receive comprehensive training on the organization's social media policies. Training will help support leadership's expectations, raise awareness of potentially problematic social media activities, and reinforce the organization's commitment to resident privacy and dignity.

Endnotes

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