



An examination of social and informational support behavior codes on the Internet: The case of online health communities



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1. Introduction

Online forums have been defined as “a group of individuals with a common interest or a shared purpose, whose interactions are governed by policies in the form of rules, rituals, or protocols; who have ongoing and persistent interactions; who use electronic communication as the primary form of interaction to support and mediate social interaction and facilitate a sense of togetherness” (Rodgers & Chen, 2005). Online forums have become important sources of information because (a) being inexpensive they minimize social class distinctions because (Winzelberg, 1997); (b) they allow people to disclose health information with less risk than face-to-face communication because of the Internet's inherent invisibility and anonymity (Giles & Newbold, 2013; Kummervold et al., 2008); and (c) their asynchronous nature allows users to plan their messages, to manage their emotions and to disconnect from the group after posting a personal or emotional message (Barak, Boniel-Nissim, & Suler, 2008; Eichhorn, 2008; Perron, 2002). Online health communities are a specialized subset of online forums that provide their users with valuable informal information in the form of personalized health experiences and emotional support and empower users to manage their illness (El Morr, Cole, & Perl, 2014). In many cases they function as an intermediate step between individual coping and professional therapy (Chen, 2014; Winzelberg, 1997). These characteristics make online health communities an influential and unique source of information (Bronstein, 2014; Sudau et al., 2014). These communities are used by 8% of Internet users living with chronic disease (Fox & Purcell, 2010).

2. Problem statement

A central motive for participating in virtual health communities is seeking and providing informational and social support (Elwell,

Grogan, & Coulson, 2011; Mazzoni & Cicognani, 2014; Riley, 2013; van Uden-Kraan et al., 2008). Users dealing with health concerns find in these sites empathic communities of people facing similar challenges (Preece, 1999). Because they transcend geographical and temporal constraints, virtual health communities have expanded users' social networks (Wright & Bell, 2003) allowing them more social choices when they engage in supportive interactions (Hlebec, Manfreda, & Vehovar, 2006). However, little is known about the specific social support exchanges in online health communities. By examining this issue, a better understanding can be achieved of the role that these online spaces play in health related information behavior and of the social role that has characterized the Internet in recent years. To close this gap, the current study explored the different types of social support requested and offered in the two virtual health communities dealing with obsessive-compulsive disorder (OCD). This exploration included identifying whether the support asked for and received was either informational or supportive in nature (Cutrona & Suhr, 1994) and then categorizing each utterance under a specific support behavior code (Cutrona & Suhr, 1992) and identifying which behavior code was used more frequently (i.e., had the highest number of occurrences) both in the posts and in the replies. Hence, the following research questions were examined:

- RQ1. Which type of social support behavior codes are used in OCD online health communities when requesting and offering social support?
- RQ2. Which is the most frequently used social support behavior codes in the posts in OCD online health communities?
- RQ3. Which is the most frequently used social support behavior code in the replies in OCD online health communities?

3. Literature review

3.1. Online health communities

Online health communities have been studied extensively. Researchers have investigated the impact that these online resources have on dealing with critical or chronic diseases (Chang, 2009; Chen, 2014; Eichhorn, 2008; Guo & Goh, 2014; Johnston, Worrell, Di Gangi, & Wasko, 2013; Rodgers & Chen, 2005; Sudau et al., 2014), how often people use the online health communities looking for health information (Kummervold et al., 2008), which sources of information are used in online health communities (Rodgers & Chen, 2005; Sudau et al.,

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2014), which factors contribute or obstruct the use of the online health communities when searching for health information (Lemire, Paré, Sicotte, & Harvey, 2008), and how social support is requested and offered on these sites (Mazzoni & Cicognani, 2014; Riley, 2013).

3.2. Social support in virtual health communities

Social support is defined by Burleson and MacGeorge (2002) as “verbal and nonverbal behavior produced with the intention of providing assistance to others perceived as needing that aid” (p. 374). Support acts as a structure to help individuals manage their uncertainty about a situation (Apker & Ray, 2000). By managing the uncertainty, individuals feel more in control, better informed and more actively involved. Participation in a virtual health community is one way to reduce uncertainty and to develop coping mechanisms (Riley, 2013). Prior studies that investigated the use of different online environments in health management issues have implemented Cutrona and Suhr’s (1992, 1994) behavior codes for social support. These studies have revealed that users of online health communities exchange factual and experiential information (Savolainen, 2010) as well as network links (Chang, 2009), disclose and share personal experiences as a form of social support (Coursaris & Liu, 2009), and offer tangible assistance to other members of the group (Coulson, Buchanan, & Aubeeluck, 2007). Other studies have examined the personal and social benefits that characterize participation in online health communities (Johnston et al., 2013). Participants in an online breast cancer group enjoyed informational and emotional support, experienced greater optimism toward the illness and improved their stress coping skills (Rodgers & Chen, 2005; Tanis, 2008). Women suffering from infertility provided emotional support to other community members in the form of empathy and sharing of personal experiences as well as the provision of practical information and advice (Malik & Coulson, 2010). Three studies dealing with breast cancer (Colineau & Paris, 2010), eating disorders (Eichhorn, 2008) and AIDS (Guo & Goh, 2014) also found that emotional support was one of the major roles of online health communities when dealing with an illness.

Emotional support can take many forms, such as encouragement, validation, and reminders of presence (Chuang & Yang, 2012), or peer support and the expression of positive emotions (Lasker, Sogolow, & Sharim, 2005; Perron, 2002). Johnson and Ambrose (2006) asserted that the emotional support provided in the forums developed “a sense of identity or the camaraderie that members feel toward one another” and that the sharing of personal experiences with others suffering from the same disease helped users of online health communities to comprehend their treatments to a greater extent (p. 111). Because of the anonymity facilitated in computer-mediated communications, online health communities provide a safe environment for self-disclosure for people suffering from health challenges conditions who need support from others (Coursaris & Liu, 2009; Tanis, 2008; Wright & Bell, 2003) by lowering the threshold for the disclosure and discussion of their illnesses (Kummervold et al., 2008). In a study about help-seeking mechanisms used by adults suffering from mental health issues, DeAndrea (2015) claimed that as fear of social stigma increases so does the preference of using online health communities over other forms of help.

Social support can also come in the form of information or experiential knowledge; prior studies show that online health communities have become an important source of health information and network links (Chang, 2009; Sudau et al., 2014). Studies have found that these online spaces fill the need for factual or practical information about disease, medication, treatment and coping skills (Kummervold et al., 2008; Mazzoni & Cicognani, 2014) and were regarded “particularly valuable” (Dolce, 2011, p. 358) because they complemented the information received from care providers and provided users with support, and a feeling of empowerment (Dolce, 2011). Informational requests could be presented as direct questions (Wikgren, 2003), but studies have also found that when posting a question on an online health community site users often are looking for more than factual information since the strength of these sites is in supporting the sharing of experiential

and practice knowledge (Bronstein, 2014; Hughes & Cohen, 2011; Savolainen, 2010, 2011). Furthermore, sharing of personal experiences can lead to a collective empowerment of the online community (Petrič & Petrovčič, 2014). As Bronstein (2014) stated, users look for “experiential information that *makes sense* because it is based on past experiences that make it relevant to their everyday problems and concerns regarding their disorder”.

3.3. Obsessive compulsive disorder (OCD)

Obsessive-compulsive disorder is characterized by intrusive obsessional thoughts and ritualistic compulsive behaviors that could become a distressing and disabling condition (Black & Blum, 1992). These obsessions or compulsions may include checking or cleaning, hoarding, obsessions concerning symmetry or exactness, ordering and arranging obsessions and compulsions, and religious obsessions. This symptomatic disparity can result in two people suffering from obsessive-compulsive disorder that present totally different symptoms, this disparity can make the diagnosis difficult (Leckman et al., 1997). OCD is a common disorder; the U.S. National Institutes of Health (2013) reports that about 1% of the adult population suffers from some kind of obsessive compulsion.

4. Methods

4.1. Conceptual framework

The present study draws on Cutrona and Suhr’s (1992, 1994) two coding schemes for social support developed to aid married couples in dealing with stressful events. Cutrona and Suhr (1994) categorized social support behavior codes into two major categories: (1) action-

Table 1
Social support behavior codes.

<i>Action-facilitating support behavior codes</i>		
In the posts		
Asking for a suggestion or advice	Requests or elicits information some users asked the group directly for advice or factual information	
Request for experiential knowledge	Requests or elicits others users to share with them their personal experiences (Bronstein, 2014; van Uden-Kraan et al., 2008). This behavior code did not appear in Cutrona and Suhr’s (1992) scheme.	
In the replies		
Providing suggestion or advice	Offers ideas or suggested actions	
Referral	Provides additional sources of information	
Situation appraisal	Provides a reassessment of the situation (as a personal opinion)	
Teaching	Provides detailed factual information	
<i>Nurturant support behavior codes</i>		
In the posts		
Self-disclosure	Posters disclose personal information as an expression of need for support to elicit emotional support from the community (Eichhorn, 2008; Rodgers & Chen, 2005). This behavior code did not appear in Cutrona and Suhr’s (1992) scheme.	
In the replies		
Empathy	Expresses understanding of the situation by disclosing an experiential knowledge in the form of a personal situation as a way to communicate understanding	
Encouragement	Provides the recipient with hope and confidence	
Sympathy	Expresses sorrow or regret for the recipient’s situation	

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