Social Media Use in Healthcare by Indian Patients and Healthcare Providers: Reasons and Obstacles

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KEYWORDS	ABSTRACT:
healthcare professionals, patients, social media, social networking sites.	*The aim of this study was to investigate the reasons and obstacles that patients and healthcare professionals face when using social media in the healthcare industry. It was discovered that users of Facebook (62.9%), Twitter (49.4%), and YouTube (13.4%) were patients and healthcare professionals. Facebook is becoming a household social networking site, which is why patients used it more frequently (89%) than other people. Because LinkedIn is becoming into a larger network of peers, it was preferred by healthcare professionals (95%) above other platforms. The findings indicated a significant difference in the reasons why patients and medical professionals utilize social media.*

1.Introduction

India wants to build a strong healthcare system as one of its financial and social resources. This is only feasible if the government of the country permits its citizens to have equal and open access to all kinds of medical care. Since 1975, India has worked to enhance the framework for quality human services in an effort to accomplish this goal (Jantavongso: 2013). These days, online networking sites and the Internet provide access to private medical information (Jantavongso, 2015: 25–37). Effective development is used to create databases, wellness and restorative records, and wellness recommendations. Using e-wellbeing frameworks, everyone can examine the data and important information of others (Shah et al.: 2014, p.10).

Additionally, social media provides a safe environment for implementing online innovations and best practices to improve interpersonal communication, experiences, and viewpoints (Gupta et al., 2013, pp. 293-302; Subair &Oriogu, 2016, pp.67-72). Additionally, social media apps are inexpensive forms of promotion. that support the development of networks, the quick dissemination of information, and ultimately the public's assurance and trust (Jermsittiparsert et al.: 2018, pp.1257-1273). It can use a variety of formats, including audio, video, images, and material (Parida et al., 2016, pp. 1134–1141, Mishra, 2018, pages. 1457–1471). Social media marketers face challenges include the growing quantity and variety of medical issues vying for the attention of the public; time constraints; and the proliferation of communication platforms, including the internet. The most effective strategy is a multimodal one.

Since the main goal of this study was to examine how patients and healthcare professionals used social media in India, it also looked at the impact of e-health policies in India, which is facing a number of health-related issues and barriers of medical services, such as lack of funds, lack of expert doctors, and healthcare facilities. To facilitate data for the current study, a comprehensive literature survey was conducted, consulting a variety of sources, including journals, books, and websites of health organisations and hospitals, to gather pertinent information on the motivations and obstacles faced by patients and healthcare professionals (Constantinide

Email contact was the norm for electronic media in the past. There is a chance that doctors and patients should have one-on-one interactions as social media platforms facilitate greater communication. Information about health care can also be disseminated creatively. Portals like patient

site.org enable online laboratory test viewing, prescription filling, and virtual doctor-patient conversation. Providing patients with the opportunity to take care of themselves is another way to empower people (Laranjo et al., 2014, pp.243-256; Uddin, 2017, pp.311-319). s: 2014, pp.40-57; Kaplan & Haenlein: 2009, pp.93-101).

Globally, communication and interactions are now easier because to digital technologies (Lupton: 2014, pp.174-183). Additionally, a growing number of people are using blogging platforms like Facebook, LinkedIn, and Twitter to create and disseminate limitless content. These tools have been used with people of all ages, but it is important to find out if these social media platforms can influence how healthcare is delivered, address healthcare inequalities, and incorporate collaborative medicine. It is a fundamental fact that social media is accessible to everyone. Numerous health-related incidents have been documented on social media within the last decade (Lupton: 2014, pp. 174-183). Statistics show that searches for health care accounted for between 3.6 and 5.6% of all Google searches.

This suggested a greater dependence on social media since these platforms provide the opportunity for virtual connections and let patients interact and share information in a natural way.With millions of online customers available to medical service providers, social media offers a massive market for health improvement (Nielson Company May: 2011). Another important (i.e., admirable endeavour of wellbeing advancement resource) and effective way to provide low-income parents with health-related information with the ultimate purpose of advancing their children's health-related difficulties is through social media. Wellbeing messages for low-salary parents were found to need to come from experts and should be tailored (Stroever et al.: 2011, p.1; Mohajan: 2016, pp.31-53).

There are now more effective ways to attract customers and influence patients with better medical practices (e.g., social network sites, web journals, mobile applications, and so forth). However, given its unique characteristics (sensitive data, protection and security concerns, the need for a face-to-face consultation with the doctor, less control over social media than with traditional showcasing, practical and ethical concerns regarding the accountability for data transmitted, etc.), there are a number of opposing viewpoints that give reasons to be uncertain about the suitability of such showcasing in human services (Koumpouros et al.: 2015, pp.495-507; Morgan & Alcocer: 2017, pp.14-22).

Maintaining privacy would be challenging because social media communications would need to be saved in order to make medical decisions upon hospital admission, and HIPAA regulations require doctors to archive medical information as part of the medical record. Such a solution would be costly and time-consuming (Santesteban-Echarri et al., 2017, pp. 65-73; Mungwari, 2018). In addition, medical regulations require doctors to sign contracts and establish the necessary number of networks to protect patient privacy. Since this is done in secret, doctors would need to effectively manage their EHRs and compliance in order to avoid falling victim to cybercrime.

Due to their ability to manage resources, hospitals and physicians linked with larger organisations are the primary users of social networking sites for healthcare purposes. This facilitates efficiency and does not add to the workload of clinicians (Santesteban-Echarri et al., 2017, pp. 65-73). Among the obstacles to e-health are the financial strains that using technology often places on doctors.

Former surgeons who tweet about inappropriate behaviour or broadcast video cases of patients are prohibited by law from doing so because they violate patient privacy and confidentiality (Barlow et al., 2015). Health professionals are in charge of hiring social networking sites, and from the standpoint of a health care employer, they can only use these sites for hiring and recruitment. According to a poll, less than 10% of candidates knew that 79% of companies were looking through social media for potential hires. Therefore, it is important to exercise caution and discretion before publishing any online content in order to prevent the development of unfavourable professional opinions.

The study would be useful since it shows how patients and medical professionals use social media. Additionally, it reveals the social media platform that is frequently utilised to look for advice or information on healthcare. Additionally, it highlights the difficulties that patients and medical

professionals encounter when utilising social media. Future study might benefit from it since it will aid in creating plans to adapt social media to the requirements of medical professionals and patients.

2.Methods

Specific research questions centred on the following areas of investigation were established in accordance with the challenges identified:

a) Why do patients utilise social media to discuss health-related topics?

b) Why do doctors use social media to discuss health-related topics?

c) What obstacles do patients encounter while using social media to discuss health-related matters?

d) What obstacles do doctors encounter while using social media to discuss health-related matters?

The study focused on middle-class to upper-class people in the general population as well as medical professionals in India. Social media users provided the information. The sample size was 200 and included health professionals aged 25 to 66 and patients aged 20 to 50. Two hundred surveys in all were completed.

3.Results

SPSS v.21 was used to analyse the data. Descriptive statistics show that 99.3% of patients used at least one of the five social media platforms: 83.5% of patients used Facebook, 63.2% used Twitter, 40.2% used YouTube, and 38.2% used LinkedIn. of all respondents, 31.7% of patients reported using social media for health-related objectives; Facebook was utilised by the majority of these patients (62.9%), followed by Twitter (49.4%). It was discovered that LinkedIn (5.6%) and YouTube (13.4%) were seldom ever used for health-related purposes. 59.3% of health professionals used at least one social media platform, with Facebook accounting for 43.1%, YouTube for 38.6%, LinkedIn for 35.9%, and Twitter for 22.9%. Social media was used by 26.8% of these healthcare respondents.

Patients gave a variety of answers when asked why they use social media for health-related purposes, including personal care, doctor-patient connection, social sustenance, seeking and sharing advice, and increasing awareness and familiarity. Table 1 displays how patients use two social networking sites: For social sustenance, 23% of people use Twitter and 37% use Facebook. Next in line are those who share advice (22% on Twitter and 35% on Facebook), raise awareness and familiarity (19% on Twitter and 26% on Facebook), and so forth. Because patients rarely accessed LinkedIn and YouTube, their statistics were not examined.

	Twitter (%)	Facebook (%)
Increasing knowledge	19	26
Doctor-patient communication	14	14
Social support	23	37
Exchange advice	22	35
Self-care	12	20

Table 1. Patients' main categorical motives for health-related social media use

Table 2 presents the results of the questionnaire at the individual item level. Patients' main motivations on the Twitter platform were to stay informed about health care advancements (50%), improve their understanding of illness and disease (41%), share ideas and get feedback (35%), and compare (29%). However, the information for Facebook was a little different. According to the questionnaire's individual items on the Facebook platform, the majority of patients (40%) stated that their main motivation was to

share ideas and solicit feedback, followed by receiving updates on medical advancements (35%), improving their understanding of illness and disease (34%), and making comparisons (28%). (Table 2).

	Twitter (%)	Facebook (%)
Get updates on advancements in healthcare	50	35
Enhance understanding of illness and diseases	41	34
Sharing ideas and taking feedback on health issues	35	40
Make a comparison with other patients	29	28

Table 2. Patients' primary motives for health-related social media use at the item level

	Twitter (%)	Facebook (%)	LinkedIn (%)	YouTube (%)
Increasing knowledge	8	1	1	25
Doctor–patient communication	25	13	6	2
Efficiency	13	8	5	0
Marketing	61	30	38	14
Communication with colleagues	63	20	56	5

Table 4. Health professionals' main categorical motives for health-related social media use

	LinkedIn (%)	Twitter (%)
Enhancing social networking	95	65
Updating professional networking	70	58
Share the workplace with people	45	68
Sharing professional information with colleagues	43	60

Table 5. Health professionals' primary motives for health-related social media use at the item level

According to the research, healthcare workers' main motivations comprised a variety of factors, including marketing, doctor-patient communication, professional efficiency, communication with peers, and gaining more information and awareness. Marketing and communication with coworkers were ranked as the top motivations across all social media sites, as seen in Table 4. According to results on particular items, healthcare professionals' main motivation for using social media was to expand their network through LinkedIn (95%) and Twitter (65%). This was followed by updating their professional networking on LinkedIn (70%), Twitter (58%), and LinkedIn (45%) and sharing ideas about their workplace with the outside world (68%).

	M	SD
Privacy issues	4.32	0.99
Unreliable and untrustworthy information	3.32	0.79
Inefficiency	1.90	0.76

Table 6. Patients' barriers regarding health-related social media use

	M	SD
Inefficiency	3.99	0.81
Lack of skills	3.35	0.80
Legal grounds	2.90	0.94
Privacy concern	2.70	0.84

Table 7. Professionals' barriers regarding health-related social media use

We examined the frequencies at the individual and categorical levels to investigate the obstacles encountered by patients and medical personnel. Patients encountered obstacles such as privacy concerns, inaccurate and untrustworthy information, and ineffective use of social media platforms for health-related purposes. Privacy concerns had the greatest mean (4.32, SD=0.99), followed by inaccurate and untrustworthy information and the inefficiencies of social networking platforms.

Health professionals encounter a variety of obstacles, but they are mostly the same, including inefficiency, a lack of expertise, legal issues, and privacy concerns. Inefficiency had the greatest mean (3.99, SD=0.81), followed by a lack of expertise, legal justifications, and privacy issues.

The purpose of the study was to look into the goals and motivations of patients and health professionals while using social media for health-related issues. We discovered that both groups in our research were actively using social media for medical purposes. Overall, the findings showed variation and did not emphasise the predominance of any social media platform or the reasons behind the inclination for a particular medium among patients and healthcare professionals.

Social media has had a significant impact on the medical field over the past ten years by increasing the use of communication between patients and the public. Examples of this include virtual patient communities, online medical information, and emergency broadcasts during natural disasters to raise awareness and educate the general public. Additionally, the Indian Medical Association published guidelines on social media usage and acknowledged its dominant role in seeking medical care.

Our data showed that social media usage was higher than that of health professionals, which is in line with the findings of previously published studies. These guidelines also provided nine recommendations for social media use and encouraged the use of specialists in each department to benefit from social media's role.

Our first objective was to evaluate if social media was being utilized for health care purposes and if therewas any difference between the studied cohorts. We found that among health care professionals, the usage of LinkedIn and Twitter was more than Face book, but among the patient population, the use of Twitter and Facebook was more. These results are also consistent with previously published studies.

Also, social media platforms like Facebook now tends to play the role of a platform of social support wherepatients and health professional express their experience with a particular physician and express their recommendations to other people. The platform of Twitter and Facebook, in comparison to LinkedIn and YouTube, represented informality in communication among peers. LinkedIn, therefore, was utilized more for connecting healthcare professionals. Evidence from previous studies also indicated that the

usage of social media has increased, which is revealed in the form of groups created by members of common interest. Our results are consistent with these findings, and we found groups on Facebook that have a vast number of followers from the patient and non-patient populations who trusted other people's recommendations to join these groups. Although these platforms are intended for their sole purposes, their discussion involved general recommendations on health care and health care physicians.

Our aim was also to find motives behind the usage of social media to identify the factors and motivesbehind the usage of different social media, i.e., Facebook and Twitter. It was found that doctors' patient's communication, social exchange, sharing advice, self-care, increasing awareness and knowledge on the disease, expression of emotions on their health, and to achieve a comparison on other patients were a few motives among patients and health care professionals.

Our second goal was to look into the two cohorts' barriers to using social media for health-related issues. Patients who were more concerned about protecting their privacy, confidentiality, and the accuracy of healthcare-related information were found to have different barriers. The health care professionals, on the other hand, were more concerned with the confusion social media created in patient's minds concerning diagnosis and treatment, and also resolving patients' issues using social media placed an additional burden of time and resources on physicians. We feel that physicians would be concerned about communicating with the patients using the social medium as formerly, there have been many lawsuits that have been filed against clinicians internationally.

The impact of social media is enormous due to technological developments in health care. Some of the teaching hospitals and private institutions are already using social media to increase awareness and to provide medical education to the public. With the increase in the use of social media and its impact, more health care institutions have opened in India. We feel that hospitals, medical institutions should use discretion in the use of social media in order to ensure a healthy doctor-patient relationship in terms of health care.

4.Conclusion

Our study's findings have provided a thorough understanding of the reasons people use social media. It is believed that because the data was gathered online through social media, it might be interpreted as a method of studying our population, which may not be entirely representative

This suggests that more research is necessary to generalise these findings. Furthermore, we haven't looked into the patients' and healthcare providers' ages or backgrounds. Future research using this demographic data is therefore required because young people use social media more frequently and with greater vigour. Lastly, our respondents were 70% females; hence, we do not know the motives behind the male population and their intentions behind the use of social media. This calls for future research to study the impact of social media on gender basis too in different health care institutions and to gain a perspective on a more massive scale.

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