Social media: when mob mentality takes over and nurses turn on nurses

Nursing staff can find themselves subject to online abuse, with even fellow professionals going on the attack

By Lynne Pearce

High-profile cases, where hospitals are involved in ethically complex treatment decisions, can lead to their staff being caught up in a media frenzy.

‘The press packs aren’t just there for one day,’ says Stephen McKeever, a senior lecturer in children’s nursing at London Southbank University. ‘Nursing staff are often dealing with very difficult circumstances – [and then they have] a microphone shoved in their face every time they walk out the door. Even if you’re not in that team, you can still be asked repeatedly for comments. It doesn’t help the situation.’

It can be particularly challenging when the patient is a child, the relationship between clinicians and the patient’s family is fracturing, and the courts become involved.

‘Of course, the family at the core are suffering and will have to live with what happens for the rest of their lives,’ says Dr McKeever. ‘But it’s also a very difficult time to be a nurse. You’re already worrying about doing the right thing – whether it’s right for the family and the child. Couple that with having to run the gauntlet of a media pack on your way to work, while your care and your organisation is attacked on social media – it can lead to degrees of distress.’

High-profile paediatric cases

In May, the RCN children and young people’s acute care forum raised the issue in a matter for discussion at the college’s annual congress. Dr McKeever explains: ‘There have been a couple of recent high-profile cases relevant to paediatric intensive care, which have attracted a lot of media attention, affecting people in our forum. We wanted to talk about what happens when both the mainstream and social media get hold of these cases, and the impact that can have on the nursing workforce.’

Recent high-profile cases include that of Charlie Gard, born with mitochondrial DNA depletion syndrome and cared for at Great Ormond Street Hospital in London. Staff reported receiving thousands of abusive messages, including death threats.

Another case involved Alfie Evans, who had a degenerative brain condition and was cared at Alder Hey Children’s Hospital in
Liverpool for more than a year before his death in April 2018. The trust complained that staff had been subjected to a barrage of abuse, in person and on social media, from protesters opposed to the withdrawal of life support from the 23-month-old. On one occasion there was an attempt to storm the hospital.

**‘Stick by colleagues’**

During the RCN congress debate, nursing student Aimie Morgan, from South Staffordshire said she had seen stories and petitions – shared by nurses – calling for nurses who worked at these hospitals to be called to account. ‘When using social media, we must remain professional and ethical and abide by the Code, but most of all we have to stick by our colleagues,’ she told congress.

Dr McKeever says: ‘If nurses were sharing petitions, it’s wholly inappropriate. As nurses, we know we all practise within the Code – and it’s not for an online petition to say whether our colleagues should be held to account or not.’

Among the major difficulties facing nursing staff is that when they or their organisation are publicly criticised, they cannot respond. In contrast, families and those who support them can speak relatively freely, posting regular updates on social media, if they choose. ‘They can be very vocal, saying how bad everything is,’ says Dr McKeever. ‘But there’s...’

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another side to the story that’s not being heard.’ He would like to see the media exercising more responsibility. ‘It’s not that nurses don’t want to talk about it, it’s that we can’t,’ says Dr McKeever. ‘It will lead to stress. When an editor thinks this is a public interest story, they also need to bear in mind their coverage could instigate nurses leaving their profession.’

Another significant factor is a lack of nuance in public debate, with views becoming polarised and often hostile, particularly on social media sites, such as Twitter and Facebook. ‘I have a t-shirt that says, “I think you’ll find it’s a little more complicated than that”’, says Dr McKeever. He argues for evidence-based arguments, with opposing sides appropriately weighted. ‘For example, there is overwhelming evidence that vaccinations work, yet anti-vaxxers end up with an equal amount of space given to their argument,’ he says.

Focus on issues, not individuals
He argues there is a need for public debate on the wider issues raised by these cases, shifting the focus away from specific cases and the individuals affected.

‘The public needs a better understanding of appropriateness of care and when end of life care is instigated, the importance of palliative care, and being able to provide a good death,’ he says. ‘Such decisions are not arrived at lightly. There are second and third opinions. All manner of people are involved. There is much more to it than a black-and-white media story.’

Dr McKeever insists there should be more support for nursing staff who are facing these difficult circumstances. ‘The RCN needs to be there to help, with members feeling they have a voice and somewhere to go, early on. At the moment, I’m not sure that happens quickly enough.’