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Use of social media in healthcare management: Opportunities and challenges

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Abstract--Background: In recent years, healthcare workers have become more dependent on social media platforms such as blogs, wikis, and social media sites. However, little research has been done on physicians' perspectives and experiences with social media in hospitals. Using social media to better manage health care data is becoming increasingly common. Despite the massive expansion of studies in this field, little effort has been made to look back at previous work. The purpose of the study clearly tends to examine the advantages and disadvantages of the use of social media for managing health data. Objective: The purpose of the study is to gain a summary of the existing data on the health implications of social media services. Methodology: A literature search was undertaken in PubMed, CINAHL, Cochrane, Google Scholar, and Scopus for all English-language studies published since 2010 that addressed social media use in any way possible for health care and media. (5) They were peer-reviewed; (2) they were written in English; (3) they were made available to researchers in full text; (4) they contained primary empirical data; (5) social media users were patients; (6) the effects of patients involved in

using social media were clearly described; and (7) they met established quality standards. Results: By removing geographical barriers, boosting health promotion, simplifying decision-making, and providing public health education, social media has been able to enhance health knowledge and behaviour. Doctors' reluctance to communicate with the public, a lack of compliance with medical ethical norms, users' privacy concerns, and the difficulty of moderating unfavourable comments are the four barriers to health information management via social media. Conclusion: Social media could be a beneficial tool for improving health information management systems, depending on how health practitioner ethics and users' privacy are managed.

Keywords---Health, Health Care, Knowledge, Management, Social Media.

Introduction

A vital component of being human is the ability and desire to socialise. Throughout history, humanity has flourished in social societies where people share their knowledge, perspectives, and experiences, propelled by a feeling of belonging. Social media (SM), described as "a collection of Internet-based programmes (apps) that facilitate the creation and dissemination of user-generated content," is fetching an increasingly vital share of billions of people's lives throughout the globe, impacting practically every area conceivable [1].

People may discuss and exchange information through social media, which is an effective communication tool [2]. Around 75% of internet users in the United States are affected by social media (SM) information [3]. Many people, including healthcare professionals, have become accustomed to using social networking platforms. Despite concerns that it has a negative impact on productivity and efficiency, many organisations use social media for promotion and advertisement, research dissemination, teaching and training purposes [4]. To increase access to critical information and topic comprehension, medical training programmes have incorporated Twitter and other social media platforms into their teaching curricula. Many important healthcare organisations and medical expert groups use the Twitter hashtag (#) chat to raise awareness of medical emergencies and myths among conference attendees, members, and others. Many organisations have created rules on how healthcare workers and medical institutions should use social media (SM) as an interactive and productive platform for marketing and sharing scholarly discoveries, given the influx of professional users and usefulness to the target users. As new clinical evidence becomes available, health-related knowledge continues to evolve [5].

Health care professionals (HCPs) have access to a variety of social media platforms and technologies, including microblogs, wikis, blogs, media-sharing sites, gaming environments, and virtual reality (VR). Professional networking and education, organisational promotion, patient care, patient education, and public health efforts are all possible uses for these devices. Low-quality information

transmission, professional image harm, patient privacy breaches, personal-professional boundary violations, and licencing or legal challenges are all risks to patients and HCPs. To help prevent these hazards, a number of health-care institutions and professional organisations have released guidelines.

Clinical practise guideline recommendations, according to studies, are no longer applicable after 6 years. Individual practitioners might benefit from social media networks by receiving updates about fresh research and data. Many research publications are using social media to keep their readers informed about news and healthcare. Despite the fact that social media can be a useful tool for gaining or alerting employees to new, evidence-based information, many employers restrict or prohibit its use in the workplace [6]. This decision may be due to healthcare professionals' lack of understanding of social media's potential benefits and applications. The research's main findings are then grouped into three sections: physician usage of social media, motivations for use, and barriers to adoption. The article wraps up with a discussion of the study's findings and their implications for the healthcare business, as well as an assessment of healthcare practitioners' attitudes toward and use of social media for educational purposes [6].

Role of social media in communication

Individuals can use social media, which is an internet platform, to interact with their audience. This tool allows us to interact with a large number of people through social media platforms (a wide population). This social media network allows users to obtain data more quickly and in greater quantity. There are numerous sorts of social media, including blogs, microblogs, wikis, social networking sites, photo-sharing sites, instant messaging, video-sharing sites, podcasts, widgets, virtual worlds, and many others. Some of the most prominent social media networks include Instagram, Facebook, Twitter, and YouTube. Billions of people utilise these social media platforms to connect and interact all around the world. On a personal level, social media allows you to exchange information, thoughts, emotions, and sentiments with friends and family, as well as learn new things, explore new hobbies, and be entertained. On a professional level, you can use social media to expand your network by interacting with other industry experts and learning more about a certain issue. On a commercial level, social media allows you to engage with your audience, solicit customer feedback, and enhance brand recognition.

Uses and gratifications theory

As we know, social media is a platform where users produce and consume information. People spend time on social media to fulfil their needs, such as information, entertainment, and expressing their views. These platforms allow users to generate content for their audience. Users' satisfaction demands are divided into five categories needs in cognitive, affective, integrative personal, integrative social work, and tension-free.



(Source: shorturl.at/fsxTV)

Needs in Cognitive

People use social media to get information, knowledge, and facts, among other things. People in the audience have an insatiable desire to learn academically and intellectually. Searching for information in this manner is not particularly frequent. People have different, different kinds of needs. For example, on Quora, a social media website, people use factual knowledge to learn more about the information they want. People use Google and other internet search engines because they can quickly look for information on any subject while on the go.

Affective

Emotions, pleasure, and moods are all part of the user's affective demands. Social media is used by users to fulfil their emotional requirements. Instagram and YouTube have been increasingly popular in recent years. The finest example is when individuals become emotional or even weep when viewing a tragic moment in a movie, soap opera, or while watching real-life recordings.

Integrative Personal

"Your overall view of yourself" must be shown in the personal integrative. People utilise social media to reaffirm their standing, establish trust, and maintain stability. People use social media to share their experiences, status updates, and photos in order to demonstrate their social standing. People's Instagram, WhatsApp status, Twitter, and Facebook tales, for example, are places where they exhibit what they have, where they are travelling, what they are eating, and so on.

Integrative social work

It's the desire to interact with close friends, family, and other members of society. People no longer socialise on weekends; instead, to meet their needs, they use social networking sites such as Facebook, Twitter, and Tumblr, among others.

Another instance is when people start watching a show not because they want to, but because their neighbour or friend does, giving them something in common to talk about.

Tension-free

People use social media as a way to separate themselves from the real world and to relieve anxiety and stress. Viewing YouTube, Instagram, and Facebook, as well as listening to savaan, gaana, and browsing the internet, are all popular ways for people to unwind.

Social Media as a Tool to Promote Health Awareness

Social media connects people from every end of the world. It is now the fastest, easiest, and most effective medium of communication. People are using social media platforms for sharing and collecting information. So, it is a platform that is nowadays used as a medium of health awareness. People are posting questions and reading information about health issues. From a prime minister to a common man, all are users of this social media.

In this pandemic of COVID-19, social media was also a platform where people were spreading awareness about this coronavirus. People consult health practitioners. Through social media. Facebook started the COVID-19 information centre page where UNICEF continuously posted information regarding the pandemic. Twitter created the hashtag #fightagainstcorona to raise awareness of the deadly coronavirus COVID-19. In this fight, people participated and started using a hashtag to inform their followers and family members about this pandemic.

On YouTube. Reporters, health workers, and government officers started making videos to make people aware of symptoms, protection, and treatment. So that people do not panic in this situation and take proper treatment as per the doctor's advice. And people are using this platform to get updates about the vaccine. Quora is a social media platform where people ask for answers to their queries and people in related fields respond by providing answers via questionnaire. Health professionals and practitioners are also part of it.

Theoretical Background

The study's main purpose is to find out the underlying behaviours, norms, and control variables that impact healthcare workers' intentions and use of social media. The findings suggest that even within a highly regulated and ethical field, there are significant ambiguities. As a result, research into the characteristics that hinder or facilitate the adoption of online platforms might help to influence future research into intervention measures that encourage active usage in order to improve health outcomes.

Sociology, behaviour change, and psychology theories are utilised to study the adoption of technology and its application in diverse organisational and consumer situations. The Technology Acceptance Model is used as a theoretical framework

due to the high degree of prediction in adopting new technology. Healthcare is a highly regulated behavioural discipline that must adhere to strict norms and standards. As a consequence, the components of the Integrated Behavioural Model will complement the model and may aid future research into intervention strategies that increase active use for improved health outcomes. The Technology Acceptance Model's components place a premium on perceived utility and ease of use as major determinants of user behaviour. This Technology Acceptance Model is recognised as a theoretical basis for the study of perceived usefulness and simplicity of use as important criteria in two specialties of physicians using social media technologies for information sharing and receiving. The Technology Adoption Model, as well as behavioural theories of reasoned actions and planned behaviours, is used to analyse HCPs' adoption of the personal digital assistant for practical task completion and easy access to medical information. The study looks at the primary aspects that influence a user's decision to act in a given way. Practitioners' intentions to utilise new technologies are influenced by their social network's professional image, with the idea that a new system will improve their image and social position [7].

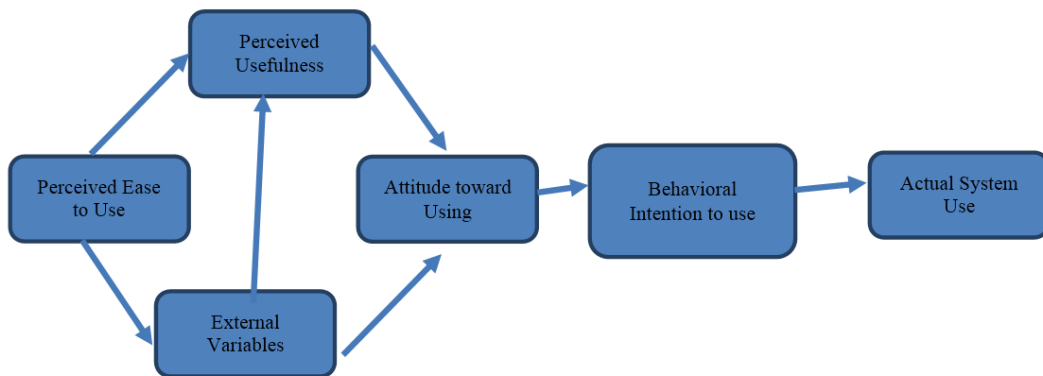


Figure: Technology Acceptance Model

Methodology

Dr. Dobbin's Fast Review Guidebook Phases for Conducting a Rapid Review led the rapid review through five steps of the evidence-informed decision making (EIDM) process. The health Evidence™ tool was used to: 1) find and obtain relevant research evidence; 2) assess research evidence's methodological quality; and 3) synthesise the evidence [8].

Search Strategy and final search string is as below:

To provide an overview of the numerous effects of consumers using social media to connect with healthcare professionals about health-related issues. Between August and November 2021, researchers searched five databases (PubMed, CINAHL, Cochrane, Google Scholar, and Scopus) for all English-language medical research publications published since 2010 that looked at the use of social media in any form for health care. To find the articles, we used a search strategy that included terms like "social media" or "blog" or "content community" or "social

networking site" or "online social network" or "virtual world" or "online community" or "online forum" or Facebook, Twitter, Wikipedia, IMVU, "second life," or YouTube. b) "patient*," c) "health* provider*," "health* professional*," "physician*," "doctor*," and "hospital*," in addition to the other two original terminology categories. We also used the word "client" instead of "patient," as suggested by the referees of this work. We followed the Preferred Reporting Items for Systematic Literature Reviews and Meta-Analyses criteria for doing a systematic literature review to conduct this review (PRISMA).

Screening Process/ Eligibility criteria

Duplicate publications were eliminated, and the articles were put into an EndNote collection. Articles from before 2010 were removed since the terms "social media" and "media" did not represent the current concept of SM at the time. The eligibility of titles and abstracts was determined. Studies that were not in English, as well as those having unavailable complete texts following unsuccessful trails to access them, were eliminated. Irrelevant studies were also eliminated, such as those that were not connected to health care, those whose major result was not the use of social media in health care, and those that highlighted the negative effects of social media on health. Dissertations were also left out of the research. The studies' entire texts were then evaluated. There was some research that looked into the usage of social media from the standpoint of patients. We also got feedback on the legal and ethical problems surrounding the use of social media in healthcare tools.

Data Extraction

The papers were reviewed by two impartial reviewers from the university fraternity to verify that the selection was not biased. On the completed list of publications for additional data extraction, both reviewers have established an eighty-percent agreement. Given the scarcity of information and the fact that investigations were conducted by a variety of field specialists, the approach was diverse. The level of evidence was used to grade the quality [9].

Results of the literature search

After a first screening strategy that eliminated non-related articles based on their non-English language, title, abstract, and book chapter, a total of 147 articles was reduced to 43 presumably relevant articles. According to the inclusion criteria, the final data extraction included 39 studies from rich nations and 39 articles from developing countries. (See Figure 3 for the results of a literature search using Health Evidence™ tools.)

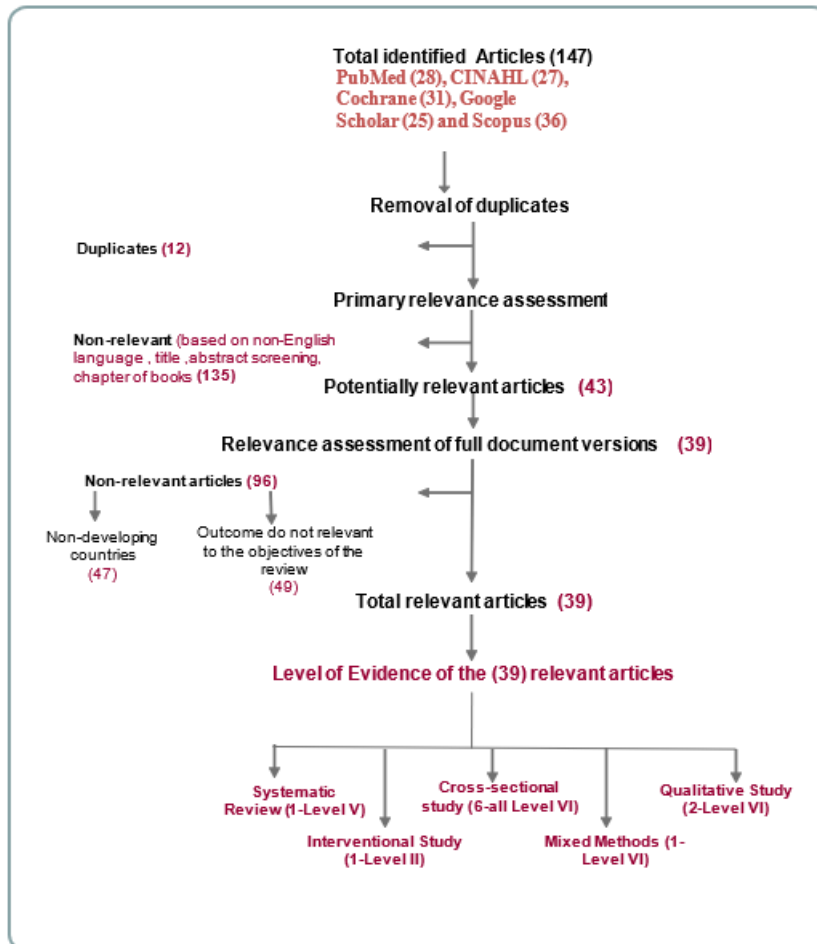


Figure 1: Health Evidence™ tools: Literature search results [10]

Result

The results of the study's six studies are summarised in Table 1. First and foremost, an overview of the data gathered on patients' usage of different kinds of social media is offered. After that, the effects of social media usage on patients are discussed. The gathered data on the consequences of patient social media usage on patient-healthcare professional interactions is then summarised, discussed, and categorised [11].

Table 1

The following is a list of the studies that were included in the literature review

Year	Author(s)	Main objective of study	Results	Conclusion
2021	Ghalavand H	The purpose of this study was to generate a list of the benefits and drawbacks of using social media to manage health information.	Social media platforms have been used to improve health knowledge and behaviour by lowering geographical barriers, enhancing health promotion, making decision-making easier, and offering public health education. The four challenges to health information management through social media include doctors' unwillingness to communicate with the public, a lack of compliance with medical ethical norms, users' privacy concerns, and the difficulty of dealing with bad comments.	Social media could be a useful tool for developing health information management systems if medical professional ethics and user privacy are properly maintained.
2014	Panahi S	By providing the results of a physician survey, it will be possible to highlight the potential advantages and downsides of doctors using social media.	Maintaining contact with co-workers, going out and networking with the greater community, exchanging expertise, participating in continuing medical education, benchmarking, and branding are all necessary. For physicians who used social media, maintaining anonymity, a lack of active involvement, finding time, a lack of trust, workplace tolerance and support, and information anarchy were all major barriers.	The study reveals the primary benefits and drawbacks of doctors using social media, allowing healthcare professionals to better comprehend the extent and impact of social media in the field. It also assists them in better embracing and utilising social media, maximising the benefits for the clinical community's specific needs.
2016	Smailhodzic	To provide a review of the	Patients' usage of social	Our research illuminates the

	E	research on the effects of patients' use of social media for health-related purposes on their interactions with healthcare providers.	media has been proven to influence healthcare provider-patient interactions, resulting in more equal communication, physician switching, harmonious relationships, and unsatisfactory involvement.	expanding use of social media in the healthcare industry. It recognises various types of patient usage as well as the consequences of that usage, which may differ between patients and providers. As a result, our conclusions and recommendations can be utilised to direct future research and have practical implications. The implications should be understood by health-care practitioners and legislators.
2019	Park A	Individuals may use social media to improve their awareness of health by sharing health facts, personal experiences, and health-related current events.	Although social media has significant potential to enhance health outcomes, it must be used with care and consideration.	To wrap up this study, we've identified five areas that need more research in order to effectively utilise social media for improved health.
2020	Pizzuti A	To find out how healthcare professionals feel about utilising social media as a teaching tool.	Residents, doctors, and those having unfettered access to social media at work were less likely to support limiting access to social media at work to educational goals.	Healthcare workers use social media extensively, and many believe it might be a fantastic educational tool in the sector.
2021	Farsi D	To learn more about how SM has been employed as a crucial tool in the health-care industry from the perspective of HCPs, as well as to learn more about its global use.	There were 83 studies found in the initial search. In total, 158 articles were examined, with article references providing more research. Health promotion, career advancement or practise promotion, recruiting, professional networking or stress relief, medical education, telemedicine, scientific research, influencing health behaviour, and public health issues were the most common SM applications.	Multidimensional health care, which combines medical therapy with social media and other forms of communication, has proven to be incredibly beneficial. It's crucial to strike the right balance between digital and traditional health-care services.

Table 2
Policies on social media

- Discrimination, harassment, unfair termination, leaks of secret or proprietary information, reputational harm, productivity, and other concerns should all be addressed.
- Establish standards for employee conduct outside of the workplace.
- Internet and/or social networking site access for employees should be restricted, limited, and/or monitored.
- Establish what employees should do if they witness someone using social media in a bad manner.
- Establish regulations for the use of the company's email addresses, photographs, and logos.
- Determine the consequences of irresponsible social media usage.
- Figure out who has access to social media on company property and for what reason.
- Ascertain those medical professionals and employees realise that they are not representing the institution when they post on their personal social media pages.
- Ensure that any potential conflicts of interest are declared by medical staff and employees.
- Ensure that all medical personnel and workers are knowledgeable about state and federal privacy regulations.
- When medical professionals or employees are not speaking on behalf of the organization, provide a disclaimer.
- Ascertain that all medical workers, employees, and students understand the importance of following the company's social media policy.
- Current patient consent rules, as well as the use of social media to disclose healthcare data, should be revised or expanded.

Challenges

Individuals may use social media to enhance their awareness of health by sharing health facts, personal experiences, and health-related current events. Some users, such as the aforementioned researchers and suppliers, are qualified experts. Others are activists, hired influencers, or ordinary citizens who are worried. Individuals offer a powerful voice, even if the information they give is not always evidence-based. While social media allows for rapid information transmission and near-instantaneous access to the general population, it also allows for the spread of misinformation and deception in health-related social media. Misinformation is false information spread with the objective of deceiving the audience, while disinformation is false information spread with the intent of deceiving the audience. Misinformation is false information spread with the objective of deceiving the audience, while disinformation is false information spread with the intent of deceiving the audience. Misinformation has caused unneeded uncertainty, worry, fear, and frustration in society, which has harmed and obstructed the goal of health organisations to communicate accurate, trustworthy, and up-to-date health-related information. Inaccurate health

messages on social media have physical and emotional health consequences. During public health crises and emergencies, this can be extremely troublesome. During the 2016 Zika outbreak and COVID 19, one of the most significant examples of health misinformation spreading quickly and widely on social media was seen, particularly on Facebook and Twitter [12].

Obstacles to implementing health knowledge management

Health knowledge management systems that are properly implemented may help doctors and patients make fewer mistakes and solve issues faster. Some of the challenges in knowledge management in healthcare are comparable to those in other industries. Barriers to health knowledge management include the absence of a well-defined strategy, a lack of an appropriate knowledge sharing culture, and a poor information-based technology infrastructure, to name a few.

Other impediments to health knowledge management have emerged as a consequence of variables like the rapid growth of health information and knowledge, health communication issues, and patient-physician interaction concerns. Another stumbling block. Another obstacle to health knowledge management is medical practitioners' aversion to adopting new technology. When using new technology, most health professionals believe that some therapeutic processes are jeopardised.

Another impediment to health knowledge management is political intervention. Medical networks, which were originally created to share information, are quickly evolving into instruments for attaining managerial objectives. Furthermore, while doctors are focused on improving patient care, managers are more concerned with cutting expenses and generating income [13].

Possibilities for health knowledge management via social media

Despite concerns about data security and patient privacy when utilising social media to promote health, there are some benefits to using these platforms to manage health information. The benefits of using social media include transferring patient care responsibility to the patient, allowing patients and doctors to share their perspectives and experiences, increasing disease control by enhancing personal capabilities to care for one's health, improving decision-making, and correcting dangerous health behaviour.

In social media, there are issues in managing health knowledge

Physicians' and health organisations' incapacity to engage with the public, non-specialist users' jeopardising medical ethics, patients' privacy, and unfavourable patient opinions are all impediments to health information management on social media, according to the current study. Although social media can aid in health communication and relationships, many health organisations and professionals only use it to educate and insist on one-way communication. Another challenge with social media health media management is maintaining communication control; there are always concerns about rude remarks, skewed messages and dialogues, and misinterpretations of others' opinions. Another concern with health knowledge management is the generalizability of social media users'

behaviours to the larger community. It's important to remember that many patients are unable to use social media for a variety of reasons. The interactive nature of social media, as well as the openness with which information is transmitted, hastens the spread of false information as compared to traditional media.

Social assistance

We discovered that social support is the most common type of social media use by patients for health-related reasons. According to the concept, social support is "the process of interaction in relationships that is aimed to promote coping, esteem, belonging, and competence through actual or perceived exchanges of psychological resources. "Social support is divided into five categories, four of which have been identified as common ways for patients to use social media for health-related purposes. The four sorts of aid included here are emotional support, self-esteem support, information support, and network support.

On an emotional level, help is available. Emotional support is described as "communication that meets an individual's emotional or affective needs." It refers to emotional support provided by caring and concerned gestures that help to boost a person's spirits. Patients who receive emotional support are more able to meet their emotional and affective needs. Patients' use of social media for emotional support has been the subject of articles. Emotional support can take several forms, including "sharing emotional issues," "encountering support that feels like a warm blanket wrapped around you," and "sharing feelings with other people who are going through similar situations."

Self-esteem is bolstered. Emotional support is defined as "communication that boosts an individual's self-confidence or beliefs in their ability to manage a circumstance or achieve a desired activity." The purpose of this type of support is to encourage people to take the measures necessary to live well with their illness. Seven studies suggest that patients use social media to boost their self-esteem. "Sharing experiences regarding a new therapy to find encouragement before commencing it" and "rituals of validating each other's attempts to follow health recommendations" are two examples of esteem support.

Informational assistance "Information support" is defined as "communication that provides helpful or required information." People who have recently been diagnosed require a great deal of information about their health and treatment options, which patients who have lived with the illness for a longer period of time may be able to provide. The use of social media by patients for information and help was mentioned in each item. Ask questions about the sickness, "get medical guidance," and "help other patients by sharing experiences and essential information about the illness" are all examples of information assistance.

The network's support Network support is described as "communication that acknowledges an individual's involvement with a network or reminds him/her of the network's aid offered." As a result, network support is support that reminds people that they are not alone, regardless of their situation. Patients' use of social media for network support was discovered in 13 publications. Network support

can take several forms, including "meeting other patients who have had similar experiences," "a method to connect with individuals in similar situations," and "fostering friendships based on common traits."

In addition to social support, we observed two more types of usage that could not be simply categorised as social support subcategories. Two of them are emotional expressiveness and social comparison.

Emotional expression refers to the one-of-a-kind possibility afforded by social media for patients (and other users) to freely express their feelings without worrying about other people's instant sensations or reactions. Online communities have the potential to aid patients in opening up and lowering the inhibitions felt in expressing experiences in face-to-face situations, such as hurting other people's feelings, according to one of the publications. As a result, patients can freely express their emotions on social media, such as letting go of negative emotions. Unlike emotional support, which encompasses patients connecting with one another and receiving communication to meet their affective needs, emotional expression entails patients expressing their emotions whether or not they receive a response. In eight publications, patients' usage of social media for emotional expressiveness was identified. Two examples: "a place to vent about the sickness" and "an opportunity for openly expressing your sentiments" are two examples.

This is a social illustration. Patients compare themselves to other patients on social media to assess how "terrible" their illness is or how effective their therapies are. When patients compare themselves to peers to understand that they are not alone in this circumstance (network support), or when patients compare themselves to peers to learn how other people suffer from or manage the ailment, this social comparison may appear to overlap with social support (esteem support, emotional support, or information support). The authors presented social comparison as such without commenting on the facts inside the articles, therefore it was categorised as a different type of use. According to the research, patients use social media to compare themselves to others. "Upward social comparison" and "comparison with other members" are two examples.

Discussion

According to the findings of this study, using social media to improve health information management could be advantageous. Social media helps health stakeholders obtain more knowledge through sharing experiences, opinions, developing connections with peers, and gathering new study findings. Social media may be used to improve health-care knowledge at both the individual and organisational levels by improving health communication, expediting health information transfer, and assisting decision-making through the creation and participation in social networks. Despite the fact that research has demonstrated that social media has a great deal of potential for health promotion and education, health-related activities on social media, like those in traditional health promotion media, must be properly supervised.

Otherwise, social media may not always produce the desired results in the health domain. Clearly, if a corporation uses social media to improve health, effective monitoring and evaluation indicators should be in place [14].

The lack of quality and authenticity of health-related information available on social media platforms and other websites is the most significant disadvantage. Medical material authors are frequently unknown or have insufficient information to identify them on social media networks. In addition, medical data may be underutilised, incomplete, or unofficial. While evidence-based medicine considers anecdotal reports to be of little value, social media does not, depending on individual patient reports to get medical data. Traditional online media have similar limits. However, the participatory feature of social media exacerbates these concerns because any user can upload content to a site. Conflicts of interest, both hidden and overt, may go unnoticed by social media users.

There are numerous methods for dealing with this issue. Patients may be directed to well-known peer-reviewed websites that provide content that has been examined by an HCP. The World Health Organization (WHO) is leading a proposal to the Internet Corporation for Assigned Names and Numbers (ICANN) to create a new domain suffix dedicated solely to verified health information. The use of this domain suffix would be closely regulated, and the content of websites that utilised these addresses would be carefully scrutinised to ensure that they met high quality standards. When it comes to showing results in response to health-related queries, search engines prefer certain domain names. The publication of unprofessional content that may reflect poorly on HCPs, students, and connected institutions is a serious danger associated with the use of social media. The first impression made by social media content may be lasting since it sends information about a person's personality, views, and priorities. Friends, causes, organisations, games, and media that a person follows, as well as images, nicknames, posts, and comments liked or shared on a social media profile, may all influence perceptions. Breach of patient privacy, the use of profanity or discriminatory language, images of sexual suggestiveness or inebriation, and disparaging statements about patients, a workplace, or a school are all examples of unprofessional behaviour. HCPs have been accused of, among other things, taking digital photographs during operations, posing with guns or alcohol, and sharing "tweets" that are harmful to a person or the profession. Patients' grievances, or "venting," are also expressed in online forums, though this is not advised. Data from social media can also be used to aid in medical or professional school admissions, residency placement, and employment decisions. Before recruiting someone, employers and residency programmes are increasingly conducting searches on Facebook and other social networking sites. According to a Microsoft survey, 79 percent of employers look at web information on potential employees, yet only 7 percent of job searchers are aware of this possibility. A person who makes public posts has freely made material available for anybody to view for any reason. Others believe that candidates who do not use judgement when deciding what information to publish online are also incapable of making sound professional decisions. Social media users are unusual in that they have multiple networks of friends, family, and co-workers. Some people use separate accounts to keep their personal and professional images distinct. Because personal and professional relationships frequently overlap, this may be difficult to

follow in practise. 11) On the other hand, most social networking sites now have privacy settings that allow users to control who can see their personal information. Account and privacy settings should be set up to allow one's network to grow while restricting information exposure to people outside the network. Users should make use of any social media site settings that allow them to categorise different connections in order to share only relevant material with specific groups or individuals. HCPs should conduct regular searches for their own names or other identifying information on social media to ensure that their online presence portrays a professional image.

According to the findings of this study, using social media to improve health information management could be advantageous. Social media allows health stakeholders to gain more information by sharing their experiences and opinions, making new connections with colleagues, and learning about new scientific findings. Social media may be used to improve health-care knowledge at both the individual and organisational levels by increasing health communication, expediting health information transmission, and assisting decision-making through the creation and participation in social networks. Despite the fact that research has demonstrated that social media has a lot of promise for health promotion and education, health-related activities on social media, like traditional health promotion media, need to be properly regulated. Otherwise, social media may not always produce the desired results in the realm of health. Naturally, if a company uses social media to promote health, adequate monitoring and evaluation indicators should be in place.

Conclusion & Future work

According to this study, social media can help with healthcare information management if medical professional ethics and patient privacy are respected. Due to the lack of appropriate national and international standards on how to use social media correctly, more scientific research is needed to emphasise the many dimensions of social media usage in health information management. There are several flaws in this study. To begin with, the complete text of a few important works was unavailable. The variety of study populations in the papers evaluated was the second source of concern. Third, descriptive information on the usage of social media for health information management was rarely provided in certain studies. Fourth, several studies neglected to include sub-processes of health information management, making it impossible to synthesise the results. Based on the findings of this review, the authors suggest the following practical topics:

(1) Each health stakeholder should develop appropriate implementation methods based on the use of social media to promote health knowledge management; (2) Expert committees made up of information technology professionals, physicians, and medical information experts should create and develop appropriate codes of conduct for health users to safely engage in social media; and (3) Health organisations should design quality assurance labels to tag authenticated and approved users.

Although it will take careful and deliberate use of social media to achieve this, it has a lot of potential for improving health outcomes. We've identified five areas

where more research is needed in order to appropriately use social media to promote health.

First, despite its promise to improve citizen-government dialogue, social media is today primarily employed as an information amplifier. Despite social media's participatory nature, present methods do not encourage intelligent communication with the broader population. It may be possible to find potential for expansion in health organisations' social media presence by using Kietzmann and colleagues' seven building elements of social media (identification, dialogues, sharing, presence, connections, reputation, and groups). Second, the use of social media to disseminate health information should adhere to a well-defined protocol. Concerns about source credibility, source information veracity, and the authoritative voice behind the content may be addressed with better social media communication. Third, as people's power over other social media users grows, a better understanding of the role of individuals and consumer health information awareness is required. Individual-level channels could be exploited by providing training for judging the quality of health research, personalised interventions for influencers, and social media best practises for health change. Fourth, the effects of various types of social media (e.g., text, image, video) on electronic health literacy are currently understudied due to ongoing changes in social media trends. As more material is added to social media messages, they are becoming more dynamic. You can change the meaning of a photo by using hashtags and captions, for example. The number of studies on these mixed-media communications is relatively minimal. Fifth, additional scientific challenges, such as the demand for computer resources, artificial intelligence bias, redefining statistical significance of large datasets, and preventing user misuse, must be adequately recognised and accounted for in reality. Funding influences some of the demand for and availability of resources. There has been a scarcity of training in these types of statistical investigations in the past. As social media usage rises in popularity and health organisations begin to incorporate it into their practises, it's vital to consider both the positive and negative consequences. This study might be the first to explain why distinct health care specialisations utilise things differently. It also backs up the role of behaviour and technology acceptance theories in predicting HCPs' adoption of social media. However, there are certain flaws in the research. One is a convenience sample, which consists of HCPs who regularly utilise social media sites. Offline practitioners may have a better understanding of the other key factors that influence usage frequency. The absence of public health practitioners and researchers is the other factor. Because previous studies have focused on the cost savings of employing social media applications to attract patients, their existence would have an impact on the platforms' perceived utility. Other aspects, such as training, may be investigated in the future. As a result, highly interactive platforms could help the health-care business by allowing for more creativity, cooperation, and improved health results. This research, in our opinion, is current and suitable for health practitioners and policymakers to use in order to enhance health outcomes. We believe that the trend of using social media will continue in the near future, necessitating the development of social media best practices [15&16]

The authors propose the following practical topics based on the findings of this study: (1) every health stakeholder creates and develops appropriate

implementation strategies for health knowledge management based on the use of social media; (2) expert committees, including information technology professionals, physicians, and medical information experts, create and develop appropriate health knowledge management codes of conduct.

Important Points

- Social media should focus on preventative care, patient involvement and satisfaction, and disease groups
- Information should be clear and easy to comprehend
- Social media has the potential to be both good and detrimental. It should reach the appropriate target demographic with timely information.
- People should be taught how to discriminate between reliable and false material found on the internet.

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Consent to participate and ethics approval

This evaluation does not require ethical approval because no patient data will be collected. Plagiarism, confidentiality, malfeasance, data falsification and/or falsification, double publishing and/or submission, and duplication are all ethical issues that the author has thoroughly examined in this work.

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