



To Twitter to Woo: Harnessing the power of social media (SoMe) in nurse education to enhance the student's experience



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ABSTRACT

This paper explores some of the difficulties, challenges and rewards for student nurses and nurse academics when harnessing social media (SoMe) as part of the overall learning experience. The paper draws upon data in the form of student voices, captured through an online planned Twitter chat. This data analysis provides the basis of a case study on the student experience in practice placements. A planned 1 h Twitter chat took place in June 2013, specifically aimed at student nurses. What transpired was an illuminating debate, eliciting responses from around the globe about learning in practice, mentors, and student support that lasted over 3 h. More importantly, the Twitter chat also included qualified nurses and mentors, listening and responding in real time, offering thoughts and solutions to how support and mentoring could be improved. This was in contrast to how students, locally, currently use a paper based questionnaire to give feedback in isolation. The authenticity of this feedback is often compromised by university link lecturers' who often provide a more sanitised version of this feedback to clinical placement. This paper explores whether it is possible to facilitate a realignment and capture the zeitgeist in order to provide the opportunity for enhancing learning in practice.

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Introduction

This paper explores the difficulties, challenges and rewards for student nurses and nurse academics in harnessing social media (SoMe) as part of an overall learning experience. The paper draws upon data, in the form of student voices, captured through an online planned twitter chat. The analysis of this data provides the basis of a case study on the student experience in practice placements. However, unlike case studies used in teaching (created specifically to direct students to a particular conclusion) the case study research method seeks to report data from real life phenomena in a truthful and unbiased way (Yin, 2003). The paper's authors are nurse educators who when undertaking evaluative research into the work we do, have found case studies to be the most useful in explaining the link between our 'in the moment' interventions as educators and the consequential outcomes for our students. Case studies allow such interventions to be described, illustrated and explored in depth (Amerson, 2011). This case study

captured some of the student voices being heard through the medium of SoMe. The paper describes an emergent concept of 'relevant chatter' in the context of the issues raised, and how listening to students in this way may improve the student experience in practice placements.

Background

In the United Kingdom (UK) all pre-registration nurse education programmes are structured around an equal exposure to learning the theory and practice of nursing. Students spend 50% of their time in each arena (Nursing and Midwifery Council (NMC), 2010; Royal College of Nursing (RCN), 2007). Each element of the programme provides essential opportunities for students to develop skills in clinical competence, to be delivered using caring and compassionate attitudes, often in turbulent contexts and working environments (Warne and McAndrew, 2008). Arguably there is a third arena, a virtual arena that transposes both the classroom and clinical practice. This virtual arena is constructed through social media (SoMe). According to New Media Consortium (2014), the top 25 SoMe programmes worldwide have between them 6.3 billion twitter accounts. Interestingly, they also noted that the wider general public is routinely and increasingly using SoMe to

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communicate, thus we can assume that students entering higher education today will be routinely using platforms such as Twitter or WhatsApp, Instagram, and Vine. However, students might only use SoMe for social purposes and not for professional development and this is the issue we wanted to explore in more depth. SoMe has some key purposes, one of which is the conversational engagement of others, through SoMe platforms (Safko and Brake, 2009). SoMe networking sites connect people, and those using such sites can access information and updates through their account timeline. As a consequence, individuals can communicate in real time or at any stage allowing other people within the network to interact, exchange information, knowledge, and offer opinions of mutual interest (Boyd and Ellison, 2007). Using SoMe in an educational context could facilitate a form of communication that has the potential to promote learning beyond the classroom to occur, literally a 'classroom without walls' (McLuhan (1957).

Many SoMe users are prolific creators of content; routinely uploading photographs, audio and video clips, blogs and micro blogs as part of their 'everyday' ways of communicating in the 21st century. SoMe sites make it easy to share and find stories and media across a wide audience. These platforms are available 24/7, are free, and easy to access. Schmitt et al. (2012) argue that in higher education institutions, specifically in Canada and the USA, SoMe is increasingly being used as part of formal teaching in-put, and as a new method for research and evaluation. In the UK, harnessing current SoMe platforms could better enable and encourage dialogue between students, prospective students, educators, the university, clinical partners, and service users more effectively than the use of traditional communication media, such as email. Traditional media often makes communicating at a distance problematic and students note how important it was to feel 'connected' with the tutor or facilitator of learning (Warne and Stark, 1999). With new forms of SoMe, people are rising to the challenge of producing, commenting, and classifying information compared to the more passive tasks of searching, reading, watching, and listening (Boyd and Ellison, 2007). We argue that educational paradigms are subtly shifting to reflect greater use of out of the physical classroom learning, through the use of online, blended and collaborative models. The use of these emergent models is both economically driven (reducing costs) and increase opportunities to secure a market share of international students wanting to learn in UK institutions (Laurillard, 2013). These changes are also a consequence of easy to use, accessible and cheap new SoMe technologies, like Twitter.

The increased use of SoMe can be seen across many health and social care professions (Wilson et al., 2014; Usher et al., 2014; Moorley and Chinn, 2014). The NMC estimates that in the UK there were around 355,000 registered nurses and midwives using Facebook in 2012 (Barry and Hardiker, 2012; NMC, 2012). Increasing use of SoMe has been recognised and is now being actively encouraged in healthcare in the UK, for example, Chief Nurse, Jane Cummings calls for student nurses and other healthcare staff to use SoMe as a means of communicating their ambassadorial work for the nursing profession, and as another channel for prompting the use of 6C's (NHSE, 2012).

Increasingly, SoMe provides nurse educator's access to 'communities of practice' (Brew, 2006; Hayes and Walsham, 2000), both as a virtual space where information and ideas related to the key topics students studied in class can occur and as a learning community (Lave and Wenger, 1991). Harnessed effectively, SoMe can assist nurse educators to work with students in enhancing their understanding of the skills required for professional communication, analysing and using research evidence, the application of ethical principles and to improve their written communication competencies (Giordano and Giordano, 2011).

Despite this wider growth in the use of SoMe, in higher education, Schmitt et al. (2012) argued that many in nurse education globally, have been slow to embrace the potential of SoMe in facilitating education and training. In contrast, many patients are using SoMe as a tool to cope with the physical and emotional effects of conditions that they have (Sherrington, 2013). Nurses therefore, need skills to work in the emerging and ever changing digital world of healthcare and there is a need to embed digital skills in nurse education programmes to ensure the next generation of practitioners are appropriately equipped.

Communication barriers and professional responsibilities

There are potential barriers to the integration of SoMe within nurse education programmes. For example, when Gualtieri et al. (2012) asked a group of students what they like least about SoMe, several respondents wrote about the lack of privacy, the time it takes to learn, and the overwhelming amount of information using SoMe provided, while others complained about the poor quality of information. However, there are many high quality resources available to help academics and students embrace SoMe as an effective teaching tool (Skiba, 2007; Laurillard, 2013). Like others (Buchman et al., 2013; Wilson et al., 2014; Usher et al., 2014) we argue that SoMe can become a technologically enabled medium through which nurse educators can effectively facilitate student learning. Such approaches reduce the need for a bricks and mortar approach to learning, and can facilitate a 'bricks to clicks' transposition (Biyalogorsky and Naik, 2003). Such transpositions can enable nurses (student and qualified) to further enhance their professional voice, but such approaches will also help expand their technological abilities. For example, in improving the ability of student nurse's to communicate professionally across a wide range of temporally and spatially defined interpersonal relationships (Schober, 1993).

Skiba (2011) argues there is a need for SoMe policies in schools of nursing to provide clarity in its use for developing students as future professionals. However what is required are policies that promote responsible use. Educationalists engaged in facilitating programmes leading to professional registration should be encouraging their students to use this medium effectively and professionally as they develop their knowledge and understanding of issues for practice. The ultimate outcome of any undergraduate nurse education programme is the qualified practitioner who is 'fit for practice' (NMC, 2010: p. 147).

Developing a case study

Students in one large North West of England School of Nursing were asked to complete an anonymous evaluation following their time on clinical placements. Completion rates were in need of improvement and more effective ways of hearing the student voice were required in order to better understand and improve placement learning experiences. Warne et al. (2010) reported the connection between student experiencing problematic placements and student retention. Whereas Duffy's (2003) seminal study concluded that for mentors and lecturers, the conflict between maintaining professional standards while ensuring retention of students is particularly problematic. The RCN (2008) noted that 20% of students cited poor clinical placement experience as being the key factor linked to their consideration of leaving the course. Therefore, we argue that preparing students for clinical practice and potentially pre-empting some of the problems is crucial. However, what could be more important is maintaining a link with the university whilst out in the clinical placement areas in order to

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