

Social Media Spread During Covid-19: The Pros and Cons of Likes and Shares

M. O'Brien¹, K. Moore¹, F. McNicholas^{1,2,3}

1. CHI at Crumlin, Crumlin, Dublin 12
2. Lucena Clinic, Rathgar, Dublin 6
3. Dept. of Child & Adolescent Psychiatry, SMMS, UCD

In the case of an international emergency such as a pandemic, the dissemination of factual and timely information is a crucial part of the collective response. Social media, or forms of electronic communication which facilitate dissemination and sharing of information, ideas, pictures and videos, can be a particularly apt tool for accomplishing this. Research of previous epidemics has shown that social media has been effective in presenting the public with factual material, timely updates and relevant advice¹. Reputable organisations such as government bodies and large agencies like the World Health Organisation (WHO) have not only established a presence on the forum, but rely on it as an integral part of their communications strategy. The WHO recognises how social media “may be used to engage the public, facilitate peer-to-peer communication, create situational awareness, monitor and respond to rumours, public reactions and concerns during an emergency, and facilitate local-level responses.”² Likewise, Irish organisations such as the HSE and the Department of Health have also maintained prominent positions on popular social media sites such as Facebook and Twitter, providing clear and direct information to the public.

Social media also serves an important role in facilitating communication between members of the scientific and medical communities. Prompt and regular updates passing between doctors on the frontline across the world have provided a level of accuracy and agility which would otherwise not be available. Medics are joining specialised social media groups, often in numbers of tens of thousands, to pose questions and discuss answers in real time³. One Facebook group, called the ‘PMG Covid-19 Subgroup’ with 30,000 participants, allows for a rapid exchange of questions and answers by members using text, audio or video recordings. This optimises dissemination of timely information as quickly and efficiently as possible.

As well as acting as a conduit for health information, given the government directives of interpersonal distancing and isolation, social media use has allowed for the maintenance of social proximity without physical proximity. Physical distancing measures conflict with the innate drive to connect with others and so social media has proved to play an integral role in establishing and maintaining morale. The widespread sharing of pictures, videos and status updates of those who are staying at home has served to create a sense of unity, as well as normalise the behaviour and encourage compliance. Notable public figures, especially those who were among the first to contract the disease, have posted about their own experiences, which has served to demystify and destigmatise illness due to the novel coronavirus⁴. Social media has also facilitated the organisation of structured support groups that care for vulnerable members of the community⁵.

While dissemination of the significant risks of the virus to the public is appropriate, excessive disease related information is likely to cause increased levels of stress, anxiety and worry. Repeated exposure to media coverage of distressing events has been shown to be independently harmful⁶. A study in the aftermath of the Boston marathon bombing found that repeated bombing-related media exposure was associated with higher acute stress than direct exposure to the event itself⁶. The WHO has recommended minimising exposure to excessive information on Covid-19⁷. They advise that updates be checked a maximum of once or twice per day and they caution about the negative effects of “near constant stream of news reports”. Inherently this conflicts with the typical pattern of social media

use, whereby newsfeeds are updated continuously, on a real time basis. The acute stress caused by this exposure can also result in a positive feedback loop, whereby those who are most concerned will tend to seek out Covid-19 related content more readily. The algorithmic structure of social media programming will further exacerbate this, as pursuit of Covid-19 related links will result in the software proposing further links of a similar topic, leading to confirmation bias and a distortion of risk perception. The relative risk of Covid-19, though considerable on an epidemiological scale, is low for the individual, especially for those outside of the identified high-risk categories. The health anxiety precipitated by media over-exposure can cause unnecessary distress and can result in help-seeking behaviour which may be disproportionate to actual need. This can take the form of inappropriate presentations to emergency departments or GPs and demands for Covid-19 testing. This places strain on an already over-extended healthcare system. In the early stages of the spread of the disease, widespread social media coverage of panic buying of consumer items such as toilet paper and hand sanitiser created a misrepresentative sense that these items were scarce. This in turn led to an actual scarcity as people reacted and flocked to stockpile such goods, resulting in a significant increase in demand and corresponding price inflation⁸.

As well as the harm that can occur from excessive exposure to accurate information, the Covid-19 pandemic has also led to considerable amounts of false information being circulated on social media. The WHO response to this 'infodemic' or "over-abundance of information – some accurate and some not – that makes it hard for people to find trustworthy sources and reliable guidance when they need it"⁸ is tasked to their technical risk communication and social media teams. They track and respond to myths and rumours, refute them with evidence-based information and disseminate accurate information on their social media platforms. Research of social media rumours during crisis events highlights the importance of the release of substantive updates at regular intervals from trusted sources⁹. False information tends to proliferate in the absence of updates from official channels.

The Covid-19 pandemic has occurred at a time when the human race is more connected than ever. While physical connectivity, by way of widespread travel, has accelerated the spread of the disease around the planet, electronic connectivity provides a tool that, if utilised responsibly, can mitigate its effects. This is the first pandemic of the digital age.

Corresponding Author:

Michael O'Brien MB BCh BAO

CHI at Crumlin,

Crumlin,

Dublin 12.

Email: michaeljosephobrien@gmail.com

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