A SYSTEMATIC REVIEW ON USE OF SOCIAL MEDIA

Alka Sharma, Associate Professor, Department of Management, Galgotias University

ABSTRACT

The broad adoption of Web 2.0 technology and approaches coincided in a very significant development for eHealth with the more recent emergence of personal health application platforms and health records such as Google Health, Microsoft HealthVault and Dossia. "Medicine 2.0" applications, services and tools are defined as Web-based healthcare services for consumers, carers, patients, healthcare professionals and biomedical researchers who use Web 2.0 technologies and/or semantine web and virtual reality approaches, specifically for facilitating and facilitating 1) Social networking, (2) participation, (3) apomediation, (4) openness and (5) cooperation among and among these user groups.

Keyword: Social Media, Networking, Research

INTRODUCTION

Some "hype" around Web 2.0 can easily be dismissed as a marketing gimmick or rhetoric aimed at attracting venture capital for Web 2.0 startups. However, most Internet researchers and developers probably agree that recent developments in web technologies and user interfaces have considerablely changed the design, appearance, stickiness and prevalence of web applications, transforming the way in which users interact with them in many cases. Perhaps equally importantly, the expectations of users have also changed. After a few hard lessons from failed web companies that have gone missing over the course of the day, people expect web applications to be open and interoperable. Enhanced communication through open Web standards between different software applications ("mashups") results in better collaboration and communication across applications. Social networking approaches revolutionise how people work, identify potential employees or friends, communicate and identify relevant information. And lastly, web 2.0 technologies such as AJAX lead to enhanced Web interfaces that imitate desktop applications' real-time responsiveness in a browser window. Semantic Web (sometimes referred to as Web 3.0) and 3D (such as Second Life) applications can also be regarded as web technologies of second-generation.

SOCIAL MEDIA AND HEALTH

HealthVault and Dossia, where data is obtained from diverse sources at the request of the consumer (including electronic health records). These developments represent 'tectonic change in the health information economy'[1], which has far-reaching consequences for patient involvement, as the gravity changes away from the healthcare providers as the sole custodian of medical data, as Mandl and colleagues

in the New England Journal of Medicine have eloquently argues. The platforms for PHA (or PCHR), 'where medical care consumers independently decide on subsequent divulgation of [health data]' are nothing short of 'a disruptive innovation that reverses the current approach to medical records by developing and residing with patients that allow institutions, clinicians, researchers, public service health authorities and other users of m to use them." A randomised controlled trial using Dossia PCHR system demonstrates PCHR's public health potential[2].

It's easy to imagine that combining both trends, Personal Health Records in combination with social networking, what I called "PHR 2.0" [3-5], could lead to a powerful new generation of health applications in which people share parts with other consumers in electronic health records and "crowdsource" the collective knowledge of other patients and professionals. Advances in genetic medicine will also personalise and tailor health information on the basis of personal health data.

BIOMEDICAL RESEARCH

Finally, we have developments in biomedical research ("Science 2.0") and academic publications that apply the same principles of participation and collaboration across different aspects of the process of producing and disseminating knowledge.

While the definition of Medicine 2.0 or health 2.0 may be too early, Figure 1 shows a proposed framework, which was developed as part of a call for papers for the Medicine 2.0 congress and this theme [5]. The first conference on Medicine 2.0[6] also gives us a good idea of the field's importance to academics. A statement of the reasons that have been given elsewhere for our choice of 'Medicine 2.0' over 'Health 2.0'[4]; it is sufficient at this stage to say that many authors do not necessarily see a significant difference between Health 2.0 and Medicine 2.0[7] — if anything medicine 2.0 is the larger concept and the term 'medicine' or health 2.0 that encompasses consumer-driven.

Social networking is central to many Web 2.0 applications and Medicine 2.0 applications and involves the explicit modelling of connections between individuals, building a complex network of relations, allowing collaboration and collaborative filters to be facilitated. For example, it allows users to see how their peers or others with a predefined relationship ('friends,' 'colleagues' etc) do; allows automated selection of 'relevant' information (based on what web-based peers do and read); allows reputation and confidence management, accountability and quality control and fosters the viral dissemination of information and applications. In addition, social networking is a powerful tool for engaging users by providing [8-9] "social" incentives to enter, update and manage personal data. Teenagers keep their Facebook profile up to date for hours and constantly update their status. Now imagine the same generation of users turning their attention and energy to similar health tools (what I called an application for the healthcare book). Will social networking be the murderous application for information and, above all, will it retain its interest over time? Will such mechanisms help combat the "Law of Attrition,"[10] the phenomenon of many patients losing interest and stopping using online applications for healthcare after some time?

I predict that the field of research is very active and interesting. In health information technology, the idea of social networking, which involves modelling relations between players, is a relatively new one. In electronic health records, for example, what is traditionally "modellated" is usually medical information (symptoms, diagnoses, therapy), not relations between persons. It is true that in most electronic health records, we usually have some database fields to store the name of the family physical doctor, the attending physician, closest relatives, and contacts in case of an emergency and possibly a narrative, Free-text social anamnesis. When we combine the approach of social networking with emerging technologies, like personal health records, a new class of applications emerges[11-13].

CONCLUSION

In short, new patient participation levels and unique and unprecedented opportunities to involve patients in their healthcare, healthcare and social network platforms and applications such as Facebook or Patients LikeMe [14], which can potentially be combined with 'PHR 2.0' — personal health records that enable users to share part of their electronic health records with others. It also creates complex privacy issues, however. For example, consumers — if they receive information that they post on the Internet or disclose it temporarily — may not be aware that web information is often archived permanently and is long term accessible (eg, by future employers). The actual public awareness of these privacy issues and "persistence," notably with young participating users, is little known[15].

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