



Social network sites as digital affordances for professional communities? The case of two professions with high and low social capital

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“Social network sites as digital affordances for work communities? The case of two professions with high and low social capital”,

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Working paper

Why do members of professional groups use digital social networks ? Before continuing, we want to make clear what we mean when we refer to digital social networks. We talk about non-professional and widely used tools, as *twitter*, *facebook*, or *WhatsApp*, but used in professional goals. These digital affordances let people discuss informally, they talk about their jobs, but more or less publicly. This is about people who want to talk about work beyond the workspace. Part of research conducted on digital social networks have examined how professionals share resources, ideas, knowledge, ...(Depoorter, 2013; Jullien & Roudaut, 2019; Nguyen et al., 2018). Part of studies of digital social networks'uses draws on theory of commons, or on social capital theory, when related to high-status jobs, organized professional groups, occupation with career path, creative works... Others have focused on deregulated and fragmented environmental work in digital platform economy and working process of bad, low-paid and flexible jobs (Abdelnour & Bernard, 2018). In describing mobilisations of uber PHV drivers in France, research suggest that self-employed workers, often young and without trade union experience, are moving from discontent to collective action by finding new way to organize such as WhatsApp groups (Abdelnour & Bernard, 2019).

Our study focuses on two professional groups whose activity present similarities but which are very different from social status perspective. For both of them, large part of the time is spent with the patient/the beneficiary so they have few time to discuss with peers, colleagues or even a boss. The work activity is carried out individually. Home help/care employees (HHs) may be

under the authority of front-line managers, while General Practitioners (GPs) are independent. From one extent, home care services deal with care relationship - that is not (always) the case of home helpers - and general practitioners deal with cure relationship. Home Help and home care services are coded as feminine, while general practitioners are mixed gender, after have been coded as masculine for a long time. HHs tend to confirm trend that the more feminized an occupation is, the lower the pay (Cohen & Huffman, 2003). GPs are considered as high-status jobs, exercising prestigious work with relatively high wages while HHs occupy bad jobs, low-paid and very flexible jobs, and partly considered as dirty work. Home help and home care services are very concerned by practices such as on-call shifts, last minute cancellations, and insufficient work hours, which are common in the retail and food-service sectors. GPs are members of an organized professional group, while Unions find it difficult to find representatives in the home help and care sector. Medicine is examined with sociology of professions, they can rely to sociology of sciences, while domestic services, home help and home care services with gender and precarious work. Few among practitioners are digital users for professional reasons, and the same can be said for home helpers. We assume that digital practices do not mean the same for each professional group.

GPs and HHs professions share the little time they have to devote themselves to exchanging with their peers, because they are taken up by the interactions and the technical gestures required by the service relationship. They, however, may need access to advice and to share rules and standards of conduct. Therefore, we wonder how digital exchanges can slip into the interstices of the activity to address this need for collective advises on working conditions, practices and work content. Moreover, we wonder if these digital exchange have a collective impact, especially in developing/leveraging a sense of community, which could be assimilated to an online community. These questions may not arise in the same terms depending on whether professional groups are materially and symbolically recognised, qualified, organised as a collectif (GPs), or on the contrary, devalued, poorly qualified and poorly represented (HHs). To better understand professional uses of mass digital network, we combined content analysis of online text from twitter and facebook, with twenty deep-on interviews with General practitioners (10) and help home and care employees (10). Some of HHCs are social network sites users (3/10) for personal reasons, three of them are members of unions facebook groups (2) or professional association facebook groups (3). In addition we interviewed association's directors (3) in help and care services associations and observed an important directors' meeting. All the GPs interviewed are social network sites users, but for personal reasons. Only two interviewees use Twitter with professional motives. The main source of online text was Twitter,

focusing on the hashtag #Doctoc. We have no access to the largest practitioner's Facebook group "Le divan des médecins" ("the doctor's couch"). This private group had 11,780 members in January 2020.

For each group, different hypothesis can be made. We will examine, for both of them, the content of exchanges on digital network (1), and the relationship between members of digital network and the relationship of members to the professional groups (2).

1 What do professional groups say on twitter or facebook ?

What do they post that relate to their activity ? Can we see same designations and same code used to evaluate their job on internet and in "real world"? Or are there specific topics, concerns or practices that are exposed on digital professional networks ?

For each professional group, few of professional members use actively professional digital network.

1.1 Take care or being disregarded ? An ambivalent stance

In this part we examine what subjects people are talking about using social medias, and if they present any particular thing about their activity. Do they underline what is valuable in their activity ? Do they value some aspects or another ? How do women (and few men) comment their job on internet ? Which designation are used to describe their activity ?

According to our interviews, for part of employees of associations, their activity and the relationship with users relate to social work. Even if they clean the house during the intervention, the meaning of their work is not only cleaning, it always deals with the wellbeing of the recipient. Most of recipients of services of associations are elderly people or disability people. Qualities of recipients qualify the job. The most important thing is not the activity itself, it is the relationship with the recipient. The social register of the service relationship is paramount, ahead of the technical register and the commercial register (Gadrey, 1994; Goffman, 1984). The employees that have been converted to this devoted way of work are mostly the one who have a diploma and the longest experience. The care, that have emerged from a gender perspective, is the essential dimension in the professional practice.

In some associations, some employees badly support last minute cancellations or programmations, and insufficient work hours. For these women, the bad paid is discouraging. Some of them remember rudeness of one recipient or another. According to these women, bad paid and bad schedules are the main characteristics of their job. Feelings are mixed : relationship with beneficiary is appreciated but low paid and flexible hours are too much painful or more marked / it's a dirty and hard work for miserable wages and consideration. Due to the fact that wages rise with seniority, the less satisfied of their job conditions are younger or newcomers.

According to our data from facebook's publications, problems they face both involve employer or beneficiary or also beneficiary's family. The more often, employees ask for clarification : need I do that (for example wash the window panes) ? Do my superior has the right to do that (for example, to cancel my vacation to the last minute) ? Do my employer has the right to do that (for example not pay me during a travel time) ? Do I have to put up with being insulted by a beneficiary ? Do a beneficiary's child has the right to tell me what to do ? Questions, situation descriptions have to do with an ill-defined contract, as if they really not known what to do, they think they are abused, but they are not sure and they need advices or support.

They receive advices, a picture of one page of the collective agreement, encouragement like : "don't let it get to you !"

The messages deal with topics such as the competences and limits of AHV tasks, amendments to the collective agreement, periods of unavailability, company agreements, rules on part-time work, sick leave, employer's duties, labour law, etc.

Some posts describe hard work to do. Some of them send pictures : a horribly dirty toilet or kitchen. Other tell how awfull was the alcoholic beneficiary she visited and how she asked no to go back to this home. Most of comments sympathize and share similar experiences.

At the opposite, some send photos to show how appetizing the plate they prepared was, or how beautiful was the bunch of flowers, touching the thoughtful gift received as a thank you for their good and loyal service. Emoticons are often used to share admiration, pleasure, positive feelings.

We review not only the content of the posts, but also the discussion among members about a post. Some discussions reveal two dominant positions and tensions between these divergent positions on how to deal with a situation.

Some of the negative comments result in disapproval. They recall that their job clearly rely to relationship with beneficiary and criticals are not fair.

Bonsoir à vous,

Je souhaite savoir entre EHPAD/Domicile, c'est lequel qu'on est mieux payés ?

Good evening to you,

I would like to know between home and elderly house which one is better paid?

Perso la paie ne fait pas tout, pour rien au monde je n'irais bosser en structure quand j'ai pu voir comment sont traités les résidents.... 8mn pour faire une toilette et le partage avec la personne aidée il est où ?

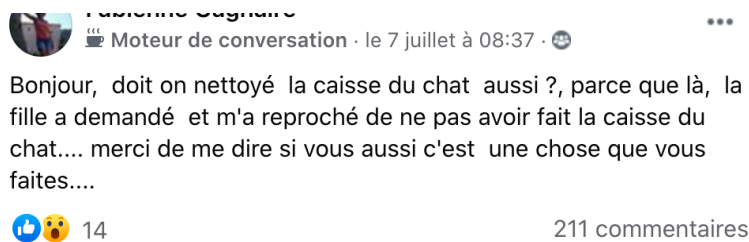
Pour ma part c'est domicile à 100% et pour diverses raisons

Payroll isn't everything, I wouldn't go to work in a structure for anything in the world when I could see how the residents are treated.... 8mn to make a toilet and the sharing it with the person helped where is it ?

For my part it is 100% home and for various reasons

For most of them working conditions are enough to discourage their participation. They ask for advices to improve their wage : do training can help ? Is the wage better in an house for elderly people ?

Some discussions reflect an invisible and unrecognized care work. Members regularly complaints about families' regards. Precisely, some publications and comments refer to children disregard and scorn. Let's take an exemple. Someone told of an incident: he is taking care of a disabled person, this person was depressed, the home helper knows him well, so he took an advertising magazine to take his mind off it, and looked at it with him instead ok keeping cleaning the room. The son came in, he became angry, as if the home care worker was taking advantage of his father's disability to do nothing... Relationship dimension, that give sense to activity, is not taken into account. Incidents of this type suggest that home support workers may be sad, angry, humiliated, they suffer from families' misregard and need others to look for support.



Fabienne et 19 autres personnes
gènèrent toujours des conversations
intéressantes avec leurs publications.



Moteur de conversation: X and 19 authors persons always generate interesting conversations

Do we have to clean the cat's crate ? It was one of the question that lead to one of the most popular debate last month. Its author is moreover qualified as a "conversation engine" : she boosts discussions. This question generate 211 answers and comments. Three first person say yes, others said not, and discussion became sharper... In a syntetic way, two positions emerge, said in contrasted terms. Formally, it's not in the contract, told the "not" so employee has not to clean the cat's crate. Those who defend this position have juridic arguments but not only : they also invoke self-respect consideration, dignity, time schedule, we work for human and not for animals, why her daughter does not do it for the beneficiary ...? But, for the 'yes', the contract say doing for the well being, so if the cat is part of the well being, why not do it ? it takes only five minutes, it'll make happy the beneficiary...For others, it depends on the beneficiary : is he or she disabled ? the question is stupid/it's an essential topic...we are not veterinary/I once walked a dog... with several calls to order when the debate move insidiously to discredit each other.

This debate, and a lot of other debates frequently developed, show that, despite general indications, they have to evaluate individually each situation. Relating these debates with others questions related to role of the "office", it seems that they do not have the possibility to discuss

with colleagues about the situation. According to these posts, the responsibility of what to do and how to do it remains on their shoulder, relies to their own sense of responsibility.

Delimitations of the activity are not clear. For some of workers, their role is devoted to the care, and the more they can do, the best it is. According to some comments, doing more than the contract is a lack of respect. The fact that they don't speak about care when speaking about their tasks do not mean that they do not take care ; they do not formalize their activity in these terms.

Home helpers come to facebook groups to ask help, because they can't face problems encountered with their own resources. Some comments converge toward insufficient recognition, but there is tension too between those for who taking care is the more important thing and who value fundamentally their work, and those who suffer from misregard and very bad employment conditions.

Terms used to describe situations they face are ordinary terms, not very professional terms. They do not used specific words or technical langage to speak about their activity. Misspellings, grammatical errors are relatively frequents. This is an indication that writed langage is not important, they are not in self presentation, in official presentation ; it seems their job are not coded as a real job. Usage of emoticones involve familial or amical relationship more than professional ones.

1.2 Physicians and the utilitarian use of Twitter

Describing how people are using #Doctoctoc.

#Doctoctoc is open access. This means that everyone can tweet using the hashtag (or read tweets using the hashtag). Nevertheless, a vast majority of #Doctoctoc publication authors can be identified as physicians. A few of them are health-care professionals (pharmacists, nurses, physiotherapists...) and some authors are undetermined.

Free access does not mean absence of regulation. A firm, for example a pharmaceutical company, that uses hashtag #doctoctoc to promote its drugs and products is called to order (image). As stated, the aim of health professionals is to benefit from "*neutral and objective advice, with no conflict of interest*". If not, the twitter account can be blocked.



The frequency of #Doctococ use reached a pic during the covid-19 crisis: during the month of February 2020, the number of tweets reached more the 1,000, that is more than two times higher than on an average month in the previous year (412 tweets on average per month in 2019).

Almost all #Doctococ tweets are interrogative tweets. Authors are seeking for advice or help. This assistance is mainly requested to solve a medical issue, when the physician is feeling unsure or is facing an unknown situation: What diagnosis? What therapeutics? What medical protocol? In a minority of tweets, assistance request is enhanced with one or more pictures, or electrocardiogram or serological test results. Answers are provided in the comments section of the tweet, and the number of answers varies a lot (from no answer to two or three dozen answers, at maximum). Sometimes, an interrogative tweet is not related to medical practice but is related to an administrative matter (specific administrative procedure, pricing) or more general statements regarding the profession.

In a few tweets, the aim of the questioning is not to solve a specific issue regarding one physician's patient, but is more general about the physician's practices. For example, the type of mask the physician is wearing during consultation (325 votes):





A few #DoctoCoc tweets add a second hashtag. This additional hashtag is related to another health-care community: #teamkine (physiotherapist community), #idetococ (nurse community) or #pharmatococ (pharmacist community). During the pandemic period #Covid19 was the main additional hashtag.

Conclusion:

Twitter public postings related to medical practice requests, such as diagnostic or therapeutic assistance, may appear "disruptive" regarding the norms in the profession. However, they are in keeping with the practices of the profession:

- in particular respect for the rules of ethics and anonymity.
- Tweets and answers to them look like the traditional informal communication among colleagues (oral or written) which is part of the medical culture.
 - o What used to be offline is now happening online: sometimes with public publications (Twitter), sometimes with more private ones (Whatsapp groups or Telegram groups).
 - o How to trust an answer? The quality of care provided is at stake (see next section 2.2.).
- Following #doctoCoc is a way for physicians to:
 - o staying informed: this is not always the case, but it was particularly true during the pandemic covid crisis with a low and evolving level of medical knowledge of Covid-19
 - o being professionally/intellectually challenged (specific questions on a patient's case seem to lead to more answers than general medical questions)
 - o "live" monitoring the colleagues' practices (when monitoring the comments) and sometimes debating on the practices.

#doctoCoc reveals a utilitarian use of social network sites, as it is used for asking for advice from peers online. The quality of the advice is a major factor for the continuance of tweets posting on #doctoCoc. This raises the question of the community.

2 Looking for the community ? from posts of home support/help workers to doctors'tweets.

What do contents of tweets or posts indicate about relationship between members, about their purpose in sharing work experience on digital network sites ?

2.1 Toward a community ? Groups divided on collective strategies

Among HH's, members of facebook groups, readers or writers, find a way to share concrete problems they face and compensate the lack of work relationship. According to data from facebook's group publications, employees of home help/care services are not always agreed about meanings of their work/labor. While some of them point out characteristics of bad jobs, others want to make clear that they do like their work, that this is a very important work for the beneficiary and involves specific skills and a very demanding moral stance. These one want to value the work. What does it mean concerning collective practices, community online, collective bargaining ?

Independent HHs' facebook groups are relatively recent. One is from 2014, another of 2016 and the most recently has been created the 14th of November 2018, at the beginning of the yellow vests movement in France (*Angry life Auxiliary* and home helpers*) Compared to the 895 K of workers, the 8,5 K members of the most ancient facebook group, and 6,1 K et 5,5 K of the others are relatively weak, but the number of members is growing.* Life auxiliary refers to the title for diploma¹. There are also older groups run by trade unions or employers' associations.

Whereas in most countries, services provided to vulnerable people which consists of assistance with outings, meals, help with toileting, home maintenance are organised differently than the maintenance services offered to all types of households, in France, home-based services include home help for dependent, elderly or disabled people, and for not vulnerable people. Employment public policy have created confusion between activity traditionally supported by caritative non-profit sector or public sector, and private cleaning services made by private enterprises (Devetter & Puissant, 2018). Employees in the non-profit sector may have to

¹ AVS - Auxiliaire de Vie Sociale créée le 27 novembre 2014, 8,5 K membres ; *Tu sais que tu es Aide à Domicile quand* 5,4 K 5 avril 2016 ; *Auxiliaires de vie et Aides à domicile en colère* ; créé le 14 novembre 2018, 6,1 k membres (croissance importante en effectifs)

provide benefits mainly for the elderly, some for the disabled, and few cleaning benefits. This latter part of the activity has nothing to do with care and devalues their work. Among employees, those with a degree, seniority and full time have a better salary. The labour market is not homogeneous, it is fragmented.

We can identify two point of view, or maybe two strategies, among members of facebook groups, members of union and non-unionized employees, to denounce their unfair wage conditions and to improve their employment conditions. These are standard ideals, the actual positions borrow from both poles.

The first position follows one classical line of bargaining of trade-unions. It consists to assert a right to a decent wage deserved by the harshness of working conditions. This position relies to classwork identities. Many messages reporting pain and injuries related to the activity denounce at the same time the abuses of employers concerning sick leave, resumption of activity or material conditions of intervention (absence of “lève-personne” for non-mobile people). This posture is part of an antagonistic relationship between employers and employees.

From the other hand, some are attached to value the work and the skills. According to this posture, (only) denouncing a bad job, a poor job, does not seem fair to their activity. On the contrary it tends to devalue the nature of work. We assume these line is followed by employees the more integrated in labour market, whose working conditions are (relatively) better. Let's make clear that even for these one, wages are low and schedule flexible. But despite differences are of limited amplitude, they fissure a fragile identity. According to our interviews and our observations, employees and non-profit sectors'employers share concern in employment conditions and try to improve them by training, under constraints because they are dependant from public funding. On that basis, the line of bargaining and the relationship between employers and employees are moving. So the enemy is not the employer, the employer even may be an ally, the bargaining should be directed toward state and collectivities which finance social help to vulnerable people.

The discussions and some lively debates indicate that this polarisation is not only at the level of trade unions or employers, it is also effective at the level of employees, even if they do not formalise it in this way. The fact that members who post comments do not precisely identify

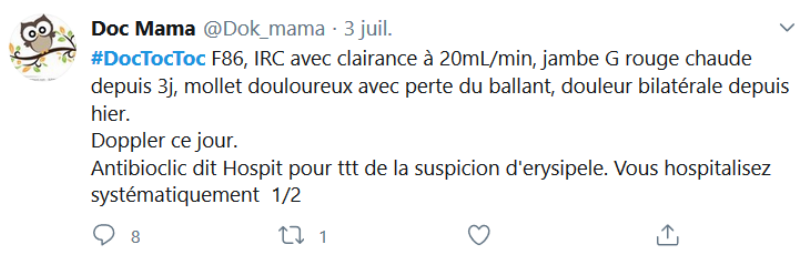
work and employment rules tends to confirm that they are in the least integrated segment of the labour market.

Mass digital networks used for professional concerns, show, in the case of HHs, heterogeneous relationship to job/work conditions. We assume that these positioning on facebook groups rely to different positions on labour market. While working conditions are bad for everyone, some have worse jobs than others. Territorial inequalities are superimposed on wage inequalities (Devetter et al., 2017; Puissant & Vatan, 2018).

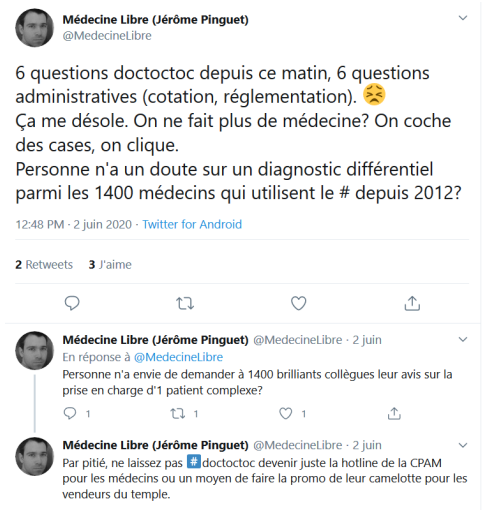
2.2 Towards a GPs community? Communication habits , regulation and stacking effect

The hashtag emerged in 2012. To be exact, two alternative hashtags emerged, one in a singular form #doctoc and one with a plural form #docstoc. The plural version now tends to disappear. On a yearly basis, authors used #docstoc 560 times in 2019 (more than two times less than in 2016) versus 4.950 times for #doctoc (almost five times more than in 2016).

Mixed with the high level of interactivity, the freedom of writing style can be considered as a strength of Twitter platform, compared to specialized professional online communities which will require a more formatted writing style. Even if a majority of tweets are written in an interrogative style, this style remains quite free. But some tweets are formatted (see picture) and require medical skills to be understood (abbreviations are used to type faster and also to respect the 280-character limit of Twitter).



French twitter community of physicians is self-estimated to 1,400 single users of #doctoc since its appearance in 2012 (see picture below). This figure can't be checked. But that's a very low figure compared to the almost 227,000 physicians in France (45% are general practitioners) in 2019.



Quality of the response is not guaranteed, but quality is favored by:

- The entry barrier of the medical vocabulary used;
- The reputation which is easily provided among a small number of members;
- The interactivity of comments, where an obviously wrong answer would stimulate reactions.

General practitioners belong to one of the best-established professions (with a monopoly of practice, self-regulation by the council of the order, social prestige, etc.), which provides resources for action.

Interviews show a “stacking effect” where Social Network Sites are only one possible means of professional exchange among others, existing for a more or less long time.

Multiple barriers for a more massive use are still here : Traditionnal ICT barriers (usage habits, training...) or workoverload, but also privacy issues. The perception of what can and cannot be written online has already been recognized as being influenced by the age factor of physicians(O'Regan et al., 2018).

3 Conclusion

Medicine and home care represent two extremity of social world of care. We examine professional uses of social network sites among members of these professional groups. These practices are still in the minority, even though there is a growing number of users among home helpers.

HHs share same situations, same problems, and show through their discussions that they share commune condition, defined by a lack of recognition and bad employment conditions, but, this is not necessarily sufficient to go toward an on line community : beyond this common condition, building online community is fissured by divisions in fragmented labour market.

Twitter for GPs remains an emerging tools, a micro-event in the profession in France. But no opposition appears between Twitter users and non users. And no segmentation between the Twitter users.

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