



Original Article

Professional networking and shared practices among Filipino nurses in Facebook-based online communities: A netnographic study

Bherlyn Joy Leccio^{1,2*}, Jestoni Maniago^{2,3}

¹Oman College of Health Sciences, Sohar, Oman

²St. Paul University Manila, Manila, Philippines

³College of Health Sciences, University of Nizwa, Oman

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Corresponding Author:

Bherlyn Joy Leccio, Oman College of Health Sciences, Sohar, Oman; St. Paul University Manila, Manila, Philippines.
E-mail: Bherlynjoyleccio@gmail.com

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ABSTRACT

Background & Aim: Facebook-based online communities are widely used by nurses to seek advice, share resources, discuss employment pathways, and maintain professional connections. However, less is known about how existing Facebook groups support professional networking, shared practice, and informal continuing professional development among Filipino nurses. This study aimed to explore professional networking and shared practices among Filipino nurses in Facebook-based online communities.

Methods & Materials: A qualitative netnographic design was used. Filipino nursing-related Facebook groups were searched and screened using data-site criteria adapted from netnographic procedures, including relevance, coverage, activity, interactivity, and accessibility. Nine groups were included. Online observations were supported by Zoom interviews with 10 Filipino registered nurses and reflective field notes. From 11,134 collected posts and comments, 1,045 were selected for detailed analysis using a sequential deductive-inductive qualitative approach guided by community of practice theory and social capital theory.

Results: Facebook groups supported advice-seeking, job sharing, resource exchange, peer encouragement, milestone recognition, professional updates, and informal learning. Shared practices differed by group purpose. Domestic-focused groups centered on local employment, licensure, and workplace issues; foreign-associated groups focused on migration and overseas practice; and learning-oriented groups prioritized review materials, webinars, and professional development resources.

Conclusion: Facebook-based online nursing communities provided accessible spaces for peer-supported learning, professional connection, and informal continuing professional development. Their practical value depends on responsible use, verification of information, ethical conduct, confidentiality, and appropriate moderation.

Introduction

Nurses increasingly use digital platforms to communicate with peers, access professional information, and sustain networks beyond formal education and workplace structures (1-8). Social media platforms such as Facebook, LinkedIn, and X can support professional networking, informal learning, resource exchange, and peer interaction (2, 3, 7, 9, 10). In nursing, these interactions are relevant because professional development often occurs not only through formal programs but also through shared experience, advice-seeking, and peer support (5, 9, 11, 12).

Facebook is particularly relevant in the Philippine nursing context because it is widely used for information access and social connection (13). Filipino nurses also practice across local and international settings, and migration-related concerns, licensure requirements, employment pathways, and continuing professional development needs often require practical and experience-based guidance (14-16). Facebook groups may therefore serve as accessible spaces where nurses maintain professional ties and exchange practical knowledge.



Previous studies have examined online professional communities and social media use in healthcare and nursing. Some focused on structured or researcher-created platforms, such as intensive care virtual communities, Facebook-based learning groups, and social networking applications for continuing education (9, 11, 17). Less is known about naturally occurring Facebook groups where nurses independently seek advice, share resources, discuss professional concerns, and support one another. These everyday online interactions may influence practice-related decision-making, career planning, informal learning, and professional identity, yet they remain underexplored (18).

Netnography is suitable for examining these online interactions because it focuses on naturally occurring social practices, meanings, and cultural patterns in digital communities (19, 27). Rather than treating Facebook groups only as communication tools, netnography allows the researcher to examine how nurses build shared meanings, norms, and practices through repeated online engagement. This study aimed to explore professional networking and shared practices among Filipino nurses in Facebook-based online communities.

Methods

Study design and reporting

This study used a qualitative netnographic design to examine professional networking, shared practices, and shared meanings among Filipino nurses in Facebook-based online professional communities (19). Netnography was appropriate because the study focused on naturally occurring online interactions rather than researcher-created discussions. The study followed four iterative phases: pre-investigative group searching and screening, investigative online observation and documentation, interactive participant interviews, and immersive field-note writing and reflexive analysis. Reporting was prepared with attention to the Consolidated Criteria for Reporting Qualitative Research, where

applicable, and the Standards for Reporting Qualitative Research to support transparent reporting of the netnographic design, data sources, researcher reflexivity, ethical considerations, data analysis, and trustworthiness strategies (23, 24).

Setting and data-site selection

The setting consisted of Facebook-based nursing communities. Search terms included “Pinoy nurses,” “Filipino nurses,” “nurses PH,” “PH nurse educators,” and “Philippine nurses,” yielding 176 potential groups. These were initially screened for relevance to Filipino nurses and professional nursing concerns. Groups unrelated to nursing practice, centered on students or non-registered nurses, including non-Filipino membership beyond the study scope, duplicative in purpose, inactive, dominated by spam or promotional content, or restricted by privacy settings, were excluded. This reduced the pool to 32 clinical nursing-related groups.

From these, 15 groups were shortlisted for closer assessment using a researcher-developed checklist informed by netnographic guidance. The checklist was developed by the researcher and reviewed and refined in consultation with the research adviser to ensure clarity, appropriateness, and alignment with the study aim. It included five criteria: relevance, coverage, activity, interactivity, and accessibility.

Relevance assessed alignment between group purpose, posts, and nursing-related professional discussions. Coverage referred to group scope and size, including a minimum of 500 members and a focus on domestic, foreign-associated, or learning-oriented concerns. Activity required regular posting with at least weekly visible engagement during screening. Interactivity examined member-to-member exchanges rather than one-way announcements. Accessibility referred to public or permission-granted access in line with ethical requirements.

No numerical scoring or formal weighting was applied; instead, the criteria were used as a qualitative checklist to compare the suitability of shortlisted groups. Groups

demonstrating stronger alignment and appropriate access were retained. Six groups were excluded due to limited interaction, overlapping focus, insufficient activity, restricted access, or predominantly promotional or non-registered nurse content. The final selection of nine groups was guided by alignment with the criteria, data sufficiency, ethical access, and representation across domestic-, foreign-associated, and learning-oriented communities.

The nine included groups were categorized into three types: domestic-focused ($n=3$), foreign-associated ($n=4$), and learning-oriented ($n=2$). Domestic groups addressed local concerns such as licensure, employment, and workplace issues. Foreign-associated groups examined overseas pathways, including examinations, migration, recruitment, and adaptation. Learning-oriented groups emphasized professional development, educational resources, continuing education, and English-language preparation.

Data sources and participants

The primary dataset consisted of Facebook posts, comments, and group-accessible materials, including files, images, videos, events, and other posts available within the selected groups. These online data were used to examine naturally occurring interactions, shared practices, and professional exchanges within Facebook-based nursing communities.

The interactive phase involved 10 Filipino registered nurses who were active members of nursing-related Facebook groups. Participants were purposively selected because they were registered nurses, had active Facebook accounts, belonged to nursing-related Facebook groups, and had experience engaging with group discussions or activities. Participant accounts were used as supplemental data to contextualize online observations and support the interpretation of shared practices.

Participant extracts were identified using anonymized participant codes from P1 to P10. Detailed demographic characteristics are not presented to protect confidentiality, and

because the primary unit of analysis was Facebook-based posts, comments, and group interactions.

Data collection procedures

Data collection was conducted online from January to May 2023. During the pre-investigative phase, Facebook groups were searched, screened, and recorded using a spreadsheet matrix. The matrix captured group metadata, including group purpose, year established, country focus, privacy setting, membership size, administrative structure, moderators, group rules, and Facebook features or tools used by members and administrators.

During the investigative phase, online observation and review of available group content were undertaken to examine group activity, interaction patterns, administrative roles, recurring discussion topics, shared practices, and social media metrics. The researcher documented observations using spreadsheets, mobile notes, and reflective records. Online observation was undertaken regularly during the data collection period, and researcher-accessible posts, comments, and related materials were compiled using QB Analyzer and spreadsheet formats. No private, deleted, or inaccessible member-restricted content was collected.

A total of 11,134 posts and comments were initially gathered from the selected Facebook groups. From this pool, 1,045 items were selected for detailed analysis through criterion-based purposive sampling. Items were included if they directly addressed the research questions and demonstrated at least one of the following: professional networking, shared practice, informal learning, peer support, employment-related exchange, resource sharing, or professional discussion.

Selection further accounted for member engagement, particularly comment activity and the depth of discussion, while ensuring representation across domestic-focused, foreign-associated, and learning-oriented groups. Items were excluded if they were duplicates, unrelated to nursing practice, purely promotional, spam, insufficiently

detailed for meaningful analysis, or beyond the scope of the study. The final dataset constituted a purposeful, analytically relevant set of posts and comments, prioritizing depth and relevance over statistical representativeness.

During the interactive phase, eligible participants were contacted privately and invited to take part in online interviews. The interview guide was informed by patterns observed during the investigative phase and reviewed with the research adviser for appropriateness, relevance, clarity, and probing depth. Interviews were conducted mainly through Zoom and explored participants' reasons for joining Facebook-based nursing communities, patterns of participation, perceived benefits, information reliability, privacy and professional boundaries, and the role of these groups in learning, networking, and career development. When participants were unavailable for Zoom interviews, responses through email or private messaging were accepted. Zoom interviews were recorded with permission and transcribed, while email and private-message responses were converted into text documents for analysis.

During the immersive phase, field notes and reflective journaling were used to document recurring interactions, group norms, emerging meanings, researcher reflections, and less frequent or contradictory observations. These records supported the interpretation of the online data and helped connect observed Facebook interactions with broader patterns of professional networking and shared practice.

Data analysis

Data analysis followed a sequential deductive-inductive qualitative approach, consistent with a hybrid analytic design in which theory-informed coding is combined with themes generated from the data (21). In the deductive phase, an initial categorization matrix was developed from the research questions and the study's theoretical frameworks. Community of practice theory guided initial coding of shared professional domains, recurring participation, group

learning, resource exchange, group norms, and practice-based knowledge (20). Social capital theory informed coding of professional ties, trust, reciprocity, access to information, emotional support, and network-based career or migration opportunities (22, 30).

The deductive codes were applied to Facebook posts, comments, group-accessible materials, and online observations to examine how members interacted, exchanged knowledge, supported one another, and developed shared practices. Coding also compared patterns across domestic-focused, foreign-associated, and learning-oriented groups to identify similarities and differences in professional networking and shared practice.

In the inductive phase, participant accounts, interview transcripts, and written interview responses, field notes, and reflective records were reviewed to identify patterns not fully captured by the initial theoretical categories. These included silent participation, private messaging, information verification, privacy practices, professional boundaries, cultural expressions, repeated questions, promotional content, inconsistent information, and occasional unprofessional interaction.

After deductive and inductive coding, related codes were compared, refined, and grouped into broader categories. During theme development, theory-informed codes were examined alongside inductive patterns identified from the data. The integrated findings were then interpreted in relation to how Facebook-based nursing communities supported professional interaction, knowledge exchange, peer support, and informal continuing professional development. Theoretical frameworks guided interpretation without constraining theme development, allowing additional patterns to be identified from the data.

Ethical considerations

Ethical clearance was obtained from a university research ethics committee under Proposal No. 2023-025-IDA-CNAHS before data collection. The study followed ethical principles for online research, including respect

for privacy, confidentiality, voluntary participation, and minimization of harm.

The researcher held no administrative or moderating role in any of the selected Facebook groups and did not intervene in group discussions. The researcher's involvement was limited to observation, documentation, communication with participants, and analysis. Where required, permission was obtained from group administrators or moderators before data collection commenced.

Facebook posts and comments were treated as research data only when drawn from public groups or groups where access or permission had been granted. This approach reflected the study's focus on researcher-accessible interactions relevant to the research aim and excluded private messages, deleted content, inaccessible member-restricted material, and content from groups for which permission could not be obtained. To minimize the risk of identification, posts and comments were reported mainly in summarized or paraphrased form rather than as direct quotations.

Before reporting any paraphrased content, traceability was assessed to determine whether wording, unique phrasing, personal details, group context, location, dates, or other contextual markers could identify a member, group, or discussion thread. Where traceability risk was identified, details were removed, generalized, or omitted. No real names, identifiable Facebook profiles, group names, screenshots, or other traceable personal details were disclosed.

Informed consent was obtained from all adult participants involved in the interactive phase. Participants were informed about the study purpose, confidentiality, voluntary participation, and their right to withdraw. They were also advised that participation would not affect their professional, academic, or employment status. Participant extracts were anonymized using codes, and identifying details were removed.

Interviews conducted during the interactive phase were audio-recorded with the explicit consent of participants. Recordings were transcribed verbatim, and all transcripts were

anonymized through the removal of names and any identifying information. Both audio recordings and transcripts were securely stored in password-protected digital files accessible only to the researcher. Data were managed in accordance with institutional data protection guidelines, and all materials will be securely retained and disposed of to maintain participant confidentiality.

Trustworthiness

To establish the trustworthiness of the study, Lincoln and Guba's four criteria—credibility, dependability, confirmability, and transferability—were applied (31).

Credibility was supported through prolonged engagement with and extended observation of the selected Facebook groups, together with triangulation across posts, comments, group-accessible materials, participant accounts, Zoom interview transcripts, written responses, and field notes. Preliminary interpretations were shared with interviewed participants through follow-up Zoom meetings to allow confirmation, clarification, or comment. These interpretations were also reviewed with the research adviser and presented to a panel of qualitative research experts as part of peer and expert debriefing. Additionally, feedback was sought from five administrators representing the selected data sites as a form of stakeholder checking to assess whether the emerging interpretations were clear, relevant, and broadly consistent with observed group practices. Feedback from participant checking, expert review, and stakeholder checking did not alter the main analytic categories but helped refine the presentation of the findings.

Dependability was supported through systematic documentation of group selection, data collection procedures, coding decisions, and analytic steps.

Confirmability was strengthened through maintenance of an audit trail, ongoing reflective journaling, and comparison of deductive and inductive findings during analysis. Negative or less frequent cases, including repeated questions, promotional posts, inconsistent information, privacy concerns, and occasional unprofessional interaction, were

retained and considered when refining the interpretations rather than excluded.

Transferability was supported through a detailed description of the Facebook group categories, online context, participant eligibility criteria, and the nature of Facebook-based professional interactions.

Results

Shared practices across Facebook groups

Findings were drawn from online observations, analyzed posts and comments, participant accounts, and reflective field notes generated during the investigative, interactive, and immersive phases of the netnographic process. Across the groups, shared practices centered on advice-seeking, employment-related

information sharing, resource exchange, peer support, milestone recognition, professional updates, and occasional private or offline communication.

From March to early May 2023, 1,045 posts and comments were selected for detailed analysis. The most frequent shared practice was asking questions and seeking advice ($n = 563$, 53.88%), followed by sharing job opportunities and leads ($n = 177$, 16.94%). Other practices included milestone recognition, learning resource exchange, peer encouragement, virtual events, professional updates, requests for personal or emotional support, and local meetups (Table 1). Facebook posts and comments are presented mainly in summary form to protect anonymity and reduce traceability.

Table 1. Distribution of analyzed posts and comments by shared practice category

Shared practice category	n	%	Focus of posts and comments
Asking questions and seeking advice	563	53.88	Licensure, continuing professional development units, examination requirements, migration processes, documentation, clinical concerns, and career decisions
Sharing job opportunities and leads	177	16.94	Local vacancies, overseas recruitment, agency information, employer requirements, and employment pathways
Celebrating milestones and achievements	78	7.46	Examination success, migration progress, new employment, and professional achievements
Sharing learning and relevant resources	74	7.08	Review materials, webinars, clinical updates, policy reminders, sample documents, and continuing professional development resources
Offering support and encouragement	61	5.84	Encouragement, reassurance, congratulations, and emotional support
Hosting virtual events	41	3.92	Webinars, online review sessions, professional talks, and virtual learning events
Sharing industry trends and regulations	27	2.58	Regulatory updates, industry news, professional reminders, and policy changes
Asking for personal or emotional support	22	2.11	Requests for reassurance, emotional support, personal guidance, or peer validation
Local meetups	2	0.19	Face-to-face or offline networking activities
Total	1,045	100.00	

Note: Percentages were calculated using 1,045 analyzed posts and comments as the denominator. Categories represent the primary shared practice assigned to each post or comment during coding.

Interaction patterns varied by group type. Domestic-focused groups centered on local jobs, licensure concerns, work conditions, and professional updates in the Philippines. Foreign-associated groups focused on overseas employment, migration requirements, international examinations, documentation, and adjustment abroad. Learning-oriented groups focused on review materials, webinars, continuing education, clinical updates, and professional development resources.

Advice-seeking and practical guidance

Advice-seeking was the dominant shared practice. Members asked about licensure renewal, continuing professional development units, examination requirements, overseas employment processes, documentation, clinical concerns, migration-related family issues, and career decisions. Many posts sought clarification or comparison with the experiences of other nurses.

Responses included direct answers, reminders, warnings, and step-by-step guidance from members drawing on similar experiences.

Participants reported learning from discussion threads even without active posting. As one participant noted, *"If you have questions, you can look through the files that have been uploaded. If you don't find what you're looking for, you can simply post a question. Many group members are eager to help and reply promptly, especially if they have had similar experiences. Personally, I never post anything; I just enjoy reading"* (P1). Some participants preferred private communication when concerns were more personal or detailed. Another participant shared, *"I prefer direct messaging because the responses received tend to be more valid and direct"* (P2). Participants also reported verifying online information before applying it to regulatory, clinical, migration, or employment-related decisions.

Job sharing and career mobility

Job sharing was another major form of interaction across the groups. Posts covered local vacancies, overseas recruitment updates, agency information, employer requirements, examination pathways, documentation requirements, and migration opportunities. Domestic-focused groups contained more local employment posts, whereas foreign-associated groups featured more information about international pathways. These posts commonly prompted questions about eligibility, timelines, agency reliability, salary, work conditions, country-specific rules, and first-hand experiences from nurses already working abroad.

Participants considering overseas work described the groups as useful for preparation and comparison of pathways. One participant explained, *"As nurses considering work in new locations, we aim to be thoroughly prepared. The group aids us in this preparation process, highlighting what we need to organize, such as financial prerequisites and networking considerations"* (P4). Participants also linked professional networks to career opportunities. As one

participant stated, *"There's a better opportunity for nurses with a larger network of professionals"* (P5). Another added, *"For me, I got this job because of the professional network I have, friends"* (P4).

Resource exchange and informal learning

Members shared review materials, webinar announcements, learning resources, clinical updates, policy reminders, continuing education events, and sample documents. This was most visible in learning-oriented groups but was also observed in domestic-focused and foreign-associated groups. Resources appeared both as standalone posts and as responses to questions, particularly those related to examination preparation, professional requirements, clinical updates, and overseas practice.

Participants described access to flexible learning resources beyond formal classrooms and workplace training. One participant explained, *"The learning setting occurs outside of school grounds since community members do not need to connect in real time; educational resources can be accessed at any given point in time"* (P6). For those preparing for overseas practice, shared materials and discussions were especially useful in unfamiliar professional contexts. As one participant stated, *"It's really beneficial, especially when you are not in your own comfort zone or country, where there are many review materials and groups that you could enroll in"* (P7).

Peer support and recognition of milestones

Posts and comments also showed encouragement, reassurance, and recognition of achievements. Members congratulated others for passing examinations, completing requirements, securing employment, arriving in another country, or reaching personal and professional goals. Milestone posts often received supportive comments, expressions of gratitude, religious expressions, and respectful language. These interactions were especially common in foreign-associated

groups, where members shared updates about examinations, visas, migration, employment, and adjustment abroad.

Participants described these connections as important during study, work, and overseas adjustment. As one participant stated, *“The social connections are incredibly important to me as I’m currently studying and working abroad”* (P6). Participants also described receiving reassurance and motivation while preparing for licensure examinations, career transitions, or overseas practice.

Group culture, privacy, and professional boundaries

Privacy and professional boundaries were evident in how members participated in the groups. Some used restricted profiles, pseudonyms, or rearranged names. Others asked questions publicly but moved detailed discussions to private messages, especially when topics involved documents, migration plans, employment decisions, or sensitive professional matters. English and Filipino were commonly used, and respectful expressions appeared in advice-seeking, expressions of thanks, and messages of encouragement.

Administrators and active members shared information, reinforced rules, and responded to recurring concerns. Participants also emphasized the importance of professional conduct, respectful communication, and careful posting. One participant explained, *“One can see if there are specific guidelines, such as not being rude to members and the requirement of displaying your real name on your profile”* (P4).

Participants also identified limitations of group participation, including repeated questions, inconsistent information, irrelevant posts, promotional content, privacy concerns, and occasional unprofessional interaction. Several reported verifying information before acting on it. As one participant stated, *“One needs to determine which source of information is reliable, as some can be misleading or false”* (P3). Another explained, *“If the data or information are indeed*

accurate, I usually double-check it on Google or related materials” (P8).

Discussion

This study found that Facebook-based nursing communities provided Filipino nurses with accessible spaces for professional networking, shared practice, peer support, and informal continuing professional development. The findings suggest that these groups functioned as peer-driven environments where nurses sought advice, exchanged resources, shared career information, recognized achievements, and offered support. This is consistent with previous work showing that online professional communities can facilitate professional exchange, peer learning, and continuing professional development among nurses and other health professionals (5, 9, 28, 29).

Group purposes distinctly shaped the type of knowledge and support exchanged within each community. Domestic-focused groups were primarily associated with local employment, licensure renewal, compliance with continuing professional development, and workplace concerns in the Philippine nursing context. Foreign-associated groups were more closely oriented toward migration processes, documentation requirements, international examinations, recruitment pathways, and overseas adjustment. Learning-oriented groups centered on review materials, webinars, clinical updates, and professional development resources. These distinctions suggest that engagement in Facebook-based nursing communities was shaped not only by professional identity but also by nurses' immediate career, learning, and mobility needs at different stages of their professional trajectories (5, 9, 14–16, 28, 29).

The findings can be interpreted through the community of practice theory. The selected Facebook groups demonstrated key features of communities of practice, including a shared domain of nursing, a community of members who interacted regularly, and a practice grounded in the exchange of experiential knowledge (20). Members participated by asking questions, responding to

others, sharing resources, comparing experiences, and observing discussions. Advice-seeking and resource exchange, therefore, represented more than isolated information requests; they reflected ongoing participation in a community of practice in which knowledge was developed through interaction (20). Silent participation also appeared important, as some nurses learned through reading discussion threads and accessing shared materials without actively posting, a pattern consistent with peripheral participation in communities of practice (20).

Social capital theory further helps explain how online connections supported access to information, emotional support, practical guidance, and career-related opportunities through professional ties, reciprocity, and shared experience (22, 30). Job sharing, migration advice, peer encouragement, and milestone recognition illustrated how online networks helped members navigate uncertainty and access knowledge that may not always be available through formal institutional channels (22, 30). At the same time, the need to verify information suggests that social capital in online communities was valuable but not inherently reliable, reinforcing the importance of professional judgment and information checking in social media use (3, 10, 25, 26).

Peer support and milestone recognition indicated that development within these communities was both informational and social. Posts related to licensure examination success, employment progress, and overseas adjustment consistently generated encouragement and reassurance among members. Such interactions may strengthen a sense of belonging and sustain motivation, particularly for nurses navigating career transitions, preparing for overseas practice, or adjusting to unfamiliar professional environments (22, 30). In this respect, Facebook groups may extend professional support beyond the boundaries of formal workplaces, classrooms, and institutions (5, 9, 20, 28, 29).

The findings also highlight important risks. Misinformation, privacy concerns,

confidentiality issues, promotional content, repeated questions, and occasional unprofessional interaction may limit the reliability and safety of Facebook-based professional exchange. These concerns are consistent with the literature on social media use, e-professionalism, and professional boundaries among health professionals (3, 10, 25, 26). Nurses, therefore, need to exercise professional judgment when interpreting advice from online communities and should verify regulatory, clinical, employment, or migration-related information through official or reliable sources (3, 10, 25, 26).

For nursing practice and education, the findings underscore the need to strengthen digital professionalism and promote responsible online engagement. Undergraduate nursing curricula, transition programs, and continuing professional development activities should incorporate guidance on confidentiality, privacy, source verification, respectful communication, and appropriate professional boundaries in online spaces (3, 10, 25, 26). Nurse educators, leaders, regulators, and professional organizations may also consider using moderated online communities to support communities of practice by sharing verified resources, facilitating discussion, and promoting continuing professional development opportunities (5, 9, 20, 28, 29). Such communities can facilitate informal learning and foster meaningful professional connections; however, their value remains contingent on ethical participation, effective moderation, and critical evaluation of information.

Limitations

This study was confined to selected Facebook-based nursing communities; accordingly, the findings reflect interactions within these groups rather than digital nursing communication across online platforms more broadly. Group selection was guided by accessibility, activity, relevance, and ethical access during a defined data collection period. Because the included groups were active and accessible, the findings may reflect more visible, engaged, and better-moderated

communities. As a result, less active or poorly moderated groups, private discussions, quieter members who mainly observed rather than posted, and other less visible forms of interaction may be underrepresented.

The analysis was limited to available posts, comments, group-accessible materials, participant accounts, interview transcripts, written interview responses, field notes, and reflective records. Deleted or edited content, private messages not provided as interview responses, silent participation, and changes in group rules or moderation may not have been fully captured.

The interactive phase involved 10 Filipino registered nurses whose accounts were used to contextualize the online findings rather than represent all members of the selected groups. Detailed demographic characteristics were not reported to protect confidentiality; therefore, variation by age, workplace setting, migration status, or level of online participation could not be fully examined.

Finally, the study describes professional networking and shared practices but does not measure the direct effect of Facebook group participation on clinical competence, patient outcomes, employment outcomes, or formal continuing professional development. The findings may be transferable to similar Facebook-based nursing communities in which members use online groups for advice-seeking, resource exchange, professional support, and career-related information. They may also offer insights to other professions using online communities for informal learning and peer support. Nevertheless, the findings should not be generalized to other countries, professional groups, or digital platforms without careful consideration of differences in culture, regulation, professional norms, platform use, and moderation practices.

Conclusion

Filipino nurses used Facebook-based nursing communities as accessible spaces for professional networking, shared practice, informal learning, and peer support. These

groups enabled members to seek advice, exchange employment and learning resources, recognize professional milestones, and discuss local and international nursing concerns. The findings suggest that Facebook-based nursing communities can function as informal communities of practice that support practical knowledge exchange and professional connections. They also illustrate how online ties within these groups can generate social capital by providing access to information, emotional support, reciprocal guidance, and career-related opportunities. However, the value of these communities depends on responsible participation, information verification, confidentiality, moderation, and professional conduct. The findings highlight the importance of strengthening digital professionalism, ethical engagement, and responsible participation in nursing education and continuing professional development, particularly in relation to Facebook-based and similar online professional communities.

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Conflict of Interest

The authors declare no conflict of interest.

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References

1. Bastida-Escamilla E, Elias-Espinosa MC, Franco-Herrera F, Covarrubias-Rodriguez M. Bridging theory and practice using Facebook: A case study. *Education Sciences*. 2022;12(5):355. doi:10.3390/educsci12050355.
2. Farsi D. Social media and health care, Part I: Literature review of social media use by health care providers. *Journal of Medical Internet Research*. 2021 Apr 5;23(4):e23205. doi:10.2196/23205.

3. Geraghty S, Hari R, Oliver K. Using social media in contemporary nursing: Risks and benefits. *British Journal of Nursing*. 2021 Oct 14;30(18):1078-82. doi:10.12968/bjon.2021.30.18.1078.
4. Hazzam J, Lahrech A. Health care professionals' social media behavior and the underlying factors of social media adoption and use: quantitative study. *Journal of Medical Internet Research*. 2018 Nov 7;20(11):e12035. doi:10.2196/12035.
5. Moorley C, Chinn T. Social media participatory CPD for nursing revalidation, professional development and beyond. *British Journal of Nursing*. 2019 Jul 11;28(13):870-7.
6. Reinbeck DM, Antonacci J. How nurses can use social media to their advantage. *Nursing*. 2019;49(5):61-63. doi:10.1097/01.NURSE.0000554624.05347.6e.
7. Ross P, Cross R. Rise of the e-nurse: The power of social media in nursing. *Contemp Nurse*. 2019;55(2-3):211-220. doi:10.1080/10376178.2019.1641419.
8. Lin X, Kishore R. Social media-enabled healthcare: a conceptual model of social media affordances, online social support, and health behaviors and outcomes. *Technological Forecasting and Social Change*. 2021 May 1;166:120574. doi:10.1016/j.techfore.2021.120574.
9. Rolls K, Hansen M, Jackson D, Elliott D. How health care professionals use social media to create virtual communities: An integrative review. *Journal of Medical Internet Research*. 2016 Jun 16;18(6):e166. doi:10.2196/jmir.5312.
10. Vukušić Rukavina T, Viskić J, Machala Poplašen L, Relić D, Marelić M, Jokic D, Sedak K. Dangers and benefits of social media on e-professionalism of health care professionals: scoping review. *Journal of Medical Internet Research*. 2021 Nov 17;23(11):e25770. doi:10.2196/25770.
11. Deldar K, Froutan R, Sedaghat A, Mazlom SR. Continuing nursing education: use of observational pain assessment tool for diagnosis and management of pain in critically ill patients following training through a social networking app versus lectures. *BMC Medical Education*. 2020 Aug 3;20(1):247. doi:10.1186/s12909-020-02159-5.
12. Lopez V, Cleary M. Using social media in nursing education: an emerging teaching tool. *Issues in Mental Health Nursing*. 2018 Jul 3;39(7):616-9. doi:10.1080/01612840.2018.1494990.
13. Statista. Social media platforms market share Philippines 2022, by type. Available from: <https://www.statista.com/statistics/1139442/philippine-s-social-media-platforms-market-share-by-type/>. Accessed June 1, 2026.
14. Brush BL, Sochalski J. International nurse migration: lessons from the Philippines. *Policy, Politics, & Nursing Practice*. 2007 Feb;8(1):37-46. doi:10.1177/1527154407301393.
15. Dimaya RM, McEwen MK, Curry LA, Bradley EH. Managing health worker migration: a qualitative study of the Philippine response to nurse brain drain. *Human Resources for Health*. 2012 Dec 19;10(1):47. doi:10.1186/1478-4491-10-47.
16. Marcus K, Quimson G, Short SD. Source country perceptions, experiences, and recommendations regarding health workforce migration: a case study from the Philippines. *Human Resources for Health*. 2014 Oct 31;12(1):62. doi:10.1186/1478-4491-12-62.
17. Siddiqui M, Bukhari AS, Shamael I, Shah ZA, Maken N. Facebook as a learning tool: perception of stroke unit nurses in a tertiary care hospital in Islamabad. *Cureus*. 2018;10(3):e2357. doi:10.7759/cureus.2357.
18. Khan MM, Faraz A, Jamal A, Craig S, Ilyas W, Ahmad F, et al. A study to see the effect of social media usage among healthcare providers. *Cureus*. 2021;13(7):e16350. doi:10.7759/cureus.16350.
19. Kozinets RV. *Netnography: The Essential Guide to Qualitative Social Media Research*. 3rd ed. London: SAGE; 2020.
20. Wenger E, McDermott R, Snyder WM. *Cultivating Communities of Practice: A Guide to Managing Knowledge*. Boston: Harvard Business School Press; 2002.
21. Fereday J, Muir-Cochrane E. Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International Journal of Qualitative Methods*. 2006 Mar;5(1):80-92.
22. Bourdieu P. The forms of capital. In: Richardson JG, editor. *Handbook of Theory and Research for the Sociology of Education*. New York: Greenwood Press; 1986.
23. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*. 2007 Dec 1;19(6):349-57. doi:10.1093/intqhc/mzm042.
24. O'Brien BC, Harris IB, Beckman TJ, Reed DA, Cook DA. Standards for reporting qualitative research: A synthesis of recommendations. *Academic Medicine*. 2014 Sep;89(9):1245-51. doi:10.1097/ACM.0000000000000388.
25. Grajales Iii FJ, Sheps S, Ho K, Novak-Lauscher H, Eysenbach G. Social media: a review and tutorial of applications in medicine and health care. *Journal of Medical Internet Research*. 2014 Feb 11;16(2):e2912. doi:10.2196/jmir.2912.

26. McGrath L, Swift A, Clark M, Bradbury-Jones C. Understanding the benefits and risks of nursing students engaging with online social media. *Nursing Standard*. 2019 Oct 2;34(10):45-9. doi:10.7748/ns.2019.e11362.
27. De Gagne JC, Koppel PD, Park HK, Cadavero A, Cho E, Rushton S, Yamane SS, Manturuk K, Jung D. Nursing students' perceptions about effective pedagogy: Netnographic analysis. *JMIR Medical Education*. 2021 Jun 22;7(2):e27736. doi:10.2196/27736.
28. Mlambo M, Silén C, McGrath C. Lifelong learning and nurses' continuing professional development, a metasynthesis of the literature. *BMC Nursing*. 2021 Apr 14;20(1):62. doi:10.1186/s12912-021-00579-2.
29. Reidy M, Callaghan L. Exploring the Sense of Virtual Community Among Members of the Registered Nurse in Intellectual Disability (RNID) Excellence Ireland Network Facebook Group. *British Journal of Learning Disabilities*. 2025 Jun;53(2):324-32. doi:10.1111/bld.12639.
30. Chiu CM, Hsu MH, Wang ET. Understanding knowledge sharing in virtual communities: An integration of social capital and social cognitive theories. *Decision Support Systems*. 2006 Dec 1;42(3):1872-88.
31. Lincoln YS, Guba EG. *Naturalistic inquiry*. Beverly Hills (CA): Sage Publications; 1985.