Using social media to support health professional learning and collaboration in rural and under-served environments

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Professional development of health professionals in rural Sub-Saharan Africa

Two key challenges:

- Limited access to knowledge resources
- Limited access to professional networks
- Restricted professional development and limited skills
- Isolation, attrition, low job satisfaction
Limited access to professional networks (critical: school-to-work transition)
Applied research: working with nurses in 3 countries with a highly diverse socio-economic and health status: Zambia, Nigeria and South Africa

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<th>Tools</th>
<th>Problem</th>
<th>Implications</th>
<th>Outcomes</th>
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<td>Use of social mobile media (WhatsApp groups)</td>
<td>Limited access to knowledge resources</td>
<td>Restricted professional development and limited skills</td>
<td>Professional Development</td>
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<td>Health Care Service</td>
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Using resources that are already/ increasingly in the hands of many health workers
Preliminary findings: Informal WhatsApp usage

- **Informal use** associated with socio-professional immersion and application of knowledge

  - In placements and in
  
  - School-to-work transition

  - Professional social capital / professional identity
  
  - Satisfaction with placement and job
  
  - Transfer of knowledge
WhatsApp-enhanced school-to-work transition (systematic intervention)

The facilitated use of WhatsApp during school-to-work transitions impacts knowledge and socio-professional immersion

– Stronger effects for active contributors

– Rural vs. urban settings
Massive professional networks
One example

- Medical students / professionals in Nepal
- Using a Facebook site to engage in formal learning (quizzes, mini cases) and professional discussions
- 1500 interactions per week
- Bottom up (not tied to any institution)
Development of digital professionalism

- **Development:** Increasing use of MIM and social media by health professionals

- **Constraints:** Social/ mobile media expands current practices
  - Vehicle for misinformation and (dangerous) rumors, also in global health
  - “Everything shared on the phone is regarded as true”

- **Consequence:** (Health) professionals need to be trained in developing “digital professionalism”
Underlying literature

Pimmer, C. and F. Mbvundula (in print). One message, many voices. Mobile audio counselling in rural health education. Journal of Health Care for the Poor and Underserved


Backup Slides
Practical findings and recommendations

- **Ownership**: Use of peer moderators who are close to the actual participants
- **Activation**: via gamification (e.g. quizzes, contests etc);
- **Personalisation**: Trigger participants’ personal reflection and learning
Limited access to knowledge resources