Professional Use of Social Media Among Surgeons: Results of a Multi-Institutional Study

Justin P. Wagner, MD,* Amalia L. Cochran, MD, FACS,[†] Christian Jones, MD, MS, FACS,[‡] Niraj J. Gusani, MD, MS, FACS,[§] Thomas K. Varghese Jr., MD, MS, FACS, and Deanna J. Attai, MD, FACS.

*Department of Pediatric Surgery, University of Nebraska Medical Center, Omaha, Nebraska; †Department of Surgery, University of Utah, Salt Lake City, Utah; ‡Division of Acute Care Surgery, Johns Hopkins University School of Medicine, Baltimore, Maryland; *Department of Surgery, Program for Liver, Pancreas, and Foregut Tumors, Penn State College of Medicine, Hershey, Pennsylvania; *Division of Cardiothoracic Surgery, University of Utah, Salt Lake City, Utah; and *Department of Surgery, David Geffen School of Medicine at UCLA, UCLA Health Burbank Breast Care, Burbank, California

OBJECTIVE: Among surgeons, professional use of social media (SM) is varied, and attitudes are ambiguous. We sought to characterize surgeons' professional use and perceptions of SM.

DESIGN: Surgical faculty and trainees received institutional review board-approved e-mail surveys assessing SM usage and attitudes. Regression analyses identified predictors of SM attitudes and preference for professional contact.

SETTING: Surveys were administered to surgical faculty, fellows, and residents at 4 academic medical centers between January and April 2016.

PARTICIPANTS: Of 1037 surgeons, clinical fellows, and residents e-mailed, 208 (20%) responded, including 132 faculty and 76 trainees.

RESULTS: Among 208 respondents, 46 (22%) indicated they preferred some form of SM as their preferred networking and communication modality. A total of 145 (70%) indicated they believe SM benefits professional development. The position of clinical resident predicted preference to maintain professional contact via SM (p = 0.03). Age <55 predicted positive attitude (p = 0.02) and rank of associate professor predicted negative attitude toward SM (p = 0.03). Lack of time as well as personal and patient privacy concerns were cited most commonly as reasons for not using SM.

CONCLUSIONS: Most of surgeons responding to our survey used some form of SM for professional purposes. Perceived barriers include lack of value, time constraints, and personal and patient privacy concerns. Generational differences in surgeon attitudes suggest usage of SM among surgeons will expand over time. (J Surg Ed **1:111-111**. © 2017 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.)

KEY WORDS: social media, professional development, generational trends, surgical education, patient privacy

COMPETENCIES: Medical Knowledge, Professionalism

INTRODUCTION

In spite of the near-ubiquitous nature of social media (SM) in modern life, ¹ use of these tools among surgeons in professional environments is poorly characterized. Previously documented barriers to SM adoption by physicians include a lack of available time and a lack of perceived value, as well as concerns about personal and patient privacy.^{2,3} In addition to the practical barriers to adoption of SM in the professional realm, a generation gap exists, with millennials using SM for contact and information far more frequently than members of generation X and baby boomers.^{4,5} Digital natives seem to be more comfortable working in the virtual space provided by SM, although they are no less likely to commit personal or patient privacy violations.⁶

With the exception of a recent study profiling the use of SM by oncology physicians and trainees,² little is reported regarding the use of SM by physicians for professional

Correspondence: Inquiries to Deanna J. Attai, MD, FACS, Department of Surgery, David Geffen School of Medicine at UCLA, UCLA Health Burbank Breast Care, 191 S. Buena Vista, #415, Burbank, CA 91505; E-mail address: dattai@mednet.ucla.edu

purposes within a particular specialty. Our study was designed to assess usage of and attitudes about SM by surgical faculty and trainees at 4 academic centers.

METHODS

An electronic survey using SurveyMonkey was designed to query participants' attitudes, interest, and involvement with common SM outlets in professional practice (Appendix A). The institutional review boards of the University of California Los Angeles, the University of Utah, Johns Hopkins University, and Pennsylvania State University approved this study. The survey was pilot tested on a convenience sample before distribution to the study group. The survey invitation was distributed via e-mail between January and April 2016 to all surgical faculty, fellows, and residents at the 4 participating institutions. At each institution, the survey invitation was sent twice, 2 weeks apart. Participation was voluntary and survey participants were not compensated.

Descriptive data were used to characterize respondent demographics. Stepwise regression was performed for multiple independent participant characteristics, and multiple linear regression was performed for binary categories of independent participant characteristics to identify predictors of SM as a preferred means of professional contact, as well as characterizing attitudes toward SM. In stepwise regression analyses, independent variables included sex, age, practice setting, academic rank, and year of medical school graduation. In multiple linear regression analyses, binary category thresholds included participant sex; age of 45 years; age of 55 years; years of medical school graduation before 1990, 1995, 2000, and 2005; academic vs community practice setting; and faculty vs trainee position.

RESULTS

Over the study period, 1037 e-mail surveys were sent to 645 faculty members, 330 residents, and 62 fellows. There were 208 respondents from all 4 institutions, including 132 faculty, 74 residents, and 2 fellows, for an overall survey response rate of 20%.

Among the 208 respondents, 79 (38%) were females. Age ranges and years of graduation from medical school are shown in Table 1. Professional practice settings of respondents included 191 in academic practices (92%) and 17 in community-based practices (8%).

Table 2 summarizes respondents' preferred means of maintaining professional contact. Respondents were permitted to select more than 1 option. In total, 205 respondents indicated their preferred means of keeping in touch was an electronic medium (i.e., computer-based, excluding telephone calls), whereas 46 respondents indicated they preferred a SM outlet above all other means to keep in touch with professional contacts.

Most of respondents (80%) indicated they were aware of at least 1 online journal club, private case discussion, or other surgical forum, whereas 42 respondents (20%) indicated they were not aware of any. A total of 128 respondents (62%) indicated they have been prompted to read a journal article from another individual's posting on a SM site. Only 25 respondents (12%) indicated they have collaborated professionally with a colleague known to them only from SM. Excluding e-mail, 83 respondents (40%) indicated they have participated in online discussion forums about surgery; however, only 26 respondents (13%) indicated they have participated as a physician in online patient-care discussion forums.

Respondents perceived the overall effect of SM on professional development as very beneficial (15.6%), somewhat beneficial (54.0%), neutral or irrelevant (21%), somewhat detrimental (4.5%), very detrimental (1.0%), or other (4.0%, including more complex descriptions). Among those who do not use SM for professional purposes, respondents most commonly cited their preference for more traditional methods of communication, education, and collaboration. A total of 36% of respondents cited concerns for personal privacy, and 33% cited concerns for patient privacy, and 31% cited lack of time as reasons for not using SM. Table 3 summarizes this and other reasons respondents cited against SM use for professional purposes. Results of regression analyses are shown in Tables 4 and 5. Stepwise regression analyses (Table 4) showed that clinical residents were independently more likely to prefer SM as a method of keeping in touch professionally. Sex, age, and practice setting were not independent predictors of preferences or attitudes regarding SM in stepwise regression analyses. Multiple linear regression (Table 5) demonstrated that respondent age <55 years independently predicted positive opinion of SM. Sex, medical school graduation year, and practice setting were not independent predictors of preferences or attitudes regarding SM in multiple linear regression analyses.

DISCUSSION

Most of surgical faculty, fellows, and residents responding to our survey used some form of SM for professional purposes. However, many stated that they preferred traditional means of communication, education, and collaboration and approximately 1 in 8 were unfamiliar with the use of SM in the professional setting. A recent study by Langenfeld et al. noted that 68% of program directors in general surgery use Facebook, and that it is common practice among them to amend rank order lists of applicants based uniquely on SM content. Given that members of our educational leadership include SM in their selection process for trainees, ensuring SM awareness and literacy among our ranks is imperative.

Almost 70% of respondents noted that SM use could have a "very" or "somewhat" beneficial effect on

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