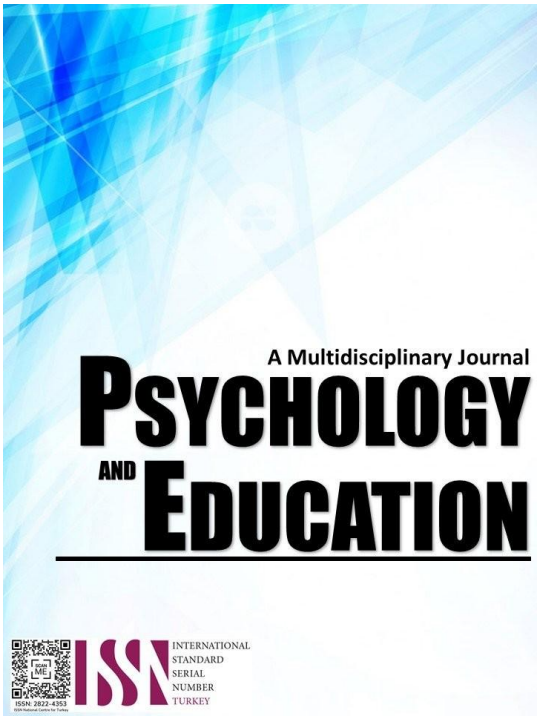
BRIDGING THE DIGITAL AND CLINICAL: OPPORTUNITIES AND ETHICAL DILEMMAS OF SOCIAL MEDIA USE AMONG HOSPITAL NURSES



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Research Article

Bridging the Digital and Clinical: Opportunities and Ethical Dilemmas of Social Media Use Among Hospital Nurses

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Abstract

This study specifically assessed the opportunities for social media use among hospital nurses. Specifically, it included the opportunities for social media use among hospital nurses, along with professional networking, patient education, and professional adjustment. It also considered the ethical dilemmas of social media use among hospital nurses. Further, the results of this study served as a basis for the proposed plan of activities or innovative program proposal. The study employed the descriptive method of research with the questionnaire as a data gathering tool to determine the opportunities and ethical dilemmas on social media use among hospital nurses in Eastern Pangasinan. The study was conducted among eighty hospital nurses in Eastern Pangasinan. The questionnaire was distributed and retrieved personally, through a colleague, and through Google Forms. The study used frequency counts, weighted mean, t-test, and Pearson's r Product-Moment Correlation Coefficient. The respondents were predominantly females (45 or 56.3%) with (67.5%) were within the 31-40 age bracket. A slight majority (52.5%) of the respondents were married, (60%) held a bachelor's degree, and a large majority (80%) of the nurses had been in service for more than four years. All respondents reported using Facebook and Messenger, while more than half (56.3%) used Instagram, and a smaller portion engaged with TikTok (31.3%) and X/Twitter (18.8%). The majority of the respondents (75%) were identified as Roman Catholic, 34 or 42.5% have attended district trainings, and 65% worked in public hospitals. The nurses find it seldom and slightly agree on the opportunities for social media use among hospital nurses with respect to professional networking, patient education, and professional adjustment. Likewise, the nurses find it seldom and slightly agree on the ethical dilemmas of social media use among the hospital nurses. However, it was found that there is a significant difference in the opportunities for social media use among hospital nurses across the profile variables, civil status, and social media application used by the nurses. Further, there are significant relationships between the opportunities for social media use among hospital nurses and their profile variables, civil status, and the social media application used.

Keywords: *opportunities, social media use, ethical dilemma, digital, clinical*

Introduction

Nurses play a crucial role in promoting better health, preventing health issues, and delivering care to every patient. Hence, update nurses with the latest methods, knowledge, and skills to respond effectively to these given roles. In the rapidly evolving nursing environment, one of the updated ways to deliver patient care is through social media platforms. Social media platforms have become integral to communication and information exchange in various sectors, including healthcare. For nurses, these platforms offer opportunities for professional networking, access to clinical updates, and enhanced patient care through knowledge sharing.

Social media encompasses various online tools, including web logs, Websites, Message boards, Short message services, and Social networking sites (Korda, 2023). Research gaps exist regarding the strategic use of social media, particularly in advancing audience segmentation, evaluating its impact on health interventions, understanding the effects of health identity development, and addressing privacy concerns. Health institutions include government health agencies and nongovernmental health organizations such as the World Health Organization. The review shows that health institutions primarily use social media for infoveillance, disseminating health information, combating misinformation, implementing health interventions, and facilitating social mobilization. Infoveillance is the application of infodemiology with a primary aim of surveillance, involving the monitoring and analysis of unstructured information available on the internet to inform public health and public policy. Analysis of social media can predict the future onset of illness for individual users. Social media data can be analyzed to predict infectious disease outbreaks within a population, as was observed during the COVID-19 pandemic. Social media posts can offer valuable insights into the public's cognitive and behavioral responses to health-related issues (Chen, 2021).

Social media applications are widely available, free or low-cost, and not limited by geographic or temporal boundaries. In the United States, nearly 70% of adults use at least one social media platform. The most frequent users of social media are those aged 18-29; however, the number of older users has continued to increase, particularly among those aged 30-49. While use of social media is equally frequent across racial and sex groups, it remains most common among those with some college education. More than half of adults in the United States use social media to obtain health care information, and expect this trend to continue growing. Among the many social media applications, health care systems most commonly use Facebook and YouTube for marketing; Twitter, LinkedIn, Instagram, and blogs play an important role in professional communities.

Social media is the most widely used platform for sharing information and staying in touch with people. It dramatically increases the

use of the internet and social media applications in the health system. Also, there is a rise in the use of social media among healthcare professionals. A survey of more than 4,000 healthcare workers conducted by Ferguson et al. found that over 90% use social media for personal activities. Only 65% of the participants use these sites for professional reasons. The use of the internet and social media applications has a positive impact on the healthcare system. It is considered a means to share health information, discuss health issues, communicate with patients, promote primary healthcare behaviors, and can be a valuable tool for collaboration. It enables healthcare professionals to engage in dialogue with colleagues and peers and keeps them informed about recent developments in the field. Healthcare professionals, including physicians and nurses, can also use the internet and social media applications to enhance health outcomes, build professional networks, increase awareness of discoveries, communicate with patients during care delivery, and provide health information to the community (Ahmead et al., 2022).

Further, the study of Khan et al. (2021) on social media use in healthcare found that a large percentage of healthcare quality professionals utilized social media networks. A significant proportion of nurses use online medical forums to enhance their education. A large portion of the sample was unaware of the hospital's policy on social media use. Further education is needed to ensure proper use of social media in the hospital setting. They found that 75% of healthcare workers used social media while at work. A separate study found that 91% of medical professionals used social media during their work, while another study reported that 87% of healthcare professionals did so. Online media can also be a significant workplace distraction.

Furthermore, the study by Kazemi et al. (2022) examined a sample of nurses with prior experience receiving social media and in-person education. It identified preferences and three emerging themes: approaches to nursing education and its adoption in the health system; achieving effectiveness and efficiency in nursing education; healthcare policy; and facilitating pathways for nursing education. Participants identified several barriers to attending an educational program, including lack of motivation, excessive workload, time constraints, and hospital politics. They have concluded that the overall findings suggest that, regardless of the educational methods employed, nurses cannot actively engage in educational interventions while on duty. However, the findings suggest that nurses believe the social media approach may be superior in reducing barriers and enhancing the effectiveness of educational interventions.

Moreover, Gamor (2023) conducted a study on social media adaptation among nurses and found that social media helps disseminate and receive information, facilitating professional development, and enhancing referral networks. Participants believe that aside from its usefulness, the applications are easy to navigate, clear and understandable to use, and do not involve much mental effort. Some participants also believe that inaccurate information, privacy and confidentiality concerns, distraction, and addiction are some potential risks associated with its usage in nursing practice. As a result, some participants developed a negative attitude towards its use.

As the world continues to advance technologically, social media (SM) is becoming an essential part of the lives of billions of people worldwide and is affecting almost every industry imaginable. As the world is becoming more digitally oriented, the health care industry is increasingly visualizing SM as an essential channel for health care promotion, employment, recruiting new patients, marketing for health care providers (HCPs), building a better brand name, and Multidimensional health care, including the pairing of health care with SM and other forms of communication, is very successful. Striking the right balance between digital and traditional healthcare is crucial (Farsi, 2021).

Social media has changed the way the world provides and receives information. Social networking sites, such as Facebook, Twitter, and Instagram, enable account users to post information, which other account users can then share on the same platform. The sheer volume of information posted continuously makes it impossible to implement any semblance of real-time fact-checking or verification. As such, misinformation and disinformation spread all too easily. However, these same social networking sites also allow for unprecedented ability to connect with others from across the globe. Social media can be a positive force for patients as they seek information and social connections with others who understand their ordeal, particularly for those with rare conditions. Research and literature on the impact of social media on various aspects of healthcare first began in earnest in 2010 and has since increased exponentially.

Social media generally refers to internet-based platforms that allow individuals and communities to share information. It can present the information in various forms, including text, videos, and hyperlinks to websites or other online resources. Social networking sites enable users to create individual profiles that display searchable information about their accounts, allowing other users to find and follow them. Facebook is the world's most popular social networking site with over 1 billion users worldwide. Other examples of social media include professional networking platforms (such as LinkedIn), media-sharing sites (such as YouTube), and knowledge-based or information-aggregation sites (such as Wikipedia) (Patrick et al., 2022).

In light of the aforementioned citations, the researcher conducted a study that aimed to bridge the digital and clinical worlds, examining opportunities and ethical dilemmas in social media use among nurses in selected public and private hospitals in the 5th and 6th districts of Pangasinan. This study specifically assessed nurses' profiles, including their use of social media in the hospital setting. It proposed an innovative program to enhance the use of social media in patient care. Further, it sought to identify significant differences and relationships that served as a basis for recommendations to improve the utilization of social media among nurses.

Research Questions

The study identified the opportunities and ethical dilemmas associated with social media use among nurses in selected hospitals in Eastern Pangasinan. Specifically, the study answered the following questions:

1. What is the profile of the respondents along the following:
    1.1. sex;
    1.2. civil status;
    1.3. age;
    1.4. highest educational attainment;
    1.5. number of years in service;
    1.6. religion;
    1.7. social media platform used;
    1.8. type of hospital; and
    1.9. relevant trainings attended?
2. What are the opportunities for social media use among hospital nurses:
    2.1. professional networking;
    2.2. patient education; and
    2.3. professional adjustment?
3. What are the ethical dilemmas of social media use as perceived by the hospital nurses?
4. Is there a significant difference in the opportunities for social media use among hospital nurses across the respondents' profile variables?
5. Is there a significant relationship between the opportunities for social media use among hospital nurses and the respondents' profile variables?
6. What innovative program is proposed to enhance nurses' social media use?

Methodology

Research Design

The study employed a descriptive research method, using a questionnaire as a data-gathering tool, to determine the opportunities and ethical dilemmas associated with social media use among nurses in Eastern Pangasinan. Descriptive research is proper when the goal is to discover traits, frequencies, trends, and categories, as noted by McCombes (2019). The descriptive survey method enables the researcher to collect information, describe the respondents' demographics, and ascertain their impressions of the consequences. Thus, it often combines description with comparison and contrast involving the measurements, classifications, interpretation, and evaluation.

The descriptive method of research helps provide answers to the questions of who, what, when, where, and how associated with a particular research problem; a descriptive study cannot conclusively answer why. Descriptive research uses information concerning the current status of the phenomena to describe "what exists" with respect to variables or conditions in a situation (Betensky, 2015). With this in mind, the descriptive research method is suitable for this study because it seeks answers to a specific problem and describes the relevant variables. This research method involves comparison or contrast, aiming to identify significant differences and relationships among existing variables. This study secured evidence concerning current or existing situations. The study employed the standard survey method using a questionnaire. The researcher prepared the questionnaire to ensure that respondents and readers can easily understand the information contained in the data. The questionnaire was distributed and collected from respondents personally, through a colleague, and via Google Forms.

Respondents

The respondents of this study included eighty (80) nurses from public and private hospitals in the 5th and 6th districts of Pangasinan. It designs the involvement of nurses from different hospitals, representing the experiences of nurses from the hospitals in the two districts. The study locale is selected because the researcher is a part of the 6th district and previously worked as a Staff nurse in a hospital. The conduct of the study was during the first semester of the 2025-2026 academic year.

Instrument

This study employed a survey questionnaire as a data collection tool. Part I of the questionnaire included a checklist of the personal and professional attributes of the respondent-nurses, including age, sex, civil status, highest educational attainment, number of years in service, social media application used, religion, type of hospital where the nurses work, and relevant trainings attended. Part II included indicators related to the opportunities and ethical dilemmas associated with social media use among nurses. Details related and necessary to the use of social media were prepared based on the researcher's experiences, observations, and readings. The questionnaire items used a five-point Likert-type response scale.

The questionnaire was carefully prepared by the researcher based on his observations of hospital processes, particularly the use of

social media for healthcare provision. The questionnaire was evaluated and refined by members of the researcher's panel and other research experts. The basis of the finalization of the questionnaire was the suggestions of the committee. There is a refinement of the questionnaire after the oral examination and the committee's approval. A questionnaire is a primary tool for gathering data. The questionnaire was piloted and validated by two (2) research experts and three (3) nurses who were not part of the actual set of respondents. The questionnaire was validated to ensure that each question is clearly understood and reflects the experiences of the study's actual respondents. It ensured that respondents did not have difficulty answering the questionnaire and that the data gathered were valid and reliable. The recommendations and suggestions of the research experts were included in the final draft. It also included the comments of the Oral Examination Committee.

Procedure

The researcher implemented the study after obtaining permission from the hospital authorities. The researcher sought authorization and approval from the respondent nurses to include them in this study. Likewise, the researcher established proper coordination with the nurses before distributing the questionnaire. Further, the researcher obtained informed consent from the nurses before data collection. Data gathering was scheduled based on the participants' availability and convenience. Moreover, the researcher assured utmost confidentiality to the respondents before answering the questionnaire.

The researcher retrieved the same questionnaire and responses personally, through a colleague, and through Google Forms. The researcher clearly explained the purpose and objectives of the study. The researcher assured the respondents that their answers would not be revealed to anyone so as to avoid inhibitions in completing the questionnaire. The researcher safeguarded and secured personal information obtained during data collection in accordance with the Data Privacy Act (RA10173). The respondents chose their preferred response by checking the appropriate box.

Data Analysis

The questionnaire data were analyzed using appropriate tools to address the study's specific problems. The data were organized, tabulated, and presented in textual and tabular form. The first problem in the respondents' profiles, who are all nurses, was studied using frequency counts and percentages. For problem number 2, the researcher used the weighted mean to determine the opportunities for social media use among nurses from the selected hospitals in the 5th and 6th districts in Pangasinan. For problem number 3, the researcher used the weighted mean to determine ethical dilemmas on social media use among nurses. To examine significant differences in the challenges and opportunities of social media use among nurses across respondents' profile variables, the researcher employed the t-test and ANOVA. To examine the significant relationship between the challenges and opportunities of social media use among nurses and the respondents' profile variables, the researcher employed the Pearson r Product-Moment Correlation Coefficient. The study's data were processed, organized, and summarized using the Statistical Package for the Social Sciences (SPSS 26).

Ethical Considerations

The researcher ensured that the study met ethical precautions and procedures. Throughout the study, the researcher considered and followed ethical precautions.

The researcher treated the respondents as autonomous agents with the right to self-determination and the freedom to participate in or decline to participate in the research. It upheld respect for individuals and regarded each one as autonomous, anonymous, and private, with the right to self-preservation and the freedom to choose whether or not to participate in the study. It accorded utmost respect to hospitals that have not responded to this study. The researcher endeavored to treat the subjects fairly regarding the benefits and risks associated with the research. The researcher strictly adhered to the principles of fairness and transparency. The researcher granted the respondents their right to privacy and the use of free will to determine the time, extent, and general circumstances under which their private information would be shared, with or without assistance. The researcher respected the respondents' right to exercise free will and their right to privacy, and protected any personal data and private information provided with utmost care and strict confidentiality.

Results and Discussion

This section presents the data gathered, the statistical analyses, and the interpretation of salient findings. Results are organized in tabular form and sequenced according to the specific research problems they address.

Profile of the Respondents

Table 1. *Frequency and Percentage Distribution of Respondents across the Profile Variables Sex, Age, Civil Status, Highest Educational Attainment, and Years in Service*

Variable	*Variable Category*	*Frequency*	*Percent*
Sex	Male	35	43.8
	Female	45	56.3
	Total	80	100.0
Age	30 and below	11	13.8
	31-40	54	67.5

	41-50	9	11.3
	51 and above	6	7.5
	Total	80	100
Civil Status	Single	38	47.5
	Married	42	52.5
	Total	80	100
Highest Educational Attainment	Bachelor's Degree	48	60.0
	Master's Unit Earner	4	5.0
	Master's Degree Holder	23	28.7
	Doctoral Unit Earner	5	6.3
	Total	80	100
Number of Years in Service	1-3 years	16	20.0
	4 years & above	64	80.0
	Total	80	100.0

Sex. The respondents were predominantly female (45, 56.3%), while males constituted 43.8% (35). The result reflects the traditional gender distribution in the nursing profession, which remains female-dominated. However, the result also indicates a gradual shift toward gender diversity in the field due to the increasing number of males in nursing.

Age. The majority of the respondents (67.5%) were within the 31-40 age bracket. The result suggests that most respondents are in mid-career, having gained substantial professional experience and competence in hospital or healthcare settings. The presence of younger (13.8%) and older (18%) nurses also indicates a balanced workforce across age groups.

Civil Status. A slight majority (52.5%) of the respondents were married, while 47.5% were single. This finding implies that most nurses have family responsibilities, which may influence their work-life balance and professional priorities in the hospital setting.

Highest Educational Attainment. Most respondents (60%) held a bachelor's degree, followed by 28.7% who had completed a master's degree; only a few respondents are doctoral degree holders (6.3%). The findings indicate that a considerable proportion remain at the undergraduate level, even if there are nurses who have pursued advanced studies. The result may reflect challenges such as limited access to graduate education or competing personal and professional obligations.

Number of Years in Service. A large majority (80%) of the nurses had been in service for more than 4 years, while 20% had 1 to 3 years of experience. This shows that most respondents have already developed significant expertise in hospital services, which contributes to their adaptability and competence in clinical environments.

Table 2. *Frequency and Percentage Distribution of Respondents According to the Type of Social Media Used, Religion, Relevant Trainings Attended, and Type of Hospital*

Variable	*Variable Category*	*Frequency*	*Percent*
Type of Social Media Application Used	LinkedIn	5	6.3
	Messenger/Facebook	65	81.3
	Google	5	6.3
	Email	5	6.3
	Total	80	100.0
Religion	Catholic	48	60.0
	Iglesia Ni Cristo	12	15.0
	Church of the Latter-day Saints	5	6.3
	Others	6	18.7
	Total	80	100
Relevant Trainings Attended	National	16	20.0
	Provincial	30	37.5
	District	34	42.5
	Total	80	100
Type of Hospital	Government	59	73.7
	Private	21	26.3
	Total	80	100

Type of Social Media Used. All respondents reported using Facebook and Messenger, while more than half (56.3%) used Instagram, and a smaller portion used TikTok (31.3%) and X/Twitter (18.8%). This finding coincides with the study of Statista (2024), which highlights the widespread use of Facebook and Messenger among Filipino nurses, aligning with national digital trends in which these platforms dominate communication and professional networking.

Religion. The majority of respondents (75%) identified as Roman Catholic. This result shows that Roman Catholic is the Philippines' predominant religious affiliation. Religion often shapes ethical perspectives, and this cultural backdrop may influence how nurses perceive professionalism and moral conduct in social media interactions.

Relevant Trainings Attended. The majority of the respondents, 34 or 42.5 percent, have attended district trainings. 30 or 37.5 percent have attended provincial trainings, and 16 or 20.0 percent have attended national trainings.

The results show that the majority of respondents have attended district trainings, a significant number have attended provincial trainings, and some have attended national trainings—the different levels of training equipped nurses with the necessary knowledge and skills to adapt to their workplaces.

Type of Hospital. The majority (65%) of nurses worked in public hospitals, while 35% in private hospitals. This distribution ensures balanced representation across institutional contexts, which may influence social media practices and ethical standards through differing administrative protocols and digital policies.

Opportunities in Social Media Use Among Hospital Nurses

Tables 3, 4, and 5 present opportunities for hospital nurses to use social media for professional networking, patient education, and professional development.

Opportunities in Social Media Use of Hospital Nurses Along with Professional Networking

Table 3 presents the opportunities for hospital nurses to utilize social media and engage in professional networking.

Table 3. *Opportunities in Social Media Use of Hospital Nurses Along Professional Networking*

Indicators *Social media use*	*Mean*	*Descriptive Equivalent*
1. Provides education for nurses through professional networks	2.19	Seldom
2. Can attract collaboration on research projects and practices, access and share trending research findings, and medical knowledge	2.19	Seldom
3. May serve as public health surveillance to track diseases or outbreaks	2.14	Seldom
4. Promotes public health by disseminating trustworthy information on diseases, wellness, and treatments	1.93	Seldom
5. Provides a platform to network, collaborate, and positively promote the nursing profession	1.89	Seldom
6. Can provide remote medical services, appointments, and patient inquiries	1.88	Seldom
7. Can be used to monitor health-related trends and stay updated on their progress	1.87	Seldom
8. Is a venue for promoting the hospital's credibility and all its services	1.87	Seldom
Overall Weighted Mean	2.00	Seldom

Legend: Descriptive Equivalent and Transmuted Rating — 4.50–5.00: Always, Strongly Agree; 3.50–4.49: Often, Agree; 2.50–3.49: Sometimes, Moderately Agree; 1.50–2.49: Seldom, Slightly Agree; 1.00–1.49: Never, Disagree.

Table 3 results indicate that opportunities for hospital nurses to utilize social media for professional networking are scarce, as evidenced by the overall weighted mean of 2.00. The result means that the respondent nurses perceived that opportunities for hospital nurses to use social media, particularly for professional networking, are scarce, and that they slightly agree with its use for hospital services.

Furthermore, all the indicators in Table 3 regarding opportunities in social media use by hospital nurses, along with professional networking, are seldom used by the respondents. The result means that nurses have been slightly more likely to use social media. In contrast to the findings of this study, the study of Korda (2023) oppositely highlighted the utilization of social media in health promotion, which encompasses various online tools, including Web Logs, Websites, Message Boards, Short Message Services (SMS), and Social Networking Sites, among others. This contradiction implies that while some hospitals use social media in their operations, others still do not see it as a vital tool for nurses and for hospital services, particularly healthcare.

The following are opportunities in social media use by hospital nurses, particularly in providing education for nurses through professional networks, attracting collaboration on research projects and practices, and accessing and sharing trending research findings and medical knowledge, all of which have the highest mean of 2.19. Likewise, social media use may serve as public health surveillance to track diseases or outbreaks, 2.14 mean; social media use promotes public health by disseminating trustworthy information on diseases, wellness and treatments, 1.93 mean; social media use provides a platform to network, collaborate and positively promote the nursing profession, 1.89 mean; social media use can provide remote medical services, appointments, and patient inquiries, 1.88 mean; social media use can be used to monitor health related trends and stay updated on their progress, and also a venue for promoting the hospital's credibility and all its services, both at 1.87 mean;

Opportunities in Social Media Use Among Hospital Nurses for Patient Education

Table 4 presents opportunities for hospital nurses to use social media for patient education.

Table 4. *Opportunities in Social Media Use by Hospital Nurses for Patient Education*

Indicators *Social media use*	*Mean*	*Descriptive Equivalent*
1. offers support through online engagement to patients	2.40	Seldom
2. provides a platform to share stories to build trust and connection	2.28	Seldom
3. can provide more detailed information on diseases and treatments	2.00	Seldom
4. allows nurses to amplify their voices while sharing invaluable insights and contributing to healthcare	1.99	Seldom

reform efforts and public health education		
5. provides greater access to information	1.94	Seldom
6. motivates patients and provides health information to the community	1.94	Seldom
7. increases personal awareness of new health trends and discoveries	1.70	Seldom
8. improves clinical education and patients' health promotion	1.70	Seldom
Overall Weighted Mean	1.99	Seldom

Legend: Descriptive Equivalent and Transmuted Rating — 4.50–5.00: Always, Strongly Agree; 3.50–4.49: Often, Agree; 2.50–3.49: Sometimes, Moderately Agree; 1.50–2.49: Seldom, Slightly Agree; 1.00–1.49: Never, Disagree.

Table 4 results indicate that opportunities for hospital nurses to utilize social media for patient education are scarce, as evidenced by the overall weighted mean of 1.99. The result means that the respondent nurses perceived the opportunities for hospital nurses to use social media for patient education as limited, and they slightly agreed with the opportunities provided for its use in hospital services. Wulandari (2022) emphasizes the importance of educating nurses about their patients' cultural diversity. Such training tends to reduce nurses' response time to patients' needs, while making overall care more sensitive and effective.

Furthermore, the respondents rarely use the opportunities for hospital nurses to use social media for patient education. The result means that nurses have been slightly more likely to use social media.

The following are seldom practiced by nurses, particularly in offering online support to patients, with the highest mean being 2.40. Likewise, social media use provides a platform to share stories to build trust and connection, 2.28 mean; social media use can provide more detailed information on diseases and treatments, 2.00 mean; social media allows nurses to amplify their voices while sharing invaluable insights and contributing to healthcare reform efforts and public health education, 1.99 mean; social media use provides greater access to information, and motivates patients, and provide health information to the community, both at 1.94 mean; and social media use increases personal awareness of new health trends and discoveries, and improves clinical education and patients' health promotion, both at 1.70 mean.

Along with this result is the study by Chen (2021), which utilized social media data to predict infectious disease outbreaks within populations, such as during the COVID-19 outbreak. Social media posts can offer valuable insights into the public's cognitive and behavioral responses to health-related issues. Thus, the results of the present study show that nurses do not use social media to communicate healthcare and hospital services.

Opportunities in Social Media Use Among Hospital Nurses and Professional Adjustment

Table 5 presents the opportunities for social media use among hospital nurses, along with their professional adjustment.

Table 5. *Opportunities in Social Media Use of Hospital Nurses Along with Professional Adjustment*

Indicators *Social media use*	*Mean*	*Descriptive Equivalent*
1. Improves clinical education and patients' health promotion and information to the community	2.13	Seldom
2. Enhances patient engagement and response	2.11	Seldom
3. Provides nurses with the opportunity to provide health care through an online platform	1.99	Seldom
4. Increases awareness of news and discoveries, and potentially improves health outcomes	1.99	Seldom
5. Provides nurses with a forum to collaborate and communicate positively with their patients	1.98	Seldom
6. Can facilitate support groups and build patient loyalty and trust	1.98	Seldom
7. Allows nurses to contribute to and resolve healthcare issues and concerns	1.84	Seldom
8. Improves communication with patients and other health care providers	1.61	Seldom
Overall Weighted Mean	1.95	Seldom

Legend: Descriptive Equivalent and Transmuted Rating — 4.50–5.00: Always, Strongly Agree; 3.50–4.49: Often, Agree; 2.50–3.49: Sometimes, Moderately Agree; 1.50–2.49: Seldom, Slightly Agree; 1.00–1.49: Never, Disagree.

Table 5 results indicate that opportunities for social media use among hospital nurses, along with professional adjustment, are infrequent, as noted in an overall weighted mean of 1.95. The result means that the respondent nurses perceived that the opportunities for social media use among hospital nurses, along with professional adjustment, are seldom, and that they slightly agree on the opportunities given for its use in hospital services.

Notwithstanding this result, Ahmead et al. (2022) stated that the use of the internet and social media applications has a positive impact on the healthcare system. It is a means to share health information, discuss health issues, communicate with patients, promote primary health care behaviors, and can be a valuable tool for collaboration. It enables healthcare professionals to engage in dialogue with colleagues and peers and keeps them informed about recent developments in the field.

Healthcare professionals can also use the internet and social media to enhance health outcomes, build professional networks, increase awareness of discoveries, and more. The results of the present study suggest minimal use of social media in healthcare and hospital communication with patients.

Furthermore, all the indicators in Table 5 regarding opportunities in social media use by hospital nurses, along with professional adjustment, are seldom used by the respondents. The result means that nurses have only begun to explore opportunities to use social media in hospital services.

The following are seldom practiced by nurses, particularly in improving clinical education, promoting patients' health, and providing information to the community, which received the highest mean of 2.13. Likewise, social media use enhances patient engagement and response, 2.11 mean; social media use provides nurses the opportunity to provide health care through an online platform, and increases awareness of news and discoveries, and potentially improves health outcomes, both at 1.99 mean; social media provides nurses with a forum to collaborate and communicate positively to their patients, and can facilitate support groups and build patient loyalty and trust, both 1.98 mean; social media use allows nurses to contribute and resolve healthcare issues and concerns, 1.84 mean; and social media use improves communication to patients and other health care providers, 1.61 mean.

Ethical Dilemmas in Social Media Use as Perceived by the Hospital Nurses

Table 6 presents the ethical dilemmas in social media use as perceived by the hospital nurses.

Table 6. *Ethical Dilemmas in Social Media Use as Perceived by the Hospital Nurses*

Indicators *Social media use*	*Mean*	*Descriptive Equivalent*
1. Complex and sometimes unclear employer guidelines regarding social media use and content	2.08	Seldom
2. Can cause anxiety and a negative impact on the patient's mental health	1.99	Seldom
3. Results in difficulty of separating personal life from professional image on social media, potentially leading to inappropriate posts or comments	1.95	Seldom
4. May violate the data privacy of patients	1.88	Seldom
5. May cause the spread of misinformation and mishandling of data	1.86	Seldom
6. Can lead to users and patients' ignorance of potential risks of health information disclosure; inaccurate medical advice; adverse health consequences; negative health behaviors	1.86	Seldom
7. Can be a venue for sharing unverified medical information or giving medical advice online without proper context	1.81	Seldom
8. There is a potential for online harassment or negative comments from patients, colleagues, or the public	1.81	Seldom
9. Negatively impacts nurses' professional image and credibility	1.80	Seldom
10. Can result in a lack of privacy and confidentiality	1.66	Seldom
Overall Weighted Mean	1.87	Seldom

Legend: Descriptive Equivalent and Transmuted Rating — 4.50–5.00: Always, Strongly Agree; 3.50–4.49: Often, Agree; 2.50–3.49: Sometimes, Moderately Agree; 1.50–2.49: Seldom, Slightly Agree; 1.00–1.49: Never, Disagree.

Table 6 results indicate that hospital nurses perceive ethical dilemmas in social media use as seldom, as evidenced by the overall weighted mean of 1.87. The result means the respondents slightly agree with the moral dilemmas posed by social media use among nurses in hospitals.

In contrast, according to Busi et al. (2021), social media has transformed personal lives, raising significant ethical questions for nurses and other healthcare professionals. Existing ethical principles and norms of professional communication can and should serve as the framework for guiding the skilled use of social media by nurses and other clinicians. The results of the present study show that the use of social media applications is not widespread and may not even bother nurses enough to prevent them from using them.

Furthermore, the respondents perceived that using social media in the face of complex, sometimes unclear employer guidelines on social media use and content presented an ethical dilemma, with a mean of 2.08 being the highest. The lowest mean, 1.66, occurs in instances of ethical dilemmas where social media use can lead to a lack of privacy and confidentiality. These results suggest that nurses rarely encounter ethical dilemmas related to social media use and that they slightly agree that such dilemmas occur in hospitals.

Mean Differences of the Opportunities on Social Media Use Among Hospital Nurses across the Variable, Sex

Table 7 presents the t-test results for the mean differences in opportunities for social media use among hospital nurses, categorized by sex.

Table 7. *T-Test Results on the Mean Differences of the Opportunities on Social Media Use Among Hospital Nurses across the Variable, Sex*

Dependent Variable	*Levene's Test for Equality of Variances*		*Variable Category*	*N*	*Mean*	*Mean Difference*	*Std. Error Difference*	*t*	*df*	*Sig. (2-tailed)*
	F	t								
Professional Networking	.035	.852	male	35	2.1137	.20638	.16667	1.238	78	.219
			female	45	1.9073					
Patient Education	.055	.815	male	35	2.0020	.01400	.14159	.099	78	.921
			female	45	2.9880					
Professional Adjustment	11.028	.001	male	35	2.0457	.16171	.16003	1.011	78	.315
			female	45	1.8840					

**Significant at the 0.05 level.*

The data show that the t-values (t = 1.238 for professional networking, 0.099 for patient education, and 1.011 for professional adjustment) yielded p-values of 0.219, 0.921, and 0.315, respectively, for the variable sex. It is not significant at the 0.05 alpha level

of significance set in this study. For the test of equality of variances, the data indicate that for professional adjustment, F = 11.028 yielded a p-value of 0.001. This result means that, as per professional adjustment, there is a significant difference with respect to sex. This implies that most females seize the opportunities in utilizing social media as they perform their profession.

Moreover, this result aligns with the study of Ibrahim et al. (2020), concluding that the social media platform was effective in enabling female physicians to expand networks, exchange ideas, share scientific information, celebrate accomplishments, and provide support to colleagues. Creating a social media forum for women physicians may be an effective tool to foster a network of support and community.

Differences in the Opportunities on Social Media Use Among Hospital Nurses across the Variable, Age

Table 8 presents the ANOVA results for the mean differences in opportunities for social media use among hospital nurses by age.

Table 8. *ANOVA Results on the Opportunities for Social Media Use Among Hospital Nurses across the Variable, Age*

Dependent Variable	*Source of Variation*	*Sum of Squares*	*df*	*Mean Square*	*F*	*Sig.*
Professional Networking	Between Groups	1.098	3	.366	.656	.582
	Within Groups	42.397	76	.58		
	Total	43.495	79			
Patient Education	Between Groups	.717	3	.239	.604	.615
	Within Groups	30.075	76	.396		
	Total	30.791	79			
Professional Adjustment	Between Groups	.386	3	.129	.248	.862
	Within Groups	39.454	76	.519		
	Total	39.481	79			

**Significant at the 0.05 level.*

The F-values for professional networking, patient education, and professional adjustment were 0.656, 0.604, and 0.248, respectively, yielding significance levels of 0.582, 0.615, and 0.862, respectively, with respect to age. The significance level of .05 is lower than the computed value; hence, there is no significant difference. The hypothesis, "There is a significant difference in the opportunities for social media use among hospital nurses across the respondents' profile variables," is rejected. The result means that there are no differences in opportunities for social media use as it takes age into account.

Thus, age has no indicated association with opportunities for social media use, professional networking, patient education, or professional adjustment. The result implies that regardless of age, it will not have a significant effect on the opportunities for social media use among hospital nurses.

Differences in the Opportunities on Social Media Use Among Hospital Nurses across the Variable of Civil Status

Table 9 presents the ANOVA results for the mean differences in opportunities for social media use among hospital nurses by civil status.

Table 9. *ANOVA Results on the Opportunities for Social Media Use Among Hospital Nurses across the Variable, Civil Status*

Dependent Variable	*Source of Variation*	*Sum of Squares*	*df*	*Mean Square*	*F*	*Sig.*
Professional Networking	Between Groups	2.584	1	2.584	4.927	.029
	Within Groups	40.911	78	.524		
	Total	43.495	79			
Patient Education	Between Groups	.464	1	.464	1.194	.278
	Within Groups	30.327	78	.389		
	Total	30.791	79			
Professional Adjustment	Between Groups	4.619	1	4.619	10.229	.002
	Within Groups	35.222	78	.452		
	Total	39.841	79			

**Significant at the 0.05 level.*

The F-values for professional networking, patient education, and professional adjustment were 4.927, 1.194, and 10.229, respectively, yielding p-values of 0.029, 0.278, and 0.002, respectively, with respect to civil status. The significance level set at .05 is lower than the computed values; hence, there is a significant difference for professional networking and professional adjustment.

The hypothesis, "There is a significant difference in the opportunities for social media use among hospital nurses across the respondents' profile variables," is accepted. The result means there are differences in the opportunities for social media use depending on civil status. Thus, civil status is associated with opportunities for social media use as per professional networking and professional adjustment. The result implies that civil status will significantly affect the social media use among hospital nurses.

Further, the civil status, particularly of married nurses, affects the opportunities for social media use with regards to professional networking and professional adjustment. Confirming this is the study of Ahmead et al. (2022), where the majority were married,

concluded that healthcare professionals should be encouraged to use the internet and social media applications to improve health outcomes, and provide health information to the community rather than simply using these tools for communication.

Differences in the Opportunities on Social Media Use Among Hospital Nurses Across the Variable, Highest Educational Attainment

Table 10 presents the ANOVA results for the mean differences in opportunities for social media use among hospital nurses across the highest educational attainment variable.

Table 10. *ANOVA Results on the Opportunities for Social Media Use Among Hospital Nurses Across the Variable, Highest Educational Attainment*

Dependent Variable	*Source of Variation*	*Sum of Squares*	*df*	*Mean Square*	*F*	*Sig.*
Professional Networking	Between Groups	.900	3	.300	.535	.659
	Within Groups	42.595	76	.560		
	Total	43.495	79			
Patient Education	Between Groups	.263	3	.088	.218	.883
	Within Groups	30.528	76	.402		
	Total	30.791	79			
Professional Adjustment	Between Groups	2.461	3	.820	1.668	.181
	Within Groups	37.380	76	.492		
	Total	39.841	79			

**Significant at the 0.05 level.*

The F-values on the highest educational attainment for professional networking, patient education, and professional adjustment were 0.535, 0.218, and 1.668, respectively, yielding p-values of 0.659, 0.883, and 0.181, respectively. The significance level of .05 is lower than the computed values; hence, there is no significant difference for professional networking, patient education, or professional adjustment. The hypothesis, "There is a significant difference in the opportunities for social media use among hospital nurses across the respondents' profile variables," is rejected. The result means there are no differences in opportunities for social media use across educational attainment levels.

Thus, the highest educational attainment shows no association with opportunities for social media use, professional networking, patient education, or professional adjustment. The result implies that, regardless of educational attainment, it will have no significant effect on opportunities for social media use among hospital nurses.

Differences in the Opportunities on Social Media Use Among Hospital Nurses across the Variable, Years in Service

Table 11 presents the ANOVA results for the mean differences in opportunities for social media use among hospital nurses by years of service.

Table 11. *ANOVA Results on the Opportunities for Social Media Use Among Hospital Nurses Across the Variable, Years in Service*

Dependent Variable	*Source of Variation*	*Sum of Squares*	*df*	*Mean Square*	*F*	*Sig.*
Professional Networking	Between Groups	.039	1	.039	.070	.792
	Within Groups	43.456	78	.557		
	Total	43.495	79			
Patient Education	Between Groups	.001	1	.001	.003	.959
	Within Groups	30.790	78	.395		
	Total	30.791	79			
Professional Adjustment	Between Groups	.283	1	.283	.558	.457
	Within Groups	39.557	78	.507		
	Total	39.841	79			

**Significant at the 0.05 level.*

The F-values for professional networking, patient education, and professional adjustment were 0.070, 0.003, and 0.558, respectively, yielding significance levels of 0.792, 0.959, and 0.457, respectively, with respect to the number of years in service. The significance level of .05 is lower than the computed values; hence, there is no significant difference for professional networking, patient education, or professional adjustment. The hypothesis, "There is a significant difference in the opportunities for social media use among hospital nurses across the respondents' profile variables," is rejected. The result means there are no differences in opportunities for social media use across years of service.

Thus, years of service are not associated with opportunities for social media use, professional networking, patient education, or professional adjustment. The result implies that, regardless of years of service, they will have no significant effect on opportunities for social media use among hospital nurses.

Differences in the Opportunities on Social Media Use Among Hospital Nurses Across the Variable, Social Media Application Used

Table 12 presents the ANOVA results for the mean differences in opportunities for social media use among hospital nurses across the

social media application used variable.

Table 12. *ANOVA Results on the Opportunities for Social Media Use Among Hospital Nurses Across the Variable, Social Media Application Used*

Dependent Variable	*Source of Variation*	*Sum of Squares*	*df*	*Mean Square*	*F*	*Sig.*
Professional Networking	Between Groups	3.753	3	1.251	2.392	.075
	Within Groups	39.742	76	.523		
	Total	43.495	79			
Patient Education	Between Groups	2.009	3	.670	1.768	.160
	Within Groups	28.783	76	.379		
	Total	30.791	79			
Professional Adjustment	Between Groups	3.779	3	1.260	2.655	.045
	Within Groups	36.061	76	.474		
	Total	39.841	79			

**Significant at the 0.05 level.*

The F values for professional networking (F = 1.768), patient education (F = 2.655), and professional adjustment (F = 2.655) yielded p-values of 0.075, 0.160, and 0.045, respectively, for the social media application used. The significance level set at .05 is lower than the computed values; hence, there is no significant difference for professional networking and patient education.

However, there is a substantial difference in professional adjustment, as the significance level is higher than the computed value. Hence, the hypothesis, "There is a significant difference in the opportunities for social media use among hospital nurses across the respondents' profile variables," is accepted. The result means there are differences in opportunities for social media use, particularly depending on the application used, especially in professional contexts. Thus, the social media application used is associated with opportunities for social media use and professional adjustment.

The result implies that regardless of the social media application used, it will have a significant impact on the opportunities for social media use among hospital nurses. According to Lefebvre et al. (2020) in their study on social media usage among nurses, overall, 87% of participants reported using a general social media account; they concluded that social media usage is common among nurses. Social media perceptions and practices among nurses vary considerably. Well-informed policy and targeted education are needed to guide social media use among healthcare workers.

Differences in the Opportunities on Social Media Use Among Hospital Nurses Across the Variable, Religion

Table 13 presents the ANOVA results for the mean differences in opportunities for social media use among hospital nurses by religion.

Table 13. *ANOVA Results on the Opportunities for Social Media Use Among Hospital Nurses Across the Variable, Religion*

Dependent Variable	*Source of Variation*	*Sum of Squares*	*df*	*Mean Square*	*F*	*Sig.*
Professional Networking	Between Groups	3.059	2	1.020	1.917	.134
	Within Groups	40.436	77	.532		
	Total	43.495	79			
Patient Education	Between Groups	1.157	2	.386	.989	.403
	Within Groups	29.634	77	.390		
	Total	30.791	79			
Professional Adjustment	Between Groups	2.545	2	.848	1.729	.168
	Within Groups	37.296	77	.491		
	Total	39.841	79			

**Significant at the 0.05 level.*

The F-values for religion on professional networking, patient education, and professional adjustment were 1.917, 0.989, and 1.729, respectively, yielding significance levels of 0.134, 0.403, and 0.168, respectively. The significance level of .05 is lower than the computed values; hence, there is no significant difference for professional networking, patient education, or professional adjustment. The hypothesis, "There is a significant difference in the opportunities for social media use among hospital nurses across the respondents' profile variables," is rejected.

The result means there are no differences in opportunities for social media use across religions. Thus, religion shows no association with opportunities for social media use, professional networking, patient education, or professional adjustment. The result implies that, regardless of religion, it will have no significant effect on hospital nurses' opportunities to use social media.

Relationships between the Opportunities on Social Media Use Among Hospital Nurses and the Respondents' Profile Variables

Table 14 below presents the Pearson correlation coefficients between the opportunities for social media use among hospital nurses and the respondents' profile variables.

Table 14. *Relationships between the Opportunities on Social Media Use Among Hospital Nurses and the Respondents' Profile Variables*

Independent Variables	*Pearson Correlation*	*Professional Networking*	*Patient Education*	*Professional Adjustment*
Age	r-Value	-.007	.139	-.085
	Sig	.950	.217	.454
Sex	r-Value	-.139	-.011	-.114
	Sig	.219	.921	.315
Civil Status	r-Value	-.244*	-.123	-.340**
	Sig	.020	.278	.002
Highest Educational Attainment	r-Value	-.097	-.051	-.155
	Sig	.394	.656	.169
Number of Years in Service	r-Value	-.030	.006	-.084
	Sig	.792	.959	.457
Social Media Application Used	r-Value	.228*	.246*	.288**
	Sig	.042	.028	.010
Religion	r-Value	-.022	.032	-.004
	Sig	.844	.777	.972
Relevant Trainings	r-Value	-.007	-.089	.011
	Sig	.948	.430	.920

**Significant at the 0.05 level. **Significant at 0.01 level*

Table 14 presents that, along with age, the computed r-values, -.007 for professional networking, .139 for patient education, and -.085 for professional adjustment, yielded p-values of 0.950, 0.217, and 0.454, respectively. The result is significant as per the Pearson r coefficient of correlation, with a 0.05 level of significance used in this study. Therefore, the hypothesis, which states, "There is a significant relationship between the opportunities for social media use among hospital nurses and the respondents' profile variables," is rejected. The result means that there is no significant relationship between the opportunities for social media use among hospital nurses and the respondents' profile variable, age. Thus, there is no indicated association or relation between these variables.

Table 14 shows that, along with sex, the computed r-values, -.139 for professional networking, -.011 for patient education, and -.114 for professional adjustment, yielded significance levels of 0.219, 0.921, and 0.315, respectively. The result is significant as per the Pearson r coefficient of correlation, with a 0.05 level of significance used in this study. Therefore, the hypothesis, which states, "There is a significant relationship between the opportunities for social media use among hospital nurses and the respondents' profile variables," is rejected. The result means there is no significant relationship between the opportunities for social media use among hospital nurses and respondents' sex. Thus, there is no indicated association or relation between these variables.

Table 14 also presents that, along with civil status, the computed r-values, -.244 for professional networking, -.123 for patient education, and -.340 for professional adjustment, yielded p-values of 0.020, 0.278, and 0.002, respectively. The Pearson r coefficient for professional networking and professional adjustment is lower than the 0.05 significance level set at the start of this study. Therefore, the hypothesis, which states, "There is a significant relationship between the opportunities for social media use among hospital nurses and the respondents' profile variables," is accepted. The result indicates a significant relationship between the opportunities for social media use among hospital nurses and the profile variable civil status. Also, there are indicated associations or relations between these variables. This implies that the civil status of nurses affects the opportunities for their social media use. With this, we consider the study of Brantley et al. (2024), focusing on the objective of examining the relationship between social media use and demographics found that the majority (73%) of the respondents are married, and overall, nurses in this study used social media for personal activities more than for professional activities when it came to Facebook, Instagram, and TikTok. However, nurses used LinkedIn for professional activities slightly more than for personal activities.

Furthermore, Table 14 presents that, along with the highest educational attainment, the computed r-values, -.097 for professional networking, -.051 for patient education, and -.155 for professional adjustment, yielded p-values of 0.394, 0.656, and 0.169, respectively. The result is significant as per the Pearson r coefficient of correlation, with a 0.05 level of significance used in this study. Therefore, the hypothesis, which states, "There is a significant relationship between the opportunities for social media use among hospital nurses and the respondents' profile variables," is rejected. The result means that there is no significant relationship between the opportunities for social media use among hospital nurses and the profile variable, highest educational attainment. Thus, there is no indicated association or relation between these variables.

Furthermore, Table 14 shows that, along with years in service, the computed r-values (.030 for professional networking, .006 for patient education, and -.084 for professional adjustment) yielded p-values of .792, .959, and .457, respectively. The result is significant as per the Pearson r coefficient of correlation, with a 0.05 level of significance used in this study. Therefore, the hypothesis, which states, "There is a significant relationship between the opportunities for social media use among hospital nurses and the respondents' profile variables," is rejected. The result means that there is no significant relationship between the opportunities for social media use among hospital nurses and the respondents' profile variable, years in service. Thus, there is no indicated association or relation between these variables.

For the profile variable' social media application used,' the computed r-values (.228 for professional networking, .246 for patient education, and .288 for professional adjustment) yielded p-values of .042, .028, and .010, respectively. The significance level of the Pearson r coefficient is lower than the 0.05 significance level set at the start of this study. Therefore, the hypothesis, which states, "There is a significant relationship between the opportunities for social media use among hospital nurses and the respondents' profile variables," is accepted. The result indicates a significant relationship between opportunities for social media use among hospital nurses and respondents' profile variables, specifically the social media applications they use. Hence, this implies a relationship or association between these variables. The utilization of social media applications among nurses affects their performance, their hospital duties, and responsibilities. Confirming this is the study of Piscotty et al. (2020) on examining the self-reported use of social media by nurses, via personal mobile devices or otherwise, in the work setting, which is a step toward identifying social media use in the workplace. The results support the widespread use of mobile devices for checking messages, missed calls, and social media by nurses during working hours. The use of social media in healthcare settings is evident and likely to stay. There are possible benefits for both nurses and patients, so long as the risks are effectively addressed.

Regarding the religion profile variable, the computed r-values of -.022 for professional networking, .032 for patient education, and -.004 for professional adjustment yielded p-values of 0.844, 0.777, and 0.972, respectively. The result is significant as per the Pearson r coefficient of correlation, with a 0.05 level of significance used in this study. Therefore, the hypothesis, which states, "There is a significant relationship between the opportunities for social media use among hospital nurses and the respondents' profile variables," is rejected. The result means that there is no significant relationship between the opportunities for social media use among hospital nurses and the respondents' profile variable, religion. Thus, there is no implied association or relation between these variables.

Moreover, with the profile variable, relevant training attended, and the computed r-values (.007 for professional networking, -.089 for patient education, and .011 for professional adjustment), the p-values were 0.948, 0.430, and 0.920, respectively. The result is significant as per the Pearson r coefficient of correlation, with a 0.05 level of significance used in this study. Therefore, the hypothesis, which states, "There is a significant relationship between the opportunities for social media use among hospital nurses and the respondents' profile variables," is rejected. The result means that there is no significant relationship between the opportunities for social media use among hospital nurses and the respondents' profile variable, specifically the relevant training they have attended. Thus, there is no implied association or relation between these variables.

Conclusions

The profile variables are relative and require close attention, particularly nurses' civil status and the social media applications they use. Furthermore, it is seldom utilized in hospital services, that the opportunities for nurses to use social media. Ethical dilemmas related to social media use among nurses are rare. There are identified significant differences in social media use opportunities among the respondents' profile variables, particularly in professional networking, patient education, and professional adjustment. Likewise, significant relationships exist between opportunities for social media use and the respondents' profile variables, as well as professional networking, patient education, and professional adjustment.

Based on the salient findings and conclusions of this study, the recommendations are the following:

Nurses focus on their profile variables that may affect their opportunities to use social media in healthcare or hospital settings. With this, it is recommended to develop training modules specifically for Facebook and Messenger. The respondents are already using these platforms, but would make them transition from personal use to professional networking and patient education. Focus on activities or relevant training that relates to social media use in healthcare or hospital services. Hospitals should design flexible digital engagement strategies that account for the differences in opportunities for social media use. They may conduct focus groups to understand and ensure social media policies are inclusive and equitable. Nurses should consider opportunities to use social media in healthcare settings. The use of social media among nurses would intensify communication with patients and bridge the gap between the digital and clinical worlds. Thus, public hospitals should establish a clear social media code of ethics and guidelines. Thereby, training is necessary to cover patient privacy, professional boundaries on messenger, and the ethical implications of infoveillance as discussed by Chen (2021).

Nurses must also consider the ethical dilemmas they may encounter when using social media in healthcare settings. These will serve as their baseline data for improving their social media use in their workplaces. Therefore, hospitals must create official, nurse-led Facebook groups or messenger chatbots for patient outreach. An activity plan or an innovative program will be implemented to fully maximize the opportunities for social media use among nurses in the delivery of healthcare or hospital services. Prioritize activities or programs focused on social media use to bridge the gap between digital and clinical aspects of healthcare and hospital services. In addition, incentivize digital literacy training as part of Continuing Professional Development (CPD). Shift the focus of these trainings for professional adjustment and networking, specifically targeting platforms found with significant relationships.

References

Ahmead, M. et al. (2022). The effects of internet and social media use on the work performance of physicians and nurses at workplaces in Palestine. BMC Health Services Research, 22 (633). https://doi.org/101186/s12193-022-07932-2

Ahmed, R. (2025). A comprehensive outline of antimicrobial resistance, antibiotic prescribing, and antimicrobial stewardship in South Africa: A scoping review protocol. PLoS One, 20 (1), e0316718.

Betensky, M. (2015). What do you see? Phenomenology of therapeutic art expression. Routledge. https://doi.org/10.4324/9781315800530

Busi, K; Rubin, M; Tolcin, B; Larriviere, D; Epstein, L; Kirschen, M; Taylor, L. Use of Social Media in Health Care—Opportunities, Challenges, and Ethical Considerations A Position Statement of the American Academy of Neurology, https://www.neurology.org/doi/10.1212/WNL.0000000000012557

Chen, J., Wang, Y., & Gao, L. (2021). Social Media Use for Health Purposes: Systematic Review. Journal of Medical Internet Research, 23(5), e17917. doi:10.2196/17917

Creswell, J. W. (2019). Research Design: Qualitative, Quantitative, and Mixed Method Approaches. Sage Publications.

Farsi, D. (2021). Social media and health are, part I: literature review of social media use by health care providers. Journal of Medical Internet Research. https://doi.org/10.2196/23205

Gamor, n; Dzansi, G; Konlan, K; Abdulai, E (2023). Exploring social media adoption by nurses for nursing practice in rural Volta, Ghana, Nursing Open, https://onlinelibrary.wiley.com/doi/full/10.1002/nop2.1685

Hoffman, E., Wegrzyn, A., Greeson, M., Zinter, K., Tull, P., & Balata, M. (2023). Nurses' perceptions of helpful and unhelpful communication with rape victim advocates. Psychology of Violence, 13 (2), 107–116. https://doi.org/10.1037/vio0000449

Kazemi, S.S. et al. (2022). Exploring nurses' experiences of social media and in-person educational interventions for professional development: a qualitative study. BMC Nursing 21:126 https://doi.org/10.1186/s12912-022-00903-4

Khan, Mohammad N. A. F., Abdul Basit Jamal, Sarah C., Waqas Ilyas, Fatima A., Muhammad Jamshed, & Waleed Riaz (2021). A Study to See the Effect of Social Media Usage Among Healthcare Providers, Published online 2021 Jul 13. doi: 10.7759/cureus.16350 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8360324/

Korda H, Itani Z. (2023). Harnessing social media for health promotion and behavior change. Health Promot Pract. 2023;14(1):15–23. https://doi.org/ 10.1177/1524839911405850.

Lefebvre, Cedric et al. (2020). Social Media Usage Among Nurses: Perceptions and Practices. JONA: The Journal of Nursing Administration 50(3): p 135-141. DOI: 10.1097/NNA.0000000000000857

McCombes, S. (2019, May 15). Descriptive research | Definition, types, methods & examples. Scribbr. https://www.scribbr.com/methodology/descriptive-research/

Patrick, M, Venkatesh, R, Stukus, D. (2022). Social media and its impact on health care, Annala, Vol 128 (2) https://www.annallergy.org/article/S1081- 1206(21)01053- X/fulltext. Challenges of administrative leadership in the modern era: technology, diversity

Svenningsson, I., Udo, C., Westman, J., Nejati, S., Hange, D., Björkelund, C., … & Petersson, E. (2018). Creating a safety net for patients with depression in primary care: a qualitative study of care managers' experiences. Scandinavian Journal of Primary Health Care, 36 (4), 355-362. https://doi.org/10.1080/02813432.2018.1529018

Türk, G. (2024). Perceptions of the care concept among nurses and the factors influencing those perceptions: a qualitative study. Journal of Education and Research in Nursing, p. 161–166. https://doi.org/10.14744/jern.2024.62362

Zhou, T., Xu, C., Wang, C., Sha, S., Wang, Z., Zhou, Y., … & Wang, Q. (2022). Burnout and well-being of healthcare workers in the post-pandemic period of COVID-19: a perspective from the job demands-resources model. BMC Health Services Research, 22(1). https://doi.org/10.1186/s12913-022-07608-z.

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