The value of webinars during COVID-19 pandemic: A questionnaire-based survey

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INTRODUCTION

After the first reported case of coronavirus disease 2019 (COVID-19) in December 2019 in Wuhan city, in the Hubei province of China,[1] a global pandemic ensued involving all countries. The WHO declared it a public health emergency of international concern on March 11, 2020, and lockdown was ordered in most nations worldwide, including India,[2] stalling the process of education. Many conferences and continuing medical education (CME) programmes were canceled or postponed. There was a remarkable change in webinars which increased by more than 300% in 2020 compared to 2019.[3] Currently, there is an increase in online webinars worldwide and is expected to rise even further. Urologists have to get acquainted with this technology to gain from it. With this significant evolution in the learning environment, webinar training has already been accepted in the Western nations as a feasible and practical approach.[4]

An ideal webinar should meet the needs of residents, young and old urologists practicing in either teaching

ABSTRACT

Introduction: An opportunity for e-learning has been created by the ongoing pandemic and lockdown, along with the availability of efficient technology. Webinars have filled in the lacunae of the learning process. We conducted an online survey to evaluate the interest and opinion regarding webinars, which enables for standardization of future webinars and reap the maximum benefits.

Methods: An online survey was conducted among practicing urologists and urology residents. The survey was formulated and edited by a group of urologists and uro-oncologists who had experience conducting several regional and international conferences and webinars. The survey comprised 39 questions divided into six parts.

Results: A total of 328 urologists throughout the country participated in the survey, and 303 complete responses were obtained for the analysis. 67.3% subjects felt that live webinars are the preferred method of knowledge exchange during the coronavirus disease pandemic, and 58.1% felt that this concept of webinars had to be extended even after the pandemic was over. Few shortcomings in the webinars included lack of networking (41.3%), lack of personal connection (73.3%), and lack of practical skills (35%). About 85.5% felt that the duration should be <90 min, and 83.2% thought that speakers should be restricted to <5. They were comfortable attending the webinars on weekends (48.8%) or weekdays but after hospital hours (43.9%). Most of them felt (92.4%) that webinars should be focused, covering a single theme and including international and national speakers (84.2%).

Conclusions: Webinars can be streamlined for the better and continued after the pandemic. A few issues in this novel learning process have to be adequately addressed to strengthen this modality of academic urology.
or nonteaching hospitals, and practicing in tier 1 or tier 2 cities.[5] We conducted an online survey to know the interest and opinion of senior and junior urologists regarding webinars, which would enable standardization and smooth functioning and help in acceptance of webinars as a learning process. A research-based questionnaire survey is a new and appealing way of gathering data, along with being quick and cost-effective.[6]

MATERIALS AND METHODS

An online survey was conducted among the practicing urologists and urology residents to evaluate webinars in urology in India. Questions were devised to understand the approach among urologists regarding webinars during the COVID-19 pandemic when all the in-person meetings, CME conferences were canceled.

The survey was formulated and edited by a group of urologists and uro- oncologists who had experience conducting several regional and international conferences and webinars. Questions of the study were validated and reedited by senior urology colleagues across the country to prevent bias or confusion among respondents. The survey was anonymously conducted on the Google Forms platform to avoid any bias. All the participants were exempted from writing their names, institute, or workplace; the survey source was also not disclosed. The link of the final version of the questionnaires was distributed using the quick mode of online communication, namely WhatsApp® and Telegram® Urology groups. The survey was made available for 2 weeks during August 2020, when the number of webinars was at its peak. The Delphi consensus was followed.

The survey comprised 39 questions divided into six parts, directed toward the individual opinion regarding the conduct of online webinars. In the first section, primary demographic data were collected, including the designation of work, age, type of city, area of interest, platform, and device used for watching webinars. The second section had general questions regarding virtual platforms, like webinars as a source of knowledge, preferred source of exchange during a complete lockdown of the country. The third section of the survey included questions comparing webinars with in-person meetings, the requirement of webinars directed toward postgraduate teachings, and the clarity of concepts presented during webinars. In the fourth section, questions regarding the ideal conduct of webinars were asked, such as ideal duration, number of speakers, timings of the webinar, and contents to be included. The fifth section comprised questions regarding the advantages and disadvantages of webinars and overall satisfaction and requirement of guidelines to monitor the conduction of webinars. The last section was based on questions linked to privacy and loss of confidentiality during webinars and space for expressing personal opinions by the respondents.

Data from respondents who completely filled forms were analyzed with computer software SPSS v21 (IBM Corp., Armonk, NY, USA). The Chi-square test was used for descriptive statistics to draw proportions and represented tables and bar diagrams or pie charts. P < 0.05 was considered statistically significant.

RESULTS

A total of 328 urologists and urology trainees throughout the country participated in the survey, and 303 complete responses were obtained for the analysis. Among the respondents, 15.8% were residents or fellows. The majority of the respondents were consultants working in teaching (44.2%) or nonteaching hospitals (39.9%). Most of the respondents were between 41 and 60 years (49.8%). About 64.7% of urologists who participated in our survey worked in metro or tier I cities, 33.7% were from tier II cities, and only 1.7% worked in rural areas [Table 1].

Most of our respondents got the information about webinars on social platforms such as WhatsApp (95%), E-mail (47.9%), and Facebook (25.1%), while 25.4% were informed by friends or by other means. Participants preferred watching the webinars on their mobile (65%) or on their laptops (60.4%) and less frequently used their tablets or iPads (16.2%) or televisions (2%). The most common platforms utilized for conducting the webinars were Zoom; hence, 95% of the participants viewed directly on Zoom, YouTube (40.6%) or Facebook (36.6%) telecast from Zoom. Less frequently used platforms included Microsoft Teams (17.8%), Cisco WebEx (14.9%), Go to Webinar (12.9%), and Skype (1.3%) [Table 2].

67.3% respondents felt that live webinars are the preferred method of knowledge exchange during the COVID pandemic, and 58.1% felt that this concept of webinars has to be extended even after the pandemic is over. Almost half of the urologists felt that webinars could never replace live conferences or CME (49.5%), while 79.6% of our respondents felt webinars dedicated to urology residents are required, and youngsters should be given more opportunities (70.6%). Although many felt that webinars are an effective mode of training (57.8%), 93.4% of our participants felt that they must choose it wisely before watching the webinars. About 61.4% felt that Webinars saved money and traveling time and yet provided the same amount of knowledge.

Few shortcomings in webinars included lack of networking (41.3%), lack of personal connection (73.3%), and lack of practical skills (35%). The participants in the present survey felt that ideal webinars should include lectures (57.8%), semi-live videos (71.3%), live
After attending webinars, 48.8% of our responding urologists felt clarity in concept. A majority (70.4%) of them felt that webinars were inferior to live conferences and CME. About 45.6% were completely satisfied after attending webinars, while 31% of them were partly satisfied [Figure 2]. When asked about the recommendations for making a successful and ideal webinar, 85.5% felt the duration should be <90 min, and 83.2% thought speakers should be restricted to <5. They were comfortable attending the webinars on weekends (48.8%) or weekdays, but after hospital hours (43.9%) [Figure 3]. Most of them felt (92.4%) that webinars should be focused, covering a single theme, and including international and national speakers (84.2%). Most of the participants were satisfied with the webinars, and 49.6% were more likely to recommend them to their friends and colleagues [Figure 4].

**DISCUSSION**

The term “webinar” is derived from an amalgamation of two words, “web” and “seminar.” The term “webinar” was first introduced by Korb in 1998.[7] However, the pandemic of COVID in 2020, and the imposition of lockdown throughout the world, made it one of the most common modes of digital interactions in the medical fraternity. It revolutionized the way of sharing knowledge and boosted e-learning. A webinar is different from an introductory webcast; it is interactive and allows two-way communication between the speaker and participants.[9,10]

The various advantages include it saves cost and time required to travel to conferences or CMEs. It is simpler to conduct and easy to exchange information, even after the event is over. There is no limit to its expansion; it can be stored for further review with ease of recording. It can reach out to a larger population or even people outside that particular region without any boundaries. One of the disadvantages of webinars includes their dependence on technology, so technical problems can hinder its smooth functioning. Other disadvantages are reduced interaction between speakers and participants, and listeners can get distracted easily.

As compared to in-person meetings, webinars miss the human touch. A majority of our respondents felt losing a personal connection with old friends or teachers and missed practical hands-on skills with new technology and networking with others. About 52.6% of respondents felt that conferences acted as a break from their busy, hectic schedule, which is lost with webinars. However, webinars can be quickly improvised to meet the standards and fill in the niche during emergencies such as COVID or add-on to the learning process during regular times. A few outright advantages of webinars include their easy accessibility, easy attendance at the comfort of home, and the chance to attend various webinars happening worldwide, which were missed by the residents in third-world countries or developing nations.

The majority of respondents feel that webinars are an effective learning mode. A substantial part of our fraternity felt that there should be dedicated and focused webinars for the urology residents and postgraduates for their academic purposes. This bridges the gaps in their knowledge; residents

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**Table 1: Basic information of participants (n=328)**

| Age (years) | Percentage |
|-------------|------------|
| ≤40         | 37         |
| 41-50       | 27.7       |
| 51-60       | 22.1       |
| ≥61         | 13.2       |

| Designation                  | Percentage |
|------------------------------|------------|
| Consultant non-teaching      | 39.9       |
| Consultant teaching          | 44.2       |
| Fellow/resident              | 15.8       |

| Place of work                | Percentage |
|------------------------------|------------|
| Metro/Tier 1 city            | 64.7       |
| Tied 2 city                  | 33.7       |
| Rural                        | 1.7        |

| Area of interest             | Percentage |
|------------------------------|------------|
| Endourology                  | 74.9       |
| Uro-oncology                 | 68.3       |
| General urology              | 47.5       |
| Laparoscopic/robotic surgeries| 47.2       |
| Transplant surgery           | 33         |
| Andrology                    | 26.7       |
| Female urology               | 22.8       |
| Pediatric urology            | 18.2       |
| Others                       | 4.3        |

**Table 2: Information regarding mode of webinar (n=328)**

| Source of information     | Percentage |
|----------------------------|------------|
| WhatsApp                   | 95         |
| E-mail                     | 47.9       |
| Facebook                   | 25.1       |
| Friends                    | 17.8       |
| Others                     | 7.6        |

| Device used                | Percentage |
|----------------------------|------------|
| Mobile                     | 65         |
| Computer/laptop            | 60.4       |
| iPad/Tab                   | 16.2       |
| TV                         | 2          |

| Webinar viewing platform   | Percentage |
|----------------------------|------------|
| Zoom                       | 95         |
| YouTube                    | 40.6       |
| Facebook                   | 36.6       |
| Microsoft teams            | 17.8       |
| Cisco WebEx                | 14.9       |
| Go to Webinar              | 12.9       |
| Skype                      | 1.3        |
| Other apps                 | 4.3        |
can also revisit the recorded webinars to clear doubts and concepts further and attend more often without risking the loss of their clinical work. About 69% of our respondents think that youngsters should also be given more opportunities during these webinars, thus helping them grow, learn, and teach simultaneously and making them more complete and befitting clinicians in future.

Seventy-eight percent of our cohort population attended the webinars to update their knowledge, either due to the presence of eminent speakers or more so because topics were interesting and good. Most respondents focused on attending the webinars according to their area of interest and not just because they are happening. Therefore, webinars should be more focused and doctrine on a single concept or single theme.

Most of our respondents felt that webinars should be accessible for everyone for more straightforward and broader acceptance but there should be a prior registration, probably so that only the interested doctors will be joining in. A significant percentage of the responding urologists felt that webinars should not extend beyond dedicated 90 min. It probably increases the efficiency of persons attending the webinar, which in turn increases the total number of people joining it.

Most of them wanted single-theme webinars in which the total number of speakers was <5 and felt that speakers from both national and international levels should be included in the webinars. However, there was a split in opinion when asked about the content of the webinar to be included. The younger generation (<50 years) opted more for lectures and live surgeries. Whereas practicing urologists (>50 years) opted for panel discussions, question and answers sessions, semi-live videos, and case-based studies. However, when stalwarts presented their experience, both the groups were
more interested when compared to those in nonteaching hospitals

People attending the webinars felt more comfortable asking questions in the chat box on a digital platform compared to direct face-to-face interaction during live conferences. It is a boon with its drawbacks; nevertheless, more people will get their concepts right. Our representation sample contains 44% teaching consultants, which may not be a true representation of the Urological Society of India (USI). However, consultants involved in teaching are in a better position to judge whether webinars are useful or not for our fraternity, so we feel that a higher number of teaching faculty would enhance the strength and truthfulness of the study.

Nowadays, digital platforms are flooded with numerous webinars, both new and those recorded in the past. This makes the audience more confused, thereby losing their interest in the learning process. Regarding this, our survey population felt the need to formulate guidelines by urological societies in India, for instance, a separate digital wing in the USI for smoother and effective functioning of webinar learning in India.

Among the responses, few concerns were expressed regarding the privacy or confidentiality of professional discussion of medical knowledge. Most felt there is a breach of confidentiality on the digital platform. These issues need to be addressed adequately at the present moment. It is the combined responsibility of the organizing committee, speakers, attendees of the webinar, and the governing body of that particular national society. The future of webinars is bright and is one of the good outcomes of the COVID-19 pandemic. Webinars are here to stay for long and necessarily reinstate our view of learning.\(^\text{[11]}\)
Our results are only from the 328 respondents from the entire urology fraternity of 4000;[12]. Respondents are representatives of enthusiasts and technologically savvy population and may not represent the entire fraternity of urologists. However, this is the population that routinely more frequently gets involved in webinars and progressive learning. The online survey was taken by self-selection and hence may be skewed.

CONCLUSION

Webinars flourished during the COVID–19 pandemic and lockdown and became the lifeline of academics in urology. However, webinars must be streamlined to ensure the best outcome. Our survey showed that webinars are the need of the hour and must be continued even after the pandemic. Focused, single-theme webinars with both national and international speakers were preferable to most urologists. Although privacy is of concern currently, it can be overcome by better formulation of guidelines regarding webinars and more vigilance by participants of a webinar.

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