Patients' and health professionals' use of social media in health care: Motives, barriers and expectations

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ABSTRACT

Objective: To investigate patients' and health professionals' (a) motives and use of social media for health-related reasons, and (b) barriers and expectations for health-related social media use.

Methods: We conducted a descriptive online survey among 139 patients and 153 health care professionals in obstetrics and gynecology. In this survey, we asked the respondents about their motives and use of social network sites (SNS: Facebook and Hyves), Twitter, LinkedIn, and YouTube.

Results: Results showed that patients primarily used Twitter (59.9%), especially for increasing knowledge and exchanging advice and Facebook (52.3%), particularly for social support and exchanging advice. Professionals primarily used LinkedIn (70.7%) and Twitter (51.2%), for communication with their colleagues and marketing reasons. Patients’ main barriers for social media use were privacy concerns and unreliability of the information. Professionals’ main barriers were inefficiency and lack of skills. Both patients and professionals expected future social media use, provided that they can choose their time of social media usage.

Conclusion: The results indicate disconcordance in patients’ and professionals’ motives and use of social media in health care.

Practice implications: Future studies on social media use in health care should not disregard participants’ underlying motives, barriers and expectations regarding the (non)use of social media.

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1. Introduction

The popularity of social media has increased tremendously in the past few years. Social media can be defined as “a group of Internet-based applications that allow the creation and exchange of user generated content” [1]. Currently, the most popular is Facebook, which grew from about 500 million users in 2010 to more than one billion users in 2012 [2]. Furthermore, Twitter grew from 100 million users in 2011 to more than 200 million monthly active users in 2012 [3]. LinkedIn, the business networking site, grew from 70 million active users in 2010 to more than 200 million users in 2012 [4]. In the Netherlands the same boost in social media use can be observed. Almost half of the Dutch population is a member of Facebook [5] and Twitter has around 3.5 million unique visitors in a month [4].

In recent years, the use of social media by hospitals and health care professionals has grown significantly [6–9]. In a longitudinal study from 2009 to 2011 on the use of social media by 873 hospitals in 12 Western Europe countries [10], the use of social media increased especially in the use of YouTube (from 2% to 20%) and Facebook (from 10% to 67%). As it seems, although penetration of broad band internet in Western Europe is comparable throughout the countries, The Netherlands and the United Kingdom are venturers in the implementation of social media in health care.

The advantages of applying new information and communication technologies in health care have well been established [11]. The literature has also shown that within this broad field of new developments in health care, social media hold considerable potential value, because they enable new ways of access to and sharing of information [1,6] social support [12], emphasize collaboration and participation of the stakeholders involved [13], and increase individuals’ connectivity and enable users’ direct participation [8]. However, little is known yet about the motives behind patients’ and health professionals’ use of social media for health-related reasons, nor about possible differences between the two groups. Therefore, the aims of this study are (a) to investigate
patients’ and health professionals’ motives and use of social media and (b) to investigate patients’ and health professionals’ barriers and expectations for health-related social media use.

In doing so, we seek to test the widespread assumption on the advances of social media by exploring the underlying motives that drive the use of social media for health-related reasons. The motivation-based approach provides both a theoretical lens for interrogating health-related social media usage, and a pragmatic lens for the development of social media services that meet the needs of users, both from the patients’ as from the providers’ perspective.

Since little is known about patients’ and health professionals’ motives for the use of social media for health-related reasons, we based the measurement of this study on the research on the motives for using the Internet in general for health-related issues. In 2004 the term Web 2.0 was introduced as a term which refers to improved communication and collaboration between people via social networking. When Web 2.0 technologies are applied in health care, the terms eHealth, Health 2.0, or Medicine 2.0 may be used [14,15], facilitating (1) social networking, (2) participation, (3) apomediation, and (4) openness in groups. Several studies claim that Health 2.0 is transferring the way health professionals and patients interact and relate to each other [14–17]. In the literature on applying new technologies in the health care setting, several motives can be distinguished [8,10,14–18]. One of the most important motives is health information seeking, which refers to seeking information on a disease, the disease’s treatment and/or medicines [10,14–18]. Another important motive for Internet use is social support, which refers to contact between two or more people with the same illness and giving each other emotional or instrumental support [19,20].

A third motive is improving the efficiency [1,8,10]. This motive not only refers to cost reduction by using the Internet for health-related reasons, but also to improving the quality of health care, for example by the possibility to compare different health care providers on the Internet [8,10]. Fourth, the Internet can be used to improve the relationship between the patient and healthcare provider [7,21]. By extending the interactivity between the patient and healthcare provider, the relation between them can be improved [18]. Furthermore, a feature of a-synchronous communication is that the user can decide when to react, so there is more time to reflect [22]. Finally, another important motive for e-health is self-care and self-management [14,17,23].

2. Methods

2.1. Sample

In July 2012, a descriptive and online survey was conducted among 139 patients (99.3% female) and 153 health professionals within the specialty of gynecology (63.4% female) in the Netherlands. Patients ranged from 17 to 56 years of age (M = 34.8, SD = 7.83). Health professionals ranged from 25 to 66 years of age (M = 44.12, SD = 10.19). Patients were recruited through Twitter and through several patient organizations in gynecology (Freya (fertility), Olijf foundation (oncology), Samen Bevallen (obstetrics), and the Endometriosis foundation). These organizations distributed the link to the survey using their website and mailings. Health care providers were recruited by means of a mass mailing to all the Dutch gynecologist and residents (930 gynecologists and 350 residents). For both patients and health professionals, the questionnaires were filled in anonymously.

2.2. Procedure

The procedure was the same for patients and health care providers. After a brief introduction the participants were asked question about their general use of social media (i.e., Facebook, Hyves, Twitter, LinkedIn, and YouTube). In addition, we asked these social media users if they used one of these social media for health-related reasons. They could indicate for each of the five surveyed social media if they used it for health-related reasons. If they used social media for health-related reasons, they were asked about their motives. The group of non-users for health-related reasons was asked to indicate why they do not use social media for health-related reasons and to indicate their preferential social media for health-related use in the future.

Furthermore, non-users were asked about the barriers they experience with respect to the use of social media for health-related reasons. Only the non-users were asked about the barriers they experience with respect to the social media in general. All the participants were subsequently asked a series of questions about the expectations they have with respect to social media use for health-related reasons. The final part of the questionnaire collected the demographic information of the participants, including age, gender and cultural background.

The amount of questions that patients had to fill in ranged from 35 (if they did not use social media for health related reasons) to 65 (if they use social media for health related reasons). The amount of questions that health care providers had to fill in ranged from 40 (if they did not use social media for health related reasons) to 66 (if the use social media for health related reasons).

2.3. Measurement

Since little is known about patients’ and health professionals’ motives and barriers for the use of social media for health-related reasons, we based our measurement on literature on applying new technologies in the health care setting.

2.3.1. Motives for health-related social media use

Patients’ motives for health-related social media use were divided in five subcategories: Increasing knowledge (9 items; \( \alpha = .83 \)), Doctor–patient communication (9 items; \( \alpha = .77 \)), Social support (instrumental and emotional information sharing; 8 items; \( \alpha = .85 \)), Exchange advice (2 items; \( \alpha = .85 \)), and Self-care (3 items; \( \alpha = .68 \)). Health care providers’ motives for health-related social media use were divided in five subcategories: Increasing knowledge (3 items; \( \alpha = .68 \)), Efficiency (3 items; \( \alpha = .67 \)), Doctor–patient communication (7 items; \( \alpha = .88 \)), Marketing (3 items; \( \alpha = .81 \)), and Communication with colleagues (4 items; \( \alpha = .80 \)). All items were close-ended on a yes–no scale. Participants were asked to indicate for each item that they use [one of the social media] to...

Some examples for patients: “...find out which health-care provider I should visit,” “...express my emotions about my disease,” and “...get free advice health counsel.” Some examples for health-providers: “...give health counsel to my patients,” “...extent my network with other professionals,” and “...find information on treatments.”

2.3.2. Barriers for health-related social media use

Patients’ barriers for health-related social media use were divided in four categories: Privacy concern (3 items; \( \alpha = .76 \)), Unreliability of information (3 items; \( \alpha = .62 \)), No need for (3 items; \( \alpha = .72 \)), and Inefficiency (3 items; \( \alpha = .79 \)). Health care providers’ barriers for health-related social media use were divided in five categories: Privacy concern (6 items; \( \alpha = .80 \)), No need for (4 items; \( \alpha = .76 \)), Legal grounds (2 items; \( \alpha = .68 \)), Inefficiency (3 items; \( \alpha = .59 \)), Lack of Skills (2 items; \( \alpha = .69 \)). All items were close-ended on a five point scale (1 = totally agree, 5 = totally disagree). Participants were asked (for each social medium) to what extent they agreed on the different barriers: “I do not use [names of the social media/social media] because...” Some examples for patients:
“...I do not want to be known as a patient on the Internet,” “...I do not know if I can trust the information,” and “...I am not familiar with this technology.” Some examples for health care providers: “...I do not want to have contact with colleagues through this medium,” “...I am afraid that patients do not contact their provider face-to-face anymore,” and “...I am worried that other’s can misuse the information I give.”

2.3.3. Expectations for health-related social media use
To measure patients’ expectations for health-related social media use, we used 7 items. All items were close-ended on a yes–no scale. Participants were asked the following: “If I would use social media for health-related behavior, I expect...”, followed by the items, for example: “...that my privacy is guaranteed,” and “...that I get some instructions on how to use social media for health-related communication.” To measure providers’ expectations for health-related social media use, we used 9 items. All items were close-ended on a yes–no scale. Participants were asked the following: “If I would use social media for health-related behavior, I expect...”, followed by the items, for example: “...that I can refer to my background information,” “...that the privacy of my patients is guaranteed,” and “...that I only have to answer questions of my own patients.”

3. Results
In total, 139 patients and 153 health professionals returned the questionnaire. For analysing the data, descriptive statistics were used. Almost all (99.3%) the patients use one or more of the five social media: 88.5% use Facebook, 66.2% use Twitter, 48.2% use Hyves, 46.0% use YouTube, and 42.4% use LinkedIn. Results further showed that 31.7% of the patients use social media for health-related reasons, primarily Twitter (59.9%), Facebook (52.3%), and Hyves (36.4%) as shown in Fig. 1. YouTube (11.4%) and LinkedIn (6.8%) were hardly used by patients for health-related reasons. In general, 59.3% of the professionals use one or more social media: 43.1% use Facebook, 38.6% use YouTube, 35.9% use LinkedIn, 22.9% use Twitter, and 11.1% use Hyves. A quarter (26.8%) of the health professionals use social media for health-related reasons, primarily LinkedIn (70.7%) and Twitter (51.2%) as shown in Fig. 2. For the most popular social media the patients’ and professionals’ main motives and barriers are presented in the next sections.

3.1. Motives social media
To investigate the motives for health-related social media use, we examined the frequencies on both categorical level (Table 1) as

![Patients' health related social media use](image1)

**Fig. 1. Patients' health related social media use.**

**Table 1**

| Patients' main categorical motives for health related social media use. |
|-----------------|-----------------|-----------------|
| **Twitter (%)** | **Facebook (%)** | **Hyves (%)** |
| Increasing knowledge | 28 | 26 | 18 |
| Doctor–patient communication | 18 | 10 | 5 |
| Social support | 21 | 31 | 26 |
| Exchange advice | 24 | 30 | 30 |
| Self-care | 14 | 20 | 12 |

Note. We did not include Youtube and LinkedIn, since these social media were barely used by patients for health related reasons.

**Table 2**

| Patients’ main motives for health related social media use at item level for Twitter. |
|-----------------|-----------------|
| **Twitter (%)** |
| Stay updated on the new developments in healthcare | 52 |
| Increase my knowledge on my disease | 39 |
| Express my emotions on my disease or health | 30 |
| To compare myself with other patients | 30 |

individual item level (Tables 2–4). Patients’ motives for health-related social media use were divided in five subcategories: Increasing knowledge, Efficiency in doctor–patient communication, Social support, Exchange advice, and Self-care. As shown in **Table 1**, the main categorical motives for patients to use Twitter for health-related reasons are increasing knowledge (28%), followed by exchange of advice (24%), and social support (21%). Looking at the specific items (see **Table 2**), the main individual motives for patients to use Twitter is to stay updated on the new developments in healthcare and to increase my knowledge on my disease (39%). As shown in **Table 1**, the main categorical motives for patients to use Facebook for health-related reasons are social support (31%), followed by exchange of advice (30%), and increasing knowledge (26%). Looking at the individual items (see **Table 3**), the main motive for patients to use Facebook is to increase my knowledge on my disease (39%) and to express my emotions on my disease or health (36%). The motives for Youtube and LinkedIn were not analyzed.

**Table 3**

| Patients’ main motives for health related social media use at item level for Facebook. |
|-----------------|-----------------|
| **Facebook (%)** |
| Increase my knowledge on my disease | 39 |
| Express my emotions on my disease or health | 36 |
| Share my experience on my disease and its treatment | 34 |
| Update others on my current health situation | 34 |
Table 4
Patients’ main motives for health related social media use at item level for Hyves.

<table>
<thead>
<tr>
<th>Motive</th>
<th>Hyves (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Share my experience on the treatment of my disease</td>
<td>32</td>
</tr>
<tr>
<td>Express my emotions on my disease or health</td>
<td>30</td>
</tr>
<tr>
<td>Share my experience on medicines I use</td>
<td>30</td>
</tr>
<tr>
<td>Give advice to other patients/get advice from other patients</td>
<td>30</td>
</tr>
</tbody>
</table>

Table 5
Health professionals’ main categorical motives for health related social media use.

<table>
<thead>
<tr>
<th>Categorical Motive</th>
<th>Twitter (%)</th>
<th>Facebook (%)</th>
<th>LinkedIn (%)</th>
<th>YouTube (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increasing knowledge</td>
<td>8</td>
<td>0</td>
<td>1</td>
<td>30</td>
</tr>
<tr>
<td>Efficiency</td>
<td>14</td>
<td>8</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Doctor–patient communication</td>
<td>28</td>
<td>14</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Marketing</td>
<td>59</td>
<td>20</td>
<td>40</td>
<td>15</td>
</tr>
<tr>
<td>Communication with colleagues</td>
<td>64</td>
<td>22</td>
<td>54</td>
<td>6</td>
</tr>
</tbody>
</table>

Note. We did not include Hyves, since it was not used by professionals for health related reasons.

Table 6
Health professionals’ motives for health related social media use at item level for LinkedIn.

<table>
<thead>
<tr>
<th>Motive</th>
<th>LinkedIn (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extending the network of colleagues</td>
<td>97</td>
</tr>
<tr>
<td>Update my colleagues about my work</td>
<td>69</td>
</tr>
<tr>
<td>Present my hospital to the outer world</td>
<td>45</td>
</tr>
<tr>
<td>Clearly present their work to the outer world</td>
<td>41</td>
</tr>
</tbody>
</table>

Table 7
Health professionals’ motives for health related social media use at item level for Twitter.

<table>
<thead>
<tr>
<th>Motive</th>
<th>Twitter (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extending the network of colleagues</td>
<td>76</td>
</tr>
<tr>
<td>Update my colleagues about my work</td>
<td>71</td>
</tr>
<tr>
<td>Present my hospital to the outer world</td>
<td>71</td>
</tr>
<tr>
<td>Share information on medical conferences with colleagues</td>
<td>62</td>
</tr>
</tbody>
</table>

since these social media were barely used by patients for health related reasons.

Health professionals’ motives for health-related social media use were divided in Increasing knowledge, Efficiency, Doctor–patient communication, Marketing, and Communication with colleagues. As Table 5 shows, the main categorical motives for professionals to use LinkedIn for health-related reasons are: Communication with colleagues (54%) and Marketing (40%). Results on the individual items furthermore show that professionals mainly use LinkedIn to extend their network with colleagues (97%; see Table 6), and to update my colleagues about my work (69%). Furthermore, the main categorical motives for professionals to use Twitter for health-related reasons are: Communication with colleagues (64%) and Marketing (59%). Results on the individual items (Table 7) show that the main reasons to use Twitter for health-related reasons is to extend their network with colleagues (76%), to update my colleagues about my work (71%), and to present my hospital to the outer world (71%).

3.2. Barriers social media

To investigate patients’ and professionals’ barriers for health-related social media use, we examined the frequencies of the non-users both on categorical level as individual item level. For patients the items were divided in four subcategories: Privacy concern, Unreliability of the information, No need for, and Inefficiency. For patients the main reason why they did not use social media, is that the patients are concerned about their privacy (M = 3.59, SD = 0.96) and the unreliability of the information (M = 3.30, SD = 0.77; for an overview see Table 8). More specific, the most important barrier for using social media is that patients do not want to be known as a patient on the Internet and that they do not want to present personal information via social media (for all the results, see Table 9).

For health professionals the items were divided in five subcategories: Privacy concerns, No need for, Legal grounds, Inefficiency, Lack of skills. As shown in Table 10, the main reason why health professionals did not use social media, is that they think it is inefficient (M = 3.40, SD = 0.77), followed a lack of skills (M = 3.12, SD = 1.01). On item level (see Table 11), the main barriers for health professionals to use health-related social media is that they think that it is too expensive (M = 3.99, SD = 0.80) and they think that they lack the skills for using social media (M = 3.35, SD = 1.07).

3.3. Expectations social media

Finally, we also asked the patients and professionals about their expectations on future use of social media for health-related reasons. The main expectations for future social media use for patients were: “that they can decide for themselves when they use social media” (96.4%) and “that their privacy is guaranteed” (87.1%). The main expectations for future social media use for health professionals were: “that they can decide for themselves when they
use social media” (85.6%), “that they can refer to their background information” (70.6%) and “that, on forefront, the limitations and possible dangers will be explained” (70.6%).

4. Discussion and conclusion

The first aim of this study was to investigate patients’ and health professionals’ motives and use of social media. The results indicate disconcordance in patients’ and professionals’ motives and use of social media in health care. In general, patients mainly use Twitter and Facebook to contact other patients, while professionals primarily use LinkedIn and Twitter to contact fellow professionals and for marketing purposes. Not only differ both groups in their preferred type of social media and in their motives for health-related use of social media, but also both patients and health professionals primarily use social media to contact fellows within their own group. This is a remarkable finding that, to the best of our knowledge, has not been previously reported. There is increasing evidence demonstrating that social media use among patients and health professionals is growing [6–10,24], but so far, only few studies distinguished between personal and health-related use of social media [25]. The literature also suggests that, in general, preferences for social media use are higher among patients than among health professionals. Our results are consistent with these previously reported findings, with the group of patients being ahead of the health professionals. Both patients’ personal (99.3%) and health-related (31.7%) social media usage exceeded health professionals’ use of social media (personal use: 59.3%; professional use: 26.8%). Both patients and health professionals appreciated the freedom of time and space afforded by social media usage, which can reduce the time commitment office-based consultations require.

The recent publication of the national guideline on social media use by the Dutch Medical Association (KNMG) acknowledges the importance of implementing social media use in health care [26]. This guideline consists of 9 recommendations, of which the first one is: “Make use of the potential of social media.” Although we recognize that not all specialty physicians will embrace social media for health care related reasons, it may well be of importance that each medical department assigns a few specialists with a special interest in social media. In this way, the whole department may benefit from their views and findings. Recently, in gynecology the high potential of health care communication via social media was again confirmed; a two hour twitter event on menstrual disorders produced more than 220 questions and replies. In January 2012, a search in twitter bio’s provided 156 medical doctors, of which 90 (58%) were general practitioners. These data are currently being analyzed in relation to the recommendations of the Dutch national guideline on social media use.

The second aim of this study was to investigate patients’ and health professionals’ barriers for health-related social media use. The barriers were not the same for patients and professionals, as the main worries for patients was their privacy and the unreliability of the information on social media, the main barriers for the health professionals were inefficiency and lack of skills to use social media properly. In view of the barriers reported, the disconcordance between patients’ and professionals’ motives and use of social media in health care is even more striking. A more direct contact with health professionals via social media would resolve a large part of patients’ barriers to social media usage in terms of the unknown credibility status of online health information.

In our survey, the main barrier reported by health professionals was the (expected) inefficiency of social media, in terms of the perceived extra burden of time and resources placed on physicians. This finding may be a key issue in the previous described inequality. As it seems, instructing health care professionals will probably lower the threshold in using social media.

This touches the necessity to formulate a clear social media policy, offering health professionals a guideline how to maximize potential benefits through engagement with social media by avoiding pitfalls such as violating patient privacy or the mingling of personal and professional information [9,25]. Given the result of the present study that professionals define lack of skills to use social media properly as a barrier to engage in social media, as well as the costs of social media usage, there is a clear need to inform and train health professionals in this regard.

Since there have already been several lawsuits against physicians whom patients accused of violating the privacy of medical information [9,17,24,27], doctors may also be reluctant to communicate with patients online. Another explanation in doctors’ reluctance in embracing new technologies is that until now, most health care insurers did not compensate for evaluations, which leads the discussion to the question whether the context of health care delivery might also be accountable for health professionals’ reluctance to engage directly with patients using social media. As from January 2013 Dutch health insurers reimburse e-consultation, this may lower the threshold for exploring and implementing the opportunities.

Since the impact of the Internet and other technological developments on health care is expected to increase [8,17,25,27], health professionals will have to keep pace with the potential effects of social media usage on clinical practice. An increasing number of public health organizations, hospitals, and medical centers are using social networking applications to provide medical information to the public [6–10]. Collectively, these interactions can serve as a counter-balance to less trust-worthy sources of information as patients increasingly seek health information online [27]. The existence and growth of social media usage will undeniably also affect the patient–physician relationship, including a better understanding of health information among patients, active patient engagement in health maintenance, and a pro-active patient response to health challenges [8,13,16,17,28]. It is expected, that especially people with long-term conditions will benefit from the new opportunities social media offer in the health care setting [29]. There is ample evidence that social networking sites such as PatientsLikeMe.com foster treatment decisions and symptom management by means of sharing experiences and exchanging health information among patients with the same health condition [30]. More evidence is needed on the value of social media usage between patients and health professionals in enhancing patients to take an active role in the management of their health.

4.1. Limitations and suggestions for future research

Although our survey has given some interesting insights in the motives behind the use and non-use of social media in healthcare, we recognize that our study has a number of limitations. First of all, since participants were mainly recruited online, this may have been a bias in a way that patients who are more “e-ready” were in the upper hand. Second, the response rate for health care providers was rather low (12%). Given that we approached patients via patient organizations, the study also leaves a potential for patient selection bias which may have skewed the responses in favor of information needy patients. Consequently, we have to be reticent to extrapolate these findings to other health care settings. In addition, we did not register the number of years of experience of the health professionals. It can be argued, that younger professionals are keener to use social media for health-related reasons than their older colleagues. Future research should take this question into account. Finally, since only female patients were
recruited, no judgment can be made on how male patients embrace health care related communication in social media.

This study generates several questions that are worthy of further evaluation. First, replication of the results within other health care settings will help in determining the generalizability of the results. One might expect differences between specialties in terms of motives and use of social media. These differences may concern the type of illness (acute versus chronic conditions) or the (non)existence of a longstanding relationship between professional and patient. In addition, future research should address questions regarding the feasibility of social media usage in relation to reimbursement and workload issues. A pivotal question is whether efforts to change health professionals’ attitudes toward social media usage, or rather changes in health care delivery policies will affect the future diffusion and adoption of health-related social media use. Better education and guidelines may be needed to maximize potential professional benefits through engagement with social media.

Research in the field of social media use in health care is still at an early stage of development. Therefore, more research is necessary to better understand the impact of social media usage on the patient–professional relationship in relation to health behavior and health outcomes. We do hope that by focusing on patients’ and health professionals’ motives, barriers and expectations with regard to social media usage our study will contribute to this development.

4.2. Conclusion

Several studies claim that Health 2.0 is transferring the way health professionals and patients interact and relate to each other [8,16,17]. Whereas the research literature has focused particularly on the benefits of social media usage in health care, our survey showed a discordance in patients’ and professionals’ motives, barriers and expectations regarding health-related social media use.

4.3. Practice implications

Since it is shown that a growing percentage of patients use social media for health-related reasons, health professionals will have to reflect on the alleged beneficial effects and the potential harmful effects of social media use in health care. Thus, as concluded by Thompson et al. [25]: “physicians have to realize that our patients are doing it, so this is where we need to be”.

Motives are strong driving forces of human behavior [31], and as such, the findings of this study emphasize that future studies on social media use in health care should not disregard the underlying motives, barriers and expectations regarding the (non)use of social media.

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Conflicts of interest

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References