

Knowledge and Utilization of Social Media in Health Care Delivery among Health Practitioners in University Teaching Hospitals in Anambra State

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Abstract:- This study examined the extent of This study examined the knowledge and utilization of social media in health care delivery among health practitioners in university teaching hospitals in Anambra State. To achieve this, the study specifically sought to find out their level of knowledge, exposure to the benefits of utilizing social media in health care delivery and also the extent of social media utilization in health care delivery. The study adopted the Diffusion of Innovations, Technological Determinism Theories .The study employed Quantitative design (Survey) a sample size of 399 drawn from a population of 1505 through Krejcie and Morgan (1979) parameter for sample size determination. The questionnaire was the instrument for data collection for the survey. 372 (Questionnaire) were returned which formed the foundation for data analysis. The area of study was the university teaching hospitals in Anambra state which are Nnamdi Azikiwe university teaching hospital, Nnewi (NAUTH) and Chukwuemeka Odumegwu Ojukwu university teaching hospital, Amaku-Awka (COOUTH). Data collected from the respondents reveal that although they are aware of the utilization of social media technologies in health care delivery, they however do not utilize it in health care delivery because they seem not to be well exposed to the benefits of utilizing them and it is yet to be integrated in the hospitals. They also cited other challenges that can hinder them from utilizing social media in health care delivery, to include misunderstanding of information; illiteracy on the part of patients; poor network access; availability of these devices; poor funding amongst others. However, social media should be accepted as an alternative means of contact and not as a displacement of others. There should also be workshops and seminar to help the health practitioners get exposed to the benefits of utilizing the social media in health care delivery.

Keywords:- Knowledge, Utilization, Social Media, Health Care delivery and Health Practitioner.

I. INTRODUCTION

In the past and up till now, the predominant means of contact with a health institution or facility was face to face (ie. visit to the hospital) reading from a book, magazine, or newspaper or through the electronic media such as a report on the radio or footage in film. Today, by means of new

information and communication technology, we can learn a lot about health matters, health professionals, and health institutions and even interact with the health practitioners. Indeed, in contemporary times, we hear of e-patients, tele-health, virtual surgery, and so on.

According to Fumero and Roca (2007) social network has spread “to all realms of society and form part of the basic culture of new generations as a consubstantial part of the Social Network.” The Web 2.0 or the second Internet generation also known as “the Social Network” provides a way of developing human health promotion and disease prevention programs. This is due largely to the impressive development of medical technology, which constitutes one of the biggest factors influencing changes in health care systems today (Colomer & Álvarez-Dardet, 2001). While considering the role of online health care sites; Mark Britton (2012) observes that social media is a platform where doctors can treat their patients better with less money. Britton (2012) further adds that: The role of online health sites is very different from that of a doctor-patient relationship. It is meant to educate, inform and orient patient, so that they are better prepared to see their doctor. Numerous studies have been done on the average length of a doctor visit (about 13 minutes) and how patients use that time an average of about two questions and in many cases, none. (Gallant, Irizarry, Boone & Kreps, 2011). These authors argue that web-based communication tool development that engages e-patients can better guide effective healthcare strategies and intervention and promote participatory medicine.

However, full adoption and implementation of social media particularly in health sector are to a large extent still emerging (Lewis, Synoweic, Lagomarsmo & Schweitzer, 2012; United Nations Foundation, 2014a, 2014b). As an emerging trend in the utilization of social media in health care delivery in developing countries. It is expected that these university teaching hospitals in Anambra State which are government owned and also have reputable health practitioners, consultants and teachers more exposed than their counterparts are to a high extent expected to be abreast in the utilization of the social media in health care delivery which involves promoting health and disease prevention among patients. There are health institutions that others may look up to in order to adopt any changes as regards their mode of practice these social networking sites can create online communities of support and are an excellent

avenue through which to engage patients regarding specific conditions or diseases seem not to be well utilized. These university teaching hospitals are in high expectation to be using social networking sites to enhance their practices by blending online communications with traditional patient visits which is expected to help patients manage their health themselves and also offer more convenient healthcare that is trending with patient and employers' alike. More so, by means of new information and communication technology, patients and audience may learn a lot about health matters, health care professionals and also health care institutions.

Therefore, the work focused on investigating the extent of knowledge of social media utilization in health care delivery and also the extent of their social media utilization in health care delivery among the health practitioners. Are they used for enhancing their visibility, promoting their services and corporate image or as a public relations tool? Are they using it to provide health information, enlightenment and education for the purpose of preventing disease and promoting health or are they used to deepen interactions and exchanges between healthcare providers and healthcare recipients?

A. Statement of the Research Problem

The overcrowding and delay of patients in Hospitals, mostly caused by health practitioners' preference for Patients' physical presence and paper documentation could lead to cognitive stress and unhealthy environmental effects.

Hence, the adoption of social media could reduce these challenges and enhance instantaneous communication between health practitioners and patients thereby breaking the barrier of distance and location especially during emergencies. In the process, the compulsion of physical presence will be overcome. This is because one major advantage of social media over other means of communication is it breaches some gap in communication and sometimes feedback is immediate.

Just like other professions, like the banking sector where there is use of social media application, Bank applications are created for online banking transactions like sending and receiving money without physical presence in the bank. Also in the business sector, the education and as well the communication sector all these and more seem to have embraced the social media, but in the aspect of the health sector, there seems to be anything or much like that, where patients could log in to hospital's mobile application, talk to a doctor online and get some treatments through that or even get information concerning the services rendered by the hospital, book appointment, seek for consultation, send laboratory result online and more. This may be that the health care practitioners are yet to understand the standard that the social media can place their practice on, or are the health care practitioners using the social media in a different pattern or areas?

B. Objectives of the Study

1. To determine the extent health practitioners in university teaching hospitals in Anambra State are knowledgeable about social media utilization in health care delivery.
2. To ascertain the level of exposure of health practitioners in university teaching hospitals in Anambra State to the benefits of utilizing social media in health care delivery.
3. To find out specific areas of utilization of social media by the health practitioners in health care delivery in university teaching hospitals in Anambra State.
4. To discover possible problems arising from their use of social media in health care delivery.

C. Research Questions

Based on the above objectives, the following research questions were formulated to guide the study:

1. To what extent are health practitioners in university teaching hospitals in Anambra State knowledgeable about social media utilization in health care delivery?
2. To what extent are health practitioners in university teaching hospitals in Anambra State exposed to the benefits of utilizing social media in health care delivery?
3. What are the specific areas of utilization of social media in health care delivery among health practitioners in university teaching hospitals in Anambra State?
4. What are the possible problems arising from the utilization of social media in health care delivery by the health practitioners?

D. Scope of the Study

This study focused on knowledge and utilization of social media in health care delivery among health practitioners. The health practitioners in discourse here involve the health practitioners working in the university teaching hospitals in Anambra State: which are Nnamdi Azikiwe university teaching hospital, Nnewi (NAUTH) and Chukwemeka Odumegwu Ojukwu university teaching hospital Amaku, Awka (COOUTH) Anambra State.

These are the only university teaching hospitals in the state and should take a lead in effective utilization of technological innovation that could help in health care delivery and also sharing health information on disease prevention and health promotion in the state.

E. Significance of the Study

Despite the existence of several literatures and empirical studies on the issue of social media and its awareness. There is still need to look at the social media utilization pattern among health practitioners in health care delivery which includes the aspect of health practitioner and patient relationship, health promotion and disease prevention. It is expected that the output of this research benefits health practitioners working in hospitals as the study will show the relevance of proper utilization of social media in their health care delivery. This shall help the health practitioners to understand how best to sustain the patient's attention, manage barriers of distant locations and more using the social media. Upon successful completion

of this research, the research work will contribute to the existing literature in health communication and will be relevant to various academics within and across Nigeria.

II. LITERATURE REVIEW

A. *Healthcare: An Overview*

Healthcare is the maintenance or improvement of health through the prevention, diagnosis and treatment of disease, illness, injury and other physical and mental impairments in human beings. Healthcare is delivered by health care practitioners, providers or professional in allied health fields. Physicians and associates are a part of these health professionals. Dentist, Nurse, Medical Doctors, Pharmacist, Medical Laboratory Scientist, Optometrist e.t.c. are all part of healthcare practitioners. It includes work done in providing primary care, secondary care, tertiary care and as well as in public health. Healthcare is a big, complex industry with a simple definition: people in this field work to help people get healthy and manage their health. Healthcare could also be said to be the act of taking preventive or necessary medical procedures to improve a person's well-being. This may be done with surgery, the administering of medicine or other alterations in a person's lifestyle. These services are typically offered through a health care system made up of hospitals and physicians.

B. *Healthcare System in Nigeria*

Nigeria as a nation operates a pluralistic health care delivery system (orthodox and traditional health care delivery systems). Orthodox health care services are provided by private and public sectors. However, the provision of health care in the country remains the functions of the three tiers of government: the federal, state and local government.

These levels are under the three tiers of government namely Federal Ministry of Health (FMOH), State and Local Government respectively. The local governments provide primary level of services through Primary Health Care (PHC) centers. The primary health care system is managed by the seven hundred and seventy-four (774) local government areas' chairmen respectively with support from their respective state ministries of health as well as private health practitioners. The state governments are responsible for secondary level of healthcare and delivers service through general hospitals. The secondary health care system is managed by the ministry of health at the state level. The tertiary primary health care is provided by teaching hospitals and specialist hospitals. The secondary and tertiary levels, also work with voluntary and non-governmental organizations, as well as private practitioners (Adeyemo, 2005). The Federal government (ie.) Federal Ministry of Health to deliver tertiary care through highly specialized services in teaching hospitals and federal medical centers.

In 2005, the Federal Ministry of Health (FMH) estimated a total of 23,640 health facilities in Nigeria of which 85.8% are primary health care facilities, 14% secondary and 0.2% tertiary. 38% of these facilities are

owned by the private sector, which provides 60% of health care in the country. In spite of the availability of this huge number of healthcare facilities and advancement in technology the health sector in Nigeria has witnessed various turbulent with its attended negative effects. As affirmed by Obansa and Orimisan (2013), with the country's seeming population now estimated at over 150million, it is still struggling with the provision of basic health services. According to Hefron (2006), health facilities, health centers, personnel, and medical equipments are inadequate in the country, particularly in rural areas. According to him, this clearly explains the high mortality rate in children, maternal and even adults over the years. The major causes are malnutrition that accounts for fifty-two (52) percent of the deaths, malaria thirty (30) percent and diarrhea twenty (20) percent (Federal Ministry of Health 2004). Maternal mortality reported as being is extremely high. In 2008, between 3million and 3.5million people were estimated to be living with HIV/AIDS. Nigeria has the fourth highest number of TB cases in the world, with an estimate of 293 new cases per100,000 population and 546 per 100,000 total cases (Obansa & Orimisan, 2013).

C. *Theoretical Framework*

➤ *Diffusion of Innovation Theory*

In a nutshell, the theory of diffusion of innovations holds that new ideas spread within the society as long as certain conditions are in place. These conditions include that the idea must be seen (exposure), known (knowledge) relatively advantageous (benefits) and that proper channel exists for its propagation (utilization). This perception would be a function of the extent to which they have become familiar with the innovation (this time, e-health communication) i.e. how much the innovation has diffused amongst them. In other words, their utilization of e-health communication facilities would be influenced by the extent they have become familiar with it, its knowledge, implications and benefits in the health care delivery.

In the context of social media knowledge and utilization for health care delivery among health practitioners. The diffusion of innovation theory may be apt for viewing how that innovation –social media applications has been understood and accepted by health care practitioners. Since the theory explains how and why innovations spread within a social space. It may help in understanding user's knowledge and utilization as far as a new practice like social media use in health care delivery among health care practitioners is concerned. It can also be argued that these criticisms may have been defeated, given the fact that new media technologies permit participatory communication, information flow process and is no more source-dominated and one-way rather, the early adopters, opinion leaders, opinion followers and even the laggards are now active and selective. Hence, the theory was found to be relevant to the research work under study.

➤ *Technological Determinism*

On the whole, the technological determinism theory explains how changes in technology affect and determine

our lives, both as individual and as a society. In relation to communication, the theory holds that advancement in communication have continued to redefine human communication in depth, scope and have continued to redefine meaning of the message communicated-the medium is the message, and since communication is the bedrock of human relationship and the utilization of social media for health care delivery amongst health care practitioners. In this scenario, the arguments of McLuhan, Innis and Veblen has become true since both health care practitioners and health care consumers are now so meshed to the social media for a common purpose .It can now be rightly noted that social media has greatly influenced health care delivery in the modern era.

However, the theory was found to be relevant to the study hence the research focused on the knowledge and utilization of social media in health care delivery among health practitioners in the new media era and shows if the social media has determined a social change in the health care delivery.

III. RESEARCH METHODOLOGY

Methodology may be defined as “a set of principles or technicalities which a research study follows to yield reliable results” (Adepoju, 2003, p.47). It ensures that a research “toes a systematic and disciplined path towards view to optimizing precision on one hand and minimizing error on the other” (Arnold, 2010, p.46)

A. Research Design

Research design “is the plan for research project which provides guidelines and directs the researcher toward solving the research problem and it may vary depending on the nature of the problem being studied” (Akuezuilo and Agu, 2002, p.46). Similarly, Asika (1991, p.37) opines that research design

Means the restructuring of investigation aimed at identifying variables and their relationships to one another. It is an outline on scheme that serves as useful guide to the researcher in his efforts to generate data for his study.

Thus, the research design for this study is survey. Survey became necessary due to the quantity of the respondents and nature of the variables involved in the study.

B. Area of Study

The area of study was Anambra State, South-East Nigeria. The state is bounded by Abia, Imo, Enugu, Delta and Kogi States. It is one of the Igbo-speaking states in Nigeria. Anambra State has two university teaching hospitals owned by the federal and state governments respectively. They are Nnamdi Azikiwe University Teaching Hospital (NAUTH), Nnewi owned by the federal government and Chukwuemeka Odumegwu Ojukwu University Teaching Hospital (COOUTH), Amaku, Awka owned by the state government.

C. Population of the Study

Population, according to Silverstone (1980) “is the totality of any group of persons or objects, which is defined by some unique characteristics” (p.76). Therefore, the population of this study is all the health practitioners which include Doctors, Nurses, and Pharmacists, Lab. Scientist, Radiographers and Medical Records officers working in the university teaching hospitals in Anambra State, Nigeria. The population according to official data sourced from the respective personnel department of the hospitals is 1,505 and is broken down thus:

1. Nnamdi Azikiwe University Teaching Hospital, Nnewi – 1, 350.
2. Chukwuemeka Odumegwu Ojukwu Teaching Hospital, Amaku-Awka.– 155

The justification for this selection was hinged on the notion that these are government owned teaching hospitals in the state, they represent the decisions of the government and also have more experienced practitioners.

The sampling frame consists of all the health practitioners working in the federal and state university teaching hospitals in Anambra State. The list of the health practitioners as obtained from the personnel department, Administrative unit of the respective hospitals

S/N	NAUTH		COOUTH	
	Category	Number	Category	Number
1.	Doctors	519	Doctors	71
2.	Nurses/Midwives	518	Nurses/Midwives	41
3.	Pharmacists	55	Pharmacists	15
4.	Lab Scientists	118	Lab Scientists	4
5.	Radiographers	13	Radiographers	5
6.	Medical Record	127	Medical Record	24
	Total	1, 350	Total	155
	GRAND TOTAL	1,505		

Table 1:- Sampling Frame

D. Sample Size and Sampling Procedure

The sample size is 399. This was obtained from the sample sizes worked out by Krejcie and Morgan (1970). Their sample size recommendations are shown in the table below

Population Size	Error Margin = 5%	
	95% Confidence Level	99% Confidence Level
100	80	87
500	217	285
1, 000	278	399
10, 000	370	622
100, 000	383	659
500, 000	384	663
1 million and above	384	663

Table 2:- Populations and Sample Sizes
Source: The Research Advisors (2006)

Since the researcher’s population is up to 1, 000 but less than 10, 000, the sample size is 399,ona (99% confidence level). This confidence level is preferred for more accuracy of result.

For the survey design, the sampling procedure adopted was the stratified sampling procedure. It is a kind of probability sampling technique whereby the researcher chooses a given number of units from each of the strata that makes up the population. The number to be chosen from each stratum is proportional to the contribution of the stratum to the total population (Asika, 1991; Adepoju, 2003).

There are six strata making up the study population as follows: Doctors, Nurses/Midwives, Pharmacists, Lab Scientists, Radiographers and Medical Records. The number to be selected from each was determined using the formula below:

$$X = \frac{n \times S}{N}$$

Where X = number selected from a strata
n = population of the strata
N = Total population of the six strata
S = Sample size

S/N	NAUTH		
	Categories	Total Number	No. Selected
1.	Doctor	519	138
2.	Nurses/Midwives	518	137
3.	Pharmacists	55	14
4.	Lab Scientists	118	31
5.	Radiographers	13	3
6.	Medical Record	127	34
	Total	1, 350	357
S/N	COOUTH		
	Categories	Total Number	No. Selected
1.	Doctors	71	19

2.	Nurses/Midwives	41	10
3.	Pharmacists	15	4
4.	Lab Scientists	4	1
5.	Radiographers	5	2
6.	Medical Record	24	6
	Total	155	42
TOTAL SAMPLE		399	

Table 3:- Sample Distribution

The final respondents who answered the questionnaire from the number representing each stratum were gotten with the use of Accidental sampling procedure at their various complex and units.

E. Method of Data Collection

The copies of the questionnaire were distributed to the health practitioners in selected departments and units across the university teaching hospitals in Anambra State, in their various units and offices using Accidental sampling procedure. Data administration and collection took place immediately after the approval of the questionnaire by the supervisor and lasted for two months. Three research assistants were trained and engaged for this purpose. They helped the researcher in distributing and collecting the copies of the questionnaire where need be.

F. Method of Data Analysis

Analysis is the breaking down and ordering of the quantitative data gathered. Collected data were analyzed by the researcher in order to present the result of the study. Method of data analysis used was descriptive statistics presented in charts and tables.

IV. DATA PRESENTATION AND ANALYSIS

This chapter focused on the presentation and analysis of data collected from the field. It also featured discussion of the findings. Data extracted via survey were presented, analyzed and interpreted.

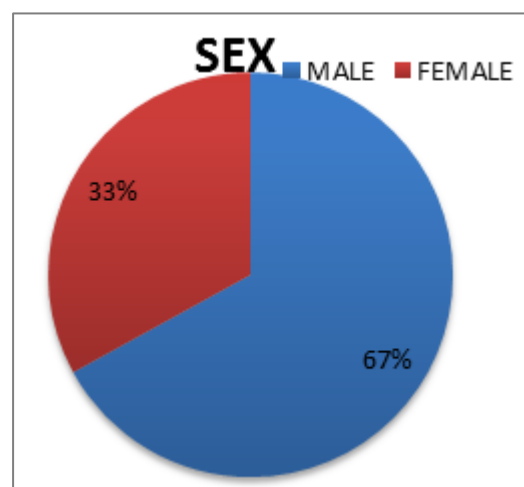


Fig 1:- Respondents' Sex

Figure 1 above showed that out of the (n=372) respondents, (n=249) respondents which represent 67 % were male while (n= 123) respondents, which represent 33%, were female. This shows that the study had more males than females as respondents. However, the ratio of female to male respondents is relatively proportionate.

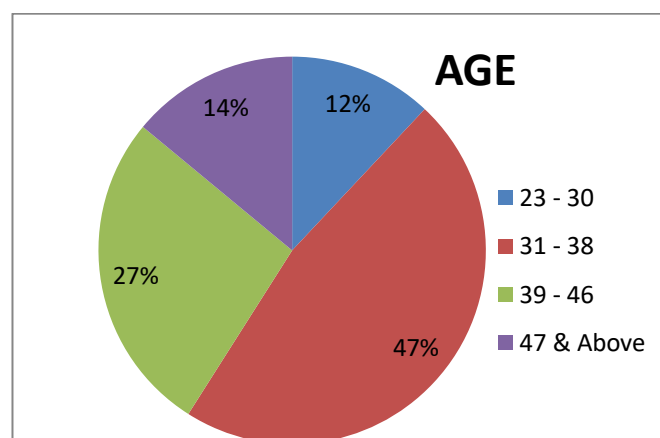


Fig 2:- Respondents' Age Distribution

Figure 2 above showed that out of the (n= 372) respondents, respondents at age 23 – 30 were predominant at 12 %(n= 175) which accounts for 47 % were between the ages of 31-38 and (n=102) which accounts for 27 % were

between the ages of 39 and 46. Then, (n=54) which represents 14% of the respondents were 47years and above. It can be deduced from the data presented above that respondents of ages 31 to 38 make up the greater percentage followed by the respondents of age 39-46 of the health practitioners' population in the university teaching hospitals in Anambra state while health practitioners of 23-30 are of relatively insignificant number.

seen. This also indicates that there is a considerable level of awareness of health care delivery messages on social media by these respondents even though some of them (43%) are still not aware of such messages.

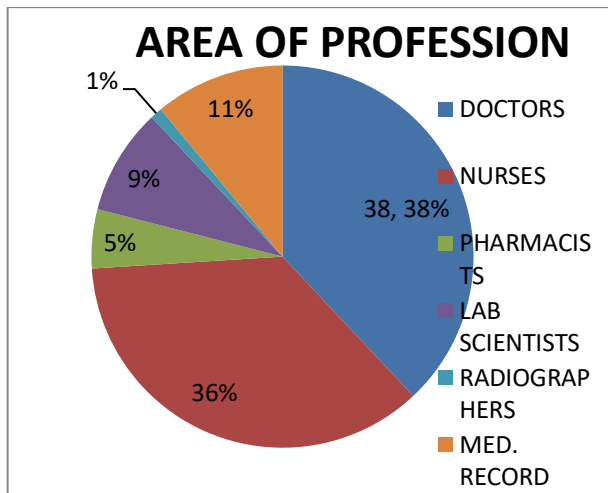


Fig 3:- Respondents' Area of Profession

Figure 3 above showed that out of the (n=372) respondents, (n=142) respondents which represent 38% were Doctors, (n= 135) respondents which represents 36 % were nurses, (n=18) respondents which represent 5 % were pharmacist, (n=32) respondents which represents 9% were Lab. Scientists, (n=5) respondents which represents 1% were Radiographers and (n=40) respondents which represents 11% were medical recorders. From the data extracted, it is clear that the largest number of health practitioners is the Doctors followed by the Nurses, the Medical Record Officers, Lab. Scientist, the Pharmacist and then the Radiographers. This indicates that a greater percentage of the respondents are the Doctors which is beneficial to the study hence, these Doctors are the mostly the people that schedule patients appointments.

Responses	Percentage (%)
Yes	28 N=104
No	72 N=268
Total	100 N=372

Table 5:- Respondents' exposure to the benefits of social media utilization in health care delivery.

Table 5 shows that (n=106) respondents representing 28% actually confirmed that they are exposed to the benefits of social media in health care delivery, while (n=268) respondents representing 72% said that they are not exposed and not aware of the benefits of social media utilization in health care delivery. Comparing the data on table 9 with the data on table 10, one can say that although some of the respondents have seen messages on health care delivery on the social media they are not exposed to the benefits of social media utilization in health care delivery. This means that the benefits of utilizing social media in health care delivery are not well known by health practitioners and can connote a factor for low utilization. This finding supports the theory of diffusion of innovation theory utilized in the study where it states that new ideas can spread within the society as long as certain conditions are put in place. One of the conditions is that the relative advantage (benefits) for propagation (utilization) is known. Hence the health practitioners' utilization of social media is exposure to its benefits which the researcher states that could come through seminars, workshops, trainings and conference to enlighten the health practitioners on the benefits.

Responses	Percentage (%)
Yes	57 N =212
No	43 160
Total	100 N=372

Table 4:- Respondents' awareness of health care delivery messages on the social media.

Table 4 above showed that (n=212) respondents representing 57% has seen messages on health care delivery while (n=160) respondents representing 43% have not seen messages on health care delivery on the social media. The greater percentage of the respondents have seen messages on health care delivery on the social media. This implies that many health practitioners see messages on the social media while some indicated that they have not

Responses	Percentage (%)
Yes, I know	56 N=210
No, I don't	44 N=162
Total	100 N=372

Table 6:- Respondents' Knowledge on social media utilization in health care.

Table 6 above (n=210) of the respondents which represents 56% indicated that they know that social media can be used in health care delivery while (n=162) respondents which represent 44% said they do not know that social media can be used in health care delivery. From the data, one can say that a greater percentage of the health practitioners know that social media can be used in health care delivery.

Responses	Percentage (%)
Yes	19 N=70
No	81 N=302
Total	100 N=372

Table 7:- Respondents' use of Social media for health care Delivery

Table 7 above indicates that (n= 302) respondents which represent 81% indicated that they do not use social media in health care delivery, while (n= 70) respondents representing 19 % indicated that they use social media in health care delivery. Comparing the data on table 6 and table 8, one can say that although larger number (52%) indicated that they know about social media utilization in health care delivery but many of them about (81%) do not utilize social media in their health care delivery. This finding also represents the tenets of the uses and gratifications theory, which states that people use the media and not the media using them, hence people choose the medium they use based on the gratification they derive from using them, they adopt new media technologies to satisfy certain needs.

Responses	Percentage (%)
Facebook	21 N=79
Whatsapp	45 N=168
Instagram	12 N=45
Twitter	22 N=80
Total	100 N=372

Table 8:- Which of the social media platform do you access for health care delivery message.

Data in table 8 shows that 21% of the respondents use facebook more often for healthcare delivery; 45% of the respondents use whatsapp; 12% use instagram while the remaining 22% use twitter. This data indicates that the dominant social media used by health care providers in Anambra state is whatsapp.

Responses	Percentage (%)
Low knowledge of social media	12 N=46
Poor exposure of benefit	22 N=82
Poor network access	15 N=55
Lack of social media devices.	12 N=46
Others	6 N=22
Not applicable	33 N=121
Total	100 N=372

Table 9:- Respondents' Challenges in using social media for health care delivery

From the table 9 above (n=46) respondents representing 12% indicated that their challenge was low knowledge of social media while (n=82) respondents representing 22% indicated that poor exposure to benefit is their challenge for utilizing social media in health care delivery(n=55) respondents representing 15% indicated poor network access as their challenge (n=46) respondents representing 12% indicated that lack of social media device was their challenge (n=22) representing 6% stated other reasons of confidentiality and illiteracy on the part of the patients (n=121) representing 33% stated above in table 17 of not having challenges in utilizing social media in health care delivery. This implies that some of the respondents do not encounter challenge or knows how to manage the challenge for proper social media utilization. However, respondents who know how to manage challenges or do not encounter one could teach others through the seminars or training earlier advised. Meanwhile, Anambra state is in South-east region which has been stated to have a high Internet literacy rate(National Literacy Survey,2010) and so should be able to attend to the challenges towards social media utilization in health care delivery.

V. DISCUSSION OF FINDINGS

Findings of the study revealed that the health practitioners in university teaching hospitals in Anambra state are knowledgeable of social media utilization in health care delivery. This is made evident in the responses of the respondents from the survey and also from the interview sessions where respondents of a percentage of 56 stated that they have knowledge of social media and in the interview sessions where the interview stated that they know about social media utilization in health care delivery although about four of the respondents stated that that it is not a deep knowledge but knowledge with the fact that there are technological advances and we are in a digital era. Furthermore, data extracted from tables 6-7 also show that there is knowledge of social media in health care delivery

among health care practitioners in university teaching hospitals in Anambra state. This finding is however in contrast to the findings by Abondrin and Akande (2009) which revealed that only 34.1 of the health professionals had a good knowledge of ICT in LAUTECH. However, following the year's difference there is an improvement in the knowledge of social media among health care practitioners. Hence about 56% stated that they are knowledgeable of social media utilization in health care delivery.

The current study makes a conceptual contribution on the relevance of social media utilization in the health care delivery. From the responses and interviews respectively where about 72% stated that they are not exposed to the benefits of social media utilization and also the interviewees who stated that sensitization and seminars on the benefits of social media utilization in health care delivery has not been done indicates the health practitioners are not exposed to the benefits of social media utilization in health care delivery. Hence one of the factors for low utilization of social media in healthcare delivery by these health practitioners.

This finding goes in line with the theory of diffusion of innovation utilized in the study to say that for effective utilization of a new media or for new ideas to spread within the society certain conditions must be in place. These conditions include that the idea must be seen (exposure), known (knowledge) relatively advantageous (benefits) and that proper channel exists for its propagation (utilization). This perception would be a function of the extent to which they have become familiar with the innovation i.e. how much the innovation has diffused amongst them. In other words, their utilization of social media would be influenced by the extent they have become familiar with it, its knowledge, implications and benefits in the health care delivery. That is to say that for effective utilization, there is need to know the innovation and be exposed to its benefits.

From the findings of the study and the literature that they are specific areas, health practitioners use the social media and these specific areas are as a result of having a motivation for using it. Take for instance, the health practitioners stated that they use social media among themselves because it helps them circulate and receive information among themselves. The main motivations for using social media in healthcare settings by healthcare providers, hospitals, physicians, and other health staff are as follows: marketing, communicating with patients and coworkers, disseminating health education, raising awareness, obtaining information regarding the most current medical studies, reducing medical-care costs, and improving the quality of care. (Smith and Anderson, 2018).

This response is also evident in the survey data in tables 15 and 16 where many said they do not use social media for promoting health and preventing disease through spreading of health information but they access the social media as seen in table 16. That is to say that they have other areas that they utilize social media as against using it for health care delivery purposes.

There is however some challenges that the respondents and also the interviewees stated as the challenges that they may encounter in the use of social media in health care delivery. The findings of the study showed that these challenges include the aspect of confidentiality, poor funding, and poor network access, security, misinterpretation of information or instruction given to a patients and also illiteracy that may come from some patients. The findings of the study is related to the findings (Spector and Kappel, 2011) which revealed that violation of confidentiality and privacy of the patient is another significant disadvantage of using social media in the healthcare setting. The violation can be either intentional or inadvertent and can happen in many different ways.

VI. CONCLUSION

It has been agreed that the social media has not come as a displacement or replacement to other means of communication but as a convergence, hence it creates an atmosphere where one can choose the most suitable means of communication at a given point or even use more than one to achieve the same goal.

However, social media with its perceived benefits of immediate feedback and more should have an edge over others. Creativity and ideas are the new values to attract people to accept a particular message irrespective of the means of communication. However, these health practitioners in university teaching hospitals in Anambra state should find social media as an alternative means to communicate with their patients and also allow these social media to be a formal and accepted means of booking appointment with them, educate these patients on how to manage their health while maintaining the confidentiality of an information they have about the patient.

Furthermore, it appears that the health practitioners' ability to effectively utilize these social media to a large extent is dependent on been fully oriented and exposed to the benefits of social media utilization which could be through seminar, workshop, training e.t.c will also help to solve the perceived problems of utilization. Adding also that by integrating the social media properly into the health care delivery in the hospital.

RECOMMENDATIONS

Based on the findings of the study, a number of recommendations were found relevant towards the effective utilization of social media in health care delivery.

Generally,

- The concept of social media in health care delivery should be integrated, both in theory and in practice. The health practitioners should help create an environment where people can always learn how to manage their health and which in turn have a positive impact on the society if utilized in their health care practice.

- Health practitioners should also increase their presence in social media particularly for health care delivery purposes. This will help make social media in health care a professional one, so that people can always consult them or make recommendation whenever there is need.
- It should also be noted that this means of contact with a health practitioner is different from other means of contact with a health practitioners and also as an evolving and emerging means of health care delivery. There is need for proper orientation and sensitization for effective utilization of these media in health care delivery which should be done through workshop or sensitization programs.

From a managerial standpoint,

- There is need to promote the use of new and social media to overcome the shortcomings of traditional means of communication.
- Professionals in the field of health care delivery should adopt social media as an alternative form of communication with the patients and vice versa and not to replace the traditional forms of contact with the health practitioners.
- There is need to increase the awareness on the importance and benefits of utilizing social media in health care delivery among health practitioners. Proper orientation should be employed towards achieving effective utilization of social media in health care delivery among health practitioners. There is also need to know and understand the perceptions of health practitioners towards social media use in health care.
- Health practitioners should be educated on the emerging trend of social media utilization in health care delivery to avoid inducing negativity from them.

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