



Patients, Policy and Practice Improvements

Embracing social media in the era of work-life integration

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ABSTRACT

Radiology practices are leveraging social media for networking, education, branding, and marketing. This change inherently requires radiologists to increase their engagement in social media and may negatively affect work-life integration and contribute to radiologist burnout. In this article, we describe specific strategies that radiology practices may deploy to help balance work-life integration.

1. Introduction

The penetration of social media in healthcare is increasing [1] with over 2/3 of U.S. health care organizations utilizing social media [2]. Social media is an ever-changing online technology that enables borderless communication and sharing of ideas, content, and information [3]. Studies have demonstrated that the reputations of hospitals and medical centers may improve significantly with strategic use of social media. Social media has also been demonstrated to successfully increase patient volume [2,4], and that a strong social media presence can sway over 50% of consumers where to go for services [5].

Social media is being leveraged by both academic and private radiology practices, mainly for branding but also for networking, marketing, and education [6–9]. Some practices use social media to facilitate knowledge dissemination by posting general-interest information such as reminders for one's annual screening mammograms during Breast Cancer Awareness month or posting videos to increase public health awareness on current topics [2]. Alternatively, online “conversations” may occur — for example, the Journal of the American College of Radiology (JACR) hosts regular tweet chats on Twitter (Twitter Inc., San Francisco, California, USA) in which anyone can participate using the hashtag #JACR [10]. Practices (such as Memorial Hermann Hospital System in Houston, TX) are also using Facebook Live where physicians have the opportunity to engage with the general public by answering questions as well as educating the public with relevant up to date medical information.

A recent survey (RANSOM survey) explored the relationship between radiologists and social media usage. This survey showed that 85% of respondents utilized social media for professional and personal reasons [11]. The rate of social media use is higher for radiologists than for other medical professionals [12]. Another recent survey of

radiologists demonstrated that almost 60% of respondents used social media for professional networking, with almost half of professional users being radiology trainees [13]. This pipeline, and as radiologists become more familiar with the potential far-reaching impact of social media [14], will increase the number of radiologists who use social media over time.

This expanding use of social media by radiologists is occurring concurrently with prevalent burnout amongst radiologists [15–17] and radiology trainees [18,19]. Burnout is a psychological response to persistent interpersonal job-related stress that is characterized by emotional exhaustion, feelings of lack of accomplishment and ineffectiveness, and depersonalization with cynicism towards the job [20]. Potential sequelae from physician burnout include job dissatisfaction [21], disruptive behavior [22], higher rates of burnout in personnel [23], substance abuse [24,25], suicidal ideation [26], and medical errors [27].

To date, the professional use of social media by physicians has not been shown to directly correlate with physician burnout. However, risk factors for burnout include increased work load, lack of communication and autonomy, and suboptimal workplace and practice environment [21,28]. Radiology practices' need to ensure that the added workload of social media strategy does not tip work-life integration towards radiologist burnout, especially in suboptimal work environments. In this article, we describe specific strategies that radiology practices may employ while incorporating a social media strategy to balance work-life integration and mitigate added contribution towards potential radiologist burnout. These include leadership establishing buy-in of all stakeholders; providing training for professional social media usage for all radiologists in the practice; and providing adequate time, resources and compensation for radiologists' professional engagement in social media.

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2. Radiology leadership to establish stakeholder buy-in

While the millennial generation of residents and fellows have adapted to social media and electronics during their training and early careers, the majority of practicing radiologists are slower in embracing this technology [3]. One survey of radiologists showed that only 15% of so-called Baby Boomer respondents (those born in 1943 to the early 1960s) used social media for professional purposes, compared with 42% of Generation Y respondents (those born in early 1960s to the early 2000s). Similarly, the survey showed that 47% of respondents in residency or fellowship used social media professionally, compared to only 26% of respondents who had been in practice for more than 15 years [13].

Overcoming this generational gap in terms of technology is an important consideration when implementing effective social media while maintaining work-life balance. The radiologists most likely to have an interest in social media are younger graduates [12,13,29–31], who are accustomed to a digital world where online learning is the norm [12,32] and social media use is ubiquitous. Older radiologists in a practice may expect younger radiologists to take on the social media workload for the practice. However, younger radiologists may be less inclined to devote time to social media as they are already grappling with their new professional career and may wish to prioritize honing clinical skills over building their own or their practice's reputation [13]. A 2016 study of academic physicians and physicians-in-training reported work-life imbalance in which trainees felt the need to prioritize work over home life and that they lacked personal time outside of work [33], a vicious cycle limited by time and mounting responsibilities.

For successful implementation of a social media strategy, leadership in radiology practices will need to establish and foster a culture of support from all the radiologists within the group practice, not just a select few. Buy-in from all stakeholders within the practice can facilitate a work environment of shared responsibility and teamwork. Balanced work-life integration mitigating against radiologist burnout requires redesign of the work environment rather than just the person [34].

3. Provide social media training for all radiologists

One of the primary concerns for not embracing social media is the challenges of learning new technology [35]. Hospitals and practice leaders can help allocate resources to educate radiologists on the uses of social media, as one would do if implementing a new electronic medical record. For example, at MD Anderson Cancer Center (MDACC), there is a Strategic Communications — Integrated Media Team available to members of the MD Anderson community, who will guide and walk one through all aspects of various social media platform, including setup, usage, and basic guidelines. Similarly, Mayo Clinic Social Media Network (MCSMN) offers annual social media conferences, webinars, as well as an online course called “Social Media Basics for Healthcare training” for those trying to understand the nuances of social media usage [36]. A 2015 study of health care professionals in Australia, India, and Malaysia reported that 53.3% of those surveyed felt they would benefit from social media training [1]. With better understanding of social media, radiologists may be more inclined to participate.

A concern amongst radiologists in the RANSOM survey was limited legislation and guidelines available [11]. However, many such online guidelines currently do exist within an online database available at <http://socialmediagovernance.com/policies>. This is an online compilation of over 247 social media policies, many for health care institutions or professional societies, such as the Mayo Clinic and Kaiser Permanente [2]. These serve as standard guidelines on how one should behave in the virtual community as it pertains to one's workplace.

Maintaining patient privacy according to HIPAA has been addressed superficially by the American Medical Association's policy

“Professionalism in the Use of Social Media” [37]. While radiologists may think they are diligent about removing patient identifiers online, a study reported that protected health information was found in 40% of PowerPoint presentations from the internet that contained radiologic images [38]. And while it may be addressed in workplace guidelines, violations of patients' as well as radiologists' confidentiality may still occur on social media due to unfamiliarity with the nuances of social media or lack of an informatics infrastructure to support growing a professional online platform. Establishing a secure online platform such as Workplace by Facebook (Facebook, Inc., Menlo Park, California, USA) [6] and Figure 1.com (Figure 1, Inc., Toronto, Ontario, Canada) [37] may alleviate radiologists' concerns in these areas by giving them the security of knowing that confidentiality and security are being safeguarded by a responsible third party. Figure 1.com, an online platform that is geared towards physicians and is image oriented, even obscures faces and other identifying features and has a security team approving all images prior to upload [39].

4. Provide radiologists with adequate time and resources for social media duties

Another fundamental strategy to introduce social media into a radiology practice while balancing work-life integration is to provide radiologists adequate protected time and resources to engage in social media. Inadequate time to accomplish required duties has been reported as a risk factor for physician burnout [21]. In a study by Patel et al., the primary challenge to integrating social media professionally is attributed to lack of time [13]. At present, most social media interaction by physicians occurs during nonclinical hours. In a 2014 Australia survey, almost 80% of responding physicians reported that they utilized social media during non-work hours, whereas 38% reported that they utilized social media during work hours [30]. Previous surveys have shown that almost half (44.5%) of practicing physicians believed that they were already lacking personal/family time [40]. Asking radiologists to expend additional personal time on social media could negatively impact work-life balance and promote potential radiologist burnout.

To encourage radiologists to participate in social media without viewing that work as an added burden, radiology practices can be creative in allocating physician time and/or resources. Prabhu and Rosenkrantz [8] have suggested designating at least one person to maintain steady online engagement and allocating that person sufficient time to generate valuable content for the department. Alternatively, practices may outsource the responsibilities to a nonphysician social media marketing strategist/team, whether in house or out of house, to maintain the groups' social media involvement [41]. A designated radiologist could then regularly meet with the social media manager to ensure relevant and accurate content. For example, MDACC Strategic Communications — Integrated Media Team maintains the online media presence, bringing in a physician expert from time to time for current relevant topics to host Facebook Live or Twitter sessions. Similarly, Mayo Clinic has regular pediatricians on Facebook Live as well as Twitter handle #AsktheMayoMom for pediatric related informational sessions [42].

Alternatively, a variety of social media management tools exist to help one optimize social media presence. Companies like Buffer (Buffer, Inc., San Francisco, California, USA) and Hootsuite (Hootsuite Media, Inc., Vancouver, BC, Canada) offer a range of services, such as help in curating social media content, pushing mass social media posts in a timely matter over multiple social media sites, providing analytics, and even calculating social return on investment [3,43].

5. Adequately compensate/recognize radiologists for their social media involvement

Suboptimal compensation may result in professional dissatisfaction

[44]. Radiology practices could consider direct compensation for a radiologist's time engaged in social media. Alternatively, a practice may choose to structure compensation according to the perceived relative value of the social media involvement. For example, a radiologist's time spent answering questions on the practice's Facebook page may be considered more valuable than a radiologist's time spent sporadically tweeting about the importance of annual mammography and encouraging women to schedule their yearly mammogram at their hospital. To help quantify social media impact and reach, the previously mentioned social media applications such as Buffer and Hootsuite also provide tools to help analyze social media outreach metrics [3,43]. The compensation model for social media engagement may then be easier to structure based on these objective social media metrics.

In the academic arena, social media has emerged as a very immediate and effective platform too in knowledge dissemination, changing the landscape of written impact. The impact of published peer-reviewed articles has traditionally been measured by citation metrics, journal impact factors, and h-index [45]. With social media now being utilized in knowledge dissemination, this algorithm to calculate impact may need to be reexamined. Altmetrics is the result of online metrics and data aggregation, which are now used to measure the impact of online presence for scholarly works [45]. This has been adopted by many Academic Promotion and Tenure Committees (APTCs) [45]. As of May 2016, Mayo Clinic now includes Social Media Scholarship as part of the academic promotion criteria [36].

Declaration of Competing Interest

None relevant to the article.

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