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SOCIAL MEDIA USE FOR MEDICAL INFORMATION SHARING AMONG MEDICAL OFFICERS IN NIGERIA: IMPLICATION FOR LIBRARIANSHIP

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Abstract

The use of social networking in industry and academic has been recognised in the literature. However, there are dearth of literature on the extent to which medical officers in Nigeria are making use of the social media for disease diagnosis, treatment and follow-up. The current study therefore seeks to investigate the extent of use of social media among medical officers in Nigeria hospitals. The study adopted the survey research design. A total of 250 medical officers were randomly selected across the hospitals in Nigeria. Data for the study was collected via online google form which was sent to the social media and social networking site of the medical association of Nigeria. The data gathered was checked for validity and reliability and subsequently analyzed using relative importance index (RII) with the aid of the IBM statistical package for social science (SPSS) and Microsoft excel version 21. Findings from the study revealed that the overall RII of the use of social media is greater than the threshold of 0.5. In terms of relative importance, it shows that WhatsApp has the highest (RII = 0.86) indicating high preference and highest relative importance. With regards to benefits of social media use, majority of respondents agreed that social media helps in gaining new ideas, skills or techniques (RII = 0.88), this was closely followed by avoidance of situation that can expose someone in the contacting of COVID-19 (RII = 0.87). With regards to factors militating the use, the findings shows that personality/individualism (RII = 0.83) was ranked first among the factors, while lack of network availability (RII = 0.79) was ranked 2nd. The study concluded that it is essential that health organizations should incorporate social media in their medical communication strategies, to modernize the approaches currently in use with a view to significantly increase the likelihood of reaching different patients with diverse health conditions.

Keyword: social media, social networking, use, medical officers, hospitals, Nigeria

Introduction

The human society in general need to contend with information overload of this 21st century while attempting to solve basic human problems or making fundamental decisions in life. This cut across occupations and socio-religious and political background The amount of information require by medical personnel for disease diagnosis and treatment has equally grown at an exponential rate (Abernethy et al., 2010). Physicians generally have to struggle with a huge volume of information shared by their clients to effectively deliver their jobs and render sustainable health care delivery. One way to achieve a holistic care is by sharing information either via the traditional face-to-face medium or through the use of social media and or social network. Manning (2014) defined social media as the forms of media that involve interactive participation among people of likeminds. It is an interactive digitally-mediated technology that facilitates the creation, sharing and exchange of information, ideas, career interests and other forms of expression via virtual community of practice and various professional networks.

Social media sometimes refers to group of online applications that allow creation and exchange of user-generated contents. As shown in the literature, social media platforms include radio, television, newspapers and movie production studio (Hamm, Chisholm, Shulhan, et al., 2013). Kaplan and Haenlein (2010) categorized social media into five groups: collaborative projects such as the popular Wikipedia; blogs or microblogs such as Blogger and Twitter; content communities such as the YouTube; social networking sites such as Facebook and lastly, virtual gaming or social worlds such as HumanSim. It has been proven that these tools allow for personalization, presentation and participation in a discussion group found in a social network environment (Hamm, Chisholm, Shulhan, et al., 2013). Social media is generally characterized by digital platforms where users can create, share, and interact with content and each other in online collaborative spaces. There are social media websites and applications where users contribute, retrieve, and explore content generated by fellow users (Chretien et al., 2011; Peregrin, 2011).

Social media has both positive and negative connotations. Its positive aspect involves information sharing and team collaboration. In terms of benefits, social media has provided healthcare workers with a way to overcome many barriers militating delivery of quality care to the patients regardless of the diseases that brought them to the hospital (Kaplan & Haenlein, 2010). Part of the positive aspect of social media is that it has enhanced self-management skills

among patients and provides numerous opportunities for providers to conduct research in their various fields (Mattingly, 2015). In more recent times, social media is one of the best ways to design, collect, and analyze clinical data into scientific papers and scholarly communication (Tonia, 2014; Lee-Ventola, 2014). The negative aspects of social media may include difficulty controlling the intentions of the team members as well as the speedy spread of fallacies and unintended expressions. Sometimes, inappropriate substitution of online information can potentially lead to harmful results and poor reputation of the team members. More importantly, social media platform does not guaranty confidentiality of information shared among the group members.

Statement of the problem

Social media and the social networks have come to replace the traditional face-to-face medium of human interaction. Nowadays, the hospital authorities have maximized the power of these resources for recovery and survival of the sick and the injured (Lett et al. 2005; Luttik et al. 2005; Molloy, Hamer, et al. 2008; Mookadam & Arthur 2004; Nausheen et al. 2009). While it is true that the use of social media may enhance social connectedness in the processes of disease onset, diagnosis and treatment, cited studies does not explicitly distinguish between the roles of social media in diagnosis and the actual treatment of disease and injuries. Besides, there are dearth of literature on the extent to which medical officers in Nigeria are making use of the social media for disease diagnosis, treatment and follow-up. The current study therefore seeks to investigate the extent of use of social media among medical officers in hospitals in Nigeria.

Research Objective

The main objective of this study is to examine the use, benefits and challenges of social media use among medical officers in selected hospitals in Nigeria. The study was guided by the following specific objectives

1. Ascertain the extent of use of social medias among Medical Officers
2. Determine the benefits of social media use to Medical Officers
3. Investigate the factors militating against the use of social media among medical officers in hospitals in Nigeria

Research Questions

The following related questions were answered in this study

1. To what extent are social media being use among Medical Officers?
2. What are the benefits of social media use toMedical Officers?
3. What are the factors militating the use of social media among medical officers in hospitals in Nigeria

Literature review

Social media is one of the innovative and most destructive market forces that have emerged in the last decade. Coyle & Vaughn (2008) described social media as a configuration of people connected to each other through interactive links that form online communities. Scholars have written on the concept of social media in this 21st century and any other time in human history, for example, Nesi (2020) in his paper ‘the impact of social media on youth mental health: challenges and opportunities’ described social media as any digital tools and/or applications that allow users to interact socially and which is distinguished from the traditional media such as television; because it allows users to create content and share in its dissemination. Social networking provides users the opportunity to connect to one another, which could prove favourable for positive health behavioural change. Similarly, Gillig (2020) maintained that the translation of basic social media research findings into clinical and policy application remains an area of critical importance. From the clinical perspective, it has been contended that social media has increased mental health awareness and social media-based health promotion (Yonker, Zan, Scirica, Jethwani & Kinanem, 2015).

A study by Coyle & Vaughn (2008) cited in Levac and Sullivan (2011) who examined social media and its use in health promotion found that an average college student visits social networking at least three times a day. Similarly, Manhattan Research (2009) in his study found that, as of January 2009, about 60% of physicians were already using physician online communities for medical purposes. Levac and Sullivan (2011) examined social media and its use in health promotion and lamented that social media’s role in promoting positive health behaviours is related to the origin of the information the people are sharing. That is, respondents in their study preferred receiving messages from social networks, friends, family members, co-workers, and other social contacts (Kreps & Neuhauser, 2010; Neuhauser & Kreps, 2003; Smedley & Syme, 2000).

Kreps and Neuhauser (2010) reasoned that, health behaviour change requires changing shared social practices including people’s attitudes, values and beliefs about health. Kreps and

Neuhauser (2010) also suggested that social modeling and social influence also play a key role, since an individual's actions are affected by observing the behaviours of others. Essentially, it can be argued that social media has proved to be a communication system among healthcare workers (Chretien & Kind, 2013). In a repeated survey conducted in three consecutive years 2013, 2014 and 2015, authors have reported consistent association between the extent of self-reported use of social media such as thefacebook with subsequent poor self-reported mental health and life satisfaction (Shakya & Christakis, 2017). Within the clinical setting, both patients and care providers benefit from using social media and social networking platforms (Cornwell & Waite, 2012; Hamm, Chisholm, Shulhan, et al. 2013). Studies have established an association between social relationship andimproved physical and mental health outcome (Abi-Jaoude, Naylor, & Pignatiello, 2020). John, Nwosu, and Akorede (2018) cited in Awogbami, Opele, & Chibueze (2020) proven that internet-based desktop computers, e-medical journals, faculty cybercafé, social media, projectors, Power point slides, online educational forums, and medical videos/animation clips are important in teaching and learning among medical colleges.

Social media provides a unique opportunity for the public to engage in critical public health issues, such as the national health insurance services, where sharing of information, collaboration and interactivity are encouraged (U.S. Department of Health & Human Services, 2010). It has been published in the literature thatemergency notification systems use social media for fast information distribution and mass communication (White et al., 2009; Fardouly , Diedrichs, Vartanian, et al., 2015). Another important application of social media is its ability to enable individuals and organizations to cooperate in all phases of emergency management: mitigation, preparedness, response and recovery (White et al., 2009; Zhao, & Wang, 2020).

While it cannot be overemphasized that social media use is a major innovation in health and medicine, it cannot be denied that, social networks also came with known challenges, however, studies have shown that thebenefits of pairing social media and health promotioninclude widespread dissemination of information,customized and accessible information available to diverse-audiences, easy connections to others for social support,and more intense and personal engagement and participationof the user because of the interactivity involved withsocial networking (Eng & Gustafson, 1999; Neuhauser &Kreps, 2003). It has been argued that the most influential advantage of the use of social media is that; it cost-effective and has the ability to reachan increasing number of people (Frick, 2006; Neuhauser & Kreps,2003).

It must equally be recognised that despite its numerous advantages, one important challenge is that socially disadvantaged groups often do not have access to new media and social networking due to language barriers, literacy disability and poverty (Korp, 2006). Besides, it has been reasoned that when the server is sometimes down or when the internet connection is poor, participants are disconnected and do not have access to the information shared on the social networking sites. Also, the authenticity of the information posted on social media sites may not be guaranteed (Neuhauser & Kreps, 2003).

Social learning theory by Albert Bandura (1977)

Social theory is based on the philosophy that people can learn from each other through observation, imitation and modeling. The theory looks at the individual learning process, the formation of self, and the influence of society in socializing individuals. The author argued that people learn through observing others' behavior, attitudes, and outcomes of those behaviours. Most human behavior is learned observationally through modeling. Thus, from observing others, one forms an idea of how new behaviors are performed, and on later occasions this coded information serves as a guide for action (Bandura). In addition, social learning theory explains human behavior in terms of continuous reciprocal interaction between cognitive, behavioral, and environmental influences. The theory has often been called a bridge between behaviorist and cognitive learning theories because it encompasses attention, memory, and motivation. Social learning theory endeavors to study socialization and how it affects human behavior. The first type of learning defined in this theory is through observation. In an organization the environment and the surroundings play a very important role. The environment should be very professional and the surroundings should be in such a way that the people (employees) learn from them.

Social learning theory considers the formation of one's identity to be a learned response to social stimuli. It emphasizes the societal context of socialization rather than the individual mind. This theory postulates that an individual's identity is not the product of the unconscious (such as the belief of psychoanalytic theorists), but instead is the result of modeling oneself in response to the expectations of others. Behaviors and attitudes develop in response to reinforcement and encouragement from the people around us. While social learning theorists acknowledge that childhood experience is important, they also believe that the identity people acquire is formed more by the behaviors and attitudes of others. Social learning theory can be applied to several use cases outside of psychology: Social learning theory in training is similar

to the concept of learning by doing. Social learning theory may be used in education to help students remember an important lesson. Having the students repeat certain phrases or watch a skit can also help to solidify their lessons. New employees may best learn their role by imitating or repeating the behaviors of their boss or someone in the same position. This theory also suggests that it is not necessary that the behavior is changed after learning something. It is expected that a person's behavior changes after learning something, but it is not in all cases. Furthermore, the theory also explains about the mental states which play a vital role in learning process. If the mental status of the person is negative regarding any learning activity then he will not take part in that learning process and even if he is forced to do so, he will not gain any positivity from that process. In organizational training programs the mental state can be made positive regarding the training and development programs by associating the rewards and benefits with such programs which will motivate the employees and help to build a positive mental state.

Social learning theory has long been applied to medical education, (Distlehorst, 2000). In the past, these explorations focused on simple connections derived from training pedigree, geography, and shared memberships in medical societies or associations, and connectedness was largely episodic. However, with the emergence of social media, the concept of social learning can encompass a myriad of nontraditional connections and uses.

Methodology

The study adopted the survey research design. A total of 250 medical officers were randomly selected across the hospitals in Nigeria. Data for the study was collected via online GoogleForm which was sent to the social media and social networking site of the medical association of Nigeria. The data gathered was checked for validity and reliability and subsequently analyzed using relative importance index (RII) with the aid of the IBM statistical package for social science (SPSS) and Microsoft excel version 21. Relative importance index helps to rank the criteria according to their relative importance. The following formula is used to determine the relative index.

$$R.I. = \sum \frac{W}{A*N} \quad \text{or} \quad RII = \text{Sum of weights} \frac{W_1+W_2+W_3+\dots+W_n}{A*N}$$

$$R.I. = \text{or RII}$$

$$= \text{Sum of weights}$$

Where:

W is the weighting as assigned by each respondent on a scale of one to five, with one implying the least and five the highest. **A** is the highest weight, and **N** is the total number of the sample. Based on the Ranking (R) of Relative Importance Index (RII), the weighted average of the two groups will be determined. According to Akadiri (2011), five important levels are transformed from (RII) values: High (H) ($0.74 \leq RII \leq 1$), High-Medium (H-M) ($0.69 \leq RII \leq 1$) and Low (L) ($0.59 \leq RII \leq 1$).

Results

Analysis of research questions

Research Question 1: To what extent are social media being use among Medical Officers?

Table 1: Social media use among Medical Officers (N = 250)

Uses	Never	Rarely	Sometimes	Often	Always	\bar{X}	RII	Ranking
	F (%)							
WhatsApp	3(1.2)	10(4.0)	29(11.6)	80(32.0)	128(51.2)	4.28	0.86	1st
Instagram	4(1.6)	30(12.0)	59(23.6)	67(26.8)	90(36.0)	3.84	0.77	2nd
YouTube	21(8.4)	20(8.0)	11(4.4)	126(50.4)	72(28.8)	3.83	0.77	3rd
Twitter	40(16.0)	10(4.0)	64(25.6)	48(19.2)	88(35.2)	3.54	0.71	4th
Facebook	19(7.6)	62(24.8)	67(26.8)	41(16.4)	61(24.4)	3.25	0.65	5th
Google Apps	72(28.8)	11(4.4)	50(20.0)	67(26.8)	50(20.0)	3.05	0.61	6th
Snapchat	54(21.6)	59(23.6)	28(11.2)	99(39.6)	10(4.0)	2.81	0.56	7th
LinkedIn	71(28.4)	62(24.8)	57(22.8)	42(16.8)	18(7.2)	2.50	0.50	8th
Skype	64(25.6)	91(36.4)	50(20.0)	26(10.4)	19(7.6)	2.38	0.48	9th
Pinterest	94(37.6)	50(20.0)	77(30.8)	9(3.6)	20(8.0)	2.24	0.45	10th
Wiki	104(41.6)	61(24.4)	21(8.4)	45(18.0)	19(7.6)	2.26	0.45	11th
Weblogs	114(45.6)	50(20.0)	38(15.2)	29(11.6)	19(7.6)	2.16	0.43	12th
Imo	113(45.2)	51(20.4)	48(19.2)	20(8.0)	18(7.2)	2.12	0.42	13th
Tumblr	134(53.6)	39(15.6)	20(8.0)	39(15.6)	18(7.2)	2.07	0.41	14th
Vimeo	123(49.2)	50(20.0)	38(15.2)	21(8.4)	18(7.2)	2.04	0.41	15th
Flicker	113(45.2)	60(24.0)	48(19.2)	19(7.6)	10(4.0)	2.01	0.40	16th
Myspace	120(48.0)	51(20.4)	58(23.2)	3(1.2)	18(7.2)	1.99	0.40	17th
WordPress	132(52.8)	31(12.4)	68(27.2)	9(3.6)	10(4.0)	1.94	0.39	18th
Q-zone	92(36.8)	101(40.4)	39(15.6)	8(3.2)	10(4.0)	1.97	0.39	19th
Viber	134(53.6)	51(20.4)	38(15.2)	9(3.6)	18(7.2)	1.90	0.38	20th
Weibo	143(57.2)	40(16.0)	39(15.6)	8(3.2)	20(8.0)	1.89	0.38	21th
Periscope	144(57.6)	29(11.6)	48(19.2)	11(4.4)	18(7.2)	1.92	0.38	22nd
Weighted Scores						18.48	0.51	

Table 1 revealed that the overall RII of the use of social media is greater than the threshold of 0.5. In terms of relative importance, it shows that WhatsApp has the highest (RII = 0.86) indicating high preference and highest relative importance when compared with other medias, ranked second was Instagram (RII = 0.77), 3rd was YouTube (RII = 0.77), and ranked 4th was Twitter (RII = 0.71). Others include Facebook (RII = 0.65), Google Apps (RII = 0.61), Snapchat (RII = 0.56), LinkedIn (RII = 0.50), Skype (RII = 0.48), Pinterest (RII = 0.45), Wiki (RII = 0.45), Weblogs (RII = 0.43), Imo (RII = 0.42), Tumbler (RII = 0.41), Vimeo (RII = 0.41), Flickr (RII = 0.40), Myspace (RII = 0.40), WordPress (RII = 0.39), Q-zone (RII = 0.39), Viber (RII = 0.38), Weibo (RII = 0.38). Overall, it implies that the respondents had a high level of preference for social networking for effective health service delivery

Research Question 2: What are the benefits of social media use to Medical Officers?

Table 2: Benefits of social media use to Medical Officers (N = 250)

Causes	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	\bar{X}	RII	Ranking
	F (%)	F (%)	F (%)	F (%)	F (%)			
Help to gain new ideas, skills or techniques	1(0.4)	1(0.4)	9(3.6)	129(51.6)	110(44.0)	4.38	0.88	1st
Helps to avoid situation that can expose me to contact COVID-19	2(0.8)	1(0.4)	26(10.4)	101(40.4)	120(48.0)	4.34	0.87	2nd
Helps to learn fast	1(0.4)	2(0.8)	37(14.8)	112(44.8)	98(39.2)	4.22	0.84	3rd
Brings about better communication	4(1.6)	2(0.8)	27(10.8)	128(51.2)	89(35.6)	4.18	0.84	4th
Helps to improve work efficiency and increase productivity	2(0.8)	10(4.0)	48(19.2)	128(51.2)	62(24.8)	3.95	0.79	5th
Increases competency and learning	3(1.2)	10(4.0)	50(20.0)	137(54.8)	50(20.0)	3.88	0.78	6th
Reduce risk factors	3(1.2)	18(7.2)	77(30.8)	99(39.6)	53(21.2)	3.72	0.74	7th
Leads to reduction of uncertainties	2(0.8)	9(3.6)	77(30.8)	131(52.4)	31(12.4)	3.72	0.74	8th
Ease in solving clinical issues	1(0.4)	10(4.0)	120(48.0)	70(28.0)	49(19.6)	3.62	0.72	9th
Community duty timing	2(0.8)	9(3.6)	48(19.2)	132(52.8)	59(23.6)	3.95	0.56	10th
Meet information	3(1.2)	27(10.8)	80(32.0)	98(39.2)	42(16.8)	3.60	0.54	11th
Weighted Scores						3.96	0.75	

Table 2 revealed that the overall RII score for all items in the table surpass the threshold of 0.5; indicating a strong preference for the benefits of social media. Specifically, in terms of relative importance, the table shows that ranked first among the statement of measurement is that; social media helps in gaining new ideas, skills or techniques (RII = 0.88), this was closely followed by avoidance of situation that can expose someone in the contacting of COVID-19 (RII = 0.87), ranked 3rd was that it helps in fast learning (RII = 0.84), it brings about better

communication (RII = 0.84) among others. Overall, the respondents alluded that social media has diverse benefits for medical care

Research question 3: What are the factors militating the use of social media among medical officers in selected hospitals in Nigeria?

Table 3: Factors militating the use of social media among medical officers in selected hospitals in Nigeria (N = 250)

Factors	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	\bar{X}	RII	Ranking
	F (%)	F (%)	F (%)	F (%)	F (%)			
Personality/individualism	2(0.8)	1(0.4)	24(9.6)	159(63.6)	64(25.6)	4.13	0.83	1st
Network availability	2(0.8)	33(13.2)	5(2.0)	150(60.0)	60(24.0)	3.93	0.79	2nd
Technological infrastructure	3(1.2)	17(6.8)	52(20.8)	138(55.2)	40(16.0)	3.78	0.76	3th
Lack of motivation	1(0.4)	11(4.4)	92(36.8)	97(38.8)	49(19.6)	3.73	0.75	4th
Power supply	4(1.6)	57(22.8)	48(19.2)	120(48.0)	21(8.4)	3.39	0.68	5th
Weighted Scores						3.79	0.76	

Table 3 indicates that the RII of all items is higher than the threshold of 0.5. Overall, personality/individualism (RII = 0.83) was ranked first among the factors, while lack of network availability (RII = 0.79) was ranked 2nd, followed by lack of technological infrastructure (RII = 0.75) ranked 3rd, and lack of motivation (RII = 0.75) ranked 4th. Other factors include lack of power supply among others. These results indicate that although social media use has a significant positive side, nevertheless, there are also barriers that may limit its effective use most especially in clinical care.

Summary of Findings

With regards to use, we found that the frequently use social media was WhatsApp, Instagram, YouTube and Twitter. That is, the respondents eluded more importance to the use of WhatsApp than others. This findings is in consonant with the study of Abi-Jaoude, Naylor and Pignatiello, (2020) who reported a significant positive association between social relationship and improved physical and mental health outcome. It also tallies with the study of Panahi, Watson and Partridge (2014) who explored the benefits and challenges of social media use, in their study, they documented that blogs, Twitter, and multimedia sharing sites were the three commonly use social media tools. With regards to benefits, we found that the power of social media in helping

people to gaining new ideas, skills or techniques was ranked first while other benefits were equally expressed by the respondents. This findings also agrees with the study of Panahi, Watson, & Partridge, (2014); Irfan, Farhana, Eiad, et al., (2018). The outcome of our study indicates that there are both sides of the coin when it comes to the use of social media networks. While it enhances communication among team members, it also has the challenges of information security where confidentiality is difficult to maintain. Above all, the current study reveals that using social media networks among medical officers is militated by poor electricity supply and personality difference.

Conclusion

The outcome of this research indicates that there is an extensive and rapidly growing body of literature on the use of social media in patient and care-giver populations. In this study, we examine social media use among medical officers. The findings revealed that there are evidences of many possibilities of using social media in health information management and effective health care, the findings show that social media use has the potential to promote positive health behavioural change. Besides, it offers opportunities to increase the availability of information, broaden the base of support groups, and actively engage people with relatively minimal cost. The findings also show that;by increasing interaction and engagement, social media may complement traditional health promotion by raising awareness, spreading influence, and contributing to health behaviour change. The results of this research showed thatthe respondents have preference for WhatsApp, that other media such as Instagram, YouTube and Twitter. Besides, majority believed that social media can enhance dissemination of scientific knowledge and technological information. It is therefore essential that health organizations incorporate social media in their medical communication strategies, to modernize the approaches currently in use with a view to significantly increase the likelihood of reaching different patients with diverse health conditions.

Limitation of the study

The results of this study limit its generalization because it was conducted in a developing economy where basic infrastructure is grossly inadequate. Therefore, more evidence may be required to draw a perfect conclusion.

REFERENCES

- Abernethy, A. P., Etheredge, L. M., Ganz, P. A., Wallace, P., German, R. R., Neti, C., Bach, P. B., & Murphy, S. B. (2010). Rapid-learning system for cancer care. *Journal of Clinical Oncology*. <https://doi.org/10.1200/JCO.2010.28.5478>
- Abi-Jaoude, E, Naylor, & K.T Pignatiello, A, (2020). **Smartphones, social media use and youthmental health**. *CMAJ* 10;192:E136-41. doi: 10.1503/cmaj.190434
- Bandura, A. (1977). *Social Learning Theory*. New York: General Learning Press.
- Chretien, K. C., Azar, J., & Kind, T. (2011). Physicians on twitter. In *JAMA - Journal of the American Medical Association*. <https://doi.org/10.1001/jama.2011.68>
- Chretien, K. C., & Kind, T. (2013). Social media and clinical care: Ethical, professional, and social implications. *Circulation*. <https://doi.org/10.1161/CIRCULATIONAHA.112.128017>
- Cornwell, E.Y & Waite, L.J 2012). Social Network Resources and Management of Hypertension. *Journal of Health and Social Behavior*, 53(2) 215–231
- Coyle, C. L., & Vaughn, H. (2008). Social Networking: Communication Revolution or Evolution? *Bell Labs Technical Journal*, 13(2) 13-18. doi: 10.1002/bltj.20298
- Distlehorst, L. H. (2000). Teaching and Learning in Medical and Surgical Education. In *Teaching and Learning in Medical and Surgical Education*. <https://doi.org/10.4324/9781410605238>
- Eng., T. R., & Gustafson, D. H. (1999). *Wired for Health and Well-Being: The Emergence of Interactive Health Communication*. Science Panel on Interactive Communication and Health. Executive Summary. Facebook. (2009). *Facebook Statistics*. Retrieved from <http://www.facebook.com/facebook?ref=pf#/press/info.php?statistics>
- Fardouly J, Diedrichs PC, Vartanian LR, et al. (2015). Social comparisons on social media: the impact of Facebook on young women’s body image concerns and mood. *Body Image*;13:38-45.
- Hamm, M.P, Chisholm, A, Shulhan, J, et al. (2013). Social media use among patients and caregivers: a scoping review. *BMJ Open*;3:e002819. doi:10.1136/bmjopen-2013- 002819
- Holland, G, Tiggemann, M. (2016). A systematic review of the impact of the use of social networking sites on body image and disordered eating outcomes. *Body Image*;17:100-10.
- Irfan, K. S., Farhana, I., Eiad, A. F., Nassr, A. M., Qahtani, A., Mohammed, A., Maya, N., Ali, A. H., Ma, A. A., Gominda, P., & Der, V. C. Van. (2018). *Family physicians ’ utility of social media : a survey comparison among family medicine residents and physicians*. 18(3), 817–827.

- John, H. C., Nwosu, J. C. & Akorede O J (2018). Availability and accessibility of ICT-based instructional tools in Medical Colleges in Ogun State. *European Journal of Health and Biology Education*, 7(1): 2165-8722. <https://doi.org/10.29333/ejhbe/89728>.
- Kaplan, A. M., & Haenlein, M. (2010). Users of the world, unite! The challenges and opportunities of Social Media. *Business Horizons*. <https://doi.org/10.1016/j.bushor.2009.09.003>
- Korp, P. (2006). Health on the Internet: Implications for Health Promotion. *Health Education Research*, 21(1), 78- 86. doi: 10.1093/her/cyh043
- Kreps, G. L., & Neuhauser, L. (2010). New directions in eHealth communication: Opportunities and Challenges. *Patient Education and Counseling*, 78(3), 329-336. doi:10.1016/j.pec.2010.01.013
- Lee-Ventola, C. (2014). Social media and health care professionals: Benefits, risks, and best practices. *P and T*.
- Lett, H. S., Blumenthal, J.A., Babyak, M.A., Strauman, T.J, Robins, C. & Sherwood. A. (2005). "Social Support and Coronary Heart Disease: Epidemiologic Evidence and Implications for Treatment." *Psychosomatic Medicine* 67(6):869–78.
- Luttik, Marie Louise, Tiny Jaarsma, Debra Moser, Robbert Sanderman, and Dirk J. van Veldhuisen. (2005). "The Importance and Impact of Social Support on Outcomes in Patients with Heart Failure: An Overview of the Literature." *Journal of Cardiovascular Nursing* 20(3):162–69.
- Levac, J.J & Sullivan, T.O (2011). **Social Media and its Use in Health Promotion.** *Interdisciplinary Journal of Health Sciences* 47-53
- Landro, L. (2006). The Informed Patient: Social Networking Comes to Health Care; Online Tools Give Patients Better Access to Information and Help Build Communities.
- Wall Street Journal. Retrieved from <http://www.wsj.com/articles/SB116717686202159961>
- Mangold, W. G., & Faulds, D. J. (2009). Social media: The new hybrid element of the promotion mix. *Business Horizons*. <https://doi.org/10.1016/j.bushor.2009.03.002>
- Manning, J. (2014). Social media, definition and classes of. In K. Harvey (Ed.), *Encyclopedia of social media and politics* (pp. 1158-1162). Thousand Oaks, CA: Sage.
- Manhattan Research, LLC. (2009). Physician Online Communities: Physician Social Networking and the New Online Opinion Leaders. Retrieved from http://www.manhattanresearch.com/products/Research_Modules/Physician/physician-onlinecommunities.

- Marketing Charts. (2009). Social Networking's Explosive Growth to Plateau in Five Years, Watershed Publishing. Retrieved from www.marketingcharts.com
- Mattingly, T. J. (2015). Innovative patient care practices using social media. In *Journal of the American Pharmacists Association*. <https://doi.org/10.1331/JAPhA.2015.14171>
- Molloy, G. J., Hamer, M., Randall, G & Chida. Y. (2008). "Marital Status and Cardiac Rehabilitation Attendance: A Meta-Analysis." *European Journal of Cardiovascular Prevention and Rehabilitation* 15(5):557–61.
- Mookadam, F & Arthur, H.M. (2004). "Social Support and Its Relationship to Morbidity and Mortality after Acute Myocardial Infarction." *Archives of Internal Medicine* 164(14):1514–18.
- McKenzie, J. F., Neiger, B. L., & Thackeray, R. (2009). *Planning, Implementing, & Evaluating Health Promotion Programs*. United States: Benjamin Cummings.
- Nausheen, B, Gidron, Y., Peveler, R & Moss-Morris. R. (2009). "Social Support and Cancer Progression: A Systematic Review." *Journal of Psychosomatic Medicine* 67(5):403–15
- Nesi, J.(2020).The Impact of Social Media on Youth Mental Health: Challenges and Opportunities.NCMJ 81(2):116-121. available at ncmedicaljournal.com
- Neuhauser, L., & Kreps, G. L. (2003). Rethinking Communication in the E-health Era. *Journal of Health Psychology*, 8(1): 7-23.
- Orzano, A. J., Ohman-Strickland, P. A., & Patel, M. (2008). What can family medicine practices do to facilitate knowledge management? *Health Care Management Review*. <https://doi.org/10.1097/01.HMR.0000324909.49766.de>
- Ottawa Health Decision Centre. (2009). Patient Decision Aids. Ottawa Health Research Institute. Retrieved from <http://decisionaid.ohri.ca/index.html>
- Panahi, S, Watson, J., & Partridge, H. (2014). Social media and physicians: exploring the benefits and challenges. *Health Informatics Journal*, 22(2), 99–112. <https://doi.org/10.1177/1460458214540907>
- Peregrin, T. (2011). Time to tweet: social networking for surgeons. In *Bulletin of the American College of Surgeons*.
- Popoola A. Awogbami, Jacob Kehinde Opele, & Esther Uzoma Chibueze (2020). Lecturers' Use of Multimedia Resources for Knowledge Transfer: A Study of Adeleke University, Ede, Osun State. *Information Impact: Journal of Information and Knowledge Management*, 11:2, 35-50, DOI: [dx.doi.org/10.4314/ijikm.v11i2.4](https://doi.org/10.4314/ijikm.v11i2.4)
- Public Health Agency of Canada. (2009). Stay informed, stay connected! Mobile and Social Media Tools. Retrieved from <http://www.phac-aspc.gc.ca/sm-ms/index-eng.php>
- Rubel, S. (2009). Twitter is Peaking; Get Ready to Follow the Geeks Onward. *Advertising Age, Communication and Mass Media Complete*, 80(13), 15

- Sampasa-Kanyinga H, Roumeliotis P, Xu H. (2014). Associations between cyberbullying and school bullying victimization and suicidal ideation, plans and attempts among Canadian schoolchildren. *PLoS One*;9:e102145.
- Shakya HB, Christakis NA. (2017). Association of Facebook use with compromised well-being: a longitudinal study. *Am J Epidemiol*;185:203-11.
- Surani, Z., Hirani, R., Elias, A., Quisenberry, L., Varon, J., Surani, S., & Surani, S. (2017). Social media usage among health care providers. *BMC Research Notes*, 1–5. <https://doi.org/10.1186/s13104-017-2993-y>
- Tonia, T. (2014). Social media in public health: is it used and is it useful? In *International Journal of Public Health*. <https://doi.org/10.1007/s00038-014-0615-1>
- Gillig, T.K (2020). Longitudinal analysis of depressive symptoms among LGBTQ youth at a social media-free camp, *Journal of Gay & Lesbian Mental Health*. DOI: 10.1080/19359705.2020.1789018
- U.S. Department of Health & Human Services. (2010). Social Media, Flu.com Know what to do about the flu. Retrieved from www.flu.gov
- White, C., Plotnick, L., Kushma, J., Hiltz, S. R., & Turoff, M. (2009). An Online Social Network for Emergency Management. 6th International ISCRAM Conference
- Yonker LM, Zan S, Scirica CV, Jethwani K, Kinane TB. (2015). "Friending" teens: systematic review of social media in adolescent and young adult health care. *J Med Internet Res*.17(1):e4. doi: 10.2196/jmir.3692
- Zhao, J., & Wang, J. (2020). Health advertising on short-video social media: A study on user attitudes based on the extended technology acceptance model. *International Journal of Environmental Research and Public Health*. <https://doi.org/10.3390/ijerph17051501>