



## **Utilizing Ethical Tenets and the Child Life Code of Ethics to Navigate Social Networking**

The purpose of this document is to provide support for child life specialists on how to ethically navigate social media and social networking. 72% of all individuals living in the United States use some type of social media (Pew Research Center, 2021). Social media is a platform for distributing information in a digital form (e.g., videos, blogs, newsletters) (Froehlich, 2020). Social networking is the process of connecting with others and engaging in mutual communication, which includes building followers, commenting on others' posts, and responding to others' comments (Froehlich, 2020). In other words, consumers receive information via social media and interact with others via social networking. Platforms, such as Facebook and Instagram, allow for both social media and social networking. For example, on one platform such as Facebook, a person may encounter social media when a trending article is shared and may encounter social networking as they engage in a post with someone following their page.

Social media and social networking can be a part of one's professional and personal life. For example, a person may have a personal Twitter account and a professional Twitter account. The personal account can be to interact with friends and share tweets related to hobbies while the professional one can be to interact with colleagues and share tweets related to their work. However, the line between professional and personal boundaries can be blurred quickly when using these tools (Cooper & Inglehearn, 2015). If a person identifies themselves as a Certified Child Life Specialist on a social media platform, anything they post can be viewed under the lens of representing child life specialists. This is when the question of "what social media should I post" comes to mind. It is important to remember that if a child life specialist identifies as a CCLS on their social media or social networking platform, items placed on their page (whether posted by them or by others) or groups they follow, can be interpreted as representing the field itself.

Professional boundaries keep the relationship between the child life specialist and a patient as a therapeutic relationship rather than a social one. Would accepting a patient's social network friend request shift the relationship to more of a social one? Wiener, Curm, Grady, and Merchant (2011, p. 103) state, "Spending time with family members, learning family history and values, and addressing day-to-day symptoms can lead to relationships that resemble pseudofamilies. Such closeness can be comforting for both practitioners and patients but can also put pressure on professional limits or boundaries, such as with friend requests." According to Cooper & Inglehearn (2015, p. 626), "In many ways, the nature of boundaries in social media is a little different from the nature of those in other areas of professional life: however, social media communication can happen at speed and the forming of relationships is less formal, has less hierarchy and the power differentials are less clear. Arguably, this means that professionals are more at risk from developing relationships where the boundary of professional relationships drifts from therapeutic, to social, to malign." Child life specialists need to consider how to maintain professional boundaries when engaging in social media and social networking, as it helps protect the therapeutic nature of their relationships with patients.

Questions and considerations that may come up when a child life specialist is determining how they want to engage in social media and social networking include:



- Who should I “friend” when social networking?
- How do I maintain confidentiality?
- What should I post on social media?
- How do I maintain privacy?
- Why am I seeking the information?
- Am I thinking about the safety of others who may see the post?

Answering these questions can be a complicated matter. First, child life specialists should familiarize themselves with their place of employment’s policies on social media and social networking. At minimum, child life specialists are expected to uphold the policies of their place of employment. After considering the employer’s policies, child life specialists can then use ethical tenets and the principles of the Child Life Code of Ethics to guide their engagement with social media and social networking.

## **Considering Ethical Tenets**

### **Nonmaleficence**

The ethical tenet of nonmaleficence describes the duty to do no harm, including both physical and emotional suffering. Child life specialists can use this tenet to reflect on if social media they disseminate has the potential to do harm. This includes being able to reflect on how others could receive information being distributed. In addition, child life specialists should consider how their interactions via social networking could cause harm. For example, the adolescent requesting social media “friend” status is accustomed to the child life specialist providing daily social interactions in the hospital. The child may continue to have the expectation of daily interactions with the acceptance of a friend status on social media, but doing so could create the false expectation of daily interactions that the child life specialist cannot uphold, in the end, causing more harm than good.

### **Respect**

Respect for persons is another ethical tenet that can be considered when navigating social media/ networking. Respect for persons means that each person has worth and deserves to be treated with dignity. Accepting a friend request could feel as though the child life specialist is demonstrating to a patient that they are worthwhile and valued, but there are several factors to consider. The definition of social networking includes the term, *mutual communication*. If a child life specialist accepts a friend request from a patient but has no intention of mutually communicating, then this could be viewed as a lack of respect. There is a need to consider respecting others in the type of information one chooses to disseminate. Child life specialists should reflect on how any material they share, like, or exchange in any way could be viewed as not respecting the dignity of ALL individuals, regardless of culture, age, gender, race, ethnicity, physical ability, sexual orientation, gender identity/expression, religious affiliation, veteran status, and socioeconomic status.

### **Justice**

Justice is the tenet that emphasizes the importance of being fair and providing people what they deserve. When considering social media, justice would suggest that need to share information from all viewpoints as a way to be fair. It would suggest that to be fair, impartial, and equitable, a child life specialist would treat all social networking requests the same, meaning if they network with one patient/family they should network with all patients/families who are interested in staying in touch, which would not be feasible over time.



Hospitals and organizations of employment often offer their own specific guidelines for employees to follow. Sometimes colleagues may or may not follow these guidelines making it even more difficult to know what to do. For example, a hospital may have a policy that clearly states employees are not to “friend” patients via social media. However, a member of the healthcare team who works closely with your patients always “friends” patients on social media. This may cause patients and their families to question the fairness of child life practice to not “friend” patients. In these circumstances, child life specialists should remember that policies are in place to protect both patients and employees and the fair response is to simply communicate the policy and reason for the policy.

### **Competence**

Competence is the ethical tenet that speaks to the ability to successfully perform. Child life specialists should consider if their social networking is for personal or professional reasons. Remember, personal social networking is often done to maintain one’s personal and work-life balance, which can help with competence. Child life specialists should also demonstrate competence in understanding and using social media platforms if they are using it as a part of their professional work. If a child life specialist is engaging in social media or social networking as a representative of the child life profession, competence highlights the importance of communicating accurate and evidence based knowledge that is within the child life scope of practice.

### **Considering the Child Life Code of Ethics**

#### **Child Life Code of Ethics Principle 4**

Principle 4 states, “Certified Child Life Specialists respect the privacy of children and families and maintain confidentiality within the standards and requirements of employers, local governing regulations, or private practice standards” (CLCC, 2020, p.1). When considering who to “friend” or not to “friend” on social media, a child life specialist should remember that patients and families are individuals who have full lives, much broader than what is observed in the healthcare setting. Child life specialists could be interested in the typical daily lives of patients and families; however, do child life specialists have a right to access such information just because they are interested in it? Principle 4 suggests that patients and families have the right for information about their lives outside of the healthcare setting to remain private.

#### **Child Life Code of Ethics Principle 10**

Principle 10 says, “Certified Child Life Specialists use integrity to assess and amend any personal relationships, social media exchanges, or situations that may interfere with their professional effectiveness or objectivity, or otherwise negatively impact the children and families they serve. Child life professionals ensure the conclusion of their professional role before any personal relationship is permitted to develop with children or the members of families they have served” (CLCC, 2020, p.2) Principle 10 reminds child life specialists to maintain the boundary between professional and personal life. Child life specialists should reflect on why this principle is provided. It is there to protect patients and families as well as the child life specialist. At times it can seem easy and well intentioned to engage with patients in the social networking world, but self-reflection of this principle reminds child life specialists that interpersonal exchanges between a patient and family should be done within the work environment. Doing so allows for



the child and family to benefit from the therapeutic relationship with the child life specialist and allows the child life specialist to maintain work-life balance.

### **Conclusion**

Child life specialists need to understand how to navigate difficult scenarios in an ethical manner. By utilizing employers' policies on social media, ethical tenets, and the Child Life Code of Ethics in daily interactions and reflections, child life specialists are striving towards best practices in their personal and professional lives, as well as serving patients and families to the best of their ability.

### **Tips for Navigating Social Media and Social Networking**

- Review and follow employer's policies. Then, further consider your professional code of conduct (i.e., ethical tenets and Child Life Code of Ethics) (Cooper & Inglehearn, 2015).
- Consider the best interest of the patient and family (Wiener et al., 2012).
- Know your audience when disseminating information and/or networking. As Cooper & Inglehearn (2015) state, "The ability to see oneself as others see you, through deliberate and thoughtful use of bounded behaviors is a critical digital skill." (p. 633)
- Reflect on whether you are identifying as a professional or individual with your use of social media/ networking (Cooper & Inglehearn, 2015).
- Plan out a rehearse responses for patients, families, and colleagues regarding their social networking requests (Wiener et al., 2012). Remember that response should include the need to abide by employer guidelines and the Child Life Code of Ethics.
- Remember online communications are far reaching and can be permanent (Kind, 2015). Seek guidance from professional mentors on how to navigate social networking using the ethical tenets and the Child Life Code of Ethics. The child life specialist should remember they have not only their employer's guidelines but also the Child Life Code of Ethics to abide by. As stated in the Child Life Code of Ethics (2020),

Certified Child Life Specialists subscribe to a body of ethical principles which are in accordance with the Association of Child Life Professionals' Child Life Mission, Values, and Vision Statements and Operating Principles and which are derived primarily for the benefit and protection of children (unless modified, children refers to infants, children and youth), and families in settings where the potential for damaging stress or trauma exists. (p.1)



## References

Child Life Certification Commission. (2020). *Child life code of ethics*.

<https://www.childlife.org/docs/default-source/certification/child-life-code-of-ethics.pdf?sfvrsn=2>.

Cooper, A. & Inglehearn, A. (2015). Perspectives: Managing professional boundaries and staying safe in digital space. *Journal of Research in Nursing*, 20(7), 625-633.

Froehlich, A. (2020, September 24). *What's the difference between social media and social networking?* <https://searchunifiedcommunications.techtarget.com/answer/Whats-the-difference-between-social-media-and-social-networking>

Kind, T. (2015). Professional guidelines for social media use: A starting point. *American Medical Association Journal of Ethics*, 17(5), 441-447.

Pew Research Center (2021). Social media fact sheet.

<https://www.pewresearch.org/internet/fact-sheet/social-media/>

Wiener, L., Crum, C., Grady, C., Merchant, M. (2012). To friend or not to friend: The use of social media in clinical oncology. *Journal of Oncology Practice*, 8(2). 103-106.  
10.1200/JOP.2011.000357