

## Social Media Slacktivism for the Health Advocate

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### Abstract

Activism through social media, so-called slacktivism, is often seen as a way for people to promote change or show support for causes without requiring any real effort. Though effective at reaching a large audience, this type of advocacy often results in very little action. Private displays of support such as signing a confidential petition, however, do lead to further action. Physicians, therefore can use social media to reinforce the health advocacy messages delivered in traditional patient encounters, reaching a large audience of people who have been individually prepared to take action. Slacktivism alone is not enough to be a health advocate, but it is an important tool to increase scope and effectiveness of health promotion.

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Changing profile pictures, re-posting status updates, retweets and page likes are all ways people use social media to promote favourite causes, show support for charitable organizations and generally “get involved”. This so-called “slacktivism”, has been derided as a way for people to feel like they are making a difference, being advocates, without much effort. This can be in contrast to the work physicians do in health advocacy, where they put in a lot of effort without necessarily seeing any change. Is there something to be learned from taking a slacktivist approach? Can social media help physicians reach a broad audience and advocate for the health of their patients in a meaningful way?

In a recent article in *Sociological Science*, examining the Save Darfur Facebook group that at its peak had over one million members, Lewis et al., explain that Facebook groups can explode with popularity and gain membership, but that does not necessarily translate into monetary donations or further recruitment to the cause.<sup>1</sup> This is also supported by work done by Kristofferson et al., who have found that public displays of support don’t necessarily lead to further action.<sup>2</sup> Facebook advocacy may seem like a dead-end, however it can raise awareness of an issue. In the end, it can’t make people participate.

This is in apparent contrast with the recent surge in donations to support the ALS society resulting from the “ice bucket challenge”, though there are important distinctions.<sup>3</sup> Most notably, the ice bucket challenge involved being nominated by personal friends to participate and donate, aligning the goals of the campaign with participant’s existing values and relationships. That these values and existing relationships are key in translating social media participation into further action is important for physicians to recognize.

Mr. Kristofferson et al work also shows that small private displays of support which align to personal values do lead to action. In that study, people being asked to confidentially sign a petition were more likely to donate money later on, compared to those who only ‘liked’ a page on Facebook. In this vein, physicians advocating for healthy lifestyles in one-on-one settings can reinforce the message on social media, raising awareness at the same time as maximizing potential follow through.

Physicians can incorporate a slacktivist approach into existing practice with minimal effort and the potential to reach a very broad public audience. The research above suggests that by reinforcing the messages delivered in personal appointments in a public fashion, the values of patients (getting healthier) can align with the desire to look good in public by supporting initiatives online. In a visit to a doctor’s office, a physician might suggest that patients should be more active or monitor their diet. By later promoting these activities through social media (“Like the page for the local recreation centre for updates on free activities happening weekly” or “Check out the local farmer’s market for local produce and healthy recipes”) the healthy living message is reinforced and the post has reached the community as a whole.

Research has shown that slacktivism alone, while an efficient way to reach a large audience, is ineffective at driving actual change. However, used in concert with standard practices of care like personal conversations about healthy living and active lifestyles, a slacktivist approach to health advocacy can be a valuable tool for health promotion.

## References

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