

Harnessing Social Media to Network and Share Research.

The use of social media has risen substantially over the years. The Independent Regulator and Competition Authority for the UK communications industries¹, states that nearly three quarters of internet users have a social media profile, compared to 22% in 2007. Furthermore, four fifths (81%) of these people use social media at least once a day. Although 16-24s have always shown the highest levels of social media use compared to older age groups the most marked increase over the last eight years has been among the 35-44s - a 68 percentage point increase from 12% to 80%. This means that 75% of people reading this editorial will have some presence in this environment.

The role of social media in the medical radiation science is vast and may include research, advocacy, stakeholder engagement, support, collaboration and/or CPD. The way in which we engage with this is equally extensive. Platforms range from Facebook™, Twitter™, WordPress™, Instagram™, and ResearchGate and so the list goes on. For this editorial, reference is made to blogging and micro-blogging.

As an early career researcher from a neophyte academic profession² social media has been a powerful tool affording me the ability to develop an authentic voice. As an academic my publishing portfolio is small. In an attempt to balance my family and work life I, like many medical radiation technologists, have finite time to research and write. I may no longer have patients to care for but my responsibilities have now shifted to teaching the next generation of healthcare professions and this in itself is demanding. My time is further squeezed by the decision to start a part-time doctorate programme. As I am undertaking a professional doctorate route the first two years are assignment based and in year one alone I will have submitted 15,000 words of course-work. Yes, most of this is aligned to my research question but this requires a large amount of reworking to get to a standard that can be published. I am sure the reality of part-time study; full-time work will echo with a number of *Journal of Medical Imaging and Radiation Science* (JMIRS) readers.

I firmly believe that work accepted and published in traditional peer-reviewed journals should be celebrated. Given the commitment involved in undertaking research and achieving publication it should be shared with both radiography colleagues and the wider healthcare community. Looking at the challenges outlined above it is even more important for radiographer researchers to harness the power of social media to share their research. Not everyone will have the opportunity to travel to an international conference therefore using a non-traditional method such as social media is an ideal

platform for this. I speak from experience. I have yet to have the opportunity to present at an international conference however my blog has now reached 45 countries reaching 2,500 hits in 15 months. The top countries for views are the United Kingdom, Canada, Australia and America. However views have also come from Russia, Malaysia, Paraguay and Qatar to name a few. All from my home office in Wales.

However there is a cautionary tale for social media users like myself in not getting this balance correct. Hall ³ writes that while Social Media is a useful tool to share your research, if you are engaging in Social Media you are not searching and writing. Moreover they highlight that individuals are being invited to present at conferences, not for their research accolades but how much they are communicating in this environment. What this paper does not acknowledge are the reasons why individuals might not be constantly researching and publishing. As listed above, time, confidence, money, resources are all common issues for clinical and academic medical radiation technologists. The paper also neglects to highlight the importance of sharing research to increase citations and awareness. There is no point writing a revolutionary piece on how our profession is changing patient pathways and improving patient care if this is not being show-cased beyond our professional networks. The onus is on us to raise the profile of our work and our profession not the publishers. In fact sharing your research work doesn't have to start when your paper is published. Social Media can also be used to facilitate communication of study progress, or to test ideas. Sometimes it can simply act as a confidence boost to know people are interested in your work and are willing you to succeed.

In order to quantify what spending too much time on social media looks like, the 'Kardashian Index'³, was developed as a measure of discrepancy between a scientist's social media profile and publication record. The choice of an index linked to a celebrity is an interesting one. Often social media can be associated to an inordinate love for oneself and egocentrism. After all, many individuals, celebrities included, use social media as a mechanism to share with the world a filtered view of themselves regularly. Yet there is much we can learn from these super-users and associated braggadocio behaviour⁴. My most popular blog post to date is how a family member's imaging experience has shaped my ideas of what patient care should look like. It is a personal story but something about it has connected with the consciousness conscious of many medical technologists across the world. Yet while the experience is personal, the research cited is not my own but rather that of a radiographer who publishes on how we can better communicate with our patients⁵.

However what happens when time is pressed? A quick alternative is to use a micro-blogging platform. Probably the best example of this in practice is @MedRadJClub⁶ – a Twitter™ journal club discussing medical radiation sciences research. The journal club is supported by three medical radiation science professional journals; the UK's Radiography, the New Zealand/Australia's Journal of Medical Radiation Sciences and of course, and this journal. The club is an opportunity for radiographers worldwide to harness the power of social media to facilitate discussion of current topics, explore international collaboration and to promote evidence based practice. Not only does it provide a platform to share research but it is also a monthly continuous professional development opportunity.

However this tool taps into something even more powerful. It is an opportunity to engage with the authors of the chosen paper to discuss their work. In this realm there is no hierarchy- everyone is equal. Feedback from the undergraduate students I teach is that they welcome the opportunity to participate in these sessions- albeit for some this involves viewing the conversation in the periphery. Some have reported how observing experienced medical radiation science technologists' converse in this realm indirectly teaches them what social media professionalism looks like.

So far this editorial has looked at the opportunities social media affords us, but what of the risks? There is a documented case in the United Kingdom where, when used inappropriately, a medical radiation technologist has been struck-off the national Health and Care Professions Council (HCPC)⁷ register for mis-conduct in these fora. These act as a reminder that when we are operating in these spaces nothing is truly private. Social media is by its nature social. In some ways it is liberating as the voice you use to project yourself is often in the first person rather than the third person required in academic writing. It is good to start healthy debate but care must be exercised that in doing so you are representing both yourself and your profession. I wrote my first blog post at a time when there was no national professional guidance on social media. This was a daunting undertaking so, while constructing the entry, I put on my metaphoric uniform to ensure I remained professional at all times.

Fortunately this changed in the UK at the end of 2015 with the Society and College of Radiographer's publishing "*#SoMeRad: Guidance for the radiography workforce on the professional use of Social Media*"⁸. In addition many employers now issue guidance with regard to the use of social media for the employees to follow, both professionally and personally. These guidelines attempt to support the radiography workforce in understanding how to balance the tensions of transparency and

confidentiality, and to encourage them to make the best use of social media without putting their professional identity at risk. True there were other professional guidelines available at the time^{9,10}, however these didn't recognise the unique challenges of the medical radiation sciences. We are by our nature a visual profession and care needs to be taken with patient information and images. Moreover our profession is poorly understood by the public. While social media offers the opportunity to advocate, this needs to be balanced with ensuring the correct perceptions are being portrayed.

Moving forwards, there needs to be more radiographers engaging in Social Media activity. We need to showcase our profession and what we do well. An easy starting point is to set-up a Twitter™ account. Twitter™ allows short (140 character) messages, directing the reader to other links or calling attention to an issue¹¹. It is useful for networking, developing new contacts; asking for advice from a wide group of potential experts – some of whom may be able to guide you through the research maze. Start by following professional accounts such as @jimirs and @medradclub. It is ok to “lurk” in the background to learn how more experienced social media healthcare professionals operate. As you grow in confidence you may consider engaging with profession specific twitter-chats. Using a hashtag such as #medradclub is a way for a group of people to follow a single Twitter™ conversation. Chats occur when individuals come together at a set time and through the use of a specific hashtag discuss a topic of interest. For some medical radiation science technologist this may be sufficient.

However you may find that the 140 characters restriction of Twitter™ isn't enough to explore relevant personal and/or radiography topics. Subsequently you may consider setting up a blog. For unpublished medical radiation science technologist blogging is a useful medium to hone your writing skills. As entries are approximately five hundred words long they don't take up too much time. Planning a weekly or monthly output means that writing becomes a habit. If you haven't yet developed a publishing portfolio it may be useful to frame a viewpoint or opinion using published research. You wouldn't run a marathon without some training so why launch into writing an article if you haven't been practicing? One argument is that this doesn't really prepare you for a submission to a peer-reviewed journal. This is mostly because blog posts aren't peer reviewed. However I have found our community very helpful. Someone once emailed when I had published a post with spelling errors which was very much appreciated. On another occasion someone provided a link to a really useful website.

If you have published the hard work has only started¹². Social media can help build traffic for an article, ensuring that work will be read, spread, and cited beyond the confines of journal web sites¹³. A simple tweet can ensure the piece is shared widely. However audiences really want to hear your story. Given the more relaxed style of writing it is useful to share a narrative. For example you could blog about the story of how the idea for the article came about. Maybe you could discuss how the writing team met or the process to having the piece published? Who knows who may read your entry? Even better if you instil confidence or interest in someone who has not considered researching or publishing. As for tweeting consider stepping outside the medical imaging and radiation science conversations. Grow your network and share medical imaging and radiation science evidence based practice with other groups through these tweet-chats. A recent example was a chat lead by a group of respiratory physiotherapists who were discussing extended scope of practice. Here an advanced practice radiographer could share their research and thoughts on chest image commenting.

This editorial has been two years in the making. It started with a borrowed copy of *"Twitter for Dummies"*¹⁴ and *"Blogging for Dummies"*¹⁵ from my local library. It involved a lot of lurking and learning from experienced healthcare twitter users and bloggers. It took some confidence and a lot of encouragement. The content is the combination of four separate blog posts on topics covered in this piece which have been refined through the use of feedback from those who have taken the time to comment on my work. Blogging has helped me in the development of an authentic research voice and it has given me the discipline to pursue the level of writing required for doctoral level studies. My efficient writing for my doctoral work has been commended. (Those hours on TwitterTM with only 140 characters to work with are clearly paying off). Writing for publication, especially your first publication, and then sharing this work can appear like a mountain to climb. Therefore I encourage you to use Social Media as a means to get you there...and beyond.

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