

The media ideologies of medical influencers: between distrust of social media strategies and management of follower expectations *

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This study compares the media ideologies of Italian med-influencers and their followers concerning medical personal branding on social media. The existing literature explores how medical practitioners promote themselves online. Nevertheless, it overlooks the beliefs shaping how med-influencers use social media for personal branding and how they perceive their followers' expectations. In order to explore med-influencers and followers' media ideologies, 28 semi-structured interviews, integrated with the techniques of cognitive walkthrough and thinking aloud methods, were carried out. The interviews with the Italian med-influencers and followers were analyzed through a reflexive thematic analysis. The results reveal a lack of awareness of social media logic among med-influencers, a deterministic approach towards social media, and false beliefs about follower expectations. These media ideologies affect the choice of med-personal branding strategies, limiting them to clarity, entertainment, and the sharing of personal content. Med-influencers believe that posting personal and fun content is enough to humanize the doctor's role. Conversely, followers prioritize genuine emotional engagement. Findings suggest that, while digital literacy skills are important, med-influencers also need greater awareness of how their beliefs and misconceptions may affect personal branding practices.

Keywords: medical influencers, medical personal branding, media ideologies, social media

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Introduction

Doctors are among the most respected professionals, second only to scientists, while social media managers and influencers rank significantly lower¹.

Social media influencers are defined as “a subset of digital content creators defined by their significant online following, distinctive brand persona, and patterned relationships with commercial sponsors” (Duffy, 2020, p. 1). Although many aspire to become a SMI, only few people obtain this status (Estables, Guerrero-Pico & Contreras-Espinosa, 2019).

The status of SMI is, indeed, characterized by the possession of specific requisites that include a perceived credibility, attractiveness, and expertise, but also “other mechanisms (e.g., endorser-brand fit, desire to mimic and emotional attachment) that impact on consumer outcome variables (e.g., engagement, brand attitude, and purchase intention” (Vrontis et al., 2021, p. 618).

Despite the widespread success of Social Media Influencers (SMIs), their role remains controversial and widely debated. While they have the potential to drive social change, there is not always an adequate level of awareness regarding their function as agents of such change. Moreover, the profession lacks shared ethical standards. SMIs are capable of influencing the social and emotional sensitivity of their followers on issues of social relevance. However, this potential often clashes with a content production culture driven by controversy and oriented toward Clickbait (Yusanto & Nugroho, 2024). Other critical aspects concerning the role of SMIs include, in some cases, the dissemination of misinformation, the reinforcement of unrealistic beauty standards, and a lack of transparency in how they manage the personal data and privacy of their followers, which they often collect in the course of their activities (Ekinci, Dam & Buckle, 2025).

Although, also for these reasons, the profession of SMI is ranked lower than doctors, the number of doctors using social media for self-promotion has greatly increased, adopting the role of medical influencers (hereafter med-influencers). They are “individuals from either a medical or non-medical background who engage in health conversations on social media, and by doing so influence what the public think about a health issue” (Guo et al., 2024, p. 1). In literature they are also identified as social media health influencers (Zou, Zhang & Tang, 2021) who focus on health-related topics and use social media to disseminate health messages, arousing emotional resonance, and facilitating behavior changes (Albalawi & Sixsmith, 2017). Their ability consists of reaching a vast number of subscribers and building relationships with them (Senft, 2008).

In this study, we use the term *med-influencers* to refer to physicians from various medical fields who use social media to share content related to their profession and health-related issues. By building their personal brand around their professional expertise, med-influencers gain credibility and foster emotional attachment and engagement with their followers. Through the dissemination of health-related content, they contribute to the development of knowledge and awareness, potentially leading to attitudinal and behavioral changes in relation to health prevention and treatments.

In Italy, vaccine hesitancy (Comunello et al., 2017) prompted healthcare professionals to use platforms like TikTok (Parisi et al., 2023). In such a context, med-influencers offer a possible solution in combatting disintermediation and providing a more qualified competitor to 'Dr. Google'.

Literature has focused on how medical practitioners use social media for self-promotion, health advocacy, and knowledge dissemination (Chen & Wang, 2021). However, little attention has been given to doctors' and medical staff's knowledge, skills, biases, and beliefs about social media logic and affordances when promoting themselves and their content (Low et al., 2021).

Adopting the perspective of media ideologies (Gershon, 2012a), this study focuses on the underlying beliefs and convictions held by medical professionals regarding the skills necessary for using social media appropriately for professional purposes, as well as how those beliefs shape practitioners' use of digital platforms for medical self-branding and to promote health issues.

The media ideologies of med-influencers will be compared with those of followers to analyze discrepancies and convergences.

We explore these, through a qualitative study based on 28 interviews with Italian med-influencers and followers to investigate their attitudes and (false) beliefs that affect the perception and use of social media for professional purposes, especially in the health field.

The study has theoretical implications in showing how the media ideologies approach applied in this field reveals the existence of biases in the professional use of social media that might shape the strategies adopted by med-influencers and perceptions of the med-influencers by followers. The study also has practical implications for medical professionals in avoiding misconceptions that can impact the strategic use of social media for self-promotion

Personal branding in the medical field

Personal branding (hereafter PB) is 'the metaphoric expansion of marketing of goods and services in the world of entrepreneurs' (Gehl, 2011, p. 1). This process emphasizes one's strengths, human characteristics, and uniqueness (Venciute et al., 2024), taking into account the target audience one wants to address (Rein et al, 2006; Khedher, 2014). Its goal is to generate trust (Gehl et al, 2011).

The strength of PB depends much more on the individual interactions and partnerships it establishes (Scheidt et al., 2020; Jacobson, 2020) than on competencies (Peters, 1997). Therefore, PB strategy creates a contact between the branded persona and the customer that will evolve into a relationship based on an emotional connection (Baltezarevic & Milovanovic, 2014; Gorbatov et al., 2018) and attachment (Thomson, 2006).

Therefore, it is important to narrate something real, including the description and externalization of the entrepreneur's private life and personal details, to the point that those who follow them believe they are part of that world (Rachmad, 2023).

Thanks to social media, the importance of PB has shifted from the field of entrepreneurship and marketing to other professional fields, such as the medical profession, where medical self-branding has begun to spread rapidly. This consists of adapting PB strategies to the medical field to maximize the visibility and increase the popularity of professionals (Jeyaraman et al., 2023; Szwed, 2024). Therefore, med-personal branding aims to bring medical practitioners out of their anonymity and make them recognizable within a professional circuit with high competition. In contrast to other professional fields, “developing a professional personal brand in the medical area is a process that is closely connected to, even interdependent with, the patient's degree of satisfaction” (Luca et al., 2015, p. 352).

The interest in PB among medical professionals is linked with the transition of the healthcare system into a market aimed at acquiring sources of finance, along with the great success achieved by online healthcare platforms (Yang et al. 2019). In these environments, an effective PB strategy on social media allows patients to identify a doctor and doctors to make their professional skills identifiable to users/patients and considered trustworthy. Moreover, PB offers doctors and health practitioners the opportunity to stand out in a competitive environment and to benchmark or network with the wider community (Panahi et al., 2016).

Until 10 years ago, some hesitation was registered among medical practitioners in making full use of social media because of the potential legal implications related to public access to these environments (Brown et al., 2014). Ethical concerns often have led doctors to decline a friendly request sent by a patient on their social media account, feeling uncomfortable thinking a patient can see content posted by the doctor on their social media page (Brown et al., 2014). Another issue refers to the risk of self-commodification by doctors (Lair et al., 2005; Cederberg, 2017) and confidentiality (Panahi et al., 2016). Other risks include the over-simplification of medical issues to comply with the direct and concise language required by social media (Hawn, 2009; Di Marco et al., 2024).

Despite these numerous concerns (Jeyaraman et al., 2023), the importance of digital media in health care is widely recognized. Attempts have been made to add digital literacy skills to medical course curricula, especially after finding that practitioners sometimes produce or endorse sensationalist content below medical standards (Law et al., 2021). These skills are predominantly aimed at promoting the efficient use of the Internet and social media to research health-related information or in assessing the advantages and potential dangers of writing medical blogs (Mesko, 2015). However, this attempt to increase digital literacy underestimates the strategic use of digital platforms to achieve specific goals such as promoting medical content, the profession, and the professionals.

Studies focused on med-PB have paid scant attention to the issues arising when doctors try to negotiate their professional knowledge, skills and duties with social media logic (Van Dijck & Poell, 2013) and their affordances (Costa, 2018) to allow their unique qualities to emerge.

Doctors dealing with social media to promote themselves vs their followers' expectations

Medical professionals use social media for several purposes (Chen & Wang, 2020): from networking to learning activities, from influencing public opinion (Guo et al., 2024) to countering misinformation, and from humanizing the role of doctors (Ng et al., 2024) to career development opportunities (Roman, 2014).

Doctors' use of social media has been analyzed through three main perspectives: presentation of self; impression management; and the socio-technical perspective.

Notably, the social media management for PB is mainly handled by the practitioners themselves; seldom they delegate the responsibility to family members, friends or social media managers (Ioan et al., 2014). This justifies the concerns regarding the appropriate communication strategies to use on social media and practitioners' fear of being perceived as unprofessional (Ohlheiser, 2020).

One of the main concerns regards managing different roles and selves in online environments (Atef et al., 2023). Practitioners adopt negotiation strategies between their roles as influencers and doctors to strategically merge multiple faces into one. Behind this strategy, it is recognized the role practitioners' beliefs have about their audience's expectations in their self-presentation, namely: "to learn from a knowledgeable face" but with the need to receive help "of a pedagogical face" (Atef et al., 2023, p. 2679). Nonetheless, it is not explored how these convictions may affect the strategic use of social media.

Studies on the impression management of digital identities reveal that the presentation of the self becomes more fragmented and compartmentalized. Doctors post selected pieces of the self, separating personal from professional content (Maggio et al., 2024), combining the two identities or splitting them on different social media (Lopez & Robbins, 2021). This effort derives from the (mental) health professionals' awareness that using social media for self-branding requires a high standard of online behavior to gain or maintain a reputation. However, beliefs about what this high standard of online behavior consists of are not made explicit.

Impression management of digital identity by health practitioners is aimed at dealing with concerns about their participation on social media and at taking control of others' perceptions. Lopez & Robbins (2021) state that digital identity management is a four-step process based on 1) deconstruction, 2) creation, 3) presentation, and 4) the monitoring, evaluation and reconstruction of the self. The deconstruction phase is important because it includes a step for assessing technology. It gives attention to the role of technology in the digital identity management process, by assuming a negotiation between medical practitioners and digital platforms. This negotiation consists of assessing the function and purposes of different social media and understanding how to use them differently.

Medical practitioners shape their impressions and judgments about the functionality of the specific technology through hands-on experience and contact with others. This is an important process in learning "appropriate online behavior" (Lopez & Robbins, 2021, p. 169). Nevertheless, this study does not consider the criteria practitioners use in assessing

whether online behavior is appropriate or how these judgments might shape the process of creating a digital identity as health professionals.

The online environment plays another important key role in defining med-PB strategies and potentially shaping practitioners' brand performances. Through analyzing it, some studies (Zhang et al., 2021) adopt a socio-technical perspective, arguing that the environment constitutes an antecedent of PB strategies because it provides the med-influencer with information about the sort of regulations and competitors typical of online healthcare platforms. This information influences the identity construction and performance of practitioners, inviting them to display the ranking of the hospital where they work, their medical and academic titles, and publications. Nevertheless, this information does not impact their PB performances as opposed to offering a written consultation. Similarly, hands-on experience with online environments used for PB, and the analysis of competitors' strategies do not consistently guide med-influencers toward implementing effective PB strategies (Zhang et al. 2021). Therefore, what med-influencers believe is true and strategic for their self-promotion is not always accurate, but whether and how these false beliefs drive their online behaviors has not been adequately explored.

Environment, concerns and expectations are traits the literature has identified as factors explaining what PB strategies health practitioners adopt in acting as med-influencers.

The gap emerging in the literature on medical-PB is that it mainly focuses on exploring what med-influencers do, rather than on the beliefs behind the way they use social media for med-PB. Thus, what still needs to be explored are the med-influencers' ideas "about different communicative media and how different media functions shape the ways they use these media" (Gherson, 2010a, p. 290) for PB.

This study aims to fill this gap by focusing on beliefs about social media and how they work in shaping the way practitioners practice med-PB. We explore these dimensions through the perspective of media ideologies: "people's beliefs, attitudes and strategies about a single medium" (Gershon, 2010b: 389), or more specifically "what people believe about how the medium affects or should affect the message" (Gershon, 2010b, p. 391).

One aspect to look out for is how "people's beliefs, attitudes, and strategies about media structure do not necessarily reflect how people use media" (Gershon, 2010a, p. 284). Thus, it is possible that what med-influencers say about how social media work in reaching their PB goals is not always correct; nevertheless, these beliefs might affect how they use social media for med-PB.

We will also consider the beliefs followers have about the appropriate way for med-influencers to do PB on social media. A study on follower perceptions highlights the importance that they ascribe to social validation characterized by positive peer endorsement and recommendation of med-influencers. Transparency and authenticity in personal and professional content shared on social media are very appreciated and stimulate a sense of connection that increases loyalty (Szwed, 2024). This study does not consider the role of follower expectations and beliefs about the process of med-PB.

Exploring med-influencers' ideas about how social media can be used for promoting themselves is important in understanding if and how practitioners' use of social media is shaped by their own and their followers' ideas about it.

Starting from these premises, the research questions directing our analysis are:

RQ1: What are the media ideologies med-practitioners hold about using social media for PB?

RQ2: How do media ideologies shape the way med-influencers use social media?

RQ3: What are the beliefs med-influencers have about the (supposedly) most appropriate communicative strategies and models for promoting themselves on social media?

RQ4: What beliefs shape follower expectations about med-influencers and what are the critical issues followers find in the way medical practitioners use social media for PB?

Methods

This study privileged a qualitative approach based on the online semi-structured interview technique. This typology of interview is the most suitable to gather information about med-influencers' and followers' beliefs and attitudes on the strategic use of social media, considering that beliefs and attitudes are "evident in narratives but not always narrated as such" (Galletta, 2013, p. 2).

This technique was integrated with cognitive walkthrough (Blackmon et al., 2002) and thinking aloud (Lewis, 1982) methods. Therefore, we gave participants small tasks during the interviews to allow the med-influencers to describe the reasons behind the strategies adopted for communicating and managing social media. We also asked followers to show us their favorite content and med-influencers' accounts to explore the reasons behind their preferences and the beliefs that support them.

Participant recruitment

The participants were identified through the keywords #doctors-medicine, and #doctorinfluencers typed in Italian on Facebook and Instagram. Among the 287 results that emerged, 67 on Instagram and 220 on Facebook, we selected only those accounts of med-influencers that met the following criteria: being Italian; being an individual account, using one or more social media for medical PB purposes; managing personally their professional accounts without the support of a social media manager; working in different areas of medical specialization; and number of followers. 40 accounts matched these criteria.

The followers were identified among those following the accounts of the selected med-influencers and who, in turn, suggested other contacts they knew who also followed different med-influencers not included in our list since they did not match all the selection criteria.

The criteria for selecting med-influencers' followers were: being Italian; following more than one med-influencer; having an average age between 25 and 30. The age was self-declared by the participants when they were contacted to participate in the study. This age group represents a transitional phase between emerging and established adulthood, during which individuals typically acquire greater autonomy in health-related decision-making and actively seek information online to support those decision. Their perceptions of med-influencers are therefore especially relevant for understanding the influence such figures may exert on health awareness, attitudes, and behaviors among young adults.

Once the med-influencers and followers were identified, we sent them an invitation to participate in the study via direct message, mainly on Instagram.

Out of the 40 selected, only 6 med-influencers accepted to take part in the study. Therefore, we combined a snowball sampling procedure with a purposive network sampling approach. On one hand, the med-influencers who accepted the invitation suggested contacting colleagues practicing medical-PB through social media. Through this procedure we have obtained the availability of 3 additional physicians. After that, a purposive sampling strategy was conducted through the authors' networks to identify profiles that met our initial criteria and ensured gender balance. Through this procedure, an additional 6 med-influencers were recruited. At the end of this procedure, a total of 15 med-influencers accepted to take part in the interview.

The followers contacted were 25. We selected them basing on the criteria of relevance of their interactions with the med-influencers, such as: numbers of comments to the med-influencers' content and number of likes on posts and content shared by the med-influencers. Out of the 25 followers initially contacted, only 3 agreed to participate in the study. These participants, in turn, provided us with the contacts of other 10 followers of med-influencers who were willing to take part in the interview. Therefore, 13 were the followers eligible for the interviews. Thus, we conducted in total 28 interviews: 15 with Italian med-influencers and 13 with followers of med-influencer accounts.

The interviews were conducted online, through the Zoom platform, between November 2021 and September 2022 and lasted between 60 and 90 minutes.

The interview outline for med-influencers explores the following topics: opinions about the use of social media for disseminating health information; their reasons for practicing PB on social media; the goals they want to achieve through PB and the strategies they implement; the processes of the definition of their goals; opinions about health professionals who practice PB; management of their interactions with followers and expectations about them and their reactions to the content proposed; examples of effective and ineffective strategies for medical-PB, with requests to show accounts of other med-influencers that reflect the two situations.

The interview outline for followers explores the following topics: reasons for following med-influencers; description of the process of selection of med-influencers they follow to explore the criteria for choosing them; opinions about med-influencers that post personal and professional content on social media; expectations of med-influencers and the needs of followers that med-influencers must satisfy.

By following the cognitive walkthrough (Blackmon et al., 2002) and thinking aloud (Lewis, 1982) methods, we assigned to the med-influencers the task to show us their social media accounts in order to present and comment on the content that generate more interaction with followers and their opinions about it. Additionally, we asked them to explain how they manage these interactions, including the strategies they use to respond to comments and the types of content they consider most effective, along with the reasons why.

Conversely, the task assigned to the followers was to show and comment on the process through which they chose which med-influencer accounts to follow, as well as the criteria they used in making these decisions.

Procedure

The interviews were transcribed and then analyzed separately through the reflexive thematic analysis (Braun & Clarke, 2006; 2021a) by two coders (the authors) who used a deductive approach. The codes used to generate themes were interpretative more than descriptive. Some codes were specific to med-influencer discourses, others to follower discourses, and others were common to the two groups. To explore media ideologies in med-influencer and follower discourses, we operationalized this concept by looking for narratives referring to beliefs and attitudes on strategies about med-influencers' PB on social media.

The codes initially applied to the med-influencer discourses are attitudes toward social media use for PB; implicit or explicit beliefs and attitudes about social media logic and affordances to explore behaviors adopted to circumvent them or benefit from them.

The codes used for follower discourse are expectations of medical PB, med-influencers selection process, and med-influencers evaluation criteria.

The codes common to both med-influencers and followers are (false) beliefs about social media strategies for PB; perceived appropriate or inappropriate strategies for PB; and the limits and benefits of social media functions.

The coding process, according to Braun and Clarke (2021b) is part of an analysis situated in an interpretative reflexive process. Therefore coding is open and organic and "themes should be the final 'outcome' of data coding and iterative theme development" (Braun & Clarke, 2021b, p.7).

We then shifted from codes to themes that capture "patterned response or meaning within the data set" (Braun & Clarke, 2006, p. 82). In doing this, we reviewed the coded data and solved the discrepancies when occurring, returning to the original data until agreement was found between the two coders about the interpretive line ascribed to each code or the research for a new interpretative perspectives on the interviews exerts. Then we collapsed overlapping codes and clustered those that presented similarities and that "describe a coherent and meaningful pattern in the data" (Braun and Clarke, 2006, p.63).

The macro-themes and themes that emerged from the analysis refer to med-influencers' media ideologies about the use of social media for med-PB, followers' media ideologies about online medical-PB, and shared media ideologies.

Interviews were anonymized for privacy reasons and were conducted according to the ethical principles of the Helsinki Declaration (AMM, 2013).

Results analysis

The med-influencers interviewed were 8 women and 7 men. Their average age was 44 years old. They work in different medical fields: Allergists (N=2), General medicine (N=4), Gynecology (N=2), Plastic surgery (N=4), Dentistry (N=2), Ophthalmology (N=1).

Two of them have only a Facebook account, four have only an Instagram account, eight have both Instagram and Facebook accounts, and one has both an Instagram account and a TikTok account. No discourses referring to differences in the use of these digital platforms was registered, even though they have different affordances. This can be explained by the fact that the participants' discourse focused on the general concept of social media, without going into the specifics of the platforms. Therefore, their reflections did not take into account the differences that characterize various digital environments available for promoting PB.

Their followers were aged between 25 and 34 years old. Among the interviewees, there were 10 micro-med-influencers (>1.000 followers), and 5 macro-med-influencers (>100K), according to Conde and Casais (2023)'s classification. They mainly used Instagram and Facebook for med-PB.

The followers interviewed were 7 women and 6 men, between 25 and 30 years old. Each follower interviewed followed 2 to 3 med-influencers on social media such as Instagram, Facebook, and TikTok.

The interviewed followers are predominantly students enrolled in undergraduate or postgraduate degree programs, or individuals who have already obtained a bachelor's or master's degree. More specifically, among the participants there is one graduate in Cultural Heritage, one in Marketing, one in Psychology, one in Tourism, one medical graduate, two medical students, one student attending a beauty therapy school, and four participants who did not declared their educational background.

In the following section, we present macro-themes and themes referring to med-influencer and follower media ideologies about med-PB on social media and shared media ideologies.

Med-influencers' media ideologies

The media ideologies that emerged from med-influencers' narratives refer to beliefs, false beliefs, and prejudices about how to practice med-PB on social media appropriately. Those

beliefs are often supported by convictions concerning how social media work and its functionalities.

The macro-theme a) '*media ideologies rooted in false beliefs*' includes the following themes:

a.1) Social media strategy as fiction and strategic goals as deception.

The med-influencers believe that success on social media depends only on the doctor's professionalism and medical skills. If a med-influencer has those requisites, no strategies are needed. This idea is rooted in the media ideology that social media's role is only to provide visibility. They are perceived as a broadcasting medium that automatically helps med-influencers reach as many people as possible through their affordances.

Social media are suitable for all types of information (...) They offer a great opportunity, an enormous showcase (Plastic_surgeon_m).

The word 'strategy' was used in the interview outline to explore how med-influencers reach their goals, but it was perceived as a threat to their honesty in promoting content and presenting themselves.

Med-influencers conceived strategies as something to achieve commercial rather than dissemination purposes. They answered the questions related to strategies with an attitude of distrust, as these excerpts illustrate: "Ok, but I don't apply any strategy or anything, I'm myself" (Surgeon_m) or "Yes I didn't know I was applying it but ok" (Gynecologist_f) or "I don't have any particular strategy, and honestly, I do it more for fun or to stay in touch with patients who already know me than to promote myself" (Surgeon_m).

Practitioners' discourses reveal prejudices about using strategies for self-promotion in the medical area; strategy is seen as being synonymous with fiction.

The main bias in med-influencer media ideologies is thinking that strategies consist of emulating successful models applied by more famous med-influencers. This emulation contrasts with their goal of being themselves and genuine to the point of declaring that having a professional profile is a sort of private choice with no public implications.

I didn't open my profile by emulating others, you know? I opened it for myself (Plastic_surgeon_f).

No, I don't have any goal. I didn't set any goals for myself. That is, I just set out to evaluate whether it was working and that's it (Surgeon_m).

A deterministic attitude toward social media emerges, like a turn-on/off mechanism that does what it is expected to do.

Goals and strategies are something beyond med-influencers' intentions. They frame their professional profile as an attempt or just a verification of social media affordances and successful actions to implement through digital platforms.

a.2) Social media as a double-edged sword, especially during COVID-19

Practitioners acknowledge that, during the COVID-19 pandemic, social media was a useful tool for quickly disseminating information to many followers.

The deterministic attitude that emerged in the previous theme turns into a more user-centered perspective when the interviewees focus on specific and concrete circumstances, such as the information activities carried out via social media during the pandemic. In this case, the med-influencers' media ideology is that conveying information and succeeding in using social media for PB depends on the communicative abilities of the med-influencers themselves more than on platform affordances.

The capability of conveying info on COVID-19 is more related to the verbal ability of those using the social media than to the social media themselves (Plastic_surgeon_m).

From their perspective, the role of social media is simply to amplify their content, like a megaphone, and reach as many users as possible.

Therefore, the media ideologies of practitioners regarding how social media work as a medium to divulge health information are dominated by a deterministic perspective, sometimes user-centered, sometimes social media-centered.

This perspective supports the media ideology that social media are a double-edged sword, in the sense of its technical and relational dimensions.

From a technical perspective, social media quickly conveys information about COVID-19 prevention; although they are perceived as a machine you can easily lose control of.

(The use of social media) can get out of hand, there's a loss of control over the number of requests, potential breaches of information, and misunderstandings (General_practitioner_f).

From the relational perspective, med-influencers suffer the effects of direct communication with a multitude of users. The number of information requests that arrive from their followers is seen as excessive. As this doctor says: "I was inundated by requests of information about COVID-19" (Gynecologist_f).

This perception is shared among all participants who label followers' information requests as "excessive", "misleading", "risky", "silly", "immoderate", "foolhardy", "exaggerated", "an abuse".

Beyond this media ideology, there is a lack of knowledge about social media logic, more specifically about how popularity works in those environments and how to manage connectivity (Van Dijck & Poell, 2013). In this belief, little consideration is given to the option that, to control these platforms, there is a need for skills and knowledge of affordances and community management the interviewed practitioners seemed unaware of.

a.3) Beliefs about successful models of communication on social media for med-PB

There is a common idea among physicians about the successful communicative strategies to adopt to communicate on social media. That idea refers to two communicative aspects: style and tone of voice.

In terms of style, there is a widespread belief that “clarity”, and “brevity in exposure... incisiveness” are successful communicative strategies.

(The content) must be short, impactful, and enthusiastic. Just like an advertisement, because on social media, the attention span is extremely low (...) When you want to promote yourself, you need to be striking, positive, but also very clear and concise in your explanations (Allergologist_f).

Regarding the tone of voice, the interviewees strongly believe that health content need not be conveyed through a serious attitude. Amusement is considered the most appropriate tone of voice for a med-PB on social media, whereas seriousness is a mistake.

Another mistake is using a method that's too heavy, too serious (...) There needs to be a bit of joy, something fun (...) Otherwise, people get depressed and bored (Oral_Surgeon_m).

The communication strategies considered successful in online PB are based on the media ideology that social media are for fun, and users, in these environments, look for entertainment. This belief is based on biased perceptions of both social media and expectations about followers. Italian med-influencers believe that social media are not an environment suitable for serious topics, and they also think that users and followers are more into scrolling the feed in search of fun and recreation.

The practitioners' discourses highlight a stereotypical view of followers and also a self-stereotype according to which physicians are not considered human. Thus, the only way to get closer to followers is to adopt the tone of voice and communicative style that users are supposed to like and expect on social media, namely humor, irony, and brevity. More specifically, med-influencers believe that amusement is the only tone of voice effective in humanizing them. No other options are considered in their discourses for this purpose.

It turned out that people love an ironic side in a professional because it makes you more human (Plastic Surgeon_m).

Although, in the first theme, physicians showed skepticism towards strategies, their discourses reveal the adoption of a strategic approach in their communicative choices, aiming to please their followers.

Practitioners' beliefs reveal a disjunction between strategies as a way to reach the goal of an effective PB aimed at promoting themselves, which is not acceptable, and strategies aimed at creating closeness to their followers, which is considered legitimate.

Other themes emerged about media ideologies not necessarily refer to false beliefs. These themes are included in the macro-theme: *b) 'beliefs and ideas about med-PB on social media'*.

b.1) Social media are an opportunity to humanize doctors

Aligned with the literature (Ng et al., 2024), the Italian practitioners interviewed mention the widespread concern that doctors are not perceived as human. This strong belief affects the style, the tone of communication they use, and the choice of content to post on their professional profile.

Although med-influencers claim to reject strategic approaches, they end up planning to share aspects of their personal lives on social media to build trust with followers, and to reshape their perceptions of the doctor's role.

It's nice that people who choose to rely on you as a professional know who you are and trust you...It's a boost to the doctor-patient relationship...It's nice that patients know something about me (General_doctor_f).

Beyond the declared search for spontaneity in PB on social media, med-influencers use empathy as a tactic for attracting loyalty. As this doctor says:

Having a glimpse into the personal life of the professional increases loyalty (...) Empathy is also important. The moment I can connect with my follower is the end point of my dissemination activity (General_practitioner_f).

Almost half of the med-influencers interviewed stated that they mixed personal and professional content in their profile. Thus, they reveal aspects of their personal lives on social media that their professional role typically prevents them from disclosing in offline settings. Through this, they leverage social media logic to challenge the image patients and followers usually have, offering a different perspective on their professional role.

One of my goals was to raise awareness of the medical profession; however, it is also to humanize it. We are not robots! (General_practitioner_m).

Social media provide the environment to present the profession itself rather than medical performance. They are an alternative stage for showing what happens backstage and for giving a new perspective on the profession.

Contrary to other studies (Lopez & Robbins, 2021), Italian med-influencers have no problem in managing different facets of their personalities. Their efforts in constructing a unique self, made up of a professional and personal dimension, have the purpose of restoring humanity to the role of the doctor.

b.2) The challenge of interacting with a new anthropological species: “the patient from the Internet”

The interviews clarify that med-influencers adapt their communicative performances to what they believe to be patients' expectations, as is consistent with other studies (Atef et al., 2023). Nevertheless, in this study med-influencers are aware that the patients they are relating with through social media are not just informed patients, but “know-it-all patients” based on their use of the Internet. This belief shapes the pattern of communication practitioners adopt on social media.

Everything has changed, because there is now an extremely high level of attention to what the doctor says, as well as how it is said and presented. The patient who comes from the Internet is the one who found me online and who is used to surfing, documenting, informing, and looking for a specialist who is less a professor and more... let's say... a hands-on person and who always explains everything they are going to do and why they are going to make a diagnosis and why they are going to do a test (Allergologist_f).

Dealing with demanding patients is challenging. A deterministic perspective emerges on the role of the Internet and social media in creating a demanding patient and, simultaneously, a sense of frustration in the med-influencer's attempts to meet their expectations. As the previous Allergologist states, “It is hard to tell followers they are wrong...social media might generate expectations that I could not satisfy” (Allergologist_f).

This constant search for information by patients leads them to come across fake news. Med-influencers consider it threatening, not only because of the effects it produces but also because of the effort med-influencers have to make in countering fake news. Indeed, whereas physicians give rational information, fake news hits the emotions and has much more success and impact.

There has been a worsening, the patients are know-it-all, it is not true that they know, they have a basis, but they cannot have the same knowledge as the doctor. (Followers think that) “Doctor is the hand that performs and I already know everything”(…) It is worse how the patient sees their doctor. Fake news have also complicated my work, it's harder to explain that the patient is wrong (Plastic_surgeon_m).

Interviewees express a critical attitude toward patients' use of digital platforms for health purposes, highlighting a kind of tug-of-war between Doc. Google and med-influencers. In practitioners' narratives, the bias of a double standard emerges clearly. They question the way patients use those environments, considering them dangerous; on the other hand, med-influencers present the use they make of social media as an antidote to the dangers of digital platforms used for medical purposes.

Google Health has proven to be quite dangerous, not only in terms of diagnoses, treatments, and self-diagnoses, but also from the emotional perspective of the patient (...) Google often exacerbates emotional crises, especially in emotionally vulnerable individuals. In this context, the presence of doctors on social media can potentially serve as a small barrier (General_medicine_doctor_m).

Followers' media ideologies

Follower discourses highlight a different perspective on what should be the role of doctors who use social media for med-PB. Their narratives shed light on the true c) *followers' expectations and media ideologies about med-influencers*, contrary to what the latter expect. The themes included in this macro-theme are:

c.1) Med-influencers must be spontaneous and not show commercial interests

Whereas med-influencers believe that showing part of their personal life on social media is useful for PB and most of all to humanize the role of the doctor, the perspective of followers on this is completely different.

Posting content related to their personal life is not relevant for humanizing physicians. It is rather the proof of their reliability, which just dispels any doubts about the fact that med-influencers are on social media to genuinely share information and build an authentic relationship with their follower instead of to showcase their expertise to increase their business. As these followers state:

If I perceived a promotional purpose (of med-influencers), it would bother me...it's something that would drive me away (...) I give a lot of importance to the human side of the med-influencers I follow (Male_27_yo).

In followers' opinions, med-influencers and business cannot exist side by side. According to followers' beliefs, a balance between professional and personal content is the proper way to address med-PB on social media.

I think presenting one's (personal) life is a plus... of course, everything has to be done in the right measure (Male_27_yo).

Professionalism is necessary (...) But there has to be an emotional corridor... An intimacy that you feel even not knowing this person (Male_27_yo).

Stressing the emotional dimension more than the professional one, followers show a higher level of awareness about the more effective PB strategies than the med-influencers themselves.

c.2) The criteria in choosing a good med-influencer

According to followers, it is not easy to identify med-influencers to follow on social media. The criteria adopted to select them are the same as the followers use to identify macro-influencers or celebrities on social media.

Being the doctor of a famous person (is a criterion). I said to myself she could be a reliable dermatologist. I saw that more than one person follows her, so I said, why not? (Male_28_yo).

Followers look for reliability, but also for the med-influencers' attitude that emerges more when they show moments of their private lives and which does not emerge when they perform only their professional skills.

(I follow doctors) because I'm interested in their specialization field as well as a little bit for their attitude on private life, their approach to things that are not purely medical. They then become characters that one follows like they were Chiara Ferragni (male_26_yo).

The criteria mentioned by followers to choose a good med-influencer to follow are: the "number of followers" they have; "the blue flag", which shows it is an official profile; having "common followers"; using "keywords or hashtags" related to trend topics. Interestingly, the criteria to follow influencers are valid also in selecting valuable med-influencers, and at the same time, "influencers" themselves become a criterion of choice for med-influencers. According to followers, "influencers or celebrities that follow med-influencers" guarantee the reliability of a physician's professional account.

c.3) Followers' expectations of med-influencers during COVID-19

Followers believe that during COVID-19 med-influencers had to provide: "data", "clarity", and "frequent updates". They expected med-influencers to compensate for the difficulty of seeing doctors face-to-face during the pandemic.

The impossibility of relating to doctors in person (during the pandemic) caused people to start contacting doctors on social media and then having them as social media outlets (Female_35_yo).

While med-influencers consider "excessive" followers' requests, the latter appreciated that they gave up their leisure time to explain the effects of vaccines.

They inspired me with trust because they were standing there, maybe even with a blackboard, explaining step by step what this vaccine was doing inside our body (Female_28_yo).

Followers' expectations toward physicians during the pandemic were shaped by a specific dimension of social media affordances: simultaneity. Followers expected to receive frequent and simultaneous updates from their doctors, which was impossible.

Med-influencers are those who continuously give an update rather than 'normal' non-famous doctors who instead give updates somewhat randomly when needed (Female_27_yo).

A belief that emerged among followers, talking about COVID-19, is that med-influencers played a vicarious role during the pandemic, compensating for the lack of information from doctors followers were usually in contact with offline.

The difficulty in accepting the low availability of doctors to communicate with patients made med-influencers gain higher appreciation, credibility, and trust, during the pandemic.

Med-influencers and followers' shared media ideologies

The comparison between followers' and med-influencers' interviews reveals just one d) *shared media ideology* expressed through the following theme: thinking of doctors on social media as influencers is demeaning.

Med-influencers and followers share the idea that medical practitioners and influencers belong to two separate worlds, even though they share the same environment. Therefore, they should follow the same rules.

A professional is not an influencer because they are doctors, however, you are still on social, and in my opinion the content you want to convey must be appropriate for the medium you are using (Female_26_yo).

I don't want to call them influencers ... Poor doctors! However, any person who works well with reels or TikTok (during the pandemic) has been followed much more (Female_24_yo).

It emerges a media ideology based on the prejudice that followers have toward the role of influencers compared to that of physicians on social media. Although they perceive the same goal of reaching visibility, there is a sort of indulgent attitude by followers toward the use doctors make of social media. Another example of a double standard emerges towards those whose main profession is working on social media and those who use it professionally, but practice their profession offline.

Similarly, doctors consider being an influencer as something distant and different from their world.

I have over 1,000 likes on my FB page, it's not so much but it's a lot for an ophthalmologist because I am not an influencer (Ophthalmologist_m).

Behind the media ideology that seeing a doctor as an influencer is reductive, there is a common view among med-influencers and followers: the presence of doctors on social media is of great importance and utility. However, at the root of this perspective, there is always the latent bias that the medical profession is something serious and the social media environment is not.

Discussions and conclusions

This study has explored, through the lens of media ideologies (Gheron, 2010a), Italian med-influencers' and followers' beliefs, attitudes, and biases about the use of social media

for professional strategic purposes. It has also explored how med-influencers' beliefs shape their more frequently used PB strategies and their relationships with followers.

Unlike existing literature, our analysis offers a comparison between med-influencers' and followers' media ideologies about reciprocal expectations.

The results highlight that med-influencers have, more than followers, many media ideologies based on false beliefs about how social media work, followers' expectations, and the (supposed) effective communicative strategies to promote themselves on digital platforms.

Two main med-influencers' media ideologies emerged about the use of social media for PB (RQ1). Firstly, med-influencers associated the concept of strategy with commercial purposes, rather than communicative goals for self-promotion. This affects their behavior, pushing physicians to avoid the emulation of structured communicative formats used by more successful med-influencers, and making them prefer a more genuine communication strategy not planned in detail. Secondly, med-influencers have a deterministic conception of social media: they believe that posting content is enough to reach visibility and popularity. This belief, contrary to Lopez and Robins (2021)'s study, is not based on a technological assessment. Moreover, it does not consider platforms' affordances and social media logic elements for practicing PB. Currently, none mentioned the use of sponsored content showing unawareness about the necessary socio-technical effort to create engagement that goes beyond content creation and posting practice.

Such a deterministic perspective shapes the way they use social media (RQ2), that are approached as a broadcaster medium. Med-influencers overlook that the management of interaction with followers plays a key role in med-PB. The feeling of being overwhelmed by requests for information from followers highlights that med-influencers devote all their attention to content creation rather than to community management activities. In their beliefs, the two things are separate activities, and physicians underestimate that requests from followers may feed their content creation strategies. Consequently, there is no room for negotiation with followers and social media affordances through direct message restrictions or turn-off notifications to reduce the pressure caused by followers' requests. By ignoring those affordances, med-influencers adopt a passive role in the use of social media and do not exert their agency capacity. This explains why they perceive social media as a tool that is out of their control.

Other false beliefs concern what med-influencers consider to be the most appropriate communicative strategies for PB on social media (RQ3).

Practitioners believe that a clear, brief, and fun communicative style and tone of voice determine the effectiveness of communicative strategies for self-promotion. These beliefs are not based on an analysis of the platform used, the competitors, and the target, contrary to what emerged from Zhang et al.'s (2021) study. Their strategies are mainly based on med-influencers' prejudices about social media users' preferences, such as the convictions that followers use social media just for fun. This belief, inevitably, reduces to amusement the possibilities of communication strategies for PB.

Secondly, med-influencers confirm the usefulness of social media for humanizing the image of physicians (Ng et al., 2024). However, the only communicative strategies considered effective are avoiding seriousness in presenting medical content, along with sharing aspects of their private lives.

This widespread belief supports the idea that PB branding on social media is only for those professionals who know how to entertain. This media ideology cuts out from the process those doctors who do not want to merge private and professional life or to apply fun to professional aspects, leaving them believing that being a good doctor is not enough to practice med-PB online. Giving more importance to certain personal communicative skills over others, and less importance to social media logic management skills, risks creating forms of exclusion among medical practitioners in practicing med-PB on social media.

Followers' media ideologies and expectations play a crucial role in challenging these misconceptions (RQ4). According to followers, humanization is not only achievable through the use of an entertaining style or by sharing personal content, as med-influencers believe, but mainly by being available to clarify health-related concerns, and by creating an emotional connection with followers.

Followers' emphasis on emotional connections with doctors on social media aligns more with PB literature, which highlights merging personal (Loroz & Braig, 2015) and emotional aspects (Thomson, 2006), than with med-PB literature, which prioritizes showcasing professional competencies (Panahi et al., 2016).

Contrary to previous studies, the Italian med-influencers' do not struggle to merging multiple selves into one (Atef et al., 2023) but to finding a consistent communicative style between the medical and personal communication. This challenge triggers a communicative breakdown. To achieve this communicative consistency between humanizing themselves and disseminating medical content, physicians discard the seriousness and complexity of medical language, which they view as less appealing.

The paradox is that med-influencers take inspiration from a supposedly ideal communication style for social media and keep their distance from the communicative strategies used by well-known med-influencers or general influencers, refusing to appear like them, and neglecting all the skills and diverse techniques and strategies that those professional influencers possess.

Behind this paradox is the absence of an intermediate step between physicians' specialized expertise and a communication style assumed to be effective on social media. This intermediate step consists of a lack of awareness and skills among med-influencers—not only regarding social media logic and platform affordances, but also concerning the strategies and methods for disseminating scientific content to a general audience on social media platforms. The absence of this skill set, combined with the media ideologies on how social media work and the role of med-influencers on social platforms, contributes to the illusion among physicians that social media formats, trends, and communication features can serve a compensatory function—offering an easy-to-use toolkit that replaces, rather than complements, the more nuanced dissemination competencies traditionally held by a

select few, such as health communication specialists, journalists, or physician-science communicators.

Also in followers' beliefs, a paradox occurs. They reject diminishing med-influencers by equating them with general influencers. Nevertheless, in selecting which med-influencers to follow, followers adopt the same criteria they use to select influencers, if not even using the influencers themselves who follow doctors as a measure of physicians' credibility. This result adds to Szwed's (2024) study that social validation is not only determined by the positive opinions of peers but also of influencers.

The fact that followers consider it diminishing to compare med-influencers to general influencers indicates that the two roles are perceived as hierarchically distinct. This perceived distance is also shaped by the normative expectations followers have regarding the complexity and scientific importance of the content shared by med-influencers—expectations to which they appear generally receptive. However, followers lack alternative tools, beyond those offered by the logic of social media engagement and the platform dynamics, to identify the most trustworthy med-influencer profiles. As a result, they rely on credibility and trust conferred by other followers or even by general influencers to compensate for their limited ability to assess a physician's quality beyond their communicative performance on social media. In other words, for med-influencers, communicative style tends to be predominant in content production, while for followers, the ability to access high-quality medical content outweighs the appeal of a trendy communicative style—as long as the content remains clear and understandable. Nevertheless, followers not always have the proper knowledge to recognize a high-quality medical content.

Moreover, we may hypothesize that the high level of education among the followers who participated in the study plays a role in shaping their expectations regarding the role and responsibilities of med-influencers. However, when it comes to the criteria used to select which med-influencers to follow, elements related to social media logic appear to be predominant. This poses new challenges for med-influencers in terms of how to gain visibility and credibility in the eyes of potential followers—through mechanisms that are more closely tied to platform logics, rules and affordances than to their professional medical credentials.

In conclusion, using the lens of media ideologies and understanding how med-influencers' beliefs shape the way they use social media for PB provides important theoretical and practical implications.

The analysis of media ideologies reveals a scenario, marked by contradictions and paradoxes, where the most significant highlight is that when med-influencers are not fully socialized into PB strategies, digital literacy and social media logic, false beliefs lead their behavior affecting the effectiveness of med-PB.

Moreover, digital literacy skills might not be enough to orient physicians in the professional use of social media for med-PB. Understanding, in line with the purposes of digital literacy, how digital media works, their biases and agendas, and how the content is created, shared, and consumed can, surely, fill a gap of awareness that physicians have on social media logic and affordances. Nevertheless, that knowledge might not be enough to

counter the deterministic approach to social media, which is a limitation to the development of successful PB strategies online.

This knowledge needs to be integrated, more than with social media marketing skills, with awareness of the socio-technical dimension that characterizes the interaction between professionals, social media, and their affordances. It could make practitioners aware of how their biases and attitudes toward social media might affect the way they use it, eliminating the double standard that suggests that communicating medical content is for experts whereas the strategic use of social media is within everyone's reach.

The media ideologies guiding med-influencers' PB on social media have significant social implications. Med-influencers create health-related educational content that reaches a wide audience with varying levels of knowledge on these topics. Biases about followers and how social media functions risk leading to the production of oversimplified content, which doctors hope to address more thoroughly during in-person consultations. However, for many users social media may remain the only source of health information, and the way content is presented can foster the false belief that health problems can be resolved online.

Therefore, considering the practical implications of this study, it would be beneficial to integrate the training of medical and health professionals with educational modules dedicated to communication, focusing on the acquisition of four interrelated core communication competencies.

The first competency concerns the ability to disseminate medical knowledge to a general, non-specialist audience across various media environments. The second relates to the development of advanced digital literacy, aimed at understanding both the risks and the opportunities associated with the use of digital technologies in medical practice. The third involves building awareness of the sociotechnical nature of digital platforms, including the role of affordances in shaping communication processes. Finally, the fourth set of competencies pertains to social media marketing and personal branding strategies, which would help medical professionals understand how to make themselves and their scientific content visible and recognizable within the media ecosystem—ensuring clarity without compromising complexity.

This study has limitations, primarily related to the small sample size and the lack of information on the actual digital literacy level of the participating doctors. Future research should investigate whether the media ideologies of med-influencers who work in different medical fields may differ from each other and whether certain medical fields are more inclined than others to develop advanced digital literacy skills, greater awareness of social media logic and affordances.

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References

- Albalawi, Y., & Sixsmith, J. (2017). Identifying Twitter influencer profiles for health promotion in Saudi Arabia. *Health Promotion International*, 32(3), 456–463. doi:10.1093/heapro/dav103
- Atef, N., Fleerackers, A., Alperin, J.P., (2023). "Influencers" or "doctors"?: Physicians' presentation of self in YouTube and Facebook videos. *International Journal of Communication*. 17, 2665–2688. doi: 10.31235/osf.io/2rbt7
- Baltezarevic, R., and Milovanovic, P. S. (2014). Personal branding. *Management, Marketing and Communication: Current and Future Trends*, 245.
- Blackmon, M. H., Polson, P. G., Kitajima, M., & Lewis, C. (2002, April). Cognitive walkthrough for the web. In *Proceedings of the SIGCHI conference on human factors in computing systems* (pp. 463-470). doi.org/10.1145/503376.503459
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101. doi.org/10.1191/1478088706qp063oa.
- Braun, V., & Clarke, V. (2021a). One size fits all? What counts as quality practice in (reflexive) thematic analysis?. *Qualitative research in psychology*, 18(3), 328-352. doi.org/10.1080/14780887.2020.1769238
- Braun, V., & Clarke, V. (2021b). To saturate or not to saturate? Questioning data saturation as a useful concept for thematic analysis and sample-size rationales. *Qualitative research in sport, exercise and health*, 13(2), 201-216. doi.org/10.1080/2159676X.2019.1704846

- Brown, J., Ryan, C., & Harris, A. (2014). How doctors view and use social media. *Journal of Medical Internet Research*, 16(12), e267. doi.org/ 10.2196/jmir.3589.
- Cederberg, C. D. (2017). Personal branding for psychologists. *Professional Psychology: Research and Practice*, 48(3), 183. doi: 10.1037/pro0000129.
- Chen, J., & Wang, Y. (2021). Social media use for health purposes: Systematic review. *Journal of Medical Internet Research*, 23(5), e17917. doi.org/10.2196/17917.
- Comunello, F., Mulargia, S., & Parisi, L. (2017). “Non guardarmi, non ti sento”. Processi di sense giving nella controversia sui vaccini infantili tra gli utenti di Facebook. *Problemi dell'informazione*, 42(3), 431-458. doi.org/10.1445/88099.
- Conde, R., & Casais, B. (2023). Micro, macro and mega-influencers on Instagram. *Journal of business research*, 158, 113708. doi.org/10.1016/j.jbusres.2023.113708
- Costa, E. (2018). Affordances-in-practice: An ethnographic critique of social media logic and context collapse. *New Media & Society*, 20(10), 3641–3656. doi.org/10.1177/1461444818756290
- Di Marco, N., Loru, E., Bonetti, A., Serra, A. O. G., Cinelli, M., & Quattrocioni, W. (2024). Patterns of linguistic simplification on social media platforms over time. *Proceedings of the National Academy of Sciences*, 121(50). doi.org/10.1073/pnas.2412105121
- Duffy, B. E. (2020). Social media influencers. In K. Ross, I. Bachmann, V. Cardo, S. Moorti, & M. Scarcelli (Eds.), *The international encyclopedia of gender, media, and communication*. John Wiley. doi.org/10.1002/9781119429128.
- Ekinci, Y., Dam, S., & Buckle, G. (2025). The Dark Side of Social Media Influencers: A Research Agenda for Analysing Deceptive Practices and Regulatory Challenges. *Psychology & Marketing*. doi.org/10.1002/mar.22173.
- Estables, M.J., M. Guerrero-Pico, and R.S. Contreras-Espinosa. 2019. Gamers, writers and social media influencers: Professionalisation processes among teenagers. *Revista Latina de Comunicacion Social* 74: 214–36. doi.org/10.4185/RLCS-2019-1328.
- Galletta, A. (2013). *Mastering the semi-structured interview and beyond*. (Vol. 18). NYU press.
- Garofolo G, Akinleye SD, Golan EJ, Choueka J. (2020). Utilization and Impact of Social Media in Hand Surgeon Practices. *Hand*. 15(1), 75-80. doi.org/10.1177/1558944718787285.
- Gehl, R. W. (2011). Ladders, samurai, and blue collars: Personal branding in Web 2.0. *First Monday*. Retrieved at <https://firstmonday.org/ojs/index.php/fm/article/download/3579/3041> on January, 5, 2025.
- Gershon, I. (2010a). Breaking up is hard to do: Media switching and media ideologies. *Journal of Linguistic Anthropology*, 20(2), 389-405. doi.org/10.1111/j.1548-1395.2010.01076.x
- Gershon, I. (2010b). Media ideologies: An introduction. *Journal of linguistic anthropology*, 20(2), 283-293. doi.org/10.1111/j.1548-1395.2010.01076.x.

- Gorbatov, S., Khapova, S. N., & Lysova, E. I. (2018). Personal branding: Interdisciplinary systematic review and research agenda. *Frontiers in Psychology*, 92238. doi.org/10.3389/fpsyg.2018.02238.
- Guo, Z., Simpson, E., & Bernardi, R. (2024). Medfluencer: A Network Representation of Medical Influencers' Identities and Discourse on Social Media. In *Proceedings of the 7th epiDAMIK ACM SIGKDD International Workshop on Epidemiology meets Data Mining and Knowledge Discovery*, August 26, 2024, Barcelona, Spain. 8 pages. doi.org/10.48550/arXiv.2407.05198.
- Hawn, C. (2009). Take two aspirin and tweet me in the morning: how Twitter, Facebook, and other social media are reshaping health care. *Health affairs*, 28(2), 361-368. doi.org/10.1377/hlthaff.28.2.361
- Ioan, C.A., Luca, F-A & Sasu, C (2014). Personal marketing of doctors in the context of social networks. *CrossCultural Management Journal*, vol. 16, no. 2, 369–76.
- Jacobson, J. (2020). You are a brand: social media managers' personal branding and "the future audience". *Journal of Product & Brand Management*, 29(6), 715-727. doi.org/10.1108/JPBM-03-2019-2299
- Jeyaraman, M., Ramasubramanian, S., Kumar, S., Jeyaraman, N., Selvaraj, P., Nallakumarasamy, A., Bondili, S. K., & Yadav, S. (2023). Multifaceted Role of Social Media in Healthcare. *Cureus*, 15(5). doi.org/10.7759/CUREUS.39111
- Khedher, M. (2014). Personal branding phenomenon. *International journal of information, business and management*, 6(2), 29.
- Lair, D. J., Sullivan, K., & Cheney, G. (2005). Marketization and the recasting of the professional self. *Management Communication Quarterly*, 18(3), 307-343. doi.org/10.1177/0893318904270744.
- Law, R. W., Kanagasingham, S., & Choong, K. A. (2021). Sensationalist social media usage by doctors and dentists during COVID-19. *Digital Health*, 7. doi.org/10.1177/20552076211028034
- Lewis, C., & Mack, R. (1982, March). Learning to use a text processing system: Evidence from "thinking aloud" protocols. In *Proceedings of the 1982 conference on Human factors in computing systems* (pp. 387-392). doi.org/10.1145/800049.80181
- Lopez, K. S., & Robbins, S. P. (2021). Managing digital identities: A grounded theory of mental health professionals' participation in online social networking. *Families in Society: The Journal of Contemporary Social Services*, 103(2), 164–179. doi.org/10.1177/10443894211014473
- Loroz, P. S., and Braig, B.M. (2015). Consumer attachments to human brands. *Psychology & Marketing*. 32, 751–763. doi.org/10.1002/mar.20815.
- Low, J. M., Tan, M. Y., & Joseph, R. (2021). Doctors and social media. *Singapore medical journal*, 62(11), 604. doi:10.11622/smedj.2020067
- Luca, F. A., Ioan, C. A., & Sasu, C. (2015). The importance of the professional personal brand. The doctors' personal brand. *Procedia economics and finance*, 20, 350-357.

- Maggio, L. A., Céspedes, L., Fleerackers, A., & Royan, R. (2024). "My doctor self and my human self": A qualitative study of physicians' presentation of self on social media. *Medical Education*. 1-13. doi.org/10.1111/medu.15384
- Mesko, B., Györfy, Z., & Kollár, J. (2015). Digital literacy in the medical curriculum. *JMIR Medical Education*, 1(2), e4411. doi.org/10.2196/mededu.4411
- Ng IK, Thong C, Tan LF, Teo DB (2024). The rise of medical influencers. *Journal of the Royal College of Physicians of Edinburgh*. 54(3). 231-235. doi.org/10.1177/14782715241261736
- Ohlheiser, A. (2020). Doctors are now social-media influencers. *MIT Technology Review* Retrived at <https://www.technologyreview.com/2020/04/26/1000602/covid-coronavirus-doctors-tiktok-youtube-misinformation-pandemic/>.
- Panahi, S., Watson, J., & Partridge, H. (2016). Social media and physicians. *Health Informatics Journal*, 22(2), 99-112. doi.org/10.1177/1460458214540907
- Parisi, L., Mulargia, S., Comunello, F., Bernardini, V., Bussoletti, A., Nisi, C. R., ... & Gesualdo, F. (2023). Exploring the vaccine conversation on TikTok in Italy. *BMC Public Health*, 23(1), 880. doi.org/10.1186/s12889-023-15748-y.
- Peters, T. (1997). *The Brand Called You*. Fast Company, 10, 83-90. Retrived at <https://www.fastcompany.com/28905/brand-called-you>.
- Rachmad, Y. E. (2023). *Personal Branding Theory*. Edition Khasse. doi.org/10.17605/osf.io/urwq2
- Rein, I., P. Kotler, M. Hamlin, and M. Stoller. 2006. *High Visibility: Transforming Your Personal and Professional Brand (3rd ed)*. NY: McGraw-Hill.
- Roman, L. A. (2014). Using social media to enhance career development opportunities for health promotion professionals. *Health promotion practice*, 15(4), 471-475. doi.org/10.1177/1524839914535213.
- Scheidt, S., Gelhard, C., & Henseler, J. (2020). Old practice, but young research field: A systematic bibliographic review of personal branding. *Frontiers in Psychology*, 11, 1809. doi.org/10.3389/fpsyg.2020.01809.
- Senft, T. M. (2008). *Camgirls: Celebrity & community in the age of social networks*. New York, NY: Peter Lang.
- Szwed, M. (2024). Would You Pay an Insta-doctor a Visit? Social Media Personal Brands and Young Consumer Perception. *Journal of Marketing and Consumer Behaviour in Emerging Markets*, 19(2), 1-14. doi.org/10.7172/2449-6634.jmcbem.2024.2.1
- Thomson, M. (2006). Human brands: investigating antecedents to consumers' strong attachments to celebrities. *Journal of Marketing*. 70, 104–119. doi.org/10.1509/jmkg.70.3.104
- Yang, Y., Zhang, X., & Lee, P. K. (2019). Improving the effectiveness of online healthcare platforms. *International Journal of Production Economics*, 207, 70-80. doi.org/10.1016/j.ijpe.2018.11.009.
- Van Dijck, J., & Poell, T. (2013). Understanding social media logic. *Media and communication*, 1(1), 2-14. doi.org/10.12924/mac2013.01010002

- Venciute, D., April Yue, C., & Thelen, P. D. (2024). Leaders' personal branding and communication on professional social media platforms. *Journal of Brand Management*. 31(1), 38-57. doi.org/10.1057/s41262-023-00332-x.
- Vrontis, D., Makrides, A., Christofi, M., & Thrassou, A. (2021). Social media influencer marketing: A systematic review, integrative framework and future research agenda. *International Journal of Consumer Studies*, 45(4), 617-644. doi.org/10.1111/ijcs.12647
- Yusanto, F., & Nugroho, C. (2024). A critical discourse analysis of the role of influencers in driving social change through Indonesian Youtube content. *International Journal of Communication and Society*, 6(2), 26-38. /doi.org/10.31763/ijcs.v6i2.1663
- Zhang, T., Yan, X., Wang, W. Y. C., & Chen, Q. (2021). Unveiling physicians' personal branding strategies in online healthcare service platforms. *Technological Forecasting and Social Change*, 171, 120964. doi.org/10.1016/j.techfore.2021.120964.
- Zou W., Zhang W.J. & Tang L. (2021) What Do Social Media Influencers Say about Health? A Theory-Driven Content Analysis of Top Ten Health Influencers' Posts on Sina Weibo, *Journal of Health Communication*, 26:1, 1-11. doi:10.1080/10810730.2020.1865486

Notes

- ¹ <https://it.yougov.com/international/articles/34168-scientiati-e-medici-le-professioni-piu-ambite-tutt>