



What are student nurse's experiences and perceptions of social media activity within their peer groups and its effect on their wellbeing?

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Abstract

This study explores student nurse's experiences and perceptions of social media activity within their peer groups and its effect on their wellbeing, focusing on Social Networking Sites (SNS). Student nurses are known to experience higher levels of stress than many other undergraduate students because in addition to the usual stressors around university and studying student nurses also must deal with the extra stressors associated with working within healthcare during clinical placements. Also, previous research has shown SNS activity is known to affect student nurse wellbeing, so it was important to establish the role SNS activity within student nurse peer groups played in relieving or exacerbating wellbeing for this student group.

The study took a two-staged approach to data collection; the first stage was a scoping exercise with one hundred and twenty-two participants over four sessions, which used Nominal Group Techniques (NGT) to collect as many viewpoints as possible to prompt the story telling in stage two of the data collection. Stage two of the data collection consisted of narrative interviews with a sample of fourteen student nurses and utilised virtual techniques to conduct the interviews due to COVID 19 restrictions. Thematic analysis of the interview transcripts uncovered four main themes: information sharing; amplifiers; personas and group formation.

The research found that there are positive effects of SNS activity within student nurse peer groups, including information sharing and support. However, the research also highlighted several areas where SNS activity in student nurse peer groups negatively affected student nurse wellbeing, particularly areas such as the sharing of inaccurate information, negative social comparison, imposter syndrome, social media fatigue, fear of missing out, adoption of maladaptive coping strategies and feeling left out of SNS groups. These findings are helpful in both establishing the role SNS activity plays in affecting student nurse's ability to cope effectively with the demands of the programme and in offering some practical solutions to guide universities in how best to support student nurses in this area. This university support should include building meaningful education around effective use of SNS into the curriculum, working with student nurses employing techniques to build a sense of community and belonging and ensuring effective support mechanisms such as restorative supervision are in place to build resilience in this student group.

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Chapter 1 – Introduction

1.1 Introduction to the research

This thesis presents an investigation into student nurse's experiences and perceptions of social media activity within their peer groups and its effect on their wellbeing. It has long been established that student nurses experience levels of stress higher than many other undergraduate students (Scamell, 2019). This is because in addition to the usual stressors experienced by undergraduate students such as leaving home, pressures to succeed and financial constraints student nurses must also deal with clinical placements and the associated factors of long unsocial hours, heavy workloads, distressing events and ethical struggles (Health Education England (HEE), 2019). This is further compounded as student nurses struggle to address the competing demands of assessment deadlines and clinical practice.

A three-year nursing degree programme consists of 4600 hours of learning split equally with 2300 hours of theory and 2300 hours of clinical practice. During clinical placements student nurses follow the same shift patterns as Registered General Nurses including night, weekend and bank holiday shifts. In addition, nursing degree programmes generally run over three trimesters instead of the usual university system where programmes run over two trimesters a year. These factors create further pressures for student nurses. This includes difficulties fitting a paying job around the shift patterns potentially leading to financial hardship and the lack of a summer break from studies to relax, work or catch up with studies. This picture serves to illustrate why student nurses are identified as a group suffering from high levels of stress (Warshawski, 2017) with these compounding issues impacting on their wellbeing (Scamell, 2019). In this situation it could be suggested that as student nurses have insight into the stressors their peers face, they would be in an ideal position to offer support to each other. One method that could be used to offer this peer support is via social media.

Social media is defined by Kaplan and Haenlein (2010: 61) as:

A group of internet-based applications that build on the ideological and technological foundations of Web 2.0 and allow the creation and exchange of user generated content.

It is a fast-growing phenomenon that has completely changed how information is accessed and conveyed (O'Regan et al., 2018). Social media properties 'reconfigure our relations with objects space and each other' (Beer & Burrows 2007:17) in that social media can be accessed, at any time and from any location utilising a variety of mobile or desk-based appliances (Lash, 2006). This makes it an ideal platform for student nurses to communicate with each other irrespective of time and geographical location.

There are several reported advantages of social media which are relevant to student nurses utilising this as a platform to communicate within their peer groups. These include the ability to establish instant communication and contact with their peers (Bruneel et al., 2013), the sense of belonging developed when being part of a group sharing norms and values (Cheung et al., 2011) and the strengthening of friendships developed offline such as when sharing a class (Ellison et al., 2007).

However, concerns are increasing regarding the potential negative impact of social media on its users and their wellbeing. These include reports of social rejection, online bullying and depression (Valkenburg & Peter, 2009). There are also fears raised about the 24 hour a day accessibility afforded by social media leading to difficulties for users being able to disengage emotionally from work, study and other demanding events (Sleek, 2014), with Cain (2018) claiming that communications on social media frequently end in confrontations and fights, causing anguish and misery for the users.

In addition, there have been several controversies throwing doubt on the privacy and security of data held on social media, such as the data abuse following the harvesting of information by Cambridge Analytica with claims that this is not an isolated incident (Griffin, 2018), this further exacerbates the issues as clearly social media activity is far from private.

The previous Government Policy Paper, Digital Charter (2019a), indicates that the United Kingdom Government aimed to continue to support the technological developments of the internet. Within this document the previous Government pledged support for research, new technology and improvements to the digital infrastructure ensuring the continued growth of digital technologies, including social media. This is a picture that is seen globally.

This growth of digital technologies indicates the presence of social media is only set to expand. Whilst embracing the positive elements this will bring there is certainly a need to establish potential risk and possible impact on social media users to ensure support mechanisms can be considered and implemented.

1.2 Background and rationale for the study

Concerns about the wellbeing and mental health of the population have been on the political agenda for some time. The political focus in this area has increasingly targeted the prevention of mental health illness and the promotion of wellbeing (Department of Health (DOH) 2015; 2016; 2018). This includes a drive to improve mental wellbeing in the workplace (DOH 2017; MIND 2019), which indicates a recognition of the increasing risks to wellbeing generally and when undertaking routine, but potentially stressful, activities such as working.

Healthcare workers are at particular risk of increased stress at work due to the type of workload they undertake and the demanding work environment of the NHS. This led to the previous Government ordering an investigation into this issue culminating in the publication of the NHS Staff and Learners Mental Wellbeing Report (HEE, 2019). Student nurses spend substantial amounts of time on clinical placement on a regular basis. Therefore, they inevitably face the same risk to wellbeing as do staff who work permanently in the clinical environment as they face many of the same stressors daily. This was recognised by the Government with the inclusion of learners in the HEE's investigation and subsequent report.

Furthermore, all students attending university, irrespective of the subject they are studying, are identified as a group where maintenance of mental health and wellbeing is a considerable issue (Pedrelli et al., 2015). Student nurses therefore fit into two groups where the preservation of mental health and wellbeing is recognised to be a significant challenge as they are university students who also work and learn within the clinical environment. Clearly this student group is at particular risk of experiencing issues affecting their wellbeing.

One of the most significant factors known to affect university student's wellbeing is loneliness (Student Minds, 2014), and again this is something that could be heightened for student nurses during their time on clinical placement as it is more difficult to stay in touch with peers compared to other undergraduate students who have the option of spending more of the trimester in face-to-face contact.

The HEE (2019) report highlighted the negative role internet use and social media could potentially have on student nurse's wellbeing citing one study (Farah, 2016) which demonstrated a link between internet addiction and insomnia, stress, anxiety and low self-esteem in healthcare students. The report however does also recognise that, for some student nurses, social media can be a positive influence offering peer support and emotional help with both academic issues and clinical issues with the sharing of upsetting experiences from clinical placement.

Despite recognising this paradox of the effects of social media on wellbeing for healthcare students, and calling for more research in this area, there is no mention of social media use within the thirty-three recommendations listed as part of the HEE (2019) report and so no further guidance has been offered on this issue.

Another thread apparent in previous Government policy is an increased focus on the values of people treating each other in an acceptable manner. From a healthcare perspective this can be seen in the NHS Long Term Plan (2019b: 86) which sets out priorities for the NHS over the next

ten years with one aim being to build an NHS whereby ‘the values we seek to achieve for our patients – kindness, compassion and professionalism- are the same values we demonstrate towards each other’. This priority is also reflected within the recommendations of the HEE (2019) report. In relation to the internet and social media this priority is mirrored in the Government Digital Charter (2019a: n.p.) with the statement ‘Our starting point will be that we will have the same rights and expect the same behaviour online as we do offline.’

Fellow student nurses have insight into the stressors their peers face and therefore should be able to support each other well. Social media appears to be one obvious medium to achieve this, particularly as there are long periods of time when student nurses are on clinical placement and so opportunities for face-to-face peer support are limited. However, evidence to support this viewpoint is limited and so this study on student nurse’s experiences and perceptions of social media activity within their peer groups is therefore timely.

1.3 The research context

This research took place in an English city-based university established in 1927. The university has more than 16 000 students and 2 500 staff with over 1000 academic staff. The School of Nursing offers several postgraduate and undergraduate programmes of study. This study’s participants are all student nurses studying a BSc (Hons) Nursing programme in the field of either adult, mental health, learning disability or child. Participants were a mixture of all four fields, were both male and female and covered a wide age range, with the youngest participant being 18 and the oldest over 46 years of age at the time of the study.

I have worked in the field of nursing for almost thirty years with twenty-three years in clinical practice within various specialities. Following this I have been employed in Higher Education for seven years within the School of Nursing and Midwifery. Over the last seven years I have maintained strong links with practice and regularly visit the clinical environment. This enables me to keep an overview of the BSc Nursing Degree Programme both in the university setting and within clinical practice. This offers me an insight into the stressors the student nurses frequently experience within all aspects of the programme.

As previously discussed, the student nurse programme is very demanding with a multitude of stressors for student nurses to contend with such as financial constraints, long unsocial hours, heavy workloads and their involvement in distressing events, as they attempt to juggle clinical placement with academic demand. It is clear to see how important it is to monitor factors that could impact on student nurse wellbeing in order to put processes in place to negate any potentially negative effects.

Social media has attracted considerable research attention in recent years. A significant amount of the research on social media and nurse education focuses on the benefits of social media in terms of teaching techniques, student development, collaboration and building professional identity (Tuominen et al., 2014; Ferguson et al., 2016; Alharbi et al., 2022). The less positive literature on the use of social media by student nurses focuses on inappropriate content such as vulgar or derogatory posts and unprofessional images (Green, 2017; Price et al., 2018; O'Connor et al., 2022). Unprofessional behaviour on social media by student nurses is a concern, particularly as this behaviour is in direct contradiction to their governing body's Code of Practice (Nursing and Midwifery Council (NMC), 2018) and the NMC's specific guidance on social media activity (NMC, 2019). This is because by acting inappropriately on social media student nurses are failing to uphold the values and therefore the reputation of nursing. There is already a significant volume of research around the topic of student nurse's unprofessionalism on social media, with clear recommendations available for handling this issue (Marnocha et al., 2015; Griffin et al., 2021; Galea et al., 2024) Therefore, student nurse's professionalism on social media is not the direct focus of this thesis. However, an overview is still included as this topic does still hold some relevant tangential implications for this research as professionalism is key to nursing (see section 2.91).

I had for some time held concerns about the experiences of student nurses when undertaking social media activity within their peer groups. My experiences with student nurses indicated that the problem centred around viewing social media content and subsequent interactions on social media and what effect these had on student nurse's wellbeing. Student nurses have reported to me their concerns about social media posts in two main areas. Firstly, posts related to the programme, such as conflicting information posted about session content and assessment criteria. Secondly, the emotional effects from social media activity with their fellow student nurses on both them and their peers.

Anecdotal evidence from several incidents and conversations I have been exposed to indicates that, for many student nurses, social media activity within their peer groups had a negative impact on their wellbeing (students have been tearful, emotional or angry when relaying these experiences). Reports of negative social media activity from student nurses does occur on a regular basis indicating that this is an ongoing problem. However, I did also recognise that student nurses receiving positive benefits from social media activity with their peers are less likely to highlight this to me or have the necessity to report the contents.

Student nurses were chosen as the focus for this research as current evidence indicates that student nurses experience levels of stress higher than many other undergraduate students

(Health Education England, 2019; Scamell, 2019) and so there were considerable concerns around maintaining student nurse wellbeing. Also, whilst it was acknowledged that there is a great deal written about social media, research focusing on the impact of social media on its user's wellbeing was not conclusive. Many of these studies are underpinned with psychological tools of assessment and so are quantitative in nature, for example, Schivinski et al. (2020); Fegan and Bland (2021) and Hernandez et al. (2021) and most of the research focuses on university undergraduates as a group and not student nurses with their compounding stressors, for example, Kalpidou et al. (2011) and Alt (2018).

Therefore, there was a gap in research on student nurse's perception and experiences of social media activity with their peer groups and its subsequent impact on their wellbeing. As the use of social media in nurse education continues to grow, particularly as a medium for student nurses to communicate and share information between themselves, there was a need to establish student nurse experiences of this phenomena. This is to extend the knowledge base in this area and, on a practical level, to address any negative effects potentially impacting on student nurse's ability to cope effectively with the demands of the programme.

The aim of this research was to explore student nurse's experiences and perceptions of social media activity with their peers by undertaking an initial scoping exercise, the results of which were used to underpin narrative interviews.

I acknowledge that as this research was based in part on my own experiences personal bias could be present. To reduce the effect of this on the research findings it was essential I adopted a reflexive approach throughout the study. It was equally important I considered my positionality as an insider researcher and whilst this did afford opportunities for this study, the potential impact of this role must also be considered, particularly in respect of the distribution of power. See section 4.4 for discussion of the reflexive approach I took in this study including positionality and power distribution.

The research questions for the thesis are:

1. What are student nurse's experiences and perceptions of using social media within their peer groups?
2. What is the effect of using social media on student nurse's wellbeing?

1.4 The structure of the thesis

This chapter (Chapter 1) offers background information and an overview of the issue. It highlights the high levels of stress that student nurses experience due to being both university

students and front-line healthcare staff and raises queries around how social media activity within student nurse peer groups affects their wellbeing.

Chapter 2 explores the concept of social media starting with an overview of social media before moving on to discuss user engagement and motivation for use. A section is included looking at social media use during and post COVID 19 as social media use was affected by this pandemic. Student nurse professionalism on social media is covered in this chapter, although not the focus of this study it was anticipated that there may be some tangential implications for this study that were important to consider. How social media is used by student nurses within the educational setting is also explored, and although again not the focus of this study as the participants are student nurses it was deemed important to consider this aspect of social media use. Chapter 2 concludes with an overview of social media use and the effect on wellbeing both positive and negative.

Chapter 3 considers the concept of wellbeing. Because this study focused on the notion of wellbeing it was essential this was explored in relation to this specific piece of research, particularly as there are a multitude of opinions and definitions surrounding this concept. Chapter 3 began with a brief overview of the relevant philosophical and historical perspectives on happiness and wellbeing before moving on to explore the more contemporary arguments that build from these philosophical and historical debates. Throughout this chapter the focus remained on three key areas namely the objective versus subjective nature of happiness and wellbeing, the individual versus societal significance of happiness and wellbeing and lastly wellbeing as a complex multifaceted concept versus a stripped back much simpler version.

Chapter 4 is focused on the methodological approaches used to gather the data and reach the findings. It is split into five sections. Section one explores the research philosophy and leads to the identification of interpretivist methodology as the approach for this study including an overview of the underpinning ontology and epistemology. The choice of interpretivist methodology ensured the methods employed suited a subjective research worldview. Section two considers the essential element of ensuring quality was achieved in this study through the application of Lincoln and Guba's (1985) theory of trustworthiness. Section three explores the ethical issues of relevance to this study focusing on reflexivity, positionality and power distribution. Section four offers a detailed overview of the methods applied throughout all elements of this study. It starts with coverage of the methods reviewed and rejected and those subsequently accepted, including the rationale for decision made with links to the adoption of an interpretivist methodology. An overview and justification of why a two staged approach was most appropriate for this study was offered followed by a detailed exploration of the

research methods employed and justification of why they best suited both the research paradigm adopted, and the study aims. The chapter concludes with section five which covers the procedural ethics essential to any research for example, consent and maintaining anonymity of the participants.

Chapter 5 explores the findings from this study. This begins with an overview of the findings from the scoping exercise of stage one, before continuing with a detailed exploration of the four themes and underpinning sub-themes identified during the narrative interviews and subsequent reflexive thematic analysis of stage two of this study.

Chapter 6 pull together the key findings of the research and explores each theme and sub-theme in detail to answer the research questions posed:

1. What are student nurse's experiences and perceptions of using social media within their peer groups?
2. What is the effect of using social media on student nurse's wellbeing?

The key findings from this research are that social media activity within student nurse groups holds both positive and negative effects. On a positive note, social media offers the opportunity to develop communities of practice, this enables the sharing of resources within student nurse groups and allows for the development of friendships. In addition, this study found student nurses use of social media within their peer groups can aid with self-presentation and identity creation whereby they learn how to be a student nurse.

Negative aspects of social media include the spreading of inaccurate information, and this study found this is an issue within the smaller student nurse groups and not just the large global platforms. It is most concerning that findings indicate student nurses are more likely to believe the inaccurate information given on social media by their peers rather than the information given by university staff.

Other negative effects of social media activity within student nurse peer groups found in this study include exacerbation of student nurse's feelings of inadequacy related to imposter syndrome, particularly when student nurses compared assessments and placement experiences. In addition, social media activity can lead to student nurses feeling pressured and overwhelmed leading to social media fatigue. However, the coping strategies student nurses adopt to deal with high levels of social media activity, such as the muting of notifications, was found to be both a positive, adaptive coping strategy and a negative, maladaptive coping strategy depending on how utilised. The findings of this study also indicate when student nurses removed themselves from social media, because of their concerns about the effects of

high activity on their wellbeing, they experienced Fear of Missing Out (FoMO) and quickly returned to their SNS activity.

This study also found student nurses take on a variety of roles within their social media peer groups, with some roles having a positive effect on user wellbeing whilst others offered more of a negative effect.

Group formation on social media within student nurse peer groups was also found to have both positive and negative effects on user wellbeing. This was dependent on whether the student nurse was deemed to be inside the group, whereby they felt a sense of belonging and support, or whether they felt they were outside of the group where they felt left out and disadvantaged.

Chapter 7 will provide a conclusion and will make recommendations for universities and for student nurses completing their BSc in Nursing. This chapter will also highlight what further research could take place in this area. In addition, this chapter will also include a section on the research limitations.

Having offered an introduction to the research study and an outline of the chapters this thesis will now focus on exploring the concept of social media with a particular emphasis on the effect of social media use on user wellbeing, particularly for student nurses.

Chapter 2 Social Media

2.1 Introduction

This chapter will focus on exploring the concept of social media with a particular emphasis on the effect of social media use on user wellbeing, and that of student nurses, to aid answering the research questions for this thesis:

1. What are student nurse's experiences and perceptions of using social media within their peer groups?
2. What is the effect of using social media on student nurse's wellbeing?

The chapter starts with an overview of social media including an exploration of user engagement and motivation for use. It then moves on to explore social media use during and post COVID 19 with an emphasis on the increased use of social media and the increased risk of inaccurate information on social media during this time, as both have been identified as affecting social media user wellbeing.

The focus of the chapter then moves on to explore student nurses use of social media starting with an overview of five of the social platforms identified as commonly used by student nurses (Facebook, Messenger; WhatsApp; X and Instagram) along with an overview of future developments such as artificial intelligence and lastly mention of virtual learning environments, although it is acknowledged these last two platforms are used by student nurses they will not be included in further sections of this thesis as they lack the full functionality of Social Networking Sites which are the focus of this study.

Student nurse professionalism on social media is explored and, although not the focus of this study, professionalism on SNS is included as it is anticipated there may be some tangential implications for this study and also to illustrate what is already known in this area. Student nurses use of social media as part of their education programme is also covered including a focus on information sharing and collaboration/building of virtual communities. Again however, because the platforms used as part of an education programme encourage more formal social media interactions this topic will not be the focus of this thesis. It is however acknowledged that as the participants in this study were student nurses on an educational programme there was potential for overlap from the educational programme into the informal social media use. Furthermore, inclusion of this topic serves to further illustrate what was already known about student nurses use of SNS.

The chapter concludes with an overview of social media use and its effects on wellbeing with a focus on three key concepts in this area namely, social media fatigue, Fear of Missing Out and

cyberbullying as all these topics are related specifically to effects on user wellbeing from SNS activity and so are of particular relevance to this study.

2.2 What is social media?

By the early 2000s, the internet was sufficiently robust and popular to support a wide range of activities that are known generically as 'social media'. Social media are web-based applications which allow for user generated content, in the form of both text and images, to be created and exchanged between users (Carr & Hayes, 2015). They include platforms such as Social Networking Sites, internet discussion forums, blogging sites and microblogging sites. Social media applications allow for social interaction between users often resulting in the development of online communities of like-minded people (Aichner et al., 2021).

Whilst accepting there are several social media applications, for the purpose of this research study the focus is on Social Networking Sites (SNS) as these are the social media platforms where student nurse interactions with their peers takes place. The operational definition of SNS for this study is:

A virtual community which allows people to connect and interact with each other on a particular subject or to just hang out together online (Murray & Waller, 2007: 56).

This definition was selected for this study as it encapsulates all activity on social media including activity by users who do not interact on SNS themselves but who watch the interactions of others. This element is deemed essential to this study because the watching of SNS content without interaction, often referred to as 'lurking', is very prevalent and common amongst the population studied. Across several SNS platforms the activity of lurking ranges from 45.5%-90% of overall SNS user engagement (Fullwood et al., 2019).

2.3 Differing levels of user engagement with Social Networking Sites

Despite being a topic of research interest for some time now, user engagement with SNS has a somewhat ambiguous and multidimensional nature and is therefore a far from simple concept to understand. Whilst some have tried to simplify SNS user engagement to definitions of time spent on SNS or frequency of use of SNS (Hou & Macnamara, 2017; Hall, 2018) others have recognised the complexities advocating the incorporation of the cognitive, behavioural and affective domains of the individual with SNS engagement, characterised by user emotional and intellectual absorption in the SNS platform (Trunfio & Rossi, 2021). Despite these complexities around definition and understanding it is clear there are varying levels of SNS activity and user engagement which can be listed under the three areas:

- consumption
- contribution
- creation.

Within the first level of engagement, consumption, lurking occurs which is when SNS users are watching content and are not interacting in any way with it. This is followed by contribution which is linked to user interaction with the available SNS content including liking, sharing and commenting on posts. Followed by the final level of SNS engagement of creation which is linked to SNS users customising content by uploading new content such as videos and writing new posts (Schivinski et al., 2020). This classification of SNS user engagement can also be further simplified to two levels namely passive engagement (lurking) which is when the user is merely browsing and reading content, or active engagement which is when SNS user interaction is evident through liking, sharing, commenting or the generating of content which can be either positive or negative in nature (Shahbaznezhad et al., 2021).

2.4 The rise of user generated content: from Web 1.0 to Web 2.0

Web 1.0 refers to the period from 1989 and was deemed revolutionary at the time of its inception, mainly because it offered a library of resources for its users to search and read. However, it was a text heavy system notoriously slow to use and incapable of any two-way interaction, with these limitations becoming more and more obvious as technology advanced (Majid & Verma, 2021). Advances in technology, along with the supporting developments in both hardware (the physical components of a computer) and software (the instructions and programs that enable the computer to function), transformed the computer into a ground-breaking and novel vehicle enabling interactive communication between individuals and groups pioneering an astonishing range of innovative functions for user communications (Harrison & Barthel, 2009).

Computer functions and capabilities continued to rapidly grow, and the most significant development in terms of social media was the development of the so-called 'Web 2.0' platform, around 2004. O'Reilly first coined the phrase Web 2.0, describing it as an upgraded version of the original web (hence the label Web 2.0) offering a much richer range of media than its predecessor Web 1.0, such as videos. This was the latest in a long line of computer mediated technology offering much more collaborative and participatory functions for its users. These functions enabled greater and more dynamic user to user interaction, hence the significance of this development for social media and Social Networking Sites (SNS) where users construct the content collaboratively. O'Reilly (2007: 22) termed this collaborative creation of content 'the architecture of participation', further reinforcing the significance of users working together to produce social media and SNS content. Social Networking Sites were

seen as one of the most important Web 2.0 platforms due to the number of users – which continues to escalate (Chaffey, 2023).

The main difference between the original Web 1.0 and Web 2.0 is the level of user collaboration between the two platforms because rather than obtaining information passively, Web 2.0 allows users to participate by socialising and creating and sharing content. This is particularly evident on SNS where users work together on content creation by collaborating on projects, combining knowledge and experience, sharing, reproducing and redistributing content. This activity on SNS was termed ‘participatory culture’ (Jenkins, 2008: 10) as users interacted with each other by observing fellow users, adding new ‘friends’, uploading new content, editing existing content, sharing, tagging and posting to create and consume the content (Georgescu & Popescu, 2015; Hiremath & Kenchakkanavar, 2016; Jacksi & Abass, 2019).

This participatory culture activity has several reported benefits such as peer to peer support, peer to peer learning, skill development, increased empowerment, confidence building in users around their own opinions and it also offers a place where SNS users can explore their identity and be heard in the public arena (Jenkins, 2009; Chau, 2011; Jenkins & Ito, 2015). Concerns have however been raised, particularly around the limitations to deeper level thinking through the adoption of a collaborative approach and around increased levels of monitoring and surveillance on SNS (Carr, 2008; Elmer, 2009; Van der Schyff et al., 2020). Despite these concerns, because everybody has the capability to be seen and heard and can conduct practices on SNS, which users find much more satisfying than merely consuming materials generated by others for them, participatory culture and therefore user generated content continues to grow.

2.5 Motivation for using SNS

SNS users have a variety of reasons for joining, and using SNS platforms (Chen & Peng, 2023). Most SNS platforms supplement face to face social networks with the majority of SNS users networking with other users who they know offline. Thus, for some people SNS platforms can be a valuable tool for maintaining and strengthening existing non-virtual social relationships and networks (Smith & Taylor, 2017; Standlee, 2019). This is because SNS can be used to easily keep in touch with friends and to form groups with like-minded people. In addition to supporting established networks many SNS are aimed at uniting people based on their personal interests and pursuits, so connecting like-minded people around shared interests including political activities, religious interests, dating and sporting and leisure pursuits (Castro & Barrada, 2020; Schul & Wysocki, 2021; Campbell & Tsuria, 2022; Fenton et al., 2023).

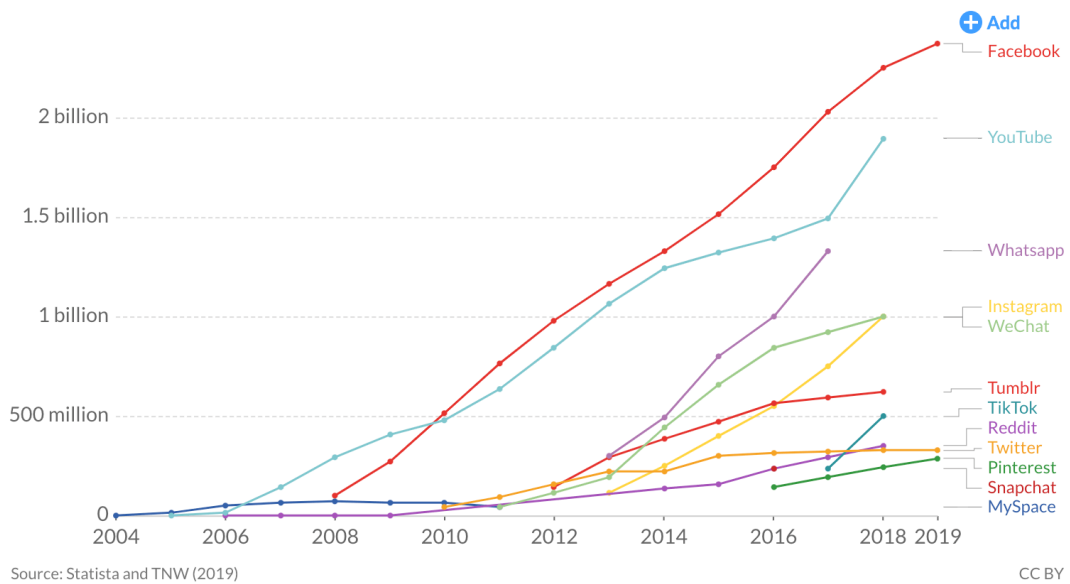
Motivation to interact on SNS has been linked to the innate human desire to belong which is important for both physical and mental wellbeing. This need to belong can be strengthened with the development and maintenance of effective social networks, including those forged on SNS, which subsequently increases social connectiveness and the sense of belonging within the SNS user (Muntinga & Taylor, 2018; Roberts & David, 2020). Conversely, those experiencing feelings of social exclusion, whether these be authentic or imagined, suffer negative effects on their quality of life through SNS activity (Konrath, 2018).

Users and gratifications theory (McQuail, 1994) offers a framework to further examine motivations for SNS use, proposing six sub-categories to further explain SNS user motivations, namely integration and social interaction, entertainment, information, empowerment, personal identity and remuneration. This highlights how people use different SNS platforms for a variety of uses, actively searching for and using the content on specific SNS sites to achieve results and gratifications (Smith & Taylor, 2017; Buzeta et al., 2020). The two main reasons people use SNS is confirmed as being for social interaction and for obtaining information. These activities serve to empower users to instigate change by using their voice to influence their virtual community. Reputation and altruism have been cited as the main drivers behind information sharing on SNS as users often wish to improve their reputation. However, to achieve improvement in their reputation knowledge on the topic shared is essential. SNS user's online status and approval from others in the virtual community is also viewed as a motivating factor in SNS use (Smith & Taylor 2017; Hosen et al., 2021).

Whatever the reason for SNS use what is clear is that social media usage globally continues to rise on a year-by-year basis (see Figures 2.1 and 2.2 below) ensuring this remains a topic of ongoing research interest.

Number of people using social media platforms

Estimates correspond to monthly active users (MAUs). Facebook, for example, measures MAUs as users that have logged in during the past 30 days. See source for more details.



In Chaffey (2023: 1)

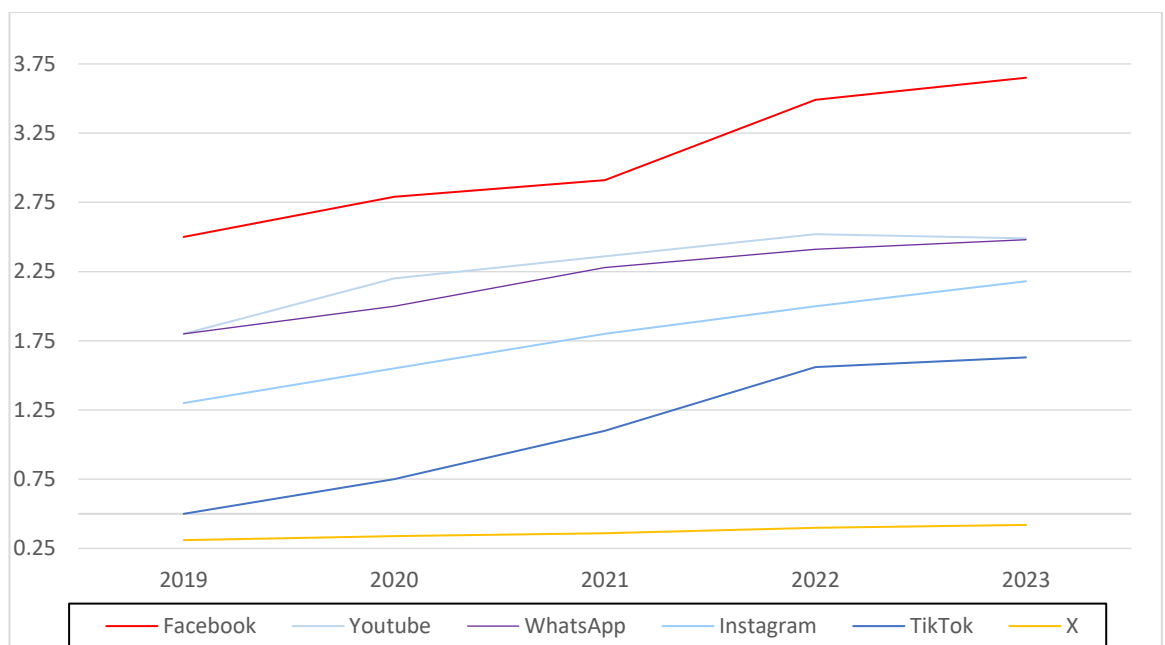
Figure 2.1 Number of people using Social Networking Sites by platform

This graph demonstrates the usage of social media prior to the COVID 19 pandemic which started in December 2019. The graph demonstrates a colossal rise in overall SNS usage over the relatively short period of fifteen years. Also, there are some clear front runners in terms of popularity, particularly Facebook as the overall winner by far with both YouTube and WhatsApp also demonstrating a substantial upwards rise and greatly increased popularity. In addition, the upwards trajectory of Facebook is virtually linear demonstrating an ever-increasing rise in popularity since its inception in 2008, to rise astronomically to 2.5 billion users by 2019. Although released much later, in 2016, this graph illustrates TikTok was already showing early signs of demonstrating this large upward trajectory and therefore becoming a popular platform amongst social media users with a rapid increase in users from 100 million in 2016 to 500 million worldwide in just over a year (Dean, 2024).

This graph also shows that although all platforms listed have demonstrated an increase in popularity, for some this has only been marginal, perhaps because they call to a more niche audience focusing on specific areas such as Pinterest which focuses on offering inspiration for fashion and home do-it-yourself projects (Mull & Lee, 2014). In addition, although Twitter (now referred to as X) does demonstrate some increase in usage since its inception in 2006, when compared to Facebook, YouTube, WhatsApp and TikTok the rise in usage has been relatively slow. As seen in the graph X had failed to reach 500 million active monthly users by 2019.

2.6 Number of people using social media during and post-COVID 19 pandemic

As this research study took place during the COVID 19 pandemic it was deemed important to consider how SNS was used during this time and if this usage remained the same post pandemic. The five platforms included in the graph below are Facebook (including Facebook Messenger), WhatsApp, Instagram and X. These five platforms were selected because (except for X) they are currently four of the most popular SNS sites overall and because they feature regularly in the research around SNS use and student nurses. X was included because despite not being one of the most popular SNS sites overall it is a platform prevalent within nursing research studies.



Source: Iqbal (2024) - Business of Apps

Figure 2.2 Number of people using social media (monthly active users) in billions

This graph follows on from the first graph above (Figure 2.1) and demonstrates a continued, and generally substantial, rise in SNS usage during the height of the COVID 19 pandemic (December 2019-December 2021). Facebook and TikTok both demonstrate a surge of usage at this time confirming their ongoing popularity amongst users and, although again the growth of X has remained slow, this graph does demonstrate its consistent popularity with its perhaps more niche audience.

It is clear during the COVID 19 pandemic the number of SNS users grew rapidly, as did the amount of time users spent on SNS during this time. With an annual growth rate of 8.7% noted in 2020, Facebook remained the largest SNS platform both Worldwide and in the UK at this

time (Dixon, 2023). This is further supported by reports from Facebook highlighting usage of their messaging sites such as WhatsApp and Messenger were up 50% and usage across all their apps demonstrating a 70% rise in time spent on SNS during the initial stage of the COVID 19 pandemic (Schultz & Parikh, 2020; Aggarwal et al., 2022).

This graph also demonstrates how SNS usage started to level off following the end of the lockdown restrictions and the subsequent relaxing of associated constraints in the period up to December 2021 (Institute for Government, 2022). Although interestingly, SNS usage remained level and did not drop in the post pandemic period 2022-2023. In 2023 SNS users in the UK spent an average of one hour and forty-nine minutes on SNS mirroring levels reported during the COVID 19 pandemic indicating the rise in SNS usage over the COVID 19 pandemic has continued (Guttmann, 2024).

2.7 Increased social media content and risk of inaccurate information during the COVID 19 pandemic

In relation to SNS use during the COVID 19 pandemic several concerns have been raised around the increased volume of content on SNS (Aggarwal, 2022) the increased risk of inaccurate information on SNS (Alam et al., 2021; Obiala et al., 2021) and the effect of SNS activity on user wellbeing (Abbas et al., 2021) during this time.

In terms of increased content, SNS platforms are easy and economical to use and, because they offer access to huge audiences, ensure large quantities of information can be disseminated quickly. When there are major incidents, such as natural disasters, or global sporting events, there is often an increase in the search for information. This was apparent in the COVID 19 pandemic with some health-related academic journals reporting a 95% increase in visits to their social media profile pages as people searched for information on the pandemic (Gonzalez & Tortolero-Blanco, 2020; Goel & Gupta, 2020). To support this heightened need for information on COVID 19 many websites and forums increased their content, academic journals escalated the speed of their publication processes and increased access to more preprint options. This led to huge growth in social media use at this time due to the increased amounts of information available on these platforms coupled with a rise in SNS users seeking out this information (Pian et al., 2021). However, this increased use of SNS during this time led to reports of emotional distress and poor mental health in SNS users, along with decreased life satisfaction following SNS use at this time (Pennington, 2021; Geirdal et al., 2021).

A further concern around information sharing on SNS during the pandemic was the accuracy of the COVID 19 information available on SNS. It is recognised by Majerczak and Strzelecki (2022) that false information is shared more often on SNS than accurate, evidence-based data

however, this increased rapidly during the pandemic to an unprecedented level. This became known as an 'infodemic' where subjective views, conspiracy theories and rumours were rapidly circulated through SNS worldwide at epidemic levels (Bridgeman et al., 2020; Zarocostas, 2020). Reinforcing this viewpoint, Moscadelli et al. (2020) found that between December 31st 2019 and April 30th 2020, fake news from 2102 news articles was shared over two million times, accounting for 23.1% of all shares at that time, and that it was mainly 'ordinary' people spreading fake news and conspiracy theories. The spreading of inaccurate information was further compounded as the speed of publication of academic journals at this time was often at the cost of thorough peer review, meaning the information being read and potentially shared via SNS by healthcare professionals and educationalist could be flawed as the usual quality assurance process of peer review had been reduced (Pian et al., 2021).

From a wellbeing perspective because much of the false information shared on SNS is embellished, pessimistic and alarmist in nature this can affect SNS user's mental wellbeing heightening emotions such as anxiety, terror, distress and depression (Gonzalez & Tortolero-Blanco, 2020; Pian et al., 2021).

2.8 Overview of five Social Networking Sites popular with student nurses

Following on from this general overview of SNS usage, this section will focus on five specific SNS platforms namely, Facebook (including Facebook Messenger), WhatsApp, Instagram and X. These five platforms were selected because, except for X, they are currently four of the most popular SNS sites overall and because they feature regularly in the current research around student's nurses use of SNS. X was included because despite not being one of the most popular SNS sites overall it does focus heavily in the research around student nurse use of SNS. Therefore, all these platforms are relevant to this study with its focus on student nurse SNS activity within their peer groups and its effect on their wellbeing.

Whilst it is acknowledged TikTok is an increasingly popular social media platform, seeing a substantial increase in both users and views recently with an annual growth rate of 38% worldwide and 44% in the UK (Omar & Dequan, 2020; Dixon, 2023), and continuing to rise in popularity, this platform is not included in this study because TikTok is viewed predominantly as a recording medium used for self-documentation and entertainment rather than as an SNS, and for similar reasons YouTube has also been excluded from this study.

2.8.1 Facebook

Facebook is one of the largest Social Networking Sites with currently over 2.5 billion users globally. Founding CEO Mark Zuckerberg claimed the aim of Facebook is to connect individuals

and communities across the globe. One of the major strengths of Facebook is noted to be its ability to facilitate connectivity leading to increased user communication and collaboration. It is clear to see how this can lead to the building of community coupled with a sense of belonging advocated as a further strength of Facebook (Zincir, 2017; Wiese & Akareem, 2019). When considering Facebook in terms of fulfilling human needs, as advocated in Maslow's model of human need, it can be concluded that Facebook is beneficial in satisfying human needs in areas including safety; belonging; self-esteem and self-actualisation which in turn leads to a satisfaction with life and an intent to continue using Facebook (Cingel et al., 2022). Evidence therefore suggests the popularity of Facebook is set to continue.

Users of Facebook are able to create a profile through which they are able to connect with other users to build a network of virtual 'friends'. From these profiles Facebook users can post content that can subsequently be viewed by their virtual friends such as videos, photos, website links and status updates (Ross & Myers, 2017). Facebook users can read the public profiles of all Facebook users and, whilst this serves to increase SNS user connection and interaction with wide audiences, it does inevitably mean large quantities of SNS user personal, and often sensitive information, is publicly available. This public availability of personal information has led to raised concerns around trust and the privacy on Facebook (Ayaburi et al., 2020; Gruzdz et al., 2021). Concerns which have been further heightened by well-documented reports of data leaks over recent years such as the Facebook-Cambridge Analytica scandal. Closed Facebook groups can be created focusing on user interests which offer semi-public space as users have to request to join and be accepted into the group. Whilst on face value appearing to be more personal than the large public facing pages on Facebook in reality, these groups can themselves grow to be of significant size and so may not be as personal as the user imagines them to be. In addition, as these groups are classed as semi-public spaces the issues with trust and privacy discussed above can persist (Murray et al., 2023).

However, there are extensive research findings contradicting these positive aspects of SNS. Facebook is used for a multitude of purposes with much of the content harmless whilst other uses are much more sinister involving areas such as hate speech, revenge porn, manipulation of democratic elections, antisocial behaviour, harassment and cyberbullying (Vaidhyanathan, 2018; Wong et al., 2022; Coban et al., 2023). Many of these negative behaviours leave recipients of the posts feeling excluded and rejected. This can negatively affect the SNS user in areas such as their self-esteem and sense of belonging. In addition, self-presentation on Facebook can lead to users presenting differing persona's which again can negatively impact self-esteem and increase narcissistic traits (Grieve et al., 2020; Lutz & Schneider, 2021). A further negative of Facebook is the risk of addiction leading to a decline in life satisfaction

whereas reduced time on Facebook has been shown to lead to an increased sense of wellbeing and a healthy lifestyle in Facebook users (Brailovskaia et al., 2020). So, it is perhaps how Facebook is used and how its users interact that dictates whether Facebook is a positive or a negative experience.

A further recent concern related to the use of Facebook is the impact of artificial intelligence (AI) and the algorithms Facebook employs to generate content for users. Facebook content is algorithmically sorted and classified to be of interest to the user based on a complicated network of interactions and previous behaviours of users, their friends, advertisers, organisations and so on. On face value due to the overwhelming array of Facebook content this would seem a sensible approach for Facebook to take to support its users. However, many claim the aim of these algorithms is to initiate powerful emotions to keep users engaged and that this increase in user engagement is largely for maximising profit (Eisenstat, 2021; Laurer et al., 2021; Sanda, 2022). Furthermore, and to increase user engagement, the Facebook algorithms give the most provocative content the most visibility to its users with the most inflammatory posts the most likely to go viral, even though this approach has the risk of leading to increased polarisation and extremism between users. A view supported by Hao (2021) who claimed one former Facebook AI researcher described how whilst employed by Facebook his team ran numerous studies all finding algorithm models maximised user engagement by increasing polarisation between users.

In addition, despite Zuckerberg's claims that the purpose of Facebook is to connect its user's it is asserted that Facebook users are merely occupying a site that is focused on the targets of the company and not the user (Rieder et al., 2015). These widespread views have led to many public battles between various technological companies focusing on the business models employed by opposing companies. Apple's business model of promoting user privacy was compared to Facebook's business model, which focuses on increasing revenue through advertising by tracking user activity and selling this data to target advertisements. Apple's CEO Tim Cook claimed Facebook's ethical model is 'just not right' and can lead to severe consequences in the real-world. This argument has been countered by Zuckerberg who claimed Facebook's reliance on advertising was a strategy to ensure Facebook could continue to connect people around the world for free, with the aim of addressing the deterioration within communities, whilst Apple's business strategy is clearly focused on selling technological products to make profit, which is perhaps not as caring an approach as Cook would claim (BBC, 2018; Leswing, 2021). It is however apparent whichever business model is employed company profits do inevitably play a part and it is unavoidable that this focus on profit making will influence the use of Facebook.

Furthermore, irrespective of the business model employed what is clear is that Facebook does gather and track large sets of user data that, in addition to advertising and marketing, does offer ready-made data for research (Rieder et al., 2015). Although whether this is a positive element or not would perhaps be dictated by the focus of the research and of course using this data for research is not without issues. This includes researcher knowledge of the platform and legal and ethical issues around the use of this data.

2.8.2 Messenger and WhatsApp

Messenger was released in 2008 as a messaging application (app) and was developed by Facebook to enable direct messaging between users of Facebook. This was originally on the main Facebook platform and was subsequently published by Facebook as a separate app in 2011. The Messenger app allows users to send and receive voice messages, text messages, audio calls and video calls either to individual users or to user-created groups. In 2012 read receipts were introduced as a function in Messenger enabling the sender to know when the receiver has seen the message, a function which currently cannot be inactivated, and whilst this does offer feedback to the sender this functionality has been linked to issues with privacy, anxiety, self-esteem and intensified social pressure (Hoyle et al., 2017; Gangneux, 2021).

Like Messenger, WhatsApp is owned by Facebook. WhatsApp was released in 2009 and purchased by Facebook in 2011. It has similar functionality to Messenger in its ability to send and receive voice and text messages, to make and receive video and audio calls and to form user generated groups. The main difference between the two platforms is the option to inactivate the read –receipt function, this could reduce the issues related to this functionality on Messenger discussed above. Also, WhatsApp has an end-to-end encryption algorithm in place whereas Messenger only has this protection in place for its private chat function not its standard chat function, leaving Messenger standard chat users vulnerable to third parties accessing their messages (Gangneux, 2021; Kilic, 2021).

Considering the advantages and disadvantages of Messenger groups over Facebook groups both Messenger (and WhatsApp) are more private than Facebook as messages travel directly from user's inbox to user's inbox. In addition, user generated groups on Messenger (and WhatsApp) tend to be smaller than those on Facebook and, as they are created by the users themselves, are considered to be more private. However, it can be argued one benefit of bigger groups generally is that although they experience issues keeping members, larger groups usually do ensure a greater mix of knowledge and experience. Therefore, whilst perhaps being less private, larger groups can offer more depth of information with a greater variety of viewpoints to consider. However, this can be counteracted with the argument that

online discussion within small groups demonstrate greater amounts of interactivity than in bigger groups, which could of course increase the depth of the interactions (Butler, 2001; Kim, 2014; Ditchfield, 2020; Murray et al., 2023).

Looking deeper into user behaviour within the smaller Messenger (and WhatsApp) groups compared to the larger groups on Facebook. Within the larger groups on Facebook there appears to be less self-censorship, often triggered by a perceived lack of civility within the comments, which increases negative emotion in the users, whilst in the smaller groups on Messenger (and WhatsApp) there are increased reports of civility and respect reported. However, in contradiction, there are also reports that users in the smaller Messenger and WhatsApp groups are less likely to self-censor than users in the larger Facebook groups (Murray et al., 2023). This is perhaps because of user's perception that the smaller groups on Messenger (and WhatsApp) offered greater privacy enabling them to feel freer to voice opinions (Stroud et al., 2017; Masullo, 2020). The read receipt function can further exacerbate the lack of civility on Messenger (and WhatsApp) as there is increased pressure on the recipient to reply and share opinions once the sender is aware the message has been viewed. This could push the recipient to respond quickly perhaps without thinking through their response in the way they would if given more time (Murray et al., 2023). Of course, ultimately it is down to SNS user perception as to whether they deem the comments civil or not.

In addition, once SNS users have interacted in the smaller Messenger (or WhatsApp) groups they are less loyal to the larger Facebook group on similar topics. They also evaluated their experiences in the larger Facebook group more negatively than in the smaller Messenger (or WhatsApp) groups with those participating in the smaller group chats much more positive about their experiences (Murray et al., 2023), all indications of the potential effect on user wellbeing dependent on their choice of SNS platform.

2.8.3 Twitter (now referred to as X)

Launched in 2006, users communicate via updates; replies; likes; direct messaging and retweeting of posts. The initial purpose of X was to enable friends to quickly and cheaply update each other with a short response to the question 'What are you doing'. This quickly grew to a public platform for sharing brief excerpts of information referred to as 'microblogging'. Users of X can access the posts, (originally referred to as Tweets) of up to 280 characters, by following any account they choose to in their newsfeed in a 'subscription without permission model' Jhaver et al. (2021: 2). This approach ensures access to an extensive audience and a vast array of information for X users. But this approach can also leave X users vulnerable to

extreme ideas and inaccurate information (misinformation) with rumours disseminated quickly and widely via X (Shane-Simpson et al., 2018; Hunt, et al., 2020).

Despite its rise in popularity X has always been surrounded by ambiguity of its true purpose with it being cherished by those 'tweeting' but a mystery to many none-users. In fact, it has been debated as to whether X is an SNS site at all or is it a microblogging site because of its focus on information sharing and lack of reciprocal relationships between users which perhaps further adds to the ambiguity (Shane-Simpson et al., 2018; Burgess & Baym, 2022).

X has been adopted as one of the leading SNS platforms for use in professional life. One reason for this is likely to be because users are unable to 'friend' other users in the way they can on Facebook, they can only follow which ensures the platform has a central information sharing purpose with a more formal focus than other SNS platforms such as Instagram (Carpenter et al., 2022). In addition, the functionality of the hashtag allows content to be searched and ordered by subject, a functionality that serves to combine several separate posts into a topic area. This function is useful for the dissemination of scientific and healthcare information such as during crisis, for example, the COVID 19 pandemic and during conferences. Although, it should be noted, X users do not tend to include hashtags for content they disagree with adding hashtags instead to show agreement or even solidarity, so often a one-sided perspective is presented (Kullar et al., 2020; Chong & Park, 2021; Hsuen et al., 2021).

Initially X displayed content in a reversed chronological order with details from the account's users followed. However, like Facebook, in 2016 X introduced personalised algorithms to sort the data. This has led to users being able to see older posts and those from accounts they did not choose to follow selected purely by the algorithm as deeming to be relevant. This has inevitably led to some voices being heard much louder than others, referred to as 'algorithm amplification' (Huszar et al., 2022: 4). This could heighten the risk of the user being influenced by an increased presentation of biased ideas and misinformation, often with significant consequences such as in the political arena where voting preference could be influenced, or in decision making around vaccinations (Milani et al., 2020; Pierri et al., 2020).

2.8.4 Instagram

Another Social Networking Site growing in popularity is Instagram. Initially released as an iPhone app in 2010, specifically for photo and video sharing, Instagram has now grown into a substantial SNS. Since its acquisition by Facebook in 2012, Instagram has continued to grow significantly in popularity, particularly amongst younger adults and adolescents. Instagram is like X in its access to large audiences however Instagram differs in that users can 'friend' other users, as they can on several other SNS platforms such as Facebook. This leads to the

development of mutual relationships with often a more informal focus than on X (Shane – Simpson et al., 2018; Leaver et al., 2020; Faelens et al., 2021).

Whilst there is some text functionality on Instagram, as up to 2200 characters can be added to each post, this tends to be reserved for adding a caption to visual content with the emphasis firmly on image sharing. This focus on visual content is where Instagram differs from other SNS platforms. Although it can be argued this functionality is predominately about users communicating with each other but through photos and videos rather than text, particularly as other users can interact with these visual posts by liking, commenting and sharing (Leaver et al., 2020; Faelens et al., 2021).

In addition, this focus on photo/image generation allows users to be creative and inventive further adding to its rise in popularity. However, a note of caution should be added as images on Instagram tend to be carefully produced with the use of filters to distort images to be positive in nature, and this has been linked to issues with self-presentation and self-esteem (Leaver et al., 2020; Faelens et al., 2021; Taaffee, 2022). This focus on self-presentation by Instagram users can also lead to social comparison and body dissatisfaction, which is deeper when the SNS user compares images of themselves against the images presented on Instagram. Although, Facebook users did report some thoughts related to appearance the extent of this was much higher in Instagram users, highlighting that this is an issue across SNS but particularly on Instagram (Engeln et al., 2020). In addition, the level of upwards social comparison, whereby users compare themselves with others who they feel are better than themselves, was also higher on Instagram compared to Facebook. Upwards social comparison can lead to intensified negative body image along with increased negative and depressive feelings (Sherlock & Wagstaff, 2019; Aubry et al., 2024).

2.8.5 Future Developments

Artificial Intelligence is undoubtedly transforming business and industry, how jobs are designed and how the work is done and for many organisations AI is bringing opportunities around increased productivity, improved quality and cost-effectiveness (Wirtz et al., 2019; Malik et al., 2021). Within the field of healthcare and nursing there is a vision for AI Chatbots such as Chat GPT to complete routine administrative work freeing up healthcare professionals to focus on quality patient care, and it is clear to see the additional benefits of this including reducing burnout which will subsequently retain staff (Kim, 2024).

It has also been suggested that the use of AI Chatbot such as Chat GPT would improve nurse education. This is because these platforms are instinctive, widely available, user-friendly and can supply extremely knowledgeable content. However, there are real concerns around over

reliance on these technologies decreasing critical thinking skills and increasing plagiarism in student writing (Stokel-Walker, 2022; Tam et al., 2023).

Whilst AI is clearly an area of technological interest to both nursing and nurse education at this point in time AI does not offer a Social Networking Site function for user interaction and so will be excluded from this study.

2.8.6 Virtual Learning Environments

Another area of technology commonly used within nurse education are Virtual Learning Environments (VLE's) such as Moodle, Blackboard and CANVAS. VLE's are internet-based technologies that allows teaching staff and students to share materials and to work together through web-based activities. VLE's offer the functionality to enable delivery of distance learning both synchronously (real time sessions) and asynchronously (student can work through content at an alternative time) (Ain et al., 2016). They became increasingly significant during the COVID 19 pandemic when universities had to move all teaching online due to the national lockdowns preventing any face-to-face teaching activity (Turnbull et al., 2021).

The use of these technologies has continued successfully after the COVID pandemic and does mean that students can continue to access teaching materials and undertake learning activity irrespective of time and place, in a similar way to SNS access. However, some VLE's such as Moodle do not include the functionality to enable communal interaction between users and so cannot be used for social, informal activity in the way SNS sites can be. Some other VLE's such as CANVAS (which is the VLE used by the participants in this study) do have the functionality to enable user interaction, but they tend to be used for more formal communications. This is because VLE activity tends to focus on teaching and assessment activities. Students respond to tasks set by teaching staff and group discussions are facilitated by the teaching staff as opposed to user to user social interaction. Students have also reported user to user interaction on CANVAS is low, most students access Canvas for less than 2 hours per week, which is considerably less than SNS usage discussed in section 2.10 below (Santiana et al., 2021).

The current use and functionality of VLE's whilst enabling some interaction, differs considerably from SNS based activity, particularly in relation to the formality of interactions and so will be excluded from this study which focuses on the more informal elements of SNS activity between student nurses and their peers.

2.8.7 Summary of SNS comparison of platform functions and links to wellbeing

Table 2.1 Comparison of SNS platforms and links to wellbeing

	Facebook	Facebook Messenger	WhatsApp	X	Instagram
Private versus public space	Public space – contents are in the open domain	Private space as messages travel direct from user inbox to user inbox NB - Although contents can be made public by users e.g. through screenshots and sharing on other SNS platforms	Private space as messages travel direct from user inbox to user inbox NB -Although contents can be made public by users e.g. through screenshots and sharing on other SNS platforms	Public space – contents are in the open domain	Public space – contents are in the open domain
	SNS platforms in the public arena enable users to connect with large audiences offering a greater variety of views and an increased sense of connectivity, however concerns have been raised about privacy and the effect of this on wellbeing. Reports also highlight a more negative user experience within larger SNS groups as there is less self-censoring and increased incivility which can lead to emotions running high.				

	<p>SNS platforms offering a more private space are more interactive in nature and this has been highlighted as a more positive experience improving SNS user wellbeing.</p>				
Read receipts	Not able to identify if specific users have viewed posts	Read receipts show user when individuals have viewed messages	Read receipts show user when individuals have viewed messages	Not able to identify if specific users have viewed Tweets	Read receipts show user when individuals have viewed messages
	<p>The use of read receipts can be linked to issues with privacy, anxiety, self-esteem and social pressure to respond leading to users feeling overwhelmed.</p> <p>SNS platforms without the ability to offer read receipt tend to use the 'like' functions to gauge interest in their posts which again has been linked to wellbeing in areas such as self-esteem and life satisfaction.</p>				

	Facebook	Facebook Messenger	WhatsApp	X	Instagram
Community building	User can create profiles and add 'friends'	Messages direct to other users inbox	Messages direct to other users inbox	User can create a profile but not add 'friends' or 'followers' can create a lack of reciprocal relationship	User can create profiles and add 'followers'
	The ability for users to add 'friends' or 'followers' to their platforms can increase the connectivity, community building and the sense of belonging. The main aim of Facebook is claimed to be connectivity. Whilst still aiming to build communities X is aimed mostly at information sharing offering users a more formal relationship suited to the professional environment rather than informal chatty networks.				
Content	Focus is on posting user created content including videos, photos, and status updates	Focus is on sending and receiving messages via voice or text and voice or video calls	Focus is on sending and receiving messages via voice or text and voice or video calls	Focus is on information sharing using short posts restricted in size	Focus is on image sharing – text merely for adding captions

	<p>The design of Facebook offers options for longer SNS interactions, which can enhance community building whilst the limitations in post size on X can restrict this.</p> <p>Image sharing allows users to be creative and inventive and to build an identity but can also lead to upwards social comparison and body dissatisfaction leading to depressive feelings, particularly when filters are used to enhance photos. Feelings of body dissatisfaction are reportedly much higher on Instagram than Facebook because of its focus on image sharing.</p>
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2.9 How are student nurses currently using Social Networking Sites

2.9.1 Student nurses Social Networking Site use and professionalism

Professionalism is a difficult concept to define as it means different things to different people. However, within the field of nursing it is generally accepted that professionalism is concerned with a nurse or student nurse acting in a way that upholds the values of nursing and by doing so protects the reputation of nursing (Nursing & Midwifery Council (NMC) 2017).

There is already a considerable amount of research around the topic of student nurse's professionalism on SNS, with sound recommendations available for managing this issue, therefore student nurse's professionalism on SNS is not the direct focus of this thesis. However, an overview is included as this topic does still hold some relevant tangential implications for this study as professionalism is key to nursing.

To ensure the public are protected registered nurses are governed by the Nursing and Midwifery Council (NMC). The core aim of the NMC is to regulate nurses, midwives and nursing associates by ensuring education is of a high standard; professional standards are always upheld, and a register is maintained of those eligible to practice in these fields NMC (2022). Whilst not able to join the register until they have completed an approved programme of study there is an expectation student nurses will uphold the same level of professionalism as registered nurses. To support these professional standards the NMC have developed a Code of Practice (NMC, 2018) which all registered and student nurses must comply with and, of particular relevance to this study, further guidance linked to the Code related specifically to social media activity (NMC, 2019). This guidance, whilst recognising the value of social media

for healthcare and education, aims to guide nurses on how to interact on social media responsibly so their NMC registration is not put at risk. This guidance also relates to student nurses.

Whilst this NMC (2019) guidance on responsible use of social media does recognise some of the benefits of social media for the nursing profession in the areas of networking, education, sharing of information and professional development, it clearly highlights the risks if used irresponsibly particularly in relation to privacy, confidentiality, consent, posting of inappropriate content, bullying and discrimination, all of which could clearly compromise a nurse, or student nurse's, professionalism and reputation. This guidance is further supported by the Royal College of Nursing's (RCN) advice which again highlights the benefits of social media for nurses but also focuses on how to protect oneself as a nurse or student nurse when using social media, covering additional areas such as protecting identity, maintaining professional boundaries and remembering that in law 'liking' a post is considered the same as creating that content (RCN, 2023).

This concept, around how nurses and other healthcare personnel display professional behaviours in their on-line activity, is referred to as e-professionalism whereby online activity is viewed in relation to the traditional ethics, values and behaviours of professionalism (Viskic et al., 2022; Ryan et al., 2024). E-professionalism has been an area of increasing concern for several years, and as a result it has become a specific area of research interest resulting in the development of a substantial body of evidence on this topic. A literature review focusing on the use of social media as a learning tool in health education, found 60% of the articles scrutinised linked in discussions around the risks associated with SNS and misconduct, further demonstrating the concerns in the profession around this issue and the depth of work already published on this topic (Scott & Goode, 2020).

Much of this research has considered the unprofessional behaviours of healthcare professionals and healthcare students on Social Networking Sites (SNS) employing research methodology focusing on either content analysis of SNS posts openly available (DeGagne, 2021; Ahmed et al., 2020) or self-reporting techniques usually via questionnaires (Laliberte et al., 2016; Soubra., 2022). Initially this research focused on doctors and medical students with various research studies confirming there are issues with inappropriate behaviour on SNS from both doctors and medical students. This includes excessive and unnecessary self-disclosure (oversharing) around episodes of intoxication and sexual activity; infringement on patient privacy; confidentiality breaches and the clouding of professional boundaries when healthcare professionals and patients interacted through SNS (Ahmed, 2020; Low et al., 2021; Viskic et al.,

2022). Conversely, whilst accepting the need for boundaries, doctors and medical staff are entitled to a private life when off duty, which means, there is clearly the potential for conflict when doctors, and other health professional, are aiming to construct a digital identity safely aligning professional and personal identity (Ruan et al., 2020; Marshal et al., 2021).

Although these studies started with a focus on doctors and medical students there are an increasing number of corresponding studies featuring a variety of healthcare professionals and healthcare students including pharmacy students; physiotherapy students; dental students, and several studies that grouped all healthcare fields together when considering this issue. This demonstrates this is an issue across all healthcare professions for both qualified staff and students (Laliberte et al., 2016; Hussain et al., 2021; Imran et al., 2024).

Therefore, not surprisingly, nurses and nursing students have also been the focus of several research studies with similar findings around unprofessionalism on SNS as those discussed above. This includes unprofessional behaviour in student nurses SNS activity around alcohol and sexually explicit content and both deliberate and unintended breaches of privacy and confidentiality in nurse and student nurse SNS interactions. This demonstrates this is an issue specifically in nursing too (O'Connor et al., 2022; Tan et al., 2024).

If nurses and student nurses are found to have unprofessional content on their SNS accounts, it can have a detrimental effect on both their programme of study and future career opportunities if Fitness to Practice is questioned as a result. Although, the number of student nurses involved in Fitness to Practice processes due to inappropriate use of SNS is low, the repercussions are considerable in terms of the potential to bring the nursing profession into disrepute when these cases are discovered, so it does remain an area to continue to be addressed (Zhu et al., 2021).

Issues around nurse's maintenance of professional boundaries on SNS in relation to maintaining e-professionalism centre on nurses being able to make a distinction between their professional and personal identity (Daigle, 2020).

This idea of a person holding different identities is not specific to nursing, it has long been recognised that all individuals depict different images of themselves to differing audiences in differing social situations all the time. People are not physically changing themselves but are representing themselves how they wish others to view them by wearing masks and adopting differing roles, performing within their social environment in the same way that actors perform on stage, acting differently depending on who is observing or when no-one is observing. A concept titled self-presentation by Goffman (1959). SNS builds on these ideas

offering new ways for individuals to present themselves as SNS users can manipulate their identity, with increased control over the impression they make (Costa, 2018).

Prior to SNS it was perhaps easier to hold two identities. A student nurse could hold a personal and professional identity because there was no posting on SNS, therefore personal and professional lives could easily be separated. This separation of identities is becoming more and more difficult to achieve, particularly with the increased functionality for users to interact on SNS through any web-supported interface such as a desktop computer, mobile phone, or a laptop. This means SNS interactions can take place at any time or in any place, which has enabled individuals to interact in several spaces at the same time through public and private SNS interactions alongside the real-world space. Furthermore, this access to SNS at any time or place means interaction on SNS is often constant and instantaneous and so frequently SNS users can become unsure of which space they are in when interacting on SNS as space has become so multi-layered. This can even serve to escalate the issues of unprofessional behaviour on SNS as nurses and student nurses may believe they can use some SNS sites more informally whereby unprofessional behaviour could more easily creep in. The NMC make it clear nurses and student nurses must always uphold the Code, and so having personal SNS accounts does not negate the need for e-professionalism to be maintained at all times across all SNS accounts (NMC, 2018). This clearly impacts on the ability of the SNS user to keep a distinction between professional and personal identity. If this distinction is not clear it can lead to blurring of the boundaries between these two roles with the risk of student nurses compromising their professional identity (Zaykova, 2015; Ryan et al., 2024).

To address the issues around unprofessionalism on SNS for nurses and student nurses most studies in this area concluded education, and the introduction of organisational guidelines focusing on e-professionalism on SNS are key to making the required improvements in this area. This is so that both the integrity of nursing and the public are protected as advocated in the Code (NMC, 2018) and in the NMC guidance on social media for nurses (NMC, 2019). This would ensure student nurses could benefit from the educational, informative and supportive elements of SNS (discussed in section 2.92 below) without risking the consequences of inappropriate or unprofessional use (Marelic et al., 2022; O'Connor et al., 2022; Ryan-Blackwell, 2023; Tan et al., 2024).

Adoption of these recommendations around increased education for healthcare students and supporting organisational guidelines around e-professionalism are starting to show dividends with healthcare students demonstrating an increased awareness of the unfavourable effects of SNS and nurses seen to be much more cautious about SNS use (Guraya et al., 2021; Griffin et

al., 2021). In addition, several tools are now available such as the SMcPROF and DP-SAI coding tools allowing healthcare professionals to self-assess their online content which nurses, and student nurses can use to ensure their SNS activity remains professional and in accordance with the Code (NMC, 2018) and NMC Social media guidance (NMC, 2019). When using these coding tools both students and staff reported very low episodes of unprofessional content on the social media they reviewed (Viskic et al., 2022). The use of these tools could be built into the e-professionalism education programmes and organisational guidelines recommended to address unprofessionalism online further addressing this issue.

As the topic of unprofessionalism on SNS has been heavily researched producing a substantial body of evidence as to the issues, and there are clear, well supported recommendations in place around education on e-professionalism and organisational policy to support the use of SNS by student nurses this topic will not be the focus of this research, it will however be included within the discussion chapter if deemed relevant during data analysis of the narrative interviews.

2.9.2 How student nurses use Social Networking Sites as part of their education programme

Although student nurses formal SNS activity within their education programme is not the focus of this thesis it was still deemed important to include an overview of this aspect. This is because the participants of this study are all student nurses on a nurse education programme. Therefore, the formal SNS activities could overlap into the informal SNS activity within the SNS groups set up and managed by the student nurses themselves independent of the university. Although, student nurses do differentiate when using SNS, adopting a more formal style when using SNS as part of an educational programme and a more informal approach when interacting on SNS on a more social level (Price et al., 2018).

How student nurses use social media and SNS as part of their formal education programme is another area of considerable international research interest. SNS has been found to be extremely successful in the education of healthcare professionals and most students found the use of SNS in their nurse education programmes to be positive (Price et al., 2018; Scott & Goode, 2020). However, pitfalls around the use of SNS in education are also evident such as SNS becoming a distraction when utilising SNS to support traditional teaching methods such as lectures. This has led to fears that adding SNS as a teaching method could just offer a further means of distraction and procrastination with its educational purpose lost to the more social elements (O'Connor et al., 2022). In addition, the inclusion of SNS in healthcare education can prove another stressor for students as it can be seen as another thing to find time to learn and

undertake on top of busy educational programmes that already have theory and clinical elements of learning to juggle. This is of particular significance when considering the mental wellbeing of healthcare students due to the many competing demands of their programmes (Price et al., 2018). Despite the risks identified there are a multitude of possibilities if SNS is used correctly in healthcare education.

2.9.3 Information sharing on Social Networking Sites in nurse education

One of the major positives of the use of social media in nurse education is the sharing of information and academic resources (Price et al., 2018; Vizcaya-Moreno & Perez-Canaveras, 2020). This is largely because SNS's are a major distribution platform for information and due to the ongoing popularity of smart phones increasingly information can be released directly to people irrespective of location or time (Rutsaert et al., 2013). Therefore, SNS has become a valid and effective means for student nurses to disseminate information, share knowledge and subsequently extend their learning (Sivakumar et al., 2023).

A word of caution has however been raised in relation to the sharing of information via SNS with regards to the accuracy of the information shared. The sharing of inaccurate information on SNS has become commonplace leading to the coining of the term 'misinformation'. Much of the research on misinformation focuses on the spread of incorrect information or 'fake news' and its subsequent impact on the receivers of this information in key areas such as politics and health (Valenzuela et al. 2019; Anspach & Carlson, 2020; Pulido et al., 2020; Bautista et al., 2021). Inaccurate information and the sharing of health-related information on SNS took on particular significance in the recent COVID 19 pandemic where inaccurate reports were widespread (Bridgeman et al., 2020; Apuke & Omar, 2021; Vraga & Bode, 2021). All areas with the potential to negatively affect nurse education if the information shared is incorrect.

Research around misinformation has uncovered some areas of real concern when related to the use of SNS in nurse education, such as, if respondents read inaccurate information relating to a topic, they were more likely to subsequently respond incorrectly to questions on the topic than when they read accurate or neutral information. This was found to be true even when the people involved had previous knowledge of the topic area, as they still consistently trusted and therefore reproduced information that was clearly inaccurate, rather than assessing the information for relevance and validity (Rapp, 2014).

In addition, even when the information presented on SNS was accurate, participants were more likely to believe the information contained in the underpinning user comments, which were often factually incorrect. A situation further compounded as SNS users were also more likely to believe misinformation if they received it from several sources or when it is shared

and commented on by SNS users who they consider good friends (Enke & Zimmermann, 2017; Anspach & Carlson, 2020; Ruggeri et al., 2024). This demonstrates the spread of misinformation is often more about the user generated content than the details embedded in the original posts.

2.9.4 Student nurse collaboration with peers on Social Networking Sites within nurse education

A second frequently documented positive of SNS usage in nurse education is around student nurse collaboration, particularly through the promotion of student interaction via online discussions as part of active learning. The advantages of student nurse interaction via online discussions include team learning; development of collaborative critical thinking skills, reduced levels of stress and increased reports of satisfaction in comparison to face to face teaching activity along with increased peer to peer connection and support (Price et al., 2018; Mannisto et al., 2020; Vizcaya-Moreno & Perez-Canaveras, 2020). However, in contradiction, rather than increasing communication and collaboration the use of SNS in teaching can create distance and isolation leading to difficulties creating friendships and often face to face teaching methods are more beneficial. Reliance on SNS for relationship building can lead to poorly developed social skills, isolation and depression, which would need to be counteracted for student nurses to develop the interpersonal skills required to be successful in the healthcare environment (Chicca & Shellenbarger, 2018).

One way to address this is to use SNS platforms such as X to supplement rather than replace more traditional teaching methods. The use of X in the classroom enables all students to take part in discussions online as opposed to face-to-face discussions where only those confident enough to speak out are involved (Gagnon, 2015; Price et al., 2018). In addition, and of relevance to this study, in relation to student wellbeing online discussion can lower anxiety and levels of stress associated with face-to-face interactions in the classroom setting leaving students feeling more empowered and in control of their own learning (Tubaishat, 2018). However, it should be considered that any issues noted around relationship forming via SNS may have been the case when the use of SNS in nurse education was in its relative infancy and as things are progressing so quickly in this area there is now a need to embrace SNS use in nurse education. This is particularly for the upcoming Z Generation who have a much stronger preference for multi-faceted communication methods rather than face to face communication which other generations prefer (Vizcaya-Moreno & Perez-Canaveras, 2020).

2.9.5 Building student nurse virtual communities of practice within nurse education

Student nurse collaborations within nurse education have also been linked to the concept of building communities of practice for learning. Based on the work by Lave and Wenger (1991) communities of practice offer learning through social interaction to enable professional development. The focus of communities of practice is on members of the group sharing an area of interest or a problem where they want to improve, and to bring about this improvement, communicate regularly. This 'thinking together', where members share their understanding and experience of an issue leads others in the group to better understanding. The result is collaborative learning as the combination of the group's knowledge is bigger than individual members knowledge (Wenger-Trayner & Wenger-Trayner, 2015; Noar et al., 2023; Tornqvist et al., 2023).

Originally this work focused on face-to-face communities of practice but with the rise of the internet and SNS it was inevitable that interest in this area would spread to the online environment and the formation of virtual communities of practice (VCoPs). Active learning can be achieved with the use of VCoP's in nurse education via platforms such as online discussion groups, because the student nurses can be involved in the debate, sharing knowledge and thereby contributing to the knowledge base of the group as opposed to passively receiving information such as in a lecture (Price et al., 2018). Healthcare professionals and healthcare students currently use numerous VCoPs, however, studies to date within nurse education have tended to focus on VCoPs developed as part of an educational strategy such as the use of discussion boards (Osborne et al., 2018; Massey et al., 2019).

2.10 What are student nurses current SNS Habits?

Student nurses operate in a world where SNS is ubiquitous and as a result perhaps unavoidable. Therefore, not surprisingly, studies focusing on nurses and student nurses have consistently established SNS use as high in this group with figures ranging from 93% up to 100% as one study claimed every student nurse used SNS (Kung & Oh, 2014; Wang et al., 2019; Alharbi, 2021). These rising figures are further supported by the data in the graphs (Figures 2.1 and 2.2) showing overall use of SNS in the general population is also continuing to rise both in the UK and worldwide.

In addition, when considering the regularity of SNS use by student nurses daily use is the norm with 44% of student nurses spending 2-3 hours daily on SNS and 13.2% spending more than 6 hours. This demonstrates although there is a variance in SNS use there is clearly a substantial number of moderate, heavy or for some, very heavy users within this group (Sadd, 2019; Wang et al., 2019; O'Connor et al., 2022). Further demonstrating the popularity of SNS use by

student nurses. In addition, most nurses and student nurses are registered on several SNS platforms with 83%, registered on between two and four platforms (Wang et al., 2019).

The most popular SNS platform for student nurses by some margin is Facebook, with other popular SNS sites amongst this group including Instagram, YouTube and X (Price et al., 2018; Alharbi et al., 2021). In addition, student nurses use different platforms at different times of the day, with the use of Facebook highest first thing in the morning and X use peaking at lunchtime (Fredericks et al., 2020). Perhaps this is because of the short nature of Tweets allowing for quick updates in the limited time of a work break, whilst the community building nature of Facebook requires more time to maintain.

2.11 Why do student nurses use SNS?

When exploring the reasons why nurses and student nurses use SNS the overwhelming focus (95%) was for users to remain in contact with others for the purpose of socialising. Student nurses are attracted to Facebook more for social reasons than educational, and this social aspect of SNS use for student nurses does afford communal support (Fredericks et al., 2020; Alharbi et al., 2021). This communal support subsequently proves useful in relation to student nurse's education and both their formal and informal learning as SNS interactions can take place long after the timetabled sessions have finished (Giroux & Moreau, 2022).

A further advantage in respect of the effects of this increased communal support via SNS is the assistance it affords student nurses when transitioning into nurse education. Student nurses seek support on SNS when they feel discouraged or worried about their studies to diminish feelings of isolation, particularly as SNS is speedier than other communication methods such as emails. This support can be instrumental in reducing attrition from the programme (Ferguson et al., 2016; Pimmer et al., 2018).

Another significant reason why student nurses interact on SNS is to develop a better understanding of both their role and identity as a nurse. This is achieved through the sharing of experiences and tribulations linked to both clinical placements and theory sessions. So, by sharing their experiences and taking part in online discussions student nurses can obtain alternative views to their own from their peers who had faced similar situations. This type of peer support through SNS activity helped student nurses appreciate they were not alone in the challenges they faced as their colleagues had faced similar quandaries. In this way student nurses use SNS to connect with their peers and to continue to preserve and further develop lasting friendships, thereby building a community of similar minded people (Alharbi et al., 2021; Giroux & Moreau, 2022; Tan et al., 2024). This use of SNS to interact with peers is

widespread within healthcare with 99.5% of participants reporting they were 'friends' with work colleagues on SNS (Wang et al., 2019). Although this study focused on registered nurse it does further demonstrate the extensive popularity of SNS for interacting with peers within the field of nursing, beyond the purposes of education alone.

Student nurses, therefore, use SNS for a variety of reasons including professional, academic and personal use although research to date looking at student nurses and SNS has tended to focus on the formal use of SNS such as in education or during professional interactions. Where studies have considered informal SNS use this tends to be either in combination with formal interactions (so overall use of SNS) or focused on specific areas such as professionalism or user engagement/practices such as how often student nurses interact on SNS and which SNS platforms are used. Limited studies focus purely on the informal interactions of student nurses on SNS and none on this activity specifically within the student nurse peer groups. This is somewhat surprising given the popularity of SNS use by student nurses for both socialising and support (as discussed above), suggesting this is a topic worthy of further research, hence the reason for this study.

2.12 The complexities of research on SNS and its effect on wellbeing

Over recent years research on SNS and its effect on people's wellbeing has increased significantly however, the results are far from clear-cut, with some studies indicating a positive effect, others a negative effect and still more suggesting no effect on wellbeing from SNS use (Appel et al., 2020), leading to ongoing confusion as to the true effect of SNS activity on user wellbeing. However, recent meta-analyses and systematic literature reviews have illustrated a statistically significant negative correlation between wellbeing and SNS use (Kross et al., 2021).

In addition, research in this area has tended to focus on single features of SNS use and wellbeing such as length of SNS use and sleep quality (Graham et al., 2021) SNS use and life satisfaction (Martitila et al., 2021) and SNS use and personality traits (Casale & Banchi, 2020; Kircaburun et al., 2020), therefore offering very specific findings. To add a further layer of complexity, research on SNS use and its effect on wellbeing extends across many disciplines with differing perspectives. This could be seen as a strength as it offers a broader approach or alternatively it could be seen as a problem as different disciplines will inevitably view the topic from different paradigms which could create confusion (Page, 2019).

2.13 Social media fatigue; fear of missing out (FoMO) and cyberbullying and their effect on wellbeing

Despite this ongoing debate on the positive versus negative effects of social media there are three areas where the negative effects of social media use are of relevance to this study, namely social media fatigue, Fear of Missing Out (FoMO) and cyberbullying. Social media fatigue is the subjective, multi-layered experience involving various negative emotions such as exhaustion, irritation, decreased motivation and disillusionment linked to SNS use. It is related to the duration of SNS activity and increasing levels of SNS content, as too much information can lead to information overload and can be overwhelming for the user (Ravindran et al., 2014; Wang et al., 2023).

The concept of social media fatigue is also linked to research in the field of psychology, indicating that humans have limited data processing capacity (Hunter, 2004) and as SNS usage continues to grow (see figures 2.1 and 2.2), increasing numbers of SNS users are reporting symptoms of social media fatigue such as burnout, extreme tiredness, and anxiety. This indicates a parallel rise between increased SNS use and increased levels of social media fatigue (Zheng & Ling, 2021). This is problematic as people with social media fatigue have been shown to experience a reduction in strength, physiologically and mentally, often coupled with maladaptive behaviour development including deterioration in performance efficiency and life satisfaction (Lee et al., 2016; Fontes-Perryman & Spina, 2022). As most individuals have limited data processing capacity anyway in day-to-day life, as noted by Hunter (2004) earlier, the information overload experienced when using SNS can lead to the user wanting to escape from the situation by withdrawing from SNS or discontinuing SNS use altogether as a coping strategy (Fu et al., 2020).

However, closely linked to social media fatigue and subsequent withdrawal from SNS is the concept of FoMO. This is an inescapable fear that one is missing out on a rewarding experience that others are enjoying (Przybylski et al, 2013). When related to SNS, users with high FoMO often demonstrate compulsive social media use and increased levels of SNS engagement which further increases the risk of social media fatigue (Wolniewicz et al., 2018; Khaoula et al., 2021).

FoMO on SNS can also be linked to peoples inborn longing to be accepted and connected to others for the positive psychological effects this brings, because SNS does allow for social connections to be built (Makki et al., 2018). However, because SNS also allows users to continually check their SNS for updates if an SNS user's psychological needs are not met FoMO rises further thus leading to greater compulsive checking therefore further increasing the negative effects. These effects can manifest as lower levels of life satisfaction and a poorer

emotional state; anxiety and depression; difficulties controlling mobile phone usage and poor sleep quality or insufficient sleep (Wolniewicz et al., 2018; Roberts & David, 2020; Elhai et al., 2020; Almeida et al., 2023) all clearly affecting SNS user's wellbeing. This adds further justification for the need for ongoing research in this.

The third area of particular concern related to SNS use and user wellbeing is the concept of cyberbullying which is the deliberate act of hostility over a period of time, from an individual or a group using technology towards a victim who is unable to protect themselves (Giumetti & Kowalski, 2022). Again, this is a concept of growing significance because of the increasing use of SNS offering the bully access to victims irrespective of time and place. Negative effects of cyberbullying include effects on physical health, academic performance and psychological wellbeing such as increased anxiety, depression and suicidal thoughts (Lopez-Vizacaino et al., 2021), making this a topic of interest for this thesis.

Within this chapter I have explored the concept of social media with a particular emphasis on user wellbeing. The chapter commences with an overview of social media including a focus on SNS user engagement and motivation for use as these areas are central to this study.

I then reviewed social media use both during and post the COVID 19 pandemic as this study extended over this period. I included discussion around the increased use of SNS at this time and the increase of inaccurate information on SNS at this time as both areas are believed to affect user wellbeing.

The chapter then moves on to offer an overview of five SNS platforms commonly used by student nurses (Facebook, Messenger, WhatsApp, X and Instagram) due to their significance to this study. I included a brief section on future developments, particularly Artificial Intelligence (AI) and Virtual Learning Environments (VLEs) as both are used by student nurses. Although I do not include AI and VLE's in future chapters as they do not hold the SNS functionality that is the focus of this research.

I then explore student nurse professionalism on SNS as this area has been recognised as an area of concern, and although not the focus of this study it is expected there may still be some tangential implications to consider.

The use of SNS in nurse education is covered with a particular focus on information sharing and collaboration/building communities, although again this is not the focus of this study. However, due to the participants being student nurses on an educational programme I did feel there could be some overlap of relevance to this research.

I conclude this chapter with a section exploring the link between SNS and wellbeing with a focus on social media fatigue and Fear of Missing Out (FoMO) as these are areas of significance to this research.

What is clear from previous research in this area is that SNS is both complex and multi-faceted and current evidence does suggest there is certainly potential for SNS user's wellbeing to be affected when undertaking SNS activity. This is concerning and indicates the need for further research in this area, particularly for student nurses who have been identified as high users of SNS. There is a gap in evidence in this area particularly around the more informal SNS forums amongst student nurses and their peers, hence the reason for this study which aims to answer the research questions:

1. What are student nurse's experiences and perceptions of using social media within their peer groups?
2. What is the effect of using social media on student nurse's wellbeing?

In the next chapter I will explore the complex concept of wellbeing which is central to this study. I will start with a summary of the ongoing debates around the concepts of happiness and wellbeing before moving on to the more contemporary arguments that build on these philosophical and historical debates.

The focus of these discussions will be on the objective versus subjective nature of happiness and wellbeing, the individual versus societal significance of wellbeing and wellbeing as a complex multi-faceted concept versus a stripped back much simpler version.

Chapter 3 – Wellbeing

3.1 Introduction

This chapter will begin with a brief overview of relevant philosophical and historical perspectives on happiness and wellbeing. It will then go on to explore the more contemporary arguments that build from these philosophical and historical debates. The focus of these discussions will be on the objective versus subjective nature of happiness and wellbeing, the individual versus societal significance of happiness and wellbeing and wellbeing as a complex multifaceted concept versus a stripped back much simpler version.

Wellbeing is inevitably synonymous with happiness. This is because happiness is viewed as the forerunner and essential underpinning component to the more contemporary concept of wellbeing (Lomas & Case, 2021) and so both terms will be used as relevant whilst the concept of wellbeing is unpicked and explored in this chapter.

The concept of wellbeing is an area attracting much research even though it is a particularly difficult concept to define. One reason for these difficulties is that wellbeing is a topic of interest to a great variety of professions and, more recently, laypersons each viewing this concept from a different angle. These difficulties are further compounded as the concept of wellbeing can be viewed as a very simple idea or a complex and multifaceted phenomenon depending on individual viewpoints. It can also be viewed on an individual level with the focus on personal achievements and personal happiness, or wellbeing can be viewed on a community level, so individual wellbeing is achieved through the wellbeing of the society in which the person lives (White, 2008).

These issues around defining wellbeing have led to several heterogeneous definitions, which are often excessively broad and frequently lack clarity. This serves to further complicate this matter, particularly from a research perspective, where there is the inherent need to offer clear operational definitions for the concepts under study (Dodge et al., 2012). Despite these ongoing difficulties around definition, the concept of wellbeing is becoming increasingly popular in terms of media coverage and policy, indicating that interest in people's wellbeing is a growing concern. Therefore, this remains a relevant area for further research. Furthermore, this topic area is worthy of ongoing research as it is so significant in people's lives, being considered by many to be the driving force of life. The physical and psychological fulfilment that accompanies happiness is held in high esteem by humans with both individuals and groups aspiring to lead happy lives (Jakubovska & Walnerova, 2020).

This demonstrates that, for human beings, the achievement of happiness is a significant motivational force in their lives. It has even been claimed that all human beings, over the course of history and around the entire world are focused on the one overall shared aim which is to be happy, and that without happiness there is no purpose to life (Classen, 2018).

Although the importance of happiness and wellbeing for humans is generally accepted, debates around these concepts focusing on definition and understanding of the concept are far from new. Questions in this area have been pondered for over two millennia. The debates began with the deliberations of the early philosophers in Ancient Greece focusing initially on the concept of happiness and how this concept should be understood and defined. To truly consider what wellbeing means today it is essential to review the key historical debates surrounding the concept of happiness to truly understand the principles the ideas of today are built on. It is important to remember when further exploring these perspectives that the concept of happiness debated by the early philosophers was much broader than modern thoughts on happiness with ideas focusing on what is believed to be the 'good life' and how people are required to live well, thrive and so experience this 'good life' for themselves. Clearly in line with today's theories around wellbeing. It appears therefore that philosophers debating happiness throughout history were also debating the contemporary concept of wellbeing as the two concepts are synonymous.

3.2 A brief overview of relevant philosophical and historical perspectives on happiness and wellbeing

The ancient Greek philosopher Democritus (460 BC-370 BC) is thought to be the first philosopher in Western culture to deliberate the concept of happiness. When considering the subjective versus objective nature of happiness Democritus can be firmly linked to the subjective element of wellbeing acknowledged in many fields today. This is because his beliefs were that happiness is linked to a person's thinking rather than just external circumstances or favourable fate (Johnson, 2014).

However, Socrates, a philosopher of the same period, argued happiness could be measured and so was objective and absolute in nature (Kesebir & Diener, 2008). And so began the arguments around the subjective versus objective nature of happiness and wellbeing. Similar arguments have persisted ever since, with much debate on this topic continuing today within the various disciplines including psychology; sociology; health; management; tourism and education researching the subject of wellbeing.

Similarly, the ongoing debates around happiness and wellbeing from an individual versus societal level commenced with the ancient Greek philosopher Aristotle (384 BC – 322 BC). For

Aristotle happiness was about the mutual experiences of individuals co-existing within society as people attempt to live a virtuous life. Aristotle believed being born into the right society could have an impact on the development of virtues. Subsequently, this would lead to a happy society which Aristotle believed to be an essential prerequisite for happy citizens (Turner, 2018). This demonstrates an awareness of the social and cultural elements of happiness amongst the philosophers of Ancient Greece, as opposed to focussing purely on the individual and their happiness. A debate that continues into modern times in the work of White (2008); Diener and Ryan (2009) and Thin (2014) (see section 3.4 below for further details on this debate).

The debate between individual versus societal level happiness and wellbeing has continued over the years. However, the societal focus of happiness and wellbeing was particularly prominent in Utilitarian philosophy. The English Utilitarian philosopher Bentham (1748 – 1832), claimed that the fundamental aim for all human endeavour is to attain the greatest amount of pleasure over pain. Furthermore, this should be built into legislation and morals to achieve the greatest happiness for the greatest number of people (Bowring, 1843). From a societal viewpoint this indicates that a government's focus should be on policy making that promotes the happiness of society. Interestingly, recent United Kingdom Government policy reflects these ideas, with policy frequently focusing on the significance of wellbeing, often even placing wellbeing as the central concept. The overall aim is to increase the wellbeing of the nation as a whole (Department of Health, 2015; Mental Health Foundation, 2022). This focus on wellbeing in recent Government policy again offers further justification for ongoing research in this area.

This overview has considered the ongoing debates around happiness and wellbeing that have persisted over the last 2000 plus years. What is clear is that happiness and wellbeing are complex multifaceted concepts that remain difficult to define. Although again this viewpoint has been debated with the opposite viewpoint that wellbeing can be stripped back to a much simpler version put forward (Diener et al., 2003).

The next section (2.3) will continue to explore these ongoing debates moving to consider ideas from more recent times. The focus of these discussions will remain on the three key debates in this area namely, the objective versus subjective nature of happiness and wellbeing, the individual versus societal impact of happiness and wellbeing and the complex versus simple nature of the concept of happiness and wellbeing. This discussion will lead to the construction of a working definition of wellbeing that will be used to underpin this study.

3.3 Building on these historical debates

3.3.1 The objective v subjective nature of happiness and wellbeing debate

As previously discussed, for many years the objective versus subjective philosophical debates on happiness and wellbeing have continued with strong arguments put forward to support both perspectives.

3.3.1.1 Objective nature of happiness and wellbeing

To consider if a concept is objective or not the question of whether it is quantifiable and measurable is key. Empirical studies of happiness, including Bentham's fundamental work in this area, which aimed to demonstrate that happiness can be measured using the felicitus calculus, have largely been centred on quantitative research methodology. These studies often use survey-based methods to allow for measurement of the data produced. This view of wellbeing and happiness as measurable entities is further highlighted in the media and political arena, two areas in particular which focus on happiness as a concept that can be measured objectively (Thin, 2014; Frijters, 2023).

In addition, the objective nature of happiness and wellbeing has received increasing research attention from a multitude of disciplines such as psychology (Zuckerman & O'Loughlin, 2009; Asquith et al., 2022), economics (Syren et al., 2020), education (Abiola, 2017; Lee & Yang, 2022) and health (Thomson et al., 2012; Kotera et al., 2022) often researching from differing angles dependent on the discipline they represent. Although these researchers do agree on the objectivity of happiness and wellbeing, they do often differ on which aspects of these concepts should be measured and how. This has led to a great variance and number of measurement dimensions illustrated by Linton et al. (2016), in their systematic review of ninety-nine instruments for measuring wellbeing. They found there to be a lack of agreement around the objective measurement of wellbeing, which included disagreements around the dimensions of wellbeing to be included or excluded and the design of the measurement tool.

The availability of such a large quantity and variety of measurement tools is, at least in part, likely to be due to the number of differing professionals developing and applying these instruments, often with a focus on one specific dimension of wellbeing. However, this lack of consensus on measurement tools does lead to the question of whether wellbeing can be measured, and if not, is it truly objective at all? If it were to be measurable it is likely a consensus on how would have been reached.

Despite this lack of consensus around the measurement of happiness and wellbeing one common approach used by researchers to objectively measure these concepts is to utilise self-report methodologies consisting of psychometric/psychological measurement tools. These

tools ask research participants to offer an evaluation of their wellbeing. This is achieved through either the measurement of selected specific feelings, whereby the participant rates the extent to which they experience these feelings or alternatively the participant is asked to measure a more all-encompassing element of wellbeing such as life satisfaction (Diener & Ryan, 2009).

The aim is to apply these self-reporting measurement tools to the collection of quantitative data. The quantitative data is subsequently analysed. This is often to demonstrate a perceived causal relationship between two elements such as sports participation and emotional wellbeing (Steptoe & Butler, 1996; Clark & Kosciw 2022); self-esteem and psychological wellbeing (Paradise & Kernis, 2002; Cicek, 2021) or narcissism and wellbeing (Zuckerman & O'Loughlin 2009).

Although several of the multitude of self-report measurement tools have been reported to hold good levels of reliability and validity, this only confirms that these tools are effective in collecting data, and not that they offer an objective view of happiness and wellbeing (Diener & Suh, 1997). If self-reporting techniques are used how can this approach be truly objective. The use of the term self-report itself indicates a subjective element associated with the use of this research methodology. Once the element of self-reporting is introduced surely this becomes a subjective assessment irrespective of whether a quantifiable number is attached or not? However, the analysis of self-reporting techniques often avoids these issues, assuming them to provide straightforward evidence of the contents of an individual's head, extracted and subsequently analysed by experts (Thin, 2014).

In addition, objective theories of happiness and wellbeing focus on factors that are viewed as making lives turn out well, such as employment, housing and income. Happiness and wellbeing are subsequently demonstrated by an individual meeting a set requirement that on assessment determines their life is a good one. There is no requirement for a person to consider that the life they are living is good or is going well or is enjoyable. So, although something good may have happened to a person they may not view their life positively and vice versa in that they can still have a positive attitude to their lives despite something negative happening and this is not accounted for within objective theories of happiness and wellbeing (Sumner, 1996). In addition, objective theories of happiness and wellbeing can be rejected on the grounds that if an individual is downhearted or discontented with their life, they cannot be deemed happy irrespective of how objectively well off they may be (Cashen, 2012) a more subjective approach can address these issues by asking the participant to assess their own wellbeing from their own perspective.

3.3.1.2 Subjective nature of happiness and wellbeing

There are clearly issues when attempting to apply the principles of objective research to the concepts of happiness and wellbeing. This is because, despite being able to objectively measure one or two aspects of an individual's life as being positive, this does not necessarily reflect in an individual's subjective assessment of their own happiness, overall wellbeing or satisfaction with their life. The focus on subjective wellbeing and life satisfaction as a major factor in establishing happiness fits with the principle of descriptive adequacy put forward by the contemporary philosopher L.W. Sumner. This principle offered a method to review the various theories of happiness and wellbeing to establish which theories of happiness and wellbeing are the most accurate. Descriptive adequacy dictates that an individual's level of happiness is in reaction to how they view their own life and the conditions of their life (Sumner, 1996).

Historically the theories of happiness and wellbeing have focused on a diverse array of underpinning factors from momentary pleasure, to living a virtuous and meaningful life, to the need to wait for heaven to experience happiness. Sumner's principle of descriptive adequacy offers a method to establish which of these theories presents the most accurate view of happiness. This is based on the claim that the best, theory of happiness is the one that most appropriately illustrates an individual's familiar, pre-theoretical viewpoints and instincts (Sumner, 1996). It could therefore be claimed that happiness is just a description of how an individual feels. According to this principle a theory of happiness or wellbeing could only be considered applicable if it encapsulated our everyday meaning of happiness, our day-to-day ideas of what it means to experience happiness, and our daily conclusions of who is or is not happy. The focus is very much on the subjective viewpoint of happiness or wellbeing. Therefore, a person is said to be happy when they feel good about life after making a positive assessment of their situation. This viewpoint certainly puts the individual in charge of deciding their own level of happiness, which does appear a common-sense approach as each person is surely the best judge of their own, individual level of happiness. It clearly would not be appropriate for a subjective theory of happiness to discard a person's statement of their own happiness or vice versa to claim that an individual is happy if they are denying this is the case (Kesebir & Diener, 2008; Cashen, 2012).

The application of Sumner's principle of descriptive adequacy rejects objective theories of happiness and lends further support to the subjective nature of happiness and wellbeing. This perspective leads to the adoption of the increasingly popular use of the term subjective wellbeing, which truly encapsulates the subjective elements of wellbeing (Diener et al., 2003). Subjective wellbeing offers a modern-day term which can be considered to reflect some of the

earliest thinkers on happiness who supported the subjective elements of happiness and wellbeing, such as Democritus. This is because the focus of subjective wellbeing is on personal evaluation as opposed to the assessment of authorities or experts. Subjective wellbeing is a general assessment of an individual's life indicating pleasant feelings and attitudes and focusing on satisfaction generally or satisfaction with regards to specific domains of life (Diener & Ryan, 2009).

The term wellbeing does itself hold a positive emphasis as people generally do wish to be well. However, it is important to remember that for most researchers, such as Diener et al. (2018); Anglim et al. (2020); and Jebb et al. (2020), subjective wellbeing has a greater range than this, with the participant offering both positive and negative evaluations of their life or the specific domain of their life under study. When taking part in research around subjective wellbeing, the participant is focusing on an assessment of their own life with regards to the emotional experiences of pleasure as opposed to pain as a reaction to a specific incident or experience. These experiences can span a large continuum, from short-lived moods and emotions to an overall judgement of life satisfaction (Diener, 2001; Diener et al., 2003) once again highlighting the complexities involved when defining these concepts.

In addition, the focus of subjective wellbeing assessment is on both affective (emotional) assessments of the participants own experiences and a cognitive (intellectual) element of assessment covering areas such as meaning and life satisfaction. This focus on life satisfaction impacting on subjective wellbeing is a viewpoint not dissimilar to past philosophical debates where a person needed to acquire the 'good life' to achieve happiness (Diener, 2001). From an affective perspective, subjective wellbeing is based on the occurrence and extent of positive and negative moods and emotions experienced. The difference between moods and emotions is that emotions are intense feelings of a short duration and are likely to be the result of a specific incident or event or to be aimed at a person, whilst moods are more disperse, less intense and are not linked to a particular experience, incident or person, they are more of a general feeling (Frijda, 1999). These affective responses of emotion and mood reveal an individual's reaction to the events in their lives and are seen by many as the foundation for subjective wellbeing evaluations. Therefore, by studying these areas researchers gain insight and understanding on how individuals assess events within their own lives and their happiness and wellbeing associated with these events (Diener et al. 2003; Kesebir & Diener, 2008).

To evaluate these subjective areas of wellbeing self-reporting techniques that result in the production of quantifiable data, discussed above in relation to the objective nature of happiness and wellbeing (section 3.3.1.1), are not appropriate. This is because self-reporting

techniques, tend to narrow the focus of wellbeing to specific topics such as health, job opportunities, wealth and so on (Voukelatou et al., 2021) or experiences such as bullying (Yubero et al., 2023) or bereavement (Hodiamont et al., 2022). Research on subjective wellbeing and the underpinning moods and emotions experienced or perceived by the participants, require the research methodology applied to recognise the social and cultural significance of happiness and wellbeing as a research topic. Research methods should allow for greater understanding of these concepts through interaction with participants and qualitative analysis of the data produced. Relevant methods incorporate conversations and narrative (Thin, 2014) such as those used in this study.

What is clear is that the longstanding historical and philosophical debates around the objective versus subjective nature of happiness and wellbeing are set to continue. However, for the purpose of this study a subjective approach to wellbeing will be adopted. This is because the research questions aim to explore participants perceptions and experiences of social media activity with their peers and its effect on their wellbeing. This fits better with a subjective view of wellbeing as opposed to an objective one.

The second major theme running through historical and current debates on happiness and wellbeing is the debate of happiness and wellbeing either within the individual or within society. These arguments frequently question achievement of the 'good life' which many philosophers over the course of history advocated as being symbolic of happiness. According to these theories achieving the good life ensures achievement of happiness and wellbeing (Diener, 2001; Thin, 2014).

3.4 The individual v societal impact on happiness and wellbeing debate

When debating the 'good life' there is again a dichotomy of views. For some the focus is on happiness and individual achievement, and for others it goes deeper and is about how the good life is achieved in communities, i.e. what makes the 'good society'. This offers a clear illustration of the ongoing debate on happiness and wellbeing and its impact on the individual versus the impact on society (White, 2008). This focus on happiness and wellbeing at a societal level again reflects the discourse of early philosophers on happiness, such as Aristotle and more recently Bentham, and only serves to add further to the ongoing debates on happiness and wellbeing, and the complexities around the definition of such concepts.

The capability to experience happiness is of great significance to humanity. Although assessments of wellbeing are individual and, I believe, subjective in nature the concepts

surrounding wellbeing are inevitably culturally and socially constructed and so are founded within a specific place and time. Happiness and wellbeing can be seen to be shaped by what individuals appreciate, what they value as good, how they comprehend their own existence and what it involves to live a meaningful 'good life'. It is impossible to comprehend happiness or to understand the level of personal happiness experienced without considering the impact of culture on how people both experience and express happiness (White, 2008; Thin, 2014).

Whilst considering the cultural and societal impacts on wellbeing it must also be remembered that these impacts, and the subsequent understanding of wellbeing and how this is or can be achieved, change over the course of history and with the passing of time (White, 2008). For example, in the Middle Ages the most prevalent belief was that happiness was impossible to achieve in life and suffering was the only way to absolve sin and to clean souls in readiness for entry to heaven. The belief was that people could only experience happiness after their death in their afterlife in heaven. The path to heaven could only be secured through living a pure and religious life (Turner, 2018). Whilst in the period of Enlightenment people were much more optimistic, happiness was seen to be attainable, and people were encouraged to accomplish their full potential and value within society and were advised this would bring them happiness (Wittenstein, 2009).

The recognition of the cultural and societal aspect of happiness and wellbeing is growing in significance, and this is demonstrated by an increased focus of research in this area. There is a growing amount of evidence demonstrating that elevated levels of subjective wellbeing in individuals leads to benefits not only for the individual but also for societies and their effective stability, productivity and functionality (Diener & Ryan, 2009). In addition, as previously mentioned, recent United Kingdom Government policy reflects these ideas with the overall aim of relevant policy being to increase the wellbeing of the nation as a whole (Department of Health, 2015; Mental Health Foundation, 2022).

Wellbeing and happiness are experienced by the individual although this is shaped by history, culture and society. The arguments on wellbeing and whether it is the individual or society that needs to be the focus, are in many ways irrelevant though, as to have good levels of wellbeing and happiness in a society it is inevitable there needs to be good levels of wellbeing within the individuals who make up these societies. So, for there to be a happy society there is also the need for there to be happy individuals within that society.

3.5 The complex v simple concept of happiness and wellbeing debate

The fact that debates on what constitutes happiness and wellbeing are continuing today only serves to reconfirm the complexities of these constructs. Furthermore, the contemporary arguments have much of the same focus as the debates over two millennia ago in terms of are happiness and wellbeing objective or subjective concepts and should the focus be on the happiness of individuals or the happiness of society. These complexities are further compounded by a lack of consensus on the terminology used. There is general agreement that happiness is the forerunner of wellbeing and so it is not unreasonable to view wellbeing as merely a contemporary term for happiness (Diener & Ryan, 2009; Dodge et al., 2012; Veenhoven, 2012). This in itself would not be an issue however, over recent years happiness is not the only term frequently used synonymously with wellbeing. This is where the complexities become more evident, as a similar confusion exists between definitions of wellbeing and health. Often wellbeing is illustrated as one of the areas of health rather than a concept that can be researched and analysed as a separate entity (La Placa et al., 2013). This is apparent in the frequently quoted World Health Organisation's (WHO) definition of health which is that:

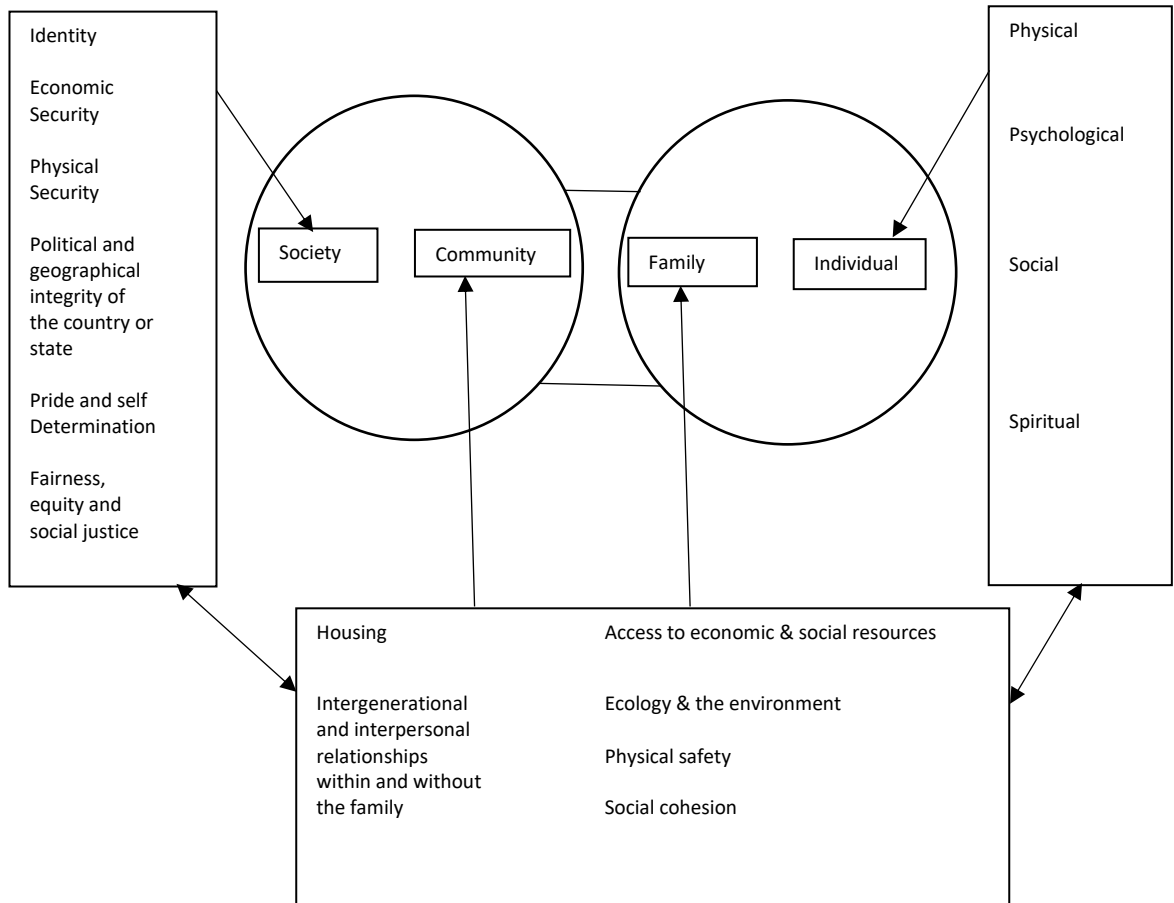
Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease (WHO, 1946: 1).

This interchangeability of words in respect to the definition of wellbeing is not restricted to just happiness and health. A variety of other terms including quality of life (Cummins, 2010; Veenhoven, 2017), life satisfaction (Diener & Suh, 1997; Seligman, 2002), mental wellbeing and mental health (Linton et al., 2016) are frequently used, which only serves to further complicate the defining of wellbeing, inevitably making it a theoretically complex issue to unpick.

A further area to consider when unpicking the concept of wellbeing is that within the literature there are a variety of dimensions of wellbeing identified including biological (Salvatore, 2019), psychological (Ryff et al., 2006; Carmeli, 2009), social (Packer & Ballantyne, 2010; Yu et al., 2015), economic (Engstrom et al., 2022) and spiritual (Heintzman, 2022) with research often focusing on one of these specific dimensions. Alternatively, some researchers prefer to view these dimensions as elements that are combined to structure the overall concept of wellbeing (Michalos, 2007; La Placa et al., 2013) and so study wellbeing as a whole.

What is certainly clear from these discussions is that wellbeing can be viewed as a complex, multifaceted and multi-dimensional concept which is influenced by many interacting internal

and external factors This complexity and multifaceted view of wellbeing is captured by Knight and McNaught (2011) in Figure 3.1 below:



Knight & McNaught (2011) in La Placa et al. (2013: p11)

Figure 3.1 Wellbeing shown as a complex, multifaceted and multi-dimensional concept

People are constantly assessing and interpreting events that occur outside of themselves as an individual, and they are actively taking on board all circumstances that affect their wellbeing. Therefore, Individuals are continuously establishing and interpreting their own wellbeing through reflexivity and subjectivity (La Placa et al., 2013). So, despite all these influencing concepts it is still the individual who can best offer a subjective evaluation of their level of happiness or wellbeing.

If the individual is responsible for creating and interpreting their own wellbeing then a rigid theoretical definition from researchers is perhaps not required, particularly given the fact that consensus has not been achieved on the definition of wellbeing for the past two thousand

years. It is more fitting for the participant than the researcher to establish their own level of wellbeing or happiness. Indeed, if the idea is for subjectivity and to allow the individual to create and interpret their own wellbeing then it is surely counterproductive to implement a rigorous framework for them to have to fit their happiness/wellbeing into. Each person is the best person to judge their level of wellbeing as they are the expert on their own happiness (Kesebir & Diener, 2008).

Whilst it can be accepted that the concept of wellbeing is a complex and multifaceted construct influenced by many factors there is general agreement that it remains a subjective state. Therefore, it is the level of happiness the person experiences or perceives they are experiencing about an event. Wellbeing clearly can be stripped right back, and a person can state that they feel happy (or not) or that something makes them feel happy or sad. For that reason, subjective wellbeing can be described as, merely how an individual assesses their life (Diener et al., 2003).

This is further reinforced as despite the complexity of wellbeing and happiness, the difficulties when attempting to define this concept, the ongoing philosophical debates on the subjective v objective nature of wellbeing and the significance of wellbeing at an individual v societal level, there remains some agreement on the basic elements of wellbeing. This agreement being in as much as wellbeing is concerned with the presence of positive mood and emotions and the absence of negative ones along with fulfilment and life satisfaction. Or, in its simplest terms, wellbeing is about feeling good and viewing life positively (Ryff & Keyes, 1995; Diener et al., 1997; Thin, 2014).

If it is accepted that wellbeing is evaluated subjectively there is little need to include the element of subjective in its description – instead keeping to the simple term, wellbeing. As acknowledged by Diener and Ryan (2009) subjective wellbeing is frequently used synonymously with the term happiness and is often shortened to just wellbeing. Therefore, wellbeing can be summed up as:

An individual's subjective evaluation of how happy (or sad) they feel about an experience or event in their lives.

And this is the working definition of wellbeing that will be used for this study.

This chapter has explored the concept of wellbeing which is central to this study as the research question is focused on student nurse's experiences of SNS activity within their peer groups and its effect on their wellbeing. It began with a brief overview of the philosophical and historical perspectives on happiness and wellbeing. It then considered the more contemporary

arguments that build from these early philosophical and historical debates. The focus of these discussions was on three key areas namely on the objective versus subjective nature of happiness and wellbeing, the individual versus societal significance of happiness and wellbeing and wellbeing as a complex multifaceted concept versus a stripped back much simpler version.

I believe that wellbeing is subjective in nature; wellbeing can be considered on an individual level, particularly as it takes a collection of happy individuals to become a happy society and, despite it being a complex concept, wellbeing can be unpicked and considered in a stripped back and simple version. All these aspects are captured in the working definition for this thesis stated above.

The next chapter will outline the methodology adopted in this research.

Chapter 4 – Methodology

4.1 Introduction

This chapter outlines the methodology that I have used to explore the research questions within this study. Section one starts with an overview of the broad research philosophy linked to my worldview, including a discussion on relevant ontology and epistemology associated with the selected approach of interpretivist methodology.

In section two I consider quality within research with a focus on how I strived to achieve quality in this study through the application of Lincoln and Guba's (1985) theory of trustworthiness. This theory focuses on the areas of credibility, transferability, dependability and confirmability and I have included an overview of each of these, along with the actions I took in this study to achieve rigour in each of these four areas.

In the third section of this chapter, I talk about my role and ethical position related to me as the researcher. This section focuses on areas central to this study including reflexivity, positionality and finally an exploration of power relationships in the research setting.

In the fourth section I focus on the methods I used in this study. This section starts with a detailed overview of the methods I considered but rejected and the methods I adopted, namely the main method of narrative interviews and the supplementary method of Nominal Group Techniques (NGT). This includes justifications for the decisions I made to ensure my approach was suitable for an interpretivist study such as this, including from an ontological and epistemological perspective. I move on in this section to offer a detailed description of both stages of the study, the initial scoping exercise followed by the narrative interviews. This includes details on sampling, data collection (including both a section on the impact of COVID 19 on this study and my decision to switch from face to face interviews to virtual techniques due to the UK lockdown in force during this period), data analysis, (including a detailed overview of how I applied Braun and Clarkes (2006) reflexive thematic analysis to the data from the narrative interviews), my completion of procedural ethics and concluding with a section covering methodological limitations.

A rationale for the choices I made is offered throughout this chapter.

4.2 Section one - Research philosophy

It is essential for the researcher to make clear their research philosophy to highlight the reasons behind their research strategy and the subsequent claims they make from their findings. The research design needs to be systematic and rigorous starting with the positioning

of the study within an appropriate research paradigm (O’Gorman & MacIntosh, 2015). A paradigm is the overarching researcher’s theoretical framework, the fundamental basis or researcher’s worldview for the research study. A paradigm therefore is a way of linking the question and aims of a research study with the processes or methods for creating the relevant knowledge. The choice of paradigm impacts on how knowledge is investigated and subsequently interpreted and understood. The choice of an appropriate paradigm offers the philosophical underpinnings for the researcher to be able to describe, justify and defend the approach they have taken to their research (Weaver & Olson, 2006; Mack, 2010; Jayasuriya, 2023).

In order to answer the research questions for this study:

1. What are student nurse’s experiences and perceptions of using social media within their peer groups?
2. What is the effect of using social media on student nurse’s wellbeing?

the research paradigm of interpretivist methodology was selected.

4.2.1 Methodology, ontology and epistemology

A research paradigm considers methodology, ontology and epistemology. Documentation of a study’s methodology should offer a blueprint of how the research was systematically designed and conducted. It should also include the researcher’s justifications for the decisions made. This is to demonstrate that the methods and techniques utilised were appropriate to answer the question and the aims of the research (Murthy & Bhojanna, 2009).

Ontology can be described as the core of reality and concerns the principles a researcher holds regarding what can be considered real and factual (Bryman, 2008). The ontological position underpinning interpretivist methodology is that reality is socially constructed and meaning can only be understood through the historical and social aspects of an experience. Phenomena are only real because they have been constructed by the people involved in the experience (Gillani, 2021). This is in contradiction to positivist, scientific approaches where the ontology focuses on realism, whereby the world is seen as external, beyond the interference or influence of the participants or researcher. The positivist worldview considers there to be one single reality, irrespective of the researcher’s opinions and beliefs, that is waiting to be discovered (Junjie & Yingxin, 2022).

Epistemology is concerned with the theory of knowledge, and specifically how knowledge is acquired. In relation to epistemology the positivist viewpoint is that phenomenon can be

observed and measured. The aim of positivist research is to produce credible knowledge, with as minimal intervention from the researcher as possible, based on rules that can be generalised to the wider population (Alharahsheh & Pius, 2020). In contrast, epistemology for interpretivist methodology dictates that there is no single truth. Instead, there are multiple realities as individuals interpret the world they live in. This approach assumes each person views reality from a different and unique perspective with each participant offering a different reality of the phenomenon being studied. There may be shared content, but the interpretation is different, and everyone's reality is different (Atieno, 2009; Gillani, 2021). Also, in contradiction to a positivist approach, within interpretivist methodology the researcher is part of the research with their beliefs and values central to data collection and interpretation, co-constructing the knowledge with the participants (Ryan, 2018).

4.2.2 Justifications for selecting an interpretivist methodology

I felt interpretivist methodology was the most suitable approach to adopt as the focus of this research is on the experiences and perceptions of the participants around the topic of social media. This approach allows the participants the space to interpret social media activity between their peer groups differently and to offer their own perceived reality on the topic. Numerous perceptions of this topic are expected and will be embraced.

This individual reality is formed from unique perceptions offering facts which are positioned both historically and culturally dependent on attitudes, experiences, viewpoints and subsequent interpretations (Mertens, 2005; O'Gorman & MacIntosh, 2015). The historic and cultural influence on individual perceptions of reality is also evident within the exploration of the concept of wellbeing within chapter 3 of this study.

In addition, the application of interpretivist methodology to this study reinforces a subjective approach whereby the researcher is key in supporting the development of knowledge through clarifying, understanding and describing the social reality of the numerous participants (Cohen et al., 2007). The researcher and the researched are linked interactively and knowledge is formed as the research advances. Confirmation of reality within interpretivist methodology is based on the interpretation of the data by the researcher (Guba & Lincoln, 1994; O'Gorman & MacIntosh, 2015). Furthermore, in contrast to some other research approaches the researcher is not looking to explain a phenomenon by identifying common elements and patterns in quantitative data but instead to further understand the data by enabling the researcher and the participants to construct meaning from the data produced (Houghton et al., 2012; Pervin & Mokhtar, 2022). One consideration when undertaking a subjective approach such as this, is the positionality and personal bias of the researcher. In this study I am a lecturer known to the

participants who are student nurses. Therefore, my positionality and the potential effect of this on power distribution had to be one of my prime considerations throughout the study. To address these concerns, I maintained a reflexive approach throughout. This approach enabled me to review the impact my position and personal bias could have on the research process and to put measures in place to limit potential issues in this area (see section 4.4 for further discussions).

I chose narrative interviews as the main method for gathering data as the aim of this research was to explore the experiences and perceptions of student nurses themselves through the interactions of the researcher and participants during the interviews. This approach, focusing on how human beings interpret their own life through their own perceptions and experiences, enables the exploration of day-to-day life and to co-explore the participants world as they view it (Liamputtong, 2013; Tavory, 2020).

Making clear the paradigm and supporting research methods affords transparency to this approach which helps to make certain the rigour and quality required for conducting qualitative research can be achieved (Houghton et al., 2012). In addition, there are further considerations to ensure the quality of qualitative research, a main one being the concept of trustworthiness which considers credibility, transferability, dependability and confirmability (Lincoln & Guba, 1985).

4.3 Section Two - Quality in Research

Positivist approaches can be traced as far back as Aristotle's empiricist and rationalistic philosophy. The Positivist approach to research maintained dominance for many years as the only genuine scientific approach, spreading into areas such as social science as research became more prevalent in these fields (Mertens, 2005). Although it is clear the popularity of this approach persists, this has not been the case for all researchers for some time. As early as the 1980's, disillusionment with the purely scientific approach and its limitations in tackling many of the meaningful questions connected to the human domain increased (Osborne, 1994). Research questions started to appear focused on exploration and enquiry. The interpretivist paradigm began to battle with the positivist approaches.

However, this was not without criticism. The positivist approach to research is often praised for its quality through its achievement of both validity and reliability. Validity is concerned with the accuracy of the measurement of the data and the results whilst reliability is about the consistency of the measurement of the data and the results (Ahmed & Ishtiaq, 2021). This is based on the methodology employed which ensures objectivity, causality, replicability,

statistical analysis and therefore generalisability of results. The inability to demonstrate this level of validity and reliability became the strongest criticism of the emerging interpretivist approaches (Bryman, 2008). Lincoln and Guba (1985) put forward their theory of trustworthiness, as an alternative measure of quality in research, to address this criticism.

4.3.1 Trustworthiness

Establishing trustworthiness is all about establishing the quality and rigour of research. Lincoln and Gubba (1985) realised the techniques applied to ensure this in quantitative research are not suitable for an interpretative study such as this. However, this does not mean quality and rigour cannot be achieved, it just means these elements are achieved through different routes. Namely: credibility, transferability, dependability and confirmability. Trustworthiness is about being able to assure others that the methods, data and data analysis employed are all of a high quality (Polit & Beck, 2014).

4.3.1.1 Credibility

Credibility is concerned with putting steps in place to ensure the research is authentic and believable, so people can have confidence the findings are true (Liao & Hitchcock, 2018).

To achieve credibility, I interpreted the data in a transparent and consistent manner utilising the well-established approach of reflexive thematic analysis. This allowed me to immerse myself fully in the data as I searched for themes. The use of video-calling technology for data collection assisted with this as it enabled me to re-visit data to check emerging themes and to ensure they were consistent with participant's stories.

I would have liked to hold a face-to-face event with the participants to further discuss my ideas around the themes as this would have further strengthened the credibility of my findings. However, due to the lockdown restrictions imposed due to COVID 19 this was difficult. I acknowledge I could have attempted this virtually but at the time the participants were overloaded with virtual activity. This concern was apparent from ongoing feedback from the students and was also visible in the findings of this study around social media fatigue (see sub-theme 2.2). In addition, as I had full visual and audio records of each interview, I felt I was able to verify the accuracy of the data.

To increase credibility of the findings I have included rich, deep verbatim descriptions of participants stories within the findings thus helping the reader to establish if the final themes truly did reflect the participants original descriptions (Eldh et al., 2020). A further measure taken to ensure credibility was my use of reflective questioning in the narrative interviews to confirm I had clearly understood participant responses.

On reflection one approach I could have used to strengthen this study would have been the use of triangulation to further aid in demonstrating the trustworthiness of the data produced. Triangulation is the collection of data during a research study from different sources, using different methods or different researchers. The aim of triangulation is to improve the credibility of findings through the corroboration of data from two or more different sources (Natow, 2020). I could, for example, have surveyed the full population of student nurses which would have offered some quantitative data in addition to the qualitative results from the narrative interviews to further strengthen findings (Bans-Akutey & Timub, 2021). However, this was a time limited, single researcher study and so the cost of implementing a second data collection method in terms of time and resources would be problematic.

4.3.1.2 Transferability

Transferability, the ability to relocate a study to alternative settings, is achieved in qualitative research through a detailed and transparent overview of the whole of the research process including the development of the initial plan, selection of methods and reporting of findings (Noble & Smith, 2015).

For others to be able to establish the transferability of the findings of this study I have provided a detailed audit trail. This offers a comprehensive recording of all elements of the research process, offering in-depth rich and detailed accounts of the setting, sampling, data collection, data analysis and ethical considerations including the rationale behind decisions made. The documentation demonstrating transferability in this study is contained within this methodology chapter.

In addition, I have included several recommendations for student nurses, universities and further research to demonstrate how the findings can be implemented in practice and studied further. This demonstrates how this research can start to tackle the issues identified around social media activity between student nurses and their peers and the effect on their wellbeing. By doing so this can also help others establish the transferability of this study to other locations.

4.3.1.3 Dependability

Dependability relates to the stability of data over time, that the findings remain consistent and could be replicated (Polit & Beck, 2014).

I aimed to achieve dependability within this study again with the use of a detailed audit trail documented within the methodology chapter. This offers a comprehensive account of all elements of the research process and justifications for decisions made.

On reflection it may have further strengthened this work if I had given the transcripts back to the participants to check for accuracy, however because videos were available for each interview I was confident accuracy was established through me comparing each transcript to the corresponding video. In addition, the coded transcripts of all fourteen interviews are available if required to further demonstrate dependability.

4.3.1.4 Confirmability

Confirmability relates to the impartiality of the findings, having confidence that the findings are based on the participants account and words and not researcher bias (Ghafouri & Ofoghi, 2016).

I aimed to achieve confirmability in this study by maintaining some of the techniques described above for example, the upkeep of a detailed audit trail. In addition, for others to be able to hold conviction in the findings of this qualitative study, and to be confident the findings are trustworthy, I have maintained a reflexive approach throughout. Reflexivity involves more than just reflection, it is about self-consciousness and entails the researcher reflecting back on themselves, turning their own lens on themselves (Berger, 2015). I have aimed to do this by acknowledging any personal bias which had the potential to prejudice findings. This approach is recognised as an essential component to ensuring quality and rigour in qualitative research (Dodgson, 2019). In addition to maintaining a reflexive approach to the research process overall, due to the nature of this study with me as a lecturer and the participants my students, I have included detailed reflexivity around my positionality and the distribution of power within this study. As the maintenance of reflexivity is central to the quality of this study, I have included a separate section exploring these aspects further below.

4.4 Section Three -Ethical Issues (reflexivity, positionality and power distribution)

4.4.1 Reflexivity

One of the identified threats to achieving trustworthiness in research utilising interview methodology, such as is used in this research, is the role of the interviewer. Particularly around the influence of their own viewpoints, beliefs and values on both the research processes and the findings (Haga et al., 2012). The researcher needs to be aware of this threat and take measures to address this risk.

I achieved this in this study with the use of a reflexive approach throughout. Reflexivity is about the researcher taking responsibility for their own place within the research and how this can affect all elements of the research process including the participants, data collection

techniques, the questions posed, the data itself and how this is interpreted (O’Gorman & MacIntosh, 2015).

This approach is in stark contrast to the objective reality of the positivist approach. Within positivist research the researcher is viewed as external and is tasked with finding the one truth through purely observation and numerical measurement of the phenomenon, without any influence from the researchers own values and beliefs (Park et al., 2020; Ghanad, 2023). Therefore, researcher reflexivity is not an essential requirement in positivist research. However, it is a necessity within a qualitative study as the use of a reflexive approach is acknowledged as one of the major ways qualitative researchers can make sure they achieve the required quality and rigour and it is considered the gold standard for achieving trustworthiness (Lincoln & Guba, 1985; Teh & Lek, 2018; Grix, 2019).

By implementing a reflexive approach to this research, I also aimed to reduce my personal bias as much as is feasible with the intention of increasing the rigour, credibility and trustworthiness of this research and its findings. I achieved this through acknowledging and exploring my positionality, this is considered another essential component of the reflexive process. Positionality is all about a researcher’s view on the world both politically and socially and how they subsequently apply this to the research process. The positionality of the researcher is influenced by their own beliefs and values and is affected by a multitude of factors including gender, religion, ethnicity, social class, where they live and at what point in history and so on (Holmes, 2020).

Due to the nature of this study with me as the researcher holding the role of lecturer and the participants being student nurses it is essential as part of this reflexive process that I considered my positionality overall and with a particular focus on the element of power, both of which are discussed further in the sections below (section 4.4.1.1 and section 4.4.1.2).

4.4.1.1 Positionality

As part of the reflexive process, I deliberately explored my pre-conceived notions and ideas around social media and its effect on student wellbeing which were broadly negative as I perceived these tools to be damaging to student nurse wellbeing. These pre-conceived ideas were based largely on my professional experience of cases where student nurses have faced disciplinary proceedings due to posting unprofessional comments on social media, or where student nurses had required additional pastoral support to deal with the social media activity they were part of. By identifying these beliefs, I was able to acknowledge them and appreciate that they are only one viewpoint based on my own experiences. Therefore, I made a conscious

effort to set these beliefs aside and to keep an open mind as to the themes in the data. This was helped by the reflexive nature of the data analysis approach taken, in particular phase one where immersion in the data helped me to see a range of alternative viewpoints on social media activity and its effect on wellbeing from the participant's perspective. In addition, I deliberately kept a journal with reflective thoughts and notes which I revisited regularly throughout the duration of this study. Lincoln and Guba (1985) advocated the use of a reflective journal for the researcher to record decisions made throughout the research process along with the reasons for them. In addition, I used the journal for ongoing reflection considering my personal biases against decisions made. I also regularly discussed this aspect with my supervisor and sought feedback that my bias towards the negative elements of social media was not evident in my writing.

Positionality also incorporates the philosophical assumptions of the researcher and for this study these are clearly stated at the beginning of this chapter and are referred to throughout the thesis to maintain transparency in these areas.

A further fundamental area to consider for this study in terms of the researcher's positionality is the emic (insider) – etic (outsider) status. This refers to the position of the researcher in relation to the participants in the study. So, insider researchers belong to the group they have chosen to study whilst outsider researchers do not belong to the group being studied (Breen, 2007; Naaeke et al., 2011). Although initially considered an issue mainly for observational research and ethnographic studies the insider – outsider debate is now seen to be relevant to all qualitative studies. Particularly those such as this study where I was central to data collection, data analysis and creating meaning from the data produced.

In this study I could be considered an outsider, as all the participants are student nurses, and I am their lecturer. In addition, I am not a member of any of the social media groups that any of the participants subscribe to, which further affords outsider status. However, like the participants, I do utilise social media in my daily life, we are all part of the same university, department and programme and are all nurses/student nurses, which affords significant commonality to lead to the assuming of insider status. There is clearly significant contradiction around insider-outsider status within this study and it would seem they are not clear-cut separate entities. This would lend support to the view that, as opposed to being separate entities, the insider/outsider duality is really a continuum consisting of a multitude of components. Rather than staying either an insider or an outsider the researcher moves back and forth continually along several axes based on the subject matter, locality, time and

participants (Mercer, 2007). Alternatively, it can be argued that it is possible for a researcher to occupy numerous positions on the insider-outsider continuum at the same point in time (Holmes, 2020).

It is therefore not as simple as deciding if a researcher holds insider or outsider status but rather what is the potential effect of this status on the data collection, data analysis and subsequent meaning making from the data by the researcher. With regards to insider-outsider status I continued to apply a reflexive approach, striving to maintain an awareness of the potential fluctuation along the insider-outsider continuum throughout the stages of data collection and data analysis and subsequently the effect this may have on my interpretation of the data. To further counteract any impact from researcher insider-outsider status, this study focused on undertaking research 'with' and not 'on' participants, thereby leading to co-construction of findings.

4.4.1.2 Exploring power relationships in the research setting

Another area related to researcher positionality and insider-outsider status within this study is around the distribution of power as I am a lecturer known to the participants. The issue of power distribution between researcher and participants is often considered more significant in qualitative research compared to traditional quantitative research where it is more natural to assume the researcher is a neutral observer examining various phenomena (Lunde et al., 2013). However, to ensure trustworthiness in qualitative research it is essential the issue of power is considered within a reflexive approach and its possible effects minimised (Karnieli-Miller et al., 2009).

For the duration of this study, I was a lecturer within the nursing department. There were almost 1000 student nurses on programme at the time and it is likely I will have taught all the student nurses at some point in their programme. I am also responsible for academic supervision, marking and awarding of grades for groups of student nurses at a time. This puts me in a position of power, even when I attempt to equalise the power, it is likely a power relationship will still exist to some extent.

One area I needed to focus on in this study was around the interview techniques I employed because when undertaking interviews, the power can sit with the interviewer because it is the interviewer who decides the topic, controls the format of the questions and the order they are asked, and decides when to commence and conclude the interview (Brinkman & Kvale, 2005).

However, although this may be the case for more structured interviews it was mitigated somewhat by the use of the narrative interview techniques, I used in this study whereby the interviewees were offered the freedom to talk unhindered. In doing so the participant was granted more control of the content of the interview. This reduced the power differences between participants and me. This approach also ensured participants could exercise more power in determining the knowledge produced through what they disclosed in the interviews, in a process where knowledge was essentially co-constructed (Ari & Enosh, 2012; Dodgson, 2019).

When further considering the power distribution in this study it was important I thought through other factors that could serve to redistribute the power relationship between me and the participants to further reduce the risk of bias. Originally the intention was to offer in person interviews in my office on campus as the participants were familiar with the campus and this was deemed to be convenient. However, this location did have the potential to impact on the power relationship between researcher and participant. This was because the use of the researcher's own office could be seen to lean towards reinforcing the role of the researcher as 'expert' which clearly sets the power balance in favour of the researcher (Elwood & Martin, 2000). This does not fit with the intention of this study, which was to equalise power distribution between me as the researcher and the participants for all to feel comfortable co-constructing the data within the narrative interview. Therefore, the decision was made to offer participants a choice of any location within the campus as this maintained the element of familiarity whilst striving to equalise power distribution.

However, due to COVID 19, and the resultant national lockdown the option for in person interviews was removed so I made the decision to move the interviews online using video-calling approaches (see section 4.5.6.3 of this chapter for further details). I found an unexpected bonus of utilising video-calling in this study, was the potential to enable the selection of a neutral location as the use of video-calling allows both the researcher and the participant to select their own locations. The use of a 'neutral' location for conducting interviews is advocated in relation to equalising the power balance between the researcher and the participants (Krueger, 1994). As it was the COVID 19 national UK lockdown when I carried out the interviews in this study participants were in their own home when being interviewed virtually. When participants are being interviewed in their own home a more reciprocal relationship can be built between researcher and participant thereby serving to further balance the power relationship (Elwood & Martin, 2000). The neutrality and informality of location, and subsequent building of a reciprocal relationship between interviewer and

participant was further reinforced in this study as I was also at home due to the COVID 19 UK lockdown remaining in place for the whole of the data collection period.

A further way to equalise the power distribution is to create a non-threatening atmosphere between researcher and participant to reduce any feelings of apprehension around the interview. This allows for an empathetic approach from the interviewer which subsequently encourages participants to be more open about their thoughts, experiences and feelings as it feels a safe space for open disclosure (Taylor & Bogdan, 1998). I aimed to achieve this by creating a relaxed and informal non-hierarchical environment by allowing some time to chat before the start of the interview and wearing casual clothing as opposed to more formal work attire. Many of the participants wore pyjamas or casual clothes and could be seen sitting comfortably on their beds, and these choices further helped in achieving a more relaxed almost intimate environment. Another way to make the interviews less intimidating is by finding a way to make the experience more interesting with the use of creative methods (Glegg, 2019). I achieved this with the addition of the word cloud as a visual tool during the narrative interviews. I believe this addition helped to achieve the relaxed atmosphere needed to ensure a more even power distribution between researcher and participant in at least some of the interviews.

A further concern about insider status and power relations was raised by Gibbs and Costley in their work on ethics of care. In this work they claim that participants could easily be viewed as a resource or object, merely a means to an end by the insider researcher and could therefore be open to exploitation (Gibbs & Costley, 2006). They assert that the risks to participants are the emotional effects and the impact of returning from research participant to their usual role, in this case student nurse. A further risk identified is the impact of their interview responses on subsequent research findings and recommendations, potentially leading to changes to their day-to-day practices. To lessen this risk the application of an ethics of care during the research is suggested. This entails ensuring the focus of the research process is not merely to produce a report, instead it is viewed as a reciprocal activity with the focus on the researcher putting aside self-interests to be able to make decision based on empathy and caring towards the participants. The application of an ethic of care in this way reduces the possibility of exploitation of the participants with a realignment of power between researcher and participant (Costley & Gibbs, 2007). I achieved this in this study with the reflexive and collaborative approaches utilised. In addition, the participants will no longer be student nurses when this work is submitted and therefore the risk of any emotional impact from the study findings on their day-to-day practice is minimised.

4.5 Section four - Methods

4.5.1 Methods rejected and adopted

As with many research topics, there are several methods that can be used successfully to explore the topic of social media and wellbeing depending on the research question and philosophical approach.

4.5.2 Methods rejected

I rejected the use of quantitative research approaches which focus on the natural sciences as these methods assume there to be one single true reality to be investigated and established through methods such as experiments (Guba & Lincoln, 1994). Although quantitative approaches could be used successfully for this topic, and do hold several advantages, particularly around creating order and reducing personal bias, quantitative approaches are reductive in nature, oversimplifying phenomenon to a statistic. They fail to provide the rich depth of data required to explore experiences and perspectives. A more qualitative approach is required to explore these areas effectively because qualitative methodology focuses on exploring the complexity of human experience (Savela, 2018).

As mentioned above I settled on interpretivist methodology as an overall approach to this study. This was due to its suitability to explore experiences and perceptions in depth to answer the research questions:

1. What are student nurse's experiences and perceptions of using social media within their peer groups?
2. What is the effect of using social media on student nurse's wellbeing?

However, there are several methods that can be employed within an interpretivist methodology, and I explored a number of these in an attempt to establish the best fit for this particular study.

Research methods sit on a continuum from naturalistic through to experimental. An interpretivist methodology does sit best with a naturalist approach, and the most natural approach for researching social media activity would be for the researcher to go onto the relevant SNS platforms as a user. This allows the researcher to join the group, collecting data directly from the participants SNS posts. This method can allow for the thoughts and beliefs of SNS users to be collected, using their own words and without any prompting from the researcher (Sundstrom et al., 2021). I felt this could be appropriate for this study with its focus on the experiences and perceptions of student nurses around social media activity. I therefore, gave this approach considered thought weighing up the clear strengths when researching SNS.

However, to collect the data from the student nurse's SNS post I would have had to gain access to the SNS sites that the student nurses utilise to interact with each other. This would prove problematic as the findings of this study demonstrate student nurses use a large number of both public and private SNS platforms and groups (Section 2.10) therefore, access to all of the relevant sites would be extremely difficult.

Although accessing the relevant SNS platforms would clearly be problematic I held greater concerns related to me joining student nurse SNS groups as a lecturer around the effect this could have on the SNS activity within the group. Concerns have been raised from students around lecturer's joining their SNS groups including fears of being monitored and fears around the destruction of the professional lecturer-student relationship (Jones et al., 2011). In addition, it has also been highlighted that students feel the SNS space is theirs and they would not appreciate a lecturer joining (Green & Hannon, 2007; Cain, 2008), this could serve to introduce bias as students alter their posts in response to the lecturer's presence, affecting the content of the posts.

Options I considered to avoid these concerns were gathering the information covertly by using a different user identity on SNS or collecting the data through lurking. Lurking is the practice of being present on SNS but not undertaking any SNS activity, it is the process of observing but not interacting (Adjin-Tettey, 2023). I felt there were several disadvantages to this approach though. Firstly, it would be impossible to influence the topic discussed without interacting with other SNS users or altering SNS content. Whilst this could prevent any bias creeping in, it would inevitably lead to the production of huge amounts of data, much of which could be irrelevant to the topic of this study. This would be impossible to manage in a one researcher, time limited study such as this one.

Although again I felt there were greater concerns to consider, this time around the ethical implications surrounding the collection of research data via SNS platforms. These ethical implications would be further compounded if I used covert techniques to collect this data. One concern I had was around Informed consent. This is often considered a pre-requisite of any research, although it should be recognised that the need for participant consent for research using social media has been debated due to the public availability of posts on some SNS platforms (Audeh, et al., 2020). However, I felt it essential to gain informed consent for this research due to this study forming part of an educational programme and to protect the participants who are student nurses. This protection of the participants is linked to the privacy of participants (Samuel et al., 2019). A further ethical principle related to the protection of the participant is around maintaining anonymity and I was keen to ensure this could be achieved in

this study. However, anonymity is difficult to achieve in SNS posts if applying usual methods of anonymisation, therefore, participants may not be adequately safeguarded against identification in the research report (Hoft, 2021).

Due to these issues with access to the relevant SNS platforms and identified ethical concerns I rejected all methods which involve collecting data straight from SNS for this study. Particularly as there are an array of qualitative approaches that could gather this data utilising interpretivist methodology.

Next, I explored grounded theory as a possible approach because this method produces data that is literally grounded in the perspectives of the participants (Mohajan & Mohajan, 2022). Therefore, I believed this would be effective in the collection of data around participants experiences and perceptions of social media activity within their peer groups and its effects on their wellbeing.

Developed by Glaser and Strauss in 1967, grounded theory aimed to offer a response to the criticisms directed at qualitative methodology when compared to quantitative approaches. Particularly the criticisms around the rigour and quality of the research methods employed in qualitative research. Grounded theory offers a structured and systematic approach where data is collected and analysed at the same time, with new concepts developed during the data collection and analysis (Charmaz & Thornberg, 2021; Islam & Aldaihani, 2022). However, I rejected this approach as it is generally used to uncover new concepts or when pre-existing theory does not exist (Hardy, 2005). This is not the case for this study as both social media and wellbeing have been well researched in various context. In addition, ideas around research methodology have moved forwards since 1967. There is no longer the need to try to replicate quantitative methodology in qualitative research as qualitative research methodology, if conducted well, is now recognised as high-quality research in its own right.

I strongly considered focus groups as an appropriate method for this study. Focus groups are usually carried out in person whereby the researcher guides the discussion of a small group of participants around a given topic area. Data is produced via the group interactions, and this offers the depth required for an interpretivist approach (Marques et al., 2021). I was initially aiming to offer focus groups as an option alongside one-to-one interviews. I felt this approach would allow the participants the choice to either be interviewed alone or be involved in more of a group discussion, as is the format of focus groups. I felt this may help to further address the power balance as I was a lecturer and the participants student nurses, and by offering this choice the participants could select the option where they would feel most at ease.

Focus groups can produce several viewpoints in a limited time period and can allow for a deeper understanding of the topic area (Gundumogula & Gundumogula, 2020). However, the disadvantages of this method are that one or more participants can take over the discussion, which can lead to manipulation and even bias and it can also be difficult to establish the views of individuals that may differ from the overall group perspective (Akyildiz & Ahmed, 2021). I eventually rejected focus groups as a method when the COVID 19 pandemic hit the UK, and I realised data collection for this study would need to be virtual. I came to this decision based on personal experience at that time of supporting students virtually and finding one-to-one support was much more effective as many students struggled to interact in a group situation in the virtual environment. However, on reflection this decision may have been influenced by my lack of confidence in moderating group interaction on-line at the time. Not offering the focus groups as an alternative to one-to-one interviews could be considered a limitation of this study.

An interview is a conversation which has the aim of gathering data. It is a method strongly associated with interpretivist methodology as interviews can be used to obtain depth and breadth within the data collected (Irvine, 2011). I explored several interview techniques to establish their relevance for this study. This is because there is a continuum for the structure of interviews ranging from completely unstructured to semi-structured to structured. All these interview techniques could be suitable to explore the topic of social media and wellbeing. However, some are more suitable than others when utilising the interpretivist methodology used in this study.

Structured interviews are the most predetermined as they use set questions always given in the same order, even prompts to be used are specified. Frequently structured interviews are used within quantitative research to establish the relationship between two or more variables (Aithal & Aithal, 2020). Structured interviews have the advantages of being useful in large-scale research with their ability to reach huge sample sizes whilst maintaining relevance and focus on a specific topic (Mueller & Segal, 2014), although this was not the aim of this study. I therefore rejected the structured interview as the associated formality and structure of this method does not fit with the interpretivist approach of exploration adopted for this study.

Semi-structured interviews are the middle of the continuum as they remain a formal type of interview as questions are set in advance and are followed in the interview. But differing from the structured interview the questions are more of a guide. Interviewers can vary the ordering of the questions and can further expand on the set questions by asking further ad hoc

questions and using prompts as they choose. This approach allows the interviewer to expand the depth of data on a topic by gleaning additional information (Taherdoost, 2021).

Like structured interviews, semi-structured interviews do increase consistency and therefore reliability as the same key questions are asked to all participants (Mueller & Segal, 2014). However, the use of additional questions and prompts in semi-structured interviews does afford some flexibility in the direction of the interview and data collected (Alamari, 2019). However, I did reject this approach as despite offering some flexibility, it remains a formal approach with a considerable amount of structure in place. Whilst accepting this does keep the interview on topic, I balanced this with my aim to allow the interviews to be as open and flexible as possible to allow the participants time and space to reveal their experiences of social media activity within their peer groups and its effect on their wellbeing, from their own perspective.

4.5.3 Methods adopted

4.5.3.1 Main method – narrative interviews

Unstructured interviews offer more of an informal approach with no set questions. The aim is to conduct an informal or natural conversation to obtain data. This allows for greater spontaneity and flexibility to focus on topics of interest as they come up. This method can uncover rich data in a short period of time, which fits with an interpretivist methodology (Chauhan, 2019). For this study I aimed to keep the interview as unstructured and the conversation as casual as possible in a further attempt to address the power balance between me as a lecturer and the participants as student nurses. However, I did use some questioning to further explore points of interest, but these were not pre-set. This was to maintain, as much as is possible, the informality and conversational approach.

It is advocated that in fully unstructured interviews the researcher relies on brief notes and memory rather than recordings to maintain the informal approach (Taherdoost, 2021). However, because these interviews had to be virtual, due to the COVID 19 pandemic, I considered it a bonus that the interviews could be easily recorded. Furthermore, because the interviews were virtual recording them did not prove to be a distraction or to affect the flow of conversation. The recording of the interviews also greatly assisted with the transcribing of the interviews.

Once I had decided on the method of unstructured interviews, I had to narrow this down further as within the umbrella term of unstructured interviews there remains several different approaches. I selected narrative interviews because this approach focuses on storytelling and allows participants the freedom to recount their own experiences as they see them. In

addition, storytelling comes naturally to people as individuals recall their experiences of life's events to others through storytelling all the time. Storytelling helps individuals understand their lives and their experiences (Anderson & Kirkpatrick, 2016). This approach affords the prioritisation of events from the participants viewpoint rather than the researchers. Narrative interviewing also allows the researcher to gain a rich depth of knowledge on the participants experiences from the participants perspective ensuring their meaning is captured and presented (Wang & Geale, 2015).

As this study aims to investigate participant's experiences and perceptions of social media activity within their student nurse peer groups, narrative interviews are a suitable data collection method to use. Particularly as narrative approaches do not try to hold an objective position or to seek to categorise data or to generalise from the data gained. Instead, researchers acknowledge the dynamic state of human life and seek to capture the changing landscape through the stories of participants about their own lived experiences. The aim is to gather participants own thoughts and feelings about their direct and first-hand involvement in incidents and experiences (Wang & Geale, 2015) which is what I aim to achieve in this study.

When considering the continuum of research approaches from natural to experimental, I acknowledge narrative interviews are perhaps not as natural a method to choose as observing the actual SNS posts would be. However, due to the issues around access to the relevant SNS platforms, ethical implications and potential barriers caused by the power relationship altering the content of the posts discussed earlier I felt narrative interviews could be considered a method mid-way on the continuum. Therefore, on balance, a suitable method to obtain the participants truth about their experiences of social media activity within their student nurse peer group and its effect on their wellbeing.

In addition, the flexibility of this approach also suits the study of wellbeing as a constantly changing concept influenced by factors such as history and society (see chapter 3) and the evolving role of social media (see chapter 2).

4.5.3.2 Supplementary method - Nominal Group Techniques

Prior to undertaking the narrative interviews, I wanted to undertake a scoping exercise for several reasons. Firstly, I wanted to use a speedy method to gather the thoughts and perceptions of a larger number of student nurses rather than narrative interviews alone. I felt this would enable me to address my own potential bias around the negativities I associated with SNS (discussed in the introduction), as I would be exposed to a multitude of viewpoints. I also wanted to produce a visual representation of the findings of the scoping exercise as I felt

this could be used to prompt story telling in stage 2 of the data collection, narrative interviews. I felt the visual representation could be a talking point helping to address the power balance in the relationship between me as lecturer/researcher and the participants as student nurses, particularly if conversation ran dry. Visual representations are known to offer inspiration, which can encourage participants thinking (Al-Samarraie & Hurmuzan, 2018) and subsequently greater involvement in the narrative interviews of this study.

I initially wanted to use traditional brainstorming techniques throughout stage one of this study. Brainstorming is an approach aimed at inspiring creative thinking in a non-judgemental environment (Tsao et al., 2020) and I thought this method would be ideal for this scoping exercise, where the aim is to generate and capture participants ideas around the topic of social media.

Brainstorming was originally introduced by Alex Osborn in 1953 to increase creative thinking in his employees when coming up with ideas for advertisements. Originally brainstorming followed a structured process based on Osborn's four rules around quantity of ideas, suppressing criticism, embracing outlandish ideas and amalgamating ideas. He also advocated controls around group size of 5-12 participants and colour/layout of the room to encourage an informal, non-intimidating atmosphere (Besant, 2016). However, I felt this level of structure was not required for this study as the aim was to generate ideas and not to solve a problem and I also wanted the brainstorming to involve a greater number of participants to generate as many ideas as possible. In addition, brainstorming techniques have evolved considerably over subsequent years, and many adapted approaches are now utilised effectively, which has removed the necessity to stick tightly to the structure originally conceived by Osborn (Paulus et al., 2011; Bonnardel & Didier, 2020).

In current practice brainstorming is often conducted over two stages with stage one used to generate as many ideas as possible (freewheeling), and stage two used to discuss these ideas in further detail to decide on the best one (discussion) (Maaravi et al., 2021). However, for this study as the purpose was merely to generate ideas to be followed up in the narrative interviews, I only included the freewheeling/ideas generating stage. In addition, I felt restricting discussion around the topic of social media during the scoping exercise would serve to reduce the introduction of potential bias. This was particularly around discussion between myself and the participants of the scoping exercise as I was keen to ensure my own personal bias around social media was not introduced to the participants.

In the end this type of traditional brainstorming was only used within the pilot (see section 4.5.5.2 below). This was because although I felt it did generate ideas it quickly became

apparent that not all participants had a voice with some participants dominating the activity. In addition, there was no anonymity to the answers given as participants shouted out ideas and I documented them, which may have further inhibited responses from some.

I explored other options and decided to utilise Nominal Group Techniques (NGT) for the remainder of the scoping exercises. NGT is like brainstorming in that it aims to generate ideas within a group however, individual silent writing is included as the first stage (Sutton & Arnold, 2013). I decided on this method because it still offers an organised approach but with more of an equal chance for each participant to offer their views on social media. In addition, when compared to similar sized traditional brainstorming groups, up to double the ideas are generated within NGT. Therefore, NGT is a better option for idea generation (Furnham, 2000; Boddy, 2012). Also, the individual work in NGT ensures all participants do have a voice, which addresses the issues from the pilot study, and I deemed this important as the aim was to collect as many viewpoints as possible.

I again took the decision to delay the discussion stage of the NGT process until the narrative interviews. This was because I felt there would be a better opportunity to gather the depth of data required for an interpretivist methodology during the interviews. In addition, I again felt restricting discussion as this stage would reduce the potential to introduce bias, particularly as five of the participants in the scoping exercise also volunteered for the narrative interviews.

On reflection some bias may have been introduced within both the traditional brainstorming and NGT methods, which could be considered a limitation of this approach. However, I believe the actions I took in removing the discussion elements from these processes, particularly around my own opinions on this topic, reduced the risk of bias to a minimum.

4.5.4 Rationale for using a two staged approach to the data collection

Stage one of the data collection consisted of a scoping exercise with the aim of gathering the ideas and perceptions of a larger number of student nurses than narrative interviewing alone would offer, and to construct a visual representation of these ideas and perceptions. Stage two of the data collection consisted of narrative interviewing with the use of the visual representation from stage one to prompt story telling. The visual representation contained both positive and negative viewpoints which demonstrated there are no correct answers and by doing so freed the participants to be more open in their story telling. This is particularly pertinent in this study due to the potential issues of power distribution in the research process between my role as lecturer/researcher and the participants role of student nurse (discussed further in section 4.4.1.2 of this chapter).

4.5.5 Stage one – scoping exercise

4.5.5.1 Sampling strategy (stage one)

I recruited participants for stage one of the data collection from the full population of student nurses on the BSc Nursing Programmes. I sent an email with standard wording and an information sheet offering further detail on stage one of this study (Appendices 1 and 2) via the university student email accounts. This email was sent a minimum of one week before the scoping exercise was due to take place to allow sufficient time for the potential participants to consider whether they wanted to take part in the research or not.

There was one pilot and four scoping exercises each planned to last up to 30 minutes and to take place on campus around participant's university timetables. Three of these four scoping exercises (one for each year of the programme) followed on from the student's timetabled sessions. This ensured a different student nurse year group was available for each of these three sessions and that the full student nurse population had the option to attend. I felt this approach increased convenience for the participants with the potential to increase participation. The fourth session was planned as an open session to offer an alternative session if participants missed the earlier sessions or would prefer to attend a session separately to planned teaching activity. This led to a sample of one hundred and twenty-two participants across the four sessions with representation from the following subpopulations:

Table 4.1 - Student nurse population representation in main scoping exercises

Field of nursing	Numbers	Gender	Numbers	Age ranges	Numbers
Adult	85	Male	5	18-25	32
Child	14	Female	117	26-35	29
Mental Health	21			36-45	51
Learning Disability	2			46+	10

This approach employs convenience sampling techniques which are nonprobability/nonrandom sampling. Convenience sampling entails the selection of participants based on their availability and accessibility for the study or their willingness to take part in the study (Etikan et al., 2016).

All these practical criteria fitted the requirements of this study. In addition, this method of sampling is inexpensive which add further weight to its suitability for use in a self-funded programme of study (Acharya et al., 2013). Convenience sampling was a suitable approach for

this scoping exercise as the intention was to generate and assimilate participants ideas to support stage 2 of the study rather than to generalise findings to the wider population.

A further disadvantage of convenience sampling relates to the issue of outliers. In research terms outliers are participants who do not fully fit with the data set (Etikan et al., 2016). This is because when utilising non-random sampling techniques such as convenience sampling there is a high self-selection rate. The issue with this is that outliers can impact the statistics of the sample unfavourably making it difficult to make exact estimates about the population (Farrokhi & Mahmoudi-Hamidabad, 2012). The issue here is again around being able to generalise findings to the wider population this time with the use of statistical analysis. The aim of this study was not to generalise the findings to the wider population, or to apply statistical analysis to findings as this is a qualitative study and not a quantitative study. Therefore, convenience sampling was an appropriate sampling method to employ for this stage of the study.

4.5.5.2 Pilot (stage one)

A pilot is used to pre-test research instruments for effectiveness in order to establish if any changes are needed prior to undertaking the full study (Malmqvist et al., 2019). I utilised the first scoping exercise as the pilot so that brainstorming as a method could be tested, fifteen participants took part.

I utilised traditional brainstorming techniques for the pilot (see section 4.5.5.2 for further discussion). I used traditional brainstorming as this is a well-established method for generating ideas in groups (Isaksen & Gaulin, 2005) and this was the intention of the scoping exercises. I asked the participants to shout out what came in to mind when thinking about their experiences around SNS use within their student nurse peer groups.

I acted as moderator in this session and documented ideas as they were shouted out. Although to some extent this approach did work, I did note some limitations in that some members of the group did dominate which meant the voices of all were not heard equally. I felt this could reduce the number of viewpoints obtained and in addition, bias could be introduced if those with the loudest voices held strong positive or negative perceptions of SNS.

I only used stage one (freewheeling) of the traditional brainstorming technique as I felt this would focus on the generation of ideas and the reduction of further discussion at this stage would limit the bias introduced. The intention was to encourage further in-depth discussion during the narrative interviews.

I used the results from this pilot to adjust the data collection approach for the remainder of the scoping exercises and Nominal Group Techniques (NGT) were used to replace traditional brainstorming. This was to ensure all participants had a voice and to overcome the unhelpful social effects seen in traditional brainstorming (Maaravi et al., 2021).

4.5.5.3 Data collection (stage one)

Data collection for stage one of this study consisted of a scoping exercise underpinned with first stage Nominal Group Techniques (NGT).

One hundred and twenty-two participants took part in the NGT exercise across four sessions. These participants were from across all four fields of nursing (adult, child, mental health and learning disability), both male and female student nurses were represented with an age span from 18-46+ years. I supplied participants with a pad of post its each for them to record their responses in the form of words or short phrases. Once the activity was completed, I asked each participant to leave the completed post its on a table at the back of the room where I collected them for future data analysis.

I asked the participants in each of the four groups to reflect on their experiences and perceptions of social media activity within their peer groups and to write their thoughts anonymously on post its. In accordance with NGT this activity was conducted individually and in silence. This is because although participants tend to enjoy verbal brainstorming activity, the individual and silent ideas generation activity in NGT prevents any blocking of ideas created by the noise of others and stimulates activity in the creative right side of the brain leading to a greater generation of ideas (Boddy, 2012). In addition, the anonymity this approach affords allows the participants to be honest in their individual responses (McMillan et al., 2014). At the end of the activity, asking the participants to leave their completed post its on a table at the back of the room for me to gather, again offered further anonymity to the responses made.

Post its are size limited, and I used these to encourage the respondents to use words or short phrases to keep the data collection and analysis manageable for a single researcher study. However, this did not limit the number of responses given and there was a total of 331 responses in the form of words and phrases on the post its from the four sessions (see appendix 10).

4.5.5.4 Data analysis (stage one)

Overview of the word cloud

I retrieved the data from the post its and typed it into a Word document to aid effective data analysis. The data obtained was a mixture of single words and phrases. Thematic analysis is an approach used to analyse data by identifying patterns, referred to as themes, within the data

(Braun & Clarke, 2006) and I used this technique to group this data into themes of key words. I used a thesaurus to support this process to ensure the words I grouped under one key word did hold similar meanings (see Appendix 10).

One of the purposes of stage one of this research was to construct a visual representation of the findings for use in the narrative interview of stage two because visual imagery can be used to induce meaningful understanding of people's experiences of their world (Mannay, 2016). I constructed a word cloud from the themes as a word cloud is a technique for showing text in a direct and visual way.

Often a word cloud makes use of larger text to emphasise frequently used words (Appendix 11). However, in this study I used the same size text for all the words. Although this could be viewed as manipulation of the data, the intention was to avoid biasing the participants towards individual words based on their pre-existing knowledge of word cloud format and use of text sizing to emphasise key words. This approach allows participants to create their own understanding therefore making sense of the word cloud from their own perspective (Yand et al., 2020), which fits the interpretative approach of this study.

I used a speech bubble shape for the word cloud to signify this information was a visual representation of the voices of participants. I used blue for the speech bubble and text. Although colours can hold various meaning blue is acknowledged to represent calmness and tranquillity (Cherry, 2020a). As the aim of this visual representation was to generate ideas, I used blue rather than using a more emotionally charged colour such as red (Cherry, 2020b) which I felt may catch the attention of participants to some of the more inflammatory words included in the word cloud (Appendix 11). My aim was to keep the words as neutral as possible so this visual representation could be used as a tool to generate ideas from the participant's perspective and not to lead the participants.

On reflection it may have been beneficial for me to include participants in this stage of data analysis to enable them to shape how their opinions were subsequently heard by others within the narrative interviews. This would offer participants more of a voice in the overall study and would help to redress the power relationship between participant as student and researcher as lecturer (discussed in section 4.4.1.2). Particularly as NGT literature supports the idea that appraisal of findings is improved when undertaken within a group (Boddy, 2012).



Figure 4.1- Speech bubble (blue with same size text)

4.5.6 Stage two – narrative interviews

4.5.6.1 Pilot (stage two)

The main aim of undertaking a pilot study when utilising interview approaches is to refine and improve the interview technique, particularly the questions to be posed (Majid et al., 2017).

This suits a structured or semi structured interview approach, but due to the relatively unstructured format of narrative interviews, where there are no set questions I decided not to undertake a pilot.

However, as part of the reflexive approach of this study I reflected on the first interview to establish if changes were required and, because the interview offered relevant data, alterations to the approach were not deemed necessary.

4.5.6.2 Sampling strategy (stage two)

Five of the participants were recruited as volunteers from the scoping exercises by completing a section on the scoping exercise consent form (see Appendix Three). Although there is potential for bias to be introduced using this approach, the strategies I implemented as part of the NGT scoping sessions to reduce discussion, particularly from me, would limit this risk.

There is of course a risk that participants would leave the room and discuss this topic, I did try to limit this risk by requesting they refrain from discussing the session and the study topic with their peers. In addition, the criticisms put forwards around convenience sampling generally, in that participants are likely to be biased (Leiner, 2016) and furthermore this bias cannot be

controlled or measured (Acharya et al., 2013) are somewhat counteracted in interpretivist research as the aim is to uncover rich narrative accounts where bias would not be viewed as having a negative impact as everyone's story is of equal value. As is the case in this study.

The remaining nine participants responded to the participation email (Appendix one) stating they only wanted to attend the interview stages. The voluntary element to sample selection ensures the participants are both interested and motivated in the subject and the research. This will encourage participation in the narrative interviews and therefore participant's greater involvement in the development of further knowledge in this area (Campbell et al., 2020). Using this approach undoubtedly leads to a further element of convenience sampling. However, I also applied purposive sampling techniques at this stage to ensure as many perspectives as feasible could be represented. Purposive sampling entails the researcher selecting participants deliberately based on characteristics the participant holds so that as many specific groups from the overall population are included in the research sample and are subsequently reflected in the findings of the study (Campbell et al., 2020; Andrade, 2021).

I made the call for volunteers until all groups were included. This led to a sample of fourteen participants with representation from the following subpopulations:

Table 4.2- Student nurse subpopulations represented in narrative interviews

Participant name	Field of nursing	Gender	Age ranges
Clare	Adult	Female	36-45
Rachel	Adult	Female	26-35
Gemma	Adult	Female	36-45
Stephen	Adult	Male	46+
Hannah	Adult	Female	26-35
Louise	Adult	Female	18-25
Deborah	Adult	Female	26-35
Katie	Adult	Female	36-45
Jane	Adult	Female	46+
Lesley	Child	Female	18-25
Martha	Child	Female	26-35
Julie	Learning Disability	Female	36-45
Mia	Mental Health	Female	36-45
Amy	Mental Health	Female	18-25

I selected these subgroups as they ensured representation from a range of areas within the full population of student nurses studying a BSc nursing programme. The intention was to make sure a good number of perceptions could be considered within a small sample size. This approach is founded on the researchers understanding of the population and aims of the research study and therefore creates a more trustworthy sample, strengthening qualitative research with its more systematic approach (Campbell et al., 2020).

In addition, convenience and purposive sampling-based research is valuable when sociocultural factors are predicated to shape findings, with for example, the construct of wellbeing, a central concept in this research (Andrade, 2021). Further advantages of purposive sampling methods are again, that this method allows for a cost-effective and time efficient approach to sample selection, useful in a single researcher study like this (Etikan et al., 2016).

A weakness to this sampling approach is that if the researcher is unable to recruit participants for one of the defined groups there is a potential for omissions in the findings, which could subsequently impact on the overall reliability of the data (Campbell et al., 2020). However, this was not an issue in this study as participants were recruited from all the groups, affording further credibility to the evidence produced.

4.5.6.3 Data collection (stage two)

The impact of the COVID 19 pandemic and data collection

My original intention was for the interviews to take place in person on campus however the proposed start date for the collection of data for stage 2 of this study was April 2020.

Therefore, the global COVID 19 pandemic and resulting total lockdown in the United Kingdom prevented the collection of data from this original planned start date. I initially postponed the interviews as my intention was still to collect the data in person however, when it became apparent the lockdown restrictions were going to continue for some time, with an end date not guaranteed, alternative approaches to data collection had to be devised.

During this period of lockdown teaching for all the nursing programmes moved to virtual platforms. I explored these virtual platforms to gauge their suitability for hosting the narrative interviews. The University's VLE platform (CANVAS) was selected since the functions of this platform were familiar to the participants and they were used to seeing themselves on screen using this format. In addition, CANVAS had a conference function which allowed me to conduct and record synchronous (real time) virtual interviews. This enabled the interviews to still take place face to face, so my plan for the use of narrative interviews for this research could continue.

I did hold some concerns that the switch to virtual interviewing would create additional barriers. However, this proved not to be the case and participants appeared very relaxed being interviewed virtually from their own home, many chose to be interviewed from their bedrooms, some with their pyjamas on. This approach from the participants lent itself to a comfortable and informal atmosphere suiting the conversational approach to data collection aimed for. In addition, this more informal and relaxed atmosphere created by holding the interviews virtually did serve to further mitigate against the significant risks associated with the power relationship between me as a researcher/lecturer and the participants as student nurses within the same faculty (see section 4.4.1.2).

A further advantage to the use of virtual techniques over the in person interviews I had planned was that the interviews were captured on film. Therefore, I was able to view and analyse the interviews in far more detail than was originally planned. Being able to re-watch facial expressions and body language, which are very important to storytelling, further enhances data collection and data analysis (Irani, 2018).

It is clear there were benefits to utilising the virtual techniques as many of the strengths of in person interviews could be maintained along with an increase in convenience, flexibility and choice of interview location for the participant.

Collection of data via virtual narrative interviews

I obtained a secure CANVAS site to ensure confidentiality could be maintained for participants and data could be stored safely. Participants were invited individually to the site just before their set appointment time and once the narrative interview was completed their access was removed to ensure confidentiality and anonymity could be maintained. Interviews were planned at a date and time that suited the participant, and I set up each interview on CANVAS accordingly. The use of the virtual platform for these interviews also had the advantage of offering greater flexibility for both the researcher and the participants (Irani, 2018).

The structure of the interview loosely followed the stages in the process put forward by Anderson and Kirkpatrick (2016) – Introduction and explanation of the research; the narrative; questioning phase and conclusion. The focus was on the narrative stage of the process as this is where the participant was able to openly tell their story. I used the word cloud during this stage as a visual aid to prompt story telling. The word cloud was made visible on the screen, and I asked participants to reflect on this and its relevance to their own experiences when undertaking social media activity within their peer groups. I also implemented the questioning

phase to allow for the gathering of more in-depth data and to encourage further elaboration from the participants on points of further interest. I acknowledge that there was a risk with this approach in potentially swaying the focus from what the participant deemed most important to what the researcher decided was most important. However, I deemed this to be an acceptable risk to ensure relevant topics were explored in the required depth needed for a narrative approach. Also, I sought to minimise this risk by ensuring the questioning focused only on topics which the participant had highlighted in their story telling and, by allowing the participant space to elaborate further, this became an opportunity for participants to continue their story.

The interviews lasted between twenty-eight and forty-six minutes and were ended when the Interviewee had no further new information to offer on the topic. I consciously did not use pre-defined codes during the interviews. This was because I wanted to establish new insights into social media activity within student nurse peer groups and its effect on their wellbeing and the use of pre-defined codes in an interview can limit this option (Mwita, 2022).

Therefore, data saturation - the lack of new information discovery (Guest et al., 2020) - can be assumed at the end of each interview as the conversation ended due to the participant having no new points to make. However, data saturation could not be finalised until the data analysis phase of this study when I was able to uncover the codes and themes within the data and ensure data saturation was reached during the analysis (see section 4.5.6.4).

4.5.6.4 Data analysis (stage two)

As this was a qualitative study the data analysis was based on inductive reasoning. This is an approach focused on making reasonable judgements and inferences for the researcher to make sense of the data presented. From these judgements and inferences generalised meaning is constructed to answer the research questions posed (Borbasi & Jackson, 2012; Hayes & Heit, 2017).

I transcribed the video recordings on CANVAS verbatim, so they offered an exact replication of the narrative interview. Once completed I checked the transcriptions against the video recordings of the interviews to ensure accuracy.

I then analysed these transcripts using Braun and Clarke's (2006) six phase process for reflexive thematic analysis (see Table 4.3 below). This offers an accessible and adaptable approach to analyse qualitative data to identify patterns and themes in the data that fits with an interpretative methodology.

Table 4.3 - Phases of thematic analysis

Phase	Overview of procedure
1. Familiarising yourself with the data	Full immersion of self in the data with repeated active reading looking for patterns and meaning
2. Generating initial codes	Systematic categorisation of the raw data from individual interviews and from the dataset as a whole to start to make sense of the information
3. Generating initial themes from coded and collated data	Creation of broader themes with the identification of connections amongst the codes and subsequent amalgamation of these codes
4. Reviewing themes	Further refinement of themes by checking the themes fit with the individual codes and the data set as a whole
5. Defining and naming themes	Refinement of the themes to the point where they can be defined and allocated a precise name
6. Producing the report	Final analysis and write up of the story

Below is an overview of how I applied these six steps in this study.

Familiarising yourself with the data

The first phase of reflexive thematic analysis is ‘familiarising yourself with your data’ and for this phase of thematic analysis Braun and Clarke (2006) highlighted the need for the researcher to fully immerse themselves in the data. This started when I manually transcribed the narrative interviews verbatim as this method encourages familiarisation with the data (Riessman, 1993; Byrne, 2021). This was followed by a period of reading and re-reading of the transcripts and watching and re-watching of the interview videos with the focus on looking for patterns and meaning in the data which would then form the initial codes.

Generating initial codes

Coding is the most significant phase of qualitative data analysis as this is where the ideas are captured that later develop into the themes that form the findings of the research (Wong, 2008). Although there are several computer software packages that can complete the coding process electronically, such as NVivo, for this study I decided to code manually. This was because computer software does not allow for the level of ongoing researcher immersion in

the data at all stages of the analysis process. Nor does it allow for the full flexibility for me to move back and forth through the stages of data analysis, enabling the generation of new codes at all stages of data analysis as advocated by Braun and Clarke (2006) in their reflexive thematic analysis.

Manual coding in this study consisted of working through the narrative interview transcriptions identifying words, phrases and paragraphs within the data that I deemed to be significant in relation to answering the research questions:

1. What are student nurse's experiences and perceptions of using social media within their peer groups?
2. What is the effect of using social media on student nurse's wellbeing?

I identified points of interest and highlighted them on the transcripts using the comments function of Microsoft Word to start to identify codes (see Figure 4.2 below). This enabled easy identification of the codes on the transcript. This also allowed me to easily revisit notes and codes during the re-reading stages and during the subsequent phases of the data analysis.

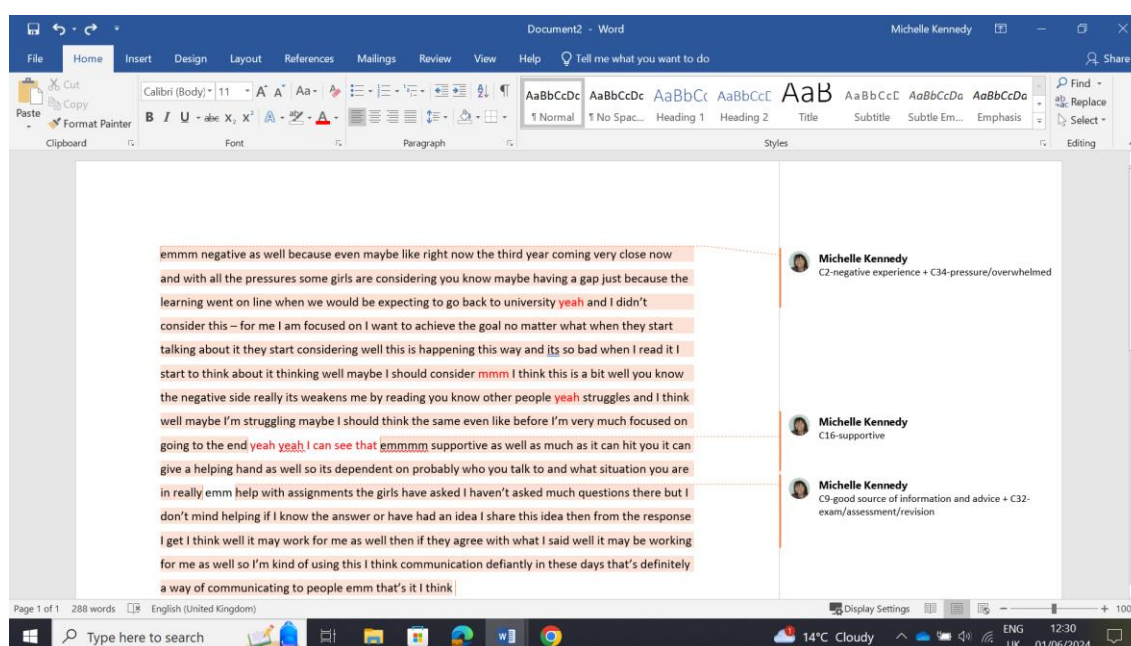


Figure 4.2 - An example of transcribing method

I also used coloured post its in this phase to capture narrative extracts from the transcript with codes added as identified, as this helped with the re-ordering of codes into themes for phase three of the process 'generating initial themes from coded and collated data'.

I remained aware of the potential for my personal bias to influence the coding of this data and consciously looked to identify information from all viewpoints and not just the dominant ideas, or ideas that fitted with my position. It is accepted in qualitative research that there will be

contradictions and exceptions in the data as participants will have had different experiences. The aim is to capture these differences as these add depth and breadth to the findings (Scharp & Sanders, 2019). I achieved this by taking the time to fully immerse myself in the data, keeping in mind that I was generating codes in a meaningful way to establish student nurse's experiences and perceptions of social media activity with their peers and its effect on their wellbeing.

I found some codes were easier to classify than others, this was usually where the participant had clearly described a concept for example COVID 19 and inaccurate information. Others were trickier and required the adding of additional codes and the combining of some codes as I read and re-read the transcribed interviews, for example personality clashes/argumentative and strong characters/voices. However, by taking the time to read and re-read the transcripts it became clearer which topics slotted together to form codes. I identified 34 initial codes (See Figure 4.3 below).

Manually transcribed codes			
C1-different groups on SM	C10-invasion phone lighting up/pinging	C19-SM to build friendships	C28-Fear of missing out if not on SM
C2-negative experience	C11-personality clashes/argumentative	C20-COVID 19	C29-oversharing
C3-self-monitoring of SM effect	C12-annoying	C21- seek advice from uni	C30-guidelines and rules around SM
C4-distancing self from SM	C13-intimidation/feel inadequate/competitive	C22- inappropriate content	C31-strong characters/voices
C5-not supportive	C14-continue to read comments/chat when muted	C23-public nature of SM	C32-exam/assessment/revision
C6-move away from SM back to reality	C15-inaccurate information	C24-generational/gender	C33-gossip
C7-high content/postings on SM	C16-supportive	C25-lurker	C34-Pressure/overwhelmed
C8-effect of distancing self from SM	C17- previous healthcare experience	C26-bitchiness	
C9-good source of information and advice	C18-positive experience	C27-bullying	

Figure 4.3 - Initial ideas generated during manual transcription and coding

Generating initial themes from coded and collated data

Generating initial themes is when the different words or phrases of participants forming the codes are brought together in a more meaningful way. The different codes are combined into overarching themes which are patterns of shared meaning connected by a principal idea. The generating of themes helps to demonstrate the multiple aspects and complexity of an experience (Braun & Clarke, 2014; Austin & Sutton, 2014).

The coloured post its proved helpful in this phase of the analytical process as I could easily move the codes around a display board. This meant I could group the codes together into categories of similar meaning. This allowed me to form potential overarching themes, or subsequently I could move the codes to other more relevant themes as necessary as the process and my insights developed.

By continually reviewing the codes I found the themes became more obvious. For example, the codes of bitchiness and bullying are similar in nature and could be viewed as either an action or a role an SNS user would take on. Therefore, I amalgamated them into one sub-theme which I labelled 'bitch/bully'. This subsequently fit into the main theme of 'Personas - the roles people adopt on SNS'. Whilst I felt the codes of 'different groups on SNS' and 'SNS to build friendships' were each a sub-theme and easily fit into the overarching theme of 'Group formation -groups within groups on SNS'. As I decided where codes fit into the themes and sub themes, I re-read the transcripts for further context and to support my decisions on this vital aspect of the research process.

This was a time-consuming process, but it is essential time is taken to get this stage right because these initial themes form the foundation of the study findings. I remained aware of the potential for personal bias during this phase and I did take care to continually review the codes to ensure all viewpoints were captured in these emerging themes. However, on reflection it would have further strengthened this phase if I had included the participants in this process to double check my ideas of the emerging themes matched theirs. This was difficult to achieve though as some of the participants had completed programme and were not easily available. In addition, as the data analysis occurred during COVID 19 those participants remaining on programme were on placement on the frontline of healthcare and so again were not easily available. I do believe this phase was conducted rigorously.

Reviewing themes

My immersion in the data continued as I moved to the next phase of the data analysis process 'reviewing themes' which is where I further refined the initial themes generated. I read all of the coded data extracts within each theme repeatedly to establish if they produced a coherent

pattern and also to establish they worked as a theme, both in terms of the data and in relation to the other themes. If this was not the case I redrafted, discarded or added themes to accurately capture all the relevant information. For example, rather than having each individual role (expert, bully and so on) as a theme during the reviewing themes phase I identified there are a variety of roles people adopt on SNS and so this became my theme, and the various roles discussed in the narrative interviews became the sub-themes. I believed this will offer more meaningful discussions of this topic area.

I continued this process until no new themes emerged and I was certain all relevant information from the narrative interviews had been captured. This point is referred to as data saturation, the point when ongoing review of the data leads to no further meaningful change to the codes and themes identified so far (Fofana et al., 2020). The ability to achieve data saturation has also been linked to the minimum sample size required to achieve this outcome with guidance ranging from 6-12 participants as a minimum (Guest et al., 2006; Schweitzer et al., 2015; Marshall et al., 2018) indicating the fourteen interviews in this study was enough to achieve data saturation during thematic analysis.

Defining and naming themes

This phase is considered more of an artful stage than the others. It is where themes are further refined against the codes and data set as a whole and is where themes are defined and named. This phase serves to uncover the very essence of the themes, to identify the underlying meaning that underpins the sub-themes and joins them together into a theme. At this phase of the reflexive thematic analysis, it is helpful to view the relationships between the themes and sub-themes in a concrete and visual way with the construction of a thematic map (Castleberry & Nolan, 2018; Finlay, 2021).

Involving a second, independent person in the data analysis affords more rigour to the process and greater consistency is realised in the generating of initial codes and generating of initial themes phases of the process (Kleinheksel et al., 2020). I discussed both the codes and themes I created at regular intervals with my supervisor. This was helpful in confirming my ideas around the final themes and which codes fit within each theme, and I did tweak the final themes based on these discussions. For example, I had intended to put COVID 19 as a final theme but on discussion with my supervisor it became clear that the issues around COVID 19, in relation to student nurse SNS activity within their peer groups and their wellbeing, focused on two main areas. These were the amount of information on SNS over this period and the availability of inaccurate information on SNS during this time. Therefore, I decided COVID 19 fit better as a sub-theme, however, at this point I remained undecided about whether the code COVID 19 fit better into the theme of information sharing theme or the theme of amplifiers.

This prompted further review of the transcriptions supported by further discussion with my supervisor. This led me to the decision that the code of COVID 19 best sits with the theme of information sharing for this study. This was because several of the participants indicated during the narrative interviews that the inaccurate information about COVID 19 exchanged during SNS activity with their peers did affect their wellbeing.

This approach ensured there was some verification from an independent person, however it would have further strengthened this research if I had been able to involve a totally independent verifier. This was difficult to achieve in this research however due to it being part of a Doctor of Education programme with me as a single researcher. In addition, data collection and analysis took place during the COVID 19 pandemic and so the opportunity to meet with an independent person to verify data was limited.

Background reading for the literature chapter also helped me to develop the final themes. Examples of this include my reading around identity formation on SNS which supported the develop of the theme 'personas (roles people adopt on SNS)' and my reading around building communities on SNS supported the development of the theme 'group formation (groups within groups)'.

I continued to review and refine the themes until I felt the meaning underpinning each theme was revealed. At this stage I constructed titles that I believed represented the meaning of each theme and produced a thematic map (see Figure 4.4 below). There was some overlap in sub-themes, and I endeavoured to place each sub-theme under the most relevant theme in the thematic map to prevent repetition and ensure clarity. I identified four main themes and seventeen sub-themes.

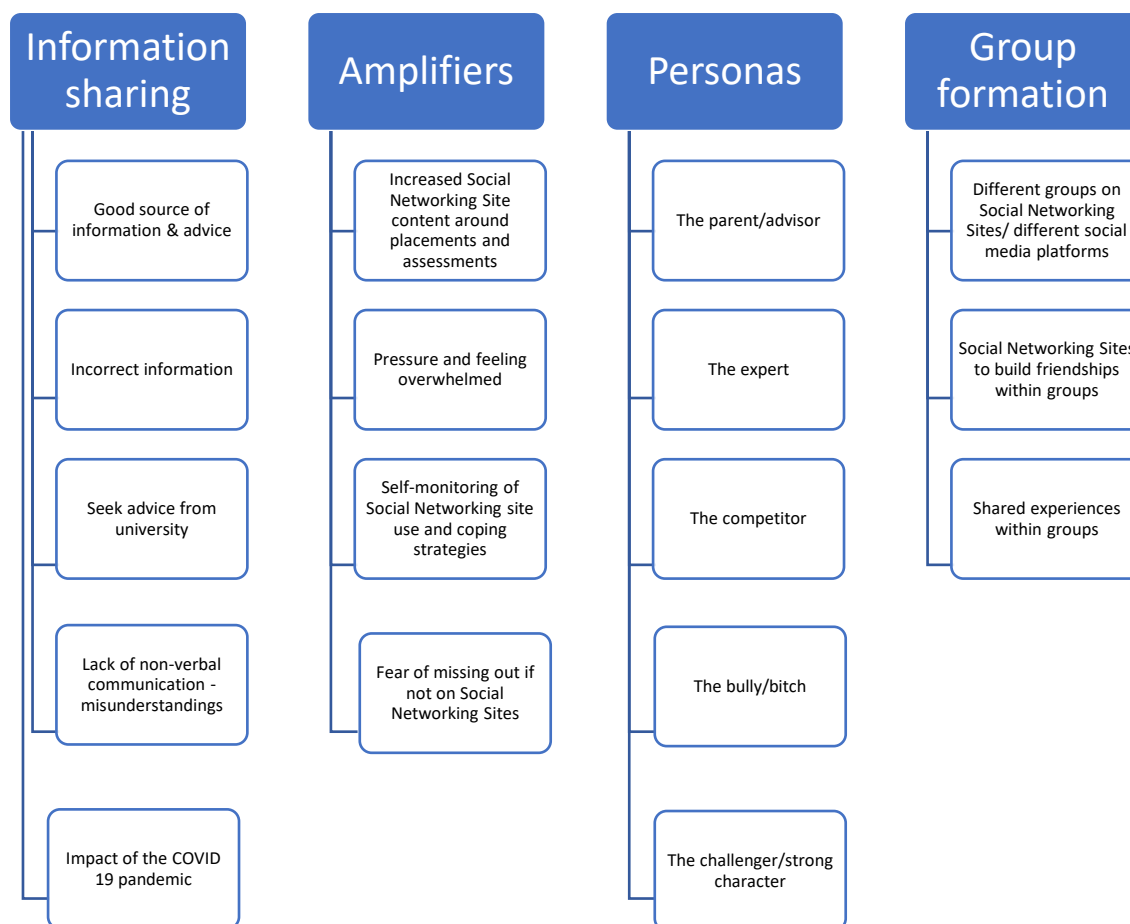


Figure 4.4 - Thematic map

Producing the report

The final phase of Braun and Clarke's (2006) reflexive thematic analysis process is 'producing the report'. The aim of this phase is to offer an analytical and systematic narrative that serves to tell the story of the data in relation to the research question.

In this study details of this stage of the analytic process are contained in Chapter 5 and Chapter 6.

Why Braun and Clarke's (2006) reflexive thematic analysis?

I selected this approach as the focus is on the themes originating directly from the data. This means the themes are data-driven, as opposed to some alternative thematic analysis approaches such as coding reliability thematic analysis and codebook thematic analysis whereby codes are preconceived and are constructed early in the analysis process, often from the relevant underpinning literature. The reflexive thematic analysis approach offers the freedom to add and revise codes at any stage of the data analysis process as the researcher identifies further detail pertinent to answering the research question posed (Braun & Clarke,

2021; Byrne, 2021). This offers increased flexibility throughout the whole of the analysis process and fits well with the interpretative methodology used in this study.

An additional reason for selecting this particular approach to data analysis was that the focus remains on the researcher playing an active role in analysis and in discovering the patterns in the data as opposed to the alternative viewpoint of themes emerging from the data in a passive way, in that the themes are there just waiting to be found rather than being actively created by the researcher (Maher et al., 2018). Braun and Clarke believed the researcher's active role in this process to be so significant that they revised phase 3 of the process to 'Generating initial themes from coded and collated data' instead of 'searching for themes'. This was because they felt the initial terminology supported the idea that themes emerged from the data as opposed to them being created by the researcher (Braun & Clarke, 2019). This approach enabled me to have the insightful and meaningful interactions with the data that are a necessity for the interpretation of qualitative data.

4.6 Section five – Procedural Ethics

4.6.1 Informed consent

Gaining fully informed consent was essential for both stages of this study for the participants to make knowledgeable decision as to whether to take part in the study or not (Lee, 2018). For stage one although implied consent could be assumed if a student nurse turned up to participate in the scoping exercise written informed consent was still obtained. I obtained this at the start of the scoping exercise session, prior to the start of the activity following a verbal check that the participant had read and understood the information before the scoping exercise (Appendix 3). For stage two of this study an information sheet was emailed to the participants (Appendix 4), and written informed consent was obtained from all participants prior to the interviews taking place (Appendix 5).

4.6.2 Confidentiality and anonymity of participants

It is essential that recognisable information about individuals is not revealed during research activity to protect the participant's confidentiality (Wiles et al., 2008). For stage one this was partly achieved with the use of post its to record the data during the scoping exercises. For part two of the study, I allocated participants pseudonyms to anonymise data. This approach, as opposed to the use of participant number allocation, helps to make the findings chapter more reader-friendly (Yin, 2009). In addition, I paraphrased any detail recorded during the interviews that could potentially identify either the participant, their peers or anyone working in the university or healthcare Trusts in the writing up of the report to maintain anonymity.

Guaranteeing anonymity and confidentiality can be difficult, especially in small communities (Stein, 2010). Therefore, I took a further measure to try to maintain anonymity and confidentiality by asking participants at the end of each interview not to discuss the contents of the interview with their peers in case they were future participants.

4.6.3 Ethical approval

As I was completing the research with students from a different faculty to where I was undertaking the EdD programme I was required to obtain ethical approval from the Faculty of Health Sciences and the Faculty of Arts, Cultures and Education. Evidence of ethical approval from the faculty where I was completing the EdD is in the form of a confirmation email (Appendix 6) and evidence from the faculty where I was undertaking the research is in the form of a confirmation email (Appendix 7) and confirmation letter (Appendix 8). I also sought agreement to change the data collection method from in person narrative interviews to the use of video call techniques from the faculty where I am completing the EdD (Appendix 9). This resulted in slight changes to the information sheet for the narrative interviews (Appendix 4) to make it clear to the participants video-calling techniques would be used and not an in-person approach so fully informed consent could be obtained.

4.7 Methodology limitations

One of the main criticisms of interpretative research is around the generalisability of results to other populations and situations. This criticism is put forwards when comparing qualitative research methodology generally to quantitative research. This conclusion is based on the lack of scientific verification in qualitative research, highlighting that this is because the results have not been subjected to statistical analysis to establish the level of statistical significance (Atieno, 2009; Mack, 2010).

However, these issues would only pose a problem if the intention was to generalise the findings of the research to the wider population which was not the case in this study. I used interpretative methodology with the main method being narrative interviews. The aim of narrative research is not to control or try to limit the contradictions, subjectivity or emotional elements in the participants accounts of their experiences, rather the intention is to encourage the story to be told as the participant lived it, and then to ensure these stores are interpreted in a meaningful way (Greenhalgh et al., 2005), as was my intention in this study.

Another potential limitation to this study was that for some participants it can prove more challenging to tell their story to the researcher using the open format required for narrative interviews, instead preferring to be interviewed using a more structured approach with set

questions (Anderson & Kirkpatrick, 2016). However, I did not find this to be the case in this study as the conversation flowed easily during all the interviews with the participants appearing keen to relay their stories with a great level of detail. This demonstrates that participants clearly wanted to share their own experiences of social media activity and its effect on their wellbeing.

As discussed in section 4.5.6.3 of this chapter due to the COVID 19 pandemic the narrative interviews were changed from in person to virtual interviews using video calling technology and, despite the advantages discussed in employing this approach, there was a potential problem of technical issues such as internet connection problems. Technical issues have the potential to affect the clarity and quality of both the interview itself and the recording, which could impact the transcription process. Furthermore, technical issues can create a significant distraction to both interviewer and participant as the focus shifts away from the interview on to fixing the technical issue (Irani, 2018).

No technical issues were experienced in this study, but it is something I will consider for future research utilising virtual platforms as a potential. A plan would need be put in place for how to address this eventuality such as reverting to telephone calls or rescheduling of the interview.

A further potential limitation for this study with its use of video calling, was that it could be difficult for me to be able to fully address any distress felt by the participant or to fully comfort or reassure the participant if required (Sedgwick & Spiers, 2009). For this study I did put support procedures in place in terms of a process to refer the participant to their personal supervisor or the university support services if any signs of distress were detected, this was still an option with the video calls. Although none of the participants did display any signs of distress and did appear comfortable telling their stories it is again an issue to be aware of for future research to ensure suitable support is in place for the participants if required.

On reflection this study could have been further strengthened if I had involved the participants more in the data analysis in both stage one and stage two of this research to check for accuracy and reduce the risk of bias. In addition, I could have triangulated the data from the narrative interviews with a second set of data collected via alternative methodology, which could reinforce the credibility of the findings.

Although I was able to obtain verification of the themes through discussion with my supervisor. It would have further strengthened this research if I had been able to involve a completely independent verifier for this activity.

This chapter has offered a detailed overview of the methodology used in this study to answer the research questions:

1. What are student nurse's experiences and perceptions of using social media within their peer groups?
2. What is the effect of using social media on student nurse's wellbeing?

It considered the overall research philosophy, sampling, collection and analysis for both stages of data collection, ethical considerations and methodology limitations. A rationale for choices made was offered throughout.

Chapter five will continue this exploration with an examination of the findings from both stage one of this study, the scoping exercise and stage two, the narrative interviews.

Chapter 5 - Findings

This chapter presents the findings from the analysis of both the scoping exercise and the narrative interviews, exploring student nurse experiences and perceptions of social media activity within their peer groups and its effect on their wellbeing. The findings from the scoping exercise are considered first followed by a detailed discussion of the findings from the analysis of the narrative interviews. A diagrammatic overview of each theme is given along with a detailed discussion of each theme. To provide context and further understanding direct quotes from participants are included, which also serve to link the raw data to the themes uncovered during analysis.

5.1 Stage one – Findings from the scoping exercise

Analysis of the data from the four scoping exercises led to the creation of a word cloud (see Figure 4.1 above) containing twenty-five separate themes. These themes demonstrated a mixture of both positive and negative experiences in the use of Social Networking Sites (SNS) within this group of student nurses.

Sixteen of these themes were classed as negative, with only nine themes being classed as positive (see Table 5.1 below):

Table 5.1- Positive and negative themes illustrated in the speech bubble

Positive themes	Negative themes	
communication	gossip	bullying
help with assignments	pressure	inappropriate content
new contacts	anxiety	negative
informative	intimidation	annoying
supportive	isolating	bitchy
friendship	confusing	conflicting
constructive	stressful	inaccurate information
helpful	negative	
collaboration	feel inadequate	

5.2 Stage two – Findings from the narrative interviews

Stage two of this study consisted of narrative interviews aiming to understand the participant's real-life experiences through their story telling of their perceptions and experiences of SNS activity within their student nurse peer groups, these are the findings from these interviews.

5.2.1 Theme one – Information sharing (Accurate v inaccurate information on Social Networking Sites and effect on wellbeing)

Theme one focused on student nurse's experiences and perceptions of accurate v inaccurate information (generally referred to as misinformation) during their SNS activity within their peer groups. There were five key sub-themes that participants commented on related to this theme, namely good source of information, incorrect information, seek advice from university, lack of non-verbal communication -misunderstandings and impact of the COVID 19 pandemic (see Figure 5.1 below), each of these sub-themes will now be explored.

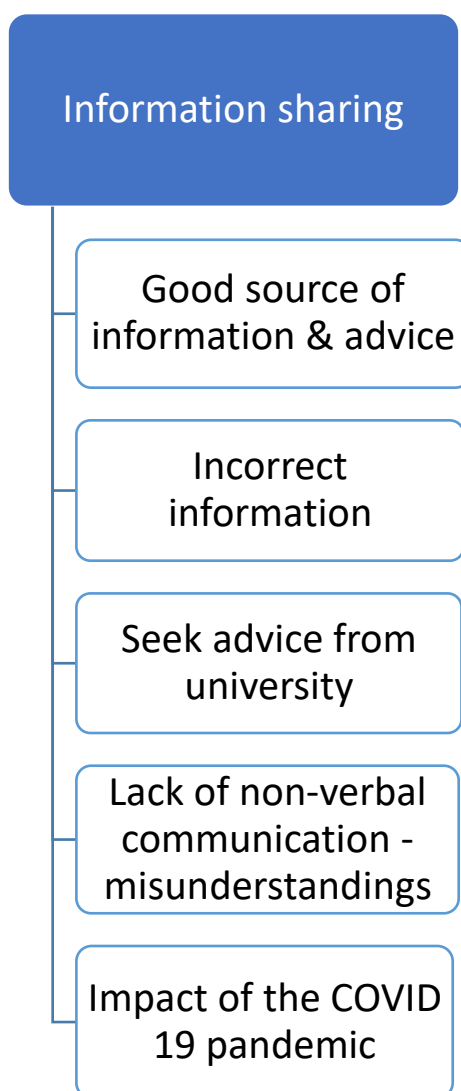


Figure 5.1 - Sub-themes of the theme information sharing

Sub-theme 1.1- Good source of information and advice

Half of the participants (seven) made comments about SNS offering a good source of information and advice on the sites they shared with their peers. Participants did not tend to elaborate on this sub-theme and rarely linked it to wellbeing in the way they did with

inaccurate information or the impact of COVID 19 on information sharing. The exception was Julie who commented:

And sometimes like on a personal level if I'm worrying then I need an answer there and then I can't be waiting and sometimes we do get that reassurance quicker on a group chat than you do speaking to anyone else you can get an answer pretty quick - so you can sort whatever you wanted to quickly and that obviously improves your wellbeing and reassures you.

All the other participants responded with comments focusing on the areas where information could be sourced on SNS including help with placements (Gemma and Julie); support with assignments (Clare and Louise) and the highlighting of updates and changes to rooms or timetables (Hannah).

One area of focus in this sub-theme was on the collaborative element of sharing information in the groups such as the example given by Stephen who actively sought information of potential interest to the group from other sources to share on SNS. He stated, 'if I come across something that I believe is useful I will just drop it into the group chat randomly', whilst Clare focused on the seeking of information on SNS rather than from other sources:

Somebody will just know it so it's convenient for little questions, like that you know you can trust the answer to, it is very convenient to say oh what's the website again Maisie and she'll just tell you rather than having to Google it.

Sub-theme 1.2- Incorrect information

Whilst, as covered in the sections above, half of the respondents recognised some positive elements of information sharing on SNS, all fourteen respondents commented on the negative aspect of the inaccuracy of information on SNS where they interacted with their fellow student nurses, frequently commenting on the effect of this on their wellbeing.

Participants discussed their concerns about the extent of inaccurate information on their peer group SNS pages and commented on the negative effect of this inaccurate information stating that it caused confusion and heightened anxiety. Clare commented on the cumulative impact of inaccurate information:

I think there are a lot of negatives to it because I think there's so much false information, just little snippets of information that are wrong build this massive picture for people and it gets blown out of proportion and sometimes you don't know if you have read it in a lecture or if you have read it on Facebook and that's really bad especially because there is a lot on social media yes there is too much false information.

With Mia focusing on the effect of this stating:

It gets in your head so even if you are thinking well, we haven't covered that why would it be on the exam it's in your mind then it just starts ticking away.

Mia also commented that one of the issues that escalates the confusion is that 'no-one governs it so no-one can say it's right or wrong, no-one's in charge'.

Several participants also commented that the situation is compounded when this inaccurate information is reworded time and time again, so the original message is often lost as recognised by Gemma:

It can be like Chinese whispers where fact from an email is reworded and put on Facebook, and everyone reads it, and it can be reworded again and again so the message is lost.

In addition, some participants commented on how the student nurses on SNS created further confusion, for example, Stephen who commented:

For me and my immediate peer group, my AST group there is a lot of confusion and mixed messages and in the world of Facebook them messages just get even more confusing. It's as if the information is unclear so some people, through fear, fill in the blanks for themselves and come up with something wildly different from what they have already been told.

Therefore, information frequently becomes based on hearsay and not fact. Several participants highlighted how often SNS offers not just inaccurate information, but also conflicting information or advice as explained by Rachel:

There is sometimes quite conflicting information on there - like about placements and things like that erm... if one person says one thing and someone else another it's very much, he says she says, and everyone takes it as literal even though there is more than one message.

Linda supported this viewpoint and commented how this impacted on her own wellbeing:

People were confusing everybody and sharing information that was wrong it was causing me more stress than it was helpful.

with Rachel commenting on how this affected the wider group:

We have had people leave the group emmm... because they felt confused about assignment questions, and they felt like the group hasn't really helped them either.

Some participants believed that part of the issue lay with the student nurses participating in SNS activity with their peers, due to their tendency to believe all the information on SNS to be accurate, as noted by Stephen:

Within our group there are some people who are perhaps not as experienced and well versed at challenging things because everything is presented to us then maybe they just simply accept it whether accurate or not.

Whilst other participants commented on how far-reaching the issue of inaccurate information on the student nurse SNS pages is, such as Jane who thought that:

The inaccurate information is a really big one for me because emm... that can come in from all sorts of things from revision, from timetabling from personal things -that's like a daily thing that really irritates me I think yeah.

This sub area and its impact on a student nurse's wellbeing was summed up by Gemma:

Who is telling them this? Has someone been told the wrong thing? I think a lot of the time I get worried because I think maybe – everyone always says don't believe everything you see on Facebook, but a lot of people do a lot of people really do and then someone will be telling me very confidently that is what they have heard so I believe them.

Sub-theme 1.3- Seek advice from university

The third area within the theme of accurate v inaccurate information on SNS was the necessity to seek information from the university rather than accepting on face value what was said on SNS. Five participants had views on this which focused on the accuracy of information and the verification of information from an 'expert', as commented by Gemma:

Well I do start to think – I know it sounds silly but I always sit back and think oh no Linda (this is a pseudonym) is my personal supervisor and obviously Linda is going to tell me the truth but because you have all of these people thinking no I have heard this and I have heard that you are like oh God and then I start to get a bit stressed out and then I feel bad and I email Linda again.

Further points were made on the accuracy of information on SNS because participants believed those students who were posting on SNS had received the information from university staff when often this was not the case as noted by Gemma:

This is the information they have got, and then automatically you think oh well they must have got it from a tutor, and they haven't it's just something that they have heard from so – and – so one of their AST's or whatever. Even if someone who is a professional has told you exactly what is going on but you have got all of these other people saying well I have heard this and I've heard that, and you start to question what you have been, well you start to question your own knowledge and you start to question what you have been told because you're just wondering what's going round in the loop.

Whilst Louise and Julie advocated the need to avoid going straight to SNS for the answers and instead to email lecturers for accurate information and to obtain 'professional reassurance'.

This need to ensure information was accurate before posting it on SNS was taken a step further by Stephen:

I read everything the university send me I follow everything the university tells me to follow and the reason for that is because it's the University that is going to award my degree, not the University of Facebook, and I say don't immediately jump on what you see and then share it, check out the validity of it where did the information come from, what was the source, does it sound right because if it doesn't sound right chances are it isn't right anyway and if you pass it on without fact checking it then there is a chance that if people trust you they trust what you are saying and so you are kind of giving it some credibility.

Sub-theme 1.4-Lack of non-verbal communication – misunderstandings

Six participants commented on the lack of non-verbal communication on SNS leading to misunderstandings commenting particularly about how the written word can easily be misinterpreted, this was summed up by Stephen:

I find it a little bit disjointed and I don't find it quite as real, as genuine as sat in the presence of a person being able to see them, a lot of the communication is facial expressions emmm... tone of voice and a lot of things are missed within social media, a lot of messages that have been put in social media can be misunderstood all too easily.

Some participants commented on how these misunderstandings, through the written word can impact on wellbeing with Kate explaining:

I think as well language is a big one emmm I know we've had a few incidents in our group where people have taken things the wrong way, where it's been read in a totally different manner to what people have meant and the effect it has had on you is it plays on your mind well did they mean that and I think it can cause anxieties 100% definitely.

And Jane stating:

I think it's a really hard...how can I say this...we are all very well restrained I think but sometimes it ...because you are writing things come across as if people are attacking you sometimes when it's not it's just because words are different aren't they on a WhatsApp group, so I struggle with it sometimes.

Sub-theme 1.5-The impact of the COVID 19 pandemic

As discussed in chapter 5 all the narrative interviews took place via video calling technology as the United Kingdom was in a national lockdown due to the COVID 19 pandemic, meaning that people were unable to leave their homes. This situation inevitably impacted on the use of SNS for information sharing and was a factor discussed in the interviews by ten out of the fourteen participants in this study.

Some participants mentioned the positive aspects of SNS use during this time including Hannah who explained:

WhatsApp, well at the moment there is no other way of getting information and to know how other people are dealing – what do they think about this or that and this is the only way of communicating at the moment and so this is very much valued, and also feeling part of something as we are not able to go out much it still keeps me up to date sort of thing you know emm if I imagine myself cutting it completely out I would feel empty.

This period was one of national flux with Government advice often limited and changing on a daily basis, impacting on both university education and healthcare directives. This situation, and the potential impact on wellbeing, was recognised by some participants such as Clare who commented:

Little snippets of information is coming from Government level, isn't it? so if the Governments only telling university tiny bits then universities can only tell students tiny bits ... It is weird though, isn't it? And I know that academically we'll be fine because you know we can get through it emm we're not the hardest hit by COVID at all so we'll power through so I'm not personally too worried, but I could just read the anxiety of other people on Facebook.

or as noted by Amy 'I'd just say lack of information for now – there is a lot more questions than answers' with Gemma recognising some of the potential effects of this situation:

I think what the problem was is that students during this time, because nobody had an actual answer, people couldn't take that as an answer but the problem is you just had to be like they don't know what's going on - you've just got to take it as it is and I think a lot of people couldn't take that as an answer and they were just on one too much.

Many participants focused on the negative effect of SNS on wellbeing during this time of lockdown such as Gemma who claimed:

The negative side of that Facebook page is that it's like scaremongering sometimes especially with the whole pandemic.

And Lesley illustrating that, in contradiction to Amy's point above on the lack of information, the impact of information overload during the period of lockdown was a concern:

Especially, at the minute we've got information coming left right and centre and we don't know which way is up and which way is down.

Other participants talked about how they actively avoided SNS activity with their student nurse peers during the period of lockdown to avoid the negative impact on their wellbeing, as noted by Louise:

Especially at the minute cos obviously everybody is stressed out and finding this difficult I think at the minute I would just rather speak to friends rather than it being uni cos I don't want any of that intimidation or ehm competition – I am not in the mood to even look at it at the minute, I don't want to risk it because I think it's a testing time for everybody at the moment isn't it so I am just speaking to like close friends and if I've got any uni questions I look on CANVAS or I email lecturers.

This concludes the discussion on the findings from theme one which focused on the participant's perceptions and experiences of information sharing on SNS during activity within their student nurse peer groups and its effects on their wellbeing.

5.2.2 Theme two – Amplifiers (Escalators of Social Networking Site content (pinch points of high activity) and effect on wellbeing)

Theme two moves on to student nurse's experiences and perceptions around escalators of SNS content within their peer groups. The theme around escalators of SNS content was discussed in the narrative interviews by all fourteen participants. There were four key sub-themes that participants commented on related to this theme, namely increased Social Networking Site content around placements and assessments; pressure and feeling overwhelmed; self-monitoring of Social Networking Site use and coping strategies and fear of missing out if not on Social Networking Sites (see Figure 5.2 below), each of these themes will now be explored.

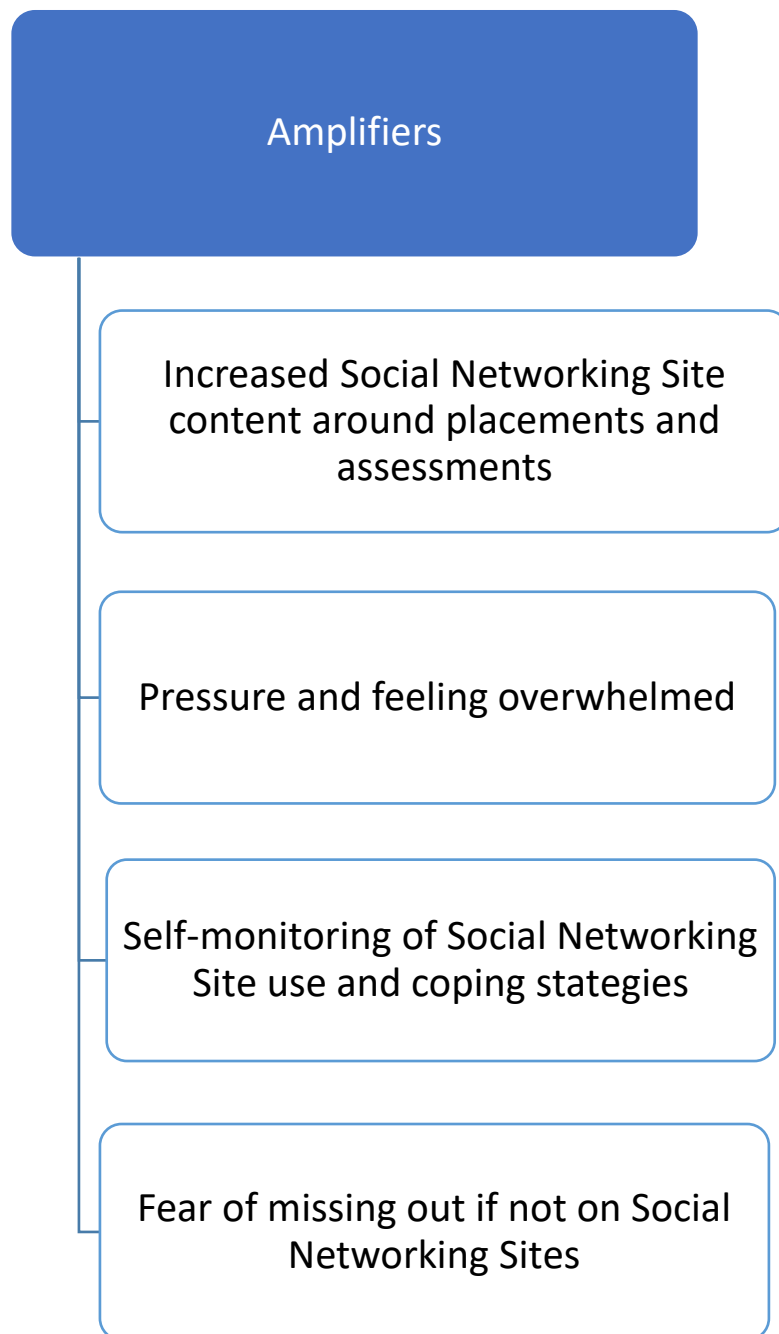


Figure 5.2 - Sub-theme of the theme amplifiers

Sub-theme 2.1-Increased Social Networking Site content around placements and assessments

Several of the participants highlighted certain times of the academic year as times when there was a significant increase in SNS activity which could affect wellbeing. One time was at the start and finish of placements, as this was deemed a time of increased apprehension around where their placement was and anticipation of what sort of experience they would have on their allocated placement.

Louise highlighted how the content of this increased SNS activity at the end of placement affected her wellbeing:

Towards the end of placement, I stopped emm I just completely stopped reading the WhatsApp chats I stopped looking at the Facebook groups because I just found it very, it all became very competitive for me I found and I thought that's not what I come on line for you come on line for support don't you and reading about all the amazing things so many students were doing made me feel really inadequate which was really intimidating.

During the COVID 19 pandemic there was a government call for third-year student nurses to work as part of the NHS workforce to support the permanent NHS staff. All the third-year respondents in this study agreed to this request. However, it did take some time to sort through the practicalities of this arrangement which participants believed led to increased SNS activity about these 'extended placements' which then affected wellbeing at a time when wellbeing was being greatly impacted by the pandemic itself, as noted by Gemma:

So yeah, at the beginning of the whole extended placement thing that was actually quite stressful cos at first, I was quite happy just waiting and hearing things and just seeing what was happening and emmm but every single day there was just posts of people going do you know what's happening yet? Then when the emails went out it was like a riot with everyone saying, 'who has got an email' and 'what's going on here' all of these notifications didn't add to my mental wellbeing at all I was stressed.

There was also a general agreement between most participants that when assessments were due for submission and when results were released, were times of increased SNS activity with the potential to affect wellbeing. Rachel commented on this aspect stating:

If you've got exams emm that doesn't help as everyone stresses and you get a buildup of little things obviously like did anyone, put this did anyone, put that it can be difficult.

A view supported by Louise who stated:

Yeah, I think because the first exams we sat obviously everybody was up in the air and scared about it and social media absolutely blew up it was constant questions and posting things and 'what would you put for this and what would you put for that' and for me it was just I hate this.

Rachel offered further support to this picture of increased SNS activity at key points in the academic year in her comment:

Everyone seems to have their own up and down moments, everyone either comments on it all at once or there are long periods of silence it's never constantly active.

Sub-theme 2.2-Pressure and feeling overwhelmed

Nine of the participants highlighted concerns on the pressure they felt around SNS content, especially when content was excessive and there was an increase in SNS activity. As noted by Gemma:

As a student it really helps but yeah it can be intense sometimes. On the actual Facebook page, there is a couple, a handful of people who are frequently posting on there and it can be a bit tiring sometimes because it's a really good resource but at the same time it's a bit like 'oh take a break' if that makes sense.

Mia commented how feelings of pressure are exacerbated due to the fact the SNS sites where she interacts with her student nurse peers on are not policed in any way:

Then something had been put on the Facebook group everyone wants to have their say, don't they? but something like that is not really monitored or well controlled so I just think sometimes it's too much.

Gemma also hinted at the impact this lack of policing had on SNS content:

Quite frequently my friend will message me privately whilst we are on Facebook, and she'll go this is an absolute war zone and she goes it's too much for me I've got my own things going on you know it's almost like it's funny cos we are all adults everyone on there is 18 or over but it's almost like people can't often keep their opinions to themselves.

Several participants highlighted the speed of SNS activity on the student nurse peer groups that further add to the pressure illustrated by Louise:

There was one a while ago I clicked on it and there were over 100 comments on it, and it had only been up about 45 minutes, and I thought I can't be dealing with that.

Several participants commented on how distracting it was when there was a period of increased SNS activity because of the constant pinging and lighting up of their phone, which added to the feelings of pressure and being overwhelmed. Martha commented:

It is my wellbeing being affected but I think the fact that I get easily distracted emm you know doesn't help me but yeah and then my mood goes up and down – as it does and you know especially on Facebook it's affecting my mood because I may feel irritated you know by just checking my phone I don't want to be doing this I want to live my life like I did maybe ten years ago, twenty years ago when there was very little of all this, and I think this... this is overtaking people's lives and knowing the boundary I need to know to stop and to have my life and to know when and how much to use the social media other than just to live into this so yeah.

Louise, Deborah and Katie all discussed feeling overwhelmed with the constant phone pinging during times of high SNS activity with Louise stating, 'I hear it pinging and I'm like please just go away' and Katie voicing concerns around her peer's wellbeing around increased SNS activity claiming:

I guess it becomes overwhelming for some people then it could be really detrimental to their wellbeing, and it could affect their whole university experience I suppose.

Sub-theme 2.3-Self-monitoring of Social Networking Site use and coping strategies

Six of the participants discussed their self-monitoring of SNS activity during the narrative interviews. These discussions tended to focus on whether the positive aspects of SNS outweighed the negative aspects, this was summed up by Gemma:

Yeah – it's one of those things where if it was more bad than good I wouldn't be on the Facebook page I'm not really a social media person it stresses me out – I don't really like social media – but because it has positives as well you kind of ignore the nonsense that's going on.

This idea of self-monitoring of SNS was also reflected in Deborah's comments in terms of pondering the benefits of SNS:

Yeah I think you have to have balance in life - you would go to work and you would shut off when you get home so again if it's annoying you shut it off or you say I will look at it once a day as you do with your emails if you want to as, well yes it's about how you manage it.

A viewpoint echoed by Clare who stated:

I think if I weigh up the benefits I get from following somebody or staying in a social media community versus how annoyed I get when they post things I don't agree with – its keeping that balance of is it worth the aggravation - I only have to put up with it for 3 years and I probably will never see her again or should I build up the resilience so I don't know – it's weird isn't it and why is social media so important?

In relation to self-monitoring of SNS activity in her student nurse peer groups Louise described how the change in tone of the SNS interactions can sway whether she stays active or not:

I think sometimes that's when it starts flagging up, I need to be thinking soon if it's starting to bother me cos sometimes it's really nice like we were talking about supportive things and sometimes it's who knows best and like that's when I start thinking I need to be leaving now.

Hannah highlighted how she recognised high levels of activity on SNS was a problem for her, believing the solution to be to know the boundaries and setting boundaries would positively affect her wellbeing stating:

It's good to have it but not to let too much in- I'm not going to let this social media hit me I realised what can be done and what I can do to control it and I have put the things in place and emmm hopefully that will do good for me I don't want to be reminded constantly through the day I don't want to be dependent on Facebook you know, I want to be free of it.

Thirteen out of the fourteen participants discussed the practical coping strategies they used to protect their wellbeing in relation to SNS activity with their student nurse peers, focusing particularly on when there were episodes of increased SNS activity with participants using phrases like 'social media stresses me out' (Clare); 'social media adds to my anxiety' (Gemma) and 'it can just be a bit overwhelming sometimes' (Louise) to offer insights into the effects on wellbeing. These discussions often formed large parts of the narrative interviews.

A popular coping strategy for dealing with high levels of SNS activity highlighted by seven of the participants was the method of 'muting' notifications, whereby SNS activity could be accessed if wanted but the sound of the notifications is silenced, and the phone does not light up to indicate a notification has been received. This approach was advocated by Clare:

The muting is a good way of distancing from social media and I know when we're at the peak of being really active in our AST group everybody mutes that and they just catch up at the end of the day and people always say sorry it's been on mute all day and then they will catch up on whatever it is we have talked about, especially if you are stressed about your essay.

Louise described how she learnt to recognise when SNS activity is starting to affect her wellbeing and when it does:

I just log out for a little bit, or I mute the chat, or I just stop reading it.... I think I am quite passionate about this cos me, and a lot of my friends have said the same where we said we just need a couple of days away from it just to get back into the real world a little bit and focus on what we are doing - I go through little waves I'll have it muted for a couple of days and then when I'm feeling a bit more chilled out and I have got some of my work done I unmute.

Both Stephen and Julie mentioned that they mute the SNS chats, not because they find them to be overwhelming, but just long winded and not very relevant to them personally so they will mute notifications and then review them once a day, as commented by Stephen:

They are a lovely group and very welcoming, but I do have the notifications muted on WhatsApp almost all the time and just skim over what's relevant to me in the evening avoiding the chit chat of say fifty-four unread messages.

Another coping strategy advocated by eight of the participants was to completely come off SNS, particularly at times of high SNS activity. As illustrated by Stephen:

On the whole I am not a fan – I can only liken it to being strapped to a chair and forced to watch soap operas or something like that you know Hollyoaks and Emmerdale, things I don't like, that type of torture so I do like being able to turn it off - so sometimes my anxiety management on a personal level for me is to get rid of the source rather than adapt to it – I don't like the idea of social media controlling my life.

A view echoed by Julie:

Because if I found I was getting more stressed out about it then I would have put myself away from it because I'm quite a stress head anyway and I don't need the additional stress of social media.

and Rachel:

If you stay away from it and forget that it even exists it's better because if you even look at it, then you panic yourself.

With Lesley advocating a more selective approach by removing herself from some SNS groups but staying on others:

I have left the AST group chat because that was just stressing me out too much, I just couldn't cope with that anymore, so I have gotten out of that one, so I just purely go on the 2018 group now.

Sub-theme 2.4-Fear of missing out if not on Social Networking Sites

Another of the subcategories discussed by several of the participants was the fear of missing out if they were not active on SNS. Often, despite stating they removed themselves from SNS as a coping strategy to protect their wellbeing, they went on to comment that they did go back on it, often after relatively short periods of time. All eight of the participants who commented that they removed themselves from SNS stated that they subsequently returned for a variety of reasons.

Hannah, Martha and Jane all focused on the need to remove themselves from SNS and the subsequent pull to return as summed up by Hannah:

I can tell you I tried to log out I think it was last year it was September - nonsocial media September something like this so I thought oh I will take part in this and I lasted only two weeks and it was only for the reason cos I felt like I was missing something - I don't know what's going on around without actually going on

Facebook and checking things and its scary to be honest it shows we are - I am dependent on the information being on this Facebook.

Stephen recognised that some student nurses 'feel almost an anxiety that they are missing out on something if they were to turn some social media off' but was clear he didn't share these concerns as he often viewed SNS as an intrusion into his home life. Stephen's concern was the impact on his learning if he removed himself from SNS and the aggravation this entailed:

I would like to just unplug it and that's again one of the frustrations with social media for me in that I think is my learning going to be hindered by not being on social media, when the only way to volunteer for this particular experience as a student is via social media and I did actually get rid of everything ... recently and then I ended up wanting to go on this tissue viability thing and realised that the only way I could actually do that was by being on social media, and I didn't really appreciate this too much.

Similarly, Jane came off SNS but went back on just before going out on placement as she felt likely to miss out:

I removed myself and then just before placement time I went back on it cos I had met some people out of different groups, so I wanted to know who they were before we were all on placement together.

With Clare offering a further insight around her perception of the complexities associated with not being on SNS:

But it's looking at the bigger picture for me and it's just so complex the reasons why we even use it and why people don't use it cos I think if you are not on Facebook you have to say why you are not on Facebook you know it's a little bit like coming out you don't have to come out if you are straight you have to come out if you are not straight it's a bit like why are you not on Facebook – you have to tell a reason why but not to say the reason why you are on Facebook ... its weird isn't it how it's become such a cultural norm to use Facebook and yeah its complex.

This concludes discussion on the findings from theme two which focused on student nurse's perceptions and experiences around amplifiers (escalators of SNS content) within their peer groups and its effects on their wellbeing.

5.2.3 Theme three – Personas (The roles people adopted on Social Networking Sites and effect on wellbeing)

Theme three explores the findings around student nurse's experiences and perceptions of the roles people adopted during SNS activity within their peer groups. This theme was explored by thirteen participants. There were five key subthemes that participants commented on related to this theme, namely the parent/advisor, the expert, the competitor, the bully/bitch, the

challenger/strong character (see Figure 5.3 below), so clearly included positive and negative roles with again a greater focus on the negative as opposed to the positive. Each of these themes will now be explored.

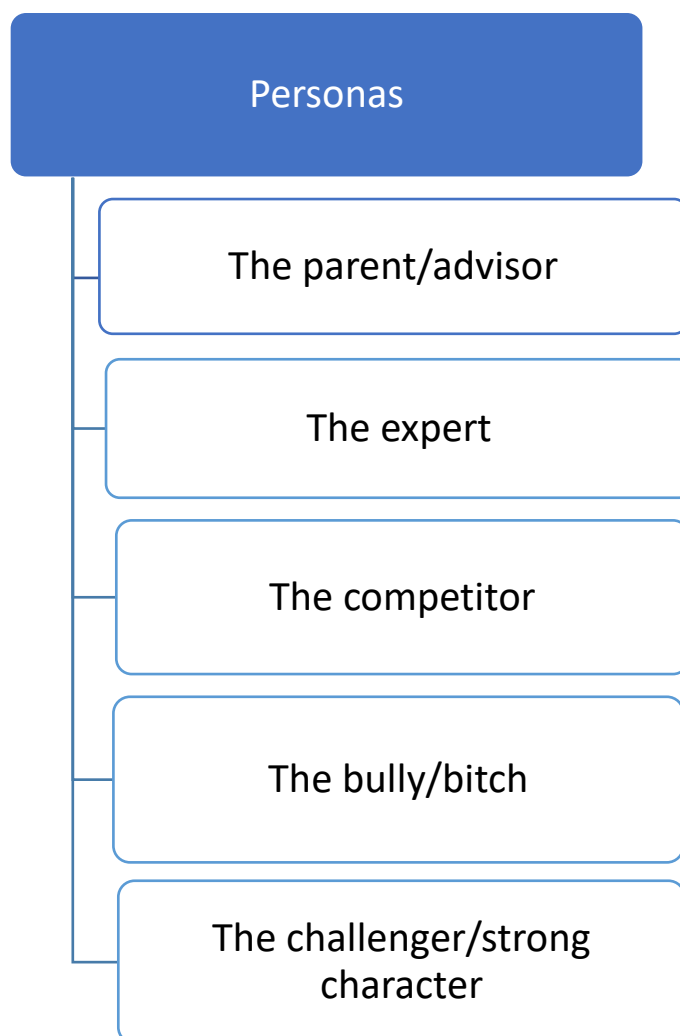


Figure 5.3 - Sub-themes of the theme personas

Sub-theme 3.1-The parent/advisor role

One of the positive role's participants discussed during the narrative interviews was the role of parent or advisor offering information and support. This aspect was a smaller element within the interviews than most of the other roles explored in this section.

Lesley discussed how she adopted a supportive role on SNS often lurking in the background watching a chat until needed:

Yeah but I do like to go on Facebook because I know there are people on there that need help – if they get all the other people saying negative things then I am

thinking no you need to be getting them up not knocking them down so I tend to hang around in the background and private message people if I see they are struggling and not getting anywhere with the questions and stuff.

Whilst Stephen highlighted his experience offered the opposite approach with peers seeking him out:

They all know where I am and some of them now and again will call me dad and if they are looking for a particular bit of advice then they may actually use the WhatsApp to message me privately.

and Deborah reinforcing the closeness some SNS groups offered stating in relation to her AST SNS group 'well we call ourselves uni family because we all look after each other'.

Sub-theme 3.2-The expert role

One role that came up during the narrative interviews was that of expert. This was highlighted by eight of the participants and although this area was not discussed by as many participants as some of the other themes and sub-themes, this was an area that was clearly linked to wellbeing for those participants who highlighted it. There were two areas where student nurses were perceived as portraying themselves as an expert during their SNS activity and these were in relation to academic work and their previous role in healthcare.

In relation to academic work Mia advocated the use of SNS resources to help with revision:

It's quite helpful when you are coming up to exams because people will maybe suggest ways to revise that's really helpful.

However, Clare recognised that although there could be some benefits to being able to access learning materials from fellow student nurses on SNS, she also highlighted the considerable risk:

They post revision guides and it will be something that they have developed on Google documents or something and they'll say I have made this and it helps me to revise and I'll share it and then people will use that as a bible for revision and I think it's really dangerous... like for the first exam there was like 20 diagrams labelled and laminated then there was flash cards then a PowerPoint one girl made.

Mia believed it to be easy to get drawn into the discussions on the student nurse SNS pages offering advice around revision, but believed it to be preferable to avoid this advice and materials and instead to devise your own stating:

I find that sometimes if you listen to what everyone else is saying you can get swamped in it, like with the exam, it was no you've done the work you've got your revision plan just trust yourself.

And from Jane's discussion production of these revision materials on SNS could lead to dependence from others on this material for future assessments:

I think somehow people have got this influencer title that nobody gave them and think they can create a revision pack that will suit everyone in the course and people are naïve enough to think oh she's done it I will just follow hers I don't need to be proactive and create my own I'll just use hers...I think that's a negative.

A view supported by Clare:

This one particular girl asked when are you releasing your revision guide, when are you releasing this help – I just think it's a bit – I think it's a real negative that she's got that influence when nobody has given her that power, but some people will really rely on this girl.

Clare felt this was particularly true when there were errors in the revision material, an area also linked to the earlier subcategory of inaccurate information:

90% of the people had liked it and probably printed it off themselves and I noticed underneath there were a lot of comments – thank you, your amazing, you're a lifesaver, thank you, thank you, thank you, and I thought it's really dangerous if she's put wrong information on this, and then there was a few girls commenting oh you've labelled this wrong, you've labelled this other one wrong and things like that and I thought if she's done that one wrong then I know there's a chance there are other mistakes on it and if she gives wrong information then we will just all blame her when we all fail the exam ...then she did one for the essay it was terrible and it was terrible advice and I just thought because I had done well on my first essay and then I read her guide for the draft and it was absolutely awful and there is no way I'm going to even like it to give her the validation.

Clare went on to explore the potential effect on wellbeing for both the expert putting the revision guides onto SNS and those accessing them:

I feel inadequate because I think, like the girl who posts the big helpful revision things, and you think when has she had the time to sit and do that you know I haven't even had time to open my essay plan let alone create a whole revision thing so it's her way of probably trying to make herself feel a bit better and also get glorified for doing it she also maybe does make people feel inadequate as well and I guess that really must have a knock on effect on your wellbeing because you must just feel crap really.

A view supported by Lesley:

It's an absolute nightmare I wouldn't even think about going on Facebook and asking for help with an assignment I just wouldn't do it it's just stressful in a word, you get made to feel inadequate and it's just not a nice place to be.

The second area where student nurses were perceived as adopting a role as expert was based on their previous roles in healthcare. Louise explored how this affected her wellbeing:

But I think sometimes, especially with people that have already worked in healthcare they have already achieved a standard and there can sometimes be a bit of a difference in stomping ground – I don't know how to word it properly emmm do you know what I mean there is a bit of a like I'm a bit better kind of thing. I know I have definitely felt intimidated in that sense because I had no healthcare experience coming into this course so I definitely found that was a big factor in feeling inadequate compared to other people and I found a lot of the competitive comments in my group chats and on the Facebook page it was 'in my old job' and 'when I worked on the wards' and it was like humph oh yeah if you are not in healthcare it leaves you without a paddle really cos if you are not in healthcare you have nothing to say back to that, you've got nothing to contribute.

Amy appeared more pragmatic in her comments on the issues around those who could be adopting the expert role:

Yeah I think comparing yourself with other people is difficult because everyone is from such a different walk of life, there are so many different experiences, there's just such a breadth and it's all put into one, its condensed into one degree, one course when there is just so much diversity inside it but you don't really get chance to explore it you just focus on oh that person can do that and that person can do that but you don't get to hear the years and years that it's taken to get there.

Sub-theme 3.3-The competitor role

The adoption of the role of competitor by student nurses on SNS within their peer groups was highlighted by eight of the fourteen participants. There were several areas highlighted by the participants as areas where the competitive element is prevalent, namely, who was working the hardest, who obtained the best results in their assessments and who has received the most likes on their posts, with Louise going as far as to claim that the competitive element is 'the biggest thing on my mind' when thinking about SNS activity within her student nurse peer group.

There were several discussions on the competitive element associated with who is working the hardest, one from Gemma who explained:

It can sometimes be a competition of who's worked the hardest whose the most tired whose worked the most hours, when you are on placement it is stressful and it is a tiring time yeah you want to get your hours done and you are seeing new things and stuff like that and you know the right person you know someone you are actually friends with will be like oh how was your shift and you'll go I'm

absolutely shattered and they'll go 'oh bless you – get yourself some dinner and go to bed' but some people are like 'I've worked 520 hours this week and I'm absolutely exhausted and my left foot's fallen off' and you are like oh right and I'm sure it's probably a common theme within most adults but is always like a thing between student nurses about whose more stressed than the other when realistically everyone is stressed at their own pace aren't they I mean it is a very stressful course - a bit like someone is always one upping you and I think sometimes you can feel like what you've experienced that week might not be as valid because this person has experienced something else.

This was also picked up by Lesley:

Definitely on Facebook you get made to feel inadequate all of the time because you've said something and people either take it the wrong way or you get the 'well there's people worse off than you' and it just drives me insane.

The outcome of assessments was certainly highlighted as an area where several participants felt the role of competitor was adopted, including from Jane who explained:

It can get quite competitive sometimes especially when people are starting to discuss their grades and things like, I think it doesn't really bother me because well my grades were quite good...but I know some people who'd not done as well it was sort of like a slap in the face.

A view supported by Katie who explained:

We get our results everyone puts on oh I passed and I got this and I did this and others who haven't necessarily done as well they tend not to respond so then it kind of makes the group know of the ones who have either failed or they haven't done as well and I think it's a real problem for people who are struggling a little bit cos they maybe feel intimidated that the rest of the group have passed and they've not you know so yeah I think that can be a negative I think that can give people a negative vibe and it can just cause some anxiety for others in the group.

The third area highlighted by the participants as an area where people adopted the competitor role within their SNS groups was on receiving the most likes on posts, as noted by Clare:

The big Facebook group I think is used for, and I don't know if this is the right thing to say, people to get praise so there are a couple of girls that have posted, and it's who has got the most likes and things.

With Jane highlighting that:

The Facebook group annoys me because it is too much like everyone's amazing and fantastic and we are so good and I just think oh stop it, it just irritates me I don't know why, it just does.

with Amy recognising:

Yeah, you can get toxic positivity in that in that you say oh I'm really good and I did this, this, this and this but actually you are probably crying which is the reality for a lot of people.

Sub-theme 3.4-The bully/bitch role

Six out of the fourteen participants commented on people adopting the roles of bully or bitch in the SNS groups. Mia summed up her feelings around the bullying role adopted on SNS stating 'It's just a new way to bully, isn't it? It is easy for them to do them kinds of things' whilst Rachel focused on the frequency of this on SNS claiming 'bullying happens quite a lot of the time, it happens more often than not' a view supported by Lesley who highlighted instances where 'they were being personal and getting at them like the bullying side of it, I can see someone was just getting bombarded with comments.' Stephen reinforced this view stating:

Facebook group is awash with it I don't know how to describe it really, there is some bitchiness on there, there are some people that perhaps emm... take on a bullying role as it were and they believe they are right, and they are unable to accept or listen to other people's voices.

Lesley, Clare and Rachel focused on the role of bitch rather than bully but their comments did have a similar focus summed up by Lesley as 'bitchiness, because you start getting negative comments and it spirals and its horrendous', with Rachel claiming 'it can be bitchy at times yeah it can be lonely' with Clare offering an example of when the role of bitch was adopted on one of her student nurse SNS sites:

I can't remember their topic, but it was a different AST group, and they were talking on the big group chat and there were some bitchy comments underneath and it did make me sad because in our group, to each other's faces anyway we've never been bitchy like that on social media.

Sub-theme 3.5-The challenger/strong character role

Four of the participants highlighted issues around those with strong characters on SNS and its effect on the wellbeing of their peers with Hannah explaining how:

Some may say nasty things, and this can overwhelm that person who was trying to find maybe some support and this negativity can make things worse.

Whilst Louise highlighted how individuals can affect others in the group:

I think sometimes something as simple as personality clashes, cos I know me and my close friends can sometimes struggle with particular people and that can, you know, end up where you are like siblings where you're grating on each other and when you see them on group chat and it comes across argumentative when it maybe isn't meant to be, well I think that sometimes can get your back up and that can affect your wellbeing a little bit cos they could say it one way and

someone could say it another and it would annoy you and not annoy you kind of thing.

Louise went on to comment on how this did impact one of her friends:

One of my close friends was one of the people that were arguing in the comments, so I said why are you doing it? And she said well it just angered me but you shouldn't be writing – don't be writing when you are angry, cos you hold onto it for hours because I know if I have had an argument on line it will sit with you for hours won't it? and it's for everyone to see as well so I think you have got that pressure of everybody reading it.

with Hannah highlighting how a strong character can affect the individual starting the thread on SNS:

Yeah so I definitely think it would affect wellbeing especially the person who wrote the original post as I remember her saying how upset she was from all the comments and I have seen, there have been a couple of things I have seen, that have turned into arguments so I don't know I think a lot of it is people feel in a similar boat they feel intimidated and then they are maybe more prone to bite back.

Lesley commented on how she felt being challenged on SNS explaining:

There was a conversation on there last week that I'd heard first hand and everyone was telling me I'd heard wrong and I thought no, I was actually sat in the room when it was said I do know what I heard but everyone said it's not that, so in the end I just went because I thought you are telling me I have not heard what I heard and there is no way of interpreting the sky is blue any differently to how I did, it's just you get argumentative people, the people who know best and they can't be wrong and it really does stress me out.

With Stephen offering an alternative viewpoint of how student nurses react to challenge from their peers on SNS explaining:

There are some strong characters with strong ideas that I think perhaps maybe intimidate a couple of the other students which makes them go a little bit quiet and perhaps feel a little bit inadequate.

Louise summed up the differing reactions to SNS from her peers stating:

How people react to social media depends on the deep dark place inside each of us, our insecurity, some back away like me, some shout louder and louder.

This concludes discussion on the findings from theme three on student nurse's perceptions and experiences of the roles people adopted on SNS during activity within their peer groups and its effects on their wellbeing.

5.2.4 Theme four – Group formation (Groups within groups on Social Networking Sites and effect on wellbeing)

Theme four considers the findings around student nurses experiences and perceptions of the forming of groups within groups during Social Network Site activity and its effect on their wellbeing. The theme of groups within groups was highlighted by twelve of the participants and there were three key subthemes that participants commented on related to this theme, namely different groups on Social Networking Sites/different social media platforms; Social Networking Sites to build friendships within groups and shared experiences within groups (see Figure 5.4 below), each of these themes will now be explored.

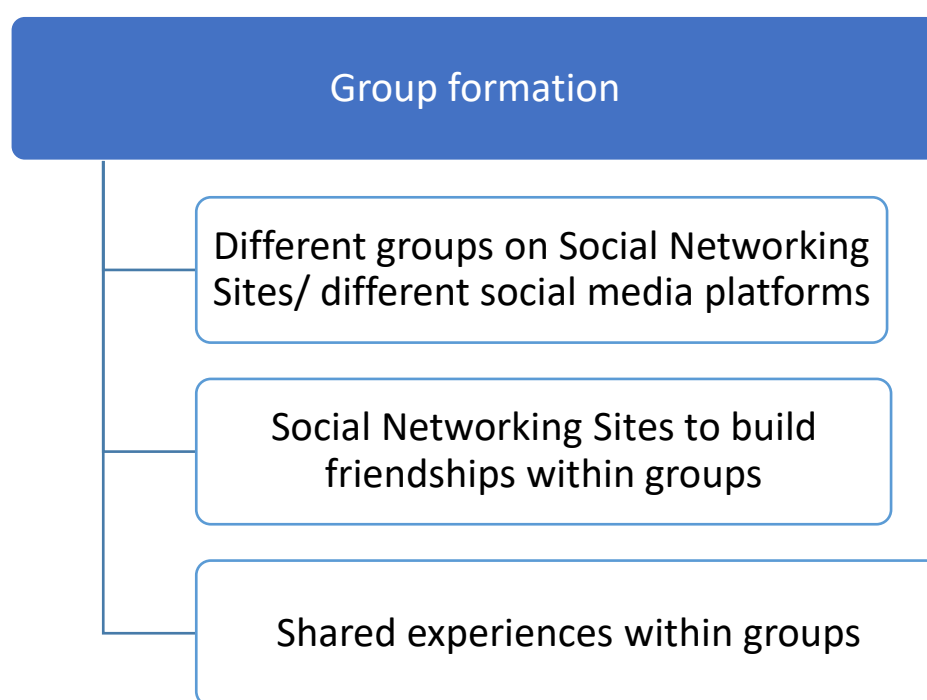


Figure 5.4 - Subthemes of the theme group formation

Sub-theme 4.1-Different groups on Social Networking Sites/different social media platforms

Twelve out of the fourteen participants explored the various SNS groups they were part of with their student nurse peers and the different SNS platforms they used. Louise displayed surprise at the high number of groups she was a member of stating:

Mmm I've got quite a few different groups like I didn't actually realise until I started to write down how many group chats, I am in - Facebook groups, WhatsApp things like that and you don't realise how involved you make yourself until you sit and count how many groups you are actually in and it's a bit like oh. I have got 3 WhatsApp chat groups, which is AST and 2 other closer groups emm 2 Facebook group chats and, the big Facebook group so it's quite a lot really.

Being a member of a variety of student nurse peer group on SNS was common and there were various reasons why participants would be a member of more than one student nurse SNS group such as Katie who explained:

I also have different groups, so out of the big group I've got a group of about 2 or 3 then I have another group where they are not even in our AST, I've just met them at uni, or I've met them on placement or things like that. So yeah, I do think emm you definitely do get groups within groups it's just life you get on with some more than others.

And Amy who explained joining a particular student nurse SNS group could be dependent on practical issues such as which nursing field you were aligned with or, as noted by Julie, SNS groups are often set up by student nurses for a specific reason such as 'the smaller groups I set up for our specific group around the assignment, they are quite handy they are a bit more personal'.

Several participants including Stephen, Gemma and Deborah demonstrated an awareness that even within their small student nurse SNS groups there were groups that they were not part of as noted by Stephen:

There are some groups within the group there are some people that live closer together, that are the same age, that knew each other before the course started so there are a couple of social groups within the group which seems a little odd.

The idea of smaller groups within groups was also voiced by Deborah:

But I know when you talk to people in other groups not everyone is in the chats or they all have their own little chats and things like that emmm because I think we don't not get on with anyone but you are going to form better relationships with different people and if that is the case by having the open group we haven't excluded somebody they can always join in but there are the smaller groups too.

Within the cohort some people get along better with some than others. A view supported by Clare who explored how this made her feel:

It's weird because I don't know why but I am sure there are other group chats without me in, which is interesting I get the impression, and I assume this is because they live near each other or they drive they can share lifts and that kind of thing but I do think there are probable things talked about in them group chats that are not on the main one which does make you feel a little bit left out.

Conversely Clare, in another part of her interview, talked about the support she felt from being part of these smaller groups:

It's a bit cliquey but I do think you get a sense of community within social media – I never used to use WhatsApp ever, and I only really use it because of this group chat that we have got, it was a way of forming a little group within a group I guess just to feel like a bit of community and I look forward to seeing oh someone's messaged I wonder what it is not oh it might be something boring –you feel included in that group and that they felt they wanted to get everyone's opinion so yes it's a little bit cliquey, but yes we've got this one thing in common that suddenly bonds us together and a complete group of strangers you would never have met and I think if you are in the smaller groups then they support your wellbeing.

This idea of support in the smaller groups was echoed by Rachel who commented:

You get quite a lot of support from them as group, we have our own little group chat and we do talk about our assignments we congratulate each other on passing our years and our assignments emmm we make sure each other's ok on placement and we just do little checks on each other.

Whilst other participants such as Gemma avoided the smaller groups on SNS preferring to approach friends individually:

They've already got their little groups so they can be a little bit cliquey and it's not something I particularly want to get involved with if I have a question emmm I've got friends in different AST groups so I would more likely go to them first.

With Stephen describing how at university he sometimes felt as if he was 'tagging along' with his peers as they were friends in smaller SNS groups that he was not part of stating:

Sometimes I feel that's a little bit – it's probably not the case – but it's how I feel, sometimes when I'm at university in that is it a case of its like I'm tagging along so it's nice to be able to leave them to grow within their social group within a social group as it were.

Several participants explained how they used the groups in different ways with the larger groups used for information and the smaller groups for support, as summed up by Katie:

You can still use the larger group for your learning and what you need, if you need any general things and support, just the bigger picture as the more information you get as to how to do things the better equipped you are aren't you? So you can use that for the education side and all that but for your more intimate side where you maybe just want to air off or you just want to tell someone what's happened and you don't want the whole group to know you've got them little groups, and the people within that group to be able to confide in to take the load a little bit it's just an ear I suppose.

With Julie explaining why she felt this was the case and how this affected her wellbeing:

I think with that support in our small groups emmm, I think you kind of feel happier about building that friendship with them and obviously once you have

built that friendship you are going to offload and it's going to be better for your wellbeing because you feel like you have got that support network rather than – if I didn't have my smaller AST group and just had my cohort I don't think I would feel that supported and I would feel quite lost.

A view echoed by Stephen about his peers:

On the whole most people know each other and trust each other within the AST WhatsApp group whereas within the Facebook group some of the more vocal members of our AST group disappear really and their voice is not heard as much as others are.

and Amy:

I tend to focus on my own groups because there are too many people in the larger groups – there's too many voices and it's difficult for anyone to get actually heard, or if someone is struggling with something and too many voices get involved then the message gets lost emmm, so it just overwhelms you.

Lesley focused on how the same student nurses behave differently on different SNS platforms in particular Facebook and Twitter (now referred to as X) claiming:

On Facebook it seems to me very informal and they are all confusing everything, but then you get the same people on Twitter who approach it completely differently, so yeah cos it's the same people as well but on Twitter they are more professional shall we say so whether or not on Facebook they see it as somewhere to moan and groan and not get on whereas with Twitter they see it as their professional side of things and see it completely different. It's like when you go to work you don't talk to your work colleagues the way you do down the pub with your friend, it's almost like Twitter is my work and Facebook is the pub.

Whilst Katie highlighted how her peers behave differently on SNS depending on who was present in the group, in particular if it was a lecturer:

We have our supervision group, and we have our second supervision group with our lecturer and it's completely different and I do find it really funny how different people are and the different conversations that might go on within them two groups when there is only one person that's added. It's about how you behave with different people I guess and how you see that person and I suppose you can see them as in an authoritative way and what you say might be detrimental to some of your programme outcomes, whereas in the other group you can more or less say what you like but really it should be the same cos there could be anyone on there who could be equally if not more, you know, offended than that lecturer and I find that very interesting.

Sub-theme 4.2-Social Networking Sites to build friendships within groups

Ten of the participants referred to the value of SNS in helping to form friendships with their peers. Some participants felt it was an easier way to make friends as the nursing cohorts are so large, over four hundred student nurses per year, as mentioned by Julie:

Yeah, I think that you can't make friends face to face because there are that many people in the cohort, I do struggle with that because you're either in and out of a lecture or you are sat miles apart, so it's easier to make friends on social media.

A view supported by Louise who explained:

You ended up recognising faces that you have never actually met before but you saw them on line so it built friendships up really quickly and that was really good like I didn't realise really that I live across the street from someone that's on my course, so it builds connections and stuff especially at times like this (COVID 19) or times like Christmas when we hadn't seen each other, you are still keeping those friendships there and that support network there.

With Julie and Amy also focusing on the significance of maintaining student nurse friendships on SNS through the period of national lockdown, as noted by Amy:

I think...especially in this situation where we are all isolated at home it's the connection that we wouldn't have had. like I have upped and moved back home to be with my mum, miles away from everyone and I still feel just as connected as I did before– if you are feeling down, you can message and you get millions of rays of sunshine.

Kate believed being in SNS groups also offered a forum for people to work through any grievances so they could be friends face to face:

It builds a relationship between all our peers so when you do go into university you all feel like you are part of a group, I think it helps to get rid of any niggles within groups you can kind of sort it out on the social media before you go into university.

Whilst Deborah offered an alternative perspective preferring to meet people face to face before becoming friends with them on SNS:

On social media it's like everyone is your friend but if I don't know someone physically then I would not engage with them on social media – I know when we have had other students wanting to join our AST WhatsApp group, we have met them before we have put them into our group because then you can identify the person with a person if that makes sense.

Sub-theme 4.3-Shared experiences within groups

Julie focused on the positives of the smaller student nurse SNS groups as her peers understood the issues affecting her at that time:

Emm, I do think that social media activity can have positive effects on your wellbeing cos you're all in the same boat and your other peers understand if I'm not coping very well. I would be happier to speak to probably someone in my group if it was about uni and offload to them as they are going through the same thing it's a bit harder speaking to like family emm or other friends who aren't at uni cos they kind of don't understand as they are not on the same journey you know if you've got a lot of hand in dates or a big assignment or you're on placement your guys in the smaller group and obviously the cohort as well they can support your more personally cos they're going through it as well.

A view echoed by Rachel:

It can be helpful at times, you do talk about things, I know that if I have a hard day at placement, I can literally just exchange a few messages in the group to make sure that we are all sane, you have got to have a bit of humour and laugh at the end of the day, haven't we? Doing this job if you don't, you'll cry all day. You can get a bit of emotional support from the other end of the phone it's nice because you know who is in the same boat as you, you can get sort of that support from everyone.

Whilst Martha held an opposing perspective claiming that her peers only post the positive experiences on SNS. However, she did recognise that this was mainly in the larger SNS groups:

For me the resilience is when I see all the positive placement experiences and I'm thinking why is that not happening to me? But as my mental health improves, I realise well that's what people post – people don't post the bad things in life, they don't want you to know they had a bad day do they? And I think that's possibly more on Facebook and things like that than the WhatsApp groups.

This concludes exploration of the findings and four themes from the narrative interviews. The following chapter explores this further focusing on what these findings mean in relation to answering the research questions for this study:

1. What are student nurse's experiences and perceptions of using social media within their peer groups?
2. What is the effect of using social media on student nurse's wellbeing?

Chapter 6 – Discussion

6.1 Introduction

This chapter further explores the findings and implications of these findings for current and future student

Wellbeing is a topic currently receiving much public and research interest as mental health and wellbeing issues are recognised as a growing concern, with the previous Government instigating initiatives to promote wellbeing (DOH 2015; 2016; 2018) including in the workplace (DOH 2017; MIND 2019). Healthcare workers and university students are recognised as two groups particularly susceptible to experiencing wellbeing issues. Healthcare workers are at risk due to the demanding nature of working within the NHS with often poor working conditions and excessive workloads, a situation worsened with the COVID 19 pandemic, and university students are at risk due to concerns about studying, finances and emotional issues such as loneliness. As student nurses are both healthcare workers when out on clinical placement and university students, they are a group at particular risk of experiencing issues with their wellbeing. Social Networking Sites (SNS) have been highlighted by Health Education England (HEE) (2019) as an area potentially having a negative impact on student nurse's wellbeing. Therefore, this study fills an identified gap in the current evidence by answering the following research questions:

1. What are student nurse's experiences and perceptions of using social media within their peer groups?
2. What is the effect of using social media on student nurse's wellbeing?

The working definition of wellbeing used throughout this study was:

An individual's subjective evaluation of how happy (or sad) they feel about an experience or event in their lives.

This definition was used because, as discussed in Chapter 3, the concept of wellbeing is a complex and multifaceted construct that has been debated for over 2000 years. Therefore, it was deemed essential to offer a definition that captures what the term wellbeing refers to in relation to this research to be able to explore and make sense of the findings.

6.2 Stage one – Scoping exercise

The findings of this study focus on the initial results from the scoping exercise which were used to underpin the narrative interviews. Twenty-five themes emerged from the scoping exercise (see section 5.1), these were a mixture of positive and negative themes although only nine

were positive, indicating a bias towards a negative perspective of SNS activity within student nurse peer groups. It is interesting to note this data supports Graham et al.'s (2021) conclusions that recent systematic reviews and meta-analysis illustrate a statistically significant negative correlation between wellbeing and SNS use, even though the thesis did not adopt a quantitative methodology.

6.3 Stage two – Narrative interviews

Four main themes each with several sub themes were established during these narrative interviews, and these are summarised in Figure 6.1 below:

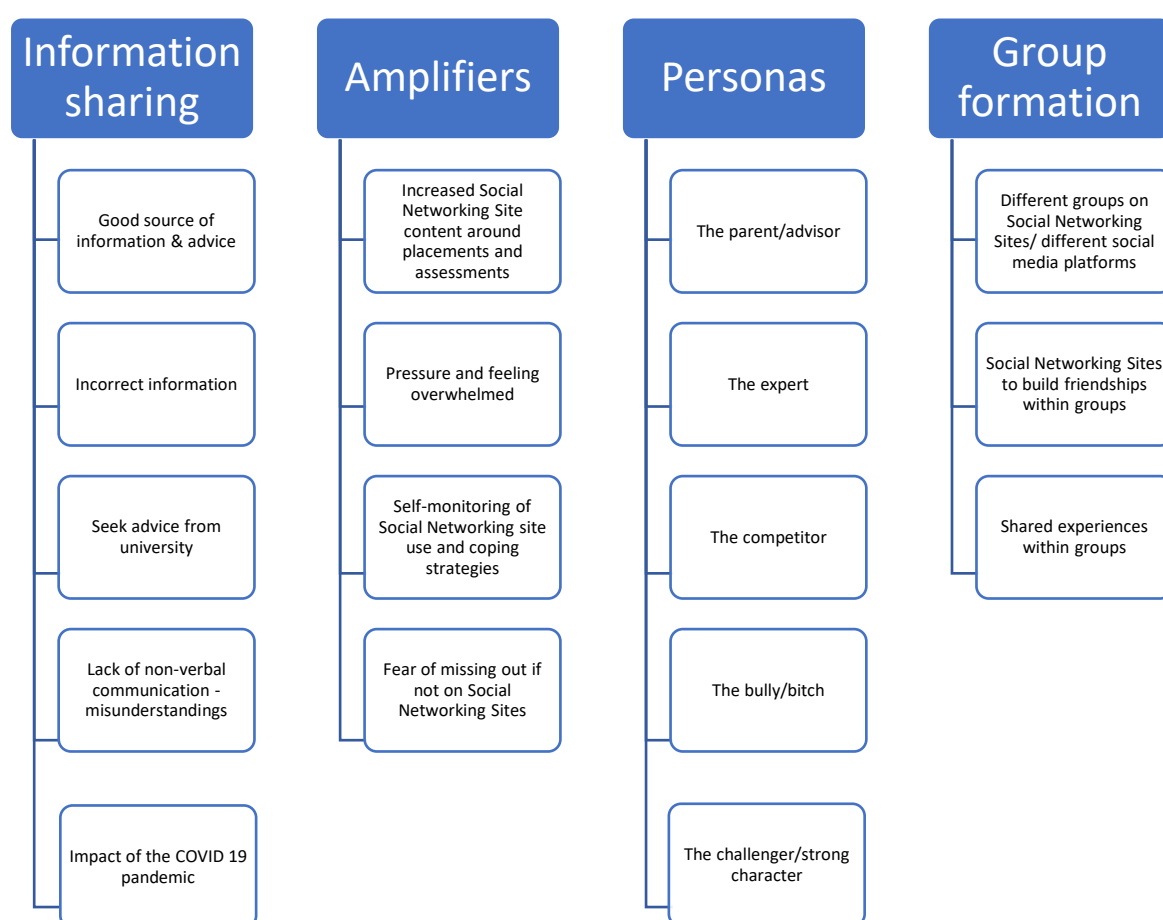


Figure 6.1 Themes and sub-themes from narrative interviews

6.3.1 Theme one – Information sharing (Accurate v inaccurate information and effect on wellbeing)

Sub-theme 1.1-Good source of information and advice

Seven participants highlighted that SNS offer a good source of information, they mainly focused on this element from a practical perspective with the emphasis on areas such as gaining general information about placements, assignments and changes to the timetable or teaching rooms. This appears to be common practice mainly because SNS's offer undergraduate students such a useful resource for accessing information about their programme of study as smart phones enable information to be disseminated quickly and easily to large numbers of people irrespective of time or location (Rutsaert et al., 2013; Kim et al., 2014).

The use of SNS as a good source of information was only linked explicitly to wellbeing in one of the interviews, perhaps not surprisingly it was clear in the language used in the interviews that this participant felt that this aspect of SNS had a positive effect on their wellbeing using phrases such as 'I stopped worrying' and 'it reassures you' indicating increased feelings of positive wellbeing or happiness.

Another finding in this research relevant to SNS being a good source of information and advice is the collaborative sharing of information in the peer groups. This suggests that the student nurse peer groups could be defined as 'communities of practice' as one of the three dimensions required to define a community of practice is the production of a communal collection of shared resources (Wenger, 1998). These findings therefore provide evidence that SNS do offer a potentially suitable platform for the development of communities of practice and the subsequent development of a knowledge base. The ability to share resources and to work collaboratively in this way is highlighted as one of the positive benefits of SNS, for example, this collaborative approach reduces anxiety and so clearly impacts positively on SNS user's wellbeing (Arnold & Paulas, 2010).

Sub-theme 1.2-Incorrect information

The findings in this research indicate that, for the participants, reduced anxiety when using SNS as a means of obtaining information is only the case if the information is accurate. The participants placed a greater emphasis on the effect of inaccurate information on wellbeing and all fourteen participants commented on the excessive amount of inaccurate information on their student nurse SNS groups and the effect this had on them. Many of the participants commented specifically on the negative impact of incorrect information on their own and others wellbeing, with increased confusion, anxiety and stress being highlighted as particular issues. This clearly relates to feeling sadder about their experiences of SNS and thereby

offering a negative subjective evaluation of their own and others wellbeing around their experiences when using SNS.

The extent of the spreading of inaccurate information via SNS has been highlighted in both the media and academic press. Often this is in relation to 'fake news' frequently focusing on large scale national or international issues of a political (Valenzuela et al., 2019; Vraga & Tully, 2019; Anspach & Carlson, 2020) or medical (Sommariva et al., 2018; Pulido et al., 2020; Bautista et al., 2021) nature. The spreading of fake news took on particular significance during the Trump 2016 elections (Allcott & Gentzkow, 2017; Farhall et al., 2019) and more recently the COVID 19 pandemic (van Der Linden et al., 2020; Apuke & Omar, 2021) which in itself is acknowledged to affect SNS user's wellbeing negatively (Fiorillo & Gorwood, 2020). This study builds on the impact of inaccurate information indicating this is not just an issue on the large scale SNS global platforms but the spreading of inaccurate information via SNS is also a significant issue at a more local level within the smaller more personal SNS groups. This is significant because it means that in addition to implementing large scale strategies to challenge the dissemination of inaccurate information via SNS platforms on international/national SNS platforms there is also a need to address this problem at a local smaller scale level. For the participants in this study this would be at a university, faculty, department or even programme level, particularly as this research indicates that viewing inaccurate information on SNS had a significant effect on the wellbeing of the participants.

A further issue highlighted by this research was the tendency for messages to get distorted the more they were reworded and reposted within the chat functions or in the comments on shared posts. This is a concern as previous studies suggest that SNS users tend to believe the user-generated comments, even though they are often inaccurate or based on personal opinion and bias, more than the original post containing the accurate information on the topic (Anspach & Carlson, 2020). Interestingly people tend to trust information on SNS more if it is received from good friends, even when it is inaccurate (Turcotte et al., 2017). This could be a contributing factor in this research where the participants are all student nurses from the same university and so are perhaps likely to view each other as good friends due to their shared interests. This adds further evidence for the need to address the sharing of inaccurate information at a local level.

Findings of this study also indicated that some participants were concerned about the lack of monitoring by university staff on the student nurse SNS sites. They felt this meant that there was no confirmation as to whether the information posted was accurate or not. Staff monitoring of information posted by students on SNS has not received much research

attention, with studies in this area tending to focus on the use of SNS as an educational tool to support teaching and to encourage student collaboration and engagement with their learning (Tess, 2013; Selwyn & Stirling, 2016; Ansari & Khan, 2020), or as a communication tool for lecturer-student contact in terms of assisting with assessments or timetable changes (Jones et al., 2011; Boateng & Amankwaa, 2016). University students have fears about interacting with lecturers on SNS including, concerns around lecturers observing and monitoring SNS activity and loss of the professional element of the lecturer-student relationship (Jones et al., 2011). In addition, university students often feel that the SNS space is theirs and would not welcome input from lecturers into their SNS groups (Cain, 2008; Tufekci, 2008). It would be interesting for these studies to be repeated to establish if these fears remain the same over fifteen years later, particularly as the concerns about inaccurate information dissemination on SNS and its impact on SNS user's wellbeing continues to grow.

Furthermore, there is an extensive evidence base demonstrating that student nurses do not always behave responsibly on SNS, at times posting unprofessional content (Marnocha et al., 2015; Green, 2017; Price et al., 2018; Daigle, 2020). If a lecturer were to be monitoring a student nurse SNS group platform purely to ensure the accuracy of university related content, and viewed information deemed to be inappropriate this would lead to concerns about what action, if any, would be required from the lecturer. Would they be expected to report the post and take disciplinary action against the nursing student(s) in question? This raises the issues of freedom of speech, privacy and trust around student nurse SNS activity and lecturer involvement, particularly in closed SNS groups. Particularly as many SNS platforms are advocated as arenas where free speech is encouraged (Riemer & Peter, 2021) which could conflict with this idea of lecturer involvement in student nurse SNS groups.

Resolving the issue of inaccurate information posting in student nurse SNS groups is not as simple as lecturers being added to the relevant sites to fact check postings for accuracy, particularly as further findings from this study indicate that each SNS user is active on several SNS groups (see discussion below in section 6.3.4 on groups within groups). This suggests that if a lecturer did join a specific student nurse SNS group then it is likely that duplicate SNS groups would be set up and the problem would be likely to continue on these alternative sites. In addition, further findings in this study have indicated that there are times when SNS activity is very high (see discussion below in section 6.3.2 on escalators of SNS content) and therefore it is doubtful that lecturers would have the capacity to review all posts for accuracy.

Sub-theme 1.3-Seek advice from university

Closely related to the findings on inaccurate information being posted on student nurse SNS was the sub-theme of seeking advice directly from university staff as opposed to accepting on face value what was said on SNS. Although gaining advice and information from lecturers and university staff does appear to be the common-sense approach, particularly as the participants clearly indicated the effect on their wellbeing of receiving inaccurate and conflicting information posted on SNS. However, participants also confirmed that seeking advice from university staff was rarely the option they chose to pursue. Instead, they offered evidence that suggested a paradox in their thinking, simultaneously claiming that they assumed the information posted on SNS had been gleaned from university staff but, in contradiction, also stating they were aware this was frequently not the case and maintaining that posts on SNS were often just hearsay between the student nurses and repeated as posts on SNS. Despite this, findings also suggested that many of the participants accepted the posts as accurate and believed many of their peers did too. This acceptance of inaccurate information as fact without challenge is often prevalent in SNS communities of like-minded participants who share common interests (Pariser, 2011), which is the case in this research with student nurses.

Somewhat worryingly, the findings also indicated that there was a general perception amongst the participants that if their peers did not know the full answers, rather than seeking to verify missing details, they would generally fill in the gaps themselves and post this information on SNS. Participants claimed that very often the information their peers used to fill in the gaps turned out to be inaccurate or repeated out of context, and therefore offered a very different view from the information the university had originally circulated. This was further compounded as the original posts were re-posted and commented on throughout the group, a situation like Chinese whispers. Participants went on to comment on how this sharing of incorrect information was stressful and not helpful to them, further indicating how this affected their level of happiness and subsequently their wellbeing. These findings correspond to those of Anspach and Carlson (2020) who highlighted how SNS users were accessing information that had been filtered and altered via social networks and was therefore inaccurate or taken out of context. In addition, posting of inaccurate information on SNS could negatively impact on the building of communities of practice between student nurses within their closed SNS groups. Particularly the idea that within communities of practice the knowledge of the community is superior to the sum of the knowledge of the individuals within that community (Gherardi & Nicolini, 2000). This would clearly only be the case if the knowledge in question was based on accurate information.

There were however some alternative views expressed with some participants stating that they would always contact university personnel for clarification to ensure the information they had received was correct, desiring what one participant termed 'professional reassurance'. Another participant claimed that they would not pass on information that they had not fact-checked for validity, as to do so was to risk giving the inaccurate information credibility. These findings suggest that at least some student nurses are aware of the need to ensure accuracy of information posted and re-posted or commented on within their student nurse SNS groups. SNS can clearly offer an excellent information resource for university students, however, this would only be the case if the information is accurate (Kim et al., 2014).

Sub-theme 1.4-Lack of non-verbal communication – misunderstandings

Seven of the participant's highlighted issues on the lack of non-verbal communication on SNS contributing to misunderstanding and misconstruction of the information posted on SNS.

There were several comments on how the written word on SNS was being misinterpreted, with some participants commenting directly on the effect this had on their own and other's wellbeing. As stated by one participant it 'plays on your mind and definitely causes anxiety'.

The language used in SNS communications can be seen as terse in nature, particularly on SNS sites such as X where characters are restricted. In addition, due to the lack of non-verbal communication SNS users add emoticons and capital letters to compensate, however these can often be taken out of context and misinterpreted by the reader. Furthermore, the timing of SNS interaction can have an effect. Posts for one discussion are seen and responded to at various times of the day or even over several days. This means there is no logical flow of discussion as seen during face-to-face interactions which can alter the context of the contents and direction of the discussion leading to misunderstandings (Herring, 2008; Murthy, 2012).

This is not surprising when considering the magnitude of evidence demonstrating the significance of non-verbal communication to ensuring understanding of messages transmitted, for example, Hull (2019) who proposed that at least 70% of communication is non-verbal such as body language, tone of voice, facial expressions and gestures which are all missing in SNS text-based interactions.

Sub-theme 1.5-The impact of the COVID 19 pandemic

This research took place during the height of the COVID 19 pandemic, and it was therefore deemed of interest to explore the effects of information shared on SNS about the COVID 19 pandemic. Ten of the participants mentioned the sharing of information about the pandemic, some mentioned the positive aspects of being able to keep up to date with information, particularly during the national lockdowns. Using SNS was one of the approved ways to

communicate and was recognised by the participants to be valuable for disseminating information. This is similar to the findings from other studies undertaken which have highlighted the positive effect of information sharing during the COVID 19 pandemic in that SNS platforms have the ability to disseminate large quantities of information quickly to a large number of people, this was demonstrated by the substantial increase in the volume of SNS traffic around COVID 19 (Goel & Gupta, 2020; Islam et al., 2020; Pian et al., 2021).

During the pandemic information was released in a piecemeal way by the Government, often via daily evening updates, in addition advice was often changing, sometimes by the hour, and therefore it was difficult for people to establish the full picture of the situation and to understand what was required from individuals and groups. This was the same within the university as staff were attempting to piece together the Government's advice to best guide student nurses. Frequently this led to delays in supplying information to the student nurses as staff awaited relevant updates in order to redesign the programme to comply with the most up to date Government advice. This led to a challenging situation for all. Findings from this research indicate that this lack of guidance from the university, along with the drip feeding of snippets of information from the Government, was a significant issue for the participants, negatively affecting their wellbeing, with participants commenting on their own heightened anxiety and that of their peers as they all became more and more worried.

The research findings have highlighted further concerns about the sharing of inaccurate information on COVID 19 and the underpinning guidance in this area. This is also reflected in the literature with reports of a vast increase in the sharing of false information during the pandemic (Bridgeman et al., 2020; Moscadelli et al., 2020; Zarocostas, 2020), along with reports of the effect of this on SNS user's mental wellbeing with cases of increased anxiety, terror, distress and depression (Gonzalez & Tortolero-Blanco, 2020; Pian et al., 2021). This again is mirrored in this research as many of the participants in this study suggested SNS communications on COVID 19 and the associated scaremongering greatly increased their levels of stress having a negative effect on their wellbeing, decreasing their levels of happiness and thereby offering a subjective evaluation of feeling sadder about these SNS experiences.

In relation to the amount of information about COVID 19 within the student nurse SNS groups there were some contradictory findings, with some participants claiming there was not enough information whilst most thought that there was too much, leading to them feeling overwhelmed. These feelings of being overwhelmed by increased SNS activity are evidence of social media fatigue, which has been described as an ongoing urge to back away from SNS

because of data overload (Bright et al., 2015). This concept will be explored further in section 6.3.2 sub-theme 2.2 below. These examples of increased SNS activity during the COVID 19 pandemic further build on the evidence base in this area (Cellini et al., 2020; Zhao & Zhou, 2021) as they demonstrate the increase in SNS activity during the COVID 19 pandemic was also evident in smaller more personal closed groups, such as the student nurse groups, as well as the international sites such as X. This reinforces that strategies to address problems with SNS usage need to be at a smaller more local level as well as at a more global level.

6.3.2 Theme two – Amplifiers (Escalators of Social Networking Site content (pinch points of high activity) and effect on wellbeing)

Sub-theme 2.1-Increased Social Networking Site content around placements and assessments

The findings of this study show that during certain periods of the academic year there were significant increases in activity on the student nurse SNS platforms. This increased activity occurred particularly around completion of placements, submission of assessments/exams and release of assessment results. The results from the interviews indicated that increased activity at these peak points often consisted of student nurses comparing their experiences, assessment answers and assessment results. Furthermore, the findings of this study suggest that peer comparisons of placement experiences and assessment outcomes negatively affected student nurse wellbeing, evident because when these topics were discussed in the interview's participants used words such as 'scared', 'inadequate' and 'stressed' and it is likely these feelings were exacerbated by the increased SNS activity.

The participants use of self-assessment through the comparison of their own experiences or achievements to those of their peers is an example of social comparison theory, which was first proposed by Festinger (1954). Social comparison theory describes how people actively assess their own abilities by matching themselves to others to obtain an awareness of self through comparison. This concept has been widely explored in the literature, with Gerber et al. (2018) completing a meta-analysis of social comparison theory and concluding that the overall findings demonstrate how individuals usually prefer to evaluate themselves against individuals who are in some way superior to themselves (upwards comparison), regardless of the risk of damaging their own self esteem. In addition, the outcome of these comparisons was usually a deterioration in emotion and mood and a self-appraisal of inferior ability. This is demonstrated in the findings of this study by the negative effect on wellbeing experienced by participants when comparing their assessments and placement experiences with those of their peers.

The concept of social comparison has been explored in the literature specifically in relation to academic performance, although these studies tend to focus on comparison of performance

and not the influence of SNS (Blanton et al., 1999; Gibbons et al., 1999; Lane & Gibson, 2007). In contradiction to Gerber et al.'s (2018) findings these studies concluded that comparison to others could be to both higher performers and lower performers, and whilst upwards comparisons (comparing own grades to those with higher grades), tended to lead to an increase in the student's subsequent grades, downwards comparison (comparing own grades to those with lower grades) did not. These studies focused on academic performance alone and did not consider the effects of social comparison on wellbeing. Interestingly, studies in this area that did consider the effect of social comparison of academic performance on wellbeing, for example, Dijkstra et al. (2008) and Rogers et al. (1978), have similar findings to Gerber et al. (2018) in that learners of all ages tend to compare academic performance upwards comparing their achievements with those performing better than themselves and this comparison did lead to a deterioration in wellbeing.

The impact of SNS activity on social comparison of academic performance has not been explored and specifically not in relation to student nurse's use of SNS and the findings from this study will start to address this gap. However, there is evidence to suggest that there may be a link as studies focusing on social comparison on SNS and subsequent effects on wellbeing in other areas is well documented, for example; body image (Fardouly et al., 2015; Scully et al., 2020); identity (Nesi & Prinstein, 2015; Latif et al., 2021); loneliness (O'Day et al., 2021; Morgan et al., 2022) and, most significantly in relation to this study, poorer mental health (Lup et al., 2015; Yang, 2016; Warrender & Milne, 2020). Findings from these studies confirm that SNS offer an abundance of opportunities for social comparison. Whilst Festinger (1954) in his pre SNS conclusions highlighted how downward social comparisons were likely to have positive effects on wellbeing, more current research contradicts this with the effect of SNS tending to lead to upward social comparisons and subsequent negative effects on wellbeing (Vogel et al., 2014; Pang, 2021). In relation to the findings of this study this effect on wellbeing is likely to be further heightened at times of escalated SNS activity such as when opportunities for social comparison against participant's academic performance and placement experience are at their highest.

These findings suggest a need for further research in this area. In addition, universities should consider this evidence in line with how and when information is released to student nurses that could lead to increased SNS activity and particularly opportunities for social comparisons to take place.

Sub-theme 2.2-Pressure and feeling overwhelmed

Issues of pressure and feeling overwhelmed with SNS content were highlighted by three quarters of the participants in this study. This was particularly when they deemed SNS activity

to be high, such as during the release of placement information, submission of assessments and release of assessment results as discussed in section 6.3.2 sub-theme 2.1 of this chapter. Participants commented that these feelings were further exacerbated by the speed of SNS activity in relation to the number of comments posted on an item in a very short space of time. Several participants felt that this level of activity was distracting because of the constant 'pinging' and their phone screen lighting up every time a comment was added. They specifically said how this had a negative impact on their mood and wellbeing, feeling that the constant interruptions were overwhelming and were taking over people's lives.

Previous studies in this area have identified that the concept of 'social media fatigue'. As discussed in chapter 3 social media fatigue is the subjective, multi-layered experience involving various negative emotions such as exhaustion, irritation, decreased motivation and disillusionment linked to SNS use (Ravindran et al., 2014; Wang et al., 2023). The findings in this study indicate that the participants were experiencing symptoms of social media fatigue. Furthermore, social media fatigue is related to the duration of SNS activity and increasing levels of SNS content, as too much information can lead to information overload and be overwhelming for the user (Bright et al., 2015). Therefore, student nurses are at increased risk of social media fatigue at times of high SNS activity such as release of placements and assessment results.

Social media fatigue has been linked to symptoms such as extreme tiredness, burnout and anxiety (Sheng et al., 2023) which can be linked to work within the field of psychology demonstrating humans have limited data processing capacity (Hunter, 2004). Findings from this study indicate that when the participants found SNS activity to be too high, and they had reached their data processing capacity, they started to experience effects in line with social media fatigue. As SNS usage rises reports of social media fatigue are rising in parallel. This is problematic as people with social media fatigue have been shown to experience a reduction in strength, physiologically and mentally, often coupled with maladaptive behaviour development, including deterioration in life satisfaction and performance efficiency (Shin & Shin, 2016; Lee et al., 2017; Zheng & Ling, 2021).

This is a concern regarding the participants in this research study who are completing a complex multi-faceted programme of study, consisting of both theory and clinical placement education and assessment. This is further compounded because, as illustrated in the introduction to this thesis, student nurses are already at high risk of experiencing negative wellbeing. This is because they are both university students and frontline healthcare professionals with all the accompanying wellbeing issues these roles bring such as loneliness,

pressure to succeed, financial constraint, long unsocial hours, heavy workloads, distressing events and ethical struggles (Health Education England, 2019; Scamell, 2019). This is without the additional wellbeing burdens SNS activity can create and the resulting social media fatigue to consider. Universities need to be concerned with how to manage these issues and need to consider increasing education on healthy SNS usage, particularly when there are known spikes of activity, such as those identified in this study around assessment, release of assessment results and placements. In addition, universities should offer additional support for wellbeing around SNS including the recognition of signs of social media fatigue and the effects if not managed. Particularly because there is a link between social media fatigue and a subsequent decrease in student academic performance (Malik et al., 2021).

As most SNS users have limited data processing capacity to deal effectively with the information overload experienced on SNS, this can lead the user to want to escape from the situation by withdrawing from SNS or discontinuing SNS use altogether (Fu et al., 2020). This will be covered in more detail in the section below along with further exploration as to whether this is a positive or a negative strategy for SNS users to employ.

Sub-theme 2.3-Self-monitoring of Social Networking Site use and coping strategies

The findings of this study demonstrate how several participants consciously weighed up the benefits of SNS use versus the interruptions and feeling overwhelmed by their SNS activity. They explained how they felt it to be important to find a balance and to manage their own SNS activity by putting coping strategies in place. All but one of the participants discussed the use of practical coping strategies to manage SNS at times of high activity within their peer groups. The application of coping strategies was highlighted as a way to reduce the negative effect of SNS activity on their wellbeing.

One of the main coping strategies was the method of 'muting' notifications whereby SNS activity could be accessed by the user if they wanted, but the sound of the notifications was silenced, and the phone did not light up to indicate a notification had been received. This approach was advocated by half of the participants. The findings from these participants indicate that the coping strategy of muting is used in two distinct ways. Firstly, it is implemented by SNS users who are feeling overwhelmed and are experiencing emotions such as extreme tiredness, burnout and anxiety related to social media fatigue (Sheng et al., 2023) as discussed in section 6.3.2 sub-theme 2.2 above. Whilst initially this could be an adaptive coping mechanism to employ, as it removes the SNS user from the source of the issue, it could also be counterproductive for this group. This is because the findings of this study also indicate that when SNS users are at the stage of feeling overwhelmed they tend to mute their SNS

activity for several days. This could lead to other issues with the potential to further negatively affect their wellbeing. For example, firstly, they may experience the 'Fear of Missing Out (FoMO)' described by Przybylski et al. (2013) as a persistent fear that others are enjoying an experience that they are not part of, a concept which is discussed in more detail in section 6.3.2 sub-theme 2.4 below. Secondly, evidence suggests that SNS's do offer a supportive mechanism for their users (Vallor, 2012; Fredrick et al., 2022), which the findings of this study do support. Total abstinence from all SNS activity within their student nurse peer groups for sometimes substantial periods of time could lead to some participants missing out on important support from their peers. They could also miss out on receiving essential practical programme information such as room changes. Findings from this study also indicate that some participants who mute SNS activity do this as a more adaptive coping strategy. This approach serves to manage their SNS activity in a way that allows them to silence the notifications so they can carry on with their lives without interruption. These participants recognised that they did not have time to deal with SNS activity at certain points in the day due to other priorities but were still keen to undertake SNS activity regularly at a time that suited them and their lifestyles. To do this they controlled their SNS activity in a way that kept it manageable, stating that they tended to view the SNS content on their student nurse platforms either once or twice a day. This prevented it from becoming overwhelming and risking their wellbeing. This approach reduced the risk of social media fatigue discussed above, whilst enabling participants to use SNS for their positive benefits of offering peer support and being a useful source of information.

Previous studies focusing on SNS activity and user wellbeing tend to make the general assumption that muting of SNS is employed by users to reduce the negative effects on their wellbeing, usually when SNS activity is excessive (Nguyen, 2021; Abeeel et al., 2022). However, these studies have not focused on establishing whether the muting of SNS activity is an adaptive or maladaptive coping strategy to employ. This is an oversight that this study rectifies by offering some insight into this area, finding some participants did use muting of SNS as an adaptive coping strategy. This is because they planned time in their day to review their SNS at a time that suited them and muted notifications at other times. This approach served to reduce the interruptions from SNS and to prevent SNS becoming overwhelming.

This is important as universities need to consider how to best support student nurses with coping strategies to manage their SNS activity. Universities should provide education in this area, including utilisation of peer support from those students who manage their SNS activity with adaptive coping strategies. Application of muting in a controlled and positive way could

reduce the risk of social media fatigue developing and therefore reduce the negative effects of SNS on wellbeing.

Sub-theme 2.4-Fear of missing out if not on Social Networking Sites

A further potential risk for SNS users who employ muting of SNS activity as a maladaptive coping strategy is the concept identified as Fear of Missing Out (FoMO). FoMO was defined by Przybylski et al. (2013:1) as 'a pervasive apprehension that others might be having rewarding experiences from which one is absent'. The findings from this study support the authenticity of the concept of FoMO as several of the participants stated that when they were not active on SNS, such as when they muted notifications, they felt as if they were excluded or were not involved in opportunities presented. Participants also thought that this negatively affected their wellbeing.

Previous research in this area has focused on areas such as FoMO leading to increasing levels of SNS engagement (Wolniewicz et al., 2018; Roberts & David, 2019) often resulting in compulsive SNS use (Beyens et al., 2016). Studies also indicate that FoMO is compounded by the innate human need to be connected with others in a state of acceptance and belonging (Baumeister & Leary, 1995; Makki et al., 2018). If this need is not met this can lead to increased SNS usage as users try harder to find this connectivity with others (Wolniewicz et al., 2018) further perpetuating the cycle. Furthermore, this increased level of SNS activity is linked with increased negative effects on wellbeing including depression and anxiety (Baker et al., 2016; Oberst et al., 2017), poor sleep quality (Adams et al., 2017) and life satisfaction (Marttila et al., 2021).

The findings from this study support the conclusions of previous studies. This is because all the participants who muted notifications to remove themselves from SNS because they were concerned about the negative effects of high activity on their wellbeing, subsequently returned to their SNS platforms. The reason participants gave for returning to SNS, despite being concerned for their own wellbeing, was that when they were not on SNS they experienced high levels of anxiety related to FoMO. They believed that they may miss opportunities and experiences when removed from SNS activity and commented that they felt their wellbeing was negatively affected when they were completely removed from SNS activity. These findings present a 'Catch-22' situation for SNS users as participants in this study experienced negative effects to their wellbeing whether they were dealing with high SNS activity or the FoMO when removing themselves from the SNS platforms to distance themselves from the high levels of activity.

This paradox for the SNS user lends support to the ideas discussed in section 6.3.2 sub-theme 2.3 about how universities should be offering support and education for students on how to use adaptive coping mechanisms to deal more effectively with the overwhelming effects of high levels of SNS activity. Students should be educated on how to use selective and timely muting and how to review their SNS activity so that the negative effects on wellbeing and FoMO could be better managed and reduced. The intention would be to support the student with techniques aimed at reducing the negative effects of SNS activity on user wellbeing to allow for the benefits of SNS to be realised by its users.

One further finding in this study highlighted how some participants felt the FoMO they experienced when removing themselves from SNS activity was not related to them believing they would miss opportunities to experience pleasant experiences if not on SNS. Instead, they believed that they would miss out on a learning opportunity or would miss some vital programme related information such as last-minute room changes, because, as identified in section 6.3.1 sub-theme 1.1, participants did value SNS as a good source of information. These findings are likely to be a result of this study focusing on the SNS activity of student nurses within their peer groups. Therefore, the SNS platforms discussed are specific to student nurses and undoubtedly will be biased towards their programme of study and related events. Participants went on to highlight how this apprehension about missing vital programme information creates anxiety and prevents them from staying disconnected from SNS for as long as they would like to, even though they realised that high SNS activity was negatively impacting their wellbeing. This is again an important point for universities to consider in relation to how they ensure information is disseminated to students who may not be active on SNS.

6.3.3 Theme three – Personas (The roles people adopted on Social Networking Sites and effect on wellbeing)

The findings of this study indicate that thirteen of the fourteen participants explored the theme of 'the roles people adopted' within their student nurse peer groups on Social Networking Sites (SNS) and the effects on their wellbeing. The roles have been grouped into the subthemes of parent/advisor, expert, competitor, bully/bitch and challenger/strong character. These roles will be explored individually below followed by a discussion on identity development on SNS which is linked to role development generally and has been discussed in chapter three.

Sub-theme 3.1-The parent/ advisor role

Five of the participants highlighted the role of parent/advisor. Although not discussed in detail this element did offer further insight into the use of SNS for support and advice. Interestingly,

participants who identified themselves as taking on the role of supporter/adviser were older than the majority cohort age of below 45 years of age and thought of themselves as 'lurkers'. Lurkers are SNS users who access SNS platforms and watch the activity but do not add any content or interject in any way, for example adding likes (Williams et al., 2012). Or alternatively, they waited for others to seek them out for advice, preferring to use the personal messaging functions of SNS as opposed to actively posting in the SNS platform discussions. These participants also alluded to fulfilling a familial role as 'dad' or 'uni family', which would perhaps indicate a recognition of the loneliness frequently documented as being experienced by students who have left home to study (Ozdemir & Tuncay, 2008; Diehl et al., 2018; Thomas et al., 2020) and their willingness to offer support to try to fill this gap.

These findings support research from Kim (2014) and Mishra (2020), who found that social media can be a form of social support for university students serving to improve wellbeing. In addition, the findings of this study offer further insights in that some SNS users adopt a specific role focusing on the support of their peers. Furthermore, some go as far as to monitor the SNS activity and private message a peer where they feel the SNS activity they have observed could negatively affect their wellbeing and that they are likely to be feeling sadder following these SNS interactions. The participants offering these insights appeared to relish this role and did not indicate this affected their own wellbeing. However, and somewhat worryingly, students with high levels of depression/anxiety are more likely to identify SNS as a source for support rather than turning to parents or mental health professionals (Drouin et al., 2018). This indicates that although overall adopting the role of advisor/parent is generally a supportive mechanism for peers, there could be occasions when this input prevents the individual SNS user seeking parental or professional support with mental health problems. This reinforces the need for universities to offer education on the safe use of SNS. This education should include signposting to alternative sources of support for users experiencing negative effects to their wellbeing resulting in increased feelings of sadness, or those experiencing symptoms of mental health issues such as anxiety or depression.

Sub-theme 3.2-The expert role

The findings of this study highlighted two areas of discussion concerning the student nurses who adopt the role of expert on SNS. The first was about those student nurses who had previously worked in healthcare and the second was about student nurses posting advice on upcoming assessments.

In relation to the SNS users who had previously worked within healthcare, six of the participants focused on how the posts gave them feelings of inadequacy. Some went as far as to comment that these posts made them feel intimidated, demonstrating a negative effect on

wellbeing with increased feelings associated with sadness. These feelings of inadequacy when comparing oneself with others aligns with the concept of 'imposter syndrome' defined by Mullangi and Jagsi (2019: 403) as:

A psychological term that refers to a pattern of behaviour wherein people (even those with adequate evidence of success) doubt their abilities and have a persistent fear of being exposed as a fraud.

This topic of imposter syndrome has received much attention in literature generally and in relation to university students. University students are known to experience imposter syndrome with a subsequent negative effect on their mental health and wellbeing (Kananifar et al., 2015; Chapman, 2017; Ramsey & Brown, 2018). This is perhaps no surprise as at some point in their lives up to 70% of people are affected by imposter syndrome, and university clearly offers an ideal arena for comparison and subsequently increasing negativity associated with imposter syndrome (Day-Calder, 2017). Imposter syndrome has been linked to the rising number of cases of mental health issues recognised in university students and, of most concern, the growing number of students on-campus suicides (Parkman, 2016).

This study further builds on these findings by illustrating that imposter syndrome in university students is an area of concern. The role of SNS and its effect on levels of imposter syndrome is not specifically covered in the literature and therefore the findings of this study offer some insights into this specific area, particularly in relation to student nurses and the impact of SNS posts from 'experts' who have previous experience in healthcare.

In addition, as identified in the introduction to this thesis mental health and wellbeing issues are often further heightened by the fact that student nurses are both university students and front-line health care professionals. There is some evidence to support that student nurses do experience heightened imposter syndrome related to their roles in clinical practice and comparison to their peers (Christensen et al., 2016; Day-Calder, 2017) and therefore the dual impact of being both a university student and a frontline healthcare worker is likely to affect levels of imposter syndrome coupled with the increased negative effects this is likely to have on their wellbeing.

Evidence on imposter syndrome does demonstrate a significant impact on the mental health of those experiencing it (Freeman et al., 2022; Holden et al., 2024). In the case of student nurses, universities need to recognise the risks to wellbeing associated with imposter syndrome and introduce strategies to reduce this syndrome. This can be achieved by increasing inclusivity and feelings of belonging, because a feeling of belonging is essential for achievement within group activities such as university (Ramsey & Brown, 2018). The focus needs to be on student nurses learning from each other, with strategies such as buddy systems

and peer feedback where student nurses can be empowered to learn from each other rather than being intimidated by others. This approach should be utilised along with increased initiatives on self-reflection, which would support student nurses in achieving greater insight and recognition of their own strengths. This approach would also build the resilience required to reduce feelings of imposter syndrome and would build strategies for individual student nurses to reduce the impact of negative episodes of imposter syndrome on their wellbeing. The overall aim would be to encourage positive wellbeing and increased happiness in this student group.

The second finding in this section focusing on people adopting the role of expert is around assessments. There was some discussion in this area, again related to imposter syndrome, around the comparison of grades, which led to feelings of inadequacy. Because assessments are so significant for university students, they bring devastating feelings of fear associated with imposter syndrome. This leads to overriding feelings of dread associated with failure, judgement and being exposed as a fraud (Chapman, 2017). The concept of imposter syndrome associated with students taking on the expert role on SNS, can also be linked to the idea of social comparison discussed in sub-theme 2.1 above. The findings in this study clearly indicate that participants socially compared academic performance upwards to those taking on the 'expert role' who they deemed to perform better academically which leads to a decline in wellbeing and inevitably increased feelings of sadness around academic performance (Gerber et al., 2018), a view further supported by the findings in this study. This is concerning, particularly as the findings in this study indicate some of the revision information put onto SNS by those adopting the expert role was incorrect, such as mislabelled diagrams. These findings can be linked to the discussion in sub-theme 1.2 on the negative effects of inaccurate information on SNS and its impact on wellbeing. Of particular concern, people believe information on SNS if it was from friends, even when it is clearly inaccurate (Turcotte et al., 2017).

There is a need for universities to work with students to find mechanisms to reduce the sharing of inaccurate information, including inaccurate details in revision notes, as clearly this could subsequently impact on student academic performance. This includes making sure students do access the accurate revision information shared by university teaching staff. The aim is to ensure the accuracy of revision materials, encourage the practice of fact checking and increase mechanisms to address feelings of imposter syndrome in student nurses, around all elements of their programme. These approaches could also offer the necessary reassurance to students who feel under pressure and may be thinking of withdrawal to stay on the programme thereby reducing attrition rates (Chapman, 2017).

Sub-theme 3.3-The competitor role

Four participants discussed the role of the competitor in the interviews, linking this to several areas including assessments and placements, with SNS activity focusing on one-upmanship and some SNS users demonstrating superiority over the others because they believed that they had worked harder or had received higher grades.

Although not discussed in as much detail as some of the other areas of SNS activity within their peer groups, increased levels of competition between SNS users did illustrate a negative effect on participant's wellbeing and increased feelings of sadness. Discussions focused on participants experiencing an increased sense of inadequacy. This can again be linked to feelings associated with the concept of imposter syndrome discussed above. Thus, further illustrating there is a need for universities to consider mechanisms to address these issues.

Sub-theme 3.4-The bully/bitch

The findings of this study showed that less than half of the participants mentioned bullying or bitchiness as an issue on peer group SNS, and this was mainly linked to their own perceptions when observing the general activity on SNS rather than identifying personal experiences of bitchiness or bullying.

Bitchiness has been defined as 'individuals being malicious, spiteful or nasty such as being deliberately cruel and/or causing tension' (Kelly & Ahern, 2009: 12). In their study on newly Registered Nurses Kelly & Ahern found that bitchiness in nursing was commonplace and was ingrained in the ward culture forming an essential part of socialisation into the ward team. A view supported by Castledine (2008) who claimed that frequently bitching is linked to social bonding and is used as a method for inaugurating oneself into a group or a team. This is not to assume this is a positive means of socialisation but to illustrate its existence. This perhaps indicates that during their clinical practice placements student nurses may have been socialised into the 'norm' that bitchiness towards each other is acceptable.

This recognition that general bitchiness towards each other is acceptable may offer an explanation as to why only six participants commented on this topic and none commented that they felt they had personally experienced these issues on SNS. This is because they found general bitchiness towards each other common place and acceptable when face to face in clinical areas, and so also on SNS. Current findings in this area indicate that there is still a perception of ongoing bitchiness within the field of nursing which continues to be accepted (Hawkins et al., 2019; Anderson et al., 2020).

Bullying on the other hand tends to be recognised as a step further than bitchiness and is described as more heavily related to power. Bullying is viewed as intentional and deliberate in nature instigated by someone more powerful, with the effect of harming another who is weaker (Singh et al., 2018). Bullying on SNS is receiving significant interest in the academic press, earning the label of 'cyberbullying' which is defined as 'when someone uses technology to send threatening or embarrassing messages to another person' (Al-Mamun et al., 2018: 385). Cyberbullying is aggressive in nature and is undertaken by either individuals or groups using electronic forms of communication. Cyberbullying is aimed at other individuals or groups who are vulnerable and often unable to defend themselves (Carter, 2013).

The findings of this study indicate that the negative SNS comments, which participants labelled as bullying, tended to occur as a reaction to an SNS user, or group of SNS user's, inability to accept the viewpoints of others, which led to an escalation of negative comments in a chat. This was as opposed to a calculated, deliberate attempt to bring harm to the other user, but rather as a means, albeit perhaps inappropriate, to get their voices heard.

In addition, cyberbullying on SNS does tend to be anonymous (Singh et al., 2018), which is not the case within the student nurse peer groups who, overall, use their own personal SNS accounts so their identity is clear. However, this does not negate the fact that some participants did perceive that both bitchiness and bullying were prevalent within these SNS groups and, although not commented on in detail during the interviews, it was clear that some participants were concerned about their own and others wellbeing in this area. One participant clearly indicated the negative effect on her own wellbeing and admitted to increased feelings of sadness when observing bitchiness on SNS. This is an area warranting further investigation, with further exploratory research on the topic of bitchiness and bullying on SNS between student nurses and their peers. Particularly as nursing is supposed to be a caring profession and whilst nurses can care for patients, they often appear unable to care satisfactorily for each other (Castledine, 2008), a situation that clearly needs to be addressed. Particularly as it is well documented that bitchiness and bullying on SNS can negatively affect wellbeing (Garett et al., 2016; Collen & Onan, 2021; Giumetti & Kowalski, 2022).

Sub-theme 3.5-The challenger/strong character

Four of the participants explored the role of challenger/strong character in their interviews. Some of the findings in this area were similar to the discussion above on the role of bitch/bully, particularly around issues arising when an SNS user was not prepared to take on board the views of others. There are also further links to topics discussed in earlier sections such as inaccurate information, as a large part of the issue in this area is that an SNS user, or users, will maintain that they are correct even in the face of evidence to the contrary such as

information gleaned from a Government website or from a lecturer. This would lead to arguments on SNS which the participants indicated did negatively affect their wellbeing, stating they felt 'overwhelmed', 'annoyed' and 'stressed out'. A clear message again in these discussions was that the participants were feeling inadequate when taking part in or observing this SNS activity, this is a common thread through many areas of the interview including in relation to the role of expert and imposter syndrome discussed in section 6.3.3 above and in the initial scoping exercise where comments relevant to 'feeling inadequate' were recorded 25 times, the most of any of the topics in the exercise (see appendix 10).

Universities need to take this on board and to put in place support mechanisms to address this issue, for example, by building resilience training into the curriculum with processes such as regular restorative supervision becoming the norm. The purpose of restorative supervision is helping others to build resilience, reduce stress and improve wellbeing (Rouse, 2019) so this would be an ideal mechanism to address the issues found in this study.

Different roles on different SNS platforms

A further important point on the roles people adopt on SNS was the differing roles SNS users adopt on differing SNS platforms, with users taking on more formal/professional roles on X and more informal/friendship roles on Facebook. This difference in roles was clearly illustrated by one participant who stated, 'it's almost like Twitter is my work and Facebook is the pub'. One explanation for this may be because X does not focus on the collection of personal details and so offers more anonymity than Facebook (Hughes et al., 2012) or it may be because X can be seen by everyone, whereas the student nurse peer SNS groups are closed and so perhaps more intimate. Whatever the reason, this additional information is useful in helping universities to educate and support students to effectively manage their SNS use to support their own wellbeing.

Identity development on Social Networking Sites

It is clear from the findings of this study, and the range of roles adopted on Social Networking Sites (SNS) that were explored in the interviews, that student nurses do use SNS as a form of self-presentation and identity creation. SNS does enable students to learn how to adopt the role of student. For example, SNS offer important platforms for informal education around how to be a student. This education, through online activity allows students to learn their roles and develop their identity based on the values of the role (DeAndrea et al., 2012) and ongoing SNS activity remains significant in preserving this identity (Murthy, 2012).

The findings that the different roles generally adopted by SNS users, and the different roles adopted by an individual on different SNS platforms, fit with the theory of self-presentation

put forward by Goffman (1959) discussed in Chapter 3. The overall aim of role adoption and self-presentation is to manage how we are viewed by others, whether that be in pursuing approval or avoiding disapproval or blame (Kross et al., 2021). This can be viewed in the variety of roles discussed in this study from the supportive role of parent/adviser to the potentially damaging role of bitch/bully. In addition, SNS can further escalate self-presentation as individuals control what information they put onto their sites to appear more intelligent or experienced (Marwick, 2005), which could explain some of the roles discussed in this study such as the expert or the competitor roles. This will inevitably breed self-comparison within the SNS group which can cause feelings of distress, bitterness and resentment (Verduyn, et al., 2015; Ozimek & Bierhoff, 2020), clearly having a negative effect on wellbeing with increased feelings of sadness. This is important knowledge for universities to build into education for students in their management of SNS use so they can develop greater understanding of the underpinning causes affecting SNS user wellbeing.

6.3.4 Theme four – Group formation (Groups within groups on Social Networking Sites and effect on wellbeing)

Sub-theme 4.1-Different groups on Social Networking Sites/different social media platforms

In this sub-theme twelve out of the fourteen participants explored the different SNS groups that they were part of within their student nurse peer group and the different platforms they used to support these groups. Often the participants were surprised at how many groups they were part of when they added them up. The focus tended to be on Facebook and WhatsApp groups with other popular SNS sites such as Instagram and Snapchat not being mentioned. This is perhaps because of the functionality of both Instagram, which is aimed mainly at the sharing of photographs and Snapchat which is time-limited as content disappears once viewed (Alhabash & Ma, 2017). This restricts the use of these sites for information sharing and the support which were so highly valued by the participants in this study (see sections 6.3.1 sub-theme 1.1 for further discussion).

It was common for participants to be in more than one SNS group. These multiple groups included the 'main Facebook nursing group' which all the participants were members of - this group is for the whole student nurse cohort and has a membership of several hundred student nurses. The participants also described several smaller groups on SNS where they were members and, in addition, stated their awareness of other smaller groups that they knew of where their peers were members, but they were not. Membership of smaller groups was generally based around shared interests such as attending the gym together, practical issues such as car sharing or writing assignments and the ability to generate increased levels of support in smaller groups.

Participants highlighted the increased positive effects on wellbeing within the smaller groups, describing how they 'get on better with some of their peers than others'. They explained how they bonded within these smaller groups often feeling they had something in common with fellow SNS group members and they felt they 'belonged' within these groups. However, there were also negative effects on wellbeing reported with several participants noting that they felt 'left out' of the smaller groups as things would be discussed and plans made within these groups that they were not part of. Some participants commented on these smaller groups being 'cliquey' which again brought mixed opinions as some participants viewed this as a negative aspect, something they would not want to be part of, whereas others felt this 'cliquiness' was positive as it helped them to bond and build a community within these smaller SNS groups, thus leading to them feeling well supported.

What was clear from these findings was that the participant's perceptions and experiences of the smaller SNS groups, and the subsequent effect on their wellbeing as either positive or negative, was related to their position of being either 'inside' or 'outside' of the group. There is no research into this aspect of SNS use for student nurses and so this is an area requiring further research. However, the findings did establish that when participants considered themselves to be 'inside' smaller SNS groups this led to feelings of belonging and a sense of community within these groups, leading to increased happiness and positive wellbeing. Building a sense of community is not a new concept in nursing and has been demonstrated to be successful in increasing positive wellbeing for nurses working within smaller groups in a similar way to being part of a smaller SNS groups. Ditzel (2017:1) found an increased sense of community within nursing teams who worked within 'speciality areas consisting of small, tight-knit workplaces' as the group members have shared interests creating a sense of belonging, mirroring the findings of this study in the offline environment. Positive benefits of building a sense of community within nursing groups include better staff retention, increased job satisfaction, improved coping strategies and a much more constructive atmosphere (Buck, 2017). This clearly illustrates the positive effects of building a sense of community on wellbeing, which could also start to address some of the ongoing issues of recruitment and retention of student nurses.

The concept of building a sense of community has also been explored in relation to student nurses and online learning (Gallagher-Lepak et al., 2009; Seckman, 2014) with positive outcomes. Although online learning is significantly different to SNS activity independent of learning activity, findings from these studies do support the viewpoint that the building of a sense of community on virtual platforms can be a reality. This is further supported with research on building a sense of virtual community (Tonteri et al., 2011; Lizzo & Liechty, 2022)

on SNS platforms such as Facebook, and, although these studies were not specific to student nurses, they further support the positive findings in this study around building a sense of community.

Universities need to consider how they can support students in building communities that clearly have a positive effect on wellbeing, particularly for those students who feel excluded from SNS groups. Universities could build a curriculum that uses strategies such as working in small groups to improve engagement through increased participation with their peers (Ditzel, 2017). This could be either face to face or by utilising virtual learning environments, as discussed above, as both have the capabilities for groups to build a sense of community and subsequently increase positive wellbeing. This is particularly relevant to this research as the findings have demonstrated SNS users often utilise the smaller groups on SNS to facilitate face to face activity such as going to the gym or car sharing, demonstrating that face to face and virtual activity can cross over and help to build a stronger sense of community for student nurses. This again is an area warranting further investigation.

Sub-theme 4.2-Social Networking Sites to build friendships within groups

Ten of the fourteen participants commented on the value of Social Networking Sites in developing friendships within groups. Building on the discussion in the section above on face to face and virtual friendships working in conjunction, participants highlighted how they felt it was easier to make friends on SNS as the student nurse cohorts are so big. Once friendships are formed on SNS participants found it was then easier to identify friends when on campus. One participant offered an alternative viewpoint however, claiming she would not be friends on SNS with anyone she had not formed a friendship with face to face. This lends further support to the proposal above that universities, when aiming to build communities within the student nurse cohorts, should focus on both face to face and virtual activities as differing options suit different students.

One participant highlighted how SNS can be a way to resolve issues in a group before they meet face to face in university. Although this participant did see this as a positive function of SNS, feeling that it helped to maintain friendships, this could also lead to the bitchiness on SNS discussed in section 6.3.3 sub-theme 3.4, and so could hold a negative undertone for SNS user wellbeing depending on how these discussions are managed within the group. An area highlighted by six of the participants was about the value of these SNS groups in maintaining friendships during the COVID 19 pandemic, particularly during lockdown when members of the cohort returned home and were spread across the country and were prevented by law from meeting in person for some time. Juvonen et al. (2021) supported this view finding that during the UK lockdown and subsequent social distancing virtual contact with friends did decrease

loneliness and reduced depression and anxiety. However, this was only found to be the case within friendship groups if maladaptive coping strategies such as co-ruminating, which is over-focusing on dissecting problems from a negative slant, were not adopted. Where negative interactions, such as those associated with co-ruminating, were employed problems were intensified and not resolved as no problem-solving or effective coping strategies were applied. During COVID 19 this led to increased anxiety and loneliness despite increased SNS contact time, clearly affecting friendships (Stone & Veksler, 2022).

The findings of this research demonstrate the value of SNS in building friendships, whether SNS users initially met in person or virtually, and how this subsequently has a positive effect on wellbeing. There is clearly a need to avoid SNS activity that is maladaptive in nature, and which has the potential to affect wellbeing by negatively increasing feelings of loneliness. Universities can address this by building into the curriculum some education on these topics to raise awareness about the effects of negative SNS activity and to encourage students to use SNS to build effective friendships, thus serving to increase positive wellbeing. Regular restorative supervision for student nurses could also help in offering a safe space to explore feelings and build resilience to promote the positive and reduce the negative influences of friendship building on SNS.

Sub-theme 4.3-Shared experiences within groups

Three of the participants focused on the shared experiences on the student nurse SNS groups discussing mainly the positive effects this had on their wellbeing and that of their peers due to a shared awareness of the programme and the difficulties the programme had around placements and assessments. These participants viewed the student nurse SNS groups as an area to gain emotional support after a busy or stressful day. This was particularly relevant when on clinical placement as family and other friends did not have the same awareness or understanding of the programme, clearly illustrating a positive effect on wellbeing.

One participant however, did identify negative effects on their wellbeing from having these shared experiences of clinical placement, but this was linked to viewing SNS posts of positive placement experiences when they themselves had experienced a bad day. This could again be due to the negative effects of social comparison discussed in section 6.3.2 sub-theme 2.1 and also the well documented phenomenon of self-presentation on SNS, which influences how individuals are perceived by others (Schlosser, 2020; Hollenbaugh, 2021), although of course it is also entirely possible that the positive SNS posts were from peers who had simply experienced a good day on placement.

Nested communities

Nested communities are described as smaller groups sitting within a larger group, organisation or society, and are a common phenomenon across many walks of life. Society normally places people in numerous nested co-operatives whereby individuals are simultaneously participants in two or more groups, one contained within the other. Individuals have different levels of attachment to the larger group and the various smaller groups contained within it (Lawler, 1992).

Nested communities therefore lead individuals to develop loyalties to several groups, with people generally affording greater emotional attachment to the subgroups they feel closest to because of their increased affiliation with the group and greater sense of community experienced (Mueller & Lawler, 1999). Although both Lawler's and Mueller's work focused on nested communities within the hierarchy of organisations this idea does lend further support to the findings of this study on groups within groups on student nurse SNS. Particularly around the positive wellbeing benefits this created for participants in terms of increased feelings of belonging and sense of community discussed above. However, if a greater level of emotional attachment to a subgroup is not present negative emotion such as hostility and sadness can be experienced. This could offer one explanation for the findings in this study which indicated activity within the student nurse SNS groups can also negatively affect the wellbeing of SNS users, with a lack of emotional attachment to a group serving to reduce feelings of belonging and increase feelings of sadness leading to a negative effect on wellbeing. Furthermore, this formation of groups within groups on the student nurse SNS sites is a replication of what is seen as the norm throughout the structure of society (Lawler, 1992) which suggests the formation of smaller splinter SNS groups on the student nurses SNS platforms is likely to be ongoing as new connections are made between the student nurses both in person and virtually.

It is important for universities to consider the concept of nested SNS communities when supporting students to manage their SNS activity. For example, the solution put forward by one participant, having SNS groups moderated by university personnel, would be at best only a partial solution as splinter SNS groups would inevitably continue to form away from the main SNS group. Instead, universities need to focus on the mechanisms discussed previously on building a sense of belonging and community within student nurse groups, such as increased small group work strategies. In addition, universities need to focus on supporting student nurses to build resilience employing techniques such as restorative supervision to offer a safe space to explore the negative effects of SNS on wellbeing, for example when feeling left out of an SNS group.

Furthermore, although not the focus of this study it is important to acknowledge at this point the significance of professionalism to the field of nursing. Professionalism is concerned with a nurse or student nurse acting in a way that upholds the values of nursing and by doing so protects the reputation of nursing (Nursing & Midwifery Council (NMC) 2017). There is clear evidence to suggest student nurses do not always behave in a professional manner on social media with reports of SNS content including reference to intoxication, sexually explicit content and breaches of privacy and confidentiality (O'Connor et al., 2022; Tan et al., 2024). If student nurses are found to have unprofessional content on their SNS accounts, it can have a detrimental effect on both their programme of study and future career opportunities if Fitness to Practice is questioned as a result. To support nurses and student nurses to avoid these issues and to behave in a professional manner on social media both the NMC (2019) and the RCN (2023) have produced guidance on the responsible use of social media. Universities must work with student nurse to reinforce this guidance and to encourage the appropriate and professional use of social media.

This chapter offers a summary of key findings from this study along with interpretations of these findings in relation to the research questions posed. The key findings are:

- SNS offers a suitable platform for the development of communities of practice enabling the sharing of resources and development of friendships within student nurse groups.
- The spreading of inaccurate information is an issue within the smaller student nurse SNS groups not just the large global platforms.
- Often student nurses believed the inaccurate information shared by their peers rather than information given by university personnel.
- SNS use can exacerbate feelings of inadequacy and imposter syndrome particularly when student nurses compare assessments and placement experiences.
- Coping strategies adopted by the student nurses such as muting of notifications can be either an adaptive or maladaptive coping strategy depending on how utilised.
- When not on SNS student nurses experience high levels of anxiety related to Fear of Missing Out (FOMO).
- Student nurses adopt a range of roles on SNS and use SNS as a form of self-presentation and identity creation.
- Student nurses are often members of several SNS groups most frequently utilising Facebook and WhatsApp as the preferred platforms.
- Membership of smaller SNS groups does enable friendships to develop along with the building of a sense of community.

- Membership of smaller SNS groups offers a sense of belonging for those inside the group but those outside of the group can feel left out and disadvantaged.

Chapter 7 offers a conclusion to this research along with a section on the limitations of this study and recommendations for future practice and research.

Chapter 7 - Conclusion

The overall aim of this study was to explore issues related to student nurse's informal use of social media to answer the following research questions:

1. What are student nurse's experiences and perceptions of using social media within their peer groups?
2. What is the effect of using social media on student nurse's wellbeing?

This was achieved by undertaking a two staged research approach consisting of both a scoping exercise and narrative interviews. This chapter aims to summarise the research and its findings to answer the research questions stated above. This chapter will also include an overview of the limitations of this research and will conclude with three recommendations offering practical solutions for universities to take forward in how best to support student nurses in this area and a fourth recommendation with some suggestions for further research in this area.

7.1 The research questions

Returning to the research questions:

1. What are student nurse's experiences and perceptions of using social media within their peer groups?
2. What is the effect of using social media on student nurse's wellbeing?

Questions posed because it has long been established that student nurses experience stress levels higher than many other undergraduate students because as well as the usual stressors experienced by all students, student nurses must also contend with the additional stressors of working on the front line of healthcare whilst on clinical placement. Therefore, it was deemed important to establish the role social media played in relieving or exacerbating wellbeing for this student group. Findings are helpful in both establishing the role Social Networking Sites play in affecting student nurse's ability to cope effectively with the demands of the programme and in offering some practical solutions to guide universities in how best to support student nurses in this area.

7.2 Key findings

By completing this research, I was aiming to establish the effect of SNS activity within student nurse peer groups on their wellbeing. My key findings from this research are that SNS activity within student nurse groups holds both positive and negative effects. On a positive note, I found SNS offers the opportunity for student nurse groups to develop communities of practice for collaboration and the sharing of resources. These communities of practice also allow for

the development of friendships leading to feelings of belonging. In addition, this study found student nurses use of SNS within their peer groups can aid with self-presentation and identity creation whereby they can learn how to be a student nurse.

The findings of this research also indicate there are several negative aspects to SNS activity within student nurse peer groups. An alarming trend is the spreading of inaccurate information via SNS. This has been identified in previous research as a major concern on the large global platforms (Farhall et al., 2019; Anspach & Carlson, 2020; Bautista et al., 2021; Apuke & Omar, 2021). However, this study found this is also an issue within the smaller more personal student nurse SNS groups. In addition, I found that student nurses are more likely to believe the inaccurate information given on SNS by their peers rather than the information given by university staff which is worrying.

The findings of this study indicate a further negative of SNS activity within student nurse peer groups is that SNS use can exacerbate student nurse's feelings of inadequacy associated with imposter syndrome. This is caused by the social comparisons made between the student nurses and is particularly prevalent when they are comparing assessments and placement experiences with their peers. The impact of SNS activity on social comparisons of academic performance and placement experiences has not yet been explored and specifically not in relation to student nurse's use of SNS, therefore the findings from this study will start to address this gap. I also found these negative effects on wellbeing are likely to be further heightened at times of escalated SNS activity when there is greater opportunity for social comparison such as when assessment results or placement details are released.

In line with other research, I found increased SNS activity can lead to student nurses feeling pressured and overwhelmed leading to social media fatigue (Ravindran et al., 2014; Wang et al., 2023). I found student nurses do apply coping strategies to deal with excessive SNS activity such as muting notifications. However, where previous studies have agreed that muting of SNS is employed to reduce the negative effects of high SNS activity on user wellbeing (Sheng et al., 2023) they have not considered whether this is an adaptive or a maladaptive coping strategy to employ. This study offers some insights into this by finding muting can be a maladaptive coping strategy and if applied in this way can lead to additional issues for the user such as Fear of Missing Out (FoMO). However, the findings of this study do indicate muting can also be an adaptive coping strategy, allowing the user to plan their SNS activity into their day in a controlled way, thereby reducing the negative effects of SNS activity on user wellbeing.

This study supports the findings of other studies around the concept of FoMO (Roberts & David, 2019; Marttila et al., 2021), as all users who removed themselves from SNS, because

they were concerned about the effects of high activity on their wellbeing, subsequently returned to their SNS platforms and often quickly. The reason participants gave for returning to SNS, despite being concerned for their own wellbeing, was that when they were not on SNS they experienced high levels of anxiety related to FoMO. A finding not seen in other studies was, rather than the student nurses feeling FoMO as they were missing out on pleasurable experiences when not on SNS, their concerns were that they would miss out on a learning opportunity or would miss some vital programme related information such as last-minute room changes.

A further finding in this study which could take on either a positive or a negative slant in relation to user wellbeing is the finding that student nurses take on a variety of roles within their SNS peer groups. Positive roles include the parent/advisor role offering counsel and support whilst negative roles included those of challenger/strong character where users were unable to take on board the views of other leading to arguments and reports of users feeling overwhelmed and annoyed. Some roles offered both positive and negative effects on user wellbeing such as the role of expert. The positives surround information sharing and support for placements and assessments. The negative aspects were again associated with feelings of inadequacy associated with heightened imposter syndrome.

The final findings of significance in this research were around group formation on SNS within the student nurses peer groups. Previous research around nested communities (groups within groups where people are simultaneously members of two or more groups) focused on in person grouping within large organisations (Lawler, 1992; Mueller & Lawler, 1999). Therefore, this research adds new insights into group formation on SNS and within student nurse peer groups. The results of this research demonstrate a stronger connection and increased sense of community developed in the smaller groups. However, the effect on user wellbeing differed depending on whether the user was inside or outside of the group. Those inside the smaller group highlighted a sense of belonging and increased support whilst those outside of the group reported they felt disadvantaged and left out.

In summary this research demonstrates there are certainly areas where SNS activity positively effects the wellbeing of student nurses, particularly around information sharing and support. Universities need to assist student nurses in further developing these areas by including education and activity in curriculum that build a sense of community and belonging. However, the findings of this study also highlight several areas where SNS activity with their peers negatively effects student nurse wellbeing, particularly areas such as the sharing of inaccurate information, negative social comparison, imposter syndrome, social media fatigue, fear of

missing out, adoption of maladaptive coping strategies and feeling left out of SNS groups. Universities need to work with student nurses to offer meaningful education and effective support to reduce the negative effect on wellbeing for student nurses undertaking SNS activity with their peers, and to extend the positive effects of SNS activity. If not, SNS activity within student nurse peer groups becomes another negative contributory factory to student nurse overall wellbeing.

I set out to establish the effect of social media activity between student nurses on their wellbeing and I believe I have made a modest contribution in this area with the findings of this research.

7.3 Limitations

1. This is a self-reporting study undertaken by myself in my own practice. Therefore, there is a need to be cautious and recognise my own bias as a possible limitation. To mitigate this, I have clearly outlined my positionality including power distribution and have maintained a reflexive approach throughout.
2. One limitation of this study was time constraints as it would have been beneficial to return to participants for repeat interviews following thematic analysis of the original interview, perhaps with focus groups which would have added further depth to the findings.
3. A further limitation was not including participants in the data analysis stages of the research. This prevented participants from being able to shape how their opinions were heard by others within the narrative interviews and prevented participants from influencing the development of themes following the narrative interviews. In an ideal setting I would have asked for verification of themes from a wider group. I did verify themes with my supervisor, but I could have asked other students or staff to contribute to this. However, data collection did take place in the middle of the COVID 19 pandemic which did add complexities when considering extending this element of the research.
4. A further limitation was that COVID 19, and the resulting national lockdown hit just as interviews were due to start and so data collection methods had to be changed from in person to virtual interviews.

7.4 Recommendations

1. The findings of this study show student nurse SNS users do find some aspects of SNS activity with their peers positive as a means of support and information sharing. Therefore, universities should work with student nurses both in person and virtually to

offer opportunities to build a sense of community and a feeling of belonging within the student nurse group(s).

2. The findings of this study indicate the spreading of inaccurate information is an issue within the student nurse peer groups and this can have a negative effect on wellbeing. Universities need to deliver education on social media to student nurses that highlights this issue and advocates for careful fact checking.
3. The findings of this study demonstrate a significant number of issues negatively affecting student nurse wellbeing when undertaking SNS activity with their peers. This includes issues around negative social comparison; imposter syndrome; social media fatigue; fear of missing out; adoption of maladaptive coping strategies and feeling left out of SNS groups. Universities need to educate student nurses about these issues and managing SNS activity successfully with effective coping strategies. Universities also need to ensure effective support mechanisms are in place such as building restorative supervision into the curriculum to avoid or at least minimise negative effects on student nurse wellbeing and to build resilience in student nurses to cope with the potential negative effects of SNS activity on their wellbeing.
4. Further research is required to build on the findings of this study to further understand SNS activity within student nurse peer groups and its effects on wellbeing in key areas identified in this research including:
 - why student nurse SNS users believe SNS posts from their peers are more accurate than information given by university personnel
 - identity and role formation on SNS and effects on wellbeing
 - Creation of groups on SNS platforms

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Appendix 1 - Scoping exercise participation email

Subject: student nurses experiences of social media

I know from my conversations with lots of students that social media activity and its effect on wellbeing is of interest to a great many of you.

I am a lecturer and also currently a student at the University of Hull. As part of my programme I am undertaking a research study focused around student nurse experiences and perceptions of social media activity within their peer groups and its effect on wellbeing.

I want this study to focus on what is important in this topic area to you as student nurses therefore I am inviting you to participate in a scoping exercise to generate your ideas – these will be used to underpin this study.

Participation is completely voluntary, and all information will be recorded anonymously. My idea is to keep these activities as informal, convenient and enjoyable as possible so I will be inviting potential participants to join a group session at a time that suits them at various locations on the campus. Thoughts and ideas can be recorded on post-it notes and stuck to the board – it really will be as simple as that. You can come along alone or in groups which ever feels most comfortable for you.

I am interested in all aspects of this topic so I invite you to come along and share the positives and negatives around social media activity within your peer groups.

If you would like to be involved in one of these scoping activities or have any further questions about the study please drop me an email: _____ and I will circulate further details of the sessions planned.

I will use your ideas from this scoping exercise to form the basis for some informal group and individual interviews aimed at gaining further, more detailed information on this topic. If you would like to consider taking part in the interview stage of this study please drop me an email: _____ and I can send you further details.

You don't have to take part in the scoping exercise to be able to take part in the interview stage and vice versa.

Thank you very much

Appendix 2 - Information sheet and consent for scoping exercise

Thank you for considering participation in a scoping exercise as part of my research project. This project seeks to explore student nurse's experiences and perceptions of social media activity within their peer groups and its effect on their wellbeing.

I want this study to focus on what is important in this topic area to you as student nurses therefore I am holding these scoping exercises to generate your ideas.

Participation is completely voluntary, and you can leave the event at any time. All information will be recorded anonymously.

My idea is to keep these activities as informal, convenient and enjoyable as possible Thoughts and ideas can be recorded on post-it notes and stuck to the board – it really will be as simple as that. You can come along alone or in groups which ever feels most comfortable for you.

I am interested in all aspects, so I invite you to come along and share the positives and negatives around social media activity within your peer groups.

I will use your ideas from this scoping exercise to form the basis for some informal group and individual interviews aimed at gaining further, more detailed information on this topic. If you would like to consider taking part in the interview stage of this study, please complete the tick box in the section below and I will email you some further details.

You don't have to take part in the scoping exercise to be able to take part in the interview stage and vice versa.

Thank you very much

Appendix 3 - Consent for scoping exercise

I.....

of.....

.....

Hereby agree to be a participant in this study undertaken by: and I
understand that the purpose of this research is to investigate student nurse's experiences and
perceptions of social media activity within their peer groups and its effect on their wellbeing.

Signed.....

Date.....

The contact details of the researcher are:

Considering taking part in the interviews in this research study?

Yes, please send me further details to this email address (my student email account):

.....

No thanks I just want to take part in the scoping activity

Appendix 4 - Information sheet for narrative interviews via video-calling

Thank you for considering participating in my research project which seeks to explore student nurse's experiences and perceptions of social media activity within their peer groups and its effect on their wellbeing.

You are invited to take part in an interview lasting approximately 30 minutes. The aim is to keep the interviews informal in nature with a relaxed atmosphere and a conversational approach. The interviews will take place on Canvas Conferencing at a date and time that suit you.

Interviews will be digitally recorded to allow for transcribing of the contents later. All the information you provide in the interviews will be treated with utmost confidentiality and will only be accessible by the researcher for the purpose of this study. Likewise, your name and any personal details will be treated confidentially and will be anonymised in the study. All the data will be destroyed at the end of the study.

If unsafe practice is disclosed during the interview it will be investigated further employing university and placement area policies. In this situation further support will be offered to the participant(s) of the interview.

You have the right to withdraw from the project at any time, without naming reasons and without adverse consequences. Any information which has been gathered before the withdrawal will be destroyed and will not be mentioned within the completed research document.

As the main researcher, I am willing to share outcomes of this research with you if you wish.

If you have any queries about this research project, please feel free to contact me through the
or to contact my supervisor

Should you have any concerns about the conduct of this research project, please contact the Ethics Committee at the School of Education and Social Sciences at the University

Yours sincerely,

Appendix 5 - Consent for narrative interviews

ETHICS COMMITTEE CONSENT FORM for “INTERVIEW”

I,[the participant writes their name here]..... of[the participant writes their address here].....

hereby agree to be a participant in this study to be undertaken by: and I understand that the purpose of the research is to investigate student nurse’s experiences and perceptions of social media activity within their peer groups and its effect on their wellbeing.

and I hereby declare that

1. The aims, methods, anticipated benefits and possible risks/hazards of the research study have been explained to me.
2. I voluntarily and without pressure give my consent to my participation in the above research study.
3. I understand that all data will be de-identified using pseudonyms and stored using secure servers and password protected devices. It will be destroyed following successful completion of the study.
4. I understand that aggregated results will be used for research purposes and may be reported in scientific and academic journals.
5. I understand that individual results will not be released to any person except at my request and on my authorisation.
6. I understand I am free to withdraw my consent at any time during the research, in which event my participation in the research will immediately stop and any information obtained from me will not be used.

Signature: Date:

The contact details of the researcher are:

The contact details of the secretary to the
Ethics Committee are:

Research Office,

Appendix 6 -Ethics approval email (faculty where studying)

From: Ethics < - >

Sent: 10 July 2019 16:07

To:

Cc:

Subject: Ethical Approval

Dear ,

Project title:	Social media and student nurse wellbeing: What are student nurses experiences and perceptions of social media activity within their peer groups and its effect on their wellbeing?
Ref No.:	1819PGR19
Date:	10/07/2019

I am pleased to inform you that the Ethics Committee have given ethical approval for this research project.

You are now authorised to carry out the research as outlined in your application.

Best wishes,

Appendix 7 -Ethics approval email (faculty where carrying out research)

From: Ethicssubmissions <-ethicssubmissions>

Sent: 21 August 2019 11:52

To:

Subject: RE: approved research study

Hi

Thank you for submitting your ethics application Form B to the ethics committee.

I can now confirm that approval has been given by Chair's Action and I have attached a copy of the approval letter for your records.

Good luck with your research.

Kind Regards

| Research Office |

Appendix 8 - Ethics approval letter (faculty where carrying out research)

PRIVATE AND CONFIDENTIAL

Faculty of
University of
Via email

21st August 2019

Dear

REF FHS181 - Social media and student nurse wellbeing: What are student nurses experiences and perceptions of social media activity within their peer groups and its effect on their wellbeing?

Form B

Thank you for your responses to the points raised by the Faculty of Research Ethics Committee.

Given the information you have provided I confirm approval by Chair's action.

Please refer to the [Research Ethics Committee](#) web page for reporting requirements in the event of any amendments to your study.

I wish you every success with your study.

Yours sincerely

Deputy Chair, Research Ethics Committee
| **Research co-ordinator | Doctorate Course in Clinical Psychology**
University

Appendix 9 - Ethics query email to switch from face to face interviews to video-calling

From:
Sent: 30 June 2020 14:53
To:
Subject: Fw: ethics query

Hi , no issues regarding changing to online, see Fiona's response below,
regards

School
University

From:
Sent: 30 June 2020 14:48
To:
Subject: Re: ethics query

Hi

It doesn't need to go past ethics if the student wants to switch to an online platform like canvas conferences (or Zoom etc) to do interviews, provided they have participant's consent to do this
Regards

Lecturer
Chair of ethics committee

From:
Sent:
To:
Subject: ethics query

Hello I have a PGR student who has had to change her data collection from face to face interviews to interviews via CANVAS conferencing do we have to run this past ethics - and if so how would we do this? Or is it covered as the participants consent to using this platform instead of face to face? regards

Lecturer
Programme Director,
School
University

Appendix 10 - Thematic analysis for Stage One data analysis

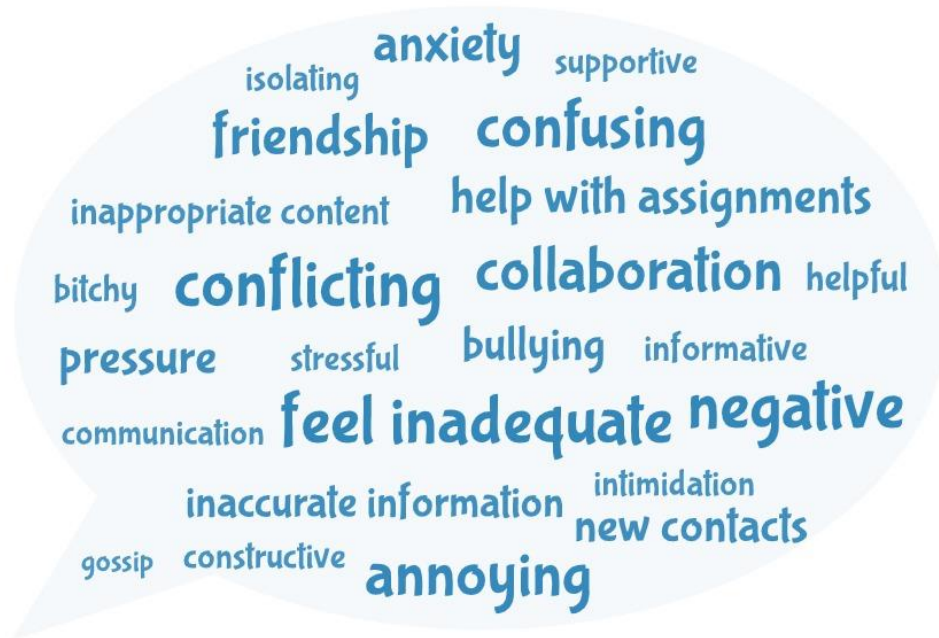
Themes/Key words	Original data – words/phrases + frequency of use
Helpful	Helpful x 10; Useful x 2
Supportive	Supportive x 11; Support x 6; Support – in same boat x 1; Supportive both professional and personal x 1; Help each other x 2; Supportive questions x 1
Informative	Informative x 14; Information x 4
Confusing	Confusing x 9; Confusion x 5; Conflicting advice x 2; Different interpretations x 1; Taken out of context x 1; Taken wrong way x 1 Misunderstood x 3
Intimidation	Bullying x 12; Belittling x 1; Intimidating x 3; Stalking x 1; Predators x1; Overpowering personalities x 1; Bitchy x 1
Conflict	Arguments x 4; Conflict between students x 1; Conflict x 2; Causes divide x 1
Anxiety	Anxious x 4; Anxiety x 6; Worrying x 3; Worried x 1; Depressive thoughts x 1; Depressing x 1; Bad mood x 1; Worry/depression x 1; Never switch off x 2; Scared to check FB x 1; Feel worse x 1; Scared to miss out x 1

Problematic posting	Careful what you put on can be offensive x 1; Careful what you put on x 3; Scared what to put on x 1; Can't put on what I on x 1; Have to be careful with content x 1; Gossiping x 1; Gossip x 4; Lies x 1; Irrelevant information x 1; Irrelevant stuff x 3; Irrelevant content x 5; Chat too much x 1
Inappropriate content	Inappropriate content x 7; Inappropriate things x 1; Inappropriate chat x 1; Post too openly x 1; Unable to conduct themselves appropriately x 1; Swearing x 3
Pressure	Pressure x 7; Under pressure x 4; Pressure to be the same as others x 1; Peer pressure x 1
Friendship	Finding others x 1; Friendships made x 4; Develop friendships x 1; Build friendships x 1; Friendships x 7; New friends x 1; New friendships x 1; Widen people you interact with x 1; Belonging/inclusion x 1 Part of group x 1
Communication	Staying in touch x 1; Keeping in contact x 5; Connection to peers x 1 Connects during placement x 1; Find out each other's experiences on placement x 3; Professional friend to chat with x 1; Communicate x 8; Communication tool x 3; Finding out changes x 6
Isolating	Paranoia x 2; Isolation x 5; Can be left out x 4; Left out of chats x 1

Annoying	Annoying x7; Annoyed when people don't help themselves x 1; frustrating x 6; Irritating x 1
Feel inadequate	Feel inadequate x 4; Inadequate x 7; Put off if marks not as good x 1 Comparison x 3; Comparison to false image x 1; Compare life to others x 3; Feel not doing things right x 1; Think you are lagging behind x 1; People only write when things are good – bad for wellbeing x 1; Competitive x 1; Brag x 2
Collaboration	Share x 3; Share ideas x 1; Share information x 3; Likes x 1
Peer academic support	Help with assignment x 3; Academic support x 1; Questions and advice x 1; Ask questions x 6; Keep on track with studies x 1; Quicker to respond x 3
Stressful	Stressful x 12; Overwhelming x 3
Constructive	Great NHS x 1; Good thing x 1; Confidence boost x 1; Promote Health and wellbeing x 1; Positive effect on wellbeing x 3; Constructive x 1
Negative	Bad for wellbeing x 2; Affects wellbeing x 1; Negative x 2; Creates naivety x 1; Creates stupidity x 1; Sheep mentality x 1; Negative effect on wellbeing x 1; Students don't read info as someone else will do it for them x 1

Appendix 11 - Alternative word clouds

blue with different size text



red with same size text



Appendix 12 - Initial ideas generated during manual transcription and coding

C1-different groups on SM

C2-negative experience

C3-self-monitoring of SM effect

C4-distancing self from SM

C5-not supportive

C6-move away from SM back to reality

C7-high content/postings on SM

C8-effect of distancing self from SM

C9-good source of information and advice

C10-invasion phone lighting up/pinging

C11-personality clashes/argumentative

C12-annoying

C13-intimidation/feel inadequate/competitive

C14-continue to read comments/chat when muted

C15-inaccurate information

C16-supportive

C17- previous healthcare experience

C18-positive experience

C19-SM to build friendships

C20-Covid 19

C21- seek advice from uni

C22- inappropriate content

C23- public nature of SM

C24- generational/gender

C25- lurker

C26- bitchiness

C27- bullying

C28- Fear of missing out if not on SM

C29- oversharing

C30- guidelines and rules around SM

C31- strong characters/voices

C32- exam/assessment/revision