INTRODUCTION
Social networks are formed where individuals or organisations are linked by a common tie such as shared working environment or professional group (Borgatti & Halgin, 2011). Many of the current challenges of evidence based practice are related to ineffective internal and external social networks (Oborn, Barrett, & Racko, 2010).

There is significant potential within multi-disciplinary virtual communities (VC) to facilitate the transfer of knowledge by overcoming professional and organisational boundaries (McGowan, 2012).

Although healthcare professionals have been using the Internet to form VCs since the early 1990’s (De Witt, Gunn, P, & Street, 2004; Murray, 1996) little is known regarding why they join or remain a member because most research has focused on the perspective of ‘posters’, who form a minority of members.

Virtual community use by healthcare professionals

Current evidence suggests that healthcare professionals (HCP) have established a VC to improve access to colleagues so they can discuss relevant professional issues and share knowledge (Rolls, Hansen, Jackson, & Elliott, 2014). Analysis of posting behaviours however found that 60-89% of members rarely post online (Macdonald, MacPherson, & Gushulak, 2009; Morken, Bull, & Moben, 2009).

Given these findings what motivates HCP to join a VC, and what do they find in these communities that influence them to remain members?

Online focus groups

Online or virtual focus groups are becoming more common as they enable participation of geographically distributed time-poor individuals and are less expensive to conduct (Liamputtong, 2011; Williams, Clausen, Robertson, Peacock, & McPherson, 2012).

Asynchronous focus groups using a discussion forum have two key advantages:

1. Participants have more time to consider their posts or responses, and can post at a time of their convenience.
2. The participant-controlled, real-time data collection enhances both data analysis (Kenny, 2005; Liamputtong, 2011) and study credibility (Shenton, 2004).

Study Aim

To explore why members belong to a practice-based VC for healthcare professionals who care for intensive care patients.

Study setting

The ‘Intensive Care - Virtual Community’ (IC-VC) is a professional listserv established in 2003 by a state health department (Rolls, Kowal, Elliott, & Burrell, 2008) to reduce a sense of professional isolation and improve knowledge distribution between intensive care units. In mid-2014 there were in excess of 1600 members, reflecting an Australian-wide, multi-disciplinary and multi-organisation communication network (Rolls et al., 2014).

METHODS

A naturalist design using three asynchronous online focus groups was undertaken. The focus groups were held between October and December 2014 with each group running over three weeks using a closed secure discussion forum.

Participants were invited to participate via a VC post and after registering were stratified into a focus group by their online posting behaviours between September 2012 and August 2014.

1. Frequent posters – members who posted more than five times
2. Low posters – members who posted between one to five times
3. Non-posters – members who had not posted

A moderation approach was developed based on the principles of focus group method (Liamputtong, 2011) and e-moderation (Salmon, 2011).

A question guide was used to guide participant discussion. This was modified from 11 to 7 questions after the first focus group.

KR was the moderator with DE a non-member observer.

A research diary and field notes were maintained in NVIVO (QRS International, Melbourne Australia), which also supported data analysis NCapture was used to extract the discussion threads from the forums.

Data analysis

A thematic approach (Braun & Clarke, 2006) to data analysis was used, framed by the ‘Diffusion of Innovation’ (Rogers, 2003).

RESULTS

Twenty nine VC members registered with 23 actively participating in online discussions (FG1 – 3; FG2 – 13; FG3 – 7).

Participant demographics:

- 20 nurses and one bureaucrat, physiotherapist and physician.
- Located in five Australian jurisdictions [NSW (12), Western Australia (4), South Australia (3), Victoria (2) and Queensland (1)] and Canada (1).

Early themes were identified during the focus groups (see figure 1), discussed within the research team and checked with focus group participants.

DISCUSSION

Early data analysis suggests that the social network characteristics of this virtual community are influential on membership decisions.

By linking members to a broad professional community IC-VC has overcome current clinical silos, thus facilitating knowledge flow across geographic, professional and organisational boundaries (McGowan, 2012).

References