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Social media in the mentorship and networking of physicians: Important role for women in surgical specialties

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ABSTRACT

Background: Social media may be a useful supplement to physician and trainee interactions; however, its role in enhancing mentorship has not been described.

Methods: A 35-item survey investigating trainee and physician social media use was distributed. Responses were analyzed using descriptive statistics.

Results: 282 respondents completed the survey, among whom 136 (48.2%) reported careers in surgical specialties. Women in surgical specialties were more likely to describe the specialty as being dominated by the opposite sex ($p < 0.001$) and to be mentored by the opposite sex though wish to be mentored by individuals of the same sex ($p < 0.001$). Respondents in surgical specialties were also more likely to report using social media to build a network of same-sex mentorship ($p = 0.031$).

Conclusions: Social media serves as a valuable tool to enhance the networking and mentorship of surgeons, particularly for women in surgical specialties who may lack exposure to same-sex mentors at their own institution.

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1. Introduction

It is well established that mentorship has an important influence on personal development, career selection, advancement, success and productivity.¹ Dr. Chip Souba has defined mentoring as a “personal as well as a professional relationship ... of liberating people to reach their full potential ... [where] the mentor is invariably an important role model for the mentee. Mentors are people we look up to; they are those individuals we emulate and want to be like. They embody many of the qualities we most admire and would like to possess ourselves.”²

For more than a decade, women have constituted nearly half of the medical school student body, but remain significantly under-

represented in a number of key specialties, including most surgical specialties.³ Women in surgery often reported a lack of mentorship as significant obstacles to career progression and satisfaction in the specialty,⁴ and to value same-sex mentors as sharing a sense of history and understanding of both personal and professional career paths.⁵ As a majority of trainees choose the same career as their mentor, failing to have a mentor in surgery could diminish the likelihood of surgery being selected as a career.⁶ In order to deliver the best possible care, the global surgical workforce should mirror the diverse society it is entrusted to serve. Reasons cited include representation from different perspectives, social equity, improved access, and health outcomes of our diverse community.⁷

Globally, more than 2 billion people are engaged with social media accounts, a figure estimated to rise to nearly 3 billion people by 2020.⁸ Social media enables near instantaneous interactions within a global community, including physicians, patients, and trainees. This wide audience provides more opportunities for networking, learning, and disseminating knowledge. Applications

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of social media in healthcare settings include its use as an educational and peer support tool,⁹ and in the delivery of care and policy.^{10,11} The remarkable growth in users engaging with social media and the nature of borderless interactive communication and networking allows for potentially substantial advances to be made in the realm of mentorship.

The #ILookLikeASurgeon movement, created and disseminated by female surgeons, is an example of a modern symbol of the ability of social media to unite surgeons across the globe, spanning continents and cultures in a call for diversity and equality in the surgical workforce.¹² This spontaneous campaign has aimed to challenge stereotypes, celebrate differences, and achieve equality in the workplace. It has portrayed positive and visible female surgical role models to engage and inspire future generations of surgeons.¹²

Social media allows for the breaking down of barriers in the healthcare field related to communication, geography, culture, specialties, practice settings and is a potent tool for building and maintaining communities.¹² Physicians and surgeons are increasingly employing social media as a form of communication to engage in discussion with others for exchange of information and fostering collaboration.¹² Social media may be a useful supplement to physician and trainee interactions, particularly for women in surgical specialties who may lack exposure to same-sex mentors at their own institution; however, its role in enhancing mentorship has not been described.

Accordingly, the first purpose of this study was to characterize the usage and role of social media in the mentorship and networking of surgeons. The second purpose of this study is to explore respondent perceptions regarding a need for same-sex mentors, current patterns of same-sex mentoring, and the role of social media in such mentorship relationships.

2. Methods

A 35-item survey investigating trainee and physician social media use was designed using online survey software and distributed via social media and email announcements with an introductory letter explaining the purposes of the survey. Inclusion required respondents to be practicing physicians or trainees preparing for careers as physicians (including fellows, residents, medical students, and pre-med students). All responses were voluntary and anonymous. The questionnaire was designed to elicit data regarding the respondents' demographics, training/professional information, personal/family status (relationships, children), career choice decisions, perception of the specialty being dominated by the opposite sex, access to mentorship, usage of social media for personal and professional reasons, effectiveness of social media for mentorship, as well as factors perceived to be important in leading to a successful mentorship experience on social media (Supplemental Table 1). Questions addressed use of social media overall, as well as specific use of multiple popular social media sites, including Facebook, Twitter, LinkedIn, Doximity, Instagram, and others. This study was approved by the University of Texas MD Anderson Cancer Center Institutional Review Board (PA17-0021).

Male versus female differences in questionnaire responses were assessed for respondents in medical compared to surgical specialties. Descriptive statistics were expressed as mean and standard deviation with comparisons between groups made with paired, 2-tailed t tests for means of normally distributed continuous variables. Categorical data were expressed as counts and percentages and chi-square test was used to analyze differences between groups. Statistical analyses were performed using Stata (Stata Corp, College Station, Texas, USA) with significance at an alpha level of 0.05.

3. Results

3.1. Participant demographics: medical vs surgical specialties

Among the 282 respondents who completed the survey, 136 (48.2%) reported careers in surgical specialties. There were no significant differences in baseline demographics of the respondents between medical and surgical specialties in terms of sex, age, level of training, relationship status, parenting, and practice environment (Table 1).

3.2. Participant demographics: men vs women in surgical specialties

There were no significant differences in baseline demographics of surgical respondents between men and women in terms of age, level of training, relationship status, parenting, and practice environment (Table 2). Women in surgical specialties were more likely to perceive themselves to be in a specialty dominated by the opposite sex compared to women in medical specialties (96% vs. 35%, $p < 0.001$).

3.3. Usage of social media platforms

Facebook was the most frequently used form of social media among all-comers, followed by Twitter, Instagram, LinkedIn, Other, and Doximity (Fig. 1). Respondents in surgical specialties were significantly more likely to use Twitter multiple times per day (36% vs. 21%, $p = 0.002$) than those in medical specialties ($p = 0.002$). Compared to medical respondents, surgical respondents are significantly more likely to use social media to learn about their field of interest (61% vs. 38%, $p < 0.001$) and promote their professional interests (40% vs. 29%, $p = 0.048$) (Fig. 2).

3.4. Modalities for mentorship communication

In the overall cohort, 24% percent of men respondents and 39% of women respondents stated they have no mentor ($p = 0.118$). Not

Table 1
Baseline demographics of all respondents.

	Medicine (n = 146)	Surgery (n = 136)	P-Value
Sex (Female)	71%	76%	0.327
Age			0.332
<25 years old	29%	21%	
25–30 years old	18%	22%	
31–35 years old	21%	17%	
36–40 years old	17%	15%	
41–46 years old	7%	10%	
46–50 years old	7%	7%	
51–55 years old	7%	5%	
>55 years old	7%	2%	
Level of Training			0.655
Pre-medical Student	4%	6%	
Medical Student	34%	27%	
Resident	13%	17%	
Fellow	6%	7%	
Practicing Physician	42%	43%	
Relationship Status			0.436
Single	29%	35%	
Relationship	20%	13%	
Married	49%	51%	
Divorced	1%	1%	
Children (Yes)	43%	46%	0.548
Environment			0.399
Urban	70%	76%	
Suburban	23%	16%	
Rural	8%	8%	

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