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## An exploration of mammographers' attitudes towards the use of social media for providing breast screening information to clients<sup>☆</sup>

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## ABSTRACT

**Introduction:** Increasingly patients and clients of health services are using social media to locate information about medical procedures and outcomes. There is increasing pressure for health professionals to engage in on-line spaces to provide clear and accurate information to their patient community. Research suggests there are some anxieties on the part of practitioners to do this. This study aimed to explore the attitudes of the NHS breast screening programme workforce towards engaging in online discussions with clients about breast screening.

**Method:** 78 practitioners, representing a range of professional roles within the NHS Breast Screening Programme, attended one of 4 workshops. We used a Nominal Group Technique to identify and rank responses to the question: "What are the challenges that practitioners face in using SoME as part of their role?" Responses were categorised into themes. Participants were also asked to identify solutions to these challenges.

**Results: Challenges:** We identified two overarching themes: (1) *Working within boundaries*: which was further categorised into (a) Professional/legal accountability; (b) Information accuracy and (c) Time as a boundary, and (2) *Support*: further categorised into (a) Employer and (b) Manager. **Solutions:** These included: training in technical and interactional aspects of on-line communication and a responsibility to better understand employer and professional body SoME policies.

**Conclusion:** The study participants appeared willing and motivated to engage in SoME. However, in keeping with the literature from other disciplines, a number of challenges need to be overcome for its use to be adopted more widely by breast screening professionals.

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## Introduction

The authors of this study have created an online hub ([www.wommen.org.uk](http://www.wommen.org.uk)) which provides information about breast screening. The aim of the hub is to address the reported limitations of the information currently sent to women in the United Kingdom (UK) when invited for breast screening.<sup>1,2</sup> In the design phase of the

hub, we engaged a client and practitioner User Design Group (UDG) to identify the key features that would be desirable in the hub.<sup>3</sup> One such feature was the need to engage with other clients in order to access experiential information, and with practitioners to access 'professional' information. Social Media (SoME) has therefore been incorporated and is an important element of the hub because it allows communication between clients and practitioners using forums and also via links to associated Facebook and Twitter accounts.

SoME is any web-based application that allows users to create and share content. Ofcom, the UK communications regulator, produces annual statistics of adult SoME use.<sup>4</sup> Their 2016 report highlighted that the majority of the UK adult population who we are aiming to target with WoMMen (females in the 45–54 age group; Ofcom's age categories) is likely to be using SoME and that this trend is rising. Seventy eight percent of all adult females had a

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SoMe profile in 2015 compared to 56% in 2010. In terms of the age bracket we are concerned with, 74% of 45–54 year olds had a social media profile in 2015 compared to 32% in 2010. This suggests using SoMe to communicate with breast screening clients could be an appropriate medium.

Furthermore, the use of online methods for communicating with patients is also advocated in the 2012 UK NHS communication strategy.<sup>5</sup> However, as the literature review will show, there appears to be reluctance for health professionals to talk to patients and clients in an online space. This needs to be examined further because without practitioners the online hub will not include the communication features identified as desirable by the UDG.

## Literature review

To date there have been no studies published that have explored the attitudes of radiographers with regard to using SoMe as a professional tool.<sup>6</sup> However, a number of systematic reviews have considered how SoMe is being used across a wider range of health-related disciplines.

In 2013, Moorhead et al. conducted a systematic review looking into the uses, benefits and limitations of SoMe for Health Communication.<sup>7</sup> They reviewed 98 studies and highlighted the value of SoMe in health for connecting and networking people: practitioners with patients; patients with patients and practitioners with practitioners. The benefits identified were i) enabling peer and emotional support and ii) sharing information that is tailored to the recipient, not just the patient but their relatives and carers. However, there was a clear message that practitioners have anxieties about SoMe as a means of health communication. These concerned quality of information and issues related to privacy and patient confidentiality.

In 2014, Grajales et al.<sup>8</sup> conducted a narrative review to explore how SoMe is being used by health professionals. The study included 76 articles, 44 websites and 11 policy documents. Like Moorhead et al., this study showed that whilst there were many cases of innovative practices using a range of SoMe platforms, there was still widespread confusion and fear amongst health practitioners. These related primarily to professional issues such as confidentiality, patient privacy and breaching professional and ethical codes of conduct. There was also variation seen in the way professional bodies and employers supported the use of SoMe for professional communication, with some advocating and others condemning its use.

Lawson and Cowling's 2014 systematic review<sup>6</sup> also looked at SoMe as a professional tool, and whilst they acknowledged there were no papers specific to radiography, they did contextualise their findings and discussion to radiography practice. However, they focused on SoMe's use as a professional development and teaching tool rather than as a means of engaging with patients. This was because their findings suggested engaging with patients was a high risk activity and one which gave practitioners most concern with regard to privacy, patient confidentiality and ethics.

In their 2016 study, Rosenkrantz et al.<sup>9</sup> assessed 464 tweets from July to December 2015 using the hashtag mammogram. This study was conducted to evaluate themes in relation to patient experience of mammography and, though not related to radiography experience, did highlight an insight into the world of SoMe interaction within #mammography. Within a powerful conclusion the authors highlighted the impact of women sharing experiences within a SoMe platform. They suggested further evaluation could warrant the use of SoMe within mammography as a tool for fostering adherence to guidelines and the sharing of experiences.

There is therefore an overall lack of research about radiographers' attitudes towards the use of SoMe to engage with patients,

yet a suggestion that anxieties may exist. In order to develop an online information hub which will bring patients and radiographers together we need to fully understand these anxieties and the difficulties these might pose for hub users. Having this information will assist us to ensure the relevant support and enablers are in place.

The aim of this study was therefore to explore breast screening practitioners' opinions and attitudes with regard to using SoMe to engage with clients online, identify challenges, and strategies to overcome them, and make recommendations for further work.

## Ethical statement

The study received ethical approval from the Higher Education Institution in which the WoMMeN research project is based. The study was conducted with due regard to participant confidentiality. All data was stored on password protected servers and no individuals have been named in the study. However, participants all gave consent to use of photographs of workshops for illustrative purposes and for this reason were aware that complete anonymity could not be guaranteed.

## Methodology

The study used a qualitative research approach due to its exploratory nature.

Invitations were distributed to 82 Breast Screening Units (BSU) in England inviting participants to attend one of four workshops to be held in London, Manchester, Nottingham, and Leeds between December 2015 and March 2016. These sites were chosen as they were associated with the national academic and/or practice-based training sites. We were therefore able to work closely with the key informants (academic and clinical leads) to ensure effective dissemination of recruitment invitations and posters. The decision to hold four workshops was pragmatic and determined by financial constraints.

Those invited were:

- NHS Breast Screening Programme (NHS BSP) service managers - due to the nature of their role in allocating resources and time for mammographers to engage online with clients;
- Training leads from the national training sites - as they would be responsible for driving the principles and practice of online communication into the curriculum of future trainees;
- A mammographer from each site - as the practitioners would be piloting recommendations emerging from the research.

News of the workshops spread within the breast screening community and a number of other personnel who had an interest in SoMe contacted us to ask if they may attend. As this was an exploratory workshop we did not reject any of these requests. Consequently there was representation from a range of roles including: administrators; public health practitioners, assistant practitioners; practitioners; unit managers; NHS BSP unit managers; educationalists; and those working at national strategic level within the NHS BSP (Fig. 1). Therefore, for ease of reference, henceforth we refer to the participants as practitioners but it should be noted that this does not reflect their professional title.

The workshops included: a presentation about the use of SoMe in health; an informal 'audit' of the participants' use of SoMe (this was an ice-breaker rather than a data collection exercise); demonstration of good practice using Twitter (@weMammographers) and the WoMMeN hub, and a head-to-head video on one patient's perspective and use of SoMe to access breast screening-related information. We then collected the participants' views

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