EDITORIAL

Social networking and microfame: Buzzwords or tools for the dental practice?

It is well-known among service providers that exceptional advertising is best obtained through word of mouth. Successful corporations take pride in providing customized services. They aspire to enhance communication with customers to identify behavioral and consumption patterns.

Social networking has been reinvented in the past 10 years: Myriad websites that facilitate microblogging and information sharing flourished and acquired tens of millions of users. Some of the most popular sites (Facebook and Twitter) incorporate modern models that will allow businesses to take advantage of new technologies and lower communication costs to improve service.

As the Internet matures, email has changed the way we communicate and do business: Social networks have taken us to the next level. However, many concerns have arisen with the abrupt increase in popularity of social networks. One of the most interesting comments involves the asymmetry of social networks and how a social network that reaches critical mass may become counterproductive[1]:

". . . When the conversation gets big enough, it shuts down. Not only do audiences feel estranged, the participants also start self-censoring. People who suddenly find themselves with really huge audiences often start writing more cautiously, like politicians. When it comes to microfame, the worst place to be is in the middle of the pack. If someone's got 1.5 million followers on Twitter, they're one of the rare and straightforwardly famous folks online. Like a digital Oprah, they enjoy a massive audience that might even generate revenue. There's no pretense of intimacy with their audience, so there's no conversation to spoil. Meanwhile, if you have a hundred followers, you're clearly just chatting with pals. It's the middle ground—when someone amasses, say, tens of thousands of followers—where the social contract of social media becomes murky.

This becomes problematic because the microfamous rarely have the resources that the truly famous do to protect their privacy. But more importantly, it creates a disconnect, an unbalanced power relationship that we don't really have the societal experience to understand . . . This is the eternal problem of social networks. In order to be financially successful, social networks need to grow large. But in order to be socially successful, they need to stay small. . . .

In some situations, creating small trusted networks with variably permeable boundaries is key to creating a sustainable broader network. This is particularly [true] of collaboration spaces, where you want to invite only key people to work with you, although that group may change from project to project."

The author mentions experiencing this transformation on Twitter, when the network reached 2,000 followers. This is an interesting benchmark, as this number can very well represent the number of patients in a small dental practice.

Since the profession of dentistry has been created, successful practitioners were those able to generate buzz through word of mouth. In turn, this created referrals and the cycle continued as long as the dentist was able to provide good quality of care and keep good relationships with patients. Word of mouth could be created by referrals from other colleagues or referrals from patients who had a good experience.

It seems that dentists face a complex challenge when dealing with new definitions of social networking. This may be subject to amplification in the years to come as the youngsters who were early adopters of social networking become adults with dental-treatment needs.

The first challenge would be determining whether a practitioner should adopt social networking and what the value of such an effort would be. Adopting the technology will not be enough; clear metrics should be created to evaluate the efficacy of resources allocated to maintain the network and create virtual microfame.

Another major question would be how to address the fact that "small trusted networks with variably permeable boundaries is key to creating a sustainable broader network"; this will probably mean that separate subgroups should be created for colleagues and for groups of patients that can be segmented by, for example, age or amount of dental care provided.

Finally, one will have to decide how permeable the boundaries should be among these subgroups to avoid the critical mass that shifts the balance from a socially efficient small network to a large network that is difficult to manage and contain.

Social networking has great promise, but the commercial applications are still in their infancy. Despite the glamour that is associated with the use of social networks, adoption and implementation of this modality is just one more business decision a practitioner should make. Any business decision should have the potential to improve the metrics for the practice (including profit and quality of care) and should prove that this potential is materialized and sustainable in the long run.

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REFERENCE

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