

## **Social Media and Healthcare: An Overview**

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### **Introduction**

In our “e-society,” social media is pervasive, rapidly evolving, and increasingly influencing the healthcare landscape. In fact, it is becoming more important that all healthcare providers understand the basic function of social media processes including: what it is, who uses it, what it can be used for, and how it might impact your practice. Social media is now integrated in many individuals’ daily routines and there is no question that social media is changing the way patients communicate with each other, for example: patients compare notes on support groups, new investigations, treatments, and even physicians and thus continue to take an active role in their healthcare [1]. With the continued growth of social media, physicians in practice and healthcare delivery organizations must understand this phenomenon and how it may be used in a positive way to connect with patients. It is beyond the scope of this article to explore in detail the types, uses, and impact of social media, but the authors will present a brief overview that covers the basics of how social media is being used in healthcare and beyond.

### **The Social Media Landscape**

Definitions of social media abound but they all involve two primary actions: socialization and sharing. Social media is a form of new media that eclipses the traditional static website and allows online users to interact with one another. “The term *social media* describes a set of technology tools that are just as they sound — mediated opportunities for bringing people together and encouraging social networking and dialogic communication” [2]. Table 1 illustrates the four types of social media. However, recently the lines dividing these categories have been blurring, especially with the capability to synchronize content across multiple sites.

**Table 1. Social Media Types Based on Usage and Function**

<b>Type</b>	<b>Description</b>	<b>Examples</b>	<b>Examples in Healthcare</b>
<b>Blogs</b>	Online journals, where authors share their opinions and/or experiences on various topics. Blogs can be personal, similar to an online diary, or professional, with opinions related to an area of expertise. Entries vary in length (often 200-1000 words) and frequency (some bloggers post daily or a few times a day, while others post 2-3 times/week) and readers can comment on posts. Entries can include photos, audio/video files.	Blogger <a href="http://www.blogger.com">www.blogger.com</a> LiveJournal <a href="http://www.livejournal.com">www.livejournal.com</a> WordPress <a href="http://www.wordpress.org">www.wordpress.org</a>	Sharing Mayo Clinic <a href="http://www.sharing.mayoclinic.org">www.sharing.mayoclinic.org</a> American Red Cross <a href="http://www.blog.redcross.org/">www.blog.redcross.org/</a> Mercy Health System <a href="http://www.mercyblogs.org/">www.mercyblogs.org/</a> McLeod Health <a href="http://blog.mcleodhealth.org/">http://blog.mcleodhealth.org/</a>
<b>Microblogging and presence applications</b>	A version of the blog. Posts are much shorter and more frequent. Twitter limits length to 140 characters and many users post several times a day. Posts can be sent via cell phone, text messaging, and can include images, audio/video files.	Twitter <a href="http://www.twitter.com">www.twitter.com</a> Tumblr <a href="http://www.tumblr.com">www.tumblr.com</a> FourSquare <a href="http://www.foursquare.com">www.foursquare.com</a>	St. Jude on Twitter <a href="http://www.twitter.com/StJude/">www.twitter.com/StJude/</a> Aurora Health on Twitter <a href="http://www.twitter.com/Aurora_Health">www.twitter.com/Aurora_Health</a>
<b>Social networking sites</b>	Websites where users build online profiles, share updates about themselves, photos, links, etc. and comment on others' updates. A key function is the linking to other profiles, which builds one's social network on a site.	Facebook <a href="http://www.facebook.com/">www.facebook.com/</a> MySpace <a href="http://www.myspace.com/">www.myspace.com/</a> LinkedIn <a href="http://www.linkedin.com/">www.linkedin.com/</a>	Phyzforum <a href="http://www.phyzforum.org">www.phyzforum.org</a> Veterans Health Administration on Facebook <a href="http://www.facebook.com/VeteransHealth">www.facebook.com/VeteransHealth</a>
<b>Photo/video/file sharing sites</b>	Websites where users share photos/videos/files. Uploads are searchable and often can be downloaded and spread by linking to them in the other three types of social media. This linking could increase the reach of a video/photo exponentially and make it go "viral."	YouTube <a href="http://www.youtube.com/">www.youtube.com/</a> Flickr <a href="http://www.flickr.com/">www.flickr.com/</a> SlideShare <a href="http://www.slideshare.net/">www.slideshare.net/</a>	Wellmont Health System on YouTube <a href="http://www.youtube.com/user/WellmontHealth">www.youtube.com/user/WellmontHealth</a> Duke University Medical Center on YouTube <a href="http://www.youtube.com/user/dukemedicine">www.youtube.com/user/dukemedicine</a>

Note: For more examples of social media use in healthcare, visit <http://ebennett.org/>

Social media has the largest share of Internet users' time and has had significant growth and change in the past year (See Table 2). Of all Internet users in the United States, 74% visited social networking or blogging sites and spent an average of 6.5 hours in April 2010 [3]. However, the term "Internet users" is vague and a deeper look into its demographics can help decide whether social media is something your practice should pursue. Different social media attracts different age groups. Blogging has become less popular among teens (ages 12-17) and young adults (ages 18-29) since 2006 and more popular with older adults (ages 30 and older). In 2009, 11% of Internet users ages 30 and above maintained a personal blog [4].

**Table 2.** *Most Common Online Activities by Share of U.S. Internet Time*

<b>Rank</b>	<b>Activity type</b>	<b>Share of time June 2010</b>	<b>Share of time June 2009</b>	<b>% change in share of time</b>
<b>1</b>	Social networks	22.7%	15.8%	43%
<b>2</b>	Online games	10.2%	9.3%	10%
<b>3</b>	E-mail	8.3%	11.5%	-28%
<b>4</b>	Online portals	4.4%	5.5%	-20%
<b>5</b>	Instant messaging	4.0%	4.7%	-15%
<b>6</b>	Videos/movies*	3.9%	3.5%	11%
<b>7</b>	Search	3.5%	3.4%	3%
<b>8</b>	Software manufacturers	3.3%	3.3%	0%
<b>9</b>	Multi-category entertainment	2.8%	3.0%	-7%
<b>10</b>	Classifieds/auctions	2.7%	2.7%	0%
	Other**	34.3%	37.3%	-8%

Source: The Nielsen Company, 2010 [5]

\* This category includes video-specific (YouTube, Hulu) and movie-related (IMDB, Netflix) sites only. It does not include streaming video from sports/news or other sites.

\*\* This category includes 74 remaining online activities

In the past five years, blogs have matured and become more professional and are now considered a legitimate media outlet by many. In 2009, professional bloggers (people who treat blogging as a job) were more active than hobbyists; a total of 28% of all bloggers were earning income from it [6]. Blogs are now routinely scanned by the mainstream media, politicians, those in public relations, advertising, and marketing as a way to monitor constituents and target audiences as well as to maximize damage control when negative comments occur.

Social networking sites exhibit a similar trend: the average age of users is 37 years. Ages 35 to 44 dominate the 19 most popular social networking websites in the United States and represent a quarter of their visitors. The age group 45-54 is the second most popular with 19% of the users, while the age group 25-34 is third with 18% of users [7]. However, all social networking sites are not the same and they attract different crowds. For example, Bebo and

MySpace have the youngest users, while LinkedIn and Classmates.com attract the oldest ones. Facebook, the largest social networking site worldwide (with more than 500 million users) and in the United States (with an estimated 142 million) [8], has 61% of its members aged 35 and older [7]. Users over 65 are joining Facebook faster than any other age group and in May 2010 three times more older adults signed up than in May 2009 [9]. Therefore, approaching your target audience through social media should be based on its demographics and relative use of these sites.

In summary, social media has many different formats, each with a different audience. In the past 4-5 years, social media has matured and become more mainstream. This has made it more influential and has attracted the attention of a number of industries.

### **Current Use of Social Media in Healthcare**

Many patients are social media users; therefore, the question for the healthcare industry is whether and how much social media impacts patient care. According to some experts, the influence is clear. “The internet in general and social media in particular are changing health care,” says David Perlmutter, Ph.D., a researcher of social media and blogging, author of the book *Blogwars*, and director of the School of Journalism and Mass Communication at University of Iowa. “On the one hand the new generation of medical practitioners was raised to favor data delivered by iPhone and texting, not textbooks and conferences. On the other hand, the public has never found it so easy to absorb and act upon on health information, misinformation and even disinformation” [10].

A number of healthcare organizations have already established a social media presence. As of July 2010, that number is 762, according to Ed Bennett, director of web strategy at the University of Maryland Medical System [11]. Twitter is the most popular tool, used by 583 hospitals, followed by Facebook (551 hospitals), YouTube (348 hospitals) and blogs (99 hospitals) for a total of 1,581 social media sites [11]. Bennett has outlined five essential uses of social media for hospitals: 1) customer service, 2) community outreach, 3) patient education, 4) public relations, and 5) crisis communications [12].

Many medical associations are using social media as a way to communicate and provide services to their members. The Tennessee Medical Association uses Facebook, Twitter, and YouTube, which allows members to share information, documents, and ideas. Members receive tweets or videos of the latest healthcare reform developments and urgent pieces of legislation [13]. The American Academy of Physical Medicine and Rehabilitation (AAPM&R) also uses several social media types discussed here. It has a one-year-old Facebook page with 677 current supporters. In August 2010, the Academy launched its own online peer network ([www.phyzforum.org](http://www.phyzforum.org)) that already has over 400 members and 15 discussion topics. The site encourages members to share information, documents, and ideas. The goal is to create a personal and customized approach to communication where one can develop a profile, picture,

professional interests, updates, and “colleagues” [14]. A Google group was created a month after the Haiti earthquake in February 2010, where Academy members and nonmembers could discuss volunteer efforts. AAPM&R has also experimented with microblogging by using Twitter during its 2009 Annual Assembly; however, that was discontinued based on lukewarm feedback.

Use of social media exposes healthcare to new potential risks, and privacy concerns for both physicians and patients must be considered. Possible risks include:

- A patient’s privacy might be violated by physicians disclosing too much detail about cases online, especially without the patient’s consent (HIPPA violation, Health Insurance Portability and Accountability Act).
- Physicians may feel that their own privacy is at stake when sharing more information than is typically shared during a traditional patient office visit.
- Patients may misinterpret a physician’s comments online and act upon them, which could be potentially harmful.
- Patients might rely too much on social media to connect to their physicians and ignore traditional and more immediate channels of communication (e.g., phone calls, office visits).

Healthcare organizations must adopt clear policies regarding the use of social media and educate physicians and staff of their responsibilities regarding what is appropriate and what is inappropriate.

### **Implications for Physician Practices**

Bennett’s five uses of social media can serve as a guide when considering the implications of social media on one’s practice or organization.

#### ***Customer Service***

Social media can facilitate, enhance, and improve physician-patient communication. Patients can leave feedback about their experience and this allows physicians to address concerns. It provides an easy method for patients to make, to reschedule, or to be reminded about appointments. A patient’s Facebook page or tweets might show physicians the major issues in that patient’s life. A physician’s page, on the other hand, can inform patients of what to expect during a visit and prepare them for the visit. Allowing patients to share stories through a hospital blog is also a form of customer service, as it may foster connections and build a support group. An example is the “Sharing Mayo Clinic” blog, which also provides information on community outreach and education. A physician’s blog may improve physician-patient communication by personalizing the physician or the entire practice, which is more difficult to achieve during short clinic visits.

#### ***Community Outreach***

Social media can involve patients in community activities supported by a physician or organization. For example, an outreach day for bicycle safety for children and teenagers could be publicized through local blogs or social networks that parents, and particularly mothers, use (such as the “mom blogs”). Social media is about relationships and continuity; therefore, the overall strategy should be to develop a long-term engagement. A good rule by Bennett is to not always talk about oneself but to share information from other sources, such as news media [12]. This is a way to maintain the conversation and limit excessive self-promotion, which may drive patients away.

### ***Patient Education***

Providing updates on health topics helps inform patients. A health blog can be established in which a physician discusses issues in the media or in the local community. The blog can educate patients and make them more active in self-management or disease prevention. Providing education through social media extends the patient visit into the pre-, during-, post-visit continuum, which can improve information flow and consistency of care, especially for illnesses that require long-term care [15]. Blogs by physicians provide content consistent with medical evidence and accepted procedures. This can help prevent the confusion that "Dr. Google" second opinions cause and the misinformation discussed earlier by Perlmutter.

### ***Public Relations***

Blogs, Twitter, and social networking sites are a great way to publicize a physician or practice within the lay or medical communities. Social media can replace the old practice of "cold calling" potential referral bases. Now a physician can become their fan/follower and create a connection. This allows patients to check out a physician at their leisure and independent of a physician's schedule, which can save time from calls and office visits. In addition, journalists scan blogs, tweets, and social networks and a strong presence there may result in unsolicited positive news stories from the traditional media.

A drawback, however, is that social media allows for an easier, faster, and wider spread of negative comments and necessitates a quicker reaction by the person or practice who may be targeted. In the past, a disgruntled patient could do little harm because traditional word of mouth (WOM) had limited reach and longevity. On the Internet, negative WOM (called “eWOM”) has unlimited market penetration and lasts longer. Thus, the potential harm is larger and responses from physicians and practices must by necessity be faster.

### ***Crisis Communications***

Social media is a tool for crisis communication where physicians can quickly inform of their availability and readiness to help in a disaster/crisis situation. Social media also connects disaster victims to responders. A recent online survey by the American Red Cross demonstrates the public's high expectations in this respect. About 20% of participants (n = 212) said they

would use e-mail, websites, or social media to contact responders if they could not reach 911. Most (69%) said that emergency responders should monitor social media sites, so they could quickly send help, and 74% expect help to arrive within an hour after their tweet or Facebook post [16]. The Federal Emergency and Management Agency (FEMA) and the American Red Cross (ARC) have Facebook pages, and the ARC also has a blog and a Twitter account.

## **Conclusions**

Many physicians and practices could benefit from engaging in one or several types of social media; however, physicians should consider carefully the costs and benefits and take into account the following when deciding their social media strategy:

- Think about your larger goal. (Are you trying to acquire new patients, retain existing ones or strengthen relationships with existing patients?)
- Identify your target audience. (Are they new or current patients? What are their demographics and psychographics?)
- Research where your patients go online. (Which social media types do they use? How much do they use them?)
- Determine your own comfort level with social media. (Which social media types do you know or enjoy?)
- Identify the best tool for achieving your goal. (Which social media type best fits your target audience and goals?)
- Decide how much time and effort to invest in social media. (Is this the most efficient way to approach your target audience? Is it better to do this yourself or engage a professional who can help you?)
- Focus on a long-term relationship-building strategy.
- Start small, be patient, listen to the online community you join, and observe its culture and dynamics.
- If one particular website does not work for you, try another until you find the best fit. Do not be intimidated by the technology. These tools are very user-friendly.
- Do not be discouraged if things are slow at first. You need time to develop a following in any type of social media.
- If you are concerned about your privacy, do not mix your personal and professional social media. You can create two separate profiles, personal and professional, and have different people in each.

It is obvious that one can have information overload. However, the question is quickly becoming not whether your practice can afford to consider social media but rather can it afford not to.

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