

## Lip-Syncing and Saving Lives: Healthcare Workers on TikTok

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While TikTok's popularity has risen dramatically during the COVID-19 pandemic, so too has concern about misinformation about the virus on the app. Many accounts of the "infodemic"—the war against misinformation being waged alongside the pandemic—call for an emphasis on authority and prioritizing content from official accounts on social media platforms. However, even before the pandemic, health professionals have spread information by drawing on their personality, as well as their medical expertise, as creators on TikTok. Drawing on a digital ethnography project, this article considers what could be learned about the "infodemic" from existing health information-sharing communities and creators on TikTok and examines the affective spaces of information they cultivate. Findings from this ethnography reveal that health information sharing practices on TikTok use playfulness, memes, and other platform elements, alongside familiar techniques of highlighting one's expertise and relatability as a healthcare worker.

*Keywords: TikTok, health information, COVID-19, microcelebrity, infodemic*

### TikTok and the "Infodemic"

During the COVID-19 pandemic, TikTok<sup>1</sup> has seen a significant increase in popularity and a skyrocketing download rate, which social media market analysts have speculated can be attributed to users seeking alleviation from the boredom of COVID-19 lockdown conditions (Chapple, 2020). In April 2020, TikTok was the most downloaded social media app, outperforming major competitors Facebook and Instagram (Chan, 2020), with 2 billion total downloads globally (Chapple, 2020). TikTok's 800 million users create 15-second videos set to music, with lip-syncing and dancing to "audio memes" being popular content (Abidin, 2021). The app has significant potential to reach young people, with a largely preteen user base (Albury & Savic, 2019; Roy Morgan, 2020).

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Date submitted: 2020-01-12

<sup>1</sup> TikTok is an internationally available version of Chinese app Douyin; however, the two apps are distinct, especially given that they operate in different cultural and governmental contexts. For a thorough exploration of these differences, see Kaye, Chen, and Zeng (2020). This article refers only to TikTok as the data collection was conducted on the international app, not Douyin.

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As the effects of the coronavirus pandemic have been felt globally, social media platforms like TikTok have played a vital role in spreading information. Simultaneously, platforms have been criticized for profiting from widespread “fake news” and COVID-19 hoaxes—“an over-abundance of information” described by the World Health Organization (WHO; 2020a) as an “infodemic” (p. 2). Popular and academic discourse surrounding the infodemic has emphasized a natural synergy between social media and misinformation, with the sheer scale of communication facilitated through platforms seen as a contributing factor. Australian Prime Minister Scott Morrison’s (2020) comments at a March 18, 2020, press conference in which he described COVID-19 information on social media as “gossip and nonsense” (para. 67) demonstrate how social media has been positioned as potentially dangerous during the pandemic. Public health scholar Gunther Eysenbach (2020) characterizes social media as a “vast amount of nearly unfiltered and uncontrolled information” (p. 3) and recommends “infoveillance”—the surveillance of Internet content—to identify false information. Reporting for *The Guardian*, Julie Carrie Wong (2020) writes that “algorithms and user-generated content are out; gatekeepers and fact-checking are in” (para. 4). Responding to public scrutiny, by February 2020, Google and major social media platforms including Facebook, Twitter, Instagram, and TikTok had implemented anti-fake-news strategies in partnership with the WHO (2020b). These strategies were designed to target COVID-19-related misinformation coming from user-generated content and emphasize official sources. Although the unprecedented scale of this infodemic has been stressed, we can trace the importance of social media platforms in disseminating information through past crises such as natural disasters and terror attacks (see Austin, Fisher Liu, & Jin, 2012; Bruns, Burgess, Crawford, & Shaw, 2012; Cho, Jung, & Park, 2013; Zeng, Chan, & Fu, 2017).

While TikTok has been at the center of infodemic controversy, some public health scholars argue the app has significant, but as yet unrealized, potential to reach younger audiences with public health messages (Comp, Dyer, & Gottlieb, 2020; Eghtesadi & Florea, 2020; Mheidly & Fares, 2020). Basch, Hillyer, and Jaime (2020) analyzed COVID-19-related TikToks, arguing that their findings largely indicate a lost opportunity to engage TikTok’s audience, with most TikToks in their sample not offering educational information about the virus. Radiology scholars Lovett, Munawar, Mohammed, and Prabhu (2020) found that although radiologists generate only 5% of radiology content on TikTok, their content had much more engagement than nonphysician radiology content. However, to date, there has been little examination of health information content creators and trends developing on the platform.

Research on medical professionals’ attitudes has found that there are both concerns about difficulties and risks and optimism about the potential benefits of social media engagement. Health workers report apprehension about the “deprofessionalization” of health expertise—that is, a blurring of the boundary between experts and laypeople, worry about being seen as unprofessional, issues surrounding patient privacy, and concerns about time demands (Greysen, Kind, & Chretien, 2010; Panahi, Watson, & Partridge, 2016; Sokół, 2018). However, there remains significant enthusiasm about the capacity of social media to spread health messages (Campbell, Evans, Pumper, & Moreno, 2016; DeCamp, Koenig, & Chisolm, 2013; Eghtesadi & Florea, 2020; Greysen et al., 2010), with some scholars finding that concerns about quality and veracity of existing social media content are a motivating factor for many health professionals who become active online (Alpert & Womble, 2016; Rubin, 2019; Scheibling, Gillett, & Brett, 2018). Further, scholars have identified the benefits of social media for the communication of health messages from health professionals (Heldman, Schindelar, & Weaver, 2013; Moorhead et al., 2013). Scholars also point to the

difficulties of doing so during crises, with the popularity of false information often exceeding accurate information on social media reported, for example, during the Zika virus (Sommariva, Vamos, Mantzarlis, Dào, & Martinez Tyson, 2018). However, Pulido, Villarejo-Carballido, Redondo-Sama, and Gómez (2020) found science-based information was more retweeted (that is, reshared by users) on Twitter during COVID-19 compared with false information.

In addition to scholarship exploring motivations for social media engagement, scholars have examined the techniques medical professionals use online. In her study of blogging practices among Polish medical practitioners, Sokół (2018) identified strategies used to establish their expertise and authority, such as linking to medical research in the text and explaining medical terminology and concepts. The bloggers also worked to create intimacy and trust with their audience by using a conversational tone, through storytelling, expressing their personal feelings and self-disclosure, and through the use of humor (Sokół, 2018; Sowińska & Sokół, 2019). Hanzel and colleagues (2018) examined the techniques used by medical professional accounts on Twitter, finding that the 10 most popular accounts were more likely to offer medical advice particular to their chosen specialty (e.g., a neonatal doctor tweeting about pediatric health).

Scholarship from microcelebrity studies can also offer insight into health information dissemination practices on TikTok beyond the terms offered by the infodemic debate. Contextualizing these information-sharing practices on TikTok within broader trends of health professionals using social media, I draw on microcelebrity research (see Abidin, 2015, 2017, 2018; Duffy, 2017; Marwick, 2015) and scholarship on TikTok cultures (see Abidin, 2021; Kennedy, 2020; Su, Baker, Doyle, & Yan, 2020; Zulli & Zulli, 2020) to analyze how creators use specific platform affordances of TikTok, such as meme-making and referential humor, to disseminate public health information. In this article, I explore findings from a digital ethnography conducted on the app, wherein I present an analysis of three hashtags and three accounts run by medical professionals using the concepts of affective atmospheres and platform affordances. I examine continuities with medical professionals' social media practices on other platforms while also offering new insights into the specific strategies to which TikTok gives rise.

### **TikTok's Emerging Health Information Community**

Despite TikTok's youthful orientation, content produced by health professionals is a significant trend on the app. As of March 17, 2021, the hashtag #doctorsoftiktok had 428 million views, #nursesoftiktok had 1.8 billion views, and #healthcareworker had 406.1 million views.<sup>2</sup> This content is diverse and ranges from more traditional informational style videos, such as medical professionals explaining specific terms, conditions, or practices, to medical professionals in hospitals participating in the viral dance challenges for which the app is famous. TikTok has also mobilized content from their partnerships with health organizations like the WHO and the Red Cross to bring official information onto the #coronavirus and #covid19 hashtags using their verified accounts.

There are significant risks for health professionals who post on TikTok, with those who share controversial health content potentially facing severe professional repercussions. In July 2019, nursing staff

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<sup>2</sup> This data is available within the TikTok app when these hashtags are searched.

in the Sick and Newborn Care Unit (SNCU) in Odisha, India, faced disciplinary action after filming a TikTok in their workplace featuring newborn babies (Anand, 2019). In January 2020, a U.S. nurse known on TikTok as Nurse Holly found herself at the center of an Internet scandal after posting a video for her 1.7 million followers that advised abstinence was the best way to prevent STDs (Brewis, 2020). Days later, the Association for Healthcare Social Media (AHSM; 2020) issued a statement concerning "social media behavior that may perpetuate health misinformation" and warned that "the perception of a fragmenting medical community may further drive distrust in the medical profession" (p. 1).

During the COVID-19 pandemic, health workers have been under intense scrutiny, and some health professionals who use TikTok have faced backlash. Journalists for *The Daily Mail* argued that seeing doctors and nurses in emergency departments dancing and lip-syncing trivialized the pandemic crisis and was a waste of hospital time and resources (Spicer & Foges, 2020). Puerto Rican healthcare workers who filmed a TikTok depicting themselves dancing while carrying a body bag labeled "COVID-19" were harshly criticized by the public (Ortega, 2020), while a U.S. nurse was placed on leave by her employer in November 2020 for a TikTok she posted that suggested she did not wear masks when not at work (Strapagieli, 2020). Medical professionals active on TikTok or other social media platforms have spoken out against the backlash, emphasizing sharing evidence-based information and addressing misinformation (Rannard, 2020; "This Doctor," 2020). Even before COVID-19, research on the concerns of doctors who are active on social media found that lack of workplace support was a significant barrier to participation (Campbell et al., 2016).

### **The Affective Atmospheres and Affordances of TikTok**

To think through how health information circulates on TikTok, I draw on the concepts of *affective atmospheres* and *platform affordances*. Coined by geographer Ben Anderson (2009), an affective atmosphere refers to how our capacities are modulated by the affective environment—an environment that is constituted by assemblages of humans, nonhumans, interfaces, and habits that are collective rather than individual. In saying they are collective—that is to say, that they belong to the environment—they are embedded in the milieu rather than individual subjects. Affect here refers not to emotion in a personal sense, but instead to a feeling prior to its solidifying in a subject (Massumi, 2015). Ahmed (2014) refers to this as the "sociality of emotion" (p. 10) and emphasizes that emotions cannot be separated from bodily sensations.

Though the theorizing of affective atmospheres has primarily been employed in human geography to explore how we are constituted through dynamic encounters with space and place (Anderson, 2009), the concept has a great deal to offer scholarship examining digital spaces. Though social media worlds may qualitatively differ from physical spaces, digital health researchers have also taken up the concept of affective atmospheres to explore how affects circulate in and through interactions with digital objects. Lupton (2017) argues that the concept of affective atmospheres has a great deal to offer scholarship on digital health technologies, explaining that the concept offers a way for "fully comprehending how digital health technologies inhabit and generate lifeworlds." (p. 8). Tucker and Goodings (2017) adapt the concept and devise their own term "digital atmospheres" to refer to the affective dimensions of social media platforms used for mental health support, arguing that these sites are spatially experienced even if they are not constituted in physical space. Hollett and Ehret's (2015) study examined the shifting affective atmospheres of a 12-year-old boy's video gaming practices while hospitalized, a rich account of the entanglement of bodies, digital technologies, and

affects as both physical and virtual spaces overlap. This concept is beneficial for thinking through TikTok and the way information spreads through the site. When content is shared, it is not merely an expression of a user's psychological state but an offering toward a collective affective state a viewer of the TikTok may feel, which is constantly shifting within the many broader communities on the platform. TikTok communities and hashtags have a perceptible but shifting collective emotional tone through the way content is referential through the use of memes, as well as highly responsive to current events and trends on the platform.

The platform-specific conditions of TikTok, oriented around play and virality, have facilitated the development of a genre of health-focused TikToks that are humorous or elicit an emotional response and are pedagogical in nature. To interrogate these conditions, I draw on the concept of *platform affordances*. The concept of *affordances* originated from psychologist James Gibson (1986), who theorized how humans and other animals perceive their environment. Gibson's concept has been substantially developed by scholars interested in digital technologies, taking up the term to understand the ways objects "request, demand, allow, encourage, discourage, and refuse" (Davis & Chouinard, 2016, p. 241). Rather than *determining* specific actions, affordances refer to the more tacit ways that objects shape practices. For example, TikTok *encourages* the use of other users' sounds by offering a large, red "Use This Sound" button when a user is looking at videos all with the same audio meme. Furthermore, Davis and Chouinard (2016) argue that an object's affordances are based not only on their *perceivability* to users but also on the individual users' capacities and specific social conditions. Bucher and Helmond (2017) argue that platforms can be conceptualized as environments, in the Gibsonian sense that they offer possible actions to the users but emphasize that a platform's affordances cannot be merely gleaned from the first glance. Instead, platform affordances are relational and change quickly with developer updates, sudden flurries of activity or trends, and a multitude of other unpredictable factors (Bucher & Helmond, 2017).

### Method

This article draws on data from a digital ethnography conducted on TikTok. In developing my approach, I draw inspiration from Barnard's (2018) digital ethnographic content analysis (DECA) method, which integrates analysis of the *form* of the platform—that is, its affordances and organizing principles—as well as social media content. I also take up Hine's (2015) call for ethnographers to conceptualize social media platforms as embodied and affective spaces rather than discrete virtual worlds. To attend to these dimensions of digital ethnography, Hine (2015) suggests the integration of autoethnographic practices, in which the researcher draws on their own sensory experiences "as a source of insight into the unresolvable uncertainties and tensions that can be a part of the Internet experience" (p. 82). Such an approach, of course, has limitations in that insights will reflect the perspective of the researcher. However, as Hine (2015) highlights, ethnographic research always involves processes of interpretation and selection by the researcher that shape what is observed. In this study, I employed this autoethnographic approach to analyzing the affective atmospheres of my chosen hashtags—an approach that I combined with my creator case studies. As Postill and Pink (2012) put it, digital ethnography involves "a messy fieldwork environment that crosses online and offline worlds and is connected and constituted through the ethnographer's narrative" (p. 126).

### **Data Collection**

I conducted a digital ethnography on TikTok from March 2020 to November 2020, with periods of observation on the app undertaken weekly in March, April, June, September, and November. When undertaking sessions of observation on the app, usually lasting between one and three hours, I initially used the app's search function for keywords such as "covid," "coronavirus," "doctor," "nurse," "healthcare worker," and then from viewing TikTok videos, I traced further content by clicking hashtags on videos I watched to identify other relevant content and creators. Using this approach, I identified a list of relevant hashtags that I checked regularly and a list of creators whose content I came across often in the observation sessions. I also read through comments on videos to observe the interactions between creators and audiences. I took field notes in the form of written notes and screenshots, and I downloaded relevant videos.

As part of my ethnography, I chose six accounts of which to conduct an in-depth analysis, viewing their back catalog of TikToks and looking at their other social media platform accounts. I selected these six accounts on the basis that they were prominent in many of the hashtags that I followed during my digital ethnography, they all posted TikTok videos regularly (every few days), had audiences in the hundreds of thousands, and all engaged in health information dissemination across multiple social media platforms. I use the term "microcelebrity" to refer to these creators, a term coined by Theresa Senft (2013) to describe strategies and practices of self-branding and identity management for the purpose of gaining attention online. I chose this term rather than "influencer"<sup>3</sup> because most medical professionals creating content on TikTok that I observed maintain their primary employment as a healthcare worker—rather than making social media content creation their job. It is also important to note that even though I selected accounts with a large audience, as Marwick (2015) highlights, audience size is highly subjective and does not neatly correlate with microcelebrity, as even small audiences of several thousand can be leveraged for engagement. I discuss three of the accounts I studied in this article, which I chose on the basis that they offer fairly typical examples of the health professional creators I observed in my digital ethnography and include two doctors' and a nurse's accounts. Though my observation on the app included many relevant hashtags, in this article, I have also chosen to focus on three, #doctorsoftiktok, #nursesoftiktok, and #healthcareworker, which offered a good overview of the kinds of content I viewed during my ethnography—as opposed to some of the more specific hashtags I identified that focused on medical specialties (e.g., #plasticsurgeon, #dermatologist, #ophthamologist).

It should be noted that because TikTok's search engine optimization algorithm is proprietary, it is not possible to know precisely how search results are generated, and therefore it is not possible to retrieve results in the app that are depersonalized. Following Hurwitz and associates (2018), I consider that there is no "clean" data, with personalization being now a significant element of Web 2.0. TikTok's privacy policy states that they may customize content on the app based on the country a user is in or based on a host of information collected by the app, including app usage patterns, device information (e.g., time zone, type of devices used to log in and demographic information). Though I created a new TikTok account at the beginning of this digital ethnography, the content that was visible to me on TikTok was shaped by my

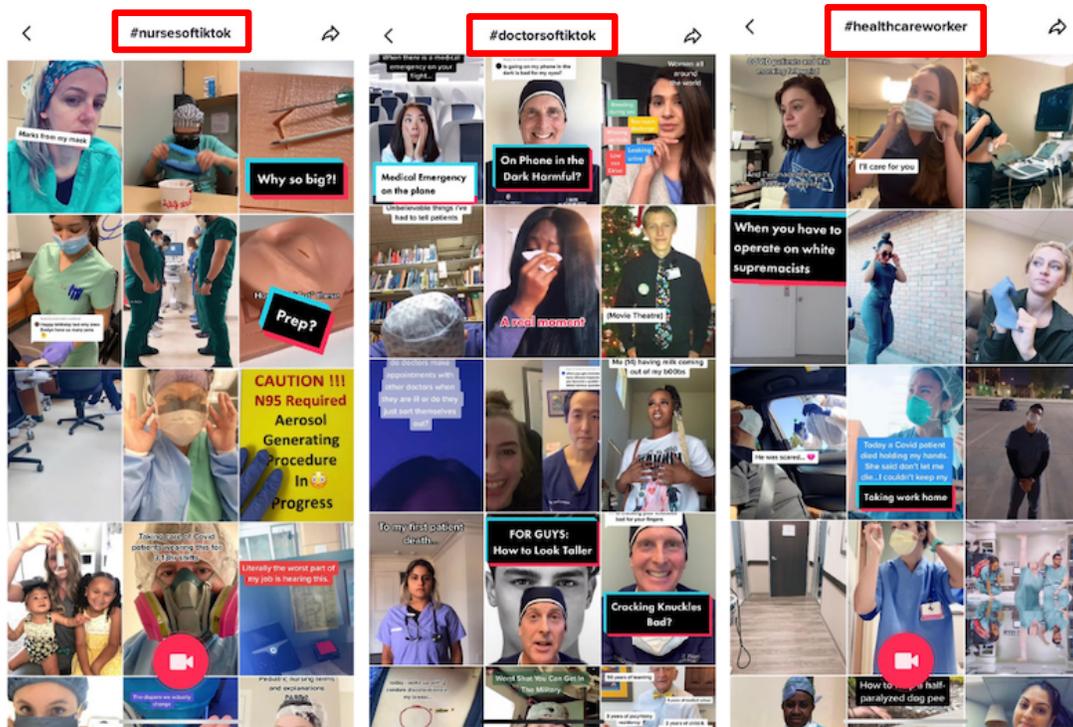
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<sup>3</sup> Digital anthropologist Crystal Abidin (2018) defines an influencer as a vocation—that is, someone who can "make a living from being celebrities native to and on the Internet" (p. 1).

smartphone being located in Australia and the app language set to English, as well as an array of other information collected by the app to curate my TikTok experience, including my age and gender. As Light, Burgess, and Duguay (2018) argue, apps must be understood as sociocultural artifacts, and these contextual factors must be understood and acknowledged. During my digital ethnography, I observed that content from creators in the United States and, to a lesser extent, the UK, often appeared most prominently in search results, and my case studies reflect this dominance. This trend not only reflects the potential impact of algorithmic personalization but also reflects the broader U.S. cultural imperialism in Australia (Bell & Bell, 1996) and within digital platforms (Yong Jin, 2015).

### ***Ethical Considerations***

The ethics of using social media content for research purposes must be approached with caution. Although some content is posted with the intention of visibility, it remains essential to interrogate this in context—when it comes to both platform and content (McCann & Southerton, 2019; Patterson, 2018). TikTok is undoubtedly a platform where much of the content posted is seeking virality and infers public visibility. However, as Highfield and Leaver (2016) point out, visual content must be assessed thoughtfully for inclusion in research, as the user may unintentionally reveal personal information in their content. In my analysis, I have only identified three accounts by name, which I selected based on relevancy and their significant reach, and that they are run by creators whose microcelebrity practices suggest that views and attention offer material benefit. When analyzing the hashtags, usernames/handles and screenshots have not been included, and I have not reproduced word for word any comments made on videos. I have included screenshots of search results (see Fig. 1) to provide a sense of what the hashtag results look like, with usernames not visible in these images.



**Figure 1. A screen capture of #nursesoftiktok, #doctorsoftiktok, and #healthcareworker. Creator Case Studies**

### **Dr. Karan Raj**

Dr. Karan Raj is a UK surgeon with 2.8 million subscribers on TikTok, more than 37.3K subscribers on YouTube, 124K on Instagram, and 4.1K on Facebook. He is most known for his TikTok content (see Fig. 2), which was popular before the coronavirus spread but increased dramatically as the pandemic unfolded. His TikTok account has an explicitly educational focus while also offering viewers plenty of playful day-in-the-life fun, medical profession in-jokes, and general humor. He became more well-known after creating a series of popular multipart TikToks about medical oddities, including “Weird medical facts” and “Organs you can live without,” with users commenting that the videos were fascinating and taught them things they did not know, as well as asking many more unusual and bizarre medical questions. In one video, Dr. Raj responds to a viewer’s question, reading it aloud: “What do we do with amputated limbs? This is actually really interesting! There’s three things that can be done (sic)” (Rajan, 2020, 0:03) He speaks directly to the camera, wearing scrubs, and filming the TikTok in a hospital setting with equipment visible in the background, and explains the different ways amputated limbs can be treated in the UK, with accompanying images.

Content explaining medical terminology, especially niche medical conditions or unusual surgical procedures or techniques, is common on Dr. Raj’s account. Like the medical Web bloggers in Sokó’s

study, Dr. Raj uses the platform's affordances—in this case, the capacity to use the greenscreen effect to depict diagrams in the background—to "recontextualise scientific knowledge and make it accessible" (Sokół, 2018, p. 15). COVID-related content has become integrated into Dr. Raj's account, with a TikTok in which he explains the ways gloves can spread the coronavirus if worn improperly, attracting more than 1 million views. More recently, his content has discussed the COVID-19 vaccine, with videos tackling antivaccine arguments.

### ***Dr. Staci Tanouye***

Dr. Staci Tanouye is a U.S.-based ob-gyn, with 1.3 million TikTok followers and 68.7K Instagram followers. Her content is explicitly educational, with a focus on fertility and sexual health. However, she also creates TikToks (see Fig. 2) that respond to the current COVID-19 pandemic, advocating for mask-wearing and debunking COVID-19 conspiracy theories, drawing on scientific research. Dr. Tanouye's account gained popularity initially for her informational style dancing TikToks, often focused on specific elements of sexual or reproductive health. For example, one TikTok from March this year, with 4.4 million views, focused on menstruation, with Dr. Tanouye dressed in pink medical scrubs, dancing to Britney Spears' "Baby One More Time" as text gives viewers an overview of what periods should be like, and when to see a doctor. As she moves to the beats of the song, key points appearing alongside that match also match the song's timing. Many of the comments on the video are users disclosing their own experiences of their periods, which may fit with or contradict the description she gives in the video. Dr. Tanouye is very engaged in the comments, offering advice to commenters based on what they share. Dr. Tanouye's TikToks also featured demonstrations using birth control devices and other medical objects such as speculums, either held by her or using the green-screen function.

Dr. Tanouye's TikToks emphasize evidence and authority, as she often leaves her sources in the comments and emphasizes her qualification often, advising her followers to request proof of qualifications when they encounter health information online. This practice mirrors practices scholars have observed health professionals using in other online contexts, such as linking to medical literature when blogging (Sokół, 2018). Her emphasis on her specific area of expertise—gynecology—is also consistent with Hanzel and colleagues' (2018) observations about the advice-giving practices of popular medical professionals on Twitter, though her recent COVID-19 content does deviate from this practice. Her TikToks also feature more intimate and mundane content that are a mainstay of microcelebrity accounts (Abidin, 2017), explaining her skin-care routine and offering behind-the-scenes content involving her family. More recently, she has also engaged in self-disclosure strategies (Sokół, 2018) by offering opinions on the U.S. election, advocating for LGBTQ+ rights, and exploring systemic racism in medicine in the wake of the widespread Black Lives Matter protests in the United States, including reflecting on her position as a mixed-race person.

### ***Nurse Hadley***

Nurse Hadley is a U.S.-based nurse with 816.7K followers on TikTok, 23.2K on Instagram, and 1.77K subscribers on YouTube. She started making TikToks at the beginning of the COVID-19 pandemic, with her first TikTok showing her and her husband (also a healthcare worker) sending their children to stay with family because of their risk of virus transmission. As of March 2021, the video had 2.1 million

views, and Nurse Hadley has since gained a significant following. Her content (see Fig. 2) includes advice for those seeking to become nurses, day-in-the-life nursing content, and educational content related to end-of-life as she is currently working as a hospice nurse. For example, in an August 2020 TikTok, which as of March 2021 had 4 million views, Nurse Hadley describes what happens when you come to the last months of your natural life. The video, shot in her car while she is wearing her scrubs, elicited many comments from TikTok users expressing sadness about what she described, joking that they were dying as their daily struggle was similar to what she described or asking more questions about the process, some of which she later answers in other videos. Nurse Hadley's use of narrative, particularly recounting patient stories, is also documented in Sokó's (2018) study of medical professional's blogging practices. However, she also makes TikToks that align with more familiar microcelebrity genres on themes like life advice and a "backstage" look into her family life (Abidin, 2017). Her videos are often filmed in her car, wearing her medical scrubs, as she goes to or from work.

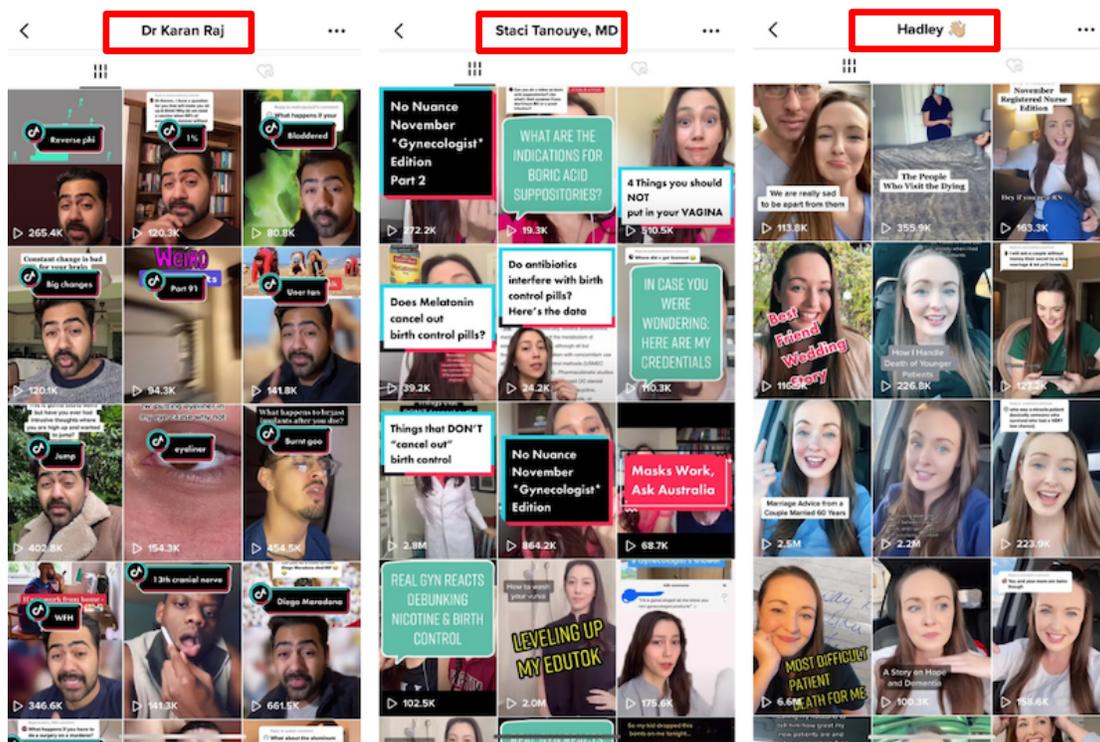


Figure 2. A screen capture of Dr. Karan Raj's account (Rajan, n.d.), Dr. Staci Tanouye's account (Tanouye, n.d.), and Nurse Hadley's account (Christine, n.d.).

### #Hashtag Atmospheres

Scrolling through health-focused content on TikTok, it was noticeable that each video can offer a different setting, a radical shift in tone from the previous video, yet still contribute to a broader feeling within

the hashtag. Using an autoethnographic approach to my observation, I recorded and reflected on these feelings and affective shifts in my fieldwork notes. Not all of the content was relevant, as popular hashtags can be targeted to raise the profile of irrelevant material. Scrolling through #doctorsoftiktok, each time, I found the most explicitly educational content. However, as COVID-19 unfolded, I noticed that pandemic-related content I observed offered insight into doctors' lives during the pandemic, rather than explicitly seeking to educate about the virus. In June, as I started to observe more videos filmed in hospital settings, a reminder of a key site of the COVID-19 pandemic. Humor broke through often, however, as videos of ER doctors dancing showed moments of relief. Doctors shot videos with their faces directly toward the camera, offering a gentle explanation of a common misconception with a sympathetic gaze. One TikTok playfully commented on the circulating term "essential workers," depicting doctors and nurses walking in slow motion into the hospital to the song "Gangsta's Paradise" by Coolio. As it looped the repeating lyrics, "As I walk through the valley of the shadow of death," the video's pleasurable humor is layered with the macabre (Ivey, Sanders, Rasheed, & Wonder, 1995). The prevalence of these kinds of videos can be connected to the "gallows humor" widely reported in the medical profession as a kind of coping mechanism (Bennett, 2003, p. 1259).

Compared with #doctorsoftiktok, I observed content #nursesoftiktok had a less explicitly educational focus, with more everyday workplace content, cultivating a sense of a nurse's everyday life and given the context of my observation, "pandemic life." The orientation here was much more toward coworkers and the community. When viewing these videos, my attention was drawn in each repetition to the many staff, technologies, substances, and systems that are part of even a single TikTok. The effects of hospital hand sanitizer are shown by a nurse in one TikTok, each loop drawing out further the chemical-burn-like effects on her hands. In another, medical staff at a hospital playfully ride a mobile hospital bed in slow motion to heroic music in "battle gear" (full personal protective equipment; PPE), off to fight the virus. On each loop, different objects emerge from the chaos: masks, goggles, hairnets, shoe covers, gowns; a staff member follows the group with a steam cleaner—steam emanating as the staff walk off-screen.

The #healthcareworker hashtag contains the most diverse range of content of the three hashtags, emphasizing mundane work in the pandemic environment and most of the TikTok posts having a COVID focus. Many healthcare workers located in the United States and the UK use the platform to highlight the immense stress they are under as the pandemic overwhelms their emergency departments. Many videos are filmed at moments of extreme distress and emotion, such as immediately following a patient's death, often directly addressing a presumably hostile audience. With each loop, different elements of the stress come to the fore: the signs of crying, the lines PPE left on their face, the changing expression as the dialogue shifts toward a call to action for the audience.

## **Discussion**

### ***Atmospheres of Relatability and Intimacy***

In the health-focused content on TikTok, I argue there are both continuities with and divergences from existing practices of medical professionals on social media, as medical professionals draw increasingly on microcelebrity strategies and unique affordances of the platform. For example, the faces of creators are emphasized in almost all the videos on their pages. The focus on the face is reminiscent

of the “selfie culture” Marwick (2015) identifies in her study of Instagram celebrity, which serves as “advertisements for the self” (p. 142). However, as Abidin (2021) argues, TikTok’s microcelebrity culture reflects a shift away from the ideal life presented on Instagram and toward a more relatable (yet cultivated) ordinariness. Many of the videos affirm the authority of their creator—the lab coat or scrubs, the setting they are filmed (at a hospital or in an office with books visible in the background)—working within the TikTok to distinguish the creator from a layperson creator. Given the documentation of authority establishing practices in medical Web blogging communities (Sokół, 2018), these could be seen as adaptations of this technique for a visual medium.

In tension with claims of authority, the health content creators engage in what Abidin (2017) terms “calibrated amateurism,” which involves “crafting contrived authenticity that portrays the raw aesthetic of an amateur” (p. 1). Many videos appear as if filmed on a smartphone camera, with the creator speaking directly to the audience and the camera sometimes moving around to suggest it is handheld—the effect of which is that the videos appear very amateur and in-the-moment (Kennedy, 2020). The health professional TikTok creators also draw on microcelebrity skills to cultivate intimacy with their followers through capturing moments that offer behind-the-scenes glimpses, disclosing personal information, and documenting mundane aspects of their lives (Abidin, 2015)—for example, offering their followers videos that show parts of their professions not normally seen, capturing themselves on a hard day expressing raw emotions, or recording what they take to work for lunch.

Most notably, this study documents the health professionals drawing on TikTok’s affordances to cultivate a sense of accessibility and closeness with their audience: liking comments (which appear as “liked by creator” to the viewer), using the function to reply to comments with a video—a function that creators used to show responsiveness and engagement with their audience. For example, by reading the comments on one of Dr. Staci Tanouye’s, you may find her responding to viewer’s questions about how much vaginal discharge is normal, what panty liners are the best, what are the symptoms of thrush, and so on, providing video responses for more detailed questions. The comments are also a place for other creators in the same community to interact and show support for fellow creators while also undertaking important work in boosting their brand by association.

While creators cultivate approachability, intimacy, and ordinariness for their followers, it should be noted that these are accomplished through a highly sophisticated repertoire of techniques (Abidin, 2018). Though for a viewer, there is a sense of looking into their office or even to the car as they are about to drive home, as Brooke Erin Duffy (2017) explains, “work and play, amateurism and professionalism bleed into one another in digital contexts” (p. 46). Su and colleagues’ (2020) study of professional athlete’s use of TikTok identifies similar practices, finding an emphasis on authenticity and approachability, which is achieved through the presentation of a “backstage” setting—filmed mainly in the home during the pandemic. Melanie Kennedy’s (2020) account of “bedroom culture” on TikTok is also insightful here, even though her focus is on teenage girls on the platform. She highlights broader key trends for creators on TikTok—namely, the aesthetic and performance of normality and accessibility.

Beyond the intimacy and relatability a creator cultivates, there is a collective intimacy that circulates on TikTok more broadly. Facilitated by the access to bedrooms and private spaces, Kennedy

(2020) describes moments on TikTok, captured in the short, often face-focused videos, regularly create a sensation of sudden closeness. Scrolling through a hashtag can elicit realization, curiosity, understanding, clarity, confusion, laughter, fear, shock, movement, and more. These then give way to less visible shifts in emotion and intensity as they circulate on the platform: discomfort, solidarity, less recognizable collective tensions that form and constantly adjust as the event of the pandemic unfolds. They incline toward shareability, as the platform itself leans into virality with strangers rather than intimacy with people you know. This is a different kind of intimacy, but one that might speak to the kind of collective moment we are experiencing with COVID-19. There is a kind of collective intimacy in this global event that TikTok is well placed to explore, and its boom in popularity during the pandemic is suggestive of this. Ahmed (2004) writes that “emotions work by sticking figures together (adherence), a sticking that creates the very effect of a collective (coherence)” (p. 119). The humor of health professionals as they playfully encourage washing hands using a song or strut into the Emergency Department as “essential workers” is one such “sticky” affect that coheres on TikTok to cultivate not only joyful affects but also anxiety—the complex and layered affective landscapes that often punctuate experiences of the pandemic.

### ***Affording Play***

The medical professionals I observed on TikTok often employed core platform formats in their content, what we might call platform-centric genres of TikTok, to borrow from the work of Burgess and Green’s (2018) work on YouTube. They use lip-syncing and dancing, replicate audio memes, create duets (videos in which the creator pairs their content with another creator’s existing video to respond or comment on their video), use the green screen effect to appear in front of other images, and use functions on the app that allow them to reply directly to comments on their videos with another video. All these familiar elements contribute to a sense of TikTok-ness that is immediately recognizable in the content (Abidin, 2021). Existing scholarship on the visibility of microcelebrities’ labor practices has highlighted the way creators will tailor their content for each specific platform (Duffy, Pruchniewska, & Scolere, 2017). This study supports these findings, as creators often had other social media accounts and though there was some crossover on Instagram reels, as Abidin (2021) has highlighted is common, there was undoubtedly an attempt by most creators to create TikTok-specific content rather than replicate from other platforms.

Browsing the hashtags identified for this study, I found that many videos also replicate platform trends and formats using audio memes. Zulli and Zulli (2020) argue that TikTok affords mimesis—practices of imitation and replication—through its culture and design. Using an app walkthrough method, they argue that the app’s video-design functions and platform cultures encourage and foster meme-making as a principal mode of social interaction (Zulli & Zulli, 2020). Given this platform affordance, it is hardly surprising that much of the health information content on the app uses memes, play, and humor in the conveying of health messages. A common format for informational TikTok is for a health professional to dance to a popular song while using their dance moves to point to information on the screen. Other popular formats replicate audio memes. For example, using a clip of comedian Kevin Hart saying, “Wait a minute, wait a minute . . . . First of all, you’re not just gonna speed past that like you didn’t say what you just said” (Clark, 2020, 0:01) while including text on-screen about a shocking or funny encounter with a patient.

### Conclusion

The unfolding COVID-19 infodemic has seen calls for a greater emphasis on official sources of information to address widespread information (Eysenbach, 2020; United Nations, 2020; WHO, 2020a). However, as this article has explored, examining the microcelebrity practices of health professionals and health content on TikTok can offer different insights. By examining health information content and creators, and the ways intimacy and collective feelings emerge, scholarship on microcelebrity has offered productive insights here to conceptualizing health information dissemination in new digital spaces. Locating preexisting practices of health professionals on social media from Web blogging and Twitter facilitates reflection on what is unique to TikTok's affordances, as well as what microcelebrity strategies continue to be effective—mobilizing intimacy, relatability, and playfulness, alongside medical authority.

From tracing TikTok atmospheres, we can see the way that these informational videos are relational and affective. TikTok's platform affordances create the conditions in which the meanings of videos are deeply interconnected through meme-making and referential humor. These TikToks create the conditions for intimacy between creator and viewer, with content that focuses on shared anxieties, discomforts, or sensations—how the pandemic is *felt*. Other videos call attention to the pandemic's material qualities through reference to germs, particles, spit, spray, and other fluids. With many of the videos being filmed in situ in hospitals and medical professionals' workplaces, through rewatching the videos, again and again, our attention can be oriented to the mundane objects that have renewed affective connections, such as face masks, or those that make possible a hospital bed setup. We can observe a significant departure from existing communication strategies medical professionals have mobilized on social media in the past. In attending to the affective atmospheres of TikTok, this article extends a growing scholarship highlighting the way social media worlds are *felt*. These findings offer unique insight into how health professionals adapt to the specificities of TikTok. While some techniques have been transferred from other platforms, the affordances and cultures TikTok demand these creators learn new skills: identifying and replicating popular audio memes, responding to rapidly circulating humor and feelings, and adapting their content to work with the formats familiar to TikTok audiences. At the same time, creators drew on a range of microcelebrity skills together with the platform's affordances (e.g., the capacity to reply to a comment with a video) to cultivate a sense of closeness, relatability, and a feeling of being "behind the scenes."

User-generated health content—the kind of "gossip and nonsense" derided by official figures such as Australian Prime Minister Scott Morrison (2020)—has been positioned as a public health problem (para. 67). However, I argue it is precisely the qualities that render TikTok's health communities as "suspect" sources of information—the platform's "nonsense," playfulness, emotions, and intimacy—that allow information to circulate on the app. The platform affordances that incline content toward meme-making, collective affects, and humor create the conditions in which health information is shared not only based on a health professional's authority to hold such information but also on their capacity to tap into the circulating feelings, in-jokes, and trends that characterize TikTok. In a time of uncertainty and upheaval surrounding the global pandemic, TikTok health professionals lean to the slightly moving handheld smartphone camera and talk about health in a way that tells the audience they "get it."

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