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SOCIAL MEDIA AND HEALTHCARE: AN ANALYSIS OF RESEARCH AND LIMITATIONS

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SOCIAL MEDIA AND HEALTHCARE:
AN ANALYSIS OF RESEARCH AND LIMITATIONS

by

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B.S., Southern Illinois University, 2014

A Research Paper
Submitted in Partial Fulfillment of the Requirements for the
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RESEARCH PAPER APPROVAL

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Approved by:

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TITLE: SOCIAL MEDIA AND HEALTHCARE: AN ANALYSIS OF RESEARCH AND LIMITATIONS

MAJOR PROFESSOR: Dr. Wenjing Xie

Social media presents a new tool for healthcare provider to connect with and interact with their patients outside of the traditional means. Healthcare providers must take care to use this growing platform to connect but avoid privacy and ethical violations that may cross the boundary of provider-patient relationships. This paper examines and analyzes the use of social media both by healthcare providers and patients and the limitations imposed by legal and ethical barriers to its wide acceptance and utilization.

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CHAPTER 1

INTRODUCTION

The birth of the Web 2.0 brought with it many changes to the way healthcare providers communicated and interacted with their patients. Healthcare providers are now using social media to provide support outside of the office while patients are at the mercy of information brokers whose information may or may not be true (Davis and Calitz, 2014). This presents a unique challenge to healthcare providers as they know must answer patient questions generated by online sources that may or may not be verifiable.

A 2013 report by Pew Research (2013) stated that 72 percent of internet users consulted the internet in search of health information. Patients are now more in control of their care, reviews and electronic word-of-mouth now place healthcare providers and treatments at the mercy of patients and disgruntled employees.

However, the use of social media presents a unique opportunity for healthcare providers as a professional tool. Just like patients will seek connection to each other to become informed and reinforce or dispel pre-existing knowledge, healthcare providers can also use the medium to seek second opinions, to learn about new techniques or treatments, or to develop themselves in both a personal or professional manner (Park *et al.*, 2011).

Social media use is not without its limitations and special care must be taken to understand and avoid overstepping them. Various regulations from governing healthcare provider organizations have already developed ethics codes that clearly define how a provider and patient's relationship should be defined outside of the office (Craig *et al.*, 2013). The Health Information Portability and Accountability Act (HIPAA)

regulations also place a burden on healthcare providers to both use social media as a tool to aid in the treatment of their patients but without violating the patient's privacy (Gagnon and Sabus, 2014).

This paper seeks to understand the current practices surrounding the use of social media by healthcare providers and patients as a means of communication and inherent limitations that come with social media interactions. The concluding sections of this paper will discuss the potential role and impact social media will play in healthcare communications.

Definitions

Social Media

The purpose of this study is to understand the current use and limitations of social media as a communication tool for healthcare providers and their patients. Social media in this instance will be given the popular definition as defined by Kaplan and Haenlein. They describe social media as “a group of Internet-based applications that build on the ideological and technological foundations of Web 2.0, and that allow the creation and exchange of User Generated Content (Kaplan and Haenlein, 2010).

Internet-based applications in this instance represent the different forms of social media such as blogs, forums, online game environments, open source projects and social sites such as Facebook and Twitter.

A social networking site for this paper will be defined as an online service or application that allows individuals the ability to create a public or semi-public profile, form connections that stimulate interaction, form new connections through their list of current connections (Boyd and Ellison, 2008).

A social media site will be distinguished from other interactive social networking sites by promoting openness, discussion, community and the formation of connections (Mayfield, 2008). Commonly referred social media platforms are Facebook, Twitter, Instagram, Pinterest, and Snapchat. This list is not exhaustive but simply serves to illustrate the definitions in a way that is easy to understand.

Healthcare Participants

Patients will be defined as any person seeking health information whether they have a formal diagnosis or not (WHO, 2010). Healthcare providers are those who provide any healthcare advice, diagnosis or provide care in any capacity. This expands this definition past the traditional doctor to include nursing assistants (CNA), nurses (LPN, RN, BSN), etc. but excludes those who practice without a license and who are not at a liability for providing incorrect or dangerous information (WHO, 2010).

HIPPA and Privacy

This paper will look at the effect of privacy on how social media is used by healthcare professionals and patients to gather information for general wellbeing and health. The Health Insurance and Portability and Accountability Act (HIPAA) is the leading regulation that maintains that a patient health information is private. The California Department of Healthcare Services give the following definition for HIPAA.

The HIPAA Privacy regulations require health care providers and organizations, as well as their business associates, develop and follow procedures that ensure the confidentiality and security of protected health information (PHI) when it is transferred, received, handled, or shared. This applies to all forms of PHI, including paper, oral, and electronic,

etc. Furthermore, only the minimum health information necessary to conduct business is to be used or shared (2017).

For the purpose of this paper, this will involve the interaction between healthcare provider and patient through non-traditional mediums such as social media. These interaction, as will be shown in later sections of this paper, if not handled with HIPAA in mind could lead to information being mishandled and the defamation of the individual and subsequent damage to their public image.

CHAPTER 2

METHODOLOGY

For this paper, a systematic search process was utilized to identify the articles that would be of use and contain the relevant information needed to produce coherent research. To perform this literature review, the system employed by Smailhodzic *et al.* (2016) was emulated using search terms related to both healthcare and social media. The search was conducted through relevant web databases such as EBSCOhost and Lexus Nexus. Special care was taken to include medical and communication journals while those outside of those field were excluded. Papers in foreign languages and not pertaining to both subjects were also excluded.

CHAPTER 3

SOCIAL MEDIA: A HEALTHCARE PROVIDER TOOL

Healthcare Provider to Patient Communication

Public Health: Patient/Community Outreach

Healthcare provider should be using social media for what it is, a communication tool. They should be actively engaging in a neutral manner that allows them to gauge and understand their patients and how best to meet them.

To be successful using social media, a healthcare provider must provide a forum of engagement for their patients in a way that the flow of information is not hindered, but at the same time is conducive to a healthy treatment and psychological development (Craig *et al.*, 2013). These types of engagements can range from helpful infographics about proper post treatment care or preventative steps for seasonal and common ailments like influenza or skin cancer as an example. They can also serve as a starting point for conversation. Healthcare providers should also stay at the cutting edge of new treatments and let their audience know when one that may benefit them becomes available (Seeman and Born, 2013). Let the audience dictate the content but allow room to focus and refine certain aspects that may need more support.

It is important for the healthcare provider to understand, however, that they cannot provide everything a patient will need to get through or manage a condition (Abbas *et al.*, 2016). This is where support groups both those found in the real world and on social media are important. Healthcare providers should assist newly diagnosed patients or those struggling with the condition with finding a trustworthy and supportive group or in the absence of one, starting and moderating one (Jacobs *et al.*, 2016).

Marketing and Public Relations

For many business, the use of social media as a promotional tool created a new way to reach their customers and market their products and services to a group of users who can no longer sit still. Healthcare is no different. Social media is a crucial element to effective marketing and if healthcare organization wish to stay competitive then they will need to join the fray (Abbas *et al.*, 2016). Effective use of social media will attract new patients and maintain old ones. Managing a social media account for many organizations, however, seems a daunting task that all but the largest of organizations seem to handle with ease (Weaver *et al.*, 2012).

Small, independent facilities on the other hand must have a set plan in place to make the best use of the platform while also fully utilizing impression management to drive traffic to the site while extending the reach and engagement to those outside of the community. Impression management, as described by Dwyer (2007) is the ability of an organization to influence, both consciously and unconsciously, how a user perceives an object, person, service or event by controlling and moderating the flow of information through social interaction. By providing a constant flow of information and content geared for the target audience, social media organizations can generate a successful social media platform from which customer engagement is easy and fluid (Weaver *et al.*, 2012).

The benefit to using social media as a marketing tool is the low cost and wide reach and engagement. Healthcare organizations, especially smaller ones with a much smaller promotional budget, should take advantage of Facebook and Twitter to gauge the public's opinion and interest of their services.

Before a healthcare organization decides to join the ring and enter the fray of social media an extensive plan known simply as a Social Media Plan should be implemented. This plan should be aligned with current brand and practice image and values (Gagnon and Sabus, 2014). The plan's purpose is to outline social media activity, its outcomes and the responses needed to address them accordingly. A healthcare organizations Social Media Plan should address good and bad situations like reviews and claims of HIPAA violations while also allowing the plan to evolve with the social media as needed (Gagnon and Sabus, 2014).

Regardless of an organization size, all healthcare organization should address feedback in a timely manner. Smaller organization who may not be able to afford a dedicated social media or communications department can make use of the many free monitoring software. Effective resolution of feedback will help an organization maintain their efficiency and control over the content of their page while also building a relationship with their patient base. The key to an effective social media presence is to know how to respond and respond quickly.

Provider to Provider Communication

Interpersonal communication for healthcare providers is similar in purpose to those that are patient centered. The use of social media sites is providing healthcare providers at all level a new means of professional development and connections that promote growths not only as a healthcare provider but of a member of a growing community of social media adept professionals (Betts *et al.*, 2016). Healthcare social media can safely communicate and collaborate to share clinical and operational information between colleagues (Lawson, 2014). The use of social media extends the networking capabilities of the healthcare provider and allows them to seek new

information about conditions and up and coming procedure and treatments that may be of benefit to those they within their own community.

Using social media as a learning tool varies by the type of provider. For example, nurses and nurse practitioners are more likely to use it as tool to connect with patients and to more public health issues while those in a more specialized field such as cardiology or cosmetic surgery will be critical of the review systems and patient feedback (Weaver *et al.*, 2012). Larger organizations like the Center for Disease Control (CDC) and the World Health Organization (WHO) would be more interested in promoting large scale world health awareness and to reduce disease through attractive infographics and campaigns (Weaver *et al.*, 2012).

Healthcare providers also experience the same connectivity that patients seek within online communities. The ability to seek information on treatments or to gather second opinions provides a sense of community that before social media only extended to the office doors (Pentescu *et al.*, 2015). However, Betts *et al.* (2016) noted that while there are posts and content created by healthcare providers, most providers only seek information as a passive engager. This may because, they note, is that healthcare providers seek to crowd source information from the communities at large instead of relying on sources that may or may not be accurate (Betts *et al.*, 2016).

To make effective use of social media as a peer-to-peer professional tool, users will need to become savvy in its use and function to receive the best results for themselves and their community, both professional and patient based. This means knowing the limitations set in place by their governing body such as the American Medical Association (Gagnon and Sabus, 2014). As will be discussed later in this paper, a clear distinction between professional and private interactions are key to making

effective use of social media both as a tool for informing and promoting patient wellbeing but also as tool for connecting with peers.

CHAPTER 4

SOCIAL MEDIA: A PATIENT TOOL

Cognitive Uses of Social Media

Social Support

For patients, social media is not meant to replace healthcare providers as a source of information concerning their health. Rather, as Smailhodzic *et al.* (2016) notes, it is used to fill a role of compassion and emotional support that a doctor or nurse cannot fill. Instead, healthcare providers use social media to control the flow of information to the patient and to ensure that they are receiving truthful and beneficial information to their health.

For patients, social media serves as a powerful connecting tool that builds powerful social networks with communities of similar people. These connections can improve collaboration, education and support where it may be lacking in their real lives (Bacigalupe & Askari, 2013). Smailhodzic *et al.* (2016) found that the main reason that patients sought connections via social media was for social support which serve to improve the patient's ability to cope, personal esteem, connectivity and knowledge in regards to their illness (Smailhodzic *et al.*, 2016).

For those seeking affirmation for their conditions, online communities serve as a great source to meet and connect with fellow patients who may be suffering from the same or similar condition. For many, reading the other's stories lead to enhanced self-management and control while also improving the patient's well-being.

Many users only used social media to boost their own well-being by reading and experiencing the stories of others. Smailhodzic *et al.* (2016) identified these patients as "lurkers" A lurker is defined by Smailhodzic *et al.* (2016) as any community member who

through social anxiety or privacy concerns, refrain from interaction within the community but instead passively gather information and learn about other patient's experiences. In their study, these lurkers benefited similarly to those who were active in the community while at the same time experience lower anxiety and self-esteem issues (Smailhodzic *et al.*, 2016).

However, the lurker's passive participation in a social media community had negative effects on the lurkers if the introduction of negative stories occurred as they would not discuss their feelings or try to find alternative outcomes and instead dwell on the negative information (Smailhodzic *et al.*, 2016).

It can be assumed that while the benefits of social media groups and the communities they form are important for the patient's well-being, playing a passive role in the community leaves the patient at the whim of the community's content -- both positive and negative (Pentescu *et al.*, 2015). Instead, group members should maintain a constant interaction and maintain a positive outlook on the community's posts and to understand that while one patient experienced a certain outcome, those outcomes do not reflect their own illness or potential outcomes (Jacobs *et al.*, 2016).

Community

Social media groups provide a sense of community for patients who may or may not have the support in their actual lives. Chronic conditions and those suffering from disability may not have access to face-to-face social groups due to physical impairment or isolations (Davis & Calitz, 2014). Social support has become a central part of healthy psychological status. Using a community support, however, should not replace primary care but should instead serve to gather information and to ask important questions pertaining to care (Smailhodzic *et al.*, 2016).

The strength of online communities lies in their ability to develop member attachment. These attachments come from the inherent commonalities found within in health-related groups such as those around diabetes or asthma (Davis & Calitz, 2014). Online communities, however, will not replace the effectiveness of peer-to-peer groups but should serve as an augmenting force that connects members outside of the meetings and provide more knowledge and social support when needed (Boyce *et al.*, 2014).

For those suffering from a chronic condition or disability, isolation or seclusion may make it appear that they are the only one suffering from the conditions. The inability to relate to those around them. For those patients, social media groups provide an ability to connect to people with similar experiences and alleviate the feelings of loneliness and seclusion. However, the effects of social media do not just extend to the patients, as Smailhodzic *et al.* (2016) found, but also to their friends and families. However, they conclude, the effectiveness of a social connection and a patient's improvement in psychological well-being may be connected to self-esteem (Jacobs *et al.*, 2016).

Behavioral Uses of Social Media

While the use of social media has many cognitive benefits for patients. If used correctly and their healthcare providers are proactive in curating and analyzing the information their patients are gathering. The access to the Internet is forcing many healthcare providers to become secondary care providers due to rising healthcare costs (Pinho-Costa *et al.* 2016). The free access of information via social media platforms such as Facebook provide free information but at the risk of being unverified and potentially dangerous (Jacobs *et al.*, 2016).

Gagnon and Sabus (2014) found in their research that when most Internet users are looking for healthcare information they are seeking to diagnose themselves or other their loved ones. For many patients, this allows them to have more control over treatments and to have at minimum, a basic understanding of symptoms, treatments and outcomes associated with their illness (Abbas *et al*, 2016).

CHAPTER 5

LIMITATIONS

Privacy

Like all means of communication, the use of social media by healthcare providers and healthcare organizations comes with extreme limitations and barriers to access that must be addressed. Social media sites, despite various levels of controllable security, are vulnerable to hackers and data leaks (Lawson, 2014). This means that communications outside of the closed doors of an examination room are at risk of violating the Health Information Portability and Accountability Act (HIPAA) (Craig *et al.*, 2013). Under HIPAA, healthcare professionals are bound to a legal obligation to maintain a patient privacy (Craig *et al.*, 2013).

There is also the fear that communication with patients outside of the traditional means will begin to blur the line between patient and healthcare provider by encouraging patients to contact doctors, nurses and other professionals outside of the office to seek medical advice (Craig *et al.*, 2013).

As younger healthcare providers begin entering the field of practice, it will become more necessary for employers to understand the role of social media in both personal and professional setting and to set clear standards and expectations for its use (Davis and Calitz, 2014).

This generational shift has already begun forcing many healthcare organizations to begin modifying online best practice recommendations. The American Medical Association (AMA) reconstituted its online interaction standard to apply to social media. The American Nurses Association (ANA), National Council of State Boards of Nursing (NCSBN), American Society of Health System Pharmacists (ASHSP) all quickly followed

suit and created individual plans that addressed the issues of privacy both as a professional and private tool of communication (Gagnon & Sabus, 2014). These plans are constructed to address privacy concerns but to also save the healthcare provider, their employer and patient from harm to their reputation and to maintain workplace productivity (Gagnon & Sabus, 2014).

Horowitz (2014) offered a few recommendations for employers and healthcare providers that can help guide employees in using social media in a safe and constructive manner.

- Healthcare professionals should try to provide advice in masse to avoid any implications of privacy.
- If a patient is need of care, the HCP should advise them to seek medical attention at their earliest convenience or seek emergency care if condition is in dire need of care (Ratliff, 2014).
- To remove liability, the HCP should also identify themselves as a licensed professional and their governing place of employment but that the advice being posted is solely the opinion of their own being and not reflected upon the HCO they are employed by (Horowitz, 2014).

In the end, employers need to set a clear boundary as to where social media use begins and end and that the maintenance of privacy is of the utmost importance. Crossing these boundaries must have clearly visible consequences not only to protect the healthcare provider but to also protect the integrity of the institution and the patient's wellbeing (Ratliff, 2014).

Staff Access and Utilization

For large organizations, making full use of social media is little more than a trivial matter. In many cases, large organizations have dedicated departments who serve as the front end digital customer service (Gagnon & Sabus, 2014). Their online presence can exist as a secondary entity whose purpose is to interact with patients and provide them with information that is beneficial to their health and conducive to their treatment.

However, smaller organizations suffer from a lack of staff and training that may leave many healthcare providers and their staff unable to fully utilize social media effectively. Weaver *et al.* (2012) notes, for example, an educational gap between what nurses are learning and what patients are experiencing in terms of communication. There is a small group of nurses, especially as younger and younger nurses enter the field, that are more knowledgeable to the effects and benefits of using social media to connect with patients (Weaver *et al.*, 2012) but that more education institutions should begin incorporating material and advice that would lead to a more effective use of the medium.

But a lack of knowledge of social media is not the only hindrance to using social media to interact with patients. A lack of staff also will also place an unnecessary burden on staff (Weaver, 2014). Nurses, for example, are also responsible for many more daily tasks that managing a social media presence would become another task that would require a complete redesign of the individual nursing system of the at the healthcare provider's practice (Horowitz, 2014).

Self-Treatment

Social media access has a far larger reach than most healthcare providers would like to admit. A patient can now categorize and identify symptoms and then using tools

such as WebMD and the Mayo Clinic's website can to a degree, self-diagnose (Abbas *et al.*, 2016). However, patients are using these tools before they see a healthcare providers. While sources such as WebMD and the Mayo Clinic are reliable, many sources are not. With this inability to disseminate the correct information from the incorrect, many patients are putting themselves and other at risk by following information that could result in injury, worsening of conditions or death (Lawson, 2014). The responsibility then falls onto the healthcare providers to aid the patient in learning all they can about their conditions and treatment or provide valuable and trustworthy sources at the time of diagnosis and to open more avenues of communication during the early stages of diagnosis (Reis *et al.*, 2013).

This invalidity of information does not just pose a risk to patients. Healthcare providers who use online sources may also run the risk of receiving incorrect information and in turn provide inappropriate care that could result in patient harm and possible legal action (Craig *et al.*, 2013). Information for both patients and healthcare providers on social media sites do not receive the same validation that published materials do. So, from both a patient and a healthcare provider's perspective it falls to the healthcare providers to disseminate what is true and what is false (Craig *et al.*, 2014).

Patients are also using social media as a source to decide on what healthcare providers or treatments are best for them. This too can lead to disparities in information and invalid reviews by disgruntled employees and patients could lead to important decisions of which healthcare provider the patient seeks and what kind of treatments they continue with (Gagnon and Sabus, 2014). Social media places a unique burden onto healthcare providers and their staff. On one hand, they can reach many more patients

and potential patients than word of mouth alone while on the other are left at the mercy of an uncountable number of review sites, one of which is Facebook, that even a strong public relations department would have trouble contending with (Gagnon and Sabus, 2014).

Smailhodzic *et al.* (2016) notes that the increased discussion between patients also has a negative impact between the healthcare provider and the patient if the information gained through the groups conflicts with the information the provider has. This is best illustrated by the discrepancies in available treatments by the current healthcare provider and those discussed within a closed group that may or may not be available or in early clinical trials. A provider's contention to the use of social media, Smailhodzic *et al.* (2016) states, also serves a source of discontent with the provider's current treatment or breadth of information.

While the many benefits to patients using social media groups as a tool to cope with and understand their illness are undeniable, it also presents a unique challenge to both healthcare providers and other organizations. While the groups themselves are not an issue, the information being utilized may present (Jacobs *et al.*, 2016). Closed, invite only groups such as those commonly utilized via Facebook are largely untracked and unedited (Craig *et al.*, 2013). Therefore, information is not checked for validity and its reach could put it outside of healthcare provider's ability to correct. This has the potential to pose extreme risks to public health and wellbeing (Jacobs *et al.*, 2016). While not an ethical or legal issue, healthcare providers would be left with damage control but restricted access to the source information could prove the task difficult.

Technology Access

While access to social media is increasing every day, many minority groups are still not properly represented. Many social media groups and healthcare pages are designed and aimed at patients who have better access to digital information and physical healthcare (Bacigalupe & Askari, 2013). While this flaw in design and function is not intentional, it presents a unique challenge to healthcare providers. Per Bacigalupe & Askari (2013) this disparity in service and reach only aids the widening gap in healthcare inequality.

However, socioeconomic matters are not solely to blame for the disparity of healthcare social media access. Many healthcare providers are utilizing plans and technologies that may not be easily accessible in underdeveloped or underfunded areas (Sun and Rau, 2014). To overcome this, healthcare provider's intent on using social media need to promote the access to site at all opportunities. Social media should not shift to the primary means of communication, instead it should serve as a supplementary means of communication (Weaver *et al*, 2012). Public outreach is extremely important in accessing and assisting the community suffering from healthcare disparities.

CHAPTER 6

FUTURE CONSIDERATIONS

The future of social media is uncertain; healthcare providers must be ready to adapt to every changing battlefield of misinformation and falsities. As access to the Internet and social media expands, it will be increasingly important for healthcare providers to connect with patients to provide service in a much more efficient manner (Koumpouros *et al.*, 2015).

The development of secure healthcare oriented social media sites may aid in opening new means of communication between provider and patient. Using secure logins and an integrated user interface healthcare providers could aid in patients who need information while providing the tools required to teach those who just starting their treatment (Pentescu *et al.*, 2015). This may evolve into a customer service type system that healthcare providers can utilize during business hours to answer questions that are important but not dire enough to warrant a visit to the doctor's office.

Healthcare providers have a very powerful ability to influence their patients in a way that is not completely understood. They must make every effort to use this power to promote a social wellbeing not only in their patients but also in the community as a large. To do this, they must move away from the tradition push notifications and more towards viral and guerrilla techniques that have a high level of patient engagement and interaction (Jacobs *et al.*, 2016).

CHAPTER 7
DISCUSSION
Discussion

As with all means of communication, it's uncertain how efficient or optimal social media use will remain. However, it has increasingly become apparent that social media is an important tool to staying connected with an ever-growing patient base. Healthcare providers need to make full use of it as an auxiliary path of communication to supplement traditional means of communication already being utilized.

Social media has pushed the healthcare provider-patient interaction from a one-way communication path to that of a two-way where both parties are learning and listening to each other while the healthcare provider is given important and sometimes lifesaving insight into some patients fear and concerns (Pentescu *et al.*, 2015).

However, the unstable nature of social media and the thinning line that divides personal and professional web personalities will require any healthcare provider interested in utilizing social media to reach new and existing patients to become aware of what constitutes professional communication. Healthcare providers will also have to take special considerations to maintain patient confidentiality and privacy as described by HIPAA regulations. Failure to maintain a patient's privacy, regardless of whether it was patient or healthcare provider instigated, could result in legal action, loss of employment and damage to the patient's wellbeing.

To avoid HIPAA violations, both governing healthcare bodies and healthcare providers should design and implement a social media plan that clearly lays out what is acceptable use of social media in both a professional and private environment (Gagnon and Sabus, 2014).

Regardless of inherent fear of violating HIPAA, healthcare providers cannot deny the effectiveness of connecting with patients outside of the doctor's office. While the care should be taken to preserve HIPAA standards and the patient's privacy concerns, using social media to communicate as part of a public health tool could reach a wide demographic of patients suffering from similar ailments and provide a cheap alternative to those who may or may not be able to afford consistent healthcare services (Bacigalupe and Askari, 2013).

As a promotional tool, healthcare providers can use social media to create a community wide discussion that can be used as a form of citizen science and help find new tools and services to provide treatment beyond the office. Social media sites, such as Facebook, also serve an important role in building brand relationships with the community to help identify needs and services that may promote a wellbeing outside of the healthcare context (Seeman & Born, 2013).

CHAPTER 8

CONCLUSION

The quickly expanding social media sphere offers both many risks and rewards for healthcare professionals. They have broken the one-way communication of yesterday and opened a much-needed avenue of communication that not only improves patient care but also allows healthcare providers to reinforce and empower not only those suffering from an illness but their loved ones.

Healthcare providers must be ready and willing to adapt this by seeking education and training into using social media effectively. Advances in social media technology and usage will require healthcare provider adapt to stay on top of the ever-expanding depository of information that patients will not only be searching for but also creating and distributing.

This paper stands as the starting point for research and further study into the growing interaction between patients and healthcare providers through social media. It's important for both providers and their patients to understand where their connections should begin and end and what rights they have when those connections are used for intentions other than communicating

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