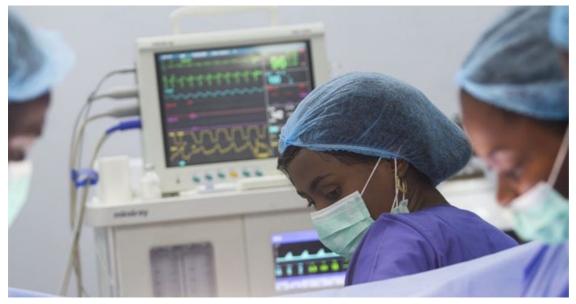


How WhatsApp groups support Nigeria's nurse graduates

By Ademola Johnson Ajuwon & Christoph Pimmer

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<u>Around 12,000</u> students are enrolled in Nigeria's nursing schools each year. As it is in many health professions, these students often find it <u>challenging</u> after graduation when they search for and start their first job. They feel unprepared and have difficulties to put their knowledge from school into practice.



Mbbile instant messaging platforms are used by many health professionals to share information and professional experiences. Shutterstock

In addition, many feel unwelcome in their teams, which results in a sense of professional isolation and high <u>drop-out rates</u>. Yet, new graduates stand to gain a lot if they engage in <u>networking groups</u>. These are are known to be effective in creating a support system for young graduates, finding jobs, sharing knowledge and resources, and making connections.

WhatsApp, a mobile instant messaging platform, is a potential platform for professional networking which has seen recent remarkable expansion in Nigeria and other African countries. The reasons for this development are the increased availability of smartphones and the relatively low costs of data in Nigeria.

The platform can also be used easily without much technological knowledge and the connective features of the app enable up to 256 users to exchange text, emoticons, pictures, video, and audio messages.

These developments have created unprecedented opportunities for health professionals to share clinical information and professional experiences. It also helps them stay connected with each other after graduation.

The availability of this technology and lack of existing structures for professional networking among young nursing graduates has presented an opportunity to show how WhatsApp can be used to address this need among recent graduates of schools of nursing in Nigeria.

The research

Our <u>research</u> was part of a larger initiative that examined the use of social and mobile media in health professional contexts. It was funded by the Swiss Programme for Research on Global Issues for Development.

We randomised five schools with new nurse graduates in Oyo state, Nigeria, into two groups. In the first group, 77 graduates from three schools participated in three moderated WhatsApp groups. A further 37 graduates from the two other schools served as the control group, which didn't engage in the moderated WhatsApp activities.

The two groups were comparable, as they had no significant differences on age, sex and the place of post-qualification practice.

The project team developed a script to guide moderators (group admins) whose responsibilities are to post messages, encourage full participation, respond to questions, and apply ground rules, in the facilitation and moderation of the group chat. The moderators were experienced nurses who shared clinical knowledge and stimulated professional discussions in the WhatsApp-based "online classrooms" for 6 months, December 2016 to May 2017.

knowledge quiz "fastest finger" was aimed at stimulating the participants' engagement. The first person who correctly responded to the moderator's weekly question received a small amount of airtime. The moderators also rewarded the most active participants in every month with airtime.

Participants didn't receive any other financial compensation; instead they used their own data bundles. At the end of the intervention, both groups completed an online survey that included knowledge tests. In addition, some participants from the WhatsApp groups took part in focus group discussions.

We found that participants in the moderated WhatsApp groups were more knowledgeable regarding the clinical topics discussed in the group chat and they expressed fewer feelings of professional isolation than their counterparts who didn't take part in the moderated group chat. Similarly, those who engaged actively in the WhatsApp groups had more knowledge, experienced less isolation and showed higher levels of professional identification.

The positive quantitative results were affirmed in focus group discussion. Group discussants said that they learned from the interactions on WhatsApp and that they gained new knowledge about clinical topics:

I gained a lot. It also made me learn even though I wasn't reading textbooks. It connects us as if we are still in school.

In addition, some participants said they got jobs through adverts that the moderators posted in the chats.

The findings provide evidence that moderated WhatsApp groups can be a source of learning. In addition, they permit togetherness of geographically distant professionals.

The experience of isolation and a lack of knowledge are two very common issues that many health professionals encounter when they start their first job after graduation. The research points to the potential of instant messaging, which offers unique connective features, but is still an underused source of mobile learning in Nigeria.

Going forward

Health professional bodies may use the connective features of mobile instant messaging platforms to provide support for

new graduates during their first few months of practice. Training institutions can also use these platforms to promote alumni activities that can enhance the development of the institutions.

The increasing use of WhatsApp by health professionals in Nigeria and elsewhere carries, however, considerable risks that also need to be considered. These include issues like the protection of privacy of both the health care provider and the patient and circulation of incorrect information.

To address these problems, health professionals need to be trained how to use social media apps responsibly and professionally. This kind of training and skills development should be included in pre-service and in-service education curricula.

Regulating agencies, such as the <u>Nursing and Midwifery Council of Nigeria</u>, also need to develop new or adapt existing guidelines on professional usage of mobile phones and social media.

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