

# What role does social media currently play in wound care?

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We live in a digital age and for healthcare professionals there are many social media tools available: Twitter, Facebook, LinkedIn, YouTube and Instagram are a few of the popular platforms. Tools such as these can be used for professional networking, sharing of information and experiences, promotion of events or campaigns in public health. The term social media or social networking refers to internet-based applications where users create profiles, which allows them to connect to other individuals or groups. Those users can then communicate with each other, generating content themselves by sharing text posts, pictures or videos. In healthcare, social media sites can be used to debate, educate and interact in real time and has led to the evolution of sites such as Tissue Viability Nurses UK, Lower Limb Clinicians and Footindidiabetes on Facebook. These are closed membership groups for clinical specialists

only and have up to 1,650 members per group. Users feel they can reflect, discuss, request advice and share research and information in a safe environment. To ensure confidentiality, the privacy settings are set in a way that it enables the network to expand but limits the exposure of information to people outside the network. In the current climate of working for the healthcare sector, especially for the NHS, it is difficult to seek time for clinical supervision or have instant responses to a challenging situation, which the Facebook groups aim to achieve and bridge the gap for clinicians in all corners of the UK and internationally.

The communication capabilities of social media are also being used to deliver clinical education; releasing staff to formal training sessions is difficult due to low staffing levels in the NHS so evening live sessions or webinars that can be accessed from the comfort of a person's own home are becoming increasingly popular. With wide audiences and interactive live questions and answer sessions this makes for a popular avenue for industry partners in sponsorship.

NHS Trusts and individual clinicians often use Twitter to share positive campaigns and activities they have been engaged in. An example of this is the Stop the Pressure International campaign of 2018, which saw a collaboration between Tissue Viability Nurses and the NHS Improvement's Stop the pressure programme develop the Red Dot Campaign. It was the most successful campaign to date, which was due to the engagement and commitment of healthcare professionals in promoting the messages, but social media enabled the sharing and widespread of the campaign even reaching other countries interest, such as Canada and the US.

There are dangers, risks and misconduct associated with social media use in healthcare: the posting of inaccurate content, violation of patient privacy, use of photographs without permission, and defamatory information or comments about workplace or colleagues. Nursing and Midwifery Council (NMC, 2019), NHS England (2019) and individual NHS Trusts all publish social media guidelines, not adhering to these can lead to consequences of disciplinary including dismissal of employment.

Social media sites are used increasingly in health care and can directly support clinicians and their patients. However, their application and use requires careful reflection and thought to avoid potential pitfall. *Alison Schofield*

## 1. Have smartphones become a must for TVNs and other healthcare professionals to do their work effectively? And does your employer provide you with a phone?

**HS:** Yes. We have moved out of the industrial age into the age of technology. We are in an era of information. It is at our fingertips and there is nothing we cannot "google" and look up. The same is true for the people we nurse. I recently saw a post on Facebook that stated "Seen in a doctors surgery: 'Please do not confuse your Google search with my medical degree.'" The irony of seeing this via social media was not lost on me. We all need access to information and as we move forward rapidly in a world of technology and digitalisation, we will shortly be using highly developed apps to guide diagnosis, pathways for treatment, management and data collection for wound care. And, yes,

my employer provides me and all of our clinicians with a Smartphone — but this was only in the last 6 months after a campaign to improve photography in wound assessment for the CQUIN. We also all have laptops with excellent remote access to secure drives and electronic care records.

**AV:** I think access to the internet is a must for any health professional. Having that access via a smartphone is even more of an advantage. The ability to access your colleagues at the touch of a button for immediate advice within a closed group and professional support is fantastic. We work in an environment where patients are much more informed about their health needs now and being able to access information readily can only be beneficial for our patients. My employer does not provide me with a phone, I use my personal phone. I have use of an iPad but this does not have our Trust social media pages linked to it.

**JM:** I think connectivity is a must in today's fast-paced world, however, it does not come without its draw backs. Whilst my work mobile provides the opportunity to remain connected and enables agile working, it can also blur the lines between work and home space, leading to reduced downtime. More than ever, colleagues e-mail before 9am and after 5pm. That said, as a control freak, it also enables me to stay connected, provide support to my colleagues wherever I am and reply to e-mails more contemporaneously.

**MA:** My employer does not supply any smart phones to any member of staff to my knowledge; however, most staff now carry one. As an experienced TVN in an acute hospital I have not found the need for apps as yet, but that does not mean that we don't use social media to interact with other networks.

**2. If you are a social media user, which apps do you use most frequently and what work-related groups do you run or belong to?**

**HS:** I mainly use Facebook for my social non-work world and Twitter for my work world, with a little crossover. One of my sons is in an online gaming team and they have Twitter accounts, so I engage with them there [and have been named Mama Shogun]. The Tissue Viability and Leg Ulcer Facebook groups draw me in there, but I keep them hidden so I can enjoy Facebook and my free time without being reminded of "work" all the time. When on holiday, I ignore them completely. I also use Linked In as a work platform but I'm not sure I've figured out its benefits yet.

**AV:** I am an avid social media user, particularly Facebook, which I use on a daily basis having set up the West Midlands TVNs Facebook group and the UK wide Facebook page for TVNs alongside Louise McKeeney. I also use Twitter on an almost daily basis, tweeting from our team account @TVN\_UHCW and also our pressure ulcer prevention teaching doll @SallySore whose account we also manage.

**JM:** I enjoy using social media but have not embraced it as fully as some colleagues, perhaps this is to my detriment, I guess we will never know. I enjoy Twitter as its limited characters appeals and I use it purely for work. It enables connections and links to articles, news and campaigns from colleagues and the health sector. I tweet about our events and new initiatives. The team have a Whatsapp group and we often communicate via this to share information and celebrate success, saying Thank You, Happy Birthday etc. I have resisted Facebook and wouldn't know where to start with Snapchat or Instagram.

**MA:** The obvious one for me is the TVN Facebook page of which I am one of the administrators. I use this at least once a day not only to maintain the membership of the group but also to see what kinds of questions are being asked or new documents are being shared. I am a great believer in not reinventing the wheel as I had to do when I

first started out as a TVN many years ago. Now we have the ability to share our work with our colleagues. The group feels like one big family where TVNs are happy to share their work with each other. The 'Files' section is full of work that has already been done. I admit to dabbling with Twitter; it's not something that has taken off yet in my Trust — but I have no doubt it will — or something else will replace it. We use WhatsApp groups to communicate within our teams in real time, however, it can be intrusive when you are not at work — so I always give my team the option to be part of the group - or not. They have to have a choice..

**3. Have you ever had a particularly positive or negative experience using social media? And could you point out some dos and don'ts?**

**HS: Positive:** when I tweeted during my son's online gaming tournament and the commentators spotted it, flashed it up and discussed parents trying to understand the online gaming world. **Negative:** when the TV Facebook group started, I enthusiastically joined but soon realised how intrusive it can be on my social, non-work space. I do resent this and believe we all need time away from work, with our family and friends, so our heads should be free from tissue viability for some of our waking hours. **Dos:** I have no idea really. Do decide which you want to engage with and how. Set your ground rules and stick to them. If you're a yellow personality type no doubt you have and want more friends than a blue or red might have. Do respect other people's wishes may be different to yours and they don't have to accept a friend request. Do get consent if you want to post someone's photo. Do consider your organisation's policy on social media.

**Don'ts:** Don't photo anything and post it if it contains information or detail that might be sensitive. Don't overdo it. Turn it off. Have a break. Forget you are a TVN, have a martini and chill out instead.

**AV:** The most positive experience of social media has to be the success of the UK-wide Facebook page for TVNs. This has become a service accessed daily by clinicians who want to develop their practice, network with colleagues and also share and learn from others — I couldn't be prouder of how this group has developed over the past two years. On a negative, I guess that the majority of this networking and sharing happens outside of the working day, which can put additional strain on work-life balance. My motto that I teach all who are new to social media, would be *"if you wouldn't say it on a bus – then don't say it on social media"*.

**JM:** I have not had any negative experiences personally but as a parent I am aware of the effects of social media on our children. There often seems no escape from notifications, the need to be liked, having to conform to what the world views as perfection and constant bombardment of advertisements for things that you've mention in a conversation or have liked in the past. It seems mad to me that these days we need so many friends; I have many acquaintances that I enjoy seeing and spending time with when the occasion arises but far fewer friends and confidants. I am not sure that it is healthy to stay connected 24/7. I like the freedom to be me and have silenced most notifications on my smart phones. Notifications and Likes are a distraction but I can see how easy it is to become addicted. I was thrilled recently to receive a direct message from NHS England, after I tweeted a link to an educational animation the team had developed for patients at risk of developing pressure damage. I am careful what I post and always mindful of the language I use. I am wary that whilst you can control what you say and who you say it to, you can not control who will share your post or the additional comments your post may illicit and its potential consequences. My top tips would be to think twice before posting anything controversial and to follow the code of conduct of your professional body and your organisation.

**MA:** I think the positives far outweigh the negatives with social media in the hands of adults. We learn from each other. It's easy to engage with people online who you may not have the confidence to walk up to at a National conference, even though you have read their work in print many times. I believe in manners and respect at all times with social media. People can have a difference of opinion without being rude or aggressive. It's easy to have a swipe at someone if you are sat a hundred miles away at a keyboard. I think it's really important to remember that not everyone is media-savvy. When planning campaigns and awareness drives, we must also make allowances for those Trusts that may not have the resources yet in place to get their points across to everyone – so spare a thought for them and think about some old school activities too (there are still many display boards and stands out there being manned)! **Dos** for me would be 'DO ASK' as there is someone out there who knows the answer to most things. **Don'ts** for me would be 'STAY SAFE', so don't say anything that would put you or your colleagues at risk.

#### **4. Although social media has taken the world by storm, print seems resilient. When do you still engage with print and what do you think are its advantages?**

**HS:** Staff still like to have paper copies of some things, the formulary for instance, despite it also being available electronically or as a pdf. Patient information leaflets still prevail. Posters for awareness are also still evident in every doctor's surgery. People can use apps to photograph and translate when needed — we can promote this to prevent overuse of paper. Its advantages are for those who don't have a smartphone — otherwise we can just make sure that they are available via this means. Maybe we are only 10 years away from all of our patients having a smartphone?

**AV:** I personally don't engage with print really other than the Best Practice Statements that

are published as I like to be able to thumb through these. I don't subscribe to a printed journal at all now and haven't done for a while. The benefit of social media is the speed of sharing new information rather than waiting for a printed article. It's also a huge benefit for the environment not to have as many printed resources.

**JM:** I love to read and whilst a Kindle is helpful to carry a whole library of e-books and the internet is amazing in finding articles and other information in the comfort of your own home, I often revert to print, there is nothing better than holding a book or referring to an article and the ability to annotate the pages with your own thoughts – highlight sections that are pertinent to practice especially if you want to share things with colleagues. We have a library of best practice statements articles and journals as reference for the students in the office.

**MA:** Print will always be resilient. Print has been around for thousands of years in one form or another and is here to stay — regardless of social media. I turn to print when I want to put down my phone or laptop and relax with something that doesn't expect anything of me, isn't going to ping or buzz at me and doesn't hurry me. The library is still the go to place if you want peace and quiet and want to feel particularly scholarly!

#### **REFERENCES**

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