"Influencers" or "Doctors"? Physicians' Presentation of Self in YouTube and Facebook Videos

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Despite growing interest in doctors' use of social media, little is known about how medical professionals want to appear before online audiences. This multi-method qualitative study fills this gap by analyzing the self-presentation of 12 Egyptian medical doctors who create health-related video blogs (vlogs) on YouTube and Facebook. We pair in-depth interviews and focus group data with a critical discourse analysis of 48 vlogs to investigate how these physicians construct their images as both health professionals (doctors) and content makers (influencers). In doing so, we rely on Goffman's dramaturgical approach to examine the "faces" they wear in their vlogs and the strategies they use to manage when and how each face is perceived. We find that participants present themselves through four faces: approachable, knowledgeable, pedagogical, and popular. Their self-presentation appears to be a negotiation between two roles: part influencer, or social media content creator, and part doctor, or health service provider.

Keywords: impression management, YouTube, doctors, influencers, social media, health communication

With so many health services moving online (Liu et al., 2020; Zanaboni & Fagerlund, 2020) and with patients actively seeking health information from the Internet (Ghweeba et al., 2022; Jiang, Basnyat, & Liu, 2021), it is perhaps unsurprising that physicians have taken to social media to engage with patients (Chen & Wang, 2021). They do so using a variety of formats, including video blogs, or vlogs. Vlogs emerged in parallel to the social media platforms that enable video sharing—most notably, YouTube. While other platforms, such as TikTok, Instagram, and SnapChat, have gained immense popularity, YouTube remains the most popular video-sharing platform worldwide and the second-most popular social network, after

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Facebook (Dixson, 2022). YouTube users use vlogging to communicate about health (Parnell, 2017; Sakib, 2020). Research suggests that health-related YouTube videos can have extensive reach (Harrison et al., 2016) and high quality, particularly when produced by physicians (Jildeh, Abbas, Abbas, Washington, & Okoroha, 2021).

Despite its potential benefits, vlogging poses challenges for physicians seeking to share evidence-based health information. Social media users look to vlogs for both information and entertainment (Buf & Ștefăniță, 2020; Croes & Bartels, 2021); to succeed, vloggers must balance accuracy and engagement. The fast-evolving subcultures of social media platforms can also put pressure on users to present the best version of themselves and their lives, pushing them to adapt their identities to impress multiple online subcultures at once (Lieberman & Schroeder, 2020; Turkle, 2016).

In this study, we build on Goffman's (1959) theory of presentation of self to examine these tensions by asking, *How do physicians construct their images on social media as both health professionals (doctors) and content creators (influencers)?* We do so through an in-depth qualitative study of 12 Egyptian physician vloggers who have achieved a high degree of visibility on YouTube. In doing so, we address several important gaps in the literature. We provide much-needed evidence of how these platforms are used to share health information—a topic with high societal relevance but about which little is known (Allgaier, 2020). We also offer insights into how health professionals navigate the challenges and opportunities of online self-presentation in Egypt, an understudied communication context (Hagg, Dahinten, & Currie, 2018; Mheidly & Fares, 2020). Finally, we contribute to the growing body of scholarship that has applied Goffman's (1959) theory to social media communication, illuminating how the affordances of video-sharing platforms such as YouTube both validate and complicate existing understandings of the presentation of self.

Presentation of Self on Social Media

Goffman's (1959) theory, in which a person's social behaviors are shaped by their vision of how they want to be seen by others, has proven to be adaptable to the shifting ways that individuals present themselves on online platforms, which were unimaginable when he proposed it. The theory has been used to study Instagram (Bardhan, 2022; Hong, Jahng, Lee, & Wise, 2020), Twitter (Brems, Temmerman, Graham, & Broersma, 2017; Colliander et al., 2017), Facebook (Eranti & Lonkila, 2015; Rui & Stefanone, 2018), and YouTube (Misoch, 2014; Olsson, 2019). The central metaphor—that individuals in society perform on a *stage* and adapt their behavior, or *performance*, to gain the audience's acceptance or *applause*—is versatile.

Goffman (1967) argues that individual behavior is guided by assessments of situations and audiences. Based on their understanding of the social context, an individual will select an appropriate *face*—an image of the self, delineated through approved social attributes—and perform their *lines*—the "pattern[s] of verbal and nonverbal acts by which [the performer] expresses [their] view of the situation" (Goffman, 1967, p. 6). Goffman (1967) calls this process of selecting and performing a face *face-work*.

At the heart of face-work is individuals' need for *impression management*—the process of building and maintaining the "conclusions people draw from appearances and actions" (Goffman, 1978, p. 366).

Scholars have identified several common impression management strategies, including *self-promotion*, or speaking about one's accomplishments (Leary, 2001); *ingratiation,* or offering help, praising, or taking care of others (Swencionis & Fiske, 2016); *exemplification*, or portraying oneself as having high morals and principles (Jones, 1990); *intimidation*, or presenting oneself as dangerous through aggression (Rosenfeld, Giacalone, & Riordan, 1994); and *supplication*, or requesting assistance with the goal of being perceived as dependent on others (Connolly-Ahern & Broadway, 2007).

The technological affordances of social media platforms may enable impression management to take place in almost the same ways as in face-to-face settings (Tashmin, 2016), particularly on video-based platforms that support the exchange of cues found in offline interactions (e.g., tone of voice, body language, facial expressions; Geurin-Eagleman & Burch, 2016). Still, complexities arise when considering how to apply the theory within the multiple geographical, temporal, and spatial contexts that exist on social media. Social media users must grapple with collapsing of social contexts described above (Marwick & boyd, 2011). Social media can also bring aspects of an individual's past and present selves together, creating a *time collapse* that may further impact how individuals present themselves (Brandtzaeg & Lüders, 2018; Costa, 2018). Whether social or temporal, context collapse could lead users to "lose face" (Goffman, 1967) if the impression they end up leaving differs from the face that they intended to wear.

The technological affordances of social media platforms have evolved since Marwick and boyd (2011) first described the phenomena of digital context collapse; today's users often have more control over the visibility of their content and the contexts within which it is encountered. To account for these changes, Davis and Jurgenson (2014) have proposed the concepts of *context collusion* and *context collision.* Context collusion describes situations in which users "intentionally collapse, blur, and flatten contexts" (Davis & Jurgenson, 2014, p. 480); they share content that they are comfortable with anyone consuming, no matter their time, place, or social context (Loh & Walsh, 2021). In contrast, context collision describes situations where "different social environments unintentionally and unexpectedly come crashing into each other" (Davis & Jurgenson, 2014, p. 480).

Influencers and Health Communication

Social media influencer culture has gained traction around the world, particularly among younger users (Kádeková & Holienčinová, 2018). Egypt is no exception. With nearly 60 million Internet users (DataReportal, 2020) and heavy social media use among the youth (Sabbagh, Mourad, Kabbara, Shehadi, & Samman, 2012), Egypt is a context in which social media influencers have considerable sway. For example, influencer endorsements are a significant factor predicting intentions to travel to particular destinations among 30-somethings (Ragab, 2022). The Egyptian fashion industry also relies heavily on influencers for marketing, leveraging their ability to "spread a brand's message to the intended audience in an authentic, natural way" and "establish a personal relationship with the followers" (AbdelAziz & Saad, 2022, p. 418). Similarly, Casaló, Flavián, and Ibánez-Sánchez (2020) found influencers' originality and uniqueness to be effective in promoting fashion brands on Instagram. Some Egyptian influencers become so popular that they not only gain followers but also develop "fans"—individuals who support and empathize with them and make decisions based on their recommendations (Ezzat, 2021).

While scholars have examined Egyptian influencers within such communication contexts, little is known about their role in health communication—an important gap, given Egyptians' heavy reliance on the Internet as a source of health information (Ghweeba et al., 2022). A scoping review of scholarship exploring social media–based health communication in middle- and low-income countries identified just two studies published about Egypt (Hagg et al., 2018). Neither of these studies focused on health influencers or their self-presentation. We address this gap in the present study by examining how influential Egyptian physicians present themselves in their vlogs on YouTube and Facebook. We ground our study in research that has examined the offline self-presentation of physicians (i.e., when interacting with peers or patients) as well as the self-presentation of social media influencers. This literature (summarized in Table 1) suggests that both physicians and influencers seek to emphasize multiple traits, or faces, to impress their audiences and rely on multiple explicit and implicit cues to assess whether they have succeeded in managing their audience's impressions.

Table 1. Previous Literature on Self-Presentation of Physicians and Influencers.

	Physicians	Influencers
Desirable traits (i.e., faces)	Competent and effective (Huffman et al., 2021; Molloy & Bearman, 2019) Credible and knowledgeable (Cantillon, DeGrave, & Dornan, 2021; Molloy & Bearman, 2019) Effective and competent (Cantillon et al., 2021; Huffman et al., 2021) Cognitively capable (Cantillon et al., 2021) Strong communicator (Cantillon et al., 2021) Interpersonally skilled (Cantillon et al., 2021) Growth-minded, focused on learning (Huffman et al., 2021)	Approachable and personal; "close" to audience (Khamis, Ang, & Welling, 2017; Krisnawati, 2020; Ruiz-Gomez, 2019) Authentic and accessible (Khamis et al., 2017; Ruiz-Gomez, 2019) Attractive and polished (Krisnawati, 2020; Yılmaz, Sezerel, & Uzner, 2020) Influential and impactful (Ruiz-Gomez, 2019; Yılmaz et al., 2020) Original and unique (Bamakan, Nurgaliev, & Qu, 2019; Casaló et al., 2020). Future-focused and driven; unfazed by naysayers (Khamis et al., 2017)
Indicators of successful impression management	Patient satisfaction (Awad Allah, Eltwansy, & El-Shafei, 2017; Gu & Itoh, 2016) Positive reactions, feedback from superiors and colleagues (Vanstone & Grierson, 2019) Formal performance evaluations (Huffman et al., 2021)	Engagement (e.g., number of likes, shares, retweets, followers, comments; Khamis et al., 2017) Visibility or size of audience (Khamis et al., 2017) Invitations to endorse reputable brands (Ibáñez-Sánchez, Flavián, Casaló, & Belanche, 2021; Kim, Duffy, & Thorson, 2021; Schouten, Janssen, & Verspaget, 2020)

We use the term *physician vloggers* to refer to our participants. We define "physicians" as licensed health professionals who offer services for physical or mental well-being, including general practitioners, specialists, pharmacists, physiotherapists, and psychologists. We use the term "influencers" to describe

individuals who regularly create and share videos on social media with at least 100,000 followers or subscribers on one of their vlogging platforms.

Method

This mixed-method qualitative study is part of a larger project aimed at understanding how and why Egyptian doctors create health-related vlogs on social media. An institutional Research Ethics Board (REB# 30000240, Simon Fraser University) exempted this project from further review.

We used a participant-focused approach to answer our research questions from the perspectives of physician vloggers themselves (Reason, 1988). This approach understands the individuals who take part in research as participants and collaborators, not interviewees (Reason, 1988). As full partners in the research process, the physician vloggers who took part in this study were engaged through multiple methods of data collection and reflection—we conducted in-depth interviews, analyzed their videos, and sought their feedback on preliminary findings. In this sense, the voices of the participants were almost equal to the voices of the researchers. Methods are explained in detail below.

Participants

We recruited 12 Egyptian physicians who regularly vlog about health topics on YouTube or Facebook. The participants were identified by searching both platforms using Arabic terms related to health and medicine (e.g., names of medical specialties or common illnesses, words such as "doctor" and "treatment"). We filtered the results, retaining only channels or pages of users who could be identified as licensed medical professionals by searching online for their degrees or academic affiliations. Other sampling criteria included *language* (Egyptian dialect of Arabic), *content type* (vloggers primarily sharing academic videos were excluded), and *activity* (vloggers had to publish new vlogs on at least a biweekly basis). Finally, given our focus on *influencer* vloggers, only users with at least 100,000 subscribers (for YouTube influencers) or followers (for Facebook influencers) were considered for the study.

We created a database of 42 potential participants and invited them to participate in batches, recruiting and interviewing iteratively. We assessed saturation by first reviewing the list of participants for sample diversity (i.e., a priori thematic saturation) and then assessing the degree to which interview responses converged around common patterns or themes (i.e., inductive and data saturation; Saunders et al., 2018). After 12 participants had been interviewed, the authors agreed that saturation had been met, leaving a final sample of two pharmacists, two psychologists, seven specialists, and one physiologist. The sample skewed toward the female gender (8 women) and included mostly physicians in their 30s. At the time this study was conducted, three of the participants had more than 1 million YouTube subscribers and two had more than 1 million Facebook followers (one had both).

In-Depth Interviews

To understand the faces that physician vloggers wished to present in their vlogs and the strategies they used to do perform this face-work, we relied on semi-structured in-depth interviews. In-depth

interviews are an appropriate method for gathering detailed information about a person's thoughts and behaviors (Boyce & Neale, 2006), making them ideally suited for this purpose. However, in-depth interviews can be problematic because of the potential for interviewer bias to shape the interpretation of the data (Boyce & Neale, 2006); we minimized this risk by engaging the two authors who did not conduct the interviews in regular discussions throughout the data analysis process.

The lead author, who is fluent in Arabic, conducted the interviews with the participants in April and May 2021. The interviews were conducted by phone, WhatsApp calls, or Zoom video conferences and lasted 40–50 minutes. Participants were asked about their motivations for vlogging, their approach to topic selection and content creation, and their perceptions and interactions with their audience. The interviews were recorded, transcribed, and analyzed for overarching themes using thematic analysis (Braun & Clarke, 2006).

Critical Discourse Analysis

We performed a critical discourse analysis (CDA; Fairclough, 2001) of a sample of 48 of the physicians' vlogs published on their YouTube channels and public Facebook pages between 2019 and 2021. CDA is often used in studies of the presentation of self (e.g., Dell, 2016; Huckin, 2002) as it allows scholars to unpack subtle discursive practices used in impression management. CDA was also selected over other content analysis methods because it enabled us to examine the self-presentation strategies participants expressed verbally as well as those they enacted through nonverbal cues (e.g., tone of voice, body language, facial expressions; Geurin-Eagleman & Burch, 2016).

For each participant, we sampled four videos: Their most popular vlog, their most engaging one, and two randomly selected videos. For YouTube, we used Influenex's (Influenex.com) social media analysis tool to assess video engagement (i.e., number of shares, comments, likes). For Facebook, we manually compared the number of reactions to each video in the participant's library. To identify the most popular videos, we used the "Sort by Most Popular" function (for YouTube vloggers) or selected the first video featured in the participant's video library (for Facebook vloggers).

CDA was performed by the lead author. This was done by coding both written and verbal text, attending to such features as the use of jargon and the presence of foreign terminology within the videos, and the language that participants used to introduce themselves in the About section of their YouTube channel or Facebook page. Additionally, the visual representations of discourse, including costume and setting, nonverbal messages (body language), and narration, were analyzed.

Focus Groups

In September 2021, we invited participants to explain, contextualize, and clarify our preliminary findings during a focus group discussion. We chose to organize two smaller focus groups instead of one large plenary to allow participants with different schedules to attend. Mini-focus groups were also preferable because they allow for greater depth of expression (Dilshad & Latif, 2013; Hague, 2002; Kamberelis & Dimitriadis, 2013) and are effective in encouraging everyone to participate, leading to the sharing of a larger number of different ideas (Prince & Davies, 2001). Each focus group lasted 90

minutes. During the first hour, the researcher presented findings from the interview analysis and CDA and asked the participants for their reflections on the results. In the remaining 30 minutes, the participants were engaged in a broader discussion about how physician vloggers can mediate health research to social media audiences. Focus groups were recorded via Zoom, transcribed, and analyzed using thematic analysis (Braun & Clarke, 2006).

Findings

Faces

The interviews and focus groups analyses revealed that participants wore multiple faces during their vlogs, emphasizing four traits: *approachable, knowledgeable, pedagogical,* and *popular*. Physician vloggers viewed these traits as necessary for achieving the goals that motivated them to vlog: promoting themselves and their medical practices, saving time at work, building medical awareness, and addressing the stigma surrounding mental illness (Atef, Fleerackers, & Alperin, 2022).

The Approachable Face

To promote themselves and their practices, physicians strove to appear approachable, portraying themselves as available to answer questions, take requests, and help those in need. This desire to appear approachable is highlighted in comments made during the interviews,[2] such as "I want to be visible to people, make my name searchable, and be approachable if anybody wants to see me," and "My [social media] team checks the inboxes of my social media accounts, replies to some, and prints some of them for me to reply to. I always get back to my audience."

Findings from the interviews are supported by those of the CDA. Every vlog we analyzed included information about the vlogger's online and offline availability, either via a video caption or on-screen text. This information typically included the participant's name, professional title, contact information, and social media handles. In addition, physician vloggers often invited audience members to interact with them in the comments section, reminding them that they read their questions, requests, and suggestions. The participants often appeared in medium or close-up shots, enabling the audience to see their facial expressions and feel closer to them (see Figure 1). Many used second-person pronouns to address their audience, allowing viewers to feel that they were on personal terms. Finally, some physician vloggers emphasized their authenticity by presenting their vlogging as part of their everyday lives, filming their videos from inside their car, a corner of their medical practice, or at home (see Figure 2).

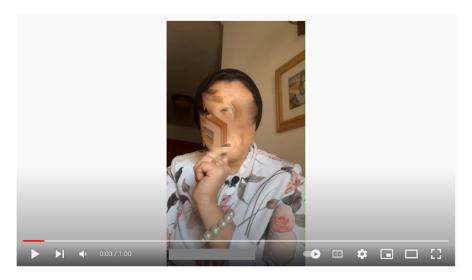[2] All quotes translated from Arabic to English by the lead researcher.

Figure 1. A psychologist vlogger addresses her audience in a close-up shot, using comfortable, friendly body language similar to what one would use to address a friend.[3]

Figure 2. A psychologist vlogger shoots a video at home, with her son in the background.

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[3] Identifiable characteristics have been blurred to protect participants' anonymity.

To maintain their approachable face, many participants relied on *ingratiation*, a strategy characterized by praising, offering to help, or taking care of others (Swencionis & Fiske, 2016). In all 48 vlogs that we analyzed, physicians invited their audience members to ask health-related questions and gave them answers in real time, suggesting a commitment to the audience's needs and interests over their own. Similarly, the two pharmacist vloggers offered affordable alternatives whenever they recommended over-the-counter drugs or cosmetics, demonstrating their consideration of lower-class and younger audience members who may not be able to afford high-end cosmetics or products. Moreover, some participants highlighted their awareness of the emotional toll that certain procedures could take on patients. In one gynecologist's vlog about measuring cervical dilation before labor, for example, the participant paused to remind fellow physicians, "Please, please be aware that not all women are ready to relax for this procedure, there are those who feel it is physically painful, others may have a history of vaginal trauma. . . . Not all the cases are the same."

The Knowledgeable Face

During the focus groups, physicians revealed that appearing knowledgeable was an essential part of their social media face-work; upholding this face was described as key to achieving their goals. Specifically, physicians said that they needed to be viewed as a reliable source of health information, or they would not appear qualified to build medical awareness, answer questions, or present medical information. Without this credibility, they would also be unable to successfully promote their clinics or influence their audience to listen to their advice and improve their health or reduce societal stigma around mental illness. Importantly, maintaining a knowledgeable face required more than appearing well-versed in medical knowledge; it also meant mastering social and digital skills and being "in the know" about issues that were important to the audience, including medical myths, folk medicine, and trending remedies encountered online. This desire to appear both professionally and socially knowledgeable is exemplified in comments such as "I double-check every detail I mention in my [YouTube] channel. If the [public] audience does not care, my colleagues will, and they will hunt down any mistake and make a buzz about it, either online or at work," and "I hope my [YouTube] channel can help replace non-scientific information and commercial solutions with credible medical information. To refute the misinformation with science, I must be convincing and have solid pharmaceutical knowledge." Another participant expressed it as follows:

> I aspire to educate young girls about the topics of skin and hair care and beautification scientifically and correctly, and, therefore, I do not only need to be knowledgeable about pharmacology but also about the myths and trending unhealthy formulas.

To emphasize their knowledge and expertise, all 12 participants incorporated foreign terminology in their vlogs. Participants used English words in 17 of the 48 videos we analyzed, most often to refer to diseases, syndromes, medical components, theories, muscles, or human organs. In all but eight videos, the participants also provided Arabic translations for the English terms (see Figure 3). As English is the language of science and medicine in Egypt, its use could be perceived as a demonstration of the participants' cognitive knowledge—and the Arabic translation, a confirmation of their expertise.

Figure 3. A gynecologist/obstetrician describes the estradiol fertility test known as "E2"; he provides an Arabic translation for the English term to demonstrate his knowledge.

Many participants also emphasized their knowledgeable face through vlogs highlighting past successes in challenging cases. In one such video, the physician vlogger brought a young patient's parents in front of the camera to tell the story of a spinal surgery their child had undergone and showed the before and after pictures to underscore the success of the treatment (see Figure 4). Every participant also shared a full list of their degrees, training certificates, and honors in the About section of their YouTube channel or Facebook page to emphasize their knowledge. Many also used clothing, or *costumes*, to influence audience perceptions. As many as 33 of the vlogs we analyzed included a physician vlogger in a white coat or hospital gown, presumably to appear more skillful (McKinstry & Wang, 1991).

Figure 4. A spinal surgeon shares the story of a successful surgery to emphasize his expertise.

All but one participant used a self-promotion strategy to appear knowledgeable, speaking about their accomplishments and successes (Leary, 2001). The one exception was a participant who used an exemplification strategy—portraying themself as a person of morals who strongly adheres to a social and ethical code (Jones, 1990). This participant was an internal medicine physician known for using folk remedies, which raises questions about the validity of their medical advice. None of the participants used intimidation or supplication to present themselves in the videos we analyzed.

The Pedagogical Face

During the focus groups, physicians described their audience as learners who wanted to gain knowledge or information. To impress these learners, they strove to present a pedagogical face. This face resembled the knowledgeable face, as it required them to demonstrate that they knew something their audience did not. Yet, while the knowledgeable face was chiefly concerned with maintaining credibility, the pedagogical face focused on ensuring that the audience left the "performance" feeling informed. These two faces sometimes presented a tension. For example, while the desire to appear knowledgeable encouraged them to describe fine details or use medical terminology, the need to maintain a pedagogical face pushed them to provide clear and entertaining explanations for these concepts.

During the CDA, we identified 22 videos aimed at explaining—or teaching—medical instructions and procedures. Physician vloggers supported these explanations or "lessons" using medical illustrations (10 videos) and objects from everyday life (6 videos). For example, one physiologist used a stool to explain why slipped discs are so painful (see Figure 5).
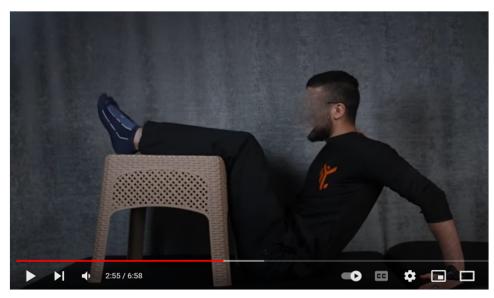

Figure 5. A physiologist uses an everyday object (a stool) to demonstrate why slipped discs are painful.

While wearing the pedagogical face, some physicians spoke like schoolteachers, assigning "quizzes" and "homework" during their vlogs (see Figure 6). For example, at the end of one video, a physiotherapist told their audience, "Now you should have a fair knowledge about lower back pain, so I will ask you a question, and you can answer it in the comments section." A pharmacist did the same in a vlog series about using painkillers, stating, "Today's homework is: What is a better painkiller for people with gastronomical issues? [Listing multiple choices:] Aspirin, Panadol, or Paracetamol? Do your research, and I will give you the answer in my next vlog."

Figure 6. A gynecologist uses a whiteboard and marker to "teach" her audience about cervical ties.

Emphasizing the pedagogical face appeared to be particularly important to the two participant psychologists, both of whom adopted pedagogical strategies in their vlogs to make their content clear and interesting. These participants often incorporated stories or performed short sketches to clarify information. For instance, one psychologist frequently acted out scripted performances, in which their friends and family members appeared as actors. One such vlog provided advice on how to set boundaries by staging a visit to the physician vlogger's home. In the sketch, the participant's friends started talking about moving in, at which point the participant demonstrated how to verbally set boundaries. In addition to emphasizing the pedagogical face, the participant's decision to feature actors from their intimate social circle and shoot their video at home could be seen as a way to make their audience feel closer to them—a key component of the approachable face.

The Popular Face

Finally, physician vloggers reported that appearing popular was key to building their credibility and promoting themselves. For example, they offered reflections such as, "No doubt that being popular on social media is an advantage; it gives credibility to the physician both online and offline," and "Having an impressive number of followers is good of course, yet, being perceived as a good physician is equally good."
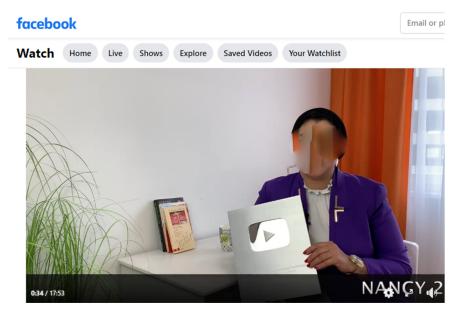

Figure 7. A psychologist shows her audience the Silver Play Button she received from YouTube after her channel reached 100,000 subscribers.

Participants face-worked the popular face in their vlogs by emphasizing their own visibility, for example, by thanking their audience for the positive comments they had left in response to earlier videos. Many also provided evidence that they had been formally recognized for their vlogging efforts, for example, by showing off their YouTube Creator award in the background of their videos or showing it off to their followers and subscribers (see Figure 7). This award is a play-button shaped award that is delivered to vloggers with a high number of subscribers (YouTube, n.d.). In the videos, the award not only acted as a background object but also demonstrated the physicians' popularity, or status, in the online world.

Impression Management Strategies

Each of the faces described above required specific face-work, but the decisions of when and how each face should be employed, to what degree, and the work required to balance sometimes conflicting faces required the physicians to continually evaluate whether and how they had succeeded in impressing their audiences. According to Goffman (1959), face-work is motivated by a need to gain social acceptance

and recognition, which results in performances tailored to impress the audience and avoid "embarrassment." The physician vloggers we interviewed shared multiple methods for assessing their success in managing audience impressions, all of which were based on the reactions of viewers.

One way to measure success was through online indicators, such as how many audience members had liked, shared, or left positive comments on their videos; how many users had subscribed to their channels or followed their pages; and what type of feedback they had received in private messages. For example, participants reflected, "I receive many thank-you comments from the audience who take my advice and notice improvement of their health," and

> The messages I am getting from teenagers who watch my [mental health] vlogs let me know that I changed their lives through the content I am presenting on social media. Maybe they are exaggerating the impact, but just reaching this slice of the audience and influencing them is definitely a success for me.

Alongside these online strategies for evaluating impression management, physician vloggers also described offline indicators of success, such as how positively they were received by patients who had heard about them through their vlogs. An example of this is the comment below:

> These people who come to my practice and tell me they learned [about] the early symptoms [of their condition] from my vlogs. They are a representation of my success in teaching people about their physical wellness, creating awareness, and being approachable to them.

However, physician vloggers also admitted that they did not always manage to appear as impressive as they would have liked. Almost every participant had received at least some occasional negative comments from audience members. Interestingly, however, only a couple of participants reported that they were frustrated by these comments. Instead, most believed that critical comments did not play a major role in shaping audience impressions, noting, "People can tell if you are a well-informed and experienced physician from your content and communication style. This is more influential than comments. . . . Not everyone reads the comments."

Some participants shared that the audience sometimes formed impressions for reasons that had nothing to do with the physician vlogger's expertise, personality, or content. For example, one physician said, "When I started to become a popular vlogger, I got comments about my rural dialect; I was even described as 'a farmer, not a physician.'" Even though these types of comments were unexpected, they still shaped the way physician vloggers managed their self-presentation. For example, after receiving the comments about their rural dialect, the participant in the previous example made a calculated action—what Goffman (1978) would call a "control move"—to make a more desirable impression:

> My response was to speak in Cairo dialect and to open my two practices in posh neighborhoods so that they [would] know I am not a farmer! . . . I still have [a bit of a] rural accent and purposely use rural dialect sometimes because I target medical awareness for those in less-privileged communities.

Other indicators that participants had not succeeded in presenting themselves in the way that they intended included cases in which audience members pushed the boundaries of the vlogger-viewer relationship. Several participants recounted stories of receiving inappropriate or impractical requests from viewers, such as demands for personalized health advice. For instance, "They send me X-rays, test results, and prescriptions [that were provided by another physician], asking me to send back a treatment plan," and "After publishing any vlog I get a number of comments from people who want me to prescribe medications for them or their relatives, or asking me to evaluate a treatment selected by a fellow physician."

Even though participants viewed these types of requests as unreasonable, they still counted these comments and messages as signs of failed impression management. For example, one participant expressed frustration: "Some audiences perceive me as 'the online doctor.' They think I am always online, have no job in reality, just sit on my laptop ready to answer their questions." Interestingly, this physician vlogger did not appear to consider that this audience impression could be linked to the traits they emphasized through their other faces, such as the approachable face.

The Presented Self

The four faces highlight traits identified in studies of impression management in health professionals and influencers. For example, participants' face-work to appear approachable and popular align with characteristics that are viewed as desirable by influencers: friendly, authentic, close to their audiences, with many followers (Khamis et al., 2017; Krisnawati, 2020; Ruiz-Gomez, 2019; Yılmaz et al., 2020). Meanwhile, their attempts to seem knowledgeable and pedagogical are better aligned with the ways in which physicians self-present offline: credible, confident, and "in the know," with strong cognitive, communication, and interpersonal abilities (Cantillon et al., 2021; Huffman et al., 2021; Molloy & Bearman, 2019). The same can be said of the indicators participants used to assess the success of their own impression management. Online indicators, such as engagement and follower counts, align with those reported by influencers (Khamis et al., 2017), while offline indicators, such as positive feedback from patients and colleagues, are more typical of physicians (Awad Allah et al., 2017; Gu & Itoh, 2016; Vanstone & Grierson, 2019).

Collectively, these findings suggest that participants played not one but two roles at once—one as a doctor, performed by emphasizing traits that they believed would help them achieve their career goals, and the other as an influencer, performed through strategies they believed would impress the audiences of their social media stage. Through their online face-work, these two roles merged into a single role we call the *doctor-influencer*—a role shaped by participants' goals, self-presentation strategies in the social media world, and desires to manage the online audience's impressions. Participants' self-presentation as doctor-influencers suggests a context collusion, as the spatial and social contexts within which participants performed appeared, at times, to have been intentionally tangled (Davis & Jurgenson, 2014). Specifically, we noted that the doctor-vloggers sometimes integrated multiple faces into a single vlog, moving, for example, from a pedagogical face to a knowledgeable face to dig deep into a complex topic, then reverting to the pedagogical face to explain the implications for their audience. Our analyses suggest that this fusion of faces was not accidental but strategic, motivated by a belief that the audience would want to learn from a knowledgeable face but would need the help of a pedagogical face to do so. The integration of multiple

faces within the doctor-influencer's self-presentation aligns with Goffman's (1959) original theory, which argued that faces may blur together in situations where a performer seeks to present different traits before a single audience. However, it also extends Goffman's (1959) work by demonstrating that this blurring is not always problematic and can sometimes even be desirable.

Interestingly, we found few examples of instances in which this blurring of faces posed problems for the participants. Instead, the doctor-influencers skillfully managed their impressions within an environment characterized by context collapse: wearing these faces interchangeably and emphasizing one over the other, depending on the audience members they believed were watching and the goal they aimed to achieve. For instance, while a participant might put on the pedagogical face in a vlog aimed at promoting public awareness of basic health information, they might wear their knowledgeable face when vlogging about a controversial issue to avoid criticism from the co-workers and peers who might be watching. Existing research suggests that social media users report following vloggers not only for information but also to pass the time, be entertained, escape from daily life, and feel socially connected (Buf & Ștefăniță, 2020; Croes & Bartels, 2021). Participants in this study appeared to be aware of these audience expectations and used them to navigate the tensions of self-presentation online, highlighting their knowledge and expertise even while striving to appear entertaining and engaging.

To our knowledge, this is the first study to investigate the presentation of self of Egyptian physicians as social media influencers. Other research has documented the powerful role that social media influencers can play in Egyptians' lives, shaping everything from their travel intentions to their purchasing decisions (AbdelAziz & Saad, 2022; Ezzat, 2020, 2021; Ragab, 2022). Moreover, this research raises important questions about whether the role of the doctor-influencer online could impact a physician's offline doctor-patient relationships. While we did not explicitly examine how doctor-influencers' vlogging impacted their followers, we note that physician vloggers recounted several experiences in which the impressions they had left on their online audiences influenced their offline relationships with patients. Our work does, however, expand on the limited body of literature (e.g., Willebrand, 2020) that has examined perceived audiences of physician vloggers, which has, to date, been largely limited to identifying and describing something akin to what we call the pedagogical face.

This study also makes several practical contributions. It offers insights that could be used by other health professionals to promote health information through vlogging. Social media platforms such as YouTube enable users to disseminate information rapidly and widely (Harrison et al., 2016), which may help them combat health misinformation (Chen & Wang, 2021). This potential benefit may be particularly important in countries like Egypt, where health literacy is low (Anwar et al., 2020) but social media use is high (*ICT Indicators Bulletin*, 2020). The participants in this study have honed their ability to display these qualities, enabling them to engage a wide digital audience with credible health content. Much can be learned from their success stories. Specifically, our findings suggest that physicians with an interest in vlogging should focus on creating content in their area of expertise—allowing them to demonstrate how knowledgeable and pedagogical they are—but also remain flexible, adapting their professional personas to satisfy the expectations of users in the social media environment.

In addition, the participants' commitment to maintaining their influencer-type faces even while wearing the faces more typical of physicians suggests that audiences might expect more from these doctor-influencers than they would of an offline physician. Examining whether and how audiences' online expectations of doctor-influencers affect their relationships with doctors in the offline world would be a fruitful avenue for future research.

Conclusions

Despite the growing interest in physicians' use of social media, little is known about how they present themselves on these platforms—and even less about how they do so through vlogging. This study begins to fill this research gap while also responding to recent calls for research examining the use of social media for health communication in the Middle East (Hagg et al., 2018). Through a participant-focused qualitative approach and the lens of Goffman's (1959) theory of presentation of self, we examined how 12 Egyptian physicians used vlogging to present themselves on YouTube. By combining thematic analysis of in-depth interviews and focus groups with a CDA of 48 of participants' vlogs, we found that participants worked to maintain four faces: An approachable face, performed by appearing supportive and available to the audience; a knowledgeable face, maintained by emphasizing their extensive specialized expertise; a pedagogical face, presented through efforts to make even the most technical content understandable; and a popular face, performed by appearing well-known to many social media users.

In addition, the findings underscore that it *is* possible for physicians to use social media and retain control over their self-presentation, as evidenced by the skillful and largely tension-free impression management of the 12 doctor-influencers in this study. This is an important finding given that fears of blurring personal and professional identities remain a major barrier preventing health professionals from using social media for health communication (Khan & Loh, 2022; Lopez & Robbins, 2021).

This research took a participant-centered approach, allowing us to identify aspects of impression management from the perspectives of physician vloggers themselves. Yet, this approach also means that the findings of this research are limited to vloggers who share similar characteristics with our participants; any generalization of findings should thus carefully consider the social and cultural environment of these 12 Egyptian doctor-influencers. Moreover, the findings are tentative and may change as social media platforms and their affordances evolve. It is possible that the presentation of self we suggest as "doctor-influencer" would differ in the future, even among the 12 participants of this study, depending on factors such as their career evolution, exposure to experiences while creating content, changes within the local social media scene, or the introduction of new laws or regulations regarding physicians' use of social media. While we have described what participants had in common with one another, we recognize that individual differences can play an important role in self-presentation. Even within our sample, we note that certain participants emphasized certain faces more than others. Future research could build on this work by examining impression management strategies of other physician vloggers in different cultural contexts and on different platforms.

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