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Followers' Interpretation and Selective Engagement with Nutritional Medicine Content on Social Media: A Qualitative Case Study in Malaysia

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ABSTRACT

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With social media becoming an increasingly important platform for disseminating health information, digital communication has transformed how individuals' access, interpret, and engage with health-related content. Previous studies have examined online health and nutrition information, user engagement, and content quality. However, less attention has been given to how followers assess the credibility, usefulness, and personal relevance of nutritional medicine messages shared by healthcare practitioners. This study explores followers' interpretations of and selective engagement with such content on social media. This study employed a qualitative case study approach involving nine followers in Malaysia who had engaged with nutritional medicine content on social media. Data were collected through in-depth semi-structured interviews, supported by document review and observational field notes, and were analysed using thematic analysis. The findings reveal that followers' engagement was shaped by how healthcare practitioners presented nutritional medicine content through infographics, short educational videos, live sessions, testimonials, before-and-after stories, and research-based explanations. The findings further show that followers were not passive receivers of health information. Instead, they engaged actively and selectively by assessing the credibility, informational value, clarity, and personal relevance of the content before trusting or applying it. Engagement also occurred through both visible and less visible practices, including liking, sharing, silent viewing, private sharing, reflective evaluation, information verification, and personal application of health advice.

1. Introduction

Social media platforms such as Facebook, Instagram, TikTok, and YouTube have become increasingly important spaces for health communication, enabling health information to be

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disseminated rapidly to wide audiences [13] [23]. As these platforms shape the way people access, interpret, and respond to health information in everyday life, digital channels are increasingly recognised by international health bodies as central to public communication. However, excessive dependence on social media for health-related information raises concerns about information accuracy, source credibility, and the influential effects of online content [26] [15] [8].

Within this evolving landscape, healthcare practitioners are no longer confined to clinical settings but are increasingly positioned as digital health communicators who engage public audiences and disseminate health advice through social media. Recent studies suggest that social media provides healthcare practitioners with valuable opportunities to reach wider audiences while simultaneously demanding careful attention to ethical and professional responsibilities. In this context, specialised expertise alone is no longer sufficient, as healthcare practitioners must also communicate in ways that are clear, engaging, and responsible within an increasingly competitive digital environment [8].

This issue is particularly significant in the context of nutrition and nutritional medicine. Recent studies indicate that social media has become a major source of nutrition-related information, with such content frequently presented in persuasive, highly visible, and emotionally engaging formats. At the same time, online nutrition-related information is especially susceptible to overgeneralisation, misinformation, and inconsistent quality, making credibility a central concern for audiences seeking reliable health guidance. Furthermore, existing evidence suggests that perceived expertise remains an important factor shaping how audiences evaluate online health and nutrition content creators [10].

Although research on social media influencers and online health information has expanded, existing literature still offers limited insight into how healthcare practitioners strategically design content when promoting nutritional medicine. Existing studies have examined health-related communication by social media influencers [13], nutritionists' and dietitians' use of social media for public nutrition communication [10], user engagement with healthcare professionals' lifestyle-related health messages [28], and the dissemination, quality, and accuracy of online nutrition information [1] [7]. However, less is known about how followers themselves interpret nutritional medicine content shared by healthcare practitioners, particularly how they evaluate credibility, usefulness, and personal relevance before deciding whether to trust, share, verify, or apply such information.

Recent studies indicate that content features, such as post design, message format, and delivery style, play an important role in influencing audience engagement and enhancing the effectiveness of online health communication [28]. Therefore, this study seeks to examine how healthcare practitioners strategically design content to promote nutritional medicine and how followers interact with such content in ways that shape their engagement. The findings are expected to make both theoretical and practical contributions by providing deeper insight into how healthcare practitioners can communicate nutritional medicine in a manner that is credible, engaging, and ethically responsible.

2. Literature Review

2.1 Social Media as a Health Communication Platform

Social media has become a widely used channel for communicating health-related issues, including vaccines, drugs, smoking, non-communicable diseases, pandemics, eating disorders and medical treatments [11]. Health communication has traditionally relied on mass media campaigns, printed materials and formal health education programmes. However, digital platforms have

widened the scope of health communication by allowing health information to move across networks quickly and by encouraging users to interact with messages through comments, reactions, sharing and discussion.

The growth of social media has also changed the relationship between information sources and audiences. Audiences can now respond to, question, circulate and reinterpret health messages rather than simply receiving them. Globally, social media supports interpersonal interaction, social and emotional support, public health monitoring and health information dissemination [27]. [27] further stated that health communicators increasingly use social media to gather and share health information through social networking sites, blogs, media-sharing platforms and online discussion forums. These platforms allow health communicators to reach audiences more directly while also positioning themselves in both professional and social roles.

For healthcare practitioners, this digital shift creates both opportunities and responsibilities. Social media can help them translate technical health knowledge into formats that are easier for public audiences to understand. At the same time, the speed and visibility of social media mean that health messages may be interpreted, shared or applied beyond the original context. Therefore, the quality of communication depends not only on the accuracy of information but also on how the message is framed, explained and connected to the needs of the audience.

2.2 Healthcare Content Creation Strategies on Social Media

Social media has changed the way people access and share nutrition-related information. Users can easily obtain advice on healthy eating, dietary practices, supplements and lifestyle modification. These platforms also allow dietitians, nutritionists, healthcare practitioners and health advocates to communicate nutrition-related information in accessible ways [16] [10]. Recent evidence also suggests that nutritionists and dietitians use social media to share evidence-based nutritional information, offer counselling-related content and support public nutritional knowledge [10].

In healthcare communication, content creation refers to the process of developing and sharing health information that is useful, understandable and relevant to the target audience. Although healthcare organisations and practitioners have sometimes been slower than other sectors in adopting digital marketing practices, digital platforms are increasingly recognised as tools for patient engagement, health education and trust-building when used responsibly [2]. Healthcare-related content may include informative posts, short videos, infographics, question-and-answer sessions, simple health tips, online classes and live discussions designed to help viewers understand complex health issues.

However, healthcare content creation carries a heavier responsibility than general lifestyle or commercial content because health messages may influence how individuals understand risks, make choices and respond to advice. In Malaysia, the Malaysian Medical Council stresses that registered medical practitioners should use social media and digital technologies in an ethical, evidence-based, professional and responsible manner. The guideline emphasises professional ethics, transparency, confidentiality and public trust when medical practitioners communicate health information online [20].

Similarly, the Medicine Advertisements Board under the Ministry of Health Malaysia states that healthcare-related advertisements must be factually accurate, capable of being substantiated and must not be exaggerated, false, misleading or unreliable [21]. This requirement is especially relevant to nutritional medicine because such content may involve diet, supplements, disease prevention, lifestyle modification and product-related endorsements. Healthcare practitioners

therefore need to use content strategies that are clear, trustworthy and ethically responsible so that followers receive information that is accurate and safe.

The influence of healthcare content is not limited to one-way promotion. Effective content can encourage two-way communication between healthcare practitioners and followers. Through social media, followers may ask questions, respond to posts, save useful information, share content with others or discuss their own experiences. This shows that followers are not merely passive receivers of health information but active participants in digital health communication. Previous studies have shown that social media can function as an influential platform for nutrition and health-related communication because it allows interaction, sharing and repeated exposure to health messages [9].

In this study, healthcare content creation strategies refer to the ways healthcare practitioners design, present and communicate nutritional medicine content on social media to educate followers, attract attention, build trust and encourage engagement. This perspective shifts the focus from simply examining the availability of health information online to understanding how nutritional medicine content is strategically formed and how followers respond to that content.

2.3 Followers' Engagement with Nutritional Medicine Content on Social Media

In the context of this study, followers' engagement with nutritional medicine refers to the ways social media users interact with, respond to and participate in nutrition-related health communication. In digital settings, engagement is often measured through visible actions such as likes, comments, shares, saves, reposts, tagging, questions and discussions [24] [1]. These actions are useful because they show how audiences respond publicly to social media messages.

Nevertheless, engagement is not always visible. Followers may also engage by paying attention to recurring health information, comparing advice from different sources, seeking clarification, discussing content privately, saving posts for later reference or applying advice in daily routines. As noted by [22], health information seeking and sharing are widely practised on social media, allowing users to learn, discuss and pass on health-related information within their online networks. In the context of nutritional medicine, this form of engagement is particularly important because nutrition-related information is linked to daily concerns such as diet, supplements, preventive health, lifestyle change and disease management.

Despite the popularity of food and nutrition content on social media, researchers have raised concerns about the quality, accuracy and potential influence of nutrition-related content disseminated online [7]. Several studies support the role of social media as a channel for disseminating nutrition and health information. For example, [18] examined online health information seeking among patients attending a primary care clinic in Malaysia and emphasised the importance of understanding how individuals seek and value health information online. [1] also showed that Facebook and Instagram can be used to disseminate evidence-based food and nutrition information and to evaluate audience reach and engagement.

These findings suggest that follower engagement should not be viewed only as a technical indicator of popularity. It can also indicate how audiences become involved with, interpret and circulate health content. In nutrition-related communication, followers are more likely to engage with messages that are visually appealing, simple, useful and personally relevant. [25], in a study among undergraduate students, found that food-related social media content can have both positive and negative influences on eating habits and recommended that reliable and engaging content may improve public engagement with nutrition-related messages. This is relevant to the present study

because nutritional medicine content requires healthcare practitioners to translate complex health information into clear and understandable social media formats.

At the same time, engagement with nutritional medicine content must be examined carefully because high engagement does not necessarily mean high accuracy. [29] found that nutrition-related content on social media varies in accuracy and quality. [17] similarly highlighted that young adults frequently encounter nutrition misinformation online. Therefore, research on followers' engagement should not only examine how followers interact with content but should also consider whether the content is credible, evidence-based and professionally responsible.

For this study, followers' engagement refers to the interactive and interpretive responses shown by followers towards nutritional medicine content shared by healthcare practitioners on social media. These responses include liking, commenting, sharing, saving, asking questions, tagging others and participating in discussions. They also include quieter forms of engagement such as viewing, reflecting, verifying information and applying advice personally. By focusing on followers' engagement, this study emphasises how nutritional medicine content is interpreted, circulated and acted upon by followers within the Malaysian social media context.

3. Methodology

This study was developed from a broader qualitative case study on followers of healthcare practitioners who promote nutritional medicine on social media. For this manuscript, the analysis was narrowed to data related to content creation strategies and followers' engagement with health content. Interview data were re-examined together with document review and observational field notes to identify how healthcare practitioners presented nutritional medicine messages and how followers interpreted and responded to those messages.

3.1 Research Design

The objective of this study was to explore followers' perceptions of strategic content creation by healthcare practitioners in promoting nutritional medicine on social media. A qualitative case study approach was therefore employed. This approach was suitable because the study aimed to understand how followers interpret, engage with and respond to content shared by healthcare practitioners in a specific social and digital context. Qualitative research is appropriate when researchers seek to explore participants' meanings, experiences, perceptions and responses in depth, particularly when the phenomenon requires rich description rather than numerical measurement [6, 18].

3.2 Research Participants

This study involved nine Malaysian followers who had experience engaging with healthcare practitioners promoting nutritional medicine on social media. Participants were selected because they had followed, viewed or interacted with nutritional medicine-related content shared by healthcare practitioners. Their experiences were relevant to the aim of the study because they could explain how they interpreted content, how they judged credibility and how they decided whether to engage with or apply the information.

This study involved nine Malaysian followers who had experience engaging with nutritional medicine content shared by healthcare practitioners on social media. In this study, engagement was defined broadly as followers' active or passive interaction with such content. This included following

healthcare practitioners' social media accounts, viewing or watching nutritional medicine posts or videos, liking, sharing, saving, commenting, joining live sessions, asking questions, privately sharing content with others, verifying information or applying the advice in daily practices. Participants were included only if they had repeated exposure to nutritional medicine content and were able to describe how they interpreted, evaluated or responded to it.

3.3 Sampling Technique

Purposive sampling was used because the study required participants with direct and relevant experience of nutritional medicine content on social media. Participants were recruited through social media networks and referrals from individuals familiar with the followers of healthcare practitioners who promote nutritional medicine. Potential participants were screened based on the following criteria: they were Malaysian social media users, followed or regularly viewed content shared by healthcare practitioners, had been exposed to nutritional medicine-related content, had engaged with such content either visibly or less visibly and were willing to participate in an interview. This approach enabled the researcher to select information-rich participants who could provide relevant accounts of how they interpreted and responded to nutritional medicine content.

Data adequacy was considered during the data collection and analysis process. Although the study involved nine participants, the interviews provided rich and relevant accounts of followers' experiences with nutritional medicine content on social media. During analysis, recurring meanings began to appear across participants' accounts, particularly in relation to credibility assessment, personal relevance, verification practices and selective engagement. Therefore, the sample was considered sufficient for the purpose of this qualitative case study, which aimed to generate contextual and interpretive understanding rather than statistical generalisation.

3.4 Data Collection

Data were gathered through semi-structured interviews, supported by document review and observational field notes. Semi-structured interviews were used because they allowed participants to describe their experiences, perceptions and interpretations in their own words. This method was appropriate for the qualitative nature of the study because it provided a balance between guided questioning and conversational flexibility, enabling the researcher to obtain rich and in-depth data while allowing participants to express their views, meanings and experiences freely [12].

Document review was conducted on selected social media content shared by healthcare practitioners. The reviewed content included infographics, short educational videos, live sessions, testimonials, before-and-after stories and science-based information. Observational field notes were also used to strengthen the data by documenting relevant observations on content presentation, audience interactions and engagement patterns on social media. Together, these sources helped the researcher compare what participants said with the types of content and engagement practices observed online.

3.5 Ethical Considerations

Ethical considerations were observed throughout the research process. Participants were informed about the purpose of the study, the voluntary nature of their participation, and their right

to withdraw before the interviews were conducted. Consent was obtained prior to data collection, and participants' identities were protected by using codes such as F1 -F9 instead of real names. The document review and observational field notes were limited to publicly available or consented social media content related to nutritional medicine. The study did not access private accounts, private groups, direct messages or restricted content without permission. Observation focused only on general content presentation, message formats and visible engagement features, rather than identifying individual users. No usernames, profile details, screenshots or identifiable follower comments were reported.

3.6 Data Analysis

The data were analysed using reflexive thematic analysis, guided by Braun and Clarke's approach [3]. The analysis involved repeated reading of interview transcripts, systematic coding of meaningful data segments, comparison of codes across participants and the development of themes that reflected recurring meanings in the data. The coding focused on how participants interpreted, evaluated, and engaged with nutritional medicine content on social media.

Data adequacy was assessed based on the richness and relevance of participants' accounts rather than numerical representativeness. Although the study involved nine participants, the interviews provided detailed insights into credibility assessment, informational usefulness, personal relevance, verification practices and selective engagement. Recurring meanings across the interviews suggested that the data were sufficient to address the aim of this qualitative case study.

To enhance analytical trustworthiness, the codes and themes were reviewed against the interview data, document review and observational field notes. The research team also discussed the coding structure and theme development to ensure that the themes were coherent, evidence-based and aligned with the study objectives. Since this study adopted reflexive thematic analysis, this process was used to support credibility and transparency rather than to calculate inter-coder reliability.

4. Findings

The findings show that healthcare practitioners used social media strategically to promote nutritional medicine among followers in Malaysia. Based on the interview data, document review and observational field notes, two main themes were developed: Content Creation Strategies and Followers' Engagement with Health Content. These themes explain how healthcare practitioners designed health-related messages and how followers interpreted, evaluated and responded to such content across platforms such as Facebook, TikTok, Instagram and YouTube.

Theme 1: Content Creation Strategies

This theme describes how healthcare practitioners created and conveyed nutritional medicine content to make health information clearer, more useful, and more applicable to followers' everyday lives. Within the cases, participants described how healthcare practitioners used infographics, short videos, live sessions, testimonials, before-and-after stories, and research-based content. These approaches helped translate complicated health topics into more manageable social media content, including diabetes, obesity, hypertension, sugar intake, intermittent fasting, and metabolic health.

Participant F1 noted that healthcare practitioners used different content styles, with some relying more on videos, while others preferred scientific-based visuals and infographics:

It depends on what they present. Dr. Jue focuses more on videos, while Dr. Norman shares research, infographics, and sometimes videos too. (F1, IV)

This excerpt shows that followers were aware of differences in content format and communication style. Infographics were perceived as convenient because they simplified scientific information, while short videos enabled healthcare practitioners to communicate health messages in a more direct and informal manner.

Another significant strategy involved structured and interactive content delivery. Participant F2 explained how the healthcare practitioner used social media platforms, particularly Facebook and Telegram, to organise access to content through scheduled uploads and live session:

There are two ways: one on Facebook and another on Telegram. The content on Facebook was uploaded at exactly 11 o'clock, which is the only time available for live interaction. (F2, IV)

This indicates that content creation was not limited to posting information but also involved considering how and when followers could access, revisit, and interact with the content. The findings also indicated that testimonial-based content played an influential role. Participant F2 described how before-and-after stories were used in classes and Facebook posts to demonstrate health transformation:

For the before-and-after testimonial technique, she demonstrated it using slides during her class. This was also promoted on her Facebook page. (F2, IV)

Overall, this theme suggests that healthcare practitioners' content creation strategies were effective when they combined visual clarity, practical explanation, platform variation, interaction, and credibility. Followers responded not merely to the availability of health information online, but to how the information was designed, delivered, and made meaningful to their personal health situations.

Theme 2: Followers' Engagement with Health Content

This theme explains how followers responded to nutritional medicine content shared by healthcare practitioners. The findings indicate that engagement occurred in both visible and less visible forms. Visible engagement included liking, sharing, watching videos, joining live sessions, and attending online classes. Less visible engagement included silent viewing, private sharing, personal reflection, cross-checking information, and applying advice to daily health practices.

Some participants described selective engagement. For instance, Participant F1 explained that she liked and shared content but seldom commented publicly:

Every time I watch, I like and share. I rarely comment. I usually share with my group of friends. (F1, IV)

This suggests that follower engagement should not be understood solely through public comments or visible platform metrics. Private sharing within close social circles may also represent meaningful engagement in health communication. The findings also revealed that followers engaged with the content critically rather than passively. Participant F9 stated that status indicators, such as likes, did not necessarily establish trust:

For me, having a lot of likes on their content doesn't necessarily make me trust or engage with it more, because I will first read and review the information myself. (F9, IV)

Likewise, Participant F8 described that she occasionally reviewed the journals shared by the healthcare practitioner before fully accepting the information:

Sometimes I also tried to search and check the journals he shared to see if they were accurate. (F8, IV)

These instances demonstrate that followers were not passive receivers of nutritional medicine messages. Instead, they actively evaluated, verified, and filtered health content before trusting or applying it. Engagement was also facilitated through live sessions and prompt responses from healthcare practitioners. Participant F8 described live sessions as valuable because they enabled immediate answers and provided exposure to other followers' experiences:

I always watch his videos or live sessions. Because he communicates directly. During the live sessions, he will answer right away. (F8, IV)

In general, this theme indicates that followers adopted active, selective, and reflective forms of engagement. Their engagement was also evident through reserved viewing, private sharing, self-verification, and personal application of health advice, rather than being visible only through likes or comments.

Table1
 Summary of Findings

Theme	Key Finding	Supporting Evidence
Content Creation Strategies	Healthcare practitioners used visual, practical, testimonial-based and interactive strategies to communicate nutritional medicine.	Followers referred to videos, infographics, live sessions, testimonials, scheduled content and research-based explanations.
Followers' Engagement with Health Content	Followers engaged actively but selectively through both visible and less visible forms of engagement.	Followers liked, shared, viewed, joined live sessions, privately shared, reflected, verified information and applied advice personally.

5. Discussion

The findings indicate that strategic content creation plays an important role in helping followers understand nutritional medicine content on social media. Healthcare practitioners did not merely share health information. Rather, they explained complex topics in ways that followers perceived as clearer, more practical and easier to connect with everyday health concerns. This finding

is consistent with previous studies showing that social media is widely used for health-related purposes by practitioners, the public and health institutions, and that content format is important in shaping health communication outcomes [5].

The participants' accounts also suggest that followers responded more positively when health messages were visually engaging, easy to understand and relevant to their personal health situations. The use of infographics, short videos, live sessions and testimonials reflects the importance of message design in digital health communication. This is consistent with [28] who found that elements in social media posts by healthcare professionals can influence user engagement with lifestyle-related health content.

A further important finding is that followers were not passive receivers of nutritional medicine content. Before trusting or applying information, they evaluated whether the content was credible, beneficial and relevant to their own needs. Some followers verified the accuracy of the information by reviewing research references or comparing the content with existing health knowledge. This finding highlights the importance of critical evaluation because online health information may contain misleading or inaccurate claims. Concerns regarding health misinformation are also supported by recent studies, which emphasise the need to address unreliable health information in online settings [15].

The findings also show that follower engagement should not be understood only through visible metrics such as comments, shares and likes. Several followers engaged through less visible practices, including silent viewing, private sharing, saving content, personal reflection and the application of advice in daily routines. This suggests that social media engagement in health communication can occur beyond public interaction. Researchers and practitioners should therefore consider both visible and less visible forms of engagement when assessing the influence of nutritional medicine content.

These findings also carry ethical implications for healthcare practitioners who communicate nutritional medicine on social media. Practitioners should ensure that their messages are accurate, evidence-based, transparent and professionally accountable because health-related content shared online may influence followers' understanding, trust and health-related decisions. This is particularly important when content involves testimonials, before-and-after stories, supplements, disease prevention or lifestyle modification.

This concern is consistent with the Malaysian Medical Council's regulation, which states that registered medical practitioners should use social media, the internet and evolving technologies in an ethical, evidence-based and professional manner. They are also expected to maintain transparency and avoid misleading or unsupported health claims [20]. As emphasised by the MMC, registered medical practitioners are bound by professional conduct and ethical standards, and failure to comply with these guidelines may result in disciplinary action.

The Malaysian context may also shape how followers interpret and engage with nutritional medicine content. In this study, followers appeared to place importance on healthcare practitioners' professional profile, evidence-based explanations and practical advice that could be related to everyday health concerns. This may reflect a context in which professional authority and trust in healthcare expertise remain important when evaluating health information. At the same time, followers' practices of private sharing, discussing content with friends and selectively applying advice suggest that engagement may also be shaped by social and relational considerations. Language and content accessibility may further influence engagement as followers are more likely to respond to messages that are presented in a clear, familiar and culturally understandable manner. While these findings are situated within the Malaysian social media context, some aspects may be relevant

beyond Malaysia, particularly the importance of credibility, usefulness, clarity and personal relevance in online health communication.

Overall, this study contributes to digital health communication literature by demonstrating that followers' engagement with nutritional medicine content is shaped not only by practitioner credibility, but also by message design, platform adaptation, informational usefulness and perceived relevance to personal health needs. The findings show that followers actively interpret, filter and evaluate nutritional medicine content before deciding how to engage with it. This supports a more nuanced understanding of engagement as a selective and reflective process rather than a simple response to online health messages.

6. Conclusion

This study explored how Malaysian followers interpret and selectively engage with nutritional medicine content shared by healthcare practitioners on social media. The findings show that healthcare practitioners used a range of content creation strategies, including infographics, short videos, live sessions, testimonials, before-and-after stories and research-based explanations, to make nutritional medicine content more accessible and engaging. These strategies helped followers understand complex health topics and connect the information to their personal health concerns.

The study also found that followers were active and selective in their engagement. They did not rely only on likes, popularity or the practitioner's online presence when deciding whether to trust the information. Instead, they considered credibility, clarity, usefulness, evidence and personal relevance. Engagement also occurred in visible and less visible ways, including liking, sharing, joining live sessions, silent viewing, private sharing, checking information and applying advice personally.

The study therefore highlights the importance of responsible and evidence-based communication by healthcare practitioners on social media. In nutritional medicine, where advice may directly influence health-related decisions, practitioners need to present information in ways that are accurate, understandable, ethical and sensitive to followers' needs. Future studies may expand this work by comparing different social media platforms, examining healthcare practitioners' own perspectives or exploring how followers' engagement changes over time.

7. Limitations and Future Research

This study has several limitations. First, the findings are based on nine followers in Malaysia and therefore should not be interpreted as representing all social media users who engage with nutritional medicine content. Instead, the findings provide contextual and interpretive insights based on several information-rich participants.

Second, the study relied mainly on participants' self-reported interview accounts. As a result, the findings may be influenced by social desirability bias, where participants may present their engagement or health-related decisions in a more favourable way.

Third, although the study included followers who engaged with content across platforms such as Facebook, TikTok, Instagram, and YouTube, it did not conduct a platform-specific analysis. This is a limitation because each platform has different features, algorithms, content formats and interaction cultures that may shape how followers interpret and engage with health information.

Fourth, this study did not analyse actual digital engagement data such as likes, comments, shares, saves, viewing frequency or platform analytics. Therefore, the findings are based on participants' interpretations and reported engagement rather than digital trace data. Finally,

selection bias may be present because the study included only followers who agreed individuals may have had stronger interest, awareness or experiences related to nutritional medicine content.

Future studies may address these limitations by including larger and more diverse samples, comparing engagement across different platforms, incorporating healthcare practitioners' perspectives and combining interview data with digital trace data or platform analytics. Longitudinal research may also help examine how followers' engagement with nutritional medicine content changes over time. Future studies may also compare followers from different cultural contexts to examine whether credibility evaluation, private sharing, language preference, and trust in healthcare practitioners operate similarly or differently across countries and social media environments.

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