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Na LIU
National University of Singapore, liuna@comp.nus.edu.sg

Hock Chuan CHAN
National University of Singapore, chanhc@comp.nus.edu.sg

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Understanding the Influence of Social Identity on Social Support Seeking Behaviors in Virtual Healthcare Community

Research-in-Progress

Na LIU
Department of Information Systems
National University of Singapore
13 Computing Drive, Singapore, 117417
liuna@comp.nus.edu.sg

Hock Chuan CHAN
Department of Information Systems
National University of Singapore
13 Computing Drive, Singapore, 117417
chanhc@comp.nus.edu.sg

Abstract

Virtual healthcare communities are receiving increasing attention as a promising platform to facilitate exchange of social support for their members. However, despite the large number of registered members of virtual healthcare communities, many members do not actively use their community. Some are reluctant to ask for help and others even do not visit the community frequently. Thus motivated, this study uses lenses of health belief model and social identity theory to model the influential factors on virtual healthcare community members’ social support seeking behaviors. Social identity is treated as a multidimensional construct with cognitive, emotional and evaluative components. The influence of the three social identity components on perceived benefits and barriers of seeking social support in virtual healthcare community is discussed. Perceived susceptibility and perceived severity of a health problem are hypothesized to influence social support seeking behaviors too.

Keywords: virtual healthcare community, social support, social identity, health beliefs
Introduction

There are more and more virtual healthcare communities, which are widely used to compare healthcare systems, assist diagnosis and treatment, provide mutual support and assist counseling (Misra et al. 2008). The use of virtual community is expected to lead to efficient knowledge building and information sharing in the context of e-health and e-medicine (Misra et al. 2008). Virtual healthcare community also provides a channel for patients to share feelings and exchange support (Eysenbach et al. 2004). Thus, using virtual healthcare community is considered as one of the preventive actions for individuals to control potential disease at its early stage. However, despite the large number of registered members of virtual healthcare communities, many members do not actively use their community. Some are reluctant to ask for help and others even do not visit the community regularly. It interests many researchers what the influential factors that lead to more active social support seeking behaviors in virtual healthcare communities are.

Past research attempts have been made to investigate the influential factors on support seeking for patients in offline contexts with an emphasis on informational support seeking. Demographic characteristics such as age, gender, socioeconomic status, and marriage status are related to information seeking attempts (Czaja et al. 2003). Disease-related factors, such as time since diagnosis, disease type, treatment type, and stage of the disease have also been found to predict patients’ information needs and seeking behavior (Luker et al. 1996; Mills and Sullivan 1999). In addition, patients’ emotional responses towards the disease, beliefs and attitudes towards the information seeking may also influence their actual behavior of support seeking (Czaja et al. 2003). However, differing from patients’ offline support seeking network, virtual community provides a distinctive platform to exchange social support where they do not know most of the support providers. Whether these research findings are applicable to virtual healthcare community context is unknown. Thus, this study aims to provide an understanding of patients’ social support seeking behavior in online healthcare community using not only theory from healthcare literature but also theory informing community member behavior.

Health belief model (HBM) is one of the most widely used conceptual frameworks to explain the change or maintenance of health-related behavior (Becker 1974). The model predicts that the perceived susceptibility and severity of disease will influence the likelihood of behavior, jointly with perceived benefits minus perceived barriers to behavior (Strecher and Rosenstock 1997). HBM was originally developed to understand why people refuse to participate in disease prevention or detection programs (Hochbaum 1958; Rosenstock et al. 1988). It has demonstrated reliable explanatory power in many contexts (Sheeran and Abraham 1996). Online healthcare community can be used to prevent disease or manage disease at its early stage. Thus, HBM provides a proper theoretical foundation to understand why members of virtual healthcare communities are reluctant in seeking social support actively. The first goal of study is to assess the predictive power of health belief model in the context of virtual healthcare communities.

Research Questions 1: How would health belief factors influence social support seeking behaviors in virtual healthcare communities?

Although HBM has been widely applied to understand various health-related behaviors (Sheeran and Abraham 1996), it is usually used to predict intrapersonal behavior, such as participating in health screening exercise (Conner and Norman 1994). There are few studies conducted to assess its predictive power on interactive behaviors and group behaviors, such as participating in virtual healthcare community and looking for support from others. Social identity theory is selected in this study to understand members’ behavior in virtual healthcare community, as it is able to provide a new perspective of attitude and belief derived from group processes and group membership (Hogg and Smith 2007). Social identity theory indicates that whether source and audience are in the same group affects attitude and belief formation (Hogg and Smith 2007). Empirical studies have also demonstrated that social identity in virtual community influences participation (Dholakia et al. 2004) and decision making (Pentina et al. 2008). Thus, this study will also build on social identity theory to investigate how community membership shapes health belief factors in HBM.

Research Question 2: How does social identity influence perceived benefits and barriers of social support seeking in virtual healthcare community?
Theoretical Background

We develop our research model based on three major theoretical lenses: i.e. health belief model, social identity theory and theory of social support. Specifically, health belief model identified the important predictors on social support seeking behaviors in online healthcare community. Social identity theory is used to understand how individual’s identification with a virtual healthcare community will influence his or her behavior beliefs within the community. Social support theory is employed to shed light on support seeking behavior in online healthcare communities.

Social support Theory

According to social support theory, the existence of supportive network implies that an individual is being encouraged by his or her social contexts to take preventive health action or to seek needed medical treatment (Minkler 1981). Thus, healthcare professionals and researchers have shown great interest in the provision of social support through bonds with communities (Riger and Lavrakas 1981) and virtual communities (Eysenbach et al. 2004). Social support is defined as “social network’s provision of psychological and material resources intended to benefit an individual’s ability to cope with stress” (Cohen 2004, p.676). The scope of social support has also been extended to include perception or experience that one is loved and cared for, esteemed and valued (Wills 1991). Social support takes many forms, with tangible support, expressive or emotional support, and informational support particularly relevant to coping with health-related problems (Schaefer et al. 1981). Cohen and Wills (1985) provide a fourfold classification of social support, including social companionship, emotional, instrumental and informational support. Social companionship is defined as spending time with others in leisure and recreational activities. Emotional support is provided by telling people they are important and accepted for their own worth (Wills 1985). Instrumental support is sometimes called tangible or material support and deals with the provision of goods and services to meet a need. Informational support refers to advice and cognitive guidance. Information and emotional support are shown to occur most often through online communication.

Social support has long been known to enhance well-being, mute the experience of stress, reduce the severity of illness, and assist speedy recovery from health disorders (Seeman 1996; Thoits 1995). Social support is also shown to have both indirect and direct influence on perceived uncertainty in illness (Mishel and Braden 1988). Higher level of social support assists patients to have a clearer view about symptom pattern and better familiarity of events (Mishel and Braden 1988). Researchers have shown that the support received through online interaction is perceived to be as helpful as support provided by real-world contact persons (Turner et al. 2001).

The exchange of social support is a two-way process, including the perspectives from both providers and recipients (Albrecht and Adelman 1987; Tilden et al. 1990). Although both perspectives are important, recipients’ perceptions of the support influence their well-being more directly (Albrecht and Adelman 1987; Tilden et al. 1990). Researchers find that some supportive attempts provided can be viewed negatively (Albrecht et al. 1994; La Gaipa 1990), especially when a person receives a type of support not meeting his or her needs (Wright 2000). Thus, social support will be perceived more helpful when provided upon people’s request. In a virtual healthcare community where people’s communication is constrained in text format, it is more important to learn why some supportive messages are viewed as more satisfying while others are unsatisfactory given the restriction of computer-mediated environment (Wright 2000). Hence, it is particularly important to study individual’s behavior of support seeking. In this study, emotional support seeking behavior is defined as individual’s behavior in seeking affect, esteem and concern in virtual healthcare community (Cohen and Wills 1985; Israel 1985). Informational support seeking behavior is defined as individual’s behavior in seeking suggestion, advice and information in virtual healthcare community (Cohen and Wills 1985; Israel 1985).

Social Identity Theory

Social identity theory is a social psychological analysis of the role of self-conception in group membership, group processes, and intergroup relations (Hogg 2006). The social identity approach has a number of conceptual components that serve different explanatory functions and focus on different aspects of group membership and group life (Hogg 2003; Hogg et al. 2004). In general, social identity theory defines group cognitively – in terms of people’s self-conception as group members, and it points out the importance of social group memberships to individuals’ self-concept and thus identity.

Social identity is defined as "that part of the individuals’ self-concept which derives from their knowledge of their membership of a social group (or groups) together with the value and emotional significance of that membership"
The concept of social identity has been widely used for group research. It has been applied in group studies including enduring groups such as race and gender, real-life groups like organizational department, and minimal group like project teams. Different group requires different conceptualization of three components of social identity (Cameron 2004). Some theoretical and empirical work has been performed in the virtual community context. For example, social identity has been studied to investigate the role of virtual community as shopping reference groups (Pentina et al. 2008), and it is shown to influence members’ purchase decision. However, no attention has been given to the three dimensions of social identity, their measurement and their causes and effects in the context of online healthcare community. Thus, in this study, theoretical and empirical studies on the three dimensions of social identity will be reviewed, with an emphasis on the context of virtual healthcare community.

The cognitive component of social identity represents self-categorization of a member to a social group. During the self-categorization process, individuals attribute self to the group, depersonalize self-conception, and develop their own identity as a group member (Hogg and Abrams 1988; Tajfel and Turner 1986). As a result, their cognitive awareness of their group membership in the social group is enhanced (Ellemers et al. 1999). Self-categorization process creates the cognitive basis of group behavior, anchoring all kinds of social judgment and group norms (Hogg and Terry 2000). Members who strongly identify themselves to a group usually reference their behavior to their group practice, so that they behave differently from people outside their group (Hogg and Terry 2000). Cognitive component of social identity is often operationalized as the frequency with which membership in a given group comes to mind (Gurin and Markus 1989) and the subjective importance of the group to self-definition (Luhtanen and Crocker 1992). In a virtual community context, cognitive social identity is evident in categorization processes, whereby individuals form a self-awareness of their virtual community membership, including components of both similarities with other members, and dissimilarities with non-members (Ashforth and Mael 1989; Turner 1985). In this study, cognitive component of social identity is assessed by ingroup identification, which is defined as the cognitive awareness of one’s group membership (Ellemers et al. 1999) as well as the cognitive accessibility of social identity (Cameron 2004).

The emotional component stands for a sense of emotional involvement with the group, i.e., the affective commitment to the group and involvement in the group (Cameron 2004; Ellemers et al. 1999; Jackson and Smith 1999). Empirical studies show that people cognitively attached to a group may have different in-group behaviors depending on the extent of their affective commitment to the group (e.g., Doosje et al. 1995; Ellemers and Van Rijswijk 1997). The emotional perspective of social identity emphasizes a sense of attachment and belonging to the group (Cameron 2004), and it is found to be the most important factor determining social identity (Bagozzi and Lee 2002). Emotional social identity is shown to influence in-group favourism (Ellemers et al. 1999) and foster loyalty and citizenship behaviors in group settings (e.g., Bagozzi and Dholakia 2002; Meyer et al. 2002). It is also useful in explaining consumers’ commitment in long-term relationship with companies in marketing context (Bhattacharya and Sen 2003). Belonging to a virtual community also has its emotional significance. In a virtual community, emotional social identity implies a sense of affective commitment, emotional closeness and common bonds to the virtual community or community members (Cameron 2004). Affective commitment is used as the conceptualization of emotional social identity in this study. It is defined as the feeling of being emotionally involved with the group (Ellemers et al. 1999).

The evaluative component of social identity represents an evaluation of negative and positive values involving the membership (Cameron 2004; Ellemers et al. 1999). Evaluative social identity may covary with emotional social identity (Tajfel and Turner 1979), in the way that affective commitment tends to be weaker in more negatively evaluated groups. However, researchers did point out the necessity to consider evaluative and emotional component of social identity separately (Mlicki and Ellemers 1996). Evaluative social identity can be influenced by comparison of group status against other similar groups or evaluation of self-gains from the membership (Cameron 2004; Ellemers et al. 1999). For example, in an organizational context, the evaluative component of social identity refers to “the degree to which organizational members believe that they can satisfy their needs by participating in roles within the context of an organization” (Pierce et al. 1989, p.625). Social identity in virtual community also entails an
evaluative component. In this study, evaluative social identity is measured as group self-esteem and is defined as evaluation of values attached to virtual healthcare community membership (Ellemers et al. 1999).

**Health belief Model**

Health belief model (HBM) is a theoretical framework for understanding individual health-related behavior (Becker 1974). It has received considerable attention by behavioral scientists and health education specialists. HBM was originally used to predict the likelihood that someone engages in preventive or detective health behaviors, such as health screen exercise, and dietary control. Although behaviors of seeking social support in virtual healthcare community may not directly lead to effective health outcome, they are still considered as important for people to get advice on how to cope with their illness. Thus, HBM is appropriate to use for this study.

HBM consists of four key predictors of preventive or detective health behavior: perceived susceptibility, perceived severity, perceived benefit and perceived barrier. Perceived susceptibility refers to the probability that an individual thinks he/she will get a condition (Strecher and Rosenstock 1997). Perceived severity describes how serious the individual believes the consequences and its sequelae are (Strecher and Rosenstock 1997). The combination of perceived susceptibility and perceived severity is also referred as perceived health threats.

Perceived benefits are defined as an individual’s opinion on whether the preventive or detective action is effective in reducing risk or seriousness of impact (Strecher and Rosenstock 1997). Perceived barriers refer to the costs or losses that interfere with health behavior change impact (Strecher and Rosenstock 1997). Both perceived benefits and barriers are beliefs of a particular health behavior. Benefits and barriers of engaging in health-promoting behaviors generally comprise medical, psychosocial and practical perspectives (Sheeran and Abraham 1996). In the context of online healthcare community, perceived benefits of seeking social support consist of efficiency in communication and perceived helpfulness of support. Efficiency in communication refers to the immediacy of feedback and time saving of getting information and emotional support. Perceived helpfulness of support refers to the expected effectiveness of social support received from the community. Perceived barriers of seeking social support in online healthcare community include concern of loss of privacy (Nadler 1987) and loss of self-esteem (Barbee et al. 1990). Privacy concern refers to the concern that personal information, and medical information will be disclosed to other parties, and members could be identified by other parties using such information. Self-esteem concern is about members’ worry about hurting their ego (Nadler 1987) from help seeking.

Privacy with confidentiality of individual health information poses a big challenge to e-healthcare (Demiris 2006). Thus, several organizations provide rules and regulations to provide guidelines for the electronic communication of patients with healthcare providers, such as American Medical Informatics Association, American Telemedicine Association. With more and more virtual healthcare communities regulated by privacy principles, privacy is less of a major concern. In addition, with the penetration of telecommunication technology, the communication efficiency becomes the fundamental requirements for virtual healthcare community. Thus, the benefit of communication efficiency of virtual healthcare community is taken for granted by most people. Therefore, in this study, we will only look at perceived helpfulness of support and self-esteem concern as indicators for beliefs on support seeking behavior.

To summarize, applying Health Belief Model in the context of seeking social support in online healthcare community, four important predictors are generalized, i.e., perceived susceptibility, perceived severity, perceived helpfulness of support, and self-esteem concern.

**Research Model and Hypotheses Development**

The research model is presented in Figure 1. The dependent variables in our model are social support seeking behaviors in virtual healthcare community. The model depicts the hypothesized influence of social identity on social support seeking behaviors via perceived benefit and barrier of doing so. Perceived benefit is assessed by perceived helpfulness of support, while perceived barrier is measured by self-esteem concern.
The influence of social identity on perceived benefits and barrier of seeking social support

The cognitive component of social identity, ingroup identification, refers to the cognitive awareness of one’s group membership (Ellemers et al. 1999). It consists of evaluation on similarities with other members and dissimilarities with non-members (Ashforth and Mael 1989; Turner 1985). According to social categorization theory, an individual’s perception on information validity is influenced by whether the information is from a relevant and qualified group (Turner 1985). Researchers posit that understanding of a situation varies as a function of the extent to which a support receiver shares psychological group membership with information provider (Haslam et al. 2004). Thus, ingroup members are more qualified to provide the information especially when they share the same social perspective as information receiver (Turner 1991). Empirical study further shows that the positive effects of informational support are likely to be limited to the situations in which the support provider and support receiver share a salient social identity (Haslam et al. 2004).

Within the social support literature, there is evidence that similarity of attitude, experience, and past behavior with support providers is important for support satisfaction (Cawyer and Smith-Dupre 1995; Cluck and Cline 1986). The relationship occurs in online self-support group as well (Wright 2000). In Wright’s (2000) study on online self-support group, a member perceives the information valuable when he or she feels that the help is provided by someone with similar problems. Thus, a support provider with similar experience influences the support receivers’ perceived usefulness of support. In addition, laboratory research has found that people associate positive beliefs such as trustworthiness with others who belong to the same ingroup (Brewer and Brown 1998). Therefore, when members have high cognitive awareness of the membership, and perceive higher level of similarity among community members, they will feel the social support is from someone who understands their own situation and thus the support will be helpful. Hence, we predict that when a participant identifies himself strongly with virtual healthcare community, or feels a strong ingroup identification, he will perceive the social support as more helpful.

H1. Ingroup Identification is positively related to perceived helpfulness of social support.

Affective commitment is the sense of identification as emotional merging of self with others (Cameron 2004). Affective commitment involves a sense of belonging with the group (Phinney 1992). Sense of belonging is “the experiences of personal involvement in a system or environment so that persons feel themselves to be an integral part of that system or environment” (Hagerty et al. 1992, p.173). Sense of belonging has recently been described and defined as one specific interpersonal process influencing health (Hagerty et al. 1996). It is believed to be the
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foundations for individual’s emotional and subsequent behavioral response (Hagerty et al. 1996). Emotional social identity describes the characteristics of social relationship formed during communication or group activities. Stronger relationship formed in a community provides broader support especially in terms of emotional aids and companionship (Wellman and Wortley 1990). Seeking social support in a virtual healthcare community consists of activities of disclosing current health status, concerns, and stress factors. It is also perceived to be a sign of incompetency and dependency (Nadler 1983). In-group favoritism generated by affective commitment (Ellemers et al. 1999) encourages members to express their emotions more freely so that the positive affect associated with membership can be reinforced. The attachment and belongingness a person feels towards, and the happiness he or she derives from the community, should be associated with the feeling of being loved and cared for. These characteristics further enhance the “empathic understanding” of community members for each other, thus reducing the potential feeling of loss of self-esteem when seeking support. Hence, we predict that:

H2. Affective commitment is negatively related to the concern of loss of self-esteem.

Evaluative component of social identity concerns value connotation of a particular group membership (Ellemers et al. 1999). People may feel that they belong to the self-help group cognitively as the group involves many others suffering from the same disease. They may also feel emotional involvement to the self-help group. However, both the cognitive and emotional components of social identity are not able to reflect members’ positive or negative feeling according to the evaluation of one’s social groups. Group self-esteem is not equal to personal attributes or achievement within groups, but rather individual’s evaluation of social identity based on membership (Luhtanen and Crocker 1992). People high in group self-esteem is more likely to seek enhancement for their in-group and thus reinforce the group self-esteem through the process (Bergami and Bagozzi 2000). Thus, group self-esteem motivates people to engage in more prosocial behaviors towards in-group members (Bergami and Bagozzi 2000), such as participating in group activities. Social categorization theory suggests that people gain self-esteem from positive perceptions of the groups to which they belong (i.e., in-groups) and associate liking and trust with members of their in-groups (Brewer 1979). Therefore, when individuals perceive higher group self-esteem, they are more confident in group members’ ability to provide helpful social support, and they will trust the group in terms of protecting their self-esteem. Thus, we predict that:

H3. Group self-esteem is positively related to perceived helpfulness of social support.

H4. Group self-esteem is negatively related to the concern of loss of self-esteem.

Predicting social support seeking using health belief model

As predicted by health belief model, the relationship between perceived susceptibility and actual health behavior has been tested and validated in various contexts (Champion 1984; Sheeran and Abraham 1996). Perceived susceptibility refers to the “subjective risks of contracting a condition” (Rosenstock 1966, p.99). It describes an individual’s evaluation on how likely he will get a disease rather than an objective statistical probability of getting a disease. Different members joining online healthcare communities may be threatened by different illnesses. Although the type of illness and the symptoms are different, what predicts people’s behavior is their subjective perception on how likely they are to get a disease. When members feel that the current discomfort is likely to turn to a disease, they will hope to get more social support from the online healthcare community.

H5. Perceived susceptibility leads to more social support seeking behavior.

Perceived severity is an individual’s conviction concerning the seriousness of a given health problem (Rosenstock 1966). Perceived seriousness of a disease may not only impact its clinical consequences, but also affect an individual’s career or family (Rosenstock 1966). Facing the uncertainties about health condition and potential threats on personal life, people need both informational and emotional support from the online healthcare community.

H6. Perceived severity leads to more social support seeking.

Perceived benefits of health behavior is shown to be a strong predictor of actual performing the behavior (Sheeran and Abraham 1996). Belief regarding the effectiveness of an action to reduce disease treat determines people’s willingness to engage in the action. When people believe that support obtained from online healthcare community is helpful in coping with current physical discomfort or psychological concerns, they are more likely to get both informational and emotional support from the online healthcare community.

H7. Perceived helpfulness of social support leads to more social support seeking behavior.
Perceived barrier is shown to be the most reliable predictor of behavior among predictive factors in health belief model (Sheeran and Abraham 1996). In particular, level of self-esteem is shown to influence help seeking behavior (Nadler 1987), as seeking help is believed to threaten one’s ego (Nadler 1987). Seeking social support involves self-disclosure of current health status, concerns, and stress factors and admitting incompetency. Members joining virtual healthcare communities may be undergoing a big transition in life or facing many uncertainties which may cause them to be emotionally vulnerable. They can easily get hurt by any malicious replies. Thus when people worry about loss of self-esteem, they are less likely to seek social support from online healthcare community.

H8. Self-esteem concern leads to less social support seeking behavior.

Research Design

The survey approach is proposed for the study. The sample consists of well-established virtual healthcare communities with a reasonable number of registered members, higher traffic ranking (Websitelook 2009) and high search engine popularity (High15RankList 2009). Objective data about member’s number of posts, and click-stream data will also be collected.

For survey instrument development, existing validated scales will be adopted wherever possible. All questions in the survey will be adjusted to reflect the specific context of virtual healthcare communities. To assess the social identity items, scales from Ellemers et al. (1999) will be used, considering the research context in virtual healthcare community. To assess social support seeking behavior, both subjective and objective data will be collected. Subjective evaluation of social support seeking is adapted from Proactive Coping Inventory (PCI) (Greenlass et al. 1999). Actual support seeking behavior will be codified from objective data including users’ number of posts and click-stream data. Perceived susceptibility, perceived severity, perceived benefits and perceived barriers are modified from Champion (1984)’s study.

Several control variables will be included in the survey to rule out alternative explanations. First set of control variables are sociodemographic variables, including sex, age, employment status, education, income, religion, and religiosity (one item on reported strength of spiritual belief). Medical background will also be collected, including site of disease, time elapsed since initial diagnosis, whether the disease was currently in remission and whether they are currently receiving medical treatment (chemotherapy, radiation, or recovering from surgery) (Dunkel-Schetter et al. 1992). The respondent’s offline social network is also going to be included in the controls. These factors consist of respondent’s marital status, number of children, and whether the respondent is living alone or with others.

Potential Contribution

This study integrates the health belief model and social identity theory to investigate what influence members’ social support seeking behaviors in virtual healthcare communities. This study will advance theoretical development of health belief model in general and particularly in the area of virtual healthcare community. Health belief model is often used to predict intrapersonal behavior, such as participating in health screening exercise (Sheeran and Abraham 1996). There are few studies conducted to assess its predictive power on interactive behaviors, such as participating in virtual healthcare community and seeking support from others. Building on social identity literature, the study extends the explanatory power of health belief model to community-level context.

This research also intends to provide important practical implications for virtual healthcare community management. Providing social support to enhance individual well-being is the mission of every virtual healthcare community (Misra et al. 2008). However, organizations, including government, pharmaceutical companies and research centers, who decide to use virtual community as a platform to provide social support are faced with the challenge of not knowing their member’s needs. The study suggest that member’s cognitive identification with the virtual community, their affective attachment to the virtual community, and their group self-esteem will affect perceived benefits and barriers of seeking social support from other community members. The study has potential contribution for support seekers, who can use the results to look for suitable groups prior that can increase their support seeking behavior.
Future Research and Conclusion

The proliferation of virtual healthcare communities does not mean that every registered member’s need is met, as many members do not look for support actively in the community or even do not visit the community regularly. Thus motivated, this research paper depicts one part of our research project on understanding individual social support seeking behaviors in virtual healthcare communities. The study uses the lenses of health belief model and social identity theory to understand how perceptions of community membership influence perceptions on benefits and barriers of looking for support from the community.

One possible extension of the current research is to consider the factors that influence individuals’ initial decision of becoming a member of a virtual healthcare community. Another extension is to compare their actual gains against expected gains, to get a different perspective to understand continuous participation in online healthcare communities. Future research may also look at the functionalities of virtual communities, to facilitate participation and interaction, such as forums, and search tools (Misra et al. 2008). These could influence members’ choice of public social support seeking, i.e., by posting in the forum, or private support seeking, i.e., or sending private message to a member.

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