Managing Adverse Commentary on Social Media: A Case Study of an Australian Health Organisation

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Keywords: Health Communication, Social Media, Organisational Process, Health, Healthcare, Grounded Theory, Australia.

Abstract: Health communication on social media is complicated, challenging, and multi-dimensional. Globally, the evolution of health communication has transformed rapidly from one-way to two-way interaction, with diverse audiences expressing limitless and often unconstrained commentary based on individual beliefs. This paper, a segment of a comprehensive doctoral study into the adoption and utilisation of social media within a large Australian health organisation, specifically Queensland Health, offers a snapshot of the research findings for managing negative commentary. This novel study interviewed social media administrators to understand their experiences and perceptions of social media use, underscoring the prominence of negative commentary as a notable drawback to the effective use of social media. Paradoxically, such adverse commentary also catalyses discussions and leads to helpful feedback. Effectively managing unacceptable commentary necessitates the implementation of a strategic response complemented by adequate resources and training.

1 INTRODUCTION

Social media is ubiquitous in our society and is an appealing channel for health organisations to communicate information quickly and effectively. However, social media is a powerful, evolving tool that is not well understood (Kelly et al., 2019). The capabilities of social media and its importance are continually changing (Jami Pour & Jafari, 2019). While social media research studies have increased, there is limited research on how health organisations manage and leverage the use of social media (Chen and Wang, 2021), particularly in an Australian context. Hunt (2022) suggests a framework for social media-based public health campaigns and called for public health agencies to continue to optimise and rigorously evaluate the use of social media for health promotion. However, the use of social media in health is not limited to health promotion, which can often be only one-way communication. The transformation to two-way communication has created additional processes and administrative burdens. Moreover, the COVID-19 pandemic provided the ultimate stress test for social media in health and expedited the need for more resources to manage social media.

Batra (2023) supports the notion that health professionals should engage with the audience with correct information and dispel false information from spreading to the masses. However, Batra's (2023) framework centres on health professionals as indivi-duals, and a gap still exists for health organisations.

In their investigation involving interviews with health professionals in Australia, Lupton and Michael (2017) unearthed a prevailing oversight— the failure to acknowledge that social media transcends being a mere one-way conduit for disseminating educational messages. This lack of recognition of how social media can be used as a two-way communication tool creates challenges in managing commentary. Previous studies on the use of social media in health reveal that misinformation on social media is prevalent worldwide and tends to be more popular

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than accurate information (Wang et al., 2019). For example, communication staff in health-associated organisations in Australia described social media commentary by anti-vaccine activists as hostile and likened it to a conflict zone, inducing fear and anxiety (Steffens et al., 2019; Wang et al., 2019).

A review of the literature revealed that studying negative commentary is an under-researched social media phenomenon (Labrecque et al., 2022). Labrecque (2022) found that negative comments can increase engagement through sharing, commenting, and following. However, many organisations view the potential harm from negative commentary as a drawback. Starbucks considered removing its Facebook page in 2021 when it struggled to moderate negative commentary and was unable to disable comments on its page (Mac, 2021). Moreover, it is not feasible to identify and respond to every negative comment (Labrecque et al., 2022). Guidelines for online recruitment via social media advise deleting negative commentary that may cause reputational harm, but in a study by Waling (2022) they chose a case-by-case approach to manage negative commentary. Organisations should not be quick to remove negative commentary or fail to correct misinformation (BVA News, 2014; Labrecque et al., 2022), but focusing on *how* they respond is important (Javornik et al., 2020). Organisations need to design a response strategy and communication style (Johnen & Schnittka, 2019) and assess the tone of commentary (Labrecque et al., 2022). Moreover, teams that respond to social media should adopt a *tone* that reflects the organisation to minimise reputational damage (Johnen & Schnittka, 2019; Labrecque et al., 2022). Demsar (2021) provides a comprehensive understanding of trolling and suggests preventative measures such as ongoing monitoring, social media policy changes, amending terms and conditions and a response strategy. Managing negative commentary is not a one-size-fits-all approach, and there is a lack of research on managing negative commentary on social media in health organisations. Therefore, the research question in this study is, how does Queensland Health, an Australian health organisation, manage negative commentary on social media?

This paper is part of a doctoral study exploring the adoption and use of social media in Queensland Health. Queensland Health is a large state government Australian health organisation that comprises 16 Hospital and Health Services (HHSs) and one Department of Health (Queensland) (DOH) The resident population of Queensland is 5.5 million people (Australian Bureau of Statistics, 2023), and

the total land area is 1,729,742 km2 (Australian Government, 2021). Australia has over 26 million people (Australian Bureau of Statistics, 2023), and Queensland Health represents one-fifth of health organisations in Australia. Nineteen semi-structured interviews were conducted in this study with Queensland Health employees who administer or are accountable for official social media channels. This study is representative of the use of social media in Queensland Health. While the findings could be generalisable to other health organisations in Australia and globally, caution is recommended.

2 METHODOLOGICAL APPROACH

The study employed a constructivist grounded theory (CGT) approach (Charmaz, 2014). CGT is appropriate for exploring human processes and allows for the co-construction of theory between the researcher and the participants (Charmaz, 2017). The researchers place significant importance on this perspective of human interaction, as they firmly believe that the acquisition of novel knowledge regarding various processes stems directly from the firsthand experiences of participants and the researchers' subsequent interpretation of these experiences.

Table 1: Participant roles held with Queensland Health Hospital and Health Services.

Participant	Participant Role
001	Manager Communications
002	Director Communications
003	Director Communications
004	Director Communications
005	Social Media Advisor
006	Senior Media Officer
007	Communications Officer
008	Manager Digital Engagement
009	Media Officer
010	Communications Officer
011	Senior Communications Officer
012	Communications Officer
013	Communications Officer
014	Communications Officer
015	Director Communications
016	Principal Media & Communications Advisor
017	Manager Public Affairs
018	Social and Digital Media Team Leader
019	Manager Public Relations

Interviews were chosen as the primary source for data generation. This study's sample (n=19) was purposive (Creswell, 2013), interviewing Queensland Health employees who administer or are accountable for social media.

Queensland Health employs a decentralised management model, with each HHS operating autonomously. This study involved a diverse mix of participants, including both senior management and operational staff, as detailed in Table 1.

A secondary source included internal Queensland Health policy and guideline documents obtained post-interview, supporting and expanding on concepts identified from the interviews.

Coding took place using NVivo, a qualitative analysis tool, and the techniques of line-by-line coding and in vivo coding, followed by focused coding, were used. Analysis was conducted simultaneously with coding the data, using an inductive approach. Concepts that were repeated formed categories, and "managing negative commentary" emerged as a minor category. Each interview was compared to former interviews through the process of constant comparison to form core categories, and "managing commentary" emerged as the major category linked to "managing negative commentary". The major category formed the building blocks of theory and core category development. Theoretical sampling was met through in-depth interviewing techniques to explore the concept of negative commentary further in each subsequent interview. Memos were used for each interview and constantly compared and updated for theoretical refinement.

3 FINDINGS AND DISCUSSION

Participants explained that managing negative commentary on social media is complicated and requires a human to judge the tone and possible consequences and to choose an appropriate response.

Based on the analysis, Figure 1 provides a model demonstrating how Queensland Health manages social media commentary. This diagram emerged during theoretical coding (Charmaz, 2014), where analysis is taken to the point of theory (Birks & Mills, 2022). The diagramming technique was used to focus on the concept of a *"temperature check"* and look for characteristics of and relationships with that concept, constantly comparing what was said in all interviews and memos and building the model iteratively. This study found that managing social media commentary

for Queensland Health contains three important concepts:

Observing – learning from the conversations, what is trending, what people want to know, and what are the gaps in informing people.

Moderating – identifying what conversations are offensive, misinformation or controversial and could risk reputation. This includes listening and learning.

Responding – answering questions, teaching people how to inform themselves and removing commentary if necessary.
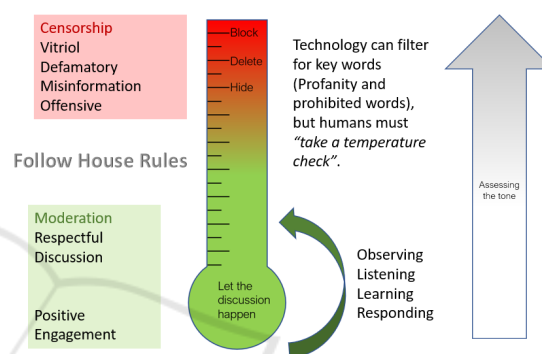

Figure 1: Model demonstrating how Queensland Health (QH) manages social media commentary.

In addressing the research question on how Queensland Health navigates negative commentary on social media, the ensuing discussion presents the findings, complemented by verbatim participant quotes in *italics*.

3.1 Finding 1: Negative Commentary Promotes Discussion

A finding supported by the literature Labrecque (2022) and echoed by the majority of participants is that *all commentary is good*. Social media is a two-way communication medium and promotes engagement. All social media administrators reported that they needed to *let the discussion happen*. By observing social media commentary, several participants reported *it shows where the gaps are, it shows where we are failing in information, in broadcasting information*. Participants explained that as a government entity, Queensland Health needs to be able to take criticism, listen, *be transparent* and respond accordingly. This study found that Queensland Health embraced community engagement on social media and monitored respectful discussions.

3.2 Finding 2: Negative Commentary Is a Drawback to Using Social Media

Negative commentary is found to be the most significant drawback of the use of social media. Participant 7 reported that *what makes it so powerful is also what makes it dangerous*. Social media is a two-way communication channel that is continuous and always available and has created a situation for communications staff that extends beyond the role of a social media administrator. For Queensland Health's social media audiences, there is often no distinction that the person monitoring commentary is not a health professional. Participant 17 reported that members of the public send alarming messages: *We had people saying "my son's breathing sounds funny, what should I do" and people do that randomly* expecting an immediate response and health advice. The most poignant examples are staff members who receive threats of self-harm and suicide or harm to a child. These examples demonstrate the unpredictable nature of issues that may arise from two-way communication.

Participants reported that social media enables people to *say what they want without repercussions,* and that can be overwhelming for organisations (Mac, 2021). While the incidents of extreme hostility are low for Queensland Health, one participant reported that a *rabid anti-vaxxer* accused the health organisation publicly of killing children. Social media is a platform where people can voice their opinions publicly, and organisations need to be prepared to have strategies to manage negative commentary effectively.

3.3 Finding 3: Managing Negative Commentary Requires a Response Strategy

Participants reported that the first step in managing negative commentary is not being quick to remove commentary. This finding is consistent with Labrcque (2022) and BVA News (2014). Queensland Health has a response strategy to manage negative commentary effectively, with participants reporting *allowing people to have that voice, have that discussion*. These findings resonate with the findings reported by Waling (2022), Labrecque (2022), BVA News (2014, Javornik (2020), and Johnen (2019) that responding to and not removing negative commentary is important. Moreover, when faced with negative comments on social media, it is advisable to address them with constructive feedback rather than opting to ignore them outright (Chugh, 2012).

Queensland Health's social media channels are managed and monitored by the Communications department. Policies and procedures are adhered to as part of the response strategy. *House rules* are displayed in a prominent position on each social media channel, and policy advises that *inappropriate or offensive content, or content not in accordance with the terms of use are to be removed*. The categorisation of content hinges on social media administrators evaluating the tone of the commentary (see Figure 1). In the first instance, social media administrators will hide commentary that has breached house rules; some administrators will provide warnings and reminders of the house rules, and others will just hide comments. Profanity filters are set up within the social media channel, and if a keyword is detected, it is automatically hidden before human intervention, and administrators will then assess the commentary. Some keywords may not always be a breach and need to be checked by a human. The next level of monitoring is to delete commentary as per policy, but this only happens occasionally. Further measures include blocking a member of the community, but this is rare.

When responding to negative commentary, social media administrators do not speak on behalf of another staff member or on topics outside their expertise without first seeking advice and authorisation. It was also found that social media administrators go beyond their role and monitor commentary outside of hours. This was prevalent during the COVID-19 pandemic, and participants reported the *responding workload definitely increased*. For commentary posted outside of business hours, automated responses are set up to acknowledge direct messages advising that a response will be provided in a suitable timeframe and to contact 000 if it is an emergency.

Each HHS operates under their own policy and procedures derived from the Department of Health. Some HHSs have pre-determined responses and will attempt to respond within the first hour, and acknowledgement of a post is to happen within 24 hours of receipt. This includes liking the post and commenting to let the person know it has been received and will message them more information. If the question is to go to another internal stakeholder, the customer is made aware and kept updated throughout the process.

3.4 Finding 4: Resources and Training Are Required to Manage Negative Commentary

Another finding in this study was that all participants acknowledged the importance of resourcing, and many claimed to be undeniably *resource poor.* "Needing resources" emerged as a core category linked to "managing commentary". All participants discussed what resources they had available, and while a small number of participants were satisfied with their allocation, all participants agreed *we could do more* with social media and that dedicated resources are needed.

Controversial topics such as COVID-19, anti-vaccine, and misinformation need to be closely monitored. However, the level of observation, moderation, and response depends on the available resources. The consequence of neglecting observation, moderation, and timely response lies in the potential for negative commentary to escalate swiftly, leading to adverse effects on individuals and reputational harm, as also evidenced by the literature (Johnen & Schnittka, 2019; Labrecque et al., 2022; Mac, 2021).

Another category that emerged linked to resourcing was *social media is a specialist role.* Participants reported that administering social media is considered a specialist role that requires skills and training. In most HHSs, there is not one dedicated resource to manage social media, and communications staff perform multiple roles, predominantly focused on traditional media in the form of one-way communication. It was evident in the findings that there is a lack of training in social media tools and response strategies in some HHSs. Training and education play a pivotal role in effectively leveraging the potential of social media (Galea et al., 2023). Moreover, regular training sessions are crucial to maintaining staff awareness of social media policies (Daemi et al., 2020).

Studying negative commentary is an under-researched social media phenomenon (Labrecque et al., 2022) and more so in the field of health. The findings in this study have a noteworthy impact for health organisation decision-makers who influence policy and practice, determine budgets, assign roles and responsibilities, and allocate resources.

4 CONCLUSION

Amidst the COVID-19 pandemic, health communication underwent a profound transformation, witnessing an exponential surge in audience growth for Queensland Health, Australia. While the pandemic was a challenging time for the health organisation, it validated the importance of social media as a fast and effective two-way communication tool for staff, patients, and the public. Managing the volume of negative commentary became an overwhelming burden with a lack of resources. Moderating and responding to social media commentary presents an inherently unpredictable challenge, carrying a heightened risk of harm or reputational damage if not managed effectively. Observing and learning from social media commentary is important to enable community engagement and to continue meeting the audience's demands. Proactively championing the pivotal role of social media in the digital society, decision-makers at Queensland Health can enhance support by allocating resources, acknowledging its significance, and investing in the professional development of social media administrators. Despite reaching data saturation, generalisability is cautioned due to the small number of participants and the dataset from one organisation only. Future research could expand the sample and compare findings with other health organisations.

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