

Comment Piece Draft: Social Media for Cardiac Nurses

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Since Facebook was launched in 2004, YouTube in 2005 and Twitter in 2006 the world of social media has been grown at an extraordinary rate with ever-new platforms being introduced. Just talk to a 13 year old to find out what's hot off the shelf! Although these forums have created clear opportunities for people to connect in a social context the role of this type of media has yet to fulfil its' potential in a professional capacity. Some tools such as LinkedIn have an emerging role to play in the professional arena, however many Health Care Professionals remain on the outside of this new digital world.

I arrived late at the social media party last year and felt a little anxious that it would be too difficult for me to understand and I wasn't sure of the benefits (if any) that it would yield. I was familiar with Facebook and LinkedIn but not with Twitter and it was the latter that I wanted to explore in a professional context.

Twitter is a social networking site, which allows the participants to send ('tweet') messages of 140 characters or less. These messages can be read by followers and forwarded 're-tweeted' if the followers want to share. Photos, videos and links to web pages can be included.

As with all professional groups, there are guidelines to help navigate this new arena. The Nursing and Midwifery Council (2012) and BC Patient Safety and Quality Council (2012) have provided helpful suggestions for using social networking sites to this end and should be adhered to. Incorporating professional behaviours online is something that many Higher Education establishments are including in their curriculums. Being aware of ones digital footprint and the impact of non-compliance with guidelines is to be strongly encouraged.

As indicated in Figure 1 (Wheeler, 2013), it is common for social media users to begin by just watching what others are doing (less favourable termed 'lurking'). In this phase of my own Twitter journey I followed individuals or groups who I found interesting, professionally significant or inspirational. Even engaging in this very low maintenance activity was of great benefit. Reading my 'Newsfeed' (what the people I was following had tweeted) was a fantastic way of finding out what was happening in Health and Education.

Figure 1

Steve Wheelers adapted model

Communities of Practice

Wenger, McDermott and Snyder (2002) define communities of practice as groups of people with common interests. In particular, @WeNurses , founded by registered Nurse Teresa Chin (@AgencyNurse), has made great inroads in to creating a supportive environment for a host of health professionals to connect and collaborate with each other.

In my role in Higher Education I run an Arrhythmia Management module every year and was aware of how geographically disparate the students were and how the networking they did on the module benefitted their practice. To build on this, despite my novice status, I pledged to the NHS change day that I would try to help Arrhythmia Nurses connect using Social Media. I developed a Twitter page to use a base for this called Arrhythmia Link (@ArrhythmiaLink). I registered the hashtag #arrhythmia with @Symplur (ref) so activity relating to the term could be included in the Healthcare project they're running.

The first Twitter chat was run in July with contributions from educators, the Arrhythmia Alliance, arrhythmia specialists, patients and student nurses. This will now be facilitated on a monthly basis to build on this and develop an online community of people with an interest in this field. One of the points raised in our first chat was the need to establish the patients' ideas, concerns and expectations in order to support them effectively.

(Jo- ?Add an anonymised screen shot of the tweet that said “I just wanted the basics- for someone to tell me if I was going to die”)

Influence

Engaging in discussions (Twitter-chats) run by groups such as @wenurses facilitates dialogue with a range of individuals and can greatly increase ones circle of influence (Covey, 1989). In fact there are few environments with so few barriers between ourselves and leaders in the field or policy makers. Just following the Chief Nursing Officer for England (@JaneCummings) can raise awareness of current issues or developments in Nursing.

6 C's for Nurses using in Social Media

The 6 C's (NHS, 2012, @6CsLive), can easily be applied to a digital forum. In the context of Social Media I have applied the 6 Cs as follows:

Care: Using SoMe to ultimately improve patient care.

Compassion: For oneself and others using SoMe. Lead by example using empathy, respect and dignity in all interactions.

Competence: Taking the time to move from Watcher to Curator- be sure of facts before sharing/ re-tweeting.

Communication: Should be authentic, mindful of professional guidelines, meaningful, build networks and develop relationships, Share ideas

Courage: To be seen and to support others. Stepping out of ones comfort zone to share and spread innovation. Vision to innovate and embrace technology.

Commitment: Striving to create high quality environments for connection.
Measure progress and evaluate impact to continuously improve

Learning and Teaching

Wheeler (2013, online) suggests social media is a forum which not only encourages student learning but also one which can enable students to create and disseminate new knowledge. Sobande (2013, p188) also considers social media to be an arena where academic skills may be honed. This type of personal and professional development also links with Coveys' (1992) theory regarding the increase in the circle of influence.

Social Media may also be considered in terms of CPD. Considering who to follow is important and making authentic and meaningful contributions will quickly help the 'tweeter' to develop followers.

Synchronous communication?

References

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