

Review of Influencing Factors of Patients' Medical Choice Behavior in Online Health Community

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ABSTRACT

The development of information technology has made online medical communities a new avenue for addressing medical resource shortages. However, the complexity of information and the asymmetry between physicians and patients makes patients confused when they consult in online health community (OHC). This study systematically analyzed and summarized relevant theories and factors influencing patients' medical choice behavior through literature review. The objective is to offer guidance for patients' decisions in selecting physicians and to support the sustainable development of online medical community platforms, as well as to provide practical insights for further exploration in this field. Objective: This review examines recent theories and factors influencing patients' medical choice behavior in online health community (OHC), aiming to offer insights for patient choice regarding physician selection and the sustainable development of online medical platforms. Methods: A literature analysis was conducted to summarize studies on patients' medical choice behavior in OHC, identifying relevant theories and influencing factors. Results: The analysis identified seven key theories in the study of patients' medical choice behavior: signal theory, trust theory, social capital theory, social exchange theory, the stimulus-organism-response (SOR) model, the elaboration likelihood model (ELM), and the opportunity-motivation-ability (OMA) framework. Factors such as physicians' professional capital, online effort, service quality, online reputation, patient preferences and disease heterogeneity significantly influence patients' medical choice behavior. Conclusion: There is a trend toward integrating multiple theories in understanding patients' medical choice behavior in OHC; however, interdisciplinary research remains limited. Most studies focus on patients' medical choice behavior from the physicians' perspective, while research from the patients' viewpoint is lacking. This study suggests two future research directions: enhancing the integration of multidisciplinary theories and expanding the scope of research subjects.

KEYWORDS

Online health community; Medical choice behavior; Theoretical research; Influencing factors; Review

1. INTRODUCTION

In recent years, the government has promoted the participation of various parties in deploying new information technologies like 5G, big data, and artificial intelligence in healthcare, leading to rapid growth in China's internet healthcare market. Online health communities (OHCs) are interactive platforms that facilitate the sharing of health information, knowledge, and emotions among user groups focused on healthcare and education. This "Internet + medical" model leverages network technology to create a medical ecosystem that connects patients, physicians, and hospitals, enabling

patients and their families to share experiences effectively. It also plays a crucial role in public self-health management and innovating medical service models (Xi et al., 2021).

Research indicates that online medical services can reduce treatment costs, enhance efficiency, and alleviate the challenge of accessing healthcare by optimizing resource allocation. However, the abundance of online medical information can overwhelm patients, making it hard for them to identify important details to support their healthcare decisions. Additionally, the specialized nature of medical services creates an information asymmetry between healthcare providers and patients, as patients often struggle to assess a physician's qualifications and service quality before treatment (Zhang, 2023).

Consequently, there is a need to investigate how patients select physicians in OHC, how physicians attract patients, and ways to increase consultation rates. While some research has addressed these issues from various perspectives, a comprehensive exploration is still lacking. This study focuses on medical choice behavior in OHC, examining the factors influencing patients' decisions to consult physicians, informed by theories related to online consumer behavior. The goal is to provide clearer guidance for OHC physicians to enhance service quality, offer a scientific basis for patients to efficiently choose the right physician, and suggest strategies for platform managers to boost community engagement and transaction volume, thereby fostering the growth of OHC.

2. RESEARCH ON THE DEVELOPMENT OF ONLINE HEALTH COMMUNITY IN CHINA

Online health community (OHC) is physician-patient interaction platform in the telemedicine era. Physicians provide online medical services in OHC. Patients can search information about hospitals and physicians, make offline appointment online, and consult physicians through pictures, text or telephone. The emergence of OHC breaks limits of time and place when patients seek medical treatment, which helps save time and travel costs. In addition, the online health community helps alleviate uneven distribution of medical resources. Patients can enjoy better medical resources than before by consulting physicians from advanced hospitals in developed cities in OHC at any time. What's more, OHC also provides feedback approach for patients, such as electronic voting, virtual gifts and online reviews, which reduces the information asymmetry between physicians and patients, facilitates patients to select the right physician from the large amount of information, and effectively urges physicians to improve their professional level and service attitudes.

The main participants of OHC are physicians, patients and platforms. According to the main participants, OHCs can be divided into three types, namely, the physician-physician interaction mode, the patient-patient interaction mode and the physician-patient interaction mode. The main participants of the physician-physician interaction mode are medical workers and researchers, such as Medscape, Practice Fusion, Dingxiang Garden (Li et al., 2023), where physicians can exchange professional knowledge, search literature and improve professional level. Patient-patient interaction mode involves patients with similar disease, such as Patients Like Me, Slow Friends, where patients share their medical experience and obtain emotional support. The main function of the physician-patient interaction mode is that physicians provide patients with online medical service, such as Zoc Doc, YiXinLi, Good Physician Online, Chunyu Physician, Wephysician, Ali Health and so forth (Zhou et al., 2020). This paper focuses on physician-patient interaction websites.

With the development of internet technology, OHC has made rapid progress in recent years (Guo et al., 2023). The trend reached the peak when the outbreak of the COVID-19 (Wan et al., 2021), since people need medical care without cross-infection. Even when the COVID-19 subsides, people have already got used to online consultation. OHCs can alleviate the uneven distribution and use of medical resources and severe hospital congestion (Lu, 2023). The online health community transcends time and space limitations, integrating resources from physical hospitals to address the scarcity and uneven

distribution of medical services. This helps alleviate the gap between increasing healthcare demands and the challenges of accessing medical care.

In recent years, the government has promoted the participation of various parties in deploying new information technologies like 5G, big data, and artificial intelligence in healthcare, leading to rapid growth in China's internet healthcare market. According to the 2024 China Internet Healthcare Industry Market Prospect Forecast Research Report by the China Business Industry Research Institute, the market size reached 309.9 billion yuan in 2022, a 39% increase from the previous year. Analysts forecast that by 2024, it will expand to 419 billion yuan. According to the "2024 China Internet Medical Industry Market Prospect Forecast Research Report" released by the China Business Industry Research Institute, the market size of China's Internet medical industry will reach 309.9 billion yuan in 2022, an increase of 39%. China Business Industry Research Institute analysts predict that the market size of China's Internet medical industry will increase to 419 billion yuan in 2024. According to the 51th Statistical Report released by the China Internet Network Information Center, the number of online medical users reached 363 million as of June 2023, marking an increase of 64 million from the previous year and accounting for 33.8% of Internet users.

From a microscopic point of view, according to White Paper on China's Online Healthcare Service Consumption released by iResearch, users who use 2-3 years account for the largest proportion, reaching 36.7%. 78.3% of users were reported that they used online medical services more than 3 times a year, of which 31.6% used more than 6 times a year, and nearly 70% of users increased the frequency of use. Besides, about 70% of users spend 301-1200 yuan annually on online medical and health services. Users' online medical behaviors mainly focus on online consultation, appointment referrals, and online medicine purchase services. Among these services, online consultation is the most favored service type by users, accounting for 59.1% of the users, followed by appointment referrals, accounting for 33.3%. Therefore, online medical services have been widely accepted in China, and are playing a more and more important role in society and life.

3. RELEVANT THEORIES OF PATIENTS' MEDICAL DECISIONAL BEHAVIOR

This study analyzes literature on the factors influencing patients' medical choices in OHCs, revealing that research predominantly utilizes theories from sociology, psychology, economics, and behavioral disciplines, with sociology being the most prevalent. A thorough review of the literature indicates that the main theories applied in studies of patients' medical decisional behavior in OHC, both domestically and internationally, include signal theory, trust theory, social capital theory, social exchange theory, the stimulus-organ-response (SOR) model, the elaboration likelihood model (ELM), and the opportunity-motivation-ability (OMA) conceptual framework.

3.1. Signaling Theory

Spence (2002) introduced signaling theory for the first time by examining information asymmetry in the labor market, which helps us understand how individuals behave when there is a lack of observable capabilities and hidden qualities between two parties. Signaling theory consists of three elements: signal, signaler and receiver. Signaling theory consists of three stages: signaling stage, processing stage and feedback stage.

Signaling theory has been widely used in various management fields, including organizational and strategic management, human resource management and marketing management. In the context of OHC, patients often lack professional medical knowledge, placing them at a disadvantage. This theory suggests that physicians can provide signals to patients, reducing information asymmetry and increasing their likelihood of being chosen by patients.

3.2. Trust Theory

Trust theory involves the confidence that users have in providers of network products, whether tangible goods or intangible services, influencing their willingness to adopt opinions and make purchases. Consumer trust is closely linked to factors such as seller reputation, word of mouth, brand image, and reliability. Existing research primarily focuses on these elements as factors affecting users' online consumption, with some studies highlighting that product safety and reliability can enhance purchase intentions by fostering customer trust.

Trust theory is applicable in fields such as psychology, management, and economics. In the context of OHC, trust between patients and physicians is vital for effective interaction. Rousseau et al. (1998) describe trust as a psychological state characterized by a willingness to accept vulnerability based on positive expectations of others' intentions or actions.

From the physician-patient perspective, trust in online medical communities can be categorized into competence trust, honesty trust, and kindness trust, all of which influence patients' decisions when selecting physicians. Mayer et al. (1995) established three-dimensional trust model in 1995, which is widely accepted among scholars. It defines trust through three dimensions: competence, which pertains to the trusted party's expertise; goodwill, the intention to help others beyond self-interest; and honesty, adherence to recognized principles. These dimensions help gauge trustworthiness.

In the context of physician performance in OHC, a physician's attributes, such as years of service, title, and hospital affiliation, are significant factors that inform patients about their capabilities and experiences (Sun et al., 2024).

3.3. Social Exchange Theory

Homans (1958) introduced social exchange theory in the late 1950s, which suggests that beyond mere economic transactions, there exists a social exchange behavior among individuals. Social exchange theory posits that interactions between social groups involve mutual exchanges, where behaviors are influenced by the returns and costs experienced by both parties. These returns and costs extend beyond material rewards to include internal feelings of achievement, satisfaction, opportunity costs, and time costs. Unlike strict economic exchanges, social exchanges lack formal contracts and clear obligations prior to transactions. Social exchanges stem from social attraction, with attraction influenced by the potential rewards. Gouldner (1960) emphasized reciprocity principle in social exchanges, where individuals receive social rewards during interactions, fostering continued engagement.

Applying social exchange theory to the physician-patient relationship, Berg et al. (2006) view it as a unique social exchange dynamic. Physicians seek patients' approval, support, and economic gains through services, while patients desire physicians' services, assistance, relationships, and compassion. This relationship is founded on commitment and reciprocity, akin to a social exchange. Patients' medical choice behavior is rooted in these exchanges, reflecting the interaction and resource transactions between providers and demanders. By publishing health science articles on their personal homepages, physicians can increase their chances of being chosen by patients.

3.4. Social Capital Theory

Social capital theory, proposed by Nahapiet and Ghoshal, explains knowledge sharing and creation in organizations (Nahapiet and Ghoshal, 1998). It encompasses the actual and potential resources derived from community relationships, which depend on and are generated within these networks. Social capital has three dimensions: structural, relational, and cognitive. Structural capital pertains to the overall network of connections among individuals, relational capital refers to the resources

generated through their relationships, and cognitive capital includes shared understandings and meanings among all individuals.

The social capital theory mainly focuses on individual social interactions, collaborative interactions, and informal institutions. Social capital theory consists of two main research perspectives: resource elements and institutional elements. The resource element views social capital as a resource formed based on social network structures, where individuals can acquire scarce resources by establishing social relationships with others in the network. The institutional element is mainly based on the interactive communication among individuals in the network, forming an informal institution under the influence of social norms such as reputation, commitment, and reciprocal relationships. In OHCs, the social information generated from the interaction between physicians and patients can facilitate other patients in gathering and analyzing information, transmitting effective information, thus forming social capital on cognitive, reputational, and punitive levels. Patients consider social capital as a reliable signal, and tend to consult physicians who have higher level of social capital.

3.5. Stimulus-organism-response (SOR) Model

Woodworth (1918) proposed the stimulus-organism-response (SOR) model in 1926, suggesting that external stimuli impact an individual's emotional awareness, subsequently influencing their behavioral responses. This model emphasizes that reactions to external stimuli are not merely mechanical; individuals actively process these stimuli, leading to responses that reflect their will.

The SOR model is widely applied in areas such as online shopping, commercial retail, and library and information science, examining behaviors like consumption, participation, and feedback. Its primary use was in studying consumer purchasing behavior. For instance, Laato et al. (2020) employed the SOR model to analyze atypical consumer behaviors during the COVID-19 pandemic, revealing that self-isolation intentions and perceived severity significantly influenced unusual purchasing decisions. This highlights the SOR model's robust research foundation for assessing consumer behavior and its suitability for investigating medical choice behavior in OHC.

3.6. Elaboration Likelihood Model (ELM)

The Elaboration likelihood model (ELM) is a key theory that explains attitude formation, change, and individual information processing, shedding light on the varying influence of new information on recipients. Petty et al. (1986) proposed the model that has been refined by various scholars and widely applied in marketing. The term "elaboration" refers to the depth of thought applied to information, indicating that individuals develop attitudes based on their exposure to information. In some instances, information is carefully analyzed, while in others, it may be disregarded. The attitude persuasion process includes two routes: when elaboration likelihood is high, the central route is activated, requiring the individual to invest effort in analyzing arguments; conversely, the peripheral route relies on simpler cues, which can lead to cognitive shortcuts.

In studies on patients' medical choices, researchers typically examine physicians' service quality through the central route and online reviews through the peripheral route. According to the ELM, patients assess each physician's information before making a medical decision. Given the abundance of physicians, patients often start by considering peripheral factors like reputation and credentials before deciding whether to conduct a more detailed evaluation through the central route.

3.7. Opportunity-motivation-ability Conceptual Framework

MacInnis et al. (1991) proposed the OMA conceptual framework in 1991. OMA stands for opportunity-motivation-ability. In examining patients' medical choice behavior, physicians' prosocial behavior serves as an opportunity to provide vital choice information, enhancing patients' understanding and aiding their consultation choices. For patients to effectively engage with this

information, they must possess sufficient motivation and ability. In OHCs, "motivation" reflects patients' willingness to seek information about physicians, influenced by factors such as the physician's title and online reputation, which can fluctuate. "Ability" encompasses patients' cognitive resources, skills, and knowledge in processing said information; varying levels of ability lead to different interpretations and understanding of the same information.

4. INFLUENCING FACTORS OF PATIENTS' MEDICAL CHOICE BEHAVIOR

4.1. Physicians' Professional Capital

The social exchange theory suggests that human actions in relationships are motivated by the exchange of resources embedded in the interaction process. Based on this theory, we explain the medical decisional behavior of patients in OHCs by identifying the social exchange resources of the physicians through a distinctive and understudied theoretical lens: that of professional capital. Professional capital is a special kind of rare, long-lasting, and valuable capital affiliated with social professionals.

Professional capital can be classified as status capital (in the form of individual and social advantages) and decisional capital (deemed the decision behavior empowered by the ability and willingness to make sound judgments) (Guo et al., 2017). Status capital, as one dimension of professional capital, can attract patients for further interactions. It is created by inequalities in power (unbalanced dependencies give physicians an advantage in their relationships with patients). The status capital of physicians can be assessed by individual and social advantages, namely, clinic title, academic title, hospital level, and city level. Decisional capital, as the other dimension of professional capital, reflects not only the capability of physicians to make sound judgments but also their commitment (e.g., how enthusiastic and responsible they are) to social professionals. Decisional capital can be measured by the physicians' dynamic interactions with patients in the OHC as follows: quantity of medical articles, quantity of online consultations, frequency of exchange behaviors, and online recommendation.

Li et al. (2019) comprehensively studied the impact of team-based service demands from the perspectives of professional capital, and found that the decisional capital of both leaders and teams were positively related with team-based service demands, while only the status capital of leaders saw a positive impact.

4.2. Physicians' Online Effort

The term effort was defined by Naylor et al. (2013) as "the amount of energy 'spent' on an act per unit of time" (Deng et al., 2019). In the context of OHC, a physician's effort is a positive indicator of online popularity. More effort shown by the physician online toward their service offerings may increase the chances of patients choosing them for consultation.

Considering the classification of central and peripheral tasks, physicians' efforts in OHCs can either be central or peripheral. We draw on conceptions of central and peripheral routines (Cao et al., 2017), in order to divide physicians' efforts into central (i.e. work-related) and peripheral (article-related) efforts in a fine-grained way. Central efforts can be measured by article-related, response speed, interaction frequency (Yang et al., 2020), the number of enabled functions, whether or not upload a profile picture. While the number of articles published on the physician's homepage represents peripheral effort, as articles are not directly related to work tasks (Li et al., 2020).

For example, Yang et al. (2015) suggested that the physician response speed and interaction frequency could affect patient satisfaction, which in turn influences the patient's choice. Li et al.

(2020) found that both central and peripheral effort had significant and positive impacts on the service quantity (SQ) of both written and telephone consultations.

4.3. Physicians' Service Quality

Physicians' service quality encompasses patients' perceptions of their experience with a physician's services and outcomes, measurable through patient feedback, satisfaction with efficacy and attitude, and post-diagnosis service ratings. Li (2016) identified the praise rate—the proportion of positive online reviews—as an essential indicator of online word-of-mouth (Ba and Pavlou, 2002). A physician with good word-of-mouth reduces perceived risk for patients, and a higher praise rate enhances a physician's reputation and competitive edge.

Additionally, H. Wu et al. highlight the importance of price in assessing service quality, noting a U-shaped relationship between average price and patient satisfaction, peaking at around 330 yuan. Below this threshold, as price increases, so do perceived service quality and satisfaction; however, exceeding this price leads to perceived unreasonableness and reduced satisfaction (Wu and Lu, 2018).

4.4. Physicians' Online Reputation

Reputation is an economic concept centered on performance-based rewards reflecting perceived or actual quality. In the online health community, a physician's online reputation is a comprehensive assessment of service quality and treatment effectiveness, generated through patient feedback post-treatment. This evaluation system automatically produces reputation metrics, such as thank-you letters, virtual gifts, overall recommendation popularity, votes, and comments, aiding other patients in selecting physicians. Jøsang (2008) notes that online reputation and ratings inform the public about medical service quality, supporting choice and enhancing accountability among healthcare providers. Liang (2018) observed that both material (virtual gift) and non-material (thank-you letters) patient evaluations significantly boost physicians' consultation numbers. Additionally, the reputation of a physician's peers also influences patients' choices.

4.5. Patient Selection Preferences and Disease Heterogeneity

Individual differences among patients influence their preferences, such as the gender of the physician or the profile picture, which can affect medical decisions. Huang (2018) found that the features of medical service platforms and patients' demographic variables impact their choices, with different patient types considering various factors when selecting online medical communities. Zhang et al. (2017) identified that personal experiences, race, and information preferences influence the online sources of individual health information. Gong et al. (2021) noted that the gender of physicians in online medical communities positively affects the relationship between physicians' online reputations and patient selection. Li et al. (2018) observed that patients consulting about private health issues prioritize physicians' reputations, and those with severe conditions prefer to seek treatment at established offline hospitals due to distrust in online platforms. Liu (2014) examined how patients' psychological traits and anxiety levels related to their conditions influence the relationship between service prices and consultation volumes.

5. CONCLUSION AND DISCUSSION

In the Internet era, online medical care complements traditional healthcare by enhancing service efficiency, improving quality, and addressing the "difficulty in seeing a physician" due to uneven medical resource distribution. However, the complexity of information in online medical communities and the asymmetry between physicians and patients impede informed medical choice (Lu et al., 2019). This paper reviews literature on patients' medical choice behavior in these online

communities, analyzing key research theories and influencing factors to inform future practice and exploration.

Related research theories of patients' medical choice behavior include signal theory, trust theory, social capital theory, social exchange theory, the stimulus-organ-response (SOR) model, the elaboration likelihood model (ELM), and the opportunity-motivation-ability (OMA) conceptual framework. Researchers often integrate multiple theories, primarily from management, which leads to a lack of cross-disciplinary frameworks. Future studies should incorporate theories from medicine, sociology, and psychology to enhance the theoretical landscape.

Key influencing factors of patients' medical choice behavior identified include physicians' professional capital, online effort, service quality, online reputation, patients' preferences and disease heterogeneity. However, current research tends to focus on physician perspectives, often neglecting patient factors. Additionally, studies frequently examine single online medical communities, limiting comparative analyses across platforms and potentially skewing results.

Patients, physicians, and platforms are essential to the growth of online medical care. Patients should critically evaluate information to make informed decisions, while physicians need to enhance their personal brand management and service quality. Platform managers should optimize community services, recommend suitable physicians, and improve the user experience. This paper offers targeted recommendations for these three groups to enhance patient experience, foster the growth of OHC, and address resource shortages and information asymmetry in the healthcare industry.

By systematically reviewing relevant literature on the factors influencing patients' medical choices in online communities, this paper provides a foundation for future investigations. Subsequent research could segment physicians and patients for deeper insights, and cross-platform studies could integrate concepts from various fields to enrich understanding of the factors affecting patients' medical choices in online health communities.

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