

QUALITATIVE HEALTH COMMUNICATION
VOLUME 5, ISSUE 1, 2026
ISSN: 2597-1417

Editorial

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Health and technology have long been intertwined. Media and communication technologies have transformed how health is understood, negotiated, and practiced across institutional, interpersonal, and public contexts (Lupton, 2013, 2014; Henwood & Marent, 2019), and for decades, technology has gradually shifted and transformed diagnostic boundaries (Jülich, 2016; Jutel & Conrad, 2011).

The transformation of health and technology informs the current climate for health communication. In the digital platform society (van Dijck et al., 2018), health communication is subject to the logics of algorithms, datafication, and designs of new platforms (Klausen, 2024; Rückenstein & Schüll, 2016; Sharon, 2016). eHealth platforms for instance shape “not only the patient-doctor relationship but also [create] new patient-data communication” (Mahnke et al., 2023, p. 25, see also Klausen & Lomborg, 2025). This means that individuals, whether as private individuals, patients, next of kin, health care professionals, or in another capacity, enter into a new communicative relation with digital health technology. Arguably, new digital opportunities for health communication can introduce new opportunities for (possibly disadvantaged) patients to access health services (Bavngaard et al., 2023) or health information. Furthermore, digital communication technologies “can provide a simple yet effective solution to support next of kin in caring for their older relatives, while also alleviating the pressure on health-care workers in providing emotional support” (Akhtar, 2025, p. 15). However, as suggested by Badau et al. (2025), these various new digital opportunities can also “both improve or reinforce, produce or exacerbate, through health communication, certain forms of inequalities and/or inequities” (p. 11).

Understanding the new communicative conditions of digital health communication, new ways of navigating, and new health practices has been the focus of various strands of research. The articles gathered in this special issue contribute to several key strands of qualitative research in digital health communication, including:

- 1) remote and hybrid clinical interaction,
- 2) digital documentation and professional identity work,
- 3) online illness narratives and peer support, and
- 4) the changing boundaries of expertise, care, and empathy in digital and AI mediated healthcare contexts.

First, the contributions in this special issue on remote and hybrid clinical interaction inscribe themselves in a research area that has gained traction in the past decade as interpersonal communication practices between health professionals and patients are increasingly shaped by digital communication technologies. Previous research has for instance found that e-mail consultations and video consultations re-shape how patients communicate with their general practitioners, thereby reshuffling the rules for access to and delivery of healthcare (Hughes et al., 2022; Grønning, 2021). Interprofessional communication has likewise experienced changes as new digital communication media are integrated in health practice (Simonsen, 2021).

In this special issue, knowledge on this field is expanded in two contributions. In the article “Scoping Review of Patients’ Experiences and Use of Remote Consultation for Multiple Long-Term Conditions in UK Primary Care”, Anna Evans, Katherine Knighting, Rowan Pritchard Jones, Helen Atherton, Patricia Jamal, Alan Griffiths, Eleni Liami, and Greg Irving focus on remote consultations in UK general practice. Specifically, they

review the use of remote consultations and patients' experiences of this in relation to multiple long-term conditions. In the review, the authors stress the importance of context for remote consultations' acceptability and safety.

Zooming in on one particular kind of remote consultations, Johannes Van den Heuvel, Elisabeth Assing Hvidt, Janus Laust Thomsen, and Camilla Hoffmann Merrild expand knowledge on video consultations in the article "Stabilizing the use of video consultations through legitimacy tactics – a qualitative study in general practice in Denmark". Specifically, they explore how this kind of consultation is stabilized and legitimized in clinical practice. In the article, the authors identify five legitimacy tactics enacted by general practitioners, namely self-care, patient autonomy, selective triage, hybrid consultation, and communicative techniques.

The second strand of qualitative research in digital health communication to which this special issue contributes, is the research area of digital documentation and professional identity work. With new technology, different kinds of work in the healthcare sector are being reorganized, including that of documentation (Håland, 2012). Digital health communication poses new challenges for documentation practices, and health care professionals face having to develop new procedures (Reamer, 2023).

In this special issue, two contributions add to the research field on this reorganization. In the article "The digital care convoy: Exploring the impact of increased digital communication in the primary care sector", Amalie Søgård Nielsen and Anette Grønning explore digital communication and documentation in the context of older individuals receiving care at home or in residential facilities. Specifically, based on analyses of interviews with 14 professional caregivers in Denmark, the authors focus on how written digital communication is perceived by caregivers within the digital care convoy. Nielsen and Grønning show the complexity of documentation practices, and argue for how digital communication systems can become more coherent and inclusive.

The article titled "How digital documentation in electronic health records forms healthcare professionals' identity: A qualitative case study" is placed in the context of Danish municipal healthcare. Combining fieldwork in multiple settings focusing on how healthcare professionals (HCPs) use electronic health records (EHRs) during everyday work with interviews with healthcare staff, Julie Duval Jensen, Kirsten Beedholm, Raymond Kolbaek, and Loni Ledderer, analyze digital documentation as a mechanism of identity regulation. The authors demonstrate how digital documentation systems subtly reshape healthcare professionals' identities by framing them as efficient, task oriented service providers, governed by predefined roles, standardized actions, and resource driven routines. At the same time the analysis shows how, HCPs engage in ongoing identity work to preserve care values, compensate for system gaps, and maintain continuity despite organizational constraints.

The third strand of research explored in this special issue is online illness narratives and peer support. Outside the institutionalized field of digital health communication, the pervasiveness of health communication on digital platforms creates new opportunities and challenges for people to find and engage with information from other sources (Mak, 2015; Nordtug & Petersen, 2024). Individuals have been able to seek online support for health issues since the 1990s (Lupton, 2012) and social media platforms

have allowed individuals to both share their illness narratives with a larger audience (McCosker, 2018; Stage, 2015) and to communicate with peers about health issues (Bakke, 2018; Kingod et al., 2017; Karlsson et al., 2025). Through allowing “individuals with the same ailment to communicate with each other quickly and easily around the world”, online support groups may challenge medical dominance (Lupton, 2012, p. 132). Furthermore, health trends shared and circulated on social media may influence health-related perceptions and behaviors (Pfender et al., 2026).

This special issue expands knowledge on the field of online illness narratives and peer support in three different contributions. One contribution focuses on online support groups; specifically, in Carolin Schneider Ward and Birte Bös’ article “Constructing Expertise in Digital Dementia Support Groups: The CODEx Model”, the authors analyze how expertise is constructed in online dementia support groups. In the article, they propose the Construction of Online Dementia Expertise (CODEx) model. Through this model, the authors provide a framework that helps uncover how expertise is co-constructed in online support groups related to dementia, and potentially, in other digitally mediated health settings as well.

In the article “Young people, social media, and critical health media literacies”, Henry Mainsah, Lin Prøitz, and Lilliana Del Bosso explore how 14-17-year-olds understand, experience, and engage with digitally mediated health information. Based on five focus group interviews, the authors analyze young people’s ways of knowing about algorithms and surveillance, sources of health information, how the young people learn about bodies, fitness, and gender ideals, as well as affective pedagogies. Based on this analysis, Mainsah et al. argue that young people’s health literacy practices are marked by tensions, contradictions, and ambivalences.

In their contribution “Understanding the emotional impact of bowel cancer on younger patients: A mixed methods study of online narratives written by Australian young patients”, Vanda Nissen, Nafiseh Khalaj, Maja M. Olsson, Kate Kalmaz, and Renata Meuter investigate how younger adults with bowel cancer articulate emotional experiences across the care pathway (pre-diagnosis, diagnosis, post-treatment), through online illness narratives. Produced outside clinical encounters but within institutional digital infrastructures the study identifies time as central for the emotional trajectories of the patients, highlighting how digital illness narratives offer valuable insight into patients’ emotional worlds and points of communicative breakdown in care.

The fourth and last strand of research expanded in this special issue is the changing boundaries of expertise, care, and empathy in digital and AI mediated healthcare contexts. The current surge in use of AI has prompted discussions about its implementation in healthcare (e.g. Montemayor et al., 2022). There is a pressing need to understand this new field further, and one contribution in this special issue responds to this need. Specifically, drawing on ethnographic research within the institutional context of Danish general practice and nursing home settings, Line Maria Simonsen and Elisabeth Assing Hvidt offer a critical analysis of digital health communication in the context of growing enthusiasm for AI driven large language models (LLMs) and chatbots in healthcare. The article “Digital health communication beyond computations: A distributed and phenomenological approach” challenges reductionist, computational framings of digital communication, particularly claims that LLMs can replicate or enhance empathy. The article demonstrates that digital health

communication is not reducible to textual input-output processes but is fundamentally embodied, relational, and ecologically distributed across people, technologies, organizational routines, and temporal scales.

Taken together, this special issue outlines digital health communication not as a singular phenomenon but rather a heterogeneous field of practices shaped by platforms, institutions, professional norms, and lived experience. As health communication becomes increasingly digital and platformized, roles, responsibilities, and bodies are reconfigured: patients and professionals are repositioned, care and ethics are redistributed across human and non-human actors, and forms of visibility, accountability, and vulnerability are transformed. By bringing together qualitative studies across institutional and non-institutional contexts, this special issue advances critical, empirically grounded perspectives on digital health communication and highlights meaning making, interaction, and situated practice as crucial areas of study in a digitally platformed healthcare landscape.

In addition, the issue contains a book review by Deborah C. Darling of *Healthcare and Patient Communication in the Digital Era: A Patienthood and Patient Perspective* by Sinikka Torkkola & Anna Sendra Toset (2025), published by Routledge. The book provides insights into the digitalization of healthcare communication from a patient-centered perspective and through a social and cultural theoretical framework

Finally, issue 5(1) also includes one open section article by Jeremiah M. Nganda, Kinya Mwithia and Wilson Ugangu, who explore how patients hospitalized with COVID-19 in select hospitals in Nairobi, Kenya, understood and experienced self-talk as a coping strategy during hospitalization. Based on an interview study with 15 recovered COVID-19 patients, they found examples of both covert (talking to oneself silently) and overt self-talk (talking to oneself loudly). Patients in their study engaged in both first-person and third-person self-talk. Self-talk was categorized as either positive or negative. Authors highlight the need to increase awareness regarding self-talk, especially in health communication, e.g. by addressing misconceptions that link overt self-talk to mental illness. For QHC readers unfamiliar with the concept of self-talk, the article also contains interesting sections on conceptualizations and categorizations of self-talk.

References

- Akhtar, S. A. (2025). Together through technology: next of kin's use of technology to maintain social connection with nursing home residents. *Ageing and Society*, *45*(11), 2339–2355. <https://doi.org/10.1017/S0144686X25000054>
- Badau, E.-T., Basnyat, I. ., Ho, E. Y., & Galibert, O. (2025). Addressing (In)Equalities and (In)Equities in Digital Health Communication. *European Journal of Health Communication*, *6*(2), I-VII. <https://doi.org/10.47368/ejhc.2025.200>
- Bakke, A. (2018). Trust-Building in a Patient Forum: The Interplay of Professional and Personal Expertise. *Journal of Technical Writing and Communication*, *49*(2), 156–182. <https://doi.org/10.1177/0047281618776222> (Original work published 2019)
- Bavngaard, M. V., Lüchau, E. C., Hvidt, E. A., & Grønning, A. (2023). Exploring patient participation during video consultations: A qualitative study. *DIGITAL HEALTH*, *9*, 1–11. <https://doi.org/10.1177/20552076231180682>
- Grønning, A. (2021). Struggling with and mastering e-mail consultations: a study of access, interaction, and participation in a digital health care system. *Nordicom Review*, *42*(s4), 7–21. <https://doi.org/10.2478/nor-2021-0038>
- Henwood, F. & Marent, B. (2019). Understanding digital health: Productive tensions at the intersection of sociology of health and science and technology studies. *Sociology of Health & Illness*, *41*(S1), 1–15. <https://doi.org/10.1111/1467-9566.12898>
- Hughes, G., Moore, L., Maniatopoulos, G., Wherton, J., Wood, G. W., Greenhalgh, T., & Shaw, S. (2022). Theorising the shift to video consulting in the UK during the COVID-19 pandemic: Analysis of a mixed methods study using practice theory. *Social Science & Medicine*, *311*, 115368. <https://doi.org/10.1016/j.socscimed.2022.115368>
- Håland, E. (2012). Introducing the electronic patient record (EPR) in a hospital setting: boundary work and shifting constructions of professional identities. *Sociology of Health & Illness*, *34*(5), 761–775. <https://doi.org/10.1111/j.1467-9566.2011.01413.x>
- Jutel, A. G. & Conrad, P. (2011). *Putting a Name to It: Diagnosis in Contemporary Society*. Johns Hopkins University Press.
- Jülich, S. (2016). In the Light of Media: Mass miniature radiography surveys for tuberculosis in Sweden, c. 1940–1970. *Media History*, *22*(2), 201–216. <https://doi.org/10.1080/13688804.2016.1161503>
- Karlsson, A., Stage, C., & Ledderer, L. (2025). Chronic illness publics: Identifying two types of peer-patienthood on Facebook and Instagram. *Convergence: The International Journal of Research into New Media Technologies*, *0*(0). <https://doi.org/10.1177/13548565251336044>
- Kingod, N., Cleal, B., Wahlberg, A., & Husted, G. R. (2017). Online peer-to-peer communities in the daily lives of people with chronic illness: a qualitative systematic review. *Qualitative Health Research*, *27*(1), 89–99. <https://doi.org/10.1177/1049732316680203>
- Klausen, M. (2024). Disconnective care: Chronic illness and digital patienthood. In K. Albris, K. Fast, F. Karlsen, A. Kaun, S. Lomborg, & T. Syvertsen (Eds.), *The digital backlash and the paradoxes of disconnection* (pp. 153–170). Nordicom, University of Gothenburg.
- Klausen, M., & Lomborg, S. (2025). Beyond optimal: Making health data selves between spoonfuls of cornflakes. In A. Lagerkvist, & J. Smolicki (Eds.), *Relational Technologies: In Search of the Self across Datafied Lifeworlds* (pp. 149–169). Bloomsbury Publishing plc.
- Laursen, D., Nisbeth Brøgger, M., Fage-Butler, A., Ege Møller, J., & Grønning, A. (2023). Generic characteristics of patients' e-consultations with general practitioners. *Communication & medicine*, *18*(2), 168–184. <https://doi.org/10.1558/cam.22885>
- Lupton, D. (2012). *Medicine as culture: Illness, disease and the body*. SAGE Publications Ltd. <https://doi.org/10.4135/9781446254530>
- Lupton, D. (2014). Critical perspectives on digital health technologies. *Sociology Compass*, *8*(12), 1344–1359. <https://doi.org/10.1111/soc4.12226>

- Mahnke, M. S., Petersen, M. L., & Nielsen, M. (2023). Data sense-making and communicative gaps on sundhed.dk. *MedieKultur: Journal of Media and Communication Research*, 39(74), 10–28. <https://doi.org/10.7146/mk.v39i74.132370>
- Mak, S. W. (2015). Digitalised health, risk and motherhood: Politics of infant feeding in post-colonial Hong Kong. *Health, Risk & Society*, 17(7/8), 547–564. <https://doi.org/10.1080/13698575.2015.1125455>
- McCosker, A. (2018). Engaging mental health online: Insights from beyondblue's forum influencers. *New Media & Society*, 20(12), 4748–4764. <https://doi.org/10.1177/1461444818784303>
- Montemayor, C., Halpern, J. & Fairweather, A. (2022) In principle obstacles for empathic AI: why we can't replace human empathy in healthcare. *AI & Soc*, 37, 1353–1359. <https://doi.org/10.1007/s00146-021-01230-z>
- Nordtug, M., & Petersen, L. N. (2024). Navigating health communication: The effects of mediatization on responsibility in complex decision-making. *SCM Studies in Communication and Media*, 13(2), 238-260. <https://doi.org/10.5771/2192-4007-2024-2-238>
- Pfender, E. J., Wanzer, C. V., Kuijpers, K. L., Bleakley, A. (2026). Your media diet is impacting your actual diet: The effects of influencer “What I Eat in a Day” YouTube videos on influencer perceptions and nutrition behaviors. *DIGITAL HEALTH*, 12. <https://doi.org/10.1177/20552076261416379>
- Reamer, F. G. (2023). Information and communications technology in social work : ethical and risk management issues. In G. Kirwan, & A. López Peláez (Eds.), *The Routledge International Handbook of Digital Social Work* (1st ed., pp. 341–355). Routledge. <https://doi.org/10.4324/9781003048459-35>
- Ruckenstein, M., & Schüll, N. D. (2017). The datafication of health. *Annual Review of Anthropology*, 46, 261-278. <https://doi.org/10.1146/annurev-anthro-102116-041244>
- Simonsen, L.M. (2021). Hybrid presence: Integrating interprofessional interactions with digital consultations. *Nordicom Review*, 42(s4), 22-44. <https://doi.org/10.2478/nor-2021-0039>
- Torkkola, S., & Toset, A. S. (2025). *Healthcare and Patient Communication in the Digital Era: A Patienthood and Patient Perspective*. Routledge.
- Stage, C. (2015). Sygdom på sociale medier : Som biologisk medborgerskab og affektivt arbejde. *K&K - Kultur og Klasse*, 43(120), 103-124. <https://doi.org/10.7146/kok.v43i120.22973>



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VOLUME 5, ISSUE 1, 2026