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Understanding the value of social media in health care has been a conundrum. Literature in this area focuses on the uses of social media in health care, with very few studies seeking to elucidate how social media yields value in health care settings. This article draws on concepts from 18th century linguist Mikhail Bakhtin to understand that social media acts like a Carnival in providing a forum for the proliferation of diverse dialogues and temporary suspension of behavioral norms, that ultimately leads to normative change. As a Carnival, social media plays an important role in encouraging dialogues that would not be appropriate within other spaces in the health care system. As such, social media is playing a pivotal role in changing norms and health care providers should not seek to control the new media.

CCS CONCEPTS • Applied computing → Health informatics

Additional Keywords and Phrases: Social media, Bakhtin, Carnival, Social media value

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1 INTRODUCTION

Social media yields value, even if sometimes intangible[1]. However, few studies have sought to understand how the use of social media yields value in health care settings[2]. This research attempts to fill a lacuna by theorizing the value of social media in health care. This paper starts by drawing on the works of Mikhail Bakhtin to explore this issue, make conceptual distinctions, and organizing ideas relevant to deriving value from health care social media. Bakhtin (1895–1975) was a renowned Russian scholar whose work remained obscure until the final decade of his life. His interests spanned philosophy, ethics, literature, politics and the arts. Bakhtin’s writings reflect his understanding of the nature of reality, which was influenced by both his studies and the intellectual debates in which he engaged with his peers [3]. His works are belatedly gaining prominence in academia because they help explain the nature and determinants of dialogue. Bakhtin’s ideas on Carnival, Dialogue, Heteroglossia and Polyphony offer a basis for the use of social media to be seen as a social phenomenon[4].
2 BAKHTIN’S THEORY APPLIED TO SOCIAL MEDIA IN HEALTHCARE

According to Bakhtin, a Carnival is a moment when out-of-the-ordinary interactions, other than violence, are permitted\[5\]. Participants attend a carnival, not to spectate or perform but to experience interactions with others without normative constraints that apply outside the carnival. There are no boundaries between performers and the audience, ‘creating a situation in which diverse voices not only interact, but are heard, breaking down conventions and enabling genuine dialogue’\[5\]. They are special events that temporarily eliminate the barriers created by hierarchies and facilitate equality and mutual cooperation. During Carnivals, rank is abolished, thereby making everyone equal and allowing new perspectives to be considered\[5\]. The suspension of the hierarchical structure and rules allows actions to be guided by the important question of whose knowledge matters, rather than being unduly influenced by power or authority \[6\].

For Bakhtin, dialogue between parties is not merely a vehicle for communication but serves to co-create participants’ identities and relationships\[7\]. By embarking on dialogue with another, a participant refines their concept of ‘self’, as differentiated from the ‘other’\[7\]. Normative social relationships, including hierarchies are upheld and reinforced through dialogue with others. The Bakhtinian concept of ‘Dialogism’ refers to the process of creating meaning in relation to other meanings via the vehicle of dialogue. Carnival is important for Dialogism because the temporary suspension of usual interactions enables new kinds of dialogues that is instrumental for change and ensuring norms do not remain static.

The Bakhtin ‘Heteroglossia’ concept represents the coexistence of distinct viewpoints within a single linguistic code\[8\]. A literary work is constructed from a diversity of styles and voices assembled into a structured artistic system\[7\]. Bakhtinian theory offers perspectives based on the types of social media that can be viewed as a heteroglossic social network\[7, 8\]. For instance, although social media users can communicate with each other, they do not necessarily have the same perceptions in interactions because individuals in the same cyberspace may have different values and views\[8\].

Jun and Lee \[9\] draw on these Bakhtinian concepts to present a framework based on Carnival theory. The framework involves four kinds of dialogic engagement based on Carnival:

- **Dialogue with people.** Carnivals free participants from laws, regulations and norms that normally apply and have them interacting with people they would normally not interact with;
- **Dialogue with self.** During Carnival, participants are temporarily free to behave in ways they normally wouldn’t. According to Bakhtin, this leads to “eccentricity” and results in norm changes;
- **Dialogue with context.** Carnivals encourage the collective to bring together opposing themes, that would normally not be juxtaposed. Iconic images of heaven and hell co-exist at Carnival. This encourages new perspectives to emerge;
- **Dialogue with Principle.** During Carnival, participants can espouse blasphemous, heretic views without punishment.

The use of social media in health care can be an analogy for ‘Carnival’ and stimulates Heteroglossia and Dialogism. *Dialogue with People* is evident by the many forms of dialogue that take place in health care social media—examples include diverse dialogues between diverse participants. Tang, et al.,\[10\] argues that internet-enabled access to information has ensured that many dialogues now take place in social media, thereby democratising patient-clinician relationship.

Offensive language, common in social media \[11\] can be seen as the eccentric behavior consistent with *Dialogues with Principle*. This is facilitated by social media where participants can express themselves in ways that would be unacceptable outside of social media. *Dialogue with context* enables divergent posts such as views on vaccines \[12\] to be explicitly juxtaposed in ways that would not occur outside social media.

If social media is conceived of as Carnival, then we can expect that the stimulus to Dialogia and Heteroglossias to be an impetus to changing norms. Meskó, et al., \[13\] suggests the patriarchal hierarchy of traditional medicine is gradually being disrupted by empowered patients, who not only see themselves as equal partners but also wish to take an active part in
decisions about their care. New feedback channels give health care providers direct insight into what is working well and what needs further improvement in the way care is delivered[14]. This is particularly important in health care settings because there are situations in which there is no single right answer[6]. Ultimately, practice norms change so that health care providers become collaborators in patients’ pursuit of health instead of being the gatekeepers of health care[13]. Rather than being seen as problem that is difficult to manage, social media in health care is better seen as a Carnival characterized by alternate, conflicting knowledge positions[15]. According to Bakhtin, the ideal situation would be an abundance of media that facilitate high levels of dialogue, a coexistence of differences and the absence of overarching regulation of different perspectives[7]. Seen in this vein, social media with its extreme views, mis-information and other ‘evils’ is not the problem. The pressing challenge, particularly for health care service providers, is perhaps how to manage transitions to new norms rather than how to manage social media.

3 SOCIAL MEDIA VALUE IN HEALTH CARE SETTINGS

In the context of the increasing adoption of social media by health care providers, it is appropriate and important to understand how value is derived from this technology. For health care providers to derive value from social media, the technology must be useful[16]. Technology use involves a person interacting with a system to fulfil a goal[17]. A health care provider’s actions when using social media may determine whether they derive value from it [18]. Saga and Zmud[19] argue that behaviours such as acceptance (efforts geared towards inducing members to commit to using an information system (IS), routinisation (adjustments made within work systems to accommodate IS applications) and infusion of information technology (IT) (IT becomes more deeply embedded within work systems, allowing full advantage of IS assets) are vital to achieving successful implementation of any technology[19]. We argue that health care providers that routinise and infuse social media in their work systems have a better chance of deriving value from it compared with health care organizations that merely accept it. Additionally, for health care providers to derive value from social media, they must use it effectively where effective use is the art of using an IS artefact in such a way that helps attain the goals of using it[20]. Therefore, the appropriate use of social media is a prerequisite to deriving value from it.

The concept of value is multidimensional, and depends on what is important to the user[21]. Different health care providers who use social media may have different motivations, thus have divergent conceptions of its value. Health care providers use social media to stay connected with colleagues, network with the wider community, share knowledge, engage in continued medical education or engage in benchmarking or branding[22, 23]. The value of social media in health care settings depends on the specific use, however, all potential use cases of social media in health care support dialogue [3]. Therefore, the value of social media in health care lies in its ability to facilitate dialogue ala Bakhtin.

Health care providers must measure their social media and adjust their strategies, to ensure value[24, 25]. Measuring and adjusting involves quantifying social media efforts to obtain clues about what is going wrong and then purposefully iterating to improve future outcomes[26]. At the basic level, social media strategy refers to the activities that allow individuals or organizations to use social media to create value and differentiate themselves from competitors[27].

To create social media strategies that yield tangible results, social media must be prioritized and seen as critical to the health care organization’s plans, thus, strategizing efforts are neither left to the marketing department, nor to the IT department[28]. The adjustment of existing social media strategy or the creation of effective strategies, among other things involves reflecting on whether social media goals are personal, professional or both; whether the target audience is private or public and how much time and money is available for social media initiatives[29]. The periodic review of social media strategies helps health care providers to choose effective combinations of platforms and to decide on how much time or money to devote to each, thus facilitating the realisation of desired outcomes—value.
4 CONCLUSION

Much of the available literature on the use of social media in health care focuses on the use of social media for promotion, however, we have demonstrated that the value of social media in health care lies in its ability to serve as a medium of dialogue between various interlocutors. We have provided an insight into how health care providers that use social media derive value from the application. Bakhtinian Carnival theory offers insights that help elucidate the value of social media in health care settings.

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