'Have you wondered why sportspeople die?' The medical weblog as a popularisation tool

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ABSTRACT

The paper considers the role of medical blogging practices in Poland, and more specifically, aims to explore the use of popularisation strategies in medical weblogs. Following recent approaches to the study of online communication in healthcare contexts that emphasise the importance of the interpersonal aspect, the study of blogging practices among Polish medical practitioners uses discourse analysis to examine healthcare practitioners' professional identity via their engagement in popularisation. The qualitative analysis of the blog posts explores, and illustrates in detail, the popularisation strategies employed by healthcare practitioners. Healthcare practitioners effectively exploit the affordances of the blog to share knowledge and inform, e.g. through detailed explanations of terms, examples from everyday life and relevant contextual information via links, but also to educate and entertain, e.g. through the use of humour and irony, or narratives of professional and personal experience. The analysis also reveals that popularisation intertwines with self-expression in the medical weblog. The bloggers engage in self-disclosure and evaluative expression, use conversational, colloquial language, but at the same time they show that they are close to patients' everyday experience.

1. Introduction

The widespread use of social media in recent years has expanded the channels and formats of health communication, intensifying its complexity: with new professional settings for the dissemination of medical knowledge, new, multiple roles for both healthcare practitioners and non-experts have emerged, and relationships between practitioners and patients have been re-negotiated.

Social media environments, being dynamic and multidirectional ecologies, "are tools to foster participation, collaboration, and involvement, ultimately facilitating a dialogue that can empower individuals to take a greater role in improving or maintaining their own health" (Prestin & Chou, 2014, p. 184). Also, with their "unprecedented access to health information and medical records" (Prestin & Chou, 2014, p. 187), social media have the potential to facilitate clinical communication and healthcare, but at the same time they pose challenges for healthcare professionals (see also e.g. Harvey & Koteyko, 2013; Lagu et al., 2008; Maci, Sala & Gotti, 2015; Richardson, 2003; 2005; Scheibling, Gillett & Brett, 2018). Social media use by healthcare professionals becomes part of their public image, which, for instance, may raise privacy, confidentiality and ethical concerns, and ultimately risk the reputation of individual practitioners and of the medical profession in general.

In addition, healthcare professionals' engagement in social media can be considered to extend their basic duties, break institutional boundaries, or lead to tensions between professionals and patients: the Internet's decentralizing capabilities, arguably, have contributed to "a general skepticism and demystification of medical expertise – known as 'deprofessionalization' – that may disrupt the status and autonomy of medical practitioners" (Scheibling, Gillett & Brett, 2018, p. 51).

In the light of these concerns, ample research (e.g. Harvey, 2013; Harvey, Locher & Mullany, 2013; Locher, 2006; Locher & Hoffmann, 2006; Richardson, 2003; 2005; Rudolf von Rohr, 2015; Sillence, 2010; 2013; Thurnherr, Rudolf von Rohr & Locher, 2016; see also papers in the Special Issue on Language and Health Online edited by Locher & Thurnherr, 2017b) has focused on online communication and sharing of health-related information, including advice-seeking (e.g. Harvey, 2013; Harvey, Locher & Mullany, 2013), advice-giving (e.g. Locher, 2006; Locher & Hoffmann, 2006; Thurnherr, Rudolf von Rohr & Locher, 2016), or persuasion (e.g. Richardson, 2003; 2005; Rudolf von Rohr, 2015), considering various aspects of identity construction and relational work. Importantly, emphasis has been put on the complexity and relevance of trust, credibility, authenticity and expertise, which are conceptualised as interactional achievements in online health communication (e.g. Harvey & Koteyko, 2013; Koteyko & Hunt, 2016; Locher, 2006; Locher & Hoffmann, 2006; Rudolf von Rohr,

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2015; Richardson, 2003; 2005; Sillence, 2010; 2013; Thurnherr, Rudolf von Rohr & Locher, 2016; Tereszkiewicz, 2015). Many of those studies focus on lay interaction (e.g. Harvey & Koteyko, 2013; Koteyko & Hunt, 2016; Rudolf von Rohr, 2015; Sillence, 2010; 2013). However, following Locher's seminal work on the construction of expert, professional identity in health columns (Locher 2006; Locher & Hoffmann, 2006), more and more attention is given to healthcare professionals' discursive behaviour in other online contexts (e.g. Harvey & Koteyko, 2013; Sowińska & Sokół, 2018; Thurnherr, Rudolf von Rohr & Locher, 2016; Turnbull, 2016; see also the chapters in Daniele & Garzone, 2016; Gotti, Maci & Sala, 2015; and in Locher & Thurnherr, 2017b).

The studies confirm that with the new opportunities to actively engage in the dissemination of medical knowledge, healthcare professionals have more effective means of reaching wider, and more specific target groups with health messages (e.g. Harvey, 2013; Harvey, Locher & Mullany, 2013; Harvey & Koteyko, 2013; Locher, 2006; Locher & Hoffmann, 2006; Prestin & Chou, 2014; Thurnherr, Rudolf von Rohr & Locher, 2016; Turnbull, 2016; see also the chapters in Daniele & Garzone, 2016; and in Gotti, Maci & Sala, 2015).

Moreover, online communication blurs the clear-cut distinctions between authors and audiences, and between laypeople and professionals. Health professionals are no longer the only providers of healthcare (Harvey & Koteyko, 2013). In today's world, "[n]o longer solely the property of experts, medical information circulates freely through the print and electronic media, public discourse, and the everyday conversations of laypeople, being constantly reinterpreted and repackaged as it moves from scientific journals to newspaper reports to online social networking sites to dinner-table conversations" (Jones, 2013, quoted in Hamilton & Chou, 2014, p. 4). This, at the same time, emphasises the significance of lay knowledge, particularly in the light of the patient-centred approach. As Turnbull (2016, p. 291) points out, the conventional concept of knowledge dissemination as a top-down process is undergoing a transformation, which has implications for expert/lay identity construction (see also Richardson, 2003; 2005). Reliability and objectivity of health information have become even more demanding ethical issues, and so for health professionals it is even more challenging to construct a trustworthy and authoritative persona (see e.g. Harvey & Koteyko, 2013; Locher, 2006; Locher & Hoffmann, 2006; Tereszkiewicz, 2015; Turnbull, 2016; Thurnherr, Rudolf von Rohr & Locher, 2016). Lay recipients of information, patients or potential patients, meanwhile, are empowered not only to take more informed and responsible decisions about their health, but to actively contribute to knowledge construction and sharing (Caliendo, 2014; Harvey & Koteyko, 2013; Turnbull, 2016; see also the chapters in Locher & Thurnherr, 2017b). This more 'democratic' management of medical knowledge may transform the traditional bio-medical model of healthcare (e.g. Daniele & Garzone, 2016; Locher & Thurnherr, 2017a).

This paper focuses on the interaction of healthcare professionals in the medical weblog genre in Poland. I use the term medical blog to refer to blogs which discuss health- and healthcare-related topics, are run by individual healthcare practitioners, and are aimed at a diverse audience that may include lay people/ patients, students and other professionals. Despite their heterogeneous content, the blogs under investigation may be regarded as popularising, as they present and evaluate knowledge related to health and medicine, and make it accessible to the wide public. The intention to popularise medical knowledge is sometimes stated on the blogs' websites in the About sections, and became apparent in the interviews with the bloggers (see Section 4.1). As regards their structure, blogs are websites that include an archive of frequently updated posts, in which entries are displayed in reverse chronological order, and may be followed by comments (e.g. Grieve et al., 2010; Myers, 2010; Puschmann, 2013). Given the intricate participation structure in blog posts and comments, which combines both monologic and dialogic expression, contributions by both professionals and lay audiences of various degrees of expertise, synchronously and asynchronously, medical blogs today provide a challenging research context (see also Locher & Thurnherr, 2017a), as well as a popular communication tool. Just as in science blogs, i.e. blogs which present and comment on scientific issues and are run by researchers, academics or science journalists, (e.g. Blanchard, 2011; Luzón, 2013; Mahrt & Puschmann, 2014; Mauranen, 2013; Puschmann & Mahrt, 2012), archives, comments sections and permalinks facilitate networking and a two-way, or even multi-way, exchange of social capital in medical blogs (Luzón, 2015; Stermieri, 2015).

Following recent approaches to the study of online communication in healthcare contexts that emphasise the importance of the interpersonal aspect (e.g. Locher & Thurnherr, 2017a,b), I intend to examine healthcare practitioners' professional identity via their engagement in popularisation. In the study, I use a social interactional approach to identity (Bucholtz & Hall, 2005; 2008), whereby identity is defined as "the social positioning of self and other" (Bucholtz & Hall, 2005: 586). In this view, identity is a discursive construct that is intersubjectively negotiated in interaction. What is particularly relevant for identity construction in the context of the medical blog, identity conceptualised in this way allows us to "encompass (a) macro-level demographic categories; (b) local, ethnographically specific cultural positions; and (c) temporary and interactionally specific stances and participant roles" (Bucholtz & Hall, 2005: 592). In addition, this approach can account for the complexity and hybridity of roles (Sarangi, 2011) that healthcare professionals negotiate in the challenging context of the medical blog. More generally, medical blogs, similarly to other social media in professional domains, are characterised by dissolved hierarchies and the increased engagement of audiences (Campagna et al., 2012, pp. 12–13). This results in the emergence of authoring practices that involve multiple identities, the transformed power balance between interacting participants, and the voices of several 'experts-in-the-field' that challenged the role of an 'expert-in-the-field'.

2. Science popularisation and popularisation strategies

In the study, I am interested in finding out to what extent popularisation, one of the main motivations for blogging given by healthcare practitioners (see Section 4.1), is reflected in the heterogeneous content of their blog posts, aimed at their diverse audiences.

Popularisation is understood as the communication of specialist knowledge to non-specialists for information purposes. Such communication aims to reach wide audiences, with various degrees of expertise and backgrounds, and extend their knowledge by means of language that remains close to laypeople's everyday experience (Gotti, 2014, pp. 17–18). Popularisation is rarely offered on its own, and merges with specialist, educational or journalistic discourses (e.g. Myers, 2003; Starzec, 1999). The heterogeneity of popularisation texts and their dynamic nature are linked to the author's status: nowadays, apart from scientists and scientific journalists, popularising publications also come from practitioners, i.e. "people from outside the circle of science who, by virtue of their profession, guarantee the substantive credibility of the publication[1]" (Starzec, 1999, p. 29).

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[1] All translation from Polish are mine and have been consulted with a native speaker of English.