



A Little Bird told me...

Examining the Relevance of Social Media for
Reputation Management in Dutch Hospitals

Student Name: Alexandra Joon

Student Number: 451569

Supervisor: Dr Vidhi Chaudhri

Master Media Studies -Media and Business

Erasmus School of History, Culture and Communication

Erasmus University Rotterdam

Master Thesis

June 2017

Abstract

In the last few years, social media has influenced organisational communications as well as reputation management. However, little research has been done on how public-sector organisations such as hospitals perceive this changed communication landscape and how social media use is of relevance when it comes to reputation management. Therefore, this study aims to answer the research question: *how do healthcare organisations perceive the importance of social media for reputation in the healthcare sector?* To answer this research question, insights into the opportunities and challenge of using social media by healthcare organisation and how possible reputation risks can be mitigated is also investigated.

Given the research aim of this study, a qualitative research approach was chosen. More specifically, in-depth interviews were conducted with 15 communication professionals associated with social media use by healthcare organisations or working in communications as ‘webcare’ team or online communication advisor of eight different hospitals in the Netherlands.

Findings show that social media use was perceived as one relevant aspect within the overall communications by the hospital and as part of reputation management in terms of being able to monitor what is being said about the hospital by people online and branding purposes. Most of the hospitals participating in this study recognised the importance of having a social media policy and employee guidelines for social media use to mitigate possible reputational threats it is recommended by reputation literature.

However, findings also show that several hospitals have yet to fully understand the possible reputation risks involved with using social media. Furthermore, hospitals remain behind in the developments when it comes to using social media more strategically for communication purposes. Overall, this study complements reputation management research by providing insights into a lesser explored industry, namely healthcare, and social media research by focusing on the influence of organisational social media use on reputation.

Keywords: Consumer Online Engagement; Corporate Reputation; Employee Engagement; Healthcare Sector; Hospitals; Reputation Management; Reputation Risk; Social Media Communications; Social Media Policy and Guidelines

Acknowledgements

“Education is the most powerful weapon which you can use to change the world”

– Nelson Mandela

This statement from Nelson Mandela explains why education is so important and not only because you can use it to change the world. Education is important because it changes you as a person and this what this master’s degree has certainly done for me this year. The courses have been challenging my critical thinking skills and given me more knowledge about several topics. This thesis topic gave me the opportunity to study a topic that captured my fascination for some time now and combine all I have learned in this master.

I would like to take this opportunity to thank several people. First of all, I would like to thank Dr Vidhi Chaudhri for being my thesis supervisor for all her feedback, critical questions and guidance. I think I will always remember to think about the ‘so what?’ and I hope to be able to challenge others in the professional and supportive way you aspire to do. Furthermore, a massive thanks to all my interviewees, who enabled me to finish my research and all the insightful conversations. A special thanks to Irene Mulder for the brainstorm sessions, helping me with contacting possible interviewees and interview.

I am also thankful to my friends, for being a source of support, laughter and inspiration. I would especially like to thank Ben for his constant support and help throughout this year. I know I’ve not always been smiling and worried quite a lot, but thank you for your patience and understanding.

Last but certainly not least, I would like to thank my family for their strong support all these years. Dearest parents and Peter, I hope I made you proud!

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1. Introduction

On Saturday, January 29, 2017, an 86-year-old man was injured in a car accident in Rotterdam and was taken to hospital *Sint Franciscus Gasthuis & Vlietland* (de Koning, 2017). Unfortunately, mistakes were made in treating the man's injuries and the son complained about his father's treatment on social media indicating that he was prepared to sue the hospital for their negligence. The message was picked up by the newspaper *AD* and the hospital is currently investigating the incident.

This is not the first newspaper article about a medical incident ("Claims over slechte zorg," 2017). Newspapers report almost daily on incidents or complaints regarding healthcare organisations. Nevertheless, the case above (de Koning, 2017) shows the influence social media can have, illustrating how one negative message going mainstream can cause a crisis situation for a healthcare organisation. What this case also illuminates is the power of perception, amplified in the digital age. Indeed, people expect healthcare organisations to deliver quality care—part of the organization's right to exist, but these expectations and whether they are met, can now find voice on social media. These developments have decisive implications for organisational reputation.

It is undeniable that in the last few years, the Internet has had a major impact on every industry, including the healthcare industry. This resulted in the digitalisation of information and within the communication landscape much has changed. Within this digitalised sphere, digital publicity has a profound influence on the perceptions constituting an organisation's reputation because digital publicity combines online search engines, social media platforms and the online websites of mainstream media agencies (Aula & Heinonen, 2016). Especially, organisational use of social media is gaining momentum these last few years. Social media can be defined as online platforms through which people "form social networks, converse, and more so create and share content in ways that are unique and attractive" (Aula & Heinonen, 2016, p.38). These social media platforms, such as Facebook and Twitter, have made that which used to be offline now globally available and accessible online on a 24-hour basis. They also offer organisations opportunities and challenges in terms of communication and managing of reputation (Aula & Heinonen, 2016; Gulden & van der Wurff, 2015; Veil et al., 2012).

According to Capgemini Consulting (2012), 76% of Dutch healthcare organisations are active on social media. At the time of publishing their report, Capgemini (2012) stated that while some healthcare organisations managed social media sites professionally and actively,

many were behind in this development. In fact, today almost every healthcare organisation is active on several social media platforms (Gulden & van der Wurff, 2015). Broadly speaking however, there is not yet a good sense of how Dutch healthcare organisations are using social media. Little is known about how and with which purposes healthcare organisations are using social media platforms and to what extent the use of social media is part of their reputation management. The purpose of this study is to examine the rationale behind the use of social media by Dutch healthcare organisations within the broader frame of managing their reputation and understand the importance of social media for reputation management in the healthcare sector. Thus, this study seeks to answer the following three research questions:

- RQ1: What do healthcare organisations view as the opportunities and challenges of social media?
- RQ2: How do healthcare organisations perceive the importance of social media for reputation in the healthcare sector?
- RQ3: How do healthcare organisations mitigate reputational risks associated with social media use?

With this purpose, the main aim is to understand the change within the communication landscape for healthcare organisations that has driven them towards using social media actively. In addition, to gain more insight into what is driving healthcare organisations to proactively embrace social media and how healthcare organisations evaluate their position and progress when it comes to using social media in comparison to business and for-profit organisations.

To explore these goals, it is necessary to learn more about the social-mediated opportunities and challenges for communication and reputation management in the healthcare sector. According to Gulden & van der Wurff (2015), social media offer the opportunity for healthcare organisations to communicate more efficiently on different levels for the organisation and within the organisation. With social media, healthcare organisations can quickly spread information to a big audience, exchange knowledge, improve publicity, attract new clients, connect communities, show expertise and goodwill, monitor how people perceive the organisation, react to rumours or false information quickly and prevent crisis, and attract

new professionals. Surprisingly, recent evidence suggests that few healthcare organisations use all these possibilities of social media and use social media only to distribute information and one-sidedly. Even if healthcare organisations are aware of the possibilities and chances social media present for their organisation, they do not seem to make optimal use of these opportunities (Gulden & van der Wurff, 2015). To gain a deeper understanding of why healthcare organisations are present on social media, it is important to ask what healthcare organisations perceive as the opportunities of social media and how they deal with possible challenges associated with social media.

In addition, several studies have pointed out that social media can amplify reputational threats for organisations (Aula & Heinonen, 2016; Rokka et al., 2013; Veil et al., 2012). Organisations experience threats through social media from external and internal channels. Externally, consumers or patients, can have a negative impact on the reputation of an organisation by sharing negative experiences online on social media.

Furthermore, news shared on traditional media can cause a hype on social media. Internally, employee misuse of social media can also have a negative impact on the organisation's reputation (Vaast & Kaganer, 2013). A tool to mitigate reputation risks could take shape in the form of a social media policy. Such a policy offers some safety net to internal dissatisfaction and misuse on social media by employees (Gulden & van der Wurff, 2015; Vaast & Kaganer, 2013). It is therefore essential that an organisation anticipate and mitigate possible reputational threats through social media.

1.1. Relevance

There has been a growing interest in the role of social media in relation to reputation in both academia and among consultants (Aula & Tierani, 2011; Balmer & Greyser, 2006; Balmer, 2008; Doorley & Garcia, 2015; Fombrun & van Riel, 2007; Mergel, 2013; Picazo-Vela et al., 2012; Rokka, Karlsson, & Tinari, 2013). However, much of this literature has primarily focused on the corporate sector and not on the public sector (Olsson, 2014; Waeraas & Maor, 2015). More recently, scholars have started to investigate the theme of reputation management in relation to public sector organisations. Most of these studies are directed towards universities and government, but one study addresses reputation management by Swedish hospitals (Waeraas & Maor, 2015). As little research has been focusing on reputation management within the healthcare sector, this research study will contribute to the existing literature regarding reputation management for public organisations.

Some American studies aim at giving physicians and other healthcare practitioners guidelines for how to use social media (Grobler & Dhai, 2016; Shay, 2014). A book by Gulden & van der Wurff '*Social Media in zorg en welzijn*' [*Social Media Use in the Healthcare and Welfare Sector*] was published in 2015 with a specific focus on social media use for healthcare organisations. The opportunities and challenges presented by social media are explained based on interviews with healthcare, marketing and communication professionals. Yet this book is more a how-to book and does not go in-depth into how healthcare organisations actually make sense on social media. Instead the book gives healthcare organisations tips and tools for dealing with and using social media. Therefore, this study will enhance our understanding of social media's use from an organisational point of view within a public sector where little research has been conducted specifically on their proactive use of social media.

At the same time, this research is relevant to society given that social media use is transforming communication possibilities, affording unprecedented patient access to hospitals and healthcare providers. Moreover, it is essential for healthcare organisations to maintain a good reputation, both offline and online. It is therefore important that healthcare organisations are aware of the possibilities social media offer and possible risks of social media for their reputation.

Finally, this study intends to gain a deeper understanding into the maturity of social media use and management by healthcare organisations in the Netherlands. The findings of this study could create more awareness about social media's influence on one of the most important assets of any organisation: its reputation (Fombrun & van Riel, 2007). Findings of this study can lead to recommendations for healthcare organisations' social media policy because various healthcare organisations have and are continuously developing this governance tool to protect and be prepared for issues (Vaast & Kaganer, 2013).

After introducing the purpose, topic and relevance of this study, the structure of this thesis will now be summarized in short. First, a literature review is provided to understand the key concepts for this study and provide the necessary background information. This is followed by an explanation of the methodology and research procedure after which, the findings, related to the three above mentioned research questions are discussed. Finally, the conclusion lists the limitations of the study and proposes directions for future research.

2. Literature Review

As mentioned earlier, little attention has been given to reputation management research within the context of social media and there is a lack of empirical studies for this subject especially for organisation in the public sector. Literature regarding social media in general is growing rapidly, but has yet to mature. Some research has been conducted regarding reputation management, crisis communication and several articles relate social media use to branding and reputation management.

To apply the concepts of reputation management within the context of social media to the healthcare sector provides an innovative and yet unexplored angle to this study. The focus on the healthcare sector is important as various hospitals and major care giving organisation have gathered more media attention and scrutiny regarding medical mistakes and care development. Some of these issues, as the opening example illustrates, have had a major impact through social media and influenced the perceptions of people towards that hospital.

Therefore, this chapter provides an overview of existing literature to clarify the main subjects of this study, namely reputation management and social media. This section includes information about the current status of the Dutch healthcare sector, its implications for reputation management and use of social media. The goal of this literature review is to highlight the fundamental set of concepts and ideas for this study.

2.1. Dutch Healthcare Sector: Key developments

It can be argued that over the past few years, reputation management has gained more prominence within the Dutch healthcare sector. Several changes can be identified as the reason behind this development. Firstly, some procedural issues have arisen that have had a profound impact on the current manner in which health care is given and financed. Since the *Wet marketordening gezondheidszorg* in 2006 (Overheid.nl), Dutch hospitals are required to “purchase statutory health insurance” from private insurers (Robertson, Gregory, & Jabbal, 2014, p. 39). Consequently, Dutch hospitals operate as non-profit organisations and have to negotiate for the rates of the care provided with the insurers (Robertson et al., 2014). To secure enough or more funds, it is crucial for a healthcare organisation to have a good reputation and provide quality care. The goal of the healthcare system change was to push care providers to increase their efficiency and quality, due to insurers competing over the amount of care they will fund. Yet the debate is still ongoing whether that goal has been achieved (Robertson et al., 2014). Still, this procedural change is the current foundation for

the Dutch healthcare system and part of the reason why the reputation for healthcare organisations is an even more essential part of their management.

Secondly, patients can nowadays be regarded as empowered consumers. Depending on their insurance, patients are free to make decisions on where to go for care (Vuijst, 2009). Recent research by the *Nederlandse Vereniging van Ziekenhuizen* (KNMG) showed that 25% of the patients will not automatically choose the closest hospital (NVZ, 2011). In the same research, this percentage lies between 65% and 90% for patients seeking to go to a specialised hospital (NVZ, 2011). In addition, patients have become more aware and critical of the possibilities offered by health professionals and the assumption of ‘the doctor knows best’ is being challenged (Schellekens and van Everdingen, 2001). This is due to the immense medical information that can be found online, resulting in the pressure on hospitals to adapt to this new market of consumer empowered patients.

Thirdly, with a more consumer-based-patient care system healthcare organisations have to become more efficient and use marketing strategies to attract quality staff and patients (Capgemini Consulting, 2012; Lenderink, 2013; Zuiderent-Terak, 2009). This has resulted in, to some extent, creating a competitive field between hospitals and healthcare clinics. Many quality ranking lists of hospitals are published by newspapers and by various agencies based on preselected quality indicators and patient surveys (Pons, Bal & Lingsma, 2009). The credibility of these ranking lists has been questioned by researchers, but the lists do play an important role for hospitals and hospitals are changing their behaviour accordingly (van Woensel, van der Valk, & te Velde, 2007). These ranking lists shape external perceptions and place a magnifying glass on the differences between hospitals and the quality of medical care they provide (Power, Scheytt, Soin, & Sahlin, 2009). Consequently, healthcare organisations are taking on strategies similar to those in the corporate sector with regard to communication and branding.

In the last few years, however, an even bigger microscope has been placed on hospitals, their malpractices and their branding. RTL Nieuws, a Dutch news channel, made a whole report about medical mistakes and the hospitals in which these mistakes took place in November 2016 (RTL Nieuws, 2016). It is not the first time that the media has published negative news about Dutch hospitals, with even more recent newspaper articles published about medical incidents taking place in hospitals (“Claims over slechte zorg,” 2017; de Koning, 2017).

In addition, the rebranding of one of the hospital’s treatment centres caused some

agitation with patients and staff. The Erasmus MC in Rotterdam is opening their new cancer treatment centre location in 2017 and are also re-branding it to 'Kanker Instituut', which had formally always been called 'Daniel den Hoed kliniek' ("Kanker Instituut klinkt," 2013). Especially patients and staff found the new name disturbing as it clearly names cancer, the disease ("Kanker Insituut klinkt," 2013). This example is one of many of re-branding scenes happening with various hospitals in the Netherlands, due to new locations or mergers of hospitals (Wester, 2015) and has led to several branding campaigns and so called "brand-building activities" (Rokka et al., 2013).

Together with empowered patient consumers and this new branding scene, there appears to be a shift to a time where more transparency is demanded, as well as more criticism is given to healthcare organisations by the general public and press, through which it can be argued there is now a growing emphasis on reputation management within the healthcare sector.

2.2. Reputation Management and the Digital Landscape

Before explaining more about reputation management within the healthcare sector, it is important to establish what reputation is and its relation to the digital landscape.

There is no unified definition of reputation, but it can be understood as "the perceptions by stakeholders of an organisation's ability to fulfil their expectations" (Fombrun & van Riel, 2007, p. 43). Since 2000, many business scandals have proved that it is important for a business to build and guard its reputation (Doorley & Garcia, 2015). Yet is it not only businesses that experienced scandals: non-profit organisations, governments and other institutions of the public sector have also had to deal with events that harmed their reputation.

In recent years, the Reputation Institute and many other consulting agencies have included advice services for businesses and organisations on how to manage their reputation (Barnett, Jamier & Lafferty, 2006; Doorley & Garcia, 2015). Studies have shown that a good reputation attracts more and better employees, results in having to spend less money on goods and services, accumulates competitive advantages and provides businesses with the means to charge more for their products (e.g., Doorley & Garcia, 2015). A good reputation is also important for maintaining a positive perception and feeling about an organisation by stakeholders, consumers and employees. Furthermore, a good reputation may aid an organisation's survival through scandal or negative news. Together these studies indicated that having a good reputation is important and are vital to an organisation in maintaining its

legitimacy (Barnett et al, 2006; Luoma-aho, 2007; Waeraas & Maor, 2015).

Given that reputation of an organisation is the overall sum of the perceptions (Aula & Heinonen, 2016) by the public, it is difficult for any organisation to control reputation. Still, studies have argued that reputation can, to some extent, be managed because it is influenced by three aspects, namely performance, behaviour, and communication (Doorley & Garcia, 2015). It can be argued that reputation management starts, to great extent, by forming the aspects that influence and constitute the reputation perception. At the heart of the reputation management process stands the identity of the organisation (Waeraas & Byrkjeflot, 2012). This identity consists of an organisation's identity, behaviour, brand, and communication strategies (Doorley & Garci, 2015). Simply said, reputation management is closely related to how an organisation projects its corporate image to their audiences and stakeholders (Rokka, et al., 2013; Zarkada & Polydorou, 2013). Hence, reputation can be managed and formed by the organisation's communication of the corporate identity, but will never be completely controllable.

The increased use of social media by organisations present some challenges and opportunities for how organisations manage reputation. Before going into detail about the challenges and opportunities social media present for managing reputation, it is important to establish what social media platforms are.

Social media were originally networking sites where people were able “to find ‘friends of friends’” (Miller et al., 2016, p. 10) and the first social media site is said to be Cyworld launched in Korea in 1999 (boyd and Ellison, 2007). This was followed by a number of new social media networking sites such as MySpace; launched 2003, Facebook; launched 2004, and Twitter; launched 2004, to name just a few (Treem & Leonardi, 2012). These social network sites were first regarded as two separate spaces, or “worlds: the virtual and real” (Miller et al., 2016, p.7).

Nowadays, social media sites have transformed into platforms where continuous interaction between people takes place. Consequently, the distinction between online and offline worlds is no longer evident as in present day social media can be seen as “an integral part of everyday life” (Millet et al., 2016, p. 7). Therefore, social media platforms are commonly defined as “Internet-based applications that build on the ideological and technological foundations of Web 2.0, and that allow the creation and exchange of User Generated Content” (Kaplan & Haenlein, 2010, p. 62). This definition, however, highlights what these technologies itself do or allow the users to do.

Today, not only individuals are on social media and interact on them, but also organisations, non-governmental organisations (NGOs), and corporates. Aside from having a corporate website, most organisations are on various social media website and have a corporate account on for instance Facebook. Several studies on social media focus mostly on how to use the features of the social media site, but few theories have been developed about the effects and consequences of social media use from an organisational perspective (Treem & Leonardi, 2012). Given that the uses of social media are not inherent in the technology, social media use is open to interpretation on how they are or might be used by its users. Consequently, social media can be used for many different purposes or interpreted from many different point of view, which scares organisations. Understanding the affordances of social media—what Treem & Leonardi (2012) define as “perceptions of an object’s utility” (p. 145) – help to understand the communicative function or outcome behind features of the social media.

2.2.1. Employee Use of Social Media and Social Media Affordances

For organisations, social media afford users to see information and network connections that used to be invisible to others (Treem & Leonardi, 2012). Several studies have shown that the affordance of increased visibility through social media encourages employees to share knowledge and “informal collaboration” between employees (Treem & Leonardi, 2012, p. 153).

Employees are increasingly using social media platforms for interaction and communication within the workplace. For employees, these social media sites offer a quick communication tool where they can easily share ideas, important information and gives employees a forum on which they have a voice “that is visible to everyone within the organisation” (Leonardi & Vaast, 2010, p. 5). Therefore, employees are regarded as important actors for influencing and expressing an organisation’s corporate image and building reputation through their behaviour and interaction with external stakeholders such as consumers. According to Rokka, Karlsson, and Tienaria (2013), employees support the organisation’s reputation by sharing their own experiences as insiders working in the organisation to the public and can thereby confirm or contradict external expectations and realities the public can have of the organisation. Employees can therefore be seen as ‘brand ambassadors’ of a company.

At the same time, employee use of social media can also be considered as a challenge

for organisations. Unhappy voices of employees might be shared on social media through a negative internal perspective and sensitive information of organisational nature. Moreover, the fact that this information is visible for everyone within and outside of the organisation, increases issues relating to privacy violations, organisational mistakes and irresponsible behaviour by employees (Leonardi & Vaast, 2015). This can lead to serious problems for the organisation as employees “act against the company as brand ‘saboteurs’ (Rokka et al., 2013, p. 805) making reputation management with employees a balancing process of setting boundaries and trust.

To minimize the risk of possible employee negatively expressing or out of line corporate image behaviour, several studies suggest organisations to establish guidelines and policies for employees (Culnan, McHugh, & Zubillanga, 2010; Kaplan & Haenlein, 2010; Rokka et al., 2013). However, there are contradictory studies which argue that even with a basis of the corporate image lined out within policies and core values, difficulties remain to determine to what extent employees identify and carry out this corporate identity (Rokka et al., 2013). This illustrates the complexity of wanting to control, but not being able to completely and with certainty control corporate reputation from an employee perspective.

Consequently, the affordance of visibility and the increased influence social media has, to some extent, led to a demand in more transparency and information about what goes on in organisations. This aspect can be considered as a challenge for organisations as “social media demands focus on ethical behaviour” (Aula & Heinonen, 2016, p. 44). Unethical behaviour on social media leads to reputational risks and questions about the organisation’s values, which could in turn lead to information and revelations into an organisation’s irresponsible behaviour or that of its employees (Aula & Heinonen, 2016; Shay, 2014; Grobler & Dhali, 2016; Rokka et al., 2013).

Furthermore, social media affords the users editability, which provides the opportunity to tailor a communicative act extensively before publishing it on social media. This provides organisations with the opportunity of having some “editorial control” and “reshape messages based on the perceived responses from audiences” (Treem & Leonardi, 2012, p. 161). However, as mentioned earlier organisations do not have complete control on how their content is perceived. One user’s opinion could take the upper hand by becoming a collective truth of the organisation’s image, forcing the organisation to respond or change to the expectations of the public. Social media users share their opinions, ideas and experiences and circulate their perception of what an organisation stands for, which could differ to great extent

with the information an organisation communicates through social media (Aula & Heinonen, 2016). Some of the perceptions could be true, but others could be false and these messages “force organisations to respond to the beliefs or new expectations that it propagates” (Aula & Heinonen, 2016, p. 145). This in turn can lead to a mismatch or misunderstanding of expectations and opinions. Hence the use of social media is not without risks for an organisation’s reputation.

2.2.2. Mitigating Reputational Risks

As is often said since the ‘birth’ of the Internet: “once something is on the Internet, it never really goes away” (Arora & Predmore, 2013, p. 120). It is therefore important for any organisation, including healthcare organisations, to be aware of the possible risks social media use can have for their reputation and have a strategy of what to publish online and respond to criticisms given on social media. In other words, organisational use of social media means to leverage the opportunities and mitigate the risks. To mitigate reputation risk on social media, organisations can do a few things.

First, it is important and at the same time a great advantage of social media that through dashboard programs such as Google analytics, Klout.com and Adobe Social Analytics, provide information about the users of social media. This information can be used for a more in-depth understanding of the consumer market on social media (Arora and Predmore, 2013). These dashboard programs mostly provide demographic information, but are still being developed to read and understand more of the data they collect from social media users. By understanding the users and possible customers of social media better, organisations can adapt their strategy to build better relations with their consumers online and the broader public. Given that the customers and general public are the assessors of an organisation’s reputation, it is essential to build a good relationship with them and safeguard a good reputation (Arora & Predmore, 2013; Zarkada & Polydorou, 2013).

Most importantly, by using these dashboard programs, an organisation can monitor what is being said about the organisation online (Arora & Predmore, 2013; Rokka et al., 2013). For organisations, it can be difficult to respond to negativity on social media because organisations “are easily stigmatized as manipulators” (Aula & Heinonen, 2016, p. 148). By monitoring what users of social media say about the organisation, negative sentiment or possible reputation risk can be intercepted. It is more likely that these possible reputational risks can be dealt with accordingly if the organisation has a strategic plan for social media

use. This provides professionals dealing with the problem a framework and consistent tone-of-voice in handling a negative message on social media.

Another way to gain some control over some of the challenges that social media use present organisations is by means of organisational policies, guidelines and developing specific goals and practices for social media (Gulden & van der Wurff, 2015; Rokka et al., 2013; Shay, 2014; Vaast & Kaganer, 2013). According to, Vaast & Kaganer (2013) as part of mitigating reputational risks on social media organisations can develop policies to provide guidelines and principles to limit and encourage particular uses of social media. Many organisations have a specific social media policy, such as the *Red Cross*, *Mayo Clinic*, *IBM*, *Coca Cola* (Lin, Spence, Sellnow, & Lachlan, 2016; Radboudumc, 2015). In particular, behavioural guidelines for employees on how to use social media professionally stated in a social media policy are useful management tools and conditions for “what affordances of social media are appropriate in the workplace” (Vaast & Kaganer, 2013, p.81). Similar to having a policy for dealing with the press, a policy specifically focused on social media is useful because it provides boundaries for employees and can prevent claims and incidents that can cause damages to the reputation of the organisation (Aula & Heinonen, 2016). Gulden & van der Wurff (2015) highlight the importance of making a plan with goals and developing guidelines, and strategies as part of a social media policy for healthcare organisations because it sets boundaries within which patient confidential information and privacy can be guaranteed.

Moreover, Lin et al (2016) argue that there is an increased possibility of risks and crises on social media platforms for public organisations because they are “less likely to engage in two-way interaction with the public” (p. 602). It is therefore essential that public organisations develop social media policies with specific attention to risks and crisis management for different and unexpected situations (Lin et al., 2016). However, organisations should not want to gain too much control on their employees’ use of social media as “too much control may result in inauthentic brand communication and lead to a sense of alienation and resistance among employees” (Rokka et al., 2013, p. 807). With this in mind, it remains a challenge on its own in how organisations can balance control and trust in their employees when it comes to reputation management within a social media context. Taken together, it can therefore be argued that a social media policy is an important governance device for organisations to constituting the appropriate use of social media from an internal perspective for employees and have some more control over reputational risks within the context of social

media.

2.2.3. Challenges of Social Media

In general, some of the characteristics of social media can be regarded as challenging. For instance, the speed by which social media users communicate information, interpretations, opinions and emotions make it difficult for organisations to determine which conversation to respond to first and how to react to negative feelings (Aula & Heinonen, 2016). Another challenge is how to deal with the amount of different social media platforms and take full advantage of each of the social media's applications for communication and marketing purposes. A good understanding about the use and influence of the different social media channels is necessary to effectively employ social media for organisational purposes (Aula & Heinonen, 2016; Gulden & van der Wurff, 2015; Veil et al., 2012). This can result in professionals being uncertain about how to use social media for their organisation, what the goals should be and how to react to social media conversations that could have significant consequences for their organisation, both positively and negatively.

Although these challenges were discussed in a more general sense for any organisation, at this point it should be made clear that the same challenges apply to healthcare organisations, too. Similar to consumers, patients are also demanding more transparency and information about what goes on in healthcare organisations (Feenstra & Wansink, 2008; NVZ, 2014). However, differently to corporates, it has even been argued in organisational literature that public organisations are “typically characterized by multiple identities” (Waeraas & Byrkjeflot, 2012, p. 195). For hospitals, it is perhaps more difficult to define their identity because hospitals internally have “contradictory and even inconsistent values, identities and technologies” (Waeraas & Maor, 2015, p. 180). Hence for public organisations such as healthcare organisation it is more challenging to form a ‘corporate’ identity that will form the basis for an organisation's brand and communication strategies.

When it comes to employee use of social media, several healthcare organisations, such as *Laurens*, *Radboud UMC* and *Erasmus MC*, are for instance using *Yammer* communication tools for employee communication (Erasmus MC, 2014; Radboudumc, 2015). Especially within a healthcare setting where sensitive private health related issues could be shared through social media platforms, serious problems can occur if this information is visible for all to see. Medical information leakage, through social media, can lead to costly lawsuits for hospitals and irreversibly damage medical professionals' reputation (Mock, 2012; Poturalski,

2014). More so, a potential violation of patient privacy cannot only have negative consequences for employees themselves (e.g., suspension, termination, etc.), but also severely affect the legitimacy of a healthcare organisation as it shows irresponsible behaviour through their employees that people are supposed to trust their health to (Vaast & Kaganer, 2013). Consequently, *Amsterdam Medisch Centrum* (AMC) for instance, does not allow employees to use WhatsApp for information exchange, but a special app called *Threema Work*, where if necessary some confidential medical information can be shared safely.¹ It can be argued that there are quite some challenges for healthcare organisations with social media in relation to reputation. Yet there remain several aspects of social media challenges for the healthcare sector specifically about which relatively little is known.

2.3. Social Media: Specific Opportunities within the Healthcare Sector

Overall, it seems that social media offer new possibilities for reputation management. Although negative publicity is often related to reputation risks (Aula & Heinonen, 2016), this does not mean that social media use by organisations is only challenging. There are also a lot of opportunities and advantages for organisations to use social media. To any corporate, social media use brings a few advantages (Arora & Predmore, 2013). The speed of information, the low costs, interactivity and amount of information available to share on social media networks are considered as strengths and advantages of these networks (Laaksonen et al., 2012). Social network websites offer organisations the opportunity to communicate more directly with stakeholders (Veil et al., 2012) and prospective and current customers in an informal way (Arora & Predmore, 2013). Moreover, these online social networks provide the opportunity for stories to go viral and reach a large audience (Rokka et al., 2013; Veil et al., 2012). All these opportunities can result in increased brand loyalty and strengthen reputation.

As was mentioned in the first section, in the last few years hospitals have adapted similar practices to corporates. Healthcare organisations, however, are not selling products like commercial corporations and it is therefore questionable to what extent for instance hospitals can use social media as a marketing tool to promote medical treatments. Still, social media use is said to offer similar advantages to healthcare organisation and even more

¹This information was retrieved from an email sent by the Board of AMC, which I received from an employee of the Amsterdam Medical Centre (AMC) who was aware of my study. The email was sent on the 12th of January 2017, subject: “AMC-app voor uitwisselen vertrouwelijke informatie” [AMC-app for exchanging confidential information].

dynamic opportunities by not ‘selling a product’. Gulden and van der Wurff (2015) stress that for healthcare organisations, social media offer the opportunity to directly communicate with clients, improve internal communication, show medical expertise, connect target groups to each other and bring people together with a similar condition or medical treatment where information can easily be shared. Some Dutch healthcare organisations, such as *Laurens*, an elderly care home organisation in Rotterdam (Timmer, 2015) are using social media to enhance organisational visibility and as a platform for communicating with the broader community and not only prospective patients (Ventola, 2014). According to Leung (2014), hospitals are also able to connect more directly with stakeholders, which include patients, “physicians, and other health professionals” (p. 131). However, little research has been conducted in whether hospitals social media goal is to communicate more directly with stakeholders and who these stakeholders are. Social media therefore offer healthcare organisations to increase their reach and communication between medical staff, general public, patients and among patients and stakeholders.

For medical staff, social media offer the opportunity to share expertise and knowledge (Gulden & van der Wurff, 2015; Steinfield et al., 2009). Different from employees in commercial corporates, medical staff cannot share just any knowledge they would like on social media as they must maintain their Code of Conduct (Gulden & van der Wurff, 2015; Grobler & Dhai, 2016). In America, however, several cases have been recorded where medical students shared confidential information about patients on social media (Grobler & Dhai, 2016). Still, medical expertise can be shared online between medical practitioners, the issue of patient-doctor confidentiality needs to be upheld. The Royal Dutch Medical Association (KNMG) has therefore provided guidelines to doctors on how to respect the privacy of the patient and protect their own reputation on social media.² Even though there are guidelines on how medical practitioners to safeguard patient confidentiality, they can still share medical knowledge and their expertise on social media by means of blogs, special forums and networks specifically for medical practitioners, or by guiding patients to peer-reviewed, good quality medical information websites (Grobler & Dhai, 2016).

Overall, the lack of research of reputation management with public organisation such as hospitals calls for a more in-depth investigation into the healthcare field. Moreover, there

² On the website of The Royal Dutch Medical Association (KNMG) several documents are available with information about social media use for hospitals and medical practitioners (mostly physicians) with guidelines and advice. <https://www.knmg.nl/advies-richtlijnen/dossiers/sociale-media.htm>

appears to be a limited amount of research on social media use from an organisational point of view in relation to reputation management. This study therefore seeks to address this research gap. Additionally, this study aspires to understand what hospitals perceive possible reputation-related risks and including challenges of social media, as these might diverse from the experiences of corporate reputation literature. Finally, little research concentrates on specific opportunities social media use offers hospitals. As hospitals, main purpose is to provide healthcare, but not necessarily sell or ‘market’ this to the general public, there might be distinct opportunities for hospitals in their use of social media, which this study hopes to find. With these objectives in mind, this thesis intends to unravel the previously mentioned research questions dealing with what healthcare institutions consider as opportunities and challenges of social media use (RQ1), social media’s importance for reputation management for this particular sector (RQ2) and how possible reputational risks associated with social media can be mitigated (RQ3).

3. Methods

Given the focus of this study, a qualitative research approach is taken (Dworkin, 2012). To achieve this goal, in-depth interviews with communication experts in several Dutch hospitals were conducted. This chapter will explain more about qualitative research, conducting expert interviews to collect data, the interview design, the sampling technique, and data analysis.

3.1. Qualitative Research Study

Before talking about the qualitative research process, it is necessary to explain what is meant by qualitative research. Qualitative research means “to study things in their natural settings, attempting to make sense of, or to interpret, phenomena in terms of the meanings people bring to them” (Denzin & Lincoln, 2005, p. 3). Data of qualitative research are non-numeric and less structured because the process of data collection is often more flexible and inductive (Guest, MacQueen, & Namey, 2012). By conducting qualitative research, the researcher tries to understand our social world through the in-depth information given by the participants. The data of qualitative research are therefore detailed, manifold and elaborate (Ormston et al., 2013).

As is argued by Guest, MacQueen and Namey (2012), qualitative research is often conducted in an inductive way. This means that assumptions can be derived from the participants in the study and that the first step within the qualitative research study is collecting data from the participants (Guest, MacQueen, & Namey, 2012).

3.2. Sampling Criteria and Procedure

Guided by the purpose of this study, purposive sampling was employed (Bailey, 2007; Tracy, 2013). Purposive sampling is a technique by which the researcher selects participants that correspond to the posed research question and study purposes as well as reach people that adhere to specific traits that are likely to provide the best information for the study (Tracy, 2013). Specifically, elite interviews were conducted with people who are actively involved in social media communications within a hospital and/or communication professionals with in-depth knowledge regarding social media and healthcare organisations. By speaking to people fitting within these criteria, the opportunity arises to gain greater understanding in what communication specialists think about the use of social media, its influence, challenges, and opportunities and how they deal with social media in relation to possible reputation threats. As this means to examine opinions and particular point of views from people’s experiences

and expertise, it is appropriate to collect qualitative data by means of in-depth interviews. In taking a qualitative research approach, the communication experts were able to share their perceptions on the topic of social media, which will provide data to answer the research questions.

The participants of this study were professionals within the communication field working for a hospital that is active on social media or a communication consultant involved in advising healthcare organisations with their social media use and digital reputation management. This meant that the selected hospitals had to use several social media channels, such as Twitter, Facebook, Instagram and YouTube, and that on the hospital's website social media were mentioned. Based on these criteria, possible participants were hunted. Access was gained through connections in the researcher's professional network, acquaintances and by contacting the hospital directly by email, phone or their social media channels. Thus, the sampling method for this study was a combination of purposeful sampling and the snowball effect (Tracy, 2013).

In addition, the snowball sampling method helped me to reach out to more communication experts in hospitals. At the end of each interview, I asked whether the interviewees could recommend at least one additional interviewee. Some of the interviewees suggested other possible participants, who still fit within the criteria set for the study. Given that this study seeks to make an original contribution to reputation literature in an unexplored area, namely that of the healthcare sector, a total of 15 communication experts were interviewed for this study.

3.3. Operationalisation

12 interviews were conducted with 15 professionals between March and first week of May 2017. Each of the interviews lasted approximately 60-90 minutes. All the interviews followed a semi-structured interview guide, which enable the me to ask certain questions in the same way for each interview and still have the freedom to adapt and probe for more information and interpretation. The interview guide focused on discussing different topics within an overarching theme (See Appendix A and B). The interview guide focused on three main themes, which are based on the research questions and on concepts introduced in the literature review. The themes discussed in the interviews were: 1) social media within the overarching communication strategy of the hospital: its importance, relevance, use; 2) social media: the opportunities and challenges, target groups, specific goals; 3) social media and reputation:

how to deal with negative and positive messages that could damage or enhance reputation, both before an incident happens and after an incident could potentially become a crisis, and what is the procedure when a crisis occurs, is there a procedure, is there a policy for social media, what their rationale is behind the policy, how important a social media is considered to be, how they implement these guidelines and whether social media is seen as part of their reputation management. The order of the questions went for general questions regarding the interviewee's current job and job background, to the above mentioned specific themes. The interviewees had the opportunity to add comments that they deemed relevant and send more information that had not come up in the interviews by email to the researcher.

All the interviews were in Dutch because this study focuses on Dutch hospitals and I thought it was best for the participants to speak in their native language to fully understand their point of view and perceptions on the topics. For the findings of this study, I translated the relevant interview sections into English and have, to the best of my abilities, remained faithful to the original meaning.

3.4. Data Collection and Analysis

The participants of this study were selected by purposeful sampling and snowballing. The interviews were scheduled via email and often the meetings were held at the participant's office or in a room at the communication department of the hospital. There was little difficulty in scheduling the interviews, but several approached hospitals were unwilling to participate in this research or did not reply to the emails sent to ask for their contribution to this study. Consequently, two communication professionals (Maaïke Gulden and Irene Mulder) who were not associated with a hospital were also interviewed. These interviews are relevant to this study because Maaïke Gulden wrote a book concerning social media and healthcare organisations in 2015 and is often asked by hospitals for advice concerning social media use. Irene Mulder was also an interesting interviewee given her experience working in different healthcare organisation's communication departments and having a broader outlook on the healthcare sector. When interviewing these two more general communication experts, the interview guide was adapted to more general questions that do not relate to a specific hospital. The three interview themes remained interchangeable.

In total, data for the study included interviews with 15 participants across eight hospitals. To be more specific: one local hospital (Groene Hart Ziekenhuis), three specialised hospitals (Elisabeth Tweesteden, Albert Schweitzer, Maxima Medisch Centrum) and four

academic hospitals (Erasmus MC, UMC Utrecht, Radboud UMC, VU MC Amsterdam). These academic hospitals are commonly identified by the abbreviation of ‘UMC’, which stands for University Medical Center (Universitair Medisch Centrum). Three interviews were done with two participants at the same time as both of the online communication advisors of that hospital wanted to participate in this study for their hospital.³ Considering the content of the conducted interviews, answers of the participants become repetitive and patterns and themes could be discovered. It can therefore be said that rich and meaningful data was collected and that the point of saturation was reached. At the end of this paragraph an overview of the interviewees, hospital they work for and location of the hospital is provided (See Table 1). Unfortunately, not all interviewees provided their age and work experience, therefore this information is not included in the table.

Each interview transcript was then subjected to thematic analysis (Braun & Clarke, 2006), which is a research method that aids in “identifying, analysing and reporting patterns (themes) within the data” (p. 79). This method was chosen to analyse the interview data because thematic analysis is said to provide perceptive answers to specific research questions (Braun & Clarke, 2006).

The first part of the thematic analysis was become familiar with the data by first transcribing, followed by reading and re-reading the data. After this initial stage, initial ideas of possible patterns and initial codes were written down (Braun & Clarke, 2006). After this stage, the data was placed into a Computer Assisted Qualitative Data Analysis tool called *Nvivo*. In this computer software programme, the data was subjected to open coding, which means to divide the data into segments (Braun & Clarke, 2006). After this step, a long list of identified codes emerged which needed to collocate into themes. Within this step, the first themes were identified (Gilbert, 2008). These themes were understood as “recurring patterns, topics, viewpoints” (Bailey, 2007, p. 153). The final step was to do selective coding after which no new codes and concepts should appear. From this final coding phase, the common themes were discovered with core themes and sub-themes identified. The core themes and sub-themes will be discussed and reviewed in relation to the research question and literature in the following chapter.

³ The participants who were interviewed at the same time are indicated in Table 1 with a *

Table 1: Interviewees with their current role, at which hospital or organisation and the location of the hospital in the Netherlands.

	Name	Current role	Hospital/ Organisation	Type of Hospital	Location
1	Mireille Spapens	Head of Marketing and Communication Department	Erasmus MC and Sophia Children's Hospital	Academic	Rotterdam
2	Marieke Huising*	Assistant Mireille Spapens, Twitter manager, finance and staff coordinator	Erasmus MC	Academic	Rotterdam
3	Marieke Tjang-Monterie*	Advisor Online Communications – Web Redaction, Twitter, Corporate Website Manager	Erasmus MC	Academic	Rotterdam
4	Jacqueline Tromp	Brand Manager for 1 year at Erasmus MC (Officially a Freelancer)	Erasmus MC	Academic	Rotterdam
5	Mike Lina*	Advisor Online Marketing and Communication	Het Groene Hart Ziekenhuis	Local	Gouda
6	Jeanet van 't Land*	Advisor Online Marketing and Communication	Het Groene Hart Ziekenhuis	Local	Gouda
7	Egon Compter	Online Marketing Advisor	UMC Utrecht and Wilhelmina Children's Hospital	Academic	Utrecht
8	Cintha van Libergen	Webmaster	Maxima Medisch Centrum	Specialised	Eindhoven
9	José Eggenhuizen	Content manager – Communications Department	Radboud UMC	Academic	Nijmegen
10	Charissa Koenraads*	Communication Advisor	Albert Schweitzer Ziekenhuis	Specialised	Dordrecht
11	Frank van den Elsen*	Communication Advisor and Press Officer	Albert Schweitzer Ziekenhuis	Specialised	Dordrecht
12	Niels Jansen	Online Communication Advisor	VUmc Amsterdam	Academic	Amsterdam
13	Patrick Brok	Online Communication Advisor and Press Officer	Elisabeth-TweeSteden Ziekenhuis (ETZ)	Specialised	Tilburg
14	Maaïke Gulden^	General Social Media Advisor	The Marketing Factory		Breda
15	Irene Mulder^	Owner of IM! Inspiratie voor Management, Communication and project manager Currently at Regio+	Regio+		Rotterdam

* indicates the interview was with these 2 experts at the same time.

^ indicates these were general communication consultants

4. Findings and Interpretation

In this chapter presents the findings of the in-depth interviews and is structured according to the research questions. The thematic analysis resulted in several topics and relating themes. The themes are discussed and illustrated with participant perspectives. Furthermore, the findings are connected, where applicable to literature.

4.1. What do healthcare organisations view as opportunities and challenges of social media?

This research question relates to understanding more about the importance and relevance of social media use by healthcare organisations, in this case hospitals. All interviewees saw many opportunities of social media use for their hospital and for the healthcare sector. None of the interviewees was pessimistic about social media use for hospitals.

4.1.1. Opportunities of Social Media

Several prominent opportunities of social media use from a communication perspective emerged from the interviews.

“Just that approachability is what I find important”: Approachability

All the communication professionals expressed that the ‘low threshold’, the approachability aspect of social media was one of the main opportunities and benefits of social media use for hospitals. Two different expressions of approachability can be distinguished. First, the aspect of approachability from a patient, consumer perspective. It seemed that the approachable aspect was mentioned as a sort of precondition that enabled them to engage with the people or patients: “you can exchange knowledge in an easily accessible manner and also engage in conversation with people” (P7).

Moreover, people were said to be more inclined to ask questions on the hospital’s social media channels because they feel they are being helped quicker than by calling or by emailing the hospital. Similar to how consumers nowadays tend to approach commercial corporates on social media for questions or information, that is what patients do as well. Two communication professionals explained they themselves prefer to approach other corporates through their corporate social media channels with questions than to email or call which will take more time and cost more:

Just more that approachability is what I find important. I notice it myself that if I need to talk to an organisation I use social media because if I email you often get an email back with 'we will answer within two weeks'. So I thought I'd try social media, and then you get an answer almost immediately, which is really nice. Yes, and I think that happens here too. You have to answer as quickly as possible. (P9)

From this perspective the patient, or consumer feels that the hospital is more easily approachable on social media, which was regarded by the communication professionals as a clear advantage of being on social media.

The second expression of approachability facilitates inter-hospital communication. It is necessary for corporate social media channels to express approachability on these channels, in order for social media use to be effective or useful. However, it is not automatically the case that when setting up a social media channel, it expresses this aspect of approachability. For a social media channel to do so, it needs to be used actively by the organisation as all of the interviewees explained. Social media should not be used if the organisation is only going to tweet or post one message every two or three weeks as this will lead to nothing valuable for the organisation in return. Therefore, most of the interviewees indicated that employees or volunteers, need to be aware that the hospital is on social media and that there is a webcare team looking for stories or pictures to post on social media and answer people's question on social media. All interviewees said that medical questions will not be answered, but that some questions might need to be asked to other employees in the hospital. To answer people's questions quickly and adequately, and be approachable on social media, effective inter-hospital communication is fundamental.

Furthermore, by being approachable on social media, it is also easier to show complicated subjects, as often is the case with medical care: "subjects that are often somewhat more complex can be shown on a more accessible level" (P12). Moreover, it can be possible to address taboo topics on social media by offering a platform for people to speak more openly and with a medical expert. For instance, according to participant 14, one doctor did a few consultation hours with women regarding (pre-)menstrual symptoms or complaints. In several places in the Netherlands these special sessions were organised for women attendees, but very few women showed up to these sessions. Then the hospital did a session on Twitter, a sort of Twitter consultation hour, and it was a success:

People said ‘I didn’t dare to ask my question in public, but by reading along with the other questions on Twitter I know the answer to my question’. . . .Behind a computer screen people felt more safe and free, but in such a room people didn’t want to talk about their (pre)menstrual symptoms or complaints but online the women did dare to ask their questions. (P14)

Breaking or helping people with similar health complaints which might be seen as taboo topics, would only be possible and happen when people feel they can approach the hospital on its social media corporate channels.

“Well I would like to tell more stories”: Engagement with Patients and General Public

The second theme of opportunities of social media is that through social media more engagement can be had with current patients, future patients and the general public as well as more engagement for the brand. Similar to the previous theme, engagement is thus multifaceted.

From the interviews, it became clear that the perceived value of entering into discussion with the target group was to establish a closer connection between the hospital and the people who need healthcare. To show a sort of societal and community relevance aspect within the published stories online was also confirmed as important by several other interviewees. This can enhance the relationship between the hospital and the people and lead to a close community online.

When asking more about specific reasons to be active on social media, four respondents clearly stated it was, among other reasons, to influence the image people have or can have of the hospital and more prominently promote distinct characteristics and values of their brand: “But eventually to have engagement on your brand” (P4).

Research has also shown that online communities on social media connected to a brand, often referred to as ‘brand communities’, positively contribute to enhancing brand trust and loyalty (Laroche et al., 2012). Given that brand loyalty closely relates to attitudinal perspectives of consumers (Zheng et al, 2015), it is also relevant to an organisation’s overall reputation. Although engagement with the general public can be regarded as an opportunity in itself, it also presents hospitals the exceptional opportunity to enhance their reputation by enhancing these online communities on social media.

One way to get engagement is through storytelling. The Erasmus MC explained that

they are currently building their social media strategy with one of their main aims to have more discourse on social media with their target groups:

Well I would like to tell more stories and we will post that on all our social channels and then try to generate dialogue with our target group. So it is not only sending out messages, but also entering into discussions with our target groups. (P4)

Although storytelling can be about informing the public of what the hospital does, it is mostly one-way communication. This can be effective to convey a brand message, but whether these stories will generate dialogue or discussion is questionable.

Still, the Albert Schweitzer hospital explained that they view everything that happens in and around the hospital as a story that can be told, but to really provoke interaction with your target audience it is necessary to write about why or what this means to the people of this target audience:

I think what many commercial companies forget is that they are only sending: 'look how beautiful', 'how fantastic'. Instead of 'this is what we do and we do this for you because..., this is the added value..., help us find a solution for...'. (P11)

With one of their stories about a very ill man who wanted to return to Morocco to visit his mother's grave received many comments of what a beautiful story it was and how proud some people were of the hospital's efforts to make that trip possible. Yet real dialogue or discussion did not happen in this case.

Additionally, a negative message can generate a real discussion or generates a lot of responses. Although it might be assumed that negative messages are challenges for the interviewees, ten communication professionals perceived negative messages or complaints received through social media as an opportunity to show the hospital is working on improving it. Thereby the negative message facilitates the opportunity to engage with the online community even more by involving them in resolving problems:

Do you know what: take it on and see if you can make it a point of improvement and if you can do something with it. And [uh] it will help you with your reputation especially if you can respond back with 'many thanks for your tip, you were right and we are

now working on improving this', fantastic opportunity! (P15)

Through more dialogue with the target groups, a close online community can be the result. This result can be regarded as an invaluable asset relating to brand loyalty. Thus, social media offer the opportunity to gain more engagement on a brand and express the brand values more prominently as well as facilitate more interaction with patients and the general public.

“To convey a warm impression of the hospital”: Profiling of ‘Hospital’ Brand

A third considerable opportunity social media use offers hospitals is to profile what they stand for as a hospital. One of the reasons for hospitals to want to profile their brand more on social media is to attract patients: “The reason for profiling, so you are more visible as an organisation is to attract patients” (P11). This is a direct result of the *Wet marktordening gezondheidszorg* in 2006, after which hospitals are nowadays, to some extent, competing for care with each other. It is therefore important that hospitals are aware and want to create awareness amongst the public in which care they provide.

Irene Mulder argues that profiling of the brand is therefore part of the strategic vision that will explain what things you want to show as a hospital on social media. Moreover, for UMC Utrecht, profiling their brand meant to not only show what care they provide, but as an academic hospital also express the research and education values. Given that the research conducted by UMC Utrecht are essential to improving people's lives and that hospitals have a big responsibility within society, hospitals should be profiled as being an integral part of society and the community both offline and online.

Another often recurring attribute that the interviewees said they wanted to convey through social media was: “to convey a warm impression of the hospital in a photo. To show the human dimension of care ... but to show, well yes, this is also the Groene Hart Ziekenhuis” (P6). It might seem logical to want to present the human dimension of a hospital because a hospital is all about human care and human interaction. However, several interviewees explained that on social media they can make a massive organisation which seems impersonal more personal and have the opportunity in humanizing their brands. What the reasons are for this perhaps change in personalising the brand remains somewhat of a mystery. One interviewee explained that hospitals still hold a certain status of authority within society and are recognised by people as such also online. People can therefore feel perhaps less closely connected to the hospital or experience a certain distance when speaking online to

such a big organisation. Whether this status of a hospital explains why hospitals want to profile themselves as personal and humane is questionable.

Furthermore, in all the interviews it was mentioned that social media offers the opportunity to show different aspects of a hospital and that is not “only a cumbersome organisation where all doors are closed and one you can’t come to easily” (P9). Social media can, for instance, communicate the faces behind the brand, of the employees more actively than just having a description of them on their corporate website.

“Our target groups are...”: Reach of Social Media

The final theme that was argued to be a prominent opportunity of social media use is that of reaching target groups and stakeholders better and more directly than was possible before social media existed.

From most of the interviews it became clear that it was expected by hospital management to be where the stakeholders are, so also on social media. With the many social media channels, many people of different target groups and stakeholders can be reached and that reach can be measured. Several interviewees explained that specific target groups can be reached on social media to convey specific information about new treatments. This was previously done through newsletters or patient magazines that were printed and sent to patients. Nowadays these are made digitally and it can be measured how many people read these documents: “if you place an advertisement in such a newspaper [patient magazine or local newspaper] it is difficult to see what the affect was. While if you do this online [publish an advertisement or story] you can easily measure that affect” (P14).

Especially the ability to measure the reach certain message have through social media is decisively different from how hospitals reached people in the past with news, experiences or stories. It was also said by a few interviewees that on social media all sort of news, experiences or studies can be shared with a wide audience, whereas newspapers or television channels will not publish all that the hospitals posts on social media, but only those messages that they (the press) perceive as important or relevant to their audience:

[the press] will not pick up everything [published by the hospital]. [haha, laughing]
You’ll have to be lucky that they [the press] are just as interested in what you are doing as you are and that you are able to influence the press through channels such as Twitter or Facebook [to publish certain stories]. (P15)

Moreover, a few interviewees argued that publishing newsletters and patient magazines is costly and that to save costs many hospitals are now digitalising these publications. However, it is important to keep in mind that traditional media still have a significant contribution to share news from hospitals to the public and that often, as several interviewees mentioned, newspaper social media channels will share posts from the hospital and vice versa.

Commonly mentioned target groups were: patients, prospective patients (elderly or autonomous care consumers), employees and colleagues, new professionals, GPs, communication professionals, press and general public. For academic hospitals researchers, students and other hospitals were also considered as target groups on social media. Through social media all these target groups can be reached because most of the people within these target groups are on one or several social media channels.

Only two interviewees wanted to reach a younger audience, by which they mean children or adolescence. Head of Communications at Erasmus MC and Sophia Children's Hospital, explained that her interest in connecting with children was inspired by speaking to the children's council (a group of children representing the Sophia Children's Hospital who wanted a special children's website of the hospital). She explained that it is important to focus more on the millennials and the social media they use as they are the target audience of the Sophia Children's Hospital. Therefore the Erasmus MC is experimenting with the use of Snapchat: "We now also have our own Snapchat account, with location filter and have already done our first experiment –with the Sophia children as well" (P1).

Whether being on Snapchat and connecting to children will lead to children giving preference to Sophia Children's Hospital over other children's hospitals remains questionable as it will likely be the parents who make that decision. Therefore, the target audience for most of the hospitals are adults and children. Still, also UMC Utrecht is reaching out to a younger audience on Instagram, where the aim is to make them aware of health care and try to awaken their interest for the healthcare sector: "to make the younger community a little more aware of what it means to be healthy. So it has a more preventative aim. ... to make them aware that it is good to stay fit and eat healthy" (P7). Hence, it was a conscious decision for UMC Utrecht to be on Instagram. It was also mentioned by a few interviewees that the adolescences on social media are an important target group for Academic Medical Centres because many will become the future medical students. Therefore, social media such as Instagram and Snapchat can be regarded as useful platforms for reaching out to the younger target audience.

Aside from primary target groups, five interviewees mentioned they also want to reach out to specific stakeholder groups: “Governmental departments, industry federations, employer organisations and similar [uh] if you want to actually expand as a healthcare organisation, achieve something, you’ll need the support of those parties to achieve that” (P15). Other mentioned stakeholders were health insurance companies, journalists, and referring physicians or other referring institutions.

In particular, health insurance companies should be regarded as important stakeholders because they allocate the financial means to great extent for hospitals to provide medical care (Robertson et al., 2014). Although social media offer the opportunity to directly communicate with these different stakeholders, it has yet to be discovered how to measure the value of social media when it comes to maintaining stakeholder relationships (Sedereviciute & Valentini, 2011). A recent study has shown that social media platforms are “an excellent channel to keep stakeholders informed” (Rivera-Arrubla & Zorio-Grima, 2016, p. 1164). Therefore, aside from reaching primary stakeholders like employees and consumers, secondary stakeholders can be kept up to speed with relevant information about the hospitals (Gulden & van der Wurff, 2015; Sedereviciute & Valentini, 2011), even though this last group of stakeholders was not seen as the priority group to reach on social media by most of the communication professionals.

These findings suggest that there are four main opportunities of social media use by hospitals: approachability, engagement with people, profiling of the brand, and reaching target groups and stakeholders more easily and directly than before social media. All these opportunities are connected to reputation because they revolve around influencing the perception of people. By engaging with the people reachable on social media more directly in an approachable manner, the image people might have of the hospital can be affected positively. Therefore, these opportunities can lead to enhancing the reputation of the hospital.

4.1.2. Challenges of Social Media

Alongside opportunities, several challenges of social media use by hospitals were named. Although opportunities and challenges are often regarded as contrary aspects, they cannot be seen as exclusive of one another. Often there are tensions between opportunities and challenges. Hence, all of the challenges closely relate to the opportunities mentioned above.

“It can sometimes be a struggle”: Responding to Online Feedback

As mentioned above, being approachable on social media and wanting interaction and engagement with the users on social media brings the responsibility of the communication professionals to reply to the feedback and questions posed on social media about their hospital. All eight hospitals were using Facebook, Twitter, Instagram, and YouTube. Although engagement was said to be opportunities of social media use by hospitals, four interviewees perceived it also as a challenge to deal with giving feedback on several social media channels. The real challenge, the interviewees explained, was in how to answer or react to feedback given on the social media channels. None of the communication professionals are authorized to answer medical questions posed on social media:

I even find it a challenge to just point people in the right direction. ... I always feel responsible when I get those sort of messages, and think ‘oh no, it is my job to ensure this person will hear something from us. (P9)

Given that the feedback and questions on social media vary in nature, the challenge lies in understanding the sentiment behind the message to reply to the message correctly and without this leading to particular consequences:

It is all really customised. So it is important to not always react impulsively, yes think for more than 3 seconds. ... but you have to realise the consequences of that message, you know. And what sort of language you will use and how you would interpret that sentence. (P13)

Furthermore, negative feedback and negative reviews were considered as being challenging to a certain extent. Six out of eight hospitals had a social media policy in which they had certain steps written down in understanding what sort of negative message and which steps to take in replying to such a message. For instance, the Maxima Medisch Centrum had a flowchart for how to reply to negative messages and also expressed that to them, a negative message or review was considered as reputation damage because “people always believe the patient” (P8). Contrary to other communication specialists, negative messages and reviews were seen as challenging in how to reply for the issue to not grow out of hand to a possible crisis, but not seen as reputation damage itself.

Another concern mentioned by five interviewees related a more general development on social media is that people are more empowered and will say things more crudely on social media. The negative sentiment that is then conveyed online can be perceived by some people as the truth of a situation, instead of one side of the story. These sorts of messages were perceived as a challenge because that sort of feedback from the general public or former patients come in unexpected and not be truthful to reality:

Well, it's something that concerns me more, and it seems to get worse. Not only with us, but in a broad sense and social media contributes to it also because everyone, yes you can just hurl a lot of things very easily into the world. I can't do anything about that, but I do wonder if that is a good thing? All those 'klokkenluiders' [someone who publishes something that might damage the reputation of the organisation] ... sometimes you're happy with them as it can bring about improvement. On the other hand, the sentiment that is conveyed is rather simplistic. (P7)

Still, none of the interviewees were afraid of negative messages on social media as these are people's opinions and everyone is entitled to having an opinion. The main challenge for communication professionals remains in how to deal with negative messages or reviews that can potentially form a risk to the good reputation of the hospital. Even so, wanting and viewing engagement with people on social media as an opportunity, but also finding the appropriate and best way to deal with certain, more negative, engagement online a challenge, illustrates that for communication professionals it is essential to find a balance within the engagement they seek with the public.

“There is a lot of personal information”: The Issue of Privacy and Use Social Media

A second recurring theme which was regarded as a challenge of social media use by hospitals was the issue of privacy. This challenge can be seen as being in tension to being approachable as a hospital, which was said to be an opportunity of using social media. Given that some of the topics regarding a disease are often personal and private to the patient, making it difficult to respond to patients who online share their story, and maintain the role of being easily approachable as well as wanting that knowledge sharing online. Whether to respond at all to these stories remains a question, but if the hospital responds, two communication professionals expressed that this is then a balancing act between being emphatic and

professional at the same time:

I think what is difficult is privacy, because you cannot just communicate, or tell everything and you cannot just participate in the conversation on social [media] because there is a lot of personal information. Yes, you are dealing with a disease of a patient. The patient doesn't want everything out in the open, but you do want to be empathetic and not too professional and bleak. So you'll have to find a middle ground. (P3)

Moreover, under law, the professional secrecy and privilege of non-disclosure for physicians prevail over sharing information through online media. This means that if a physician exchanges and publishes information online confidentially entrusted upon him or her by the patient without the patient consent, the physician can be held liable (KNMG, 2011). Even though the interviewees were not physicians, they explained that they cannot share everything on social media to safeguard a patient's privacy: "We are not allowed to do this ourselves either. We can only film if we have written consent from the patients" (P7). To safeguard the privacy of patients, seven of the eight hospitals have a social media policy with some rules in place. In UMC Utrecht, patients or visitors of the hospital that make a video without respecting the privacy of other patients can be addressed by hospital security, but with the ease of using a mobile phone to film this has become increasingly more difficult to control.

In addition, the recent trend of making selfies was mentioned by the Albert Schweitzer and Maxima Medisch Centrum as being a slight risk of patient privacy violation. Although the Albert Schweitzer explained that they do not prohibit the act of taking selfies, which the Amphia Hospitals in Breda does have (Ouhajji, 2014), they did have an online campaign in which they explained: "We welcome selfies, but please pay attention to the following rules: privacy of others, privacy of employees and don't disrupt your medical treatment" (P11).

In the last couple of years, photography has taken on an immense and unprecedented role on social media (Miller et al., 2016). Consequently, more than half of all photos made today are so called 'social media photography' and short videos posted on social media channels like YouTube and WhatsApp are also rapidly increasing (Miller et al., 2016). This expansion of visual photographs and videos together with the ease of taking out a mobile phone to produce film and photos and with another click post these on social media channels, will likely have implications for the privacy of patients in the near future.

“To constantly renew and improve”: Innovation within Constraints

A third theme that was perceived as challenging relates mostly to how using social media innovatively while dealing with specific constraints. Given that social media channels change in popularity and use, seven communication professionals explained they sometimes struggle in understanding a new popular social media channel’s use for their organisation or a new application on an existing social media channel. For instance, the Groene Hart Ziekenhuis mentioned they have recently started to use the Facebook Live function and are testing whether it is of relevance to their target audience. Using a new technological feature of the social media was said to be both an opportunity for perhaps more engagement with social media users, but they also said that “there are certain risks involved because you are ‘live’” (P6). Therefore, using this new feature was also seen as being challenging and having an unpredictable outcome. Maxima Medisch Centrum and Erasmus MC are both experimenting with the use of Snapchat, but how this social media can be used in a relevant manner for their hospital remains somewhat of a challenge. Hence, hospitals can be on social media, but they are dependent on the features of the social media and technology behind it to make it work effectively for their purposes.

Additionally, the speed of which information is shared demands of the communication professional to produce content quickly, which was perceived by five interviewees as a struggle from time to time. Part of this challenge is that in retaining content for social media several intermediate experts might have to be approached and that a direct link to the source or physical or nurse is not available yet. Particularly for the academic hospitals, where research, education, and patient care are three main topics of content, it can be a race against time as “social media forces you to work quicker” (P7).

According to three interviewees, bringing new and relevant content, to be innovative, on social media is perceived as a challenge:

I don’t think hospitals are particular organisations that are on the frontline when it comes to innovation, well with medical innovation they are of course. But when it comes to communication and social media they are not necessarily and we always are a little behind the curve even if you have a different target group, you still need to keep renewing. We don’t want to be doing the same thing we did two years ago, and want to keep things exciting. (P12)

Part of this challenge relates to not working on social media fulltime and having limited budgets. Five of the communication professionals were working fulltime on social media, but most of the communication professional have several other tasks aside from social media. Thus, innovating in terms of new content, new social media applications and the timespan in which this is wanted, will probably remain a challenge within constraints of budgets and people working on social media use by hospitals. The findings to the research question confirm the close association between opportunities and challenges and how they often contradict or are part of a balancing act for the communication professionals.

4.2. How do healthcare organisations perceive the importance of social media for reputation in the healthcare sector?

The themes related to this research question explain the perceived role of social media within the broader communication strategy and as part of reputation management according to the communication professionals.

“It is a part of your reputation strategy”: Importance of Social Media for Reputation

When it comes to reputation management and role of social media in this, various perspectives were offered by the interviewees. Two respondents found it difficult to relate social media use to reputation, but did indicate the importance of monitoring social media and checking what is being said about their hospital. Seven communication professionals argued that social media are a major supportive channel in maintaining and safeguarding the hospital’s reputation: “Well, I think it is a part of your reputation strategy. And you will have to see what is being said and done there” (P15). However, whether social media use can enhance reputation was doubted by two interviewees because reputation depends on the overall perception of the hospital.

As previously mentioned, an important opportunity of social media was to profile the hospital brand. Most of the communication professionals argued that the marketing and communication department is to great extent responsible for the brand of the hospital in communicating the brand values and vision through several communication channels like social media and the press. Therefore, social media platforms are a part of the overall available channels that can be used to convey the brand message. The advantage of social media for reputation management is that it both offers the opportunity to show what the hospital stands for in different ways, and that the reputation of the hospital can be safeguarded

by monitoring what is being said and anticipating possible reputational risks:

As marketing and communication you need to on the one hand guard your brand and that is mostly [uh] issue management. Reputation management mostly consists of showing what you are good at. ... On the other hand, through a lot of posts [online] we show what we excel in, which area of healthcare is our specialty, and innovation and then you hope that balance pays off into more valuation growth for us as 'UMC Utrecht'. (P7)

Hospitals are trying to open their doors by showing different sides to care giving and offering several online channels for direct communication with people. At the same time, hospitals are defining their branding strategies more clearly and communicate through both traditional and mostly through social media what they stand for as a healthcare organisations. Although there is no direct competition between hospitals, but most hospitals have their own specialised care and a vision statement reflecting what sort of care they hope to give to people. Thus, marketing efforts are becoming increasingly more important for hospitals as well as integrating social media communications within the boarder communications and marketing endeavours. All eight hospitals reported that they were either fully engaged on social media or developing comprehensive strategies for social media use, which is regarded as a requirement for managing reputation within the current digital landscape (Veil, Petrun, & Roberts, 2012). Hence, it can be said that social media was perceived are relevant and important for reputation for monitoring and branding purposes.

However, for social media to be used effectively and contribute to reputation management in both monitoring and sharing the brand message, the organisation that will use social media needs to internally be ready:

There is no use in enhancing your reputation and being fun on social media. If someone asks a question and you respond immediately and very funnily within a minute. While when people call the hospital and they get transferred through 10 times, or 'barked at' on the phone, or I write an email and it takes weeks before I receive an answer. ... It needs to match. So great if the communication department wants to build on their reputation on social media, but they will first needs to see if the organisation is internally ready for that. (P14)

Consequently, social media use should be in accordance to the service and care given by hospital as a whole. If this does not match, social media will not add or enhance the reputation, but will rather present a disjointed image of the hospital.

“This escalated on social media”: Conditions under which Reputation may be Compromised

It is necessary to establish whether there have been incidents on social media for hospitals and whether the interviewees perceive the reputation of their hospital to be compromised by using social media.

When asking if reputation damaging incidents on social media had occurred, several examples were given by seven communication professionals that they regarded as reputation damage. Even though reputation damage is not the same as reputation risk, these examples and their implications, can occur in the future and therefore similar events should be associated as being a risk to the hospital’s reputation.

Whether reputation is really at risk is dependent what sort of issue is discussed in the message and how potential risky message are responded to. For instance, management related problems of the hospital that are discussed or commented on, on social media, are perceived as risky to causing harm the reputation of the hospital because these messages are less relevant to people as it is not directly about the care they were given. A few years ago, *Zembla* a Dutch documentary program, heavily criticized the directors and managers of UMC Utrecht and uncovered several medical malpractice cases. This documentary triggered a crisis and that was partly due to the way in which UMC Utrecht responded to these accusations. As a result, UMC Utrecht’s reputation was damaged, but Egon Compter explained that on social media people were shocked, but he had expected worse. He says that perhaps because this issue is not directly connected to care giving, executive related issues are less damaging to the reputation of the hospital because a hospital’s main characteristic is to provide good care:

How is your organisation governed and managed? That is not directly related to the patient. But a few months ago we had an IVF-disaster, which is way worse for your image, because it resulted in a very big group of patients who became victims. They didn’t know whether they would have a child from the man they thought they would. Yes, that is a lot worse. That is directly related to care giving. But that managerial issue and the ‘fear culture’ we are now in, you know when I ask around in my

environment nobody knows this [Zembla documentary on bad management of the hospital]. Yes, because it was on the national news again, but [uh] that won't influence the decision too much when people are thinking of coming to UMC Utrecht for medical treatment. (P7)

This was an example relating to medical malpractice, which was perceived as leading to reputation damage, but another example was mentioned where a patient posted a picture on Twitter, which was perceived as reputation damage:

Like a lot of dust on the light cover [above the patient's head when they woke up from surgery]. So that patient took a picture of that and that was really horrible of course. This escalated on social media ... that really was reputation damage for the organisation. ... Yes 'is it a clean place?' that is essential for a hospital, hygiene. So that is then a reputation thing. (P2 & P3)

Although seven communication professionals gave examples of issues that were perceived as reputation damage, but four communication professionals believe that a complaint or certain message on social media can escalate and have some impact, but whether it really is reputation damage is hard to say: "Reputation damage is a big word, but I don't think that a complaint counts as reputation damage per se because you can still turn that complaint into something positive" (P12). Similar to what Niels Jansen here explains, several other interviewees also argued that a complaint can be turned into a positive perception of the hospital by responding quickly, with empathy and sometimes by resolving the issue the person is complaining about. It was also said by two interviewees that by complimenting the person of the complaint on indicating the issue and by admitting a mistake or misunderstanding, the person with the complaint can still be having a more positive perception of the hospital.

Moreover, one of the interviewees did believe that reputation damage can occur through social media, but that on social media messages change quickly that people can forget or focus on something else more quickly too:

... it is fleeting, so on that day and maybe the next two days it might be hot topic. And afterwards it might still simmer a little, but if there is something positive the next day,

you'll be viewed positively in the news. That is something to keep in mind: that [social media] are fleeting, tomorrow people might all forget it again, as it were. (P13)

With most of the communication professionals mentioning examples perceived as reputation damage, it can be assumed that there might be some fear of reputation damage through social media use. However, this is not the case.

All the interviewees were very positive about social media and that only on rare occasion these sort of negative incidents on social media occur. A negative complaint was, by most of the interviewees, not seen as a bad, but a positive thing as complaints can lead to improvements and provide valuable insights into the care given. This idea is further supported by a recent study on how patient experiences shared on social media can be used to gain a greater understanding into the quality of care given by the hospital (Verhoef et al., 2014). These insights from social media are nowadays essential because traditional methods for feedback on healthcare quality have limitations, which social media, comparatively, can overcome (Verhoef et al., 2014). Similar to well-known rating sites, stars can be given on Facebook to the hospitals, thereby rating the quality of care given at the hospital, which leads to “crowd validation of patient experience” (Cambria et al., 2010, p. 2), this to great extent determines the online reputation of an organisation.

Although studies into rating through social media are recent and still developing, the experiences shared on social media are already argued to be important indicators as it “allows stakeholders, including consumers, health insurers and governmental organizations such as health care inspectorates, to compare care providers and choose between them” (Verhoef et al., 2014, p. 2). To what extent these ratings and experiences influence people's discussions to choose a particular hospital remains difficult to measure, but that discussions and sharing experiences on social media can have a certain impact seems a legitimate concern.

In fact, in 2011, the Taiwan Minister of Health took serious actions to improve emergency-room overcrowding after years of neglecting the issue because an emergency physician created a group on Facebook calling for action and feedback by the people (Abdul et al., 2011). All of the 3745 comments and 455 post and ‘likes’ on these Facebook posts from this group were posted on the Taiwanese Minister of Health public Facebook page, after which the amount of people joining the discussion grew with the hour (Abdul et al., 2011). This resulted in actions of investigation though surprise visits to ten different emergency rooms followed by a press release for reforms (Abdul et al., 2011). With this example in

mind, it can be said that social media channels like Facebook provide patients with a platform where the quality of healthcare can be discussed with more transparency and can lead to healthcare reforms.

Moreover, the possibility that an item online will “lead its own life” (P7), which could result in damaging the reputation of the hospital will always exist and it is therefore important to monitor and remain thoughtful in using social media by hospitals to minimize this risk.

4.3. How do healthcare organisations mitigate reputational risks associated with social media use?

After discussing the conditions under which reputation might be compromised it is essential to understand how the communication professional mitigates potential reputation risks associated with social media.

4.3.1. Mitigate by Monitoring

Monitoring social media use was considered as a necessity to mitigate potential reputation risks. There are two mechanisms for monitoring social media, namely having a governance mechanism in place in the form of a social media policy and a focus on the role of employees in their social media use as reputation advocates or possible adversaries. The main issue in monitoring social media use by employees is finding a balance between seeing employees as brand ambassadors and reputation advocates and distrusting employees in their use of social media, which makes them adversaries of the hospital’s positive reputation.

To monitor the social media channels the hospitals use specific dashboard programs. Six of the eight hospitals use a monitoring tool called ‘OBI4wan’ and the two other hospitals use ‘Coosto’.⁴ Both monitoring tools are well-known and often recommended by marketing companies as tools to use to monitor social media activity (Hoekstra, 2016).

“easily check the sentiment”: Anticipate Reputation Risk

The main reasons to monitor was to anticipate possible risks for the hospital’s reputation and to answer questions posed on the social media channels. Questions were mostly asked on Facebook and Twitter or, in the case of Maxima Medisch Centrum and Albert Schweitzer on Whatsapp too. By monitoring what is being said on social media the organisation can

⁴ To find more information about these monitoring tool: <https://www.obi4wan.com/nl/> and <https://www.coosto.com/nl/over-coosto>

proactively “identify and mitigate possible reputation threats” (Veil et al., 2012, p. 320). For the majority of the interviewees monitoring was said to be the most important part of mitigating reputation risk: “Well, I think it is mostly monitoring well. That you can keep a close watch on possible ‘fires’ that need to be put out. That is just the most important thing” (P3).

Part of anticipating these possible reputation threats is to understand the sentiment people have about certain issues of topics through social media and act accordingly: “you can easily check the sentiment on social media. ... So you quickly get insights into what’s going on ... [you can] address things well by providing particular information” (P7). Moreover, by understanding the sentiment of a message which could potentially become a crisis, the nature of this issue can be determined more easily which is vital in managing an issue before it could escalate into a crisis (Coombs, 2007; Veil, Petrun, & Roberts, 2012).

Alongside understanding the sentiment, monitoring the social media channels gives more insights into how well a message is perceived by the target groups and help to understand more about the audience. Based on this information so-called ‘persona’s’ can be established for the social media strategy or existing personas can be improved to enhance the interaction of social media:

By measuring and analysing, at a certain moment you will see a sort of pattern which you can then use to adapt your strategy. ... In Google Analytics you can retrieve a lot of information. Not like age ranges, but country of origin and languages and that can be really interesting for the new website ... [for example], that the target group is pretty big and if you know they speak several different languages it could be useful to do something about that. (P3)

In addition to monitoring the general public on what is being said about the hospital, social media use internally is also monitored by all eight hospitals. Particularly the UMC’s mentioned that several departments have their own Facebook or Twitter account and therefore social media use is to some extent managed decentralised. The benefit of monitoring social media from an internal perspective is that bad behaviour on social media by employees can be seen and responded to accordingly. Given that most employees are aware that the social media channels of the hospital are being monitored is an incentive for them to behave in accordance to the guidelines set for social media use:

I notice that because we approach colleagues that say something nice on social media or ask if we can share that message, that they know we are watching them too. That fact alone, I think, already ensures that people will not act really weirdly. (P7)

Thus, monitoring enables the hospital to respond proactively to what is being said about the hospital and gaining more insight into the sentiment behind possible issues and prevent these issues from escalating into a crisis that can harm the reputation of the hospital.

Another approach aside from monitoring to mitigate reputation risk is by having a social media policy with guidelines in how to use social media and behavioural guidelines for employees. All eight hospitals have a social media policy. However, there are several differences between these policies in terms of their content and detail. Five of the eight social media policy contain specific regulations concerning the use of social media for the hospital, guidelines for employees and an explanation of the strategy for social media use for the hospital. It was deemed important by most of the interviewees to have a comprehensive policy because it is necessary for a serious and big organisation and that uncertainty regarding privacy can be answered:

I think it would be a risk if you didn't have a social media policy because you have nothing to fall back on and mostly so you know what you are doing. And that you have reasons for why you do certain things or don't do certain things ... and definitely for a serious organisation like a hospital. (P12)

These findings seem to be consistent with other research which found that to mitigate reputation risk one way of governance was to have a social media policy give (Aula & Heinonen, 2016; Gulden & van der Wurff, 2015; Vaast & Kaganer, 2013). Another way of governance is that of employee training or, and perhaps as well to implicitly trust employees they will do no harm on social media.

4.3.2. Employees Involvement in Social Media Use: Advocates or Adversaries?

For any organisation employees are seen as major actors in communicating and showing an organisation's values and thereby assist in building corporate reputation (Rokka et al., 2013). From the interviews, employee involvement in social media use by the hospitals showed that

employees can either be considered as reputation advocates or as possible adversaries.

“the business cards of the hospital”: Brand Ambassadors

All interviewees agreed that the employees of the hospital can be regarded as ‘brand ambassadors’ and therefore as reputation advocates. Employees should be involved in the social media use of the hospital, but on a few conditions. First, the main focus of the employees should be on providing good care and social media use by employees cannot distract from this. This means that employees should be given the choice to participate and not be forced to use social media as a professional. Second, as employees are “the biggest ambassadors you can have” (P15) of the organisation’s brand, that all employees should be aware of what the organisation stands for. Although it was perceived by six of the communication professionals as a challenge to generate this ‘brand awareness’: “Yeah, but it is difficult to get 6,500 people pulling in the same direction” (P13). This condition is closely linked to the second theme, namely that of trusting the employees in using social media.

“Hope everyone uses their common sense”: Trust Employees

As discussed in a previous chapter, employees were regarded as being brand ambassadors, but could at the same time become “brand saboteurs” (Rokka et al., 2013, p. 805). In order to prevent employees from expressing negative behaviour that can potentially harm the corporate image on social media, organisations can establish guidelines and policies for preferred employee behaviour (Culnan et al., 2010; Kaplan & Haenlein, 2010; Rokka et al., 2013).

In line with this suggestion, all of the eight hospitals mentioned had guidelines for employees on what was expected in terms of behaviour on social media from an organisational perspective. For some hospitals, these guidelines are considered to be necessary as they experienced negativity on social media by employees: “Coincidentally we have had to deal with employees grumbling about the organisation on Twitter a few times now” (P9). The reason it was perceived as bad for the hospital was because negative voices by the employees present a negative internal perspective of the hospital, which raise doubts on the positive reputation of the hospital and make the employees reputation adversaries. Every user on social media can see these negative messages from employees. This means that the perceptions and image of the hospital in the minds of stakeholders, patients and general public can be influenced and cause negative prejudices about the hospital.

Yet the extent of guidelines given by the hospitals varies greatly. Nine communication professionals often referred to trusting the employees to use ‘common sense’ when posting something on social media. However, three communication specialists were skeptical and questioned what is common sense in using social media. Therefore, they explained what this means in their social media guidelines: “It is mostly not about prohibiting people, but more to encourage people to use their common sense. And then we explain what that ‘common sense’ on social media means and how to use it” (P12).

Contrary to these three, one hospital uses a simple ‘tile’ with four lines regarding their social media policy and guidelines for employees and these two communication professionals believe that providing too many guidelines will lead to more harm and distrust in employees especially because it will stop employees from thinking about issues themselves: “if you set out too many rules for everything that could go wrong, people will stop thinking on their own and they will only follow these rules. And I want you to think about the things you do yourself” (P11). This attitude of not wanting to restrict employees too much by guidelines corresponds to the literature study and points to the conflict of trusting employees to behave correctly according to organisational values and distrusting employees resulting in setting guidelines that might be too restrictive (Rokka et al., 2013). As Elisabeth Tweesteden’s communication professional explains: “you can’t control it all, you can only educate them a little and hope everyone uses their common sense” (P13). The interviewees indicated that by means of workshops and lectures is employee awareness increased of these guidelines, as well as informing new employees about these guidelines in their first meeting day.

However, three hospitals had different opinions about a social media policy and the importance of it. Both the Radboud UMC and ETZ have behavioural guidelines, but no up-to-date social media policy with a strategy on paper and Albert Schweitzer can be regarded as an exception when it comes to a social media strategy and policy. They were required to once, a few years ago, write a few guidelines on paper which ended as one A4 paper, which is no longer applicable to the current use of social media. Aside from this they have a tile on which they have behavioural guidelines for employees and social media use. Their philosophy to not having a strategy on paper or clear policy is closely related to the unpredictability of social media: “but so many things happen here. So nine out of ten times you can’t even imagine them. ... So on the spot you will have to think of how to respond and manage it, who to contact” (P10).

They also believe that having a policy can work counter productively when a possible

issue occurs because the policy explains who to call, and that person might have to, according to protocol, call several other people before a response on social media can be given. By that time, the message on social media might have already gone viral, making it a lot more difficult to manage. Therefore, the Albert Schweitzer communication professionals discuss amongst themselves how to deal with a possible issue occurring on social media and feel confident that they can handle a possible issue before it becomes a crisis or contact the appropriate person to help without having to go through several steps first.

Interestingly, five interviewees mentioned they had a crisis communications script and had to do a workshop each year in which social media use plays a prominent role. A crisis situation can be a bomb explosion in the city or terrorist attack. The role of the communication professional will then change to ‘watchdog’ on social media, and keeping people up to speed with information or referring people to the latest information on the corporate website. When a real crisis occurs, social media play an important role in keeping people informed of what the status of the hospital is, which was the case for VUmc Amsterdam when they had a flood in 2015 (“Grote problemen bij,” 2015). The corporate website got overloaded after which Twitter messages with updates were regularly posted. In the end, 77 messages were sent on Twitter to inform people and around 413,773 people were reached through 13 messages about the crisis (VUmc Amsterdam, 2015), bestowing a vital purpose and function for social media use for the hospital in this crisis situation.

4.4. Maturity of Social Media in Healthcare Sector

Having answered all the research questions, one more relevant finding needs to be discussed, namely that of the maturity of social media use by the eight hospitals. When it comes to the maturity of using social media by hospital, the interviewees were asked to compare their social media use to that of commercial companies. Eleven out of fifteen interviewees explained that compared to commercial companies and their use of social media, hospitals are a little behind in using social media effectively, in particular when it comes to using social media for marketing: “The hospital is a bit behind in what you can do with social media, when it comes to marketing. But they recognise this because there never used to be a need, but now with the increased exposure to market forces they need to adapt” (P10).

In addition, three interviewees argued that compared to commercial companies, their hospital’s social media use is not integrated completely, which it should be as this is nowadays a vital part of doing business. This meant that often news would be published by

the press, but posting this on social media was forgotten or happened at the very last minute. These three interviewees explained that they did not have a fully up-to-date social media calendar and strategic thinking about setting up a social media campaign to promote an event or to think more about the target group is underdeveloped:

Within my frame of reference and I don't mean that negatively, but they are quite underdeveloped and behind when it comes to using social [media], [caused] by CEOs mostly. [They are behind] in dialogue, in target group thinking, but that is why they hired me and they admit that as an organisation they need to do more with it. (P1)

However, most of the hospitals did mention they have a social media calendar, social media policy and thought their social media use is becoming more and more integrated within the organisation. Moreover, several of the hospitals explained that their CEOs in the last few years increasingly want to make more use of social media and that social media use is taken more seriously by the hospital employees. Although social media use seems to be integrated for many of the hospitals, there is still a lot to learn from how commercial companies use social media effectively:

They make a beautiful experience around it. So we can learn from them, but what they don't have and we do: we have super relevant content and interesting knowledge to share. We only have to improve the way in which we present this so it is attractive and relevant and the communication and marketing department plays a very important part with that. (P7)

Thus, social media use by hospitals appears to have matured over the last few years by being more integrated with a social media calendar and social media policy, but that when it comes to strategic thinking and presentation of information on social media a lot can be learned from the commercial companies.

5. Conclusion

This thesis offered an exploratory empirical study in social-mediated reputation management in the healthcare sector with a specific focus on hospitals. This study set out to answer the research question: *how do healthcare organisations perceive the importance of social media for reputation in the healthcare sector?* The findings of this study suggest that social media were perceived as important for reputation by the eight participating hospitals.

Moreover, social media were perceived as a useful and effective parts of the overall communications of the hospital when it comes to reputation management. Social media were mostly useful for ensuring people were heard, reaching many target groups and stakeholders more directly, expressing the brand values, and for monitoring possible reputation threats.

However, when comparing the maturity of social media use by hospitals to that of commercial companies, hospitals are behind in using social media for more strategic purposes. Some hospitals considered social media to be just another channel for communication and therefore only taking on a small role within the broader scope of reputational perception. Nonetheless, most of the interviewees revealed that social media use and its importance for the hospital will only increase as the younger generations receive information and base most of their perceptions on experiences through social media.

In particular when thinking of reputation threats, social media were seen as important channels because sentiments and negative messages could be tracked and responded to accordingly. This study confirmed the existing suggestions presented in academic literature in mitigating reputational threats. All eight hospitals of this study are using dashboard programs to monitor what is being said on social media and are using these dashboard programs to gain a better understanding of the consumers, or patients (e.g., Arora & Predmore, 2013; Rokka et al., 2014). For example, personas are created to improve the communication strategy used on social media and to be more competent in managing certain issues.

Major opportunities of social media use by hospitals were explained as approachability, direct engagement and reaching target groups. These opportunities align with those specified for corporates that are said to enhance the reputation of the organisation and create more brand loyalty amongst the target groups and users of social media (e.g., Arora & Predmore, 2013; Veil et al., 2013). Contrary to what Leung (2014) argued, the hospitals participating in this study did not perceive patients as stakeholders, but as a general target group. The findings of this study show governmental or industry related institutions, healthcare insurance companies or journalists and physicians that might refer patients to the

hospital as stakeholder groups that might be reached on social media.

Furthermore, the present study pointed out that the main objective of using social media was not to specifically reach these stakeholder groups, but conforming to what Gulden and van der Wurff (2015) argue, to directly reach and communicate with target groups such as patients, employees and prospective employees, communication professionals and the general public. Thus, it can be concluded from this study that for hospitals communicating more directly with stakeholders is not a primary goal of using social media.

Another significant finding emerged from this study, namely that through social media, hospitals are seeking to change the relationship between the institute 'hospital' and the patient as well as with the general public. Although at the heart of society, hospitals were, and perhaps still are, seen as huge institutions maintaining a certain authority within society, which has placed hospitals at a distance from the public. As several interviewees explained, through social media the people can approach the hospital more easily and criticize the hospital's services more directly. Most of the hospitals in this study welcomed both positive and negative feedback given on social media and saw negative feedback as an opportunity to combine efforts to improve the hospital's services and strengthen its reputation between healthcare professionals, communication professionals and the general public. Thus, social media use by hospitals can be interpreted as generating a closer connection to the general community in which problems can be discussed and assumptions challenged more openly, going beyond selling products or services.

In accordance to what Treem & Leonardi (2012) argue, the interviewees of this study also believe that social media offer users to see information that was previously not possible. Participants explained that through social media they can show a different side of a hospital than just a place where sick people are being treated. To them, social media afford the hospital to humanise their brand. It can be said that this rationale of profiling the hospital brand highlights the multiple identities a hospital can have, as Waeraas and Byrkjeflot (2012) proposed. Interestingly, however, Waeraas and Maor (2015) argued that this might be why it is difficult for a hospital to even establish their identity that form the organisation's brand.

Still, all hospitals of this study have a brand vision document and appear to have a clear idea of their brand identity. Therefore, the findings of this study seem to contradict that hospitals are experiencing difficulties in establishing their identity, even if that is supposedly composed out of several identities.

Furthermore, the interviewees mentioned that employees are great ambassadors on

social media to convey this brand identity and thereby enhance the brand image of the hospital (e.g., Leonardi & Vaast, 2010; Rokka, Karlsson, & Tienaria, 2013). Interestingly, the findings show that six communication professionals doubted whether all employees of a hospital, often having several thousand employees, can carry out the brand image and values set out by management. As a precondition to involve employees in social media use by the hospital, the interviewees argued that it is essential that all employees are aware of the brand identity of the hospital. Yet to determine to what extent employees identify with and truly carry out the brand identity remains difficult, similarly argued by Rokka, Karlsson and Tienaria (2013).

Although employees were regarded mostly as brand ambassadors, all eight hospitals did have a social media policy with guidelines for employees on how to behave on social media in line with the hospital's identity. These guidelines were said to be necessary because employees cannot be fully trusted when it comes to using social media responsibly due to past negative experiences. As proposed by Culnan et al. (2012), Kaplan and Haenlein (2010), Rokka et al. (2013) and Vaast & Kaganer (2013) organisations can establish guidelines and policies for preferred employee behaviour. These guidelines are supposed to provide boundaries in which employees can use social media appropriately from an organisational point of view. Yet several interviewees from this study questioned whether all employees were aware of these guidelines, and had serious doubts whether a social media policy is really such an important governance device (e.g., Aula & Heinonen, 2016; Gulden & van der Wurff, 2015, Rokka et al., 2013).

One hospital, for example, argued that a social media policy can be counter effective because the procedure prescribed in the policy can take up too much time in dealing with an issue on social media that requires a quick response or action. Additionally, a social media policy might not include a protocol for the issue at all because not everything can be predicted that can happen on social media. Thus, it can be argued that the importance scholars attach to organisations having a social media policy was not experienced by all the interviewees in this study.

The fact that unexpected situations might occur, was acknowledged by Lin et al. (2016), but they argued that it is necessary for public organisations to pay special attention to various and abrupt situations in their social media policies. Understandably, in theory, it would be best to have a social media policy in which all kind of situations and how to deal with them are stated. Yet in practice, this appears to be an impossible request.

While contradicting views about the relevance of a social media policy and awareness about the guidelines in the policy amongst employees remain, all hospitals of this study have some form of a social media policy or guidelines for employees in their use of social media on a professional level. Moreover, new employees are informed about the social media policy of the hospital, thereby underlining the intended controlling role a social media policy is supposed to have. Hence, most of the hospitals of this study do acknowledge the importance of having social media policy.

Challenges interviewees explained of social media use by the hospital were how to respond to messages and questions of people online, especially when the messages were of a negative nature. Another challenge, which can be said to be specific for the healthcare sector, was that of safeguarding privacy of the patient (e.g., Gulden & an der Wurff, 2015; Grobler & Dhai, 2016). Although there are strict rules under law about patient-physician confidentiality and most of the hospitals having some rules in place about privacy when it comes to social media use, none of the interviewees experienced having full control in safeguarding the privacy of the patient. Still, this study did not find any evidence to suggest that confidential information has been shared on social media, which Grobler and Dhai (2016) did find in their study in America.

Taken together, for the participating healthcare organisations of this study, it can generally be argued that social media were perceived as having an important role within communication efforts for reputation. The findings of this study complement the knowledge of organisational use of social media for reputation management. This study also provides additional insights into the rationale for healthcare organisations to be active on social media, opportunities and challenge of social media use by hospitals and contributes to the existing body of literature on reputation management for public organisations.

5.1. Practical Implications

Based on the findings of this study, several practical suggestions can be made. As this study pointed out, social media use by hospitals offer various opportunities and challenges at this moment. Yet it remains a continuous effort for the communication professionals how to navigate through the tensions between these opportunities and challenges of social media.

Moreover, it is important to understand for the communication professionals how the hospital itself makes sense of how to use social media and give the communication professionals particular goals and visions of how social media contribute to the overall image

the hospitals seek to convey.

Even more importantly, most of the communication professionals said their social media use to be fully integrated within the organisation and mentioning they use a social media calendar and regularly post messages on their Intranet to create awareness of social media use amongst employees. After hearing about how most hospitals use their social media through examples, however, it was clear that the use of social media was not fully integrated and that not all channels of communication share and send the same sort of messages. Not every hospital used their social media channels consciously for certain goals or with a vision in mind. For organisations to make effective use of social media and take advantage of its full potential a more strategic approach towards using social media is advised.

In addition, this study also found that there were quite a few differences between hospitals in terms of importance of a social media policy or guidelines for employees. Given that research has shown and several case studies can be named where social media were involved in causing major reputation damage for organisations, it is naïve of some of the hospitals not acknowledging the importance of a social media policy because they undermine the risks involved in using social media.

It can even be said that several hospitals are still trying to make sense of the relationship of social media and reputation. It is recommended that within a social media policy some strategic choices in how to respond to certain social media messages need to be included that can affect the reputation of the hospital, negatively or positively. There is some likelihood that this makes it easier to mitigate and be prepared for possible reputation risks.

Even though this study did not set out to evaluate how well hospitals use social media, this study has found that all the communication professionals are positive and optimistic about the developments happening in social media use by the hospitals. Some even mentioned that social media use will only increase for their hospitals. Being still a little behind in development when comparing hospitals to commercial company's use of social media, it was a challenge to be innovative. Medical innovation is something that can enhance and give a certain reputation to the hospital, but when it comes to communications it is not the hospitals that are the driving force. To also become the driving force within the communications field might not be the objective of the hospital, but for the communication professionals it is wise to take note of innovatively communicating and keeping up with communication trends to keep building that closer connection to the people they seek. One way to do so would be to exchange and share more knowledge between hospitals and amongst communication

professionals of other public and even commercial organisations about the use of social media.

Furthermore, social media use requires medical information to be adapted to short and simple text that every user online, regardless of their education level can understand. This development triggered two interviewees explaining that with the huge amount of medical information online and patients increased use of the term 'Dr Google'. They advocated that hospitals should accommodate patients and people with revised websites of quality health care information. With the expertise 'in house', it should be hospitals taking on this additional reputation of providers of quality medical information easily accessible and understandable for all people of all educational levels.

5.2. Limitations and Strengths

Although this study was conducted with high rigor, a few limitations will need to be pointed out. This study cannot be said to be completely objective given the nature of the research. Nevertheless, in line with the methodological demands of qualitative research, this study should be considered as credible and trustworthy.

Furthermore, the sample of this study and its criteria fit well with the aim of the research and topic, since it consisted of people with specific experience in social media use in the communication field and the sample represented eight major and well-known hospitals in the Netherlands. For future studies however, more healthcare organisations should be included because this study, in the end, only focused on hospitals and interviewed only twelve communication professionals, making generalisability for the entire healthcare sector of the Netherlands implausible. By accessing more hospitals and other healthcare organisations, a bigger sample would be reached, which would lead to even further saturation. This would result in increased reliability and more generalisability of the findings. Additionally, the sample itself could be improved by including more patient experiences of social media use by hospitals and interviewing healthcare practitioners. This would lead to a more diversified sample and experiences of social media use by healthcare organisations from different point of views. However, for this particular study, one of the main aims was to understand the relationship between social media use and reputation management, and given the diverse amount of information in perception of reputation management by the current sample group, it is questionable to what extent a more diversified sample group would provide insightful information about the aspect of reputation management.

That said, it was assumed for this study that the communication professionals interviewed had some understanding and knowledge about reputation management in relation to social media. Although most interviewees were able to provide insightful information and perceptions about reputation and social media use by their organisation and this was an exploratory study, a future study can be more balanced by determining the level of knowledge on these matters by the respondents beforehand.

5.3. Further Research

As this was an exploratory study and little specific research has been conducted concerning social media and reputation management in the healthcare sector, there is a lot of room for future research. Several specific suggestions for future research can be given based on this study.

As this study was conducted amongst only Dutch hospitals, it would be worthwhile to include other healthcare organisations to draw a full picture of how social media is relevant to reputation management for the full healthcare sector. It would also be interesting to replicate this study in other countries to gain more insights into the meaning of social media use by hospitals situated in countries with many more citizens and if this makes a difference also in terms of how social media use is relevant for reputation management.

In addition, a similar study, but with managers or board members of the hospitals can also present new understandings on reputation management in relation to social media and would be valuable as it could confirm or contradict some of the communication professional's understanding. Such a study would contribute to gaining more insights into internal communications in relation to reputation management.

Moreover, this study concluded a major part of social media use for hospitals was to profile their brands from impersonal to personal and explicitly show a human aspect. It can be questioned whether there is a special reason for wanting to set this image of a hospital and whether some particular developments have given rise to this particular aspect. More studies regarding branding and marketing purposes of social media use by hospitals could provide more detailed implications for using social media more strategically.

As this study pointed out, it is important that employees are aware of the social media guidelines and policy of the hospital. However, a concern raised by a few interviewees was that they do not know how to ensure all employees are aware of these guidelines. Further research should be undertaken to explore how employees of such a major organisation can be

made more aware of a social media policy and how to increase awareness about management's expected appropriate behaviour by employees online.

Finally, this study did not aim at evaluating how well social media was used by hospitals, but at gaining a better understanding of how social media use was relevant for reputation management by hospitals. A future study could assess the use of social media and the specific effects it has had on the relationship between patients and general public with hospitals. It would be interesting to compare experiences of patients or active followers of hospital social media sites to determine the perceived image they have of the hospital and see if these perceptions align with those the hospital seeks to convey.

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Appendix A – Interview Guide Dutch Version

Goede dag/ morgen, mijn naam is Alexandra en ik doe de master Media & Business. Voor mijn master onderzoek wil ik graag meer weten over sociale media en zorg instellingen.

(consent form)

Ik wil u allereerst bedanken dat u meedoet aan mijn onderzoek en voor uw bereidheid met mij dit interview te houden. Het interview duurt ongeveer een uur tot 90 minuten. U kunt tijdens het interview altijd vragen om een pauze of stoppen met het interview. U bent niet verplicht alle vragen te beantwoorden. Voor mijn onderzoek zou ik graag uw naam en beroep willen noemen. U kunt aangeven op het formulier of u wilt dat ik uw beroep, organisatie en naam kan gebruiken in mijn onderzoek of dat u liever anoniem blijft.

Thema	Hoofdvragen	Probes/ meer weten/ extra vragen.
Introductie	Over interviewee	Wat is uw achtergrond? Wat is uw rol binnen afdeling/ organisatie?
Ik heb een aantal thema's waarover ik graag vragen wil stellen. Ik ben allereerst benieuwd naar de algemene communicatie strategie en de rol van sociale media hierin.	<ul style="list-style-type: none"> - Zou u meer kunnen vertellen over de algemene communicatie strategie van het ziekenhuis? - Wat is de rol van sociale media binnen de algehele communicatie strategie van het? 	<ul style="list-style-type: none"> - Waarom zijn social media belangrijk voor het - wat zijn traditionele communicatie middelen die worden gebruikt? - "U zei net.... - Vind u dit belangrijk/ Hoe is sociale media belangrijk? - hoe helpen sociale media mee aan het behalen van de communicatie doelen? - Kunt u een voorbeeld noemen?

<p>Ik zou graag specifiek ingaan op sociale media</p>	<p>Wat is het doel/ belang van sociale media voor uw organisatie?</p> <p>(Denk aan: verbindend, dialoog, bewuster maken / promoten organisatie, relatie opbouwen met stakeholders)</p>	<ul style="list-style-type: none"> - welke sociale media gebruiken jullie? - Wat zijn de doelen voor het gebruiken van social media? - zijn de doelen verandert in afgelopen paar jaar? Waar kwam dit door? - Welke doelgroepen willen jullie bereiken en waarom? - hoe worden medewerkers betrokken in sociale media gebruik voor organisatie? - voorbeelden? - worden sociale gemonitord? (waarom?)
<p>Sociale media:</p> <p>Kansen en Uitdagingen</p> <p>Ik ben ook geïnteresseerd in de kansen en uitdagingen van sociale media. Misschien kunnen we beginnen met wat u ziet als kansen van sociale media:</p>	<p>Wat zijn de kansen van sociale media voor de organisatie?</p> <p>(voordelen)</p> <p>Wat zijn uitdagingen van social media voor jullie?</p> <p>Wat zijn risico's van social media voor jullie?</p> <p>Ik vroeg me af: ziet u nog een verschil tussen types sociale media? (Facebook vs Twitter?)</p>	<ul style="list-style-type: none"> -> Voorbeelden -> meerwaarde van sociale media ten opzichte van traditionele media? -> stakeholders? “maakt het uit met welke soort stakeholders je te maken hebt of op welke soort stakeholders je je richt?” Waarom ziet u dat als een risico? -> voorbeeld? Hoe bent u hiermee omgegaan? - Heeft u nog een ander voorbeeld? (als ze nog meer mogelijk te vertellen hebben) Heeft u wel eens ervaren dat er een mogelijk conflict was tussen de communicatie doelen en het incident op sociale media? Heeft dit gevolgen gehad? (implicaties?) <i>(voor de communicatie strategie?) / Voor afdeling?</i> Liggen er verschillende kansen en uitdagingen per social media platform?

	<p>Hoe ziet u de rol van sociale media in de toekomst?</p>	<p>Voor ziekenhuis?</p> <p>Voor medewerkers?</p> <p>Voor patiënten?</p> <p>Voor zorg sector in algemeen?</p> <p>Denkt u dat binnen de zorg sector er anderen kansen en risico's verbonden zijn aan sociale media dan voor bedrijven zoals Shell/ Heineken?</p> <p>Hoezo? Waarom? Voorbeeld??</p> <p>-> Specifieke kansen of risico's anders?</p>
<p>Bedankt...</p> <p>Waar ik ook nog benieuwd naar ben is reputatie</p>	<p>Zijn er specifieke uitdagingen of kansen als het gaat over reputatie management van de organisatie?</p> <p>Hoe dragen social media bij aan het bouwen/ onderhouden van Reputatie?</p> <p>Waarom zijn social media (mogelijk) belangrijk voor reputatie management? (hoe)</p>	<p>-> Hoe ziet u reputatie?</p> <p>- hoe ziet u reputatie management van het ziekenhuis vanuit uw rol als communicatie professional?</p> <p>-> zijn er doelstellingen geformuleerd specifiek hierover?</p> <p>-> Kun u voorbeelden noemen van situaties waarbij de reputatie van het ziekenhuis in het geding kwam? / Of waarbij de reputatie moest worden gemanaged?</p> <p><i>Algemeen voorbeeld-> daarna vragen over ook via sociale media?</i></p> <p>- hoe zijn jullie daarmee omgegaan?</p> <p>- hoe hebben jullie dat toen gedaan?</p> <p>- Is er wel eens een incident geweest op sociale media waardoor de reputatie van het ziekenhuis negatief beïnvloed werd?</p> <p>- hoe hiermee omgegaan?</p> <p>- als er via sociale media berichten mogelijk de reputatie van het ziekenhuis kunnen beïnvloeden, hoe gaan jullie hiermee om?</p> <p>- Bereiden jullie je hierop voor? Hoe?</p> <p>- Wat zou mogelijk helpen om beter voorbereid te zijn hierop?</p>

		<p>(reputatieschade via sociale media)</p> <p><i>Traditionele media ingeschakeld? Waarom? Hoe hiermee omgegaan op sociale media ?</i></p> <ul style="list-style-type: none"> - Zijn er afspraken gemaakt toen? Met Wie? - Wat zijn de gevolgen hiervan geweest? - Is er een draaiboek voor/ Was dat er niet nu wel? Wat staat hierin? Nog mee bezig te maken? <p>(Als niet hun ding: vraag of zij het belangrijk vinden en wat er zeker in het draaiboek moet worden meegenomen?)</p> <ul style="list-style-type: none"> - worden medewerkers hiervan op de hoogte gesteld? Hoe? -> Voorbeeld ? -> Hoe?
<p>Dank u voor al deze voorbeelden en informatie. Ik zou graag als laatste nog 3 vragen stellen</p>	<p>Waar maakt u zich zorgen over?</p> <p>Vindt u dat ik dingen gemist heb die belangrijk zijn?</p> <p>Als ik nog meer vragen heb zou ik u dan mogen mailen of bellen hierover?</p>	<p>-> Praat u met andere zorg instellingen over de kansen en risico's? Elkaar helpen?</p> <p>-> FOLLOW-UP</p>

Appendix B – Interview Design English Version

Good day, my name is Alexandra and I am currently enrolled in the master programme called Media and Business. For my master research I would like to know more about how social media is important within the communication strategy for your healthcare organisation.

For this research, I specify social media as online interactive platforms where content can be shared, posted, reacted to, commented on by everyone on these platforms. Examples of social media are Facebook, Twitter, YouTube and Instagram or Snapchat.

First of all, I'd like to thank you for taking part in this research and being willing to be interviewed. As an interviewee, you have the following rights:

You can take a break or stop at any time during the interview.

You do not have to answer all the questions.

The interview will take around an hour to 90 minutes.

Do you have any objections for me to not use your name and profession in my research?

Introduction

- 1) Could you first tell me more about yourself?
- 2) What is your profession/ what is your role at the communication department?

Communication Scope of Organisation

- Could you tell me more about the communication strategy of the organisation?
- What are some of the communication objectives/ goals of your organisation?
 - What have been some of your traditional channels of communication to achieve these objectives?
- How have some of those objectives changed over the years?
 - Did social media influence this change/ these changes? And how so? Could you give an example?
 - Where do you see social media fitting in within the broader communication strategy you have?
 - How does social media help to accomplish the communication objectives set in the broader communication strategy?
- What do you consider to be some of the main drivers for communication in the healthcare sector?

I would like to now ask you specific questions about social media.

Social media

- Which social media is the healthcare organisations engaged in?
- What were some of the reasons for being active on these social media?
 - Why these social media?
 - Will you engage in more social media? Which ones? Why?
- What is the purpose of being active on these social media for your organisation and why is it important to be active on these social media?

Opportunities

- What are the opportunities of using social media for your organisation?
- Could you elaborate? Give an example?
- Do you monitor social media?
 - How?
 - Why is it important to monitor social media?
- How do you keep up-to-date with what is going on with social media?
 - How many people are working on social media? / Or are involved in keeping the social media up-to-date of the organisation?
 - Did / do you do training or courses for how to use social media well?
- Are there specific social media strategies that you use?
- Are there specific chances / opportunities for social media?
 - For employees?
 - For patients?
 - Other stakeholders?

Threats / challenges

- Do you consider social media to have a negative impact on the organisation?
 - Why?
- What are some of the challenges of social media for you?
 - Why do you consider these to be challenges?
 - How are you dealing with these challenges?
- Which social media do you consider to be most threatening? (Facebook/ Twitter?)
- Would you like to gain more control on social media? / Manage social media better?
 - Why?
 - (Control -> managing-> reputation.... Want them to speak about reputation)

Reputation

- Do you think that communication and the communication strategy are important factors for building reputation? / Do you think that communications is very important for managing the reputation of the organisation? Why/ how so?
- What would you consider to be some of the main drivers of reputation for your organisation?
- Do you think there is a chance at reputation damage through social media messages?
- Could your reputation be damaged through social media?
 - Why?
- Do you think there is a high chance at reputation risk through social media? More so than with traditional media such as TV and newspapers?
- How do you deal with managing the organisations' reputation also on social media?
- If there is a negative social media post- what is your response? Is there a strategy?

Mitigating Reputation: Tools (Policy? Or agreements/ monitoring)

- How does your organisation deal with/ Do you deal as communication professional deal with mitigating reputational risks through social media?
- Are there specific tools or guidelines you refer to? A policy perhaps?
- Is there a social media policy?
 - Could you explain more about this policy?
 - Why is a policy important to you?
 - Is this policy explaining how to deal with social media use and mitigating risks from both external actors like patients and internal actors like employees?
- Have there been any incidents on social media that you've had to deal with?
 - Example?

Extra questions

- Do you speak to other healthcare organisations who are maybe more advanced in their social media use/ opportunities/ reputation building and managing of risks?
- Do you think that for healthcare organisations the opportunities of social media use are different compared to that of a corporation like Shell or Heineken?
 - Can you elaborate? Give an example why you think this?

Would you like to add anything that I might have missed in your opinion?

If I have further questions, can I email you?

Here is my email address, if you thought of something you wanted to mention as well, feel free to send me an email.

Are there other people within your network who might have useful information for my research? Could I have their names and contact details?

Would you like a copy of my research results?

Thank you for your time and your cooperation!