Digital Networked Information Society and Public Health: Problems and Promises of Networked Health Communication of Lay Publics

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Every day, almost everyone communicates. Networked, digitalized, and interactive online spaces extend our sense of space and improve communicapacity to levels unthinkable to early-20th-century citizens. Although it has been fewer than three decades since the development of these technologies, we take for granted digital network technologies, such as mobile communication, Internet and search engines, and social network media, as if they have always been part of our lives. Life without them is unthinkable. We are no longer foreigners to this networked information society.

Now, we feel as if we have always been indigenous to this digital world and have been offered with digital network settings from the beginning of our civilization. Almost all lay citizens in a decade or so will complete their naturalization as digital natives. Millennials and even their parents’ generations have similarly been admitted to the citizenship of the digital country. Meantime, we skip the contemplation of the price of exercising the versatility of digital networked communication capabilities, no longer questioning what it takes from us. In fact, we turn every day to the bright and shiny world of electronic networks to pursue our needs and wants.

Nevertheless, digital networked health communication poses both problems and promise at the same time. Frequently, we are unaware of its dark side. For instance, many use online fora to offer their knowledge and informational resources to help anonymous others on the Internet suffering from puzzling health problems. These benevolent digital communicative actions may fill the cognitive voids of those in need of knowledge to facilitate problem solving. In other instances, however, the hasty spread of misconceptions and biases through social network services about health risks may trigger public hysteria and unwanted mass phobic disorders (e.g., Ebola, Zika virus, MERS, SARS). Digital network spaces are not pure bliss for its residents. There are many trade-offs between the goodness-of-knowing offered by cheap and ready knowledge, and the badness-of-misunderstanding and bias and misbehavior.

This special issue of *Health Communication* consists of 10 articles prepared by a group of iconoclasts in health communication research and practice. The first five articles shed light on some problems of lay health informatics in digital social spaces, and issues of interfacing both online and offline identities on one’s physical and psychological well-being. The next five articles look closely to the promise of digital networked, lay health informatics, on how we individually and collectively cope better with health problems such as preventable acute diseases through health social networking site (SNS) campaigns, cybercoping of chronic illness caregivers, and loss of loved ones.

I describe each of the articles briefly in the paragraphs that follow.

The first three articles work toward capturing, conceptualizing, and contesting troubling practices of nonexpert use of health information acquired from digital networks. Digital networked health communication is marked by voluntary communicative actions of lay citizens on the problems affecting their lives. On health problems, lay publics seek out and select desired information easily and are willing to generate and share health information based on their own personal and episodic experiences (Kim & Grunig, 2011; Kim & Krishna, 2014). Health information systems built in digital networks (e.g., question-and-answer advice systems) enable lower cost health information for almost any type of illness but impose higher risks for nonexpert readers who are evaluating the information they encounter. These problematic lay health informatics become a challenge for public health professionals in the digital network.
In the first article, Walther, Jang, and Edwards investigate the key parameters of lay health informatics—how lay users judge information quality and what factors influence their adoption of health advice. Using the Heuristic–Systematic Model (Chaiken, 1980) and Warranting Theory (Walther & Parks, 2002), the authors delineate the conditions and boundaries of lay health informatics. In electronic networks and interactive cyberspace, lay citizens achieve search efficiency and reach the abundant advice coming from a myriad of information sources. How lay individuals evaluate and select good health advice among a plethora of unverified or unreliable data is theoretically and experimentally illuminated, and generates insights to (re)design the online health information system.

Following them, Kim, Oh, and Krishna identify and conceptualize another problem of lay health informatics. They propose the idea of justificatory information forefending (JIFF), a communicative action driven by directional cognitive efforts by which individuals select and accept information that confirms their preexisting health beliefs while rejecting information that is dissonant with their preferred form of health knowledge. In light of the sheer volume of often contradictory information related to health that is frequently highlighted by the traditional media, this study provides a sequential understanding what triggers (e.g., media exposure to contradictory health information) and is consequential (i.e., continuation of risky health behavior) from this justificatory information forefending (JIFF). The analysis and evidence generate implications for the theory of operationalizing broken lay health informatics and practice in dealing with self-sealing informational warranty to risky health behaviors.

In the third article, Chong and Choy track the process of risk amplification in digital network space through interactive electronic networks (e.g., Facebook). The authors select the transboundary haze crisis in Singapore and Southeast Asia that was caused by the large-scale burning of forests and peat land in Indonesia. This study presents a thematic analysis of haze-related posts on online discussion forum, social networking site, and mass media news coverage. They found that medium matters in social amplification of risk, as social networking sites are the most salient medium of emotional amplification, while the other media did not do this. Chong and Choy also find that the public sense of futility regarding the problem (constraint recognition) is tied to anger expression in digital networks.

In the fourth article, Lee, Chung, and Park investigate simultaneous and relative influences of social networks, social capital, and online and offline social support on one’s well-being outcomes. Their comparisons showed that two key social network properties—density and gender homophily—and offline bonding are primary determinants of perceived social support.

The study adds a more nuanced understanding of the relative role of online and offline properties, especially what are and what are not interpersonal and social environmental characteristics in determining one’s well-being outcomes. Lee, Chung, and Park’s findings observe disappointing impacts of digital networks and challenge wishful thinking of health communicators regarding online health communication. Specifically, the authors provide evidence that challenge our common wisdom: (1) One’s online social interactions cannot produce offline social support and (2) online-generated social capital cannot produce offline social support or capital. The findings add skepticism to the digital network environment as they draw a boundary line on what we expect optimistically from digital networked society, and caution us on the need to be realistic.

The fifth article, by Aldoory, Roberts, Bushar, and Assini, is a case study of a national text message campaign about infant mortality. Aldoory et al. focus on text-message-based interventions (SMS) and find a lack of theoretical guidance on current network-mediated health education campaign practices. They identify problems related to current practice through study of text messages and interviews of campaign developers working in the infant mortality space. Traditional SMS health campaigns have simply adapted mass media campaigns without much consideration of the medium. The most key challenge is an atheoretical approach that assumes that simply sending information would increase knowledge and enhance competence about the health risks. The authors use the situational theory (Grunig, 1997; Kim & Grunig, 2011) to define communication objectives clearly (problem and constraint recognition) that may help health communicators think about and prepare SMS intervention more strategically and systematically. This article provides guidance to public health communicators about the use of theory, and explicates how this is not just an ideal but a necessity in communication with digitalized and networked lay publics facing greater risks.

The issue then moves to a series of empirical studies and essays on the bright side of electronic network and information and communication technologies (ICTs) in improving public health. Rapid increase in the use of social networking sites (SNSs) in health communication campaigns is inevitable progress. Shi, Poorisat, and Salmon present a comprehensive review on the use of SNS in health communication campaigns. The authors examine more than 40 studies and research protocols to contrast and capture two key factors that differentiate SNS from traditional health communication approaches. The authors define a shift from the old dualistic frame of message sender and receiver to “receivers become receiver-sources” who voluntarily forward and amplify content and reach of health campaigns. In addition, the authors originally propose a potential dualism between message and message impact wherein voluntary forwarding and additional message modification by target receivers can become a metric to evaluate message impacts. These two dualisms frame, define, and take record of how the digital network has shifted health campaigns, and help health information campaigners better design and evaluate in their communicative efforts with this comprehensive review and practical recommendations.

From Shi, Poorisat, and Salmon’s review and recommendations on SNS-using health campaigns, this issue moved to Yoo, Kim, and Lee’s synthetic theoretical frame for predicting health behaviors. The authors examine how social media perceptions influence risk perception and recommended preventive behaviors with the human papillomavirus (HPV) vaccination. Notably, the authors generate new insights from research on social media-specific perceptions (e.g., the theory of planned behavior; Ajzen, 1985) and the communicative
actions model (i.e., the situational theory of problem solving; Kim & Grunig, 2011; Kim, Grunig, & Ni, 2010) to show how communicative behaviors mediate perceptions and behavioral intention in the context of HPV vaccines. The authors also link and answer what Aldoory and her colleagues noted in most social media based health campaigns, that is, the problem rooted in atheoretical health communication practice. These three articles in this special issue collectively advance strategic health campaigns in digital network and interpersonal relationships. They identify problems and at the same time highlight the promise of social media and ICTs, and, stepping further, advance paths toward effective health communication with digital populations.

Jeong, Park, Kim, and Chon investigate the relationship between dementia caregivers’ communication behaviors (i.e., information seeking and forwarding; Kim et al., 2010) and their coping outcomes (e.g., dealing better with negative feelings or improved medical outcomes). They illustrate the mediating role of emotion-focused and problem-focused coping processes and find positive effects of communication actions on outcomes through two types of coping processes, both affective (improvement of caregivers’ emotional control) and physical (health improvement of patients). This study is important extension of cybercoping (Kim & Lee, 2014), which examines the existence of digital communicative actions and their immediate effect for patients themselves. In the present study, Jeong et al. cleverly investigate an un/questioned effect, whether there is secondary effect of chronic illness patients who become beneficiaries of online communicative interactions as caregivers engage with digital networked communicative interactions. It opens up a new horizon of how and why networked coping is possible and redefines the scope of cybercoping as a necessary supplementary countermeasure for chronic illness using digital networks.

Following the discussion of cybercoping, Gamba presents an original essay on digitalized rituals of grief. In health communication research, coping loss is rarely studied, and how digital populations cope with loss of loved ones through online networks even less so. Gamba introduces to readers this emerging phenomenon of cybergrieving. She documents websites and social network sites and provides an original essay on digitalized communicative actions of grief, emotional experience, the consequences of digital grief and the efficacy of its shapes, and the confrontation between off- and online grief experience. Connecting and comforting those with loss is important but mostly transient and isolated. Yet cyberspace and electronic networks provide a bridge for private–public experiences of grieving and extended–expanded time–space for those struggling with the loss of loved ones. The essay may open the door for public health communicators and policymakers how to speculate and act for enhancing psychological social welfare of their citizens, facilitating and designing digital, electronic social support systems.

Finally, Cioni, Lovari, and Tronu investigate and report a detailed snapshot of online health information searching according to health status and gendered family role based on the Italian National Institute of Statistics data on 19,000 Italian adults. The Internet is relatively slower in diffusion in Italy and the use of digital media for health is a new phenomenon in the last decade. The authors provide a clear picture of developmental change and emergent patterns of online health information behaviors among lay citizens. The study gives a fresh look at what has changed and how lay people adapt to electronic and digitalized health behavior. The findings help public health communicators and policymakers with detailed relative adoptions of Internet and unequal health information access and use. Those countries in busy transition to a digital networked information society may benchmark the design and improvement of health information system and policy and facilitate the leveling of the playing field as they understand the disproportionate use of Internet and health behaviors in Italy.

Making a digital networked society has almost been achieved over the last three decades by many pioneers and their heroic ideations and actions. Some impossible ideals of human society may soon to be actualized—information will be cheaper, communicative interactions must be free, and technologies shall be available to all lay citizens. Indeed, our humanity is and will be exercising more the power of connectivity and efficiency of information behaviors. This certainly offers us goodness of communicapacity, even though we are not experts, but lay individuals.

Nevertheless, our enhanced communicapacity should not be equated with enhanced communicapability. Human epistemetic systems are prone to err in dealing with excessive data; lay informatics of health problems are likely to fumble with the extravagant knowledge generously offered by others. In the digital networked information society, there is a wonderful bright side of improved health problem solving at both individual and societal levels. However, there is a lamentable dark side with naive optimism and lack of detailed understanding of what we live in.

This special issue of Health Communication serves to laud the promise and yet confront the problems in the digital networked information society related to public health. We present this anthology of symphony and cacophony of lay individuals’ communicative actions in a digital networked information society. The collection of problems and promise of the new digital world may be a cornerstone joining two worlds—pre- and postdigital network society—and we hope this special issue will help to better shape our future states of public health.

References


