

Healthcare Organizations' Twitter Communication: An Integrative
Review

by

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Abstract

This integrative literature review examines how healthcare organizations communicate in Twitter and how they can communicate on Twitter. Twitter provides healthcare organizations with new ways to engage with the public and opportunities to grow in a changing environment. This thesis examines the literature on healthcare organizations' current practice, relationship building, and identities when using Twitter. The findings address four themes related to the research question, i.e., social and organizational identity, foundational stakeholder strategies, social expectations on Twitter, and third-party healthcare organizations. This paper concludes that Twitter gives healthcare organizations the ability to move beyond knowledge sharing and be a proactive healthcare partner to Twitter users. However, healthcare organizations have limited themselves by using Twitter in a traditional communications approach simply as knowledge dissemination.

Keywords: Twitter, healthcare organizations, relationship building, digital identity and integrative literature review.

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I begin this thesis by acknowledging that the land I reside on is Treaty 4 traditional territory, land that is the traditional territory of the Cree and Saulteaux, Assiniboine and Metis.

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Chapter One Introduction

Communication practice adjusts when the tools for communicators change. One of the recent changes is the introduction of social media over the last twenty years (Taras, 2015, p 4). Social media tools change (1) the relationship between the sender and receiver (2) the interaction between senders and receivers and (3) the way messages are disseminated. Healthcare organizations have incorporated social media into their day to day communications practices. Healthcare organizations are facing new challenges using Twitter because the platform affects how users interact with healthcare organizations, influencing user expectations of the healthcare organization on Twitter. Therefore, this thesis asks: How can a healthcare organization change their Twitter communication practices? Three subtopics help answer this question: (1) what are the current Twitter communication practices of healthcare organizations', (2) how healthcare organizations build relationships with their followers on Twitter, (3) how healthcare organizations can create a digital identity on Twitter. This thesis is an interdisciplinary examination of healthcare communication practices, public health and using technology in communication. Communication practitioners in healthcare have followed practices in communication, often like their counterparts in other industries. However, healthcare communications require a risk-averse lens, to ensure the proper information is getting to the right audience but also to ensure that no harm is occurring, reputation or otherwise.

Technology has changed the tools healthcare communicators use in their everyday practice, including social media. Healthcare organizations use Twitter as a communications tool to their immediate followers. Twitter allows healthcare organizations to send quick, small bites of information to their followers as a way of keeping their audience up to date on important infor-

mation. Twitter as a communications tool has the capacity to reach bigger audiences with the platform. The platform offers the healthcare organization and other users to interact with one another. Twitter's ability changes a healthcare organization's capacity to reach broader audiences with important health-related information that can impact their healthcare.

Social media has changed the audience reach that healthcare communicators and organizations now have access to; a more significant, public audience. In using technological tools, healthcare organizations need to consider how to use them strategically to the benefit of the organization. This research is significant for healthcare organizations because while there are research projects on healthcare organizations' Twitter practice, relationships, identity and the types of healthcare organizations respectively. However, these projects were scattered in different academic fields, not focused on healthcare organizations and communication practices. This research brings the disciplines of healthcare communications, technology and public health together in a concentrated study. There is a need to review the literature to build a whole picture so that communication professionals for healthcare organizations can have a better understanding and use strategies for Twitter. A literature review will help practitioners and society because it moves healthcare communication practices more rooted into the digital world, catching up to the rest of society and more importantly, it ensures the relevancy of healthcare organizations who play a vital role in the healthcare system.

Chapter Two Research Methodology and Rationale

Integrative Literature Review

My approach to the study is an integrative literature review. An integrative literature review, according to Torraco, "Reviews, critiques, and synthesizes the representative literature on a

topic in an integrated way such that new frameworks and perspectives on the subject are generated” (2005, p. 357). An integrated literature review is a methodology which takes the research of previous scholars and incorporates into a review around a new or multidisciplinary subject. The research uses previous research to address the interdisciplinary subject of healthcare organizations and Twitter communications. As a method of research, an integrative literature review provides this researcher with the ability to collate and evaluate the data that has already been collected, identify gaps in current research, identify the need for future research and connecting related areas of work (Russell, 2005). The limitations of this research are limitations to published topics; studies may have different operational definitions, requires a systematic search of studies relevant to the three topics and studies may be discarded due to their strength concerning treatment effects (Russell, 2005). The integrative literature review in this thesis builds a current context around communications practice and the social implications of a communications tool being used by healthcare organizations. This is an appropriate method for the research because the data existed already but not on this particular subject area, so the review collects the research together for this thesis and allows the research to expand into healthcare organizations and Twitter communications. An integrative literature review is needed because it provides a method to find the scholarship already completed into the interdisciplinary nature of the research question. The method collates the data which already exists but does not co-exist together. The design gathers and integrates data on the following three subquestions; the current Twitter practices of healthcare organizations practices; how to build relationships on Twitter and the importance of organizational and social identity on Twitter. I am synthesizing the foundation of healthcare communications and where communications are related to relationship building. The research from the

review studies the qualitative outcomes of Twitter communications, but it is necessary to pull that into the qualitative outcomes of healthcare organizations and their practice. The nature of the research question demands the qualitative information be synthesized and an integrative literature review is an appropriate method for this approach. The integrated literature review was conducted over several months from January to July of 2018. Using the library resources of the Royal Roads eLibrary and Mendeley Research, the review was conducted using keywords related to the research question.

Twitter, a social media platform based on the Internet, is a new meeting place of society (Taras, 2015). Twitter was created in 2006 for two purposes: sharing news information and open dialogue between users (Twtr, 2010). Twitter is a social media platform with users from all across the globe, which was created by Americans (Twtr, 2010). To use Twitter, users must sign up for their own personal or organizational account as a user themselves. Twitter is a two-way communications tool which allows users to communicate, through 280 characters in what are called tweets to other users. Account holders of Twitter can follow each other and create social digital networks with other Twitter account holders. A Twitter account allows the account holder to like other tweets, tweet, send private messages, retweet another account holders tweet, and use hashtags in tweets. Hashtags are slang or catchphrases that start with the number sign character — hashtags which are popular to many users, often are considered trending on Twitter (very popular). Twitter currently has 326 million users (Omnicores, 2018) where 66% of users are male, and 34% are female users out of all worldwide users (Statistic Portal, 2018). The top three users countries of Twitter are the United States, Japan and the United Kingdom (Statistics Portal, 2018).

Twitter is a tool to utilize for creating relationships as it has access to audiences in a non-traditional way. Twitter also emphasizes equal and two-way interaction. Healthcare organizations for their external communications use twitter. As a social platform, Twitter users present parts of their identity on the platform (Goffman, 1989). The platform itself does not enforce this type of behaviour. However, social norms around Twitter have created this expectation. In Twitter, a dialogue between users and healthcare organizations could build digital relationships. Twitter is different from other social media tools because it depends primarily on language between users to communicate. Twitter depends on users communicating their social information such as identity in short message frames. Twitter provides a digital space and ability for users to interact with one another at an entirely different speed and capacity.

Healthcare organizations are the focus of this research. Healthcare organization is a group which is a part of the health care system, assisting and providing to the delivery of health care to citizens. Healthcare organizations can be government run, non-profits such as association or advocacy groups, for-profits, regulatory bodies or patient advocacy bodies who are part of the health systems. The health care system's organizations can be placed into three different types: first party, second-party and third-party. First-party healthcare organizations are groups which provide direct frontline care to patients. An example of a direct care provider would be a regulatory organization such as the Saskatchewan College of Paramedics. Second-party healthcare organizations are those who are related to the direct practice of frontline care but do not provide it by themselves. An example of this is a health authority such as the Saskatchewan Health Authority. Third-party healthcare organizations are healthcare organizations who influence the care of patients through policy changes versus direct care. Third-party healthcare organizations are dis-

tant from the public, but they have a more significant, system impact such as pharmacists providing flu shots.

In particular, my research explores how healthcare organizations use of Twitter, and what impact this may have on the healthcare organization's digital relevancy in the healthcare system (Kreindler, Dowd, Star and Gottschalk, 2012). Twitter changes how and whom healthcare organizations interact with on a daily basis. Twitter users are a bigger, public audience for healthcare organizations (Park, Rodgers, and Stemmler, 2013). The change of interaction is different because healthcare organizations communicate to a more public audience now versus communicating with just an existing professional partner in the health system (Kreindler, et al., 2012). The integration of public audiences versus professional, siloed partners into a healthcare organization's communication network has impacted the effectiveness of healthcare organizations on platforms such as Twitter. However, Twitter gives healthcare organizations opportunities to advocate their system relevancy (Sarasohn-Kahn, 2012) as a public platform (Zuckerman, 2013).

The opportunities in Twitter for healthcare organizations to advocate their role in the health system can be approached with a strategic framework. Strategic frameworks for communicators in this type of a platform exist in stakeholder theory. In one theory illustrated by Grunig (1997), Grunig laid the groundwork for building relationships with stakeholders. A stakeholder is a group or persons who exist in a voluntary or involuntary relationship with the organization. Stakeholders become salient to managers to the extent that managers perceive them as possessing power, legitimacy and urgency (Mitchell, Agle & Wood, 1997). Grunig's framework includes a symmetrical communication style, incorporating dialogue and feedback into the relationship building (1997). This style, in particular, incorporates the input from stakeholders into the com-

munications plans of organizations, ensuring that stakeholders concerns and voices are always considered (1997).

For Grunig (1997), symmetrical communication is an approach which uses communication, dialogue and research with the objective of strengthen relationships and reputation. The symmetrical communication theory Grunig created works with the Twitter platform because two-way communication is a part of the platform. This approach, for Grunig, was a way for public relations practitioners to develop stakeholder relations in a positive way that included the stakeholder themselves. Unintentionally, Grunig's style exists already on the Twitter platform, so Grunig's theory of symmetrical communication works within Twitter. Grunig's approaches have been studied and applied in communications research before. However, it has not been applied to Twitter and healthcare organizations and their Twitter practices. The tools stakeholder relations provide to healthcare organizations should be examined in their relation to being used in Twitter. Grunig's theory and a practitioners use of stakeholder relations should be applied to Twitter because Twitter's platform includes sending, receiving, listening and more importantly, responding to other users, an example of an open, communication with a stakeholder on information or situations. Symmetrical communication is exemplified in technology such as Twitter because communication is open. Grunig's theory of symmetrical communication, when linked with digital identity, can provide healthcare organizations with a strategic way to use Twitter effectively.

Data Collection

The research here utilizes the social and organizational identity theory for studying the social media tool, Twitter. In using these theories around Twitter and healthcare organizations, several keywords become important. Keywords were used to search for relevant literature as the

first step in data collection. The following keywords were included: social identity; organizational identity; digital space; social media; Twitter. This research utilizes the organizational identity theory for studying in a specific communication tool: Twitter. Organizational identity theory means organizations define the who of the company based on several characteristics of the company culture (Cheney, Christensen, Zorn, T.E., & Ganesh, 2011).

Organizational identity research can illustrate how communicators use and develop Twitter for their organizations. Organizational identity will intersect with the social identity of an organization (Gioia, Schultz & Corley, 2000). A social identity of the organization provides healthcare communicators with social flexibility (Ashforth & Mael, 1989) to connect with Twitter users. Twitter is a platform which can communicate the organizational and social identity of the healthcare organization to the other users of Twitter. Healthcare organizations who use Twitter as a communications tool should consider communicating a digital identity.

The research also utilizes the communication tools communicators use to build relationships in a digital platform. These keywords include dialogic communication; stakeholder relations; stakeholder relations theory; stakeholder identity and identification; building relationships; symmetrical communication. Twitter provides a digital space (Zuckerman, 2013) for communication practitioners to create relationships with digital natives (Taras, 2015). A relationship between the healthcare organization and other Twitter users is something that healthcare organizations should consider the norm for the future (Taras, 2015). However, building a relationship with every Twitter user could be regarded as inefficient (Source). Healthcare organizations would benefit from a strategy on building relationships in Twitter (Source). The research shows that relationships can begin based on shared social traits among users (Stets and Burke, 2000). For

healthcare organizations, demonstrating the shared traits of identity can attract other users on Twitter. Once a new user is there, healthcare organizations have an opportunity to strategically build that relationship (Mitchell, Agle & Wood, 1997). The dialogue on Twitter between users is essential for building a relationship (Mitchell, Agle, & Wood, 1997). However, because Twitter has a different set of social norms around it (Hawn, 2009), healthcare organizations would benefit by using strategies to develop these online relationships. The strategy will guide practitioners in developing a relationship (Grunig, 1997) with their Twitter followers or digital stakeholders. Followers is a Twitter term used to define people who have Twitter accounts and use Twitter to passively communicate with other people on Twitter, “Follow” other people or organizations online.

The research utilizes the concept of trust and authenticity to establish healthcare organizations digitally in the Twitter platform. These keywords include social mediators; building social networks; trust; authenticity, advocacy, non-profit organizations, government organizations and organizational communication. These keywords are relevant to the search because healthcare communicators deal with concepts such as dialogic communication or stakeholder relationships in their day to day practice.

Digital stakeholders may be non-traditional stakeholders such as different organizations, splinter groups, individuals or businesses which healthcare organizations do not traditionally see as their stakeholders (Grunig, 1997). Communicators are working within trust and authenticity in daily practice and affect how successful healthcare organizations are in their communication efforts. The opportunities presented to healthcare organizations are in the concepts of digital, building digital relationships and working within the specific Twitter platform. Also, healthcare orga-

nizations are registered as non-profit organizations within the system, so the data needed to include communications practices in non-profit organizations.

The following keywords are excluded in the data collection process: Instagram; building business relationships; systems; healthcare structures; stakeholder measurement; hospital trust; patient trust; the identity of the self; narrative; and organizational construction. These keywords were excluded because while relevant to health care, communications and social media; they were not relevant to the Twitter platform, the focus area of healthcare organizations and how healthcare organizations could communicate and build relationships digitally. The research focuses primarily on one social media platform, hence the exclusion of others. As well, the research on identity was limited to organizational and social identity, so self-identity was not relevant. Lastly, the focus is on communication in healthcare not on the specific healthcare structures within.

Regarding the time frame, articles or journal information from the last ten years on social media or Twitter is selected. Twitter is only twelve years old, so this reflects a substantial amount of scholarship on the communication tool. In collecting data on stakeholder relations, twenty years is the timeframe used because the foundational principles of stakeholder relations are still in practice. Stakeholder relations has expanded since these foundations, but they are the tools that communication practitioners continuously use in building relationships. Enough data was gathered once several of the same themes in the research became apparent and the articles started to repeat the themes consistently. These themes became the sub research questions within the thesis.

Royal Roads University eLibrary was used as the database to search for relevant articles. The search started in November / 2017 and ended in March / 2018. 111 number of journals were searched with 23 journal articles found (see Appendix B). In the next section, these 23 journal articles are reviewed based on their relation to the three sub-research questions.

Chapter Three Findings

In this section, I will synthesize the data in three areas of focus in the research: the current practice, relationship building and digital identity creation. The key findings in the data are that the current practice of healthcare organizations is to use Twitter to disseminate information to other Twitter users. The current practice includes limited sender-receiver interaction and information that is another organization often does broadcast. Another key finding is that communicators and healthcare organizations have the tools to develop online relationships with other Twitter users, utilizing stakeholder relations, audience identification and information to build relationships with Twitter users. Lastly, a digital identity, built from the organizational identity, is necessary for healthcare organizations to build trust with other Twitter users. Digital identity makes it easier to bridge communications with other Twitter users, and it also provides healthcare organizations with the tools to build trust with users who are unfamiliar with their role in the health system. These articles were chosen based on their relevance to the keywords and their topics. The methodology was not a factor in selecting the articles, and the data is a mixture of quantitative and qualitative — the articles chosen for the data because the articles represent the three sub-themes of focus. The first area of focus is on current practice. These articles were chosen because of their relation to the current practice of healthcare organizations and how they use Twitter as a communications tool. The current practice sets the historical preference of what

practice has prevailed in Twitter communications with healthcare organizations. For each article, a summation exists to connect the article to the topic themselves. The connection is important to illustrate how they relate to communications practice in healthcare and identify additional observations during data collection.

Several factors formed the sub-research questions. These three themes were found consistently in the literature researched. A lot of the literature was multidisciplinary in data and informed the communications approach of Twitter. The current practice of healthcare organizations provides a current and historical basis on how healthcare organizations utilize twitter. In one way, the context of how the organizations view the tool in day to day practice but also their cultural communication practice in healthcare. Relationship building was chosen because communication practitioners already know how to build relationships. It is practical to use foundational skills communication practitioners have already. Digital identity creation is a sub research question based on what was missing in the current communication practice of healthcare organizations and how they use Twitter.

Question One: How do healthcare organizations currently use Twitter?

The current practice in healthcare organizations with Twitter is the sharing of information (content) to influence and restrain responses from digital users. Healthcare organizations current practice and their usage of Twitter as a communications tool, from the research, is affected by the current view of Twitter as an information carrier and healthcare culture (Khalili, Orchard, Laschinger, & Farah, 2013). The data collected below on current practice builds the historical context of where today's practice originates. There are ten articles which examine the current Twitter practice of healthcare organizations. The articles explore the impacts of using social me-

media on organizational resources, Twitter as a tool to carry out information, content on social media influenced by the imagined audience. The articles examine the health care silos effect on professional communication, users who want to interact with health providers online, digital users knowledge of health, adoption of social media by healthcare organizations and why healthcare organizations want to use social media. The key findings in the articles provide a bigger picture of the current Twitter practice of healthcare communications. Healthcare organizations consistently use Twitter to disseminate information, adapt the technology to the healthcare culture and how the technology is limiting the communication impact to digital users. There are articles which use literature review, two content analysis', and five survey methods of data collection. These articles are all from North American scholars with a North American cultural background.

Caspi (2015) researched healthcare organizations use Twitter as a communications tool. Caspi's research looked at literature around the monitoring of social media in healthcare organizations; collecting data in a literature review. Caspi found healthcare organizations use Twitter as a communications tool which requires much monitoring. Additionally, language and the information posted was found to be particularly important in the effect of Twitter because Caspi's research focused less on the actual content, so it does not provide a full view of current practice. Yes, Healthcare organizations used Twitter to share information without an organizational or social identity, specifically.

Lovejoy, Waters and Saxton, (2013), studied the use of social media for organizational communication, illustrated that Twitter was as an information carrier. An information carrier is a technological tool which moves information from one user to the next. Their methodology was a content analysis of the organizational tweets of non-profit organizations. The results showed that

organizations would limit their activity to sharing information (Lovejoy, Waters, & Saxton & 2013). They ask why practitioners are not using the more interactive communications of Twitter to build relationships (Lovejoy, Waters, & Saxton, 2013). The research addressed non-profit organizations and their content, but it did not discuss the content related to the organization itself. Researchers continue to identify a lack of organizational identity on Twitter but not outright.

It was relevant to find data on healthcare communicators who produce content for Twitter. Marwick and Boyd (2011) apply the concept of the imagined audience to producing digital content. Content producers is another term for those who make content for websites and other online properties such as social media (Weber Design, 2017). The data collection method was a survey of Twitter users via their own Twitter feed (Marwick & Boyd, 2011) Their research revealed there were many perceived audiences in Twitter (Marwick & Boyd, 2011). Marwick and Boyd observe that this is a way to “manage audiences”(2011) on Twitter. Marwick and Boyd’s research does not follow the reaction or the response of the imagined audience. Marwick and Boyd illustrate the influence of the audience on Twitter usage without a social identity of the organizations.

The authors Khalili, Orchard, Laschinger, and Farah, (2013), in a literature review, illustrates the culture of silos in healthcare professionals and their training. The silo culture affects the ability to communicate with a broader audience. The study proposes a new framework which promotes interprofessional collaboration in the healthcare; broadening the audience (Khalili, Orchard, Laschinger, & Farah, 2013). They concluded the single professional focus makes it difficult for one professional to communicate with another healthcare profession, patients or broader audiences (Khalili, Orchard, Laschinger, & Farah, 2013). The research does not address all of the

different approaches that health professionals can take in removing siloed communication; however, collaboration is critical. The unfamiliar cultural practices in healthcare direct healthcare communications and limits communication practices which share social features silos can connect too.

Van de Belt, Engelen, Berben, Teerenstra, Samsom, and Schoonhoven, (2013) found that users would like the interaction with their health providers online. Van de Belt et al. used the methodology of a cross-sectional survey over an online social network for data retrieval. They found that the internet is the number one source for health-related information because people are unable to access their health provider rapidly (Van de Belt et al., 2013). The study results showed that a lack of access to their health providers drove people to use online resources first. Their study concluded that health providers should explore online communication with their patients (Van de Belt, et al., 2013). The study did not recommend what online communications tools to use or if there was a preference for users. Online interactions with digital users are reality healthcare organizations will encounter in Twitter, especially as the digital literacy of users increase social expectations between user and organization.

Research indicates that Twitter users use social media to direct their healthcare (Sarasohn-Kahn, 2012). The author, Sarasohn-Kahn (2012) found in surveys and a literature review that Twitter users interact with health organizations via the organizations' Twitter feed, but healthcare organizations do not interact with Twitter users. The data confirmed who uses the internet and social media networks for healthcare/health-related information, how they validate it, the barriers using social media such as legal and regulatory; including the benefits and privacy concerns (Sarasohn-Kahn, 2012). The study concludes that the public is guiding the demand for

a better streamline of healthcare delivery through social media tools such as Twitter (Sarasohn-Kahn, 2012). They also conclude there is plenty of opportunity for health care and healthcare organizations to streamline this access (Sarasohan-Kahn, 2012). The research does not specify what types of opportunities exist for healthcare organizations to simplify access. For healthcare organizations, understanding user demands mean understanding user expectations of organizations online.

Park, Rodgers and Stemmler (2013) analyzed health organizations and their use of Twitter around health literacy. They conducted a content analysis and found that most health organizations use Twitter as a tool for sending out health-related information that was already shared by another healthcare organization (Park, Rogers, & Stemmler, 2013). The study suggests a strategic approach is necessary for using Twitter as an information carrier and optimal exposure on social networking sites (Park, Rogers & Stemmler, 2013). The research does not specify a strategic framework for organizations to use in Twitter. A strategy is essential for healthcare organizations and their use of Twitter, or it will not have the effect of building relationships.

Avery, Lariscy, Amador, Ickowitz, Primm, and Taylor (2010) found that there are low adoption rates of social media as a communications tool among healthcare communication practitioners. Avery et al. collected their data from a survey of practitioners in health agencies. The data showed that the type of social media used more often was dictated by the size of the department and the physical location such as rural. Location in this study dictated the success of social media as a communications tool. The research does not specify ways to increase adoption of social media, especially in urban in areas. If the location can influence the success of communications practice with Twitter, then so can the identity of healthcare organizations.

The researchers Keller, Labrique, Jain, Pkosz, and Levine, (2014) found in a survey with public health researchers that healthcare organizations want to influence the healthcare of their audiences by sharing or discussing health-related information. Keller et al. found that users found it difficult to trust information as correct and accurate on platforms such as Twitter. Therefore, they concluded that most found social media a tool for spreading information but not a place for obtaining information (Keller et al., 2014). The research does not address if users had a way to filter the information on social media. Healthcare organizations are on Twitter with other users, and with the expectation, their information is to be trusted; however, users do not automatically trust the information provided. Healthcare organizations should learn to develop trust skills with the social expectations of interactions.

Question Two: How to build relationships on Twitter?

In collecting data on the current practice of communications in healthcare organizations, data should be collected on building relationships on Twitter. Stakeholder relation strategies build relationships between organizations and their immediate audiences. Stakeholder relation strategies are tools communicators can use to create digital relationships and collecting data on this focuses on the sub research question on how to build Twitter relationships. In this research question, there are five articles from American scholars in American culture. The articles examine stakeholder identification, the social expectations relationally between two parties, the effect of frequent interaction and posting on Twitter, and the impact of useful information used in Twitter interactions. The key findings in these articles, illustrate that stakeholders relations are a valuable communications foundation that could be employed to strategically build relationships be-

tween healthcare organizations and the broader, Twitter public. The methods of data collecting in articles are a case study, literature review, and content analysis.

Mitchell, Agle and Wood (1997) studied stakeholder identification and salience; they provide a communications strategy for building relationships via audience identification. In the case study, the researchers show that the key to building a relationship is through the audience and their identity (Mitchell, Agle & Wood, 1997). Mitchell, Agle and Wood's conclude identification and salience of stakeholders provide tools to communicators in healthcare organizations for identifying users. The research does not address digital stakeholders or users as it predates the age of social media. Identifying stakeholders is a part of how communicators begin to build relationships and healthcare communicators build relationships digitally.

Friedman and Miles (2002) continue on stakeholder relationships but focus on the context of social interactions. Their analysis through literature review leads to specific social features needed for organizations to share their social identity (Friedman & Miles, 2002). Social identity is incorporated into what the research deems as social differentials, features which exhibit an organization's social identity to their audiences (Friedman & Miles, 2002). Not specific to healthcare organizations, Friedman and Miles' research does take into account social interactions between two parties. Their research did not address if this appeals to particular organizations. The research relates to Twitter and the social expectations of users within the platform, which affects the interactions of healthcare organizations within Twitter. Twitter is a social media platform which affects the interactions between digital users because the social expectations are different, especially for healthcare organizations who use Twitter.

Twitter can, according to Smith (2012), influence the social expectations of Twitter users. Smith's research conducted in a literature review found that by only sending information there is a limited reach to users. The research found that non-profit organizations which just sent information mean a limited reach to online users (Smith, 2012). The research does not address if the limited reach means limited trust between the organizations and users. Because information is only shared, limited transparency exists, putting healthcare organizations in a position of reaction versus proactive (Smith, 2012) on Twitter. The research illustrates that this inhibits a healthcare organization's ability to build relationships in Twitter. Healthcare organizations do not have to react constantly on Twitter if they are continually building relationships on the platform. Continual engagement means they are using their social identity to build relationships with users.

Harris, Choucair, Maier, Jolani and Bernhardt (2014) studied US Health Departments and if using Twitter in communicating to the public would improve real-time messaging and education of Twitter followers. The data was collected using a content analysis of Twitter followers of health departments (Harris et al., 2014). The results were that local health departments had more organizational followers than individual users (Harris et al., 2014). Local individual users went up if local health departments were actively tweeting out (Harris et al., 2014). Harris et al. concluded health departments would strengthen their relationship with their Twitter followers if they were at least tweeting out (Harris et al., 2014). However, the research does not address which audience groups to focus on nor does it say what consistent activity health departments should interact with. Engagement could signal to users that healthcare organizations are at least listening to what the users are saying; a foundation in building Relationships. Consistent activity on Twit-

ter, which reflects the organization's identity can affect healthcare organizations ability to build relationships on Twitter.

Watkins, (2017) using content analysis found that shared useful information can affect the rate of interaction on Twitter itself. There were two findings; one is that a positive feeling about whom is directing the information on Twitter impacts the overall interaction with the other Twitter users (Watkins, 2017). Secondly, that if the information is useful, other Twitter users will reach out (Watkins, 2017). The research does not address how the usefulness of the information is decided. Twitter is a useful platform for dialogue and healthcare organizations could use their information as a tool for strategic engagement, using tools such as stakeholder relations to enhance the reach of information.

Question Three: Why should healthcare organizations have a digital identity in Twitter?

Healthcare organizations value the relationships they have with stakeholders and their audiences. The audience is applicable in online relationships where digital identity can be vital in building relationships. Healthcare organizations and digital identity are a part of platforms such as Twitter. This research question focuses on the importance of why healthcare organizations should have digital identities in Twitter. The research underlines the importance of identities for organizations and how that could be communicated on Twitter. In this question, there are nine articles collected from American, British and Asian scholars with similar cultural backgrounds. The articles examine organizational identity, effective use of social identity, social mediators in digital culture, the privacy of information shared in online public interactions, trust in brands and building trust in continual interactions online. The key findings in these articles illustrate the importance of healthcare organizations need to build an online digital identity to communicate and

reach Twitter users effectively. Digital identity is key to healthcare organizations maintaining their relevancy in the health system because digital users are shifting the demand for open, transparent relationships online. Twitter users/digital users want online relationships with trusted healthcare organizations which disseminate information with earned authority, not just assume that authority exists with digital users. The data is collected by case study, content analysis, literature review and survey.

The digital identity of healthcare organizations is a part of building social connections with Twitter users in the platform. Organizational identity creates an organizational context, digital identity and relationships according to the researchers Gioia, Schultz, and Corley, (2000). Through a case study, Gioia, Schultz & Corley (2000) emphasize that organizational identity is the features of an organization that members see as key and permanent (2000). The research emphasizes organizational identity should be based on continuity and the continuity of the changing interpretation of the expressed values of an organization (Gioia, Schultz, & Corley, 2000). The study concludes that organizational identity should change as their environment changes (Gioia, Schultz & Corely, 2000). The study does not address what type of environmental changes may impact the organizational identity; it just discusses environmental changes in general. Organizational identity should adapt when changes in the system or tools occur. Organizational identity should be specific to the different types of organizations and adjust to the social needs of the organization online.

In the case of the Red Cross, Briones, Kuch, Liu and Jin (2010), the social identity of the Red Cross is valuable to the organization. Social identity theory is a way people classify themselves and others into social categories such as organizational membership, gender, religious af-

filiations (Ashforth & Mael, 1989). Briones et al., illustrates in a case study of the Red Cross, how they use their social identity to organize around disasters and build trust using platforms such as Twitter (2010). The data showed that the Red Cross was able to connect faster with local people using Twitter to help in disaster areas (Briones et al., 2010). For example, in finding out how the spread of Ebola was occurring within an area and sharing the information, they were trying to get to the local area via Twitter (Briones et al., 2010). In this case, Twitter allows the Red Cross to build a local social network to work effectively in new disaster locations (Briones et al., 2010). The research does not address the strength of the network created. Twitter, for healthcare organizations, can build local social networks socially to illustrate their role in a community, using their social identity or organizational identity to appeal to Twitter users.

Himmelboim, Golan, Moon, and Suto, (2014) illustrate the importance of social mediators on social networks. The authors define social mediators as entities which mediate the relations between an organization and its public through social media (Himmelboim et al., 2014). The data is collected through content analysis showed that social bilateral mediators were the bridges between the state department and other Twitter users (Himmelboim et al., 2014). For Himmelboim et al. (2014), Twitter connects social bilateral mediators who can expand non-traditional networks. Social bilateral mediators are based on the idea that there are users who make connections independently and are useful in dialogic communication on social media (Himmelboim et al., 2014). The authors conclude organizations want to identify bilateral mediators (Himmelboim et al., 2014) who reflect their social voice and share their social identity with followers to reach bigger audiences (Himmelboim et al., 2014). The research does not address what social mediators would con-

nect organizations. Healthcare organizations can strategically choose relationships based on the digital identity of mediators to expand their Twitter relationships.

A bilateral mediator is similar to what Panahi, Watson, and Partridge (2016) call the tacit sharing of information between users. Panahi et al., (2016) examine users sharing knowledge through the language in each Twitter interaction in a literature review (Panahi, Watson & Partridge, 2016). The sharing of knowledge between users online happened in the language used by Twitter users but was not restricted to the users themselves and precipitated by such platforms (Panahi, Watson, & Partridge, 2016). Healthcare culture carries an information privilege based on a traditional hierarchy (Panahi, Watson, & Partridge, 2016). Healthcare organizations sharing information with Twitter users, remove the information privilege barrier. However, the research does not address if specific types of words carried more information than others. Twitter and digital users remove a traditional healthcare culture barrier. Strategically, healthcare organizations could have an opportunity to use stakeholder relations to increase the impact of tacit sharing of knowledge between users.

Tamburrini, Cinnirella, Jansen and Bryden (2015), their research focuses on the social behaviours of users who will change their language on Twitter when interacting with different organizations, based on identity. The case study, based on a previous study, explains that the identity is found in the tweets of actual Twitter users (Tamburrini et al., 2015). The results showed that the more isolated a specific community was on Twitter, the more the language choice was affected during interactions between users within (Tamburrini et al., 2015). In this study, language is a way to share personal identity (organizational and social identity) to the other users of Twitter (Tamburrini et al., 2015). Language is also a way to differentiate the online

community from other communities, which attracts those specific Twitter users. The research did not address if there was language which kept users away from interacting. This research illustrates that healthcare organizations can share their identity on the Twitter platform and build their own social identity. If language is personal, the different types of healthcare organizations can decide what level communicates their identity in language.

In a case study of a content analysis of tweets of a specific Twitter community, organizations and users learn the identity of whom they interact with as the interaction occurs (Small, Kasianovitz, Blanford, & Celaya, 2012). The case study focused on identity in Twitter, what constitutes ownership in a platform such as Twitter and what is privacy in Twitter (Small et al., 2012). Small et al. (2012) illustrates that because of the interactions, the identity is found in the tweets of the two different users and specific to the Twitter platform itself. The results found that there is enough personal information on Twitter to share one's identity, but it may be restricted to that time frame (Small et al., 2012). The research is restricted to a specific time, and the values of ownership may change. Healthcare organizations can share their identity in their interactions on Twitter. If identity is personal, the different types of healthcare organizations need to be aware of the personal responsibility they take on digitally on Twitter.

In the case study, used to collate Stets and Burkes research, they position the crossover of identity theory and social identity theory (2000). The results according to Stets and Burke, there are three areas of areas crossover between social and organizational identity. These crossover features can affect the ability of organizations to communicate their organizational and social identity (Stets & Burke, 2000). The research focuses on the crossover pieces, but it does not specify if a social or organizational identity should be preferred. The ability to communicate

identity efficiently is helpful for healthcare organizations who build digital identities. Digital identities from healthcare organizations require a social expectation, even if the type of healthcare organization is socially awkward online.

Yang, Kang, and Cha (2015) in a case study illustrate how trust or distrust develops when organizations are ignorant about their publics. Trust is defined as members of a system act who in accordance to and are secure in the expected future constructed by the presence of each other (Hesse et al., 2005). The data was collected through two online surveys, and the results were that there was a direct correlation between trust and dialogic communication between an organization's and their publics (Yang, Kang & Cha, 2015). As well, there was partial support that distrust was built when the organization did not have dialogic communication with their publics (Yang, Kang, & Cha, 2015). The research does not address if specific types of dialogic communication impacted the trust. Healthcare organizations digital trust is to be earned online with Twitter users, not assumed. Gaining trust is a change of social expectation caused by the immediacy of the Twitter platform.

Dialogic communication builds attributes into the interaction between Twitter users which signals trust or distrust (Pentina, Zhang & Basmanova, 2013). Information is collected from an online survey, which studied brand trust through specific Twitter users who shared the survey with their followers (Pentina, Zhang, & Basmanova, 2013). Trust was measured according to the Dwyer Hiltz scale, and the results confirmed brand trust is important between organizations and other Twitter users on Twitter (Pentina, Zhang, & Basmanova, 2013). The researchers found the focus of trust on the brand is different from Twitter users trust in the organization digitally (Pentina, Zhang, & Basmanova, 2013). The research fails to address if specific

features of an organization versus its brand affect the trust levels in either. A focus of trust on a healthcare organization's social features is different from trust in the organization itself. The nuances of online trust can impact relationships online. The subtlety of online trust can be based on social expectations in Twitter (Pentina, Zhang, & Basmanova, 2013). In the research around the three subquestions, four themes emerge from the findings.

Chapter Four Discussion

The discussion of the research is divided into four themes prevalent in the data on the three sub-research questions. The four themes are social and organizational identity, foundational stakeholder strategies, social expectations within, and third-party healthcare organizations. The first theme is prevalent throughout the research, connecting each subquestion to the other. The second theme, foundational stakeholder strategies, primarily address the second research question and then the third but is a strong tool communicators already have to work within Twitter. The third theme of social expectations is found throughout the research and addresses the first and third questions primarily. The fourth theme emerged because the research illustrated there is more than one type of healthcare organization communicating within the system. The fourth theme was addressed throughout the research and unexpectedly so. The themes are robust, intersect each other throughout the research and contribute to how healthcare organizations can communicate on Twitter.

Social and Organizational Identity

The first theme, social and organizational identity is a building block throughout the research. Social or organizational identity is found in the research. More importantly, this theme, this finding is a part of what's missing in current, its part of the answer to how to build relation-

ships on Twitter but it answers primarily question three, why should healthcare organizations have a digital identity. Identity, a strong theme within the data, is found in healthcare organizations. Healthcare organizations have a strong identity, based on their role, in healthcare (Khalili, Orchard, Laschinger & Farah, 2013). The identity is intertwined with healthcare culture. Healthcare culture affects the practice of healthcare communications (Khalili, Orchard, Laschinger & Farah, 2013). Healthcare culture is an observed culture of privilege within the health care system which is based on a traditional role hierarchy (Panahi, Watson, & Partridge, 2016). Information privilege in this study is a social hierarchy based on health care culture, where the higher health care position, the greater access to health information a person has (Panahi, Watson, & Partridge, 2016). Identity in healthcare is or can be related to the position and one's ability to access healthcare information. However, Twitter changes this access and privilege, more so in favour of patients. By doing this, Twitter changes the culture surrounding communications.

In healthcare culture, healthcare professionals, want to mitigate risk in their environment (Avery, Lariscy, Amador, Ickowitz, Primm, & Taylor, 2010). The desire to reduce risk affects the communication practice of healthcare organizations. Current practice has most healthcare organizations using Twitter as a tool to carry information to Twitter users (Park, Rodgers & Stemmler, 2013). In using it as an information carrier, healthcare organizations avoid the risk of interaction with Twitter users themselves. In preventing this risk, healthcare organizations are not concerned with communicating a digital identity (Van de Belt, et al., 2013). As noted by (Sarasohan-Kahn, 2012) users want to build relationships online with healthcare organizations, which means engagement. However, healthcare organizations continue to control the message to Twitter users. Healthcare organizations want to control the amount of risk they allow and Twitter, as a social

communications tool presents many risks to them because it provides for open communications with unknown audiences. Using dialogue on the Twitter platform, healthcare organizations have the opportunity to legitimize the authority of their organizational and social identity and be a trusted, accessible health resource. They also have a chance to create a digital identity. A digital identity for healthcare organizations would reduce their risk on Twitter and their overall risk. For healthcare organizations, there is a more substantial, negative impact when they do not engage. When healthcare organizations do not engage with Twitter users, they limit their relevancy in a digital world. The less a healthcare organization interacts, the less Twitter users are to trust, know the organization as explained by Tamburrini, Cinnirella, Jansen & Bryden (2015). Twitter users need to see them as a relevant social partner in the health system. In not engaging, healthcare organizations are also mimicking how the healthcare culture lives in a vacuum.

The siloed (a term to describe when people(s) work in isolation from each other (Kreindler, Dowd, Star, Star & Gottschalk, 2012) nature of healthcare culture influences communication practices in healthcare organizations (Himmelboim, Golan, Moon & Suto, 2014). In siloing to whom the communication is sent out to, healthcare organizations are impeding their ability to use Twitter as a dialogue tool. Reducing their own organizational risk by communicating with a limited audience, healthcare organizations are blocking their ability to be relevant in a digital space. They are also blocking their ability to share their own identity with Twitter users. Not sharing their identity impedes their relevancy in the healthcare system because users do not know who they are talking too (Zuckerman, 2013).

Twitter, as a tool with a broader audience, allows healthcare organizations to reach out to disaffected communities such as indigenous populations, remote populations or those who suffer

from drug addiction. These communities have a hard time knowing who an organization is if there is no social or organizational identity shared. A lack of sharing of identity reflects a health-care culture arrogance, that information or messages will only go out to those they decide and that all digital users know who they are. Twitter is a public, social tool and healthcare organizations current practice does not use Twitter as it could be used to communicate socially.

Twitter as a communications tool is intended to reach a public audience (Twtr, 2010). Healthcare organizations currently use it for communicating with smaller, limited audiences such as industry partners (Van de Belt, Engelen, Berben, Teerenstra, Samson and Schoonhoven, 2013). The obvious limitation of audience illustrates two points. The first point is that with Twitter, healthcare organizations cannot control who receives the message. Secondly, healthcare organizations cannot control how Twitters users react to their messages as noted by (source here). Healthcare organizations are beholden to Twitters users and not their own controlled siloed audience (Himmelboim, Golan, Moon & Suto, 2014). The lack of control makes healthcare organizations uncomfortable.

In using Twitter as an information carrier, healthcare organizations have handicapped themselves because they cannot build a digital audience. By not engaging Twitter users in two-way communication, Twitter users never learn healthcare organizations' identities. An organization gains a distinctiveness when the organization's people associate themselves with constructions of the social group (Cheney, Christensen, Zorn & Ganesh, 2010). In not connecting Twitter users with a digital identity, healthcare organizations are limiting their legitimacy in the health-care system. Healthcare organizations are also limiting the public trust of users (Yang, Kang & Cha, 2015).

Twitter users are less likely to trust the information they receive if they do not know its origins. Who shares information is an essential concept in digital communities, specifically to the users (Zuckerman, 2013). According to Zuckerman (2013), Twitter users like to build communities of users they trust. The building of communities is essential to healthcare organizations because as according to Ethan Zuckerman, is that users tend to build communities for themselves in social media but rarely leave it (2013). In order to build relations with different users, organizations have to be willing to move into different Twitter communities (Zuckerman, 2013). Healthcare organizations through their current usage of Twitter limits public trust in themselves (Yang, Kang & Cha, 2015). The limited public trust threatens them as legitimate organizations with authority in the healthcare system. Because healthcare organizations do not connect effectively with their public on Twitter, a healthcare organization becomes irrelevant to the very audience it is trying to reach; Twitter users. Healthcare organizations are unable to build sustainable, trustworthy relationships with Twitter in the current practice.

The organizational identity provides context to Twitter users, but in Twitter, that identity becomes digital (Zuckerman, 2013). Twitter, as a social platform, changes the identity and how identity is communicated on Twitter (Marwick & Boyd, 2011). So identity that may be true for the organization outside of Twitter may not be or seem as authentic within Twitter. Twitter is a social media platform which is asking users to build identity, social and organizational as they interact (source here). For healthcare organizations, limiting interactions limits their own identity in Twitter. Therefore, healthcare organizations need to ensure their own organizational and social identity is flexible enough to adapt to a social, public space (Ashforth & Mael, 2007) such as Twitter. Ashforth & Mael, highlight in their research that identity has to adapt to the social envi-

ronment around them, which is essential in an organization's digital identity on Twitter. The digital identity can be communicated to Twitter users on Twitter. Healthcare organizations who choose to do this should consider a strategic way to communicate that identity.

Healthcare organizations who do not have a digital identity are ignoring digital audiences. A digital public is different for healthcare organizations because of space and social expectation in social media culture (Taras, 2015). Healthcare organizations have not adapted to the concept of a digital public. They understand Twitter reaches publics (Avery, Lariscy, Amador, Ickowitz, Primm & Taylor, 2010). They do not embrace what Twitter allows users to do (Avery, Lariscy, Amador, Ickowitz, Primm & Taylor, 2010). Their practice of sending out strictly information is a reflection of this. Communicating information alone does not build a digital identity for healthcare organizations because it offers Twitter users little context to who and what the organization is in the health system. Healthcare organizations need to share their organizational and social identity with Twitter users. In sharing, they are also relaxing their current control of messaging. Sharing identity can give healthcare organizations the flexibility to interact with other users. Sharing their digital identity means that healthcare organizations have a better degree of control because they can control what parts of their identity are public. Their lack of a digital social identity hinders their ability to use Twitter as a tool for building relationships.

Twitter users may not know healthcare organizations outside of Twitter. Healthcare organizations need to introduce themselves to Twitter users to communicate their organizational and social identity. If a user does not know who a healthcare organization is, they are unlikely to trust the organization in Twitter. Twitter users themselves have their own identities (Zuckerman, 2013), which they use to build their digital communities (Zuckerman, 2013). For healthcare or-

ganizations, the takeaway here is they want to build trust and authenticity with Twitter users. If healthcare organizations can use their social identities to use Twitter strategically, they can expand their relationships in the digital world.

Strategy becomes important because the demand for resources means healthcare organizations should strategically use communications tools to benefit the organization. Strategy, using an organizational and social identity, will give healthcare organizations the ability to allocate proper resources for Twitter. More importantly, a strategic framework such as Grunig's symmetrical communications approach (1997) provides a framework for organizations to use when building Twitter relationships, incorporating engagement into strategy.

Foundational Stakeholder Strategies

Building Twitter relations is similar to building stakeholder relations. In sub-question two, the data illustrates that communicators already have the tools to build relationships on Twitter with users. The theme of foundational stakeholder strategies is connected with question two in two ways. The first is primarily in applying Grunig's (1997) symmetrical communications approach to the Twitter platform and secondly, the stakeholder strategies themselves. Discussing stakeholder strategies, the connection between the theme and subquestion two stands out. Healthcare organizations can build relationships starting with their digital identity.

Similar to how it is relevant to the current communication practice of healthcare organizations, organizational and social identity provides an organizational background to Twitter users. The identity background is vital if healthcare organizations are to utilize Twitter as a relationship building tool (Small, 2012). Healthcare organizations who are willing to share their organizational identity on Twitter can open up a dialogue with users. The dialogue between the

Twitter user and the healthcare organizations is critical for feedback and interaction with their audiences (Grunig, 1997). The interaction with Twitter users is a part of how healthcare organizations maintain their digital relevancy as a part of the health system.

Stakeholder relations is a strategic way for healthcare organizations to build digital relationships. The framework gives them a social way to share their digital identity. The Twitter platform gives them the freedom to engage with Twitter users who are attracted to the social features of the healthcare organization. In Twitter, a healthcare organization's advantage is their social identity. In this, Twitter is easily integrated with Grunig's concept of symmetrical communication (1997). Grunig's concept works within the social media tool because the strategy incorporates audience feedback into communication. These interactions can, in turn, be used by healthcare organizations to influence how Twitter users know or see healthcare organizations in the health system.

Healthcare organizations must be able to adapt to building relationships in Twitter. Stakeholder identification provides healthcare organizations with a benefit to using a framework such as the one of stakeholder identification proposed by Mitchell, Agle and Wood (1997) to identify whom they want to engage with. However, there are two issues with this framework. The factors of salience (characteristics which informs how relevant an audience is) are vague and can quickly shift (Mitchell, Agle, & Wood, 1997). The stakeholder theories are based when Twitter did not exist as a digital communications platform. For healthcare organizations to use the framework for building extensive relationships with a different audience they must adapt the framework to a digital space such as Twitter. Twitter audiences are different and will react differ-

ently to healthcare organizations within Twitter so the framework should be adjusted to suit a more real-time interaction.

Using a strategy to build Twitter relationships is where healthcare organizations can effectively utilize their resources (Caspi, 2015). A strategy needs to align with the healthcare organizations digital identity; reflect it and communicate it socially to Twitter users. For example, if healthcare has an organizational characteristic of innovation, then they could share new projects which are innovative or use innovative approaches to their work. If healthcare organizations wish to build relationships on Twitter, the strategy should include open dialogue with Twitter users, sharing the characteristics which appeal to them (Watkins, 2017). The impact of information sharing is reflected in the data from Smith. Smith noted that an information only policy limited reach to users (2012).

Twitter users, as a whole audience, can be daunting but communication practitioners in healthcare organizations have the strategic tools and foundations to approach Twitter users, without having to communicate with every single user. A social mediator could be a strategic tool that could be applied to building relationships in Twitter (Himmelboim, Golan, Moon & Suto, 2014). Healthcare organizations are looking for effective ways to connect with Twitter communities who share their identity, and a social mediator would allow healthcare organizations to focus on one relationship with one Twitter user, who would bridge them to other users (Himmelboim, Golan, Moon & Suto, 2014). Before sharing their identity, healthcare organizations need to be open to dialogue with Twitter users.

Another subtopic is the importance of using open dialogue in Twitter. Open dialogue with Twitter users is similar to open dialogue with stakeholders. If healthcare organizations want to

use Twitter to build relationships, they need to employ this communication technique with Twitter users. A healthcare organizations dialogue on Twitter should reflect their social identity in their dialogue with other users. Healthcare organizations should treat Twitter as a space informed by social rules and expectation (Gioia, Schultz, & Corley, 2000). If healthcare organizations follow this expectation, then interacting freely with Twitter users becomes an integral part of their communications in Twitter, removing the reactionary nature that might be the norm in current practice (source here). Twitter and the social expectations for Twitter as a digital space call for healthcare organizations to ensure the identity is flexible (Ashforth & Mael, 1989) enough for the healthcare organization to engage with Twitter users. Engaging with Twitter users could potentially give the healthcare organization enough flexibility to engage in controlled risk when interacting with Twitter users. Healthcare organizations then have a digital mechanism, Twitter, to connect with the broader audience of Twitter. When healthcare organizations do not acknowledge Twitter as a social space, Twitter users can mistrust the organization (Yang, Kang, & Cha, 2015) because they are unable to connect with the healthcare organization itself. The disconnect will continue if healthcare organizations do not adapt to the social space and expectations (Ashforth & Mael, 1989) of Twitter users.

Twitter as a social space means the users have different expectations of how other users should dialogue with each other. In this way, formalized messaging will disrupt the social space of Twitter. Healthcare organizations will lose the ability to build relationships on Twitter. The formalized messaging is too stilted for a social space such as Twitter(source here). Controlled messaging reduces the authenticity of the healthcare organization with Twitter users. This may work with traditional stakeholders with pre-created messaging (Grunig, 1997) but without a so-

cial identity formal messaging can disrupt the trust of Twitter users (Pentina, Zhan, & Basmanova, 2013). Twitter users are knowledgeable enough to determine if the interaction is authentic, much in the same way stakeholders know if open dialogue with an organization is authentic. If adapting to a social space is essential, then authenticity in interactions is a part of how healthcare organizations build relations in Twitter. Authenticity is best when healthcare organizations have a social identity to communicate. Authenticity is a term based on Bakhtin's definition of short social experiences, based on the idea from Bakhtin's Dialogic's that one on one interactions are sets of social experiences continuously created through language (Littlejohn & Foss, 2010).

Social identity is essential if Twitter is to be used by healthcare organizations to build relationships with users. Healthcare organizations are exposed to a new digital audience, Twitter users. Healthcare organizations are also exposed to a new risk, an audience they cannot control. Twitter allows healthcare organizations to guide the interactions and share their social identity with Twitter users. Twitter users also have the same opportunity (Harris, Choucair, Maier, Jolani & Bernhardt, 2014). Healthcare organizations will want to use Twitter and remain relevant, using stakeholder relations such as Grunig's or audience salience (Mitchell, Agle, & Wood 1997) to do so. Using dialogue is the easiest way to communicate their social identity because users may not know whom healthcare organizations are, especially on Twitter. Twitter users represent new audiences (Mitchell, Agle, Wood, 1997) whose primary interaction with healthcare organizations can be limited to Twitter only. Digital identity exists, and healthcare organizations can express their identity on Twitter, be relevant to users and the Canadian healthcare system.

Healthcare organizations who do not currently express their social identity but instead present very rigid messaging and presentation of the organization fail to connect with Twitter

users socially (Stets & Burke, 2000). They also fail to provide value (why should Twitter users care who they are) and relevancy to Twitter users. They also fail to connect with Twitter users. Healthcare organizations can engage with Twitter users in several ways. They can talk one on one with a Twitter user through the platform, they can host Tweet chats online, or they can poll Twitter users on specific subjects. Healthcare organizations who dialogue with users. During these opportunities, they can share their social identity and communicate their relevancy within the health system. One on one dialogue or a tweet chat between the healthcare organization and a user is a direct way to share their social identity because they have an opportunity to get to know the organization. Polls provide healthcare organizations with the opportunity to listen to users and then communicate what they did with the feedback. There is an additional risk the general population will see healthcare organizations as unable to cope in both worlds; mediated (digital) and non-mediated (non-digital). Healthcare organizations must be willing to accept Twitter as a gateway to a digital social world that is public (Habermas, Lennox, & Lennox, 1974). Healthcare organizations can share a social identity (Tamburrini, Cinnirella, Jansen & Bryden, 2015) on the platform which mirrors their real-world identity without discouraging users, emphasizing their relevance to Twitter users.

Social Expectations on Twitter

Organizational and social identity give users a historical background. Organizational identity explains to Twitter users who the organization is, what they do and their role in the health system. Organizational identity provides the context of an organization on Twitter, written within the confines of the digital space. Social identity gives healthcare organizations the flexibility to navigate a social space where social health issues are present. Healthcare organizations

can engage in a social way, using informal language to create a bond with users. Socially engaging is essential for healthcare organizations because they contend with social issues in healthcare. Social engagement is the most significant advantage that healthcare organizations have in reaching Twitter users. Therefore, social identity gives healthcare organizations a strategic, relational advantage in Twitter, the ability to build trusted and authentic social relationships on Twitter. Social identity and the social features of an organization are what produces authenticity (LittleJohn & Foss, 2011) between users and healthcare organizations. The authenticity of the moment creates a relaxed, digital environment between user and healthcare organization (LittleJohn & Foss, 2011). This environment is what can sustain the relationship and continued interactions after the first interaction. This environment is also what starts the relationship between the user and the healthcare organization.

In building an authentic relationship, healthcare organizations have to develop trust (Yang, Kang & Cha, 2015). There is little research to show that healthcare organizations share their organizational or social identity on Twitter. Also, there is little research to show how much trust is in healthcare organizations digitally. Twitter users, in some way, decide to trust organizations or other users based on the interactions they have within Twitter. However, there is a social expectation of trust to be earned in Twitter (Yang, Kang & Cha, 2015). A sharing of social features (Stets & Burke, 2000) can illustrate to Twitter users that healthcare organizations are as social as the users themselves and develop authenticity. The development of trust, based on the authenticity from with the social interactions, is what healthcare organizations should consider because healthcare organizations are building these relationships on Twitter from the beginning. In this way, healthcare organizations want to have trust in them and their identity, not in their brand

(Pentina, Zhan, Basmanova, 2013). Yes, there is a certain amount of public trust based on generational knowledge of the health system, however, to continue to base all Twitter relationships on this assumption is presumptuous and not relevant to digital natives. Therein lies the importance of healthcare organizations sharing their social identity, building trust by identifying themselves.

The social identity of the healthcare organization is essential for Twitter users for three reasons, social connection, authenticity and social trust. The social identity of the healthcare organization will enable Twitter users and the healthcare organizations to connect. Social features of the healthcare organization will appeal to Twitter users (Stets & Burke, 2000) and provide a way for Twitter users to identify them as a part of their own identity (Ashforth & Mael, 1989). Healthcare organizations can apply a strategy (Friedman & Miles, 2002) to share the social features of the organization which may appeal to specific Twitter users. Sharing identity is a part of the social expectations in using the Twitter platform (Smith, 2012).

An example is a healthcare organization which assists in a volunteer capacity, unasked and then does a poll asking users to share their volunteer experience. Secondly, Twitter users can perceive the healthcare organization as authentic, based on its social identity. Authenticity between the Twitter user and the healthcare organization is based on the interactions between them in Twitter, not based on just sharing information. Authenticity between all users of Twitter is another social expectation built within the platform culture. The third reason is as the authenticity grows within the interactions, a trust builds between user and healthcare organization. These three things, which are based on social expectations in Twitter can contribute to Twitter users knowing the healthcare organizations relevancy.

As a digital tool, Twitter carries different social expectations within it. Having a social identity means that healthcare organizations should have flexibility in their interactions and a language which reflects their social characteristics. If healthcare organizations are to create a social identity which is authentic and trusted in Twitter, they should be flexible in their dialogue (Tamburrini, Cinnirella & Jansen, 2015) within Twitter itself. Open dialogue, changing the language and sharing shows the social features of an organization and is in the realm of the social expectations for digital users who use the platform (integrated with stakeholder relations to make the social expectations strategic). Twitter users will judge healthcare organizations based on their interactions and using a flexible language builds opportunity for future engagements.

Once their social identity is public on Twitter, healthcare organizations can use these social features to build follower relationships strategically. Shaping these relationships starts with sharing social features such as a love of sports with users. Healthcare organizations who move beyond the surface interface of Twitter likes or follows to actual dialogue with the followers could see a change in their audience. Here is where the open dialogue of stakeholder relations and the pursuit of these relationships increases the strategic weight of Twitter as a communications tool. A way to strategically build this is to build a relationship with an influencer (Himelboim, Golan, Moon, Suto, 2014). In building a relationship with specific influencers, healthcare organizations can concentrate on one or a few relationships versus many. Audience salience would be a strategic way to pick the influencers. Healthcare organizations can build Twitter relationships without minimal risk. The social expectation with sharing an identity with one user is easier to navigate and have that user to share their experience with the organization to other Twit-

ter users. The Twitter influencer is a liaison to the rest of the Twitter public (Himmelboim, Golan, Moon, Suto, 2014).

An influential Twitter liaison relates to trust and authenticity in Twitter itself because Twitter users want to trust and see the authenticity of healthcare organizations. Healthcare organizations can create relationships with a Twitter influencer and use them as an introduction from the organization to other users (Himmelboim, Golan, Moon, Suto, 2014). Influencers can exhibit authenticity because they have more social flexibility than healthcare organizations in Twitter. In this way, a Twitter influencer can draw out the social adaptability of the organization, focusing on the Healthcare organizations social features to appeal to users. Healthcare organizations can assist with this by creating relationships based on interactions with their social identity with Twitter influencers. In creating a relationship with one individual, a healthcare organization is using controlled risk to their advantage. Once introduced, healthcare organizations can continue to build and share their social identity through their dialogue with users, conforming to the social expectations of Twitter culture. Without knowing the social identity of the organization on Twitter, then Twitter users will not trust a digital relationship with healthcare organizations or the information healthcare organizations may share. In sharing their social identity via an influencer, healthcare organizations become open in a digital public and can create a social language which appeals to Twitter users.

Answering questions, or holding discussions, around issues in Twitter is another way to provide a safe place of trust between the organization and Twitter users. Yes, there is a risk with the open format and others may join in who are not supportive of such an environment or space, but users will defend the space once trust is created (Zuckerman, 2013). The critical item to note

is that organizations do need to open dialogue on Twitter to share their identity to build authenticity and trust in Twitter relationships (Pentina, Zhan & Basmanova, 2013). Twitter and social identity both have elements of social expectations which inform how healthcare organizations and other Twitter users exist in the space. The risk of not engaging in digital discourse presents individual healthcare organizations with the threat they will become antiquated in a changing healthcare culture and system.

Social identity gives healthcare organizations the ability to change in a changing culture because of its adjustability. Social identity provides healthcare organizations with the strategic flexibility to rebuild authority in the digital space. The best place to do this is on Twitter as the real-time nature means organizations can be quick in each interaction. The sharing of their social identity can happen over a more extended period and built within each engagement. Twitter users value authentic engagement in a social space such as Twitter.

Third-party Healthcare Organizations

It became apparent that there are many different types of healthcare organizations in the system. Most of the research did not focus on one type of healthcare organization, but it did allude to there being different kinds of healthcare organizations which may or may not be suited to a dialogic relationship on Twitter (Yang, Kang, & Cha, 2015). What was compelling with the find is that not all types of healthcare organizations can take advantage of the social opportunity Twitter gives to healthcare organizations to advocate a broader audience. In this way, the type of healthcare organization limits the social opportunity Twitter provides them because it does not reflect their need to maintain relevancy in the system (Briones, Uch, Liu, & Jin, 2011).

Third-party healthcare organizations have the most to gain (Briones, Uch, Liu, & Jin, 2011) socially and publicly within Twitter. Twitter removes the barrier of access from the public to the organizations (Hawn, 2009/Sarasohn-Kahn, 2012), mainly, Twitter users become aware of third-party healthcare organizations. Third-party healthcare organization has the most to gain socially in using Twitter to build relationships with users they might not have interacted with ever before (Watkins, 2017). Third-party healthcare organizations can build significant relationships with users, adapting to a social, digital environment and showing their relevance in the health system. Third-party healthcare organizations traditionally interact with their stakeholders and other healthcare partners. Their role within the system is not known very well to a bigger, broader audience. Which asks, what do these healthcare organizations do?

Out of the three types of healthcare organizations, third-party healthcare organizations and Twitter have the best opportunity to build relationships (Rui, Chen & Damiano, 2013) because they advocate for changes within the system, which can be shared. An example of this is the ability to see a nurse practitioner instead of a physician as a primary health provider. However, Twitters users do not know the role of third-party healthcare organizations in the healthcare system. Third-party healthcare organizations have the opportunity and the ability to build relationships via a digital identity. Twitter users should know the role that third-party healthcare organizations play in the system so that there are public avenues of advocacy for Twitter users. If Twitter users do not know their role, then these organizations risk becoming obsolete. It can be argued that third-party healthcare organizations play an important role as advocates for expanding access to health care or change within the system. However, these organizations must be willing to adapt (Cheney, Christensen, Zorn & Ganesh, 2011) to the social and digital spaces

such as Twitter which means having a digital identity. As an organization, their identity is based on their ability to adapt to changes around them (Ashforth & Mael, 1989) and the health care system is slowly changing to include a digital space and culture. Digital culture changes social expectations in platforms such as Twitter, emphasizing the need of a third-party healthcare organization's ability to socially change (Ashforth & Mael, 1989).

In researching the four themes, one of the biggest differences in the research was where an article came from. Research that originated in Canada, emphasized the Canadian ideal of a free healthcare system which could be accessed by anyone. In research that was based in the United States, the articles illustrated the American ideal of a two-tiered health system, where health care can be a for-profit business. This is perhaps the biggest fundamental difference in the research and in the approach to healthcare organizations. In Canada, healthcare organizations are often non-profit organizations which operate on limited budgets but have substantial impact in the overall health system. Healthcare organizations such as these play a bigger role in the Canadian system. While the same could be said for American versions of these organizations, they often do not have the same impact because of the for-profit approach that exists in the American health care system. In this way, third-party healthcare organizations have a bigger role to play in the Canadian system, which means their opportunity to use Twitter to build relationships is bigger. Third-party healthcare organizations in Canada compliment the system better but their risk is also greater if they do not adapt to digital culture. In the American system, third-party healthcare organizations who use communications tools such as Twitter have a better opportunity to be effective in the health system. The cultural ideal of free health care impacts the approach health-

care organizations have in their Twitter use, one to increase profit, the other to increase health awareness.

The four themes, embedded in the three sub-research questions help answer the research question; how can healthcare organizations change their use of Twitter? Yes, healthcare organizations have the opportunity and the foundational basis to build these kinds of relationships on Twitter. Twitter, with a strategic framework and through the utilization of organizational and social identity can communicate an organization's relevancy. Inattention also renders the risk of healthcare organizations becoming ineffective. However, it does not address the culture change needed in healthcare organizations to open up their use of Twitter for dialogue. Nor do they give a tactical guide to use Twitter in this way. There is room for healthcare organizations to evolve their communication practice, but it does not explain how to do this. This is partly because different healthcare organizations may choose different styles that best reflect their organization. Healthcare communicators need to find a way to build relationships digitally on social media platforms to remain a relevant, useful part of the healthcare system.

Healthcare organizations and their current practice around Twitter, sharing information to a broader audience, was a risk adverse way of using the communications tool. This had its advantage, mostly in conforming to the nature of healthcare culture and as a risk mitigation strategy. However, the increased expectation for the healthcare system to be digital in its communication methods when providing care, means that healthcare organizations should move beyond this practice. Healthcare organizations who use Twitter benefit when they use Twitter to its full capacity. Healthcare organizations have more to gain and a bigger opportunity to decrease their risk of becoming obsolete in a digital world. Beyond engaging in surface interactions such as sharing

information or re-sharing information, healthcare organizations have the additional benefit of engaging with different audiences beyond their immediate followers. Engaging in one to one interactions with Twitter users means healthcare organizations can build their trust and authority digitally using their authenticity to a strategic advantage. In this way, healthcare organizations have a greater opportunity to build awareness and provide the broader audience with important health information but in a trusted, real-time interaction. This makes them important and relevant in a changing healthcare system.

New media such as Twitter brings new challenges to healthcare organizations such as building relationships in a digital space within a changing culture. Beyond the risk of becoming obsolete in an ageing health system and changing health culture, healthcare organizations who willingly engage with Twitter users, on a social level can build two things; trust and authenticity in a relationship with Twitter users. Users trust healthcare organizations when they get to know them. Users and healthcare organizations create authenticity when organizations communicate their social identity. Without these values, users are disenfranchised and unlikely to trust healthcare organizations or value their information. Healthcare organizations must be competent in navigating the new challenges, especially in building relations in digital platforms such as Twitter. There is a possibility that healthcare organizations are unable to adapt the style that Twitter users need to build in the relationship. The current research of practice shows that this is not a typical approach nor is it a risk healthcare organizations are willing to take.

Conclusion

Communication practitioners need to know how to use social tools such as Twitter because healthcare communication practitioners can use these tools to build relationships in differ-

ent digital mediums such as Twitter. The study seeks to answer how healthcare organizations can change how they use Twitter for their communication wants. The key findings illustrate that current practice handicaps healthcare organizations in Twitter. Current practice is limited and is based on a sender only communication method. It also demonstrates that healthcare organizations risk being obsolete in a completely digital world and are impeded because of their healthcare culture. In current practice, the traditional healthcare culture is a barrier to healthcare organizations becoming a part of the digital world. Secondly, for healthcare organizations, building relationships in Twitter can be done using the strategic frameworks and foundations of stakeholder relationship building adapted to a digital space. The frameworks such as Grunig, audience salience and social expectation with the interactions provide a stronger way for healthcare organizations to build relationships, using tools their communication practitioners already possess. Social expectation enforces the change for healthcare organizations to be strategic in building relationships, using the frameworks or additional devices such as a social mediator. The frameworks also mitigate the risk healthcare organizations associate with an open dialogue with audiences. Thirdly, healthcare organizations should build and include a digital identity into their Twitter practice. A digital identity, using mostly social identity elements with some organizational identity, can be built and communicated within the Twitter platform quite easily. The platform is, inadvertently designed for this and can accommodate as a healthcare organization digital identity grows. Healthcare organizations can learn to communicate with other users, sharing the features they want to share. Identity reduces the risk in straight open dialogue with Twitter users, but it does not lose the authenticity or the trust built within these interactions. If anything, the most significant gap in current practice is that most healthcare organizations or those covered in

this study, do not have or share a social identity. Information is shared aplenty other users are not interested if they do not trust whom they are getting the information. Trust is relevant to today's practice because of the issues with misinformation and the inability for users to immediately trust information that is just given to them.

A digital identity will embed an organizational context in the strategy for Twitter. Healthcare organizations need a social identity they are willing to share with Twitter users to successfully build relationships in the platform. The intention behind sharing identity builds authenticity and trust in each interaction between the Twitter user and healthcare organization. Lastly, third-party healthcare organizations have a social advantage in using Twitter to build digital relationships. Third-party healthcare organizations who use the strategies and benefits of communicating a digital identity also can advocate their relevancy in the health care system and what that might mean for digital users. Being irrelevant means that the health system will not lose part of it then can affect positive change in a users daily life. For example, being able to get your birth control prescription from your pharmacist.

The ability to communicate with a digital tool maintains a healthcare organization's legitimacy in a changing health system. Healthcare organizations continue to incorporate more digital tools into their practice. Communication practitioners have the tools, the knowledge and the experience to utilize how a social communication tool can be used to its full potential. Communication practitioners can lead the change in healthcare organizations using dialogic communications socially with online users. Like all opportunity, there are some risks involved in moving forward with such changes. However, healthcare organizations and the health care system have more to lose if some changes do not occur.

Limitations

This study contained several limitations. The research conducted was limited to English language articles. The research did not include Indigenous cultures or languages, which limited this research to a portion of North American healthcare culture. The limitation of language reduced the research around trust around Eurocentric cultures in North America. Only 23 articles were found and reviewed. The 23 articles limited the data pull on the subjects. There could be more if the search scope were expanded with less exclusive criteria. Twitter was the focus of social media platforms and did not include all social media such as Facebook or Instagram. How Twitter is interpreted and its use on that interpretation put limitations on the study too.

Opportunities for further research

Future research is recommended to expand research to Facebook, Instagram and other social media platforms. The other social media platforms may influence how healthcare organizations build their relationships differently. The other social media platforms engage different ages of audiences so would expand on healthcare organizations and their ability to build relationships digitally with all ages. Twitter is not the right communications tool to reach younger audiences so more research should be conducted around healthcare organizations and tools to reach younger audiences. Expanding research on healthcare organizations building trust in different social media platforms would expand the information on healthcare organizations and their communication practices. Research is required in non-English cultures as different cultures may impact the ability of social media to reach audiences. How healthcare is treated in different cultures will be a part of healthcare organizations and their ability to build relationships in social media. More research should be conducted on healthcare communication systems, digital rela-

tionship measurement, mistrust, and digital narrative. Further research should be conducted on communications from third-party healthcare organizations. The digital culture and online users are changing the healthcare culture, and healthcare organizations need to be willing to shift their approach to communication which includes dialoguing with Twitter users.

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APPENDIX A: Definitions

Audience - another term meaning a public that can be mapped based on age, location, gender.

Authentic - a term based on Bakhtin's definition of short social experiences based on the idea from Bakhtin's Dialogic's that one on one interactions are sets of social experiences continuously created through language (Foss, Littlejohn, 2010).

Content Producer - a term used to describe the people who creates material for the online world such as websites, social media, etc. (2017)

Digital communications platform — this is another term used to describe social media, which is a web-based media that is considered the new meeting place of society (Taras, 2015).

Digital stakeholders — people who are online and use social media platforms to interact with organizations and other people. In Twitter, another term to use would be Twitter followers. Digital stakeholders may be non-traditional stakeholders such as different organizations, splinter groups, individuals or businesses which healthcare organizations do not traditionally see as their stakeholders (Grunig, 1997).

Engage - to interact in the form of dialogue.

First-party healthcare organizations — an organization such as a regulatory body, which is directly involved in how frontline care is provided (scope of practice).

Followers - a Twitter term used to define people who have Twitter accounts and use Twitter to passively communicate with other people on Twitter, "follow" other people or organizations online.

Healthcare culture — an observed culture of privilege within the health care system which based on a traditional role hierarchy (Panahi, Watson, & Partridge, 2016).

Healthcare providers — a term that is used to describe physicians, nurses, nurse practitioners — those who provide frontline health care to the public.

Information carrier — a tool which moves, shares, or broadcasts information between a health-care organization and a user.

Information privilege — in this study is a social hierarchy based on health care culture, where the higher in an official position, the greater access to information a person has (Panahi, Watson, & Partridge, 2016).

Microblogging - a term used to describe what Twitter does—a short way to share the news with others.

Organizational culture — based on the idea that an organization’s culture consists of features of the organization’s identity and that members of that organization associated with those features (Cheney, Christensen, Zorn & Ganesh, 2010).

Organizational identity — organizations must create a new identity-based in part on the interests of a substantial portion of the membership. An organization gains a distinctiveness when the organization's people associate themselves with constructions of the social group (Cheney, Christensen, Zorn & Ganesh, 2010).

Organizational Identity - the features of an organization that members see as key and permanent (Gioia, Schultz, & Corley, 2000). Organizations require a sense of self to maintain coherence.

Patients - those in the healthcare system who receive frontline care.

Performance identity — origin comes from Goffman - the idea that everyone performs their own identity based on whom he or she are interacting with. “everyday settings are viewed as a

stage, and people are connected actors whom performances make an impression on an audience,” (Foss, Littlejohn, 2010).

Public sphere — based on Habermas notion of public space and the use of public space by society. Public office is considered public space and anything that is done in public office are available to the public (Habermas, Lennox, 1964). Social media is regarded as a public sphere (Taras, 2015).

Private sphere — based on Tara’s idea that social media is about the private sphere rather than the public sphere because of its nature. However, it is placed in a public forum such as Twitter. It is also about self-performance and the managing of impressions with the starting point as the self (Taras, 2015).

Second-party healthcare organizations — involved in providing frontline care with first-party healthcare organizations and encompass a more substantial part of the healthcare system. An example is a hospital.

Stakeholder - group or persons who exist in a voluntary or involuntary relationship with the organization. Stakeholders become salient to managers to the extent that managers perceive them as possessing power, legitimacy and urgency (Mitchell, Agle & Wood, 1997).

Stakeholder salience — term to describe the degree to which managers give priority to competing stakeholder claims (Mitchell, Agle, & Wood, 1997).

Stakeholder relations — way to manage relationships between organizations and their stakeholders. Managing stakeholder relations is a role that is traditionally executed by communications professionals (Mitchell, Agle, Wood, 1997).

Silos-term to describe when people(s) work in isolation from each other.

Social bilateral mediators — based on the idea that there are users who make connections independently and are useful in dialogic communication on social media (Himmelboim, Golan, Moon, & Suto, 2014)

Social identity theory — where people feel connected to a human group (Ashforth, Mael, 1989). It is the way people classify themselves and others into social categories such as organizational membership, gender, religious affiliations, etc. (Ashforth, Mael, 1989)

Social media — a web-based media, which are the new meeting places of society (Taras, 2015).

Socially constructed culture — based on the idea that all human culture is socially constructed as defined by their system of meaning (Foss, Littlejohn, 2010).

Third-party healthcare organizations — policy-oriented, usually non-profit oriented organizations who are involved with the system on an advocacy level but not involved in the receiving or giving frontline health care.

Trust - defined as members of a system act who in accordance to and are secure in the expected future constructed by the presence of each other or their symbolic representation (Hesse et al., 2005)

Twitter - is a social networking and microblogging service where users can send and receive “text-based messages or posts”. The organization was built by four people who wanted to send news or messages on a micro level (Technopedia, 2018)

Two-way symmetrical communication style — an approach which uses communication, dialogue and research with the objective of strengthen relationships and reputation (Workman, 2017)

Users - are people online and use social media platforms such as Twitter.

APPENDIX B: Dataset of scholarly journals**Question One**

Avery, E., Lariscy, R., Amador, E., Ickowitz, T., Primm, C., & Taylor, A. (2010). Diffusion of Social Media Among Public Relations Practitioners in Health Departments Across Various Community Population Sizes. *Journal of Public Relations Research*, 22(3) 336-358.

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