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Patient Attitudes Regarding Physician Accessibility via Social Media: A Cross-Sectional Survey

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Abstract

This study examines patient attitudes toward physician accessibility and engagement via social media. A voluntary, cross-sectional online survey was conducted in 2013 among 227 adult participants recruited through social media platforms. Respondents were predominantly young, female, and Canadian, with high levels of social media use. While most participants reported neutrality regarding the impact of physician–patient interaction on social media, a substantial proportion expressed concern about potential harm to the professional relationship. The majority preferred traditional, in-person care and could not envision scenarios in which social media would be an appropriate substitute for clinical interaction. Privacy emerged as a dominant concern, with over half of respondents reporting high discomfort with online communication with physicians. LinkedIn was identified as the most appropriate platform for professional engagement. Overall, findings suggest cautious patient acceptance of physician social media presence, with strong expectations for maintaining professional boundaries, confidentiality, and separation between personal and professional identities.

Keywords: Social Media, Physician–Patient Relationship, Online Professionalism, Patient Attitudes, Digital Health

1. Introduction

The rapid growth of social media has fundamentally transformed communication patterns worldwide. Facebook has approximately 3.07 billion monthly active users globally, with about 2 billion logging in daily. (Meta Platforms, 2024) This digital shift has penetrated nearly every domain of daily life, prompting questions about its applicability to healthcare.

Social media platforms, including Facebook, X (formerly Twitter), LinkedIn, and others, offer unprecedented potential to facilitate health communication, patient education, and provider–patient interaction. Yet the medical community has been ambivalent in adopting these tools, citing concerns about confidentiality, professional boundaries, and the absence of established guidelines. (Chretien & Kind, 2013) Recent national survey data indicate that 58.5% of adults used the internet to look for health or medical information in the past year, compared with 41.5% who used the internet to communicate with a healthcare provider. (Wang, 2023) Earlier work similarly

found that around 70% of Canadians search online for health-related information, often turning to the internet before consulting physicians (Tonsaker et al., 2014).

Both the Canadian Medical Association (CMA) and the American Medical Association (AMA) have recognized these developments and began addressing physicians' online conduct a decade ago. (Canadian Medical, 2013a; Farnan et al., 2013) Formal was slow to arise, but is slowly manifesting (American Medical, 2023; Australian Medical, 2020; Canadian Medical, 2013b).

Today, evidence suggests that patients see value in online medical content shared via social media, (Sun et al., 2024) while 15.5% of patients reported using social media to select a physician (Greif et al., 2022). But patients are cautious about direct interaction with physicians online. (Markham et al.) Has this sentiment changed over time? The present study aimed to measure patient attitudes and expectations regarding physician presence and accessibility on social media platforms several years ago. The findings, while dated, provide a historical snapshot of the general public's attitudes toward physician social media use.

2. Method

2.1 Study Design and Participants

A voluntary, cross-sectional online survey was conducted in 2013. Eligibility criteria included being 18 years of age or older and English-speaking. Participants were recruited through Facebook and Twitter.

2.2 Survey Instrument

A 36-item questionnaire was developed and administered via SurveyMonkey (approximately 10 minutes to complete). The survey comprised closed-ended questions covering: (1) demographic information; (2) social media usage patterns; (3) healthcare access and utilization; and (4) attitudes and expectations regarding physician social media activity. One optional open-ended question was included. Participants were assigned randomly generated ID numbers to maintain anonymity. All data were stored in a secure, password-protected account accessible only to the research team.

2.3 Analysis

Descriptive statistics were computed for all closed-ended items using SurveyMonkey's analytic tools. The researchers analyzed open-ended responses thematically. Results are reported across five domains: demographics, social media usage, healthcare access, physician social media engagement, and patient opinions on physician online presence.

3. Results

3.1 Participant Characteristics

A total of 227 individuals completed the survey. The sample was predominantly female (74%), young (46% aged 18–25), and urban (88%). Nearly all respondents (94%) resided in Canada, with 92% from Ontario. Most (89%) had a family physician, and 96% visited their physician fewer than 10 times per year.

3.2 Social Media Usage

Facebook was the most widely used platform (95%), followed by Twitter (56%), LinkedIn (50%), Instagram (36%), and Google+ (31%). Among Facebook users, 71% spent 1–10 hours per week on the platform. Only 6 respondents (2.6%) were aware that their physician was active on Facebook, and only 2 had friended or contacted their physician through social media.

3.3 Attitudes Toward Physician–Patient Interaction on Social Media

When asked whether they would accept a friend request from their physician on Facebook, 37% said they would, while 44% would decline. Only 20% agreed that physicians should be available to answer questions on Facebook; a similar proportion (14%) agreed with physician availability via Twitter. Seven respondents (3%) reported they would take offence if their physician declined their friend request, and six of these would change physicians as a result.

Regarding preferred platforms for physician–patient communication, respondents ranked Facebook first (55%), followed by LinkedIn (39%), Google+ (29%), Twitter (22%), and Instagram (3%). However, when asked which platform physicians should use for a professional profile, LinkedIn ranked highest (60%), ahead of Facebook (52%), Twitter (38%), Google+ (25%), and Instagram (13%).

Table 1: Perceived impact of a social media relationship with one’s family physician on the professional relationship (n = 209).

Response	n	%
Beneficial	28	13.4
Harmful	65	31.1
Neither beneficial nor harmful	116	55.5

Table 2: Respondents who could envision scenarios preferring social media over in-person care for health matters (n = 209).

Response	n	%
Yes	58	27.8
No	151	72.2

Table 3: Level of privacy concern if communicating with a physician via social media (n = 209).

Level of Concern	n	%
Not concerned at all	22	10.5
A little concerned	73	34.9
Very concerned	114	54.5

Table 4: Effect on patient–physician relationship if physician expressed a disagreeable political view on social media (n = 209).

Response	n	%
Less inclined to remain their patient	61	29.2
More inclined to remain their patient	2	1.0
No effect	146	69.9

Table 5. Respondent opinion on whether family physicians should limit their public social media visibility (n = 209).

Response	n	%
Yes	97	46.4
No	46	22.0
No opinion	66	31.6

As shown in Tables 1–5, the majority of respondents held a neutral or cautious view of physician social media engagement. Most (55.5%) felt such interaction would be neither beneficial nor harmful to the physician–patient relationship, while 31.1% considered it potentially harmful (Table 1). The majority (72.2%) could not envision circumstances in which they would prefer social media over in-person consultations (Table 2). Privacy was a salient concern, with 54.5% reporting they would be very concerned about privacy when communicating with their physician online (Table 3). While most respondents (69.9%) felt a physician’s expressed political views would not affect their relationship, 29.2% indicated they would be less inclined to remain the physician’s patient (Table 4). Finally, 46.4% of respondents believed physicians should limit their public social media visibility (Table 5).

Open-ended responses clustered around four themes: (1) physicians’ right to use social media as private citizens; (2) privacy and confidentiality concerns; (3) the importance of maintaining professional physician–patient boundaries; and (4) the appropriateness of social media use with restrictions (e.g., separate personal and professional accounts).

4. Discussion

This study found that patients generally favoured in-person medical consultation over social media–based interaction, and most hold neutral or cautious views about physicians’ social media presence. Privacy and professional boundaries were the most consistently raised concerns, echoing findings in existing literature (Chretien & Kind, 2013; Fisher & Clayton, 2012).

These results diverged somewhat from prior research. Fisher and colleagues found that 56% of socially active patients wanted their physicians to use social media, motivated by preferences for appointment management, prescription notifications, and access to general health information. (Fisher & Clayton, 2012) In contrast, only 20% of our respondents agreed that physicians should field questions via Facebook. This discrepancy may reflect the predominantly younger, Canadian urban demographic of our sample, or differences in survey framing and context. Bosslet et al. similarly found that a notable proportion of physicians had received patient-initiated friend requests, suggesting that some patients are comfortable initiating online social connections with their physicians. (Bosslet et al., 2011) Our data confirm that a small subset of patients (roughly 37%) would accept a physician’s friend request, yet the majority would not, suggesting cautious openness rather than widespread enthusiasm.

A key finding is that patients strongly prefer LinkedIn over Facebook or Twitter as an appropriate physician platform. This reflects a desire for professional rather than personal engagement: a distinction central to many respondents’ open-ended comments. Nearly half of the participants felt physicians should limit their public visibility, indicating concern that personal disclosures (e.g., political views) may erode patient trust and damage the therapeutic relationship.

Several limitations should be noted. First, the convenience sampling strategy introduces substantial selection bias and limits generalizability. The sample was concentrated in Ontario, skewed toward younger women, and limited to English speakers, restricting applicability to broader Canadian or international populations. Second, the sample size (n = 227), while adequate for descriptive analysis, limits statistical power and increases the risk of imprecise

estimates. Third, important confounding variables such as educational attainment were not captured. Finally, the novelty of the research area in 2013 precluded robust comparison with prior patient-focused literature.

5. Conclusion

Most respondents preferred that physicians limit their social media visibility and favoured LinkedIn as the most appropriate professional platform. Privacy and professional boundary maintenance were the dominant concerns.

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Declaration of Generative AI and AI-assisted Technologies: This study has not used any generative AI tools or technologies in the preparation of this manuscript.

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