JSINBIS-OHC v5.2.pdf

by IT Pedia

Submission date: 22-Jan-2025 08:59AM (UTC+0000)
Submission ID: 237148933
File name: JSINBIS-OHC_v5.2.pdf (263.69K)
Word count: 5265
Character count: 29205

Examining Social Support and Trust Transfer Theory in Online Health Community Adoption

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Received : - ; Accepted : -
DOI : -

Abstract

Online Health Communities (OHCs) have become a key source of social support for individuals with health concerns. OHC members engage in communication and information exchange, with trust among members playing a crucial role in the acceptance of these platforms. This research aims to examine the determinants affecting OHC acceptance by employing trust transfer theory, social support, and self-efficacy as core variables. The proposed model was empirically tested using data from 100 members of the Indonesian Diabetes Forum on Facebook. This quantitative study employed a 5-point Likert scale to evaluate user perceptions. The findings indicate that OHC acceptance is significantly supported by both information support and emotional support, which foster trust among community members. Trust in members subsequently leads to trust in the broader community, culminating in the sustained use of the OHC. Furthermore, emotional support positively influences self-efficacy, encouraging users to join and actively participate in OHCs. However, information support does not have a significant effect on self-efficacy. This research offers significant understanding of the relationships among social support, self-efficacy, and trust in promoting the continued use of OHCs. The research model offers a framework that can be applied in other contexts with similar technological and community-based perspectives.

Keywords : online health community; social support; trust transfer theory; self-efficacy.

1. Introduction

Online Health Communities (OHCs) have become increasingly significant in the digital era, serving as platforms for individuals to share experiences and exchange information on various health issues, particularly chronic conditions. These communities provide emotional and informational support, which is crucial for individuals managing the complexities of chronic illnesses.

Research suggests that participation in OHCs enhances social connections and fosters a sense of community, as users often find comfort in shared experiences and collective knowledge. For instance, studies have shown that both patients and caregivers derive substantial benefits from engaging in online support groups, highlighting the role of OHCs in strengthening social bonds and disseminating valuable health-related information (Judd-Glossy et al., 2022). Similarly, Chen et al., (2018) note that social media acts as a vital channel for health information exchange, contributing to improved health outcomes. However, they also caution that user engagement does not necessarily ensure the quality of the information received.

Social media platforms have emerged as key venues for hosting OHCs, where users discuss health-related topics and receive peer support. These communities utilize forums, blogs, and chat features to facilitate communication. While not explicitly designed to address all health challenges, OHCs serve as valuable resources for emotional and informational support, particularly for those navigating chronic health conditions (Sun, Guo, & Kwok, 2024).

Online health forums, in particular, have proven to be crucial in offering emotional support, especially to marginalized groups. Some users participate altruistically, offering support to others despite lacking personal connections. Research by Lovatt, Bath, & Ellis, (2017) emphasizes that users can become better informed about their conditions through the shared experiences and expertise of other forum members. The success of online health forums is rooted in the social capital built through reciprocal interactions, where users actively seek and share support, reinforcing their connections within the community and enhancing their overall well-being (Kilpatrick, Emery, Farmer, & Kamstra, 2022)

OHCs are reshaping traditional methods of obtaining health information by extending offline healthcare services to online platforms. They enable users to access professional consultations, choose healthcare providers, and seek guidance without time or location constraints. However, despite these advantages, the adoption rate of OHCs remains relatively low, limiting their ability to address

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healthcare challenges and optimize medical resource distribution. Increasing user adoption is therefore critical to the success of OHCs, making it essential to explore the factors influencing their acceptance and sustained usage (Alam, Hoque, Hu, & Barua, 2020).

Among these factors, initial trust emerges as pivotal in shaping users' first engagement with OHCs and fostering continued participation. Trust is transferable under specific conditions: (1) when users perceive a similarity or affinity with the trusted entity, (2) when the user and entity share a common context, and (3) when social interaction reinforces trust (Cao, Zhang, Ma, Qin, & Li, 2020)

Wu, (2018) demonstrate that emotional support directly affects trust toward the community by fostering positive interactions among members. Additionally, Al-Tit, Omri, & Hadj, (2020) emphasize that social support, encompassing both emotional and informational dimensions, is a critical factor in building trust on social commerce platforms, which parallels the dynamics observed in OHCs.

Moreover, social support is a critical factor in improving self-efficacy, with higher self-efficacy often associated with increased social support. (Burhanudin Kamadhani, & Ledesma-Gumasing, 2023) notes that emotional support enhances trust in social media, which can lead to greater self-efficacy among users.

Building on these findings, this study employs trust transfer theory to evaluate the interconnections between initial trust, social support within OHCs, and the mechanisms of trust transfer. By examining these relationships, the research aims to offer a more comprehensive understanding of the elements influencing adoption and sustained engagement with OHCs.

2. Theory

2.1. Social Support

The items in this section reflect the motivations for sharing health information within online health communities. Okour, (2023) discusses how members engage in sharing health experiences and information, emphasizing the importance of information support in OHCs.

Social support comprises both emotional support and information support can increase trust in a service because traditionally when people have problems and need advice or opinions from others, they tend to seek help from friends and relatives around them. However, in the internet era, more and more people seek help through social media (Makmor, Alam, & Aziz, 2018).

The emotional support items highlight the desire for connection and assistance within health communities. The study by (Y. Yang, Zhang, & Xiang, 2023) explores how online communities provide both informational and emotional support, which is crucial for individuals seeking broader health information and solutions.

2.2. Trust Transfer Theory

Trust Transfer Theory discuss how trust can be transferred from one entity to another under specific conditions, which is particularly relevant in the context of OHCs. For instance, Tong and Chan discuss how initial online trust can serve as a precursor to deeper trust relationships, suggesting that users often rely on their existing trust in offline entities (such as healthcare providers) when engaging with online health platforms (Tong & Chan, 2022).

Trust is a cornerstone of successful of OHC, as indicated by the items in this section. The research by (X. Liu, Zhou, & Chi, 2023) emphasizes the importance of effective communication and support in enhancing patients' emotional well-being, which is closely tied to trust among community members. This suggests that trust in the honesty and helpfulness of other members is essential for a positive experience in online health communities.

2.3. Self-Efficacy

Self-efficacy is another variable related to individual resilience. It is an individual trait developed to act as resistance to negative circumstances. Bandura in (Paukert et al., 2010) defines self-efficacy as a person's assessment of his ability to successfully carry out tasks. The necessary emotional resources such as self-efficacy beliefs. Self-efficacy is very important related to health to overcome and develop self-health resilience.

Self-efficacy is a key factor in health management, as reflected in the self-efficacy items of the questionnaire. The study by (Jose & Burciaga, 2023) highlights how digital program chronic disease self-management have the potential to enhance health outcomes and self-efficacy among participants. This supports the idea that individuals feel more confident in managing their health through the support and resources available in online health communities.

2.4. Continued Usage

The continued usage items reflects users' commitment to remain active in the community. The findings from (Park et al., 2024) indicate that online health communities can empower individuals in chronic disease management, which may lead to increased trust in the information obtained and a desire to continue participating in these communities.

Research by J. Yang, Luo, & Tsai, (2022) highlights that the intention to continue using OHCs is influenced by various factors, Incorporating social connection bonds, common values, and trust among members. Their findings suggest that perceived essential mass and collective identity play crucial roles in enhancing users' commitment to these communities.

3. Methodology

3.1. Conceptual Model

The proposed conceptual model is illustrated in Figure 1. This model examines the significance of social support comprising information support (IS) and emotional support (ES) and its influence on the establishment of trust among members and trust in the online health community (OHC). Additionally, the model explores how social support impacts self-efficacy (SE) and investigates the relationships between trust, self-efficacy (SE), and the continued usage of OHCs.

The theoretical foundation of this study is derived from previous research. Social support, as a multidimensional construct, plays a key role in building trust and enhancing user participation. For example, (J.-J. Wu, Khan, Chien, & Lee, 2019) and (Algharabat & Rana, 2021) corroborated the beneficial connection between social support and trust. Accordingly, the following hypotheses are formulated:

H1: Information support positively affects trust in members.

H2: Emotional support positively affects trust in members.

Social support has also been demonstrated to impact self-efficacy. (Wang, Liu & Xu, 2015) and (Okour, 2023) demonstrated that higher levels of social support lead to greater self-efficacy, indicating that emotional and informational support can significantly empower individuals to manage their health more effectively. Based on these findings, the following hypotheses are formulated:

H3: Information support positively impact on self-efficacy.

H4: Emotional support positively impact on self-efficacy.

The concept of trust transfer, wherein trust in individual members extends to the broader community, is a fundamental aspect of this research. Research by (J.-J. Wu et al., 2019) and (X. Liu et al., 2023) suggests that trust in members serves as a precursor to trust in the community. Consequently, the following hypothesis is proposed:

H5: Trust in members beneficial impact on trust in the community.

In the context of online platforms, trust is essential in influencing continued engagement. For instance, studies in e-commerce (Y.-B. Liu, Hou, Xue, Mao, & Li, 2019) (Makmor et al., 2018) highlight that trust enhances user intentions to repurchase and increases their commitment to the platform. Drawing parallels to OHCs, trust in both members and the community is expected to encourage sustained participation. Consequently, the following hypotheses are developed:

H6: Trust in members positively influences continued usage.

H7: Trust in the community positively influences continued usage.

Lastly, self-efficacy has been shown to impact behavioral intentions in technology adoption. (Jose & Burciaga, 2023) demonstrated that self-efficacy influences the acceptance and sustained use of technology-based solutions. Based on these insights, the final hypothesis is proposed:

H8: Self-efficacy positively influences continued usage.

By integrating these hypotheses, this study aims to provide a thorough understanding of the factors driving the adoption and sustained use of OHCs. The model is empirically tested to evaluate the significance of these relationships and their implications for enhancing user engagement and trust in OHCs.

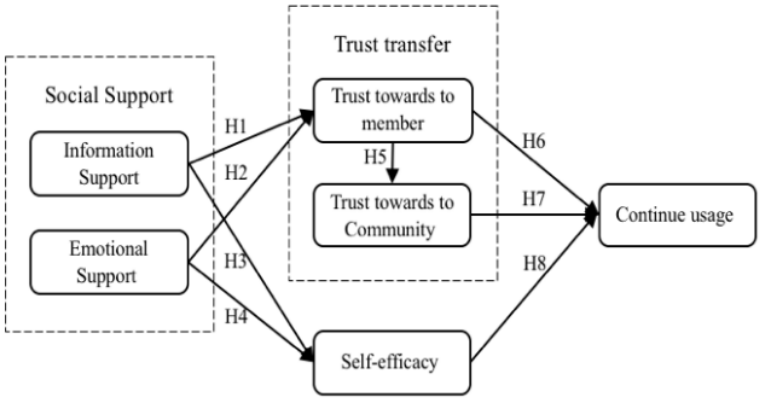

Figure 1. Proposed Conceptual Model

Table 1. Research constructs

Construct	Code	Items	Reff.
Information Support (IS)	IS1	I joined this health community to share the health information I possess.	(Okour, 2023)
	IS2	hope the health information I share can benefit others.	
	IS3	I hope the health information I share with others can help boost their confidence.	
Emotional Support (ES)	ES1	I joined this health community out of care and a desire to share health experiences with others.	(Y. Yang et al., 2023), (J.-J. Wu et al., 2019)
	ES2	I joined this health community to seek broader health information.	
	ES3	I joined this health community to find solutions and health assistance.	
Trust Toward to Member (TM)	TM1	Members of this health community always try to help me when I face difficulties.	(X. Liu et al., 2023), (J.-J. Wu et al., 2019)
	TM2	Members of this health community are always honest in communicating and providing information.	
	TM3	Members of this health community are always quick to help find solutions.	
	TM4	Members of this health community provide complete and clear information, making it easy to understand.	
Trust Toward to Community (TC)	TC1	This health community has helped me a lot in solving the problems I face.	(J.-J. Wu et al., 2019), (X. Liu et al., 2023)
	TC2	This is one of the best and most reliable health communities.	
	TC3	This health community always meets my expectations.	
	TC4	Many members of this health community have similar health complaints or issues	
Self-Efficacy (SE)	SE1	I have successfully improved my health in line with the targets I set.	(Jose & Burciaga, 2023)
	SE2	I am confident that I can make a positive impact on my health.	
	SE3	I will maintain a healthy lifestyle to become even healthier.	
Continue Usage (CU)	CU1	I agree to remain a part of this health community.	(J. Yang et al., 2022), (Park et al., 2024)
	CU2	I will continue to use this health community to find the information I need.	
	CU3	The health progress I experience increases my trust in the information obtained from this health community.	

3.2. Research Instruments

This research adopts a quantitative approach, utilizing a Likert scale to evaluate user perceptions. Responses were measured on a 5-point linked scale, offering choices from "strongly disagree" (1 point) to "strongly agree" (5 points). The questionnaire comprised 16 items, with variable measurements adapted from prior studies, as presented in Table 1.

4. Result and Discussion

4.1. Demographics Profiles

The respondents for this study comprise Indonesian individuals who are members of an online health community (OHC) on Facebook, specifically the Diabetes Sharing Forum. The questionnaires were distributed online using Google Forms. Data analysis was conducted using the Partial Least Squares Structural Equation Modeling (PLS-SEM) method due to its several advantages. PLS-SEM is suitable for addressing issues related to non-normally distributed data, complex research models, and small sample sizes. The study included a total of 130 respondents.

The demographic profile of the respondents shows that 58% were women and 42% were men. The majority of respondents (51%) were aged 30–50 years, followed by those aged over 50 years (44%) and those under 30 years (5%). Regarding educational background, most respondents held at least a diploma degree (72%), while 28% had a high school education. Additionally, the duration of membership in the OHC varied, with 47% of respondents being members for less than 1 year, 27% for 1–3 years, and 26% for more than 3 years.

4.2. Measurement Model

The evaluation of the measurement model involved assessing its reliability, convergent validity, and discriminant validity. To test convergent validity, two criteria were assessed: outer loading values for each variable and Average Variance Extracted (AVE) values. The outer loading values for all indicators exceeded the threshold of 0.70, represent a strong correlation between variable and their respective constructs. Table 1 provides the loading factor values, demonstrating that all indicators meet this criterion.

Additionally, the AVE scores for all constructs were above 0.5, further confirming convergent validity. This represented that the variable explain more than half of the difference of their variables, meeting the required standard.

Reliability was evaluated using Cronbach's Alpha (CA) and Composite Reliability (CR) values. Both CA and CR values exceeded the threshold of 0.70 for all variables, as shown in Table 1, representing that the variables are positively correlated and internally consistent. Discriminant validity was assessed testing the Fornell-Larcker Criterion and Cross-Loading Analysis. The Fornell-Larcker Criterion confirmed validity as the square root of the AVE for each construct exceeded its correlations with other constructs.

Table 1. Loading Factor

Construct	Loading	CA	CR	AVE
ES1	0.836	0.811	0.888	0.726
ES2	0.865			
ES3	0.855			
SE1	0.835	0.723	0.844	0.643
SE2	0.775			
SE3	0.794			
IS1	0.900	0.869	0.919	0.790
IS2	0.888			
IS3	0.877			
TC1	0.882	0.899	0.927	0.761
TC2	0.907			
TC3	0.869			
TC4	0.830			
TM1	0.872	0.886	0.921	0.745
TM2	0.861			
TM3	0.904			
TM4	0.812			
UC1	0.856	0.744	0.855	0.666
UC2	0.903			
UC3	0.672			

Table 2. Cross Loading

	ES	HE	IS	TC	TM	UC
ES1	0.836	0.479	0.321	0.464	0.449	0.454
ES2	0.865	0.487	0.227	0.391	0.411	0.341
ES3	0.855	0.505	0.224	0.456	0.411	0.457
SE1	0.505	0.835	0.278	0.313	0.246	0.378
SE2	0.435	0.775	0.220	0.380	0.300	0.346
SE3	0.439	0.794	0.166	0.228	0.156	0.278
IS1	0.306	0.280	0.900	0.289	0.505	0.491
IS2	0.209	0.170	0.888	0.185	0.330	0.384
IS3	0.271	0.274	0.877	0.288	0.403	0.378
TC1	0.504	0.346	0.294	0.882	0.525	0.597
TC2	0.427	0.357	0.257	0.907	0.381	0.453
TC3	0.424	0.258	0.216	0.869	0.324	0.363
TC4	0.407	0.385	0.239	0.830	0.304	0.296
TM1	0.395	0.224	0.453	0.310	0.872	0.489
TM2	0.375	0.287	0.411	0.458	0.861	0.657
TM3	0.557	0.261	0.464	0.475	0.904	0.667
TM4	0.363	0.238	0.305	0.316	0.812	0.524
UC1	0.380	0.325	0.425	0.441	0.583	0.856
UC2	0.434	0.385	0.412	0.471	0.656	0.903
UC3	0.395	0.319	0.328	0.350	0.412	0.672

In the cross-loading analysis (see Table 2), each indicator's loading value was higher for its associated construct than for any other construct, further validating discriminant validity. Consequently, the discriminant validity of the model was successfully established.

4.3. Structural Model

The next stage of the analysis involves hypothesis testing. A hypothesis is accepted if the p-value is less than 0.05 (indicating 95% significance) and the t-statistic exceeds 1.96. As shown in Table 3, a total of eight hypotheses were proposed, of which seven were accepted and one was rejected. The path coefficient values represent the intensity and direction (positive or negative) of the relationships between variables.

Table 4 shows the values of R-square (R^2) and Q-square (Q^2). The R^2 value measures the combined effects of exogenous variables on endogenous variables, providing an indication of the model's explanatory power. The classification for R^2 values is as follows: strong (0.75), moderate (0.50), and weak (0.25).

Additionally, the model's predictive ability is assessed using Q^2, which evaluates the extent to which exogenous variables have predictive relevance for endogenous variables. Q^2 values are categorized as small (0.02), medium (0.15), and large (0.35). To ensure the structural model is robust, it must effectively predict each variable of the endogenous latent variables, as demonstrated by the R^2 and Q^2 values.

Table 3. Results of Hypotheses Testing

Hypothesis		Original Sample	t-Stat	Accepted
H1	IS -> TM	0.360	4.443	Yes
H2	ES -> TM	0.389	4.661	Yes
H3	IS -> SE	0.117	1.453	No
H4	ES -> SE	0.540	6.169	Yes
H5	TM -> TC	0.462	5.235	Yes
H6	TM ->CU	0.540	8.295	Yes
H7	TC -> CU	0.199	2.196	Yes
H8	SE -> CU	0.185	2.368	Yes

Table 4. R-Square and Q-Square Value

Construct	R Square		Q Square	
SE	0.344	Moderate	0.206	Small
TC	0.213	Moderate	0.138	Small
TM	0.366	Moderate	0.235	Medium
CU	0.552	Moderate	0.334	Medium

4.4. Discussion

The results of this research demonstrate that most of the proposed hypotheses were validated, except for the impact of information support on self-efficacy, which was found to be insignificant. While information support does not directly enhance self-efficacy, emotional support significantly contributes to higher levels of self-efficacy. These results highlight the critical role of emotional support in fostering confidence and motivation within (OHCs).

The results further reveal that trust serves as a crucial factor in the acceptance of OHCs, facilitated through trust transfer mechanisms. Trust transfer happens when trust in individual members is extended to the community as a whole. Research by van Velsen, Flierman, & Tabak, (2021) indicates that trust in established care organizations does not directly influence trust in online health services, which suggests that the transfer of trust from offline interactions to online platforms may not be as straightforward as previously thought. Similarly, Lu, Bai, Zhao, & Zhang, (2023) highlights that individuals often rely on their existing trust in offline healthcare providers to build trust in online medical consultation services, demonstrating the importance of trust transfer in fostering acceptance of OHCs

Self-efficacy has been recognized as a key driver of continued use in (OHCs), significantly influencing users' ability to manage their health effectively. Research by Uhm & Kim, (2022) highlights that among patients with diabetes, higher levels of self-

efficacy are positively associated with the frequency and intensity of online interactions within diabetes platforms.

Social support, encompassing emotional support (ES) and information support (IS), emerged as a crucial factor in building trust and facilitating trust transfer. This finding is consistent with prior research, such as (B. Wu, 2018), who integrated social support into information systems success models, demonstrating its influence on perceived usefulness and service quality. Similarly, Zhang & Liu, (2021) emphasizes the responsiveness and quality of peer-provided information within OHCs significantly shape users' perceptions of the platform's, while (Zhou, 2021) confirmed the role of ES and IS in enhancing social capital.

The concept of trust transfer was validated in this study, showing that trust in individual members positively influences trust in the broader community. This dynamic underscores the role of community members as representatives of the OHC's credibility and knowledge-sharing capabilities. Moreover, the dual factors of trust transfer: trust in members and trust in the community, were both found to significantly and positively affect sustained use of OHCs. These results align with (J.-J. Wu et al., 2019), who found that trust strengthens information-seeking behavior, and (Connolly, Sanchez, Compeau, & Tacco, 2023) emphasizes that strong trust in user-generated content within OHCs lead to increased engagement, knowledge adoption, and active participation.

Social support was assessed using two dimensions: ES and IS. The results indicate that ES positively influences trust in members and self-efficacy, while IS impacts trust in members but does not significantly affect self-efficacy. This suggests that while both forms of support are essential for trust-building, only ES directly contributes to self-efficacy, highlighting its emotional and motivational value. These findings align with prior studies, such (J. J. Wu, Chen, Talley, & Kuo, 2021) further support this notion, indicating that emotional and informational support significantly contribute to trust within medical communities. Algharabat & Rana, (2021), who explored its impact on trust in online environments.

From a theoretical view, this study advances the understanding of trust transfer and its role in integrating community-based information systems for OHC adoption. Additionally, it underscores the significance of social support as a foundational element influencing trust transfer and self-efficacy, ultimately driving OHC acceptance and sustained usage.

Despite its contributions, one limitation of this reseach is the insignificant correlation between information support and self-efficacy. However, the significant effects of trust transfer and self-efficacy on sustained OHC use reinforce the importance of these constructs. Overall, the findings highlight the critical interplay among social support, trust transfer, and self-efficacy in fostering the acceptance and continued use of OHCs.

5. Conclusion

This research aimed to investigate the influence of social support on trust in both community members and the broader community, as well as its impact on self-efficacy and the sustainability of OHC usage. The key conclusions of this research are as follows:

First, the findings demonstrate that information support presented by OHC members significantly influences trust in both individual members and the community as a whole. Second, this study highlights the occurrence of trust transfer within OHCs, where trust in individual members positively impacts trust in the community. Third, self-efficacy is identified as a critical construct that directly affects the continued usage of OHCs.

Nevertheless, this study has certain limitations, particularly the relatively limited sample size of 130 respondents, which may influence the generalizability of the findings. Future research should consider utilizing a larger sample size to validate and strengthen the conclusions drawn from this research.

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