

Oncology Nurses: Influencers on Social Media

As oncology nurses, we know that we can provide our patients and caregivers with fact-based information to help them manage symptoms, support their coping, and provide clarity for their decision-making (Gaguski et al., 2017). The credibility of nurses has been confirmed by multiyear surveys, placing nurses at the top of trusted professions in the United States (Saad, 2020). Our ability as nurses to provide accurate information is one of our nursing superpowers—a way to counteract the slurry of misinformation that unfortunately permeates societal discourse of late.

As sources of fact-based information, oncology nurses have had a presence for many years on social media platforms, where so much misinformation is exchanged. So, how does becoming a nurse influencer on social media and a source of reliable healthcare information work? I reached out to a few oncology nurse colleagues about their use of social media as a tool for professional communications. Follower estimates were recorded as of late October 2021:

- Darcy Burbage, DNP, RN, AOCN®, CBCN®, an oncology clinical nurse specialist from Delaware who has been active on social media since 2015 (@darcyburbage on Twitter, with more than 3,700 followers and more than 7,400 LinkedIn connections)
- Christopher R. Friese, PhD, RN, AOCN®, FAAN, the Elizabeth Tone Hosmer Professor of Nursing at the University of Michigan and Rogel Cancer Center, who has been on Twitter since 2012 (@chrisfriese_RN with 3,510 followers)
- Kristin Ferguson, DNP, RN, OCN®, from Washington, DC (@kferg86

on Twitter with 1,750 followers; 938 LinkedIn connections)

- Tahani Al Dweikat, RN, MSN, EMCHA, OCN®, an oncology clinical research nurse at City of Hope Comprehensive Cancer Center in Duarte, California, who has had a presence on Twitter (@tahanidweikat; 187 followers) and LinkedIn (1,159 connections) since 2009

When asked how they establish their health information credibility on social

my knowledge, skills, and expertise to inform the public conversation about key health topics.

When asked about examples of being a source of accurate information using social media platforms, Burbage said the following:

A patient advocate had pinged me in a tweet to assist another patient who was newly diagnosed with

"Our ability as nurses to provide accurate information is one of our nursing superpowers."

media platforms, all four emphasized that they cite research and clinical evidence-based information from primary sources of reliable and truthful information, such as trusted healthcare organizations and academic institutions. Beyond providing opinions, they may offer clinical observations, clinical- or research-based insights, and experiences, giving context for the information they share with others, including organizations, patients, and patient advocacy groups.

According to Burbage, "Social media provides a platform to quickly disseminate research and engage in crucial discussions among nurses other professionals and patients." As Friese states,

I don't see myself as an influencer, but rather I try to use social media to provide a spotlight on issues that may not be appreciated. I try and use

metastatic cancer, and I was able to provide support, assist them with questions to ask, [and] link them to resources, including oncology nursing colleagues in their community. Additionally, because of the global reach of social media, I have been invited to collaborate on projects and have presented internationally on oncology nursing topics to colleagues that I wouldn't have had the chance to meet otherwise.

Friese said,

During the pandemic, I've tried to provide clinical examples as to why population-level vaccination is so important to protect individuals who have cancer and are immunocompromised. I've also used my research on personal protective equipment to show why employers needed to

step up their response to ensure healthcare workers were adequately protected. I shared on Twitter some of my worries for the workforce and highlighted how nurses were at notable risk for poor outcomes. This series of tweets led to an interview for National Public Radio and an accompanying podcast. Journalists frequently follow Twitter carefully on key issues to identify key informants for their stories.

Ferguson stated,

Oftentimes, I will elevate the work of others I see at conferences or meetings by posting and tagging the speaker. I also often tweet information about pancreatic cancer. My mother passed away from pancreatic cancer, and there is a lot of research on how poor the prognosis is and what limited signs of early detection there are. I share my mother's story and the story of others while sharing what is currently known about pancreatic cancer to advocate for more research funding and better screening and treatment options.

Lastly, for nurses using social media, here is additional advice to build credibility. From Friese:

I don't just tweet to nurses. I consider the diverse audiences of healthcare professionals—my primary lens—as well as the interested public.

Share your experience and professional opinion. The public trusts us; oncology nurses have substantial useful expertise to share with the public and their colleagues.

Be a good citizen. Read up on generally accepted principles for the social media outlets you are using.

Ignore the trolls. There are folks online who don't engage in a serious manner. They are not worth your time.

Follow the social media hashtags for conditions and topics of interest. For example, if you specialize in breast cancer, follow #bcm and join the weekly chats to build your network and share your expertise.

From Ferguson:

In addition to posting my full name, credentials, and job title, I often tag my place of work when going to events on behalf of a healthcare organization like [the Oncology Nursing Society], MedStar Georgetown, or the Association of Community Cancer Centers.

I see several nurses who are popular publishing tweets under anonymous names, probably for fear of retaliation from their jobs. This is unfortunate because it also means they are likely not taken as seriously by those they may be trying to influence.

From Al Dweikat:

To maintain my credibility with national and international oncology nurse colleagues, I verify content before I post it on social media platforms.

As an oncology nurse, list your certification. It matters to establish

credibility and trustworthiness in your communication.

From Burbage:

As oncology nurses, it's important that we add our credentials to our profile and look for ways to share our knowledge; network with our colleagues from across the globe; promote advocacy, onco-policy, and awareness; and provide links to articles and thoughtful opinion pieces, as well as recognize oncology nurses and ONS staff successes.

I make sure that my posts are respectful and use the THINK acronym (is it true-helpful-inspiring-necessary-kind?) before posting or responding.

As oncology nurses, may we continue to be accurate, go-to sources of information, advancing our influence using social media platforms.



Ellen Carr, PhD, RN, AOCN®, is the editor of the *Clinical Journal of Oncology Nursing* at the Oncology Nursing Society in Pittsburgh, PA. Carr can be reached at CJONEditor@ons.org.

REFERENCES

- Gaguski, M.E., George, K., Bruce, S.D., Brucker, E., Leija, C., LeFebvre, K.B., & Mackey, H. (2017). Oncology nurse generalist competencies: Oncology Nursing Society's initiative to establish best practice. *Clinical Journal of Oncology Nursing*, 21(6), 679–687. <https://doi.org/10.1188/17.CJON.679-687>
- Saad, L. (2020). *U.S. ethics ratings rise for medical workers and teachers*. <https://bit.ly/3EOQEz3>

KEYWORDS

social media; influence; credibility; information

DIGITAL OBJECT IDENTIFIER

10.1188/21.CJON.621-622