

Social Media Marketing Developments in Private Hospitals in Bangkok

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Citation

P James. *Social Media Marketing Developments in Private Hospitals in Bangkok*. The Internet Journal of Healthcare Administration. 2015 Volume 11 Number 1.

DOI: [10.5580/IJHCA.35596](https://doi.org/10.5580/IJHCA.35596)

Abstract

Purpose: This is a research paper focused on assessing private hospital marketing manager's perceptions of social media issues relating to private hospitals in Bangkok.

Methodology: In order to consider more implicitly the questions and issues raised, this empirical groundwork utilised an interpretive perspective. The scope for this research was the Marketing Managers/Directors of a wide range of private hospitals situated in Bangkok, Thailand. The population for this study was made up of a number of individual (21) managers located at one main-site, and a total of 13 Managers/Directors were determined as the resultant sample frame.

Findings: The outcomes consisted of five (5) main themes, namely: Marketing Issues; Social Media Technology Issues; Communication Issues; Cost Issues; and Security Issues; and 14 sub-themes raised from an initial question.

Practical Implications: The paper gives a clear insight into the practical issues surrounding a hospital setting and the development of appropriate marketing strategies in relation to social media engagement and developments were illuminated. The paper suggests that developments of this kind may benefit from a greater use of security management, whilst outlying the issues of significant costs concerns, and the effects on communication developments and marketing opportunities through contemporary technology in the form of a seamless and an integrated ICT system between the hospital management, patient and other stakeholders.

Originality: Very little research has been conducted in this area in Bangkok and the paper exposes weak aspects of communications marketing capability through technology previously unexplored in today's private hospital environments.

INTRODUCTION

All hospitals have marketing programmes, but some exhibit more developed targeting practices (Hornik, 2002) than others as an essential marketing focus in today's modern social marketing practices (Kotler, 1997). Private hospitals appeal to those in society who can afford and want to make choices about their health provision and can personally pay for health assessment and treatment (Berendes, et al., 2011). Marketing to patients in the long-term makes sound business sense (Kalwani and Narayandas, 1995), as the spend increases/patient as the relationships deepens (Gould, 1988). This is because private hospitals provide more flexibility in their offering (Reynolds, et al., 2013), can provide "as demanded" services at any time (Bender et al., 1990), targeted to different patient groups (Nguyen, 2011) and can offer more levels of quality provision defining trust and

commitment (Morgan and Hunt, 1994). Thus, by definition private hospitals provide more of a personal service to an individual's health care (Wilson, Whitaker and Whitford, 2012; Ozawa and Walker, 2011) than in the often freely available or less cost government sector. Private hospitals tend to spend more on marketing practices (Cutler and Morton, 2013) than their government-funded counterparts and especially on ICT technologies linking to the patient (Lindberg, et al., 2013; Abaidoo and Larweh, 2014). As an extension of this, these marketing practices appear to be embraced in multi-channels (Mittelstaedt, Duke and Mittelstaedthave, 2009) evolved to include social media use (Heldman, Schindelar and Weaver, 2013) as an important application of mobile technologies, which have become widely accepted (Hawn, 2009) especially among the richer elements of society (Balaban and Marano, 2010).

Social media appears to have the potential for improving marketing productivity and potency (Sheth and Parvatiyar, 1995) but little has been published in this area (Neiger et al., 2012). For example, one study indicated that 99% of doctors utilise social media for personal use, but only 65% for professional use (Househ, 2013). Social media is a more personable and flexible way of interacting with patients by engaging in immediate electronic communication (Kaplan and Haenlein, 2010) whilst sharing wider, complex information specific to their needs (Boulos and Wheeler, 2007). Research suggests that such mechanisms and applications are used by health professionals (Eyrich, Padman and Sweetser, 2008) and patients (Green and Hope, 2010). Moreover, social media conversations are not conducted in a vacuum (Kietzmann et al., 2011) and for the hospital service reflect purposeful marketing through media engagement (Mangold and Faulds, 2009) via computer, tablets and smart-phones and other new technologies (Currell et al., 2000). Of particular use is social media for informing patients about their health (Moen, Smørðal and Sem, 2009), helping the patient connect directly with doctors and nurses (Hughes, et al., 2009) whilst informing patients of their own specific health matters (Gajaria, et al., 2011). Thus providing a tailored platform utilising streamlined e-communication services (Liang and Scammon, 2011) and developing viable on-going relationships (Clauson, Seamon and Fox, 2010). Health professionals now also see social media as underpinning e-Professionalism developments as important (Cohen, 2006). This is a move towards integrating ubiquitous technologies and health service offerings designed to inform and engage the patient, reduce costs and provide supportive materials to illuminate issues, problems or provide reputable advice (Donath, 2008), other support mechanisms (Roblin, 2011) and earn patient referrals (Wheeler et al., 2011). However, privacy impacts on patient data have been expressed through doctor's use of smartphones (BinDhim and Trevena, 2015; Mobasheri, et al., 2015).

The benefits of using social media in health

Using social media in a health setting may produce some risks associated with data management (Colineau and Paris, 2010); unwanted access (McNab, 2009); and raises some ethical concerns (Pirraglia and Kravitz, 2012) which can be offset somewhat by broadening the scope of the opinion and information coverage (Ding and Zhang, 2010). However, Moorhead, Hazlet and Harrison (2013) suggest that contemporary social media developments are inevitable,

where the benefits are considerable for the patient. Given the flexibility afforded by the technology, this also suggests that benefits include the patient-driven connection to the hospital, which means that the patient benefits most from this arrangement (von Muhlen and Ohno-Machado, 2012) formulated through patient empowerment perspectives (Lober and Flowers, 2011).

However, not all patients utilise such media capabilities as the technology reflects a cohesive, young and media aware social culture normally seen in the under 30s. However, most of the patients for the private hospital system are over 30s and predominantly in their 50s and older (Moschis, 2003). The relative engagement of this group in such technologies has been determined as half of the under 30s (Lenhart, et al., 2010) and is thus an ongoing challenge for hospital marketing management (Hanson, et al., 2011). Having raised this as a literature gap issue (Arksey and O'Malley, 2005; Househ, 2011), this creates the context for the research question, *What are the hospital marketing and technological issues that help the main patient group engage more readily in social media for the purposes of enhancing their health service provision?*

METHODOLOGY

To investigate the issues generated within the private hospital context, a deeper, more involved approach was considered appropriate that required personal discussions on such critical and important issues. In order to consider more implicitly these generated issues, this empirical foundation exploited an interpretive approach as utilised by Hill, Thompson and Williams (1997); and Walsh, White and Young (2008). Social media engagement, targets personal facets and creates individual experiences and is therefore an area of interest where qualitative methodology is most appropriate to generate this type of data (Curry, Nembhard and Bradley, 2009). This was an attempt to understand the perceptions of managerial experiences. The hospital managerial staff were considered specialist knowledge agents and actors (Benn et al., 2008) as their opinions and experiences influenced the perception of such marketing practices, and the development and application of building appropriate hospital-based management related knowledge.

The research used a semi-structured interview conducted with hospital marketing managers, who provided an appropriate element of context and flexibility (Cassell and Symon, 2004) and this was further aided by applying an inductive/theory building approach (Glaser and Strauss,

1967). Given the lack of appropriately focused research in this area, this methodology is seen as suitable for creating contextual data for the purpose of forming richer theory development (Cayla and Eckhardt, 2007). A pilot study was carried out that allowed the changes to language and questions that had more meaning and understanding by the respondents (Kim, 2011). This led to a greater streamlined question regime and an enhanced communication approach with respondents (James and James, 2011).

The population frame (21) for this study was made up of available marketing managers/directors who had responsibility for managing the hospital marketing programmes and situate at one identifiable location, which is considered an existing frame (Ritchie and Lewis, 2003) and delivered an initial means for appropriate sampling assessment with clear boundaries (Coyne, 1997). Given that not all individuals in this group were available for interview, the sampling frame was configured from this population as being described as 17 in number, where each respondent was included (Fink, 2000), and no respondent was considered out of scope relative to the research orientation and requirements (Koerber and McMichael, 2008). Consequently, and in line with qualitative tactics (Bryman, 2012), the respondents were chosen through applying the approach of a targeted population of interest (Carman, 1990) and this reflected the criteria of theoretical purpose, relevance and appropriateness (Glaser and Strauss, 1967). This was considered adequate and appropriate for this inquiry (Guest, Bunce and Johnson, 2006; and Bryman, 2012), but it had no bearing on the research logic (Crouch and McKenzie, 2006). Additionally, using Glaser's (2004) sampling processes, a total of thirteen (13) Marketing Managers/Directors were thus determined as the resultant sample frame - which could also be considered convenience sampling according to Harrel and Fors (1992); and meets the saturation requirements of Guest, Bunce and Johnson (2006) and thus takes the sample frame beyond an empirically expected level.

Each interview was audio recorded for future analysis. Interviews were conducted in English and took approximately one hour. All interviews were conducted through Skype and recorded digitally after gaining explicit permission (following Duranti, 2007) and were later transcribed verbatim using NVivo 11 software using the approach indicated by Bailey (2008). The conduct of the interviews follows a similar process used by Gray and Wilcox (1995) and James (2014), with each individual group being asked the same set of questions – modified through

ancillary questioning (probes and follow-ups) in the same way as Balslem (1991). To increase the reliability of the data, the actual transcription was returned to each respondent – via e-mail – for comment, correction, addition or deletion and return, which followed the process of validated referral (Reeves and Harper, 1981). Whole-process validity was achieved as the respondents were considered widely knowledgeable of the context and content associated with the research orientation (Tull and Hawkins, 1990). Each interview was initially manually interrogated and coded using the Acrobat software according to sub-themes that 'surfaced' from the interview dialogue – using a form of open-coding derived from Glaser (1992a) and Straus and Corbin (1990). This treatment was also reinforced and extended through the use of thematic analysis conducted using the NVivo 11 – qualitative software package (Walsh, White and Young, 2008). Each interview was treated and coded independently. In this way, no portion of any interview dialogue was left uncoded and the overall outcome represented the shared respondent's views and perspectives through an evolving and adjusted coding-sequence (Buston, 1999). Various themes were sensed from the use of the software packages, as well as from the initial manual-coding attempts. This dual form of interrogation was an attempt to increase the validity of the choice of both key themes and sub-themes through a triangulation process (Onwuegbuzie, Leech and Collins, 2012). NVivo 11 was further used to explore these sub-themes by helping to pull together each of these sub-themes from all the interviews (Harwood and Garry, 2003). In this way, it was possible to capture each respondent's comments across transcripts (Riessman, 1993) on each supported sub-theme and place them together for further consideration and analysis (Ryan and Bernard, 2003).

The structure of the outcome is greatly influenced by the emergence of the key-themes and sub-themes. The preferred strategy for the analysis of the primary data was to use the stated research question, which was used as a guide to providing the outcome (based on Yin, 1994). The research methodology used was considered an in-paradigm mixed methodology approach (James and James, 2011) and was determined to create the best possible narrative of the situation in question. The application of the overall research methodology produces construct validity (Healy and Perry, 2000) (based upon the realism paradigm); and preferring to use the terms of credibility and dependability which are accepted by many qualitative researchers in place of reliability by applying Guba's constructs (Guba, 1981) and leading to the Lincoln and Guba (1985) notion of

“progressive subjectivity”.

Figure 1

Research outcomes

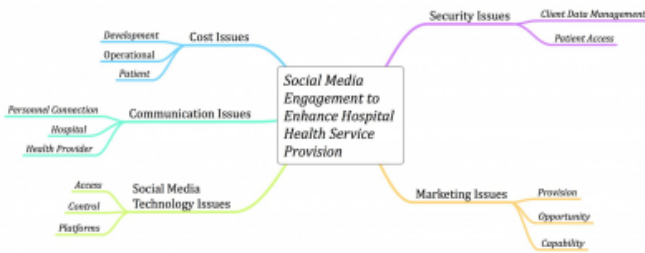


Illustration of Research Outcomes

The outline of the research outcomes for this study is shown in Figure 1 above. The framework supported by appropriate literature, illustrated below in Table 1, consists of five (5) main themes, and fourteen (14) sub-themes. The outcomes are stated below where the discussion focuses on the sub-theme elements within each key theme. The discussion format used in this paper reflects the respondent’s voice through a streamlined and articulated approach for reporting. The style adopted for reporting and illustrating the data is greatly influenced by Gonzalez, (2008) and also Daniels et al. (2007) and is discussed below, focusing on the raised research question and the resultant themes. Table 2, below also illustrates the respondent number for main sub-theme.

Table 1

Research question, themes and references

Research Question	Main Themes	Sub-Themes	Refs	No.
<i>What are the hospital marketing and technological issues that help the main patient group engage more readily in social media for the purposes of enhancing their health service provision?</i>	Marketing Issues	Provision		22
		Opportunity		14
		Capability		17
	Social Media Technology Issues	Access		19
		Control		16
		Platforms		13
	Communication Issues	Personnel Connection		11
		Health Provider		12
		Hospital		21
	Cost Issues	Development		14
		Operational		12
		Patient		26
	Security Issues	Patient Data Management		27
		Patient Access		2

Table 1 above indicates the minimum responses for each identified major theme.

Table 2

Major themes and respondents

Major Themes	Respondent Number
Marketing Issues	2, 3, 5, 6, 7, 8, 10, 11
Social Media Technology Issues	1, 2, 4, 5, 7, 9, 12, 13
Communication Issues	1, 2, 3, 5, 6, 7, 9, 10, 12
Cost Issues	3, 4, 6, 7, 8, 9, 10, 11
Security Issues	2, 4, 6, 7, 8, 11, 13

RESULTS

The results are presented below using the research question as a pointer and supportive empirical evidence through indicated extractions as in Gonzalez, (2008). Consequently, considering the research question - *What are the hospital marketing and technological issues that help the main patient group engage more readily in social media for the purposes of enhancing their health service provision?* The results are stated as five (5) main themes, and fourteen (14) sub-themes as indicated below, where each sub-theme theme is placed with each corresponding main theme.

Main Theme – Marketing Issues

In order to acquire a picture of the status of the development of social media in private hospitals in relation to this theme, marketing approaches appeared to be regularly defined and implemented. Further, the focus for such marketing developments were seen as firmly embedded in new media commitment through mobile platforms.

In terms of Marketing Provision, this is typified by one respondent (7) who suggested that, *...I've noticed recently that the marketing has changed. It's now using smartphones and the like. This is better. Much better.* Another respondent (3) indicated that, *...marketing is closer now, more personal. I like it. It makes me feel part of the hospital facilities.* Another respondent (10) suggested that, *...Connecting to patients and staff is very important. Why not do it with our phones. It makes good sense, and we are all more involved and informed as a consequence.*

In terms of Marketing Opportunity, this is typified by one respondent (2) who advised that, *...It gives us the ability to connect to a wider audience and fast. It can only be good for the hospital. I am sure this is the reason why we are so busy.* Another respondent (6) indicated that, *...Our patients are changing their approach to media use. We need to do the same, otherwise we will be left behind.*

In terms of Marketing Capability, this is typified by one

respondent (8) who informed the research that, *...It's for the patient. They are driving this. At least that's what top management say.* Another respondent (11) detailed that, *...we have been telling our management for quite some time to build and develop social media practices. We are behind at the moment and it has affected our revenue and patient numbers.* Another respondent (5) indicated that, *...I thought the reason for doing all this work was for the patient to get their data. I'm not so sure anymore, as the hospital management want to use it to make more money. This is a different strategy.*

This suggests clearly that marketing managers conducting marketing practices in private hospitals are reacting positively to changes in social media developments and possibilities; and are intent on moderating their marketing provision to validate such developments.

Main Theme – Social Media Technology Issues

In order to acquire a picture of the status of the development of social media in private hospitals in relation to this theme, social media use and engagement appears to show a link between patient needs and contemporary technology engagement by hospital marketing managers.

In terms of Access, this is typified by one respondent (4) who advised that, *...Our patients expect us to build social media apps for their use. It is a way for us to connect with them directly.* Another respondent (12) indicated that, *...We have to make the platforms available to keep our patients informed. Our doctors want this too.* Another respondent (7) denoted that, *...The language that ensures that the marketing message and the personal message comes directly from the practice staff is to utilise this technology. It makes good sense to us.*

In terms of Control, this is typified by one respondent (1) who informed that, *...patients like to control the amount of information they need and receive and also like to have advice directly from the doctor. Social media helps with that.* Another respondent (9) indicated that, *...it isn't easy keeping in contact, but this technology is super for the customers. It really is.* Another respondent (5) suggested that, *...Oh that's easy. We provide the links so that our primary healthcare teams can remain in contact with our patients – especially after surgery. Yes, they like it.*

In terms of Platforms, this is typified by one respondent (13) who indicated that, *...We provide a wide range of options and apps. Whatever technology the patient uses, we have an*

app for them. It has changed the way we do things here. Another respondent (2) intimated that, *...It is difficult to know what the platforms to develop first. It is also very costly if we get it wrong. For example, each platform requires different technology. That's the problem...* A further respondent (9) signified that *...Our patients switch their phones often. We have to develop each platform together. It is really a headache and time consuming.*

Main Theme – Communication Issues

In order to acquire a picture of the status of the development of social media in private hospitals in relation to this theme, communication issues present serious problems as well as useful and integrated marketing opportunities.

In terms of Personnel Connection, this is typified by one respondent (2) who advised that, *...I think it is a considerable development. We can now allow doctors and nurses a direct link to their patients and that means so much to the patient.* Another respondent (9) indicated that, *...We have discovered that connecting to the patient is now a major channel for communication. I can see this now becoming the normal way to do business.* Another respondent (6) signified that, *...Drawing on previous developments, we seem to have developed our system at the right time. However, the vast majority of this communication provides corroboration of appointments and only a little is focused on informing the patient so they can make proper health related decisions. That's sad.*

In terms of Health Provider, this is typified by one respondent (1) who advised that, *...We saw very early on the need to be flexible in our communication capability. Through this technology this aim is being met. However, it is still in its infancy and it could be better.* Another respondent (10) suggested that, *...I don't seem to be able to connect properly with the patient. My communications is still underdeveloped and internally a little one-sided.* Another respondent (12) signified that, *...I try to provide the same message whatever the channel. At times this is impossible and the communication doesn't get through. This is especially true when trying to communicate non-standard, personalized messages.*

In terms of Hospital, this is typified by one respondent (5) who informed that, *...We recognise that standardized messages do not always work. It's just not understanding our patient effectively.* Another respondent (7) suggested that, *...The problem is clear. We have a duty to communicate*

in the same way to everyone of our stakeholders. But that doesn't always work effectively. Another respondent (3) advised that, *...Of course the communications with patients are important, but we can't have anyone just promising anything. We need to control our communications channels.*□

Main Theme – Cost Issues

In order to acquire a picture of the status of the development of social media in private hospitals in relation to this theme, the cost of connecting the system and monitoring the system appears to have been implemented differently with widely different claims associated with costs.

In terms of Development, this is typified by one respondent (8) who advised that, *...It is extraordinarily expensive to develop and test. There are no short-cuts. Our patients demand the best.* Another respondent (10) suggested that, *...Somehow we have to match what each patient wants and do it fast. We can't do everything at once and it costs if we miss deadlines.* Another respondent (3) suggested that, *...yes, the programme development costs are huge. But the opportunity to gain greater market share is something we must achieve.*

In terms of Operational, this is typified by one respondent (9) who advised that, *...Our costs are just too big, I think. All this to connect with patients, who may only use our services once. It's just one big headache.* Another respondent (13) suggested that, *...It's difficult to know where to start, but get it wrong, it's wasted and the costs will be for nothing.* Another respondent (7) suggested that, *...We can't afford to be out of contact. Everything depends on it.*

In terms of Patient, this is typified by one respondent (4) who advised that, *...there is the developmental costs. But what if we ignore the patient? What if the patient does not respond?* Another respondent (6) suggested that, *...We should be doing our best to make sure our patients are informed, supported and above all else provide safe environment for their health.* Another respondent (11) suggested that, *...Expensive it is, but the technology ensures we are available 24 hours a day – wherever they are.*

Main Theme – Security Issues

In order to acquire a picture of the status of the development of social media in private hospitals in relation to this theme, security and privacy appears to be a major issue for hospitals – especially protecting patient's data and securing the hospital's digital resources.

In terms of Patient Data Management, this is typified by one respondent (7) who advised that, *...We take great steps in terms of security. We have a legal and moral duty to prevent any breaches. It is something we strive to do continuously.* A complementary respondent (11) advocated that, *...This is very serious. I make sure that everything is as secure as possible. This sometimes creates problems for our staff and patients [patients], but we have to secure our data.* Another respondent (2) indicated that, *...The data needs to be secure and accessible and it is clear that this is a huge security issue for the hospital and also for patients who rely on our systems to be transparent but secure.*

In terms of Patient Access, this is typified by one respondent (4) who indicated that, *...Our online capability ensures that patients get access to their own data. Nothing else. It is an extension of the doctor's remit, who has access to all data relative to a single patient.* Another respondent (6) directed that, *...It is just so important to make sure that personal data is available only to the right patient and his/her doctor. This has implications for parents and others too.* However, another respondent (13) suggested that, *...any doctor can access patient data and post it. Sadly, it's not secure in that respect. It requires trust. We are trying to solve this, but it is difficult.*

DISCUSSION

In order to take this inquiry forward, the discussion concentrates on the raised question to help address the outcomes. The outcome illustrates the conceptual development and relationships perceived to correspond to the features informing social media engagement which allows hospital management to focus on how these influence their possible strategic intent. Consequently, the main focus for this discussion are the characteristics revolving around the main themes – Marketing Issues, Social Media Technology Issues, Communication Issues, Cost Issues and Security Issues, as:

Marketing Issues

Social media developments in Bangkok private hospitals appear to be a reaction to demands from the patient (Armstrong and Hagel, 1996; Arsal, Backman and Baldwin, 2008) and as such are strongly perceived to closely reflect patient opinion regarding their health (Casaló, Flavian and Guinaliu, 2007). This posits notions of the possibility of the beginnings of a social marketing revolution in hospital management (Christodoulou, 2011; Moses, 2014). However, there does not appear to be a cohesive hospital-wide

managerial process to engage in social media developments (Soyer, 2012) - which is a strategic marketing plan development issue (Willcocks and Conway, 1998). Marketing practices were illustrated as a large part of the social media engagement through sharing real data – pictures, letters etc. (Kaplan and Haenlein, 2010) and hospital staff appear to need to learn new ways of interacting with the patient (Keller, 2009) if they intend to professionally integrate using such technologies. There does not seem to be any real or specific marketing approach delineated through the social media domain/arena and/or any managerial guidance as to their use (Spector and Kappel, 2012; Skiba, 2011) - mirroring untested and unchallenged staff participation beliefs when utilising social media engagement (Epstein et al., 2005). As such, the outcomes further suggest that a Bangkok private hospital social marketing programme relationship tends to be unfocused, impractical, unengaged, uncontrolled and undeveloped (Ellonen, Tarkiainen and Kuivalainen, 2010). However, the respondents appear to view social media engagement as part of the newer ways to interact exclusively with their patients' in terms of their health problems and concerns (Huber, 2011). This is seen as neither prohibited nor encouraged by senior managers.

Social Media Technology Issues

Increasing access to hospital systems and consequent personal data appears to have raised patient expectations (Anderson, Smith and Garrett, 2012) and form a basis for improved patient and professional networking capabilities for staff (von Muhlen and Ohno-Machado, 2012). This has also had the effect of effectively utilising social media as a tool for ongoing stakeholder participation (Christodoulou, 2011) through enhancing collaboration (Barsky and Purdon, 2006) and leading to happier and better informed patients (Hunt, Koteyko and Gunter, 2015). However, control of the public technology, its access and the integration into the private hospital network and management systems (Ventola, 2014) still provides barriers to seamless engagement (Tatla, et al., 2015). In essence, control notions (Angst, et al., 2010) reflect not only access but also patient and professionals needs as the technologies of private and public entities merge. Nevertheless, the myriad number of platforms and the need for specific apps to be made available appeared to stretch hospital management ICT strategies and available resources (Ekeland, 2010). This did little to effect a cohesive and robust ICT strategy development (James, 2015) designed to link patients with their health advisors. This

raises concerns of the focus and breadth of the ICT provision, its consequent cost and the ownership, control and effective facilitation of private data management that impedes the ability of private hospital management to implicitly adopt (Free, et al., 2013).

Communication Issues

Hospital doctors and management appear to still utilise their PCs for transmission of hospital related media (Chaudhry, Glode and Gillman, et al., 2012), which is controlled directly by internal marketing/technical experts representing an exterior party to the doctor-patient relationship (Guseh, Brendel and Brendel, 2009). The technology assimilation appears one-sided. However, patients initiate such communication with doctors and other hospital staff (Bosslet, et al., 2011). Hospital marketing management also appear to be at different experience levels and observe different orientations with regard to media social implementation (Gretzel, Kang and Lee, 2008) resulting in a disparity in media experiences between hospital offerings showing a consistent lack of focus on stakeholder management (Aaltonen, Jaakko and Tuomas, 2008). The importance therefore changes and is dependent on the private hospital marketing programme requiring higher order innovation processes to manage (Hao, Shen, Neelamkavil and Thomas, 2008). Social media appears to have the ability to create and share knowledge/opinion transfer through technology but it remains exploratory at best and lacks the cohesion and trust of proper face-to-face examinations (Hawn, 2009). However, it reasonable to conclude that not all patients or hospital workers would engage or want to engage in social media (Correa, Hinsley and de Zúñiga, 2010) nor that private hospital management would want to develop a totally interactive marketing/promotional mechanism that is dependent on and central to social media inputs (Thackeray, et al., 2008). It thus goes against the notion of choice as it only allows patient-networking capability for those who can pay for such collaborative technologies – including doctor's and patients (Potts, 2006).

Cost Issues

The development and engagement in social media activities appears to be a marketing exercise – dependent on logistical/technical support, but lacking in effective media engagement with some stakeholders – especially the patient. This indicates an unclear cost strategy (Baldwin et al., 2006) and illustrates a poor operational engagement with social media practices resulting in a differentiated cost-exposure

(Lu et al., 2005). Further, doctors and other stakeholders also need to personally invest (monetary value) in such collaborative technologies (Acker, Birnbaum, Branden, et al., 2007). These exact issues appear to create some concern, as the technology is perceived by many respondents as expensive, inhibited, patient driven (Chretien, 2011; Devi, 2011) and reflecting a narrowing of community availability (Sharp, 2006) because it is greatly dependent on the country's focal ICT technical infrastructure (Wyche, Schoenebeck and Forte, 2013). The actual engagement in health matters for the patient appears to be set-aside by the need for purposeful and informative health advice through close consultation with professionals. It is therefore mostly ancillary to these normal consultative processes (Bosslet, et al., 2011) and as such is considered under-developed in private hospital practices in Bangkok.

Security Issues

Security is an issue for patients as well as private hospital management and staff (Herrick, Gorman and Goodman, 2010). At this time, the ICT system as a whole appears to lack credibility, did little to provide assurances that patient related data was secure (Zhang, 2012) and ignored the positive impact of emerging technologies to mitigate such security issues (Davis and Songer, 2008). This raises security and privacy concerns – both from the hospital management and the patient. Further, the ICT system did not appear to be moving towards an adaptive-networks phase (Gross and Sayama, 2009), which leads to the conclusion that the ICT system is immature (James, 2012), undeveloped (Beynon-Davies, 2002) and relatively untested on security matters (following on from Jones and Groom, 2001). This helps to integrate the possible approaches to hospital ICT developments (Peck, 2014; Brown, et al., 1996) in hospital technology-rich environments, but may lead to greater harm as the data becomes permanently available on-line (Greysen, Kind and Chretien, 2010). Further security issues such as personal data disclosure becomes unregulated once it leaves the scope of the hospital technology (Cushman, 2010) which suggests that security of data becomes a major issue for both the hospital and patient (Abril and Cava, 2008).

LIMITATIONS

It would appear that there is little or no academic work that has been conducted in Bangkok on social media impacts on private hospital operations. Further, this is a case targeted to a small, but significant sample of private hospitals in Bangkok and further research is needed to extend the scope

to other hospitals.

CONCLUSION

This research indicated that there is a myriad number of issues influencing social media developments in private hospitals in Bangkok. Hospital management may need guidance to effectively use social media (Ryan, 2012) to protect each valued stakeholder (Culyer, 2005) which should be designed to offset professional issues/disputes/violations through an engaged technological platform using appropriate standards (Guseh, Brendel and Brendel, 2009). Private hospital patients want to have access to their health-related data (Oliver, 2006) and this has now become a health business issue as patient empowerment requirements become a reality.

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