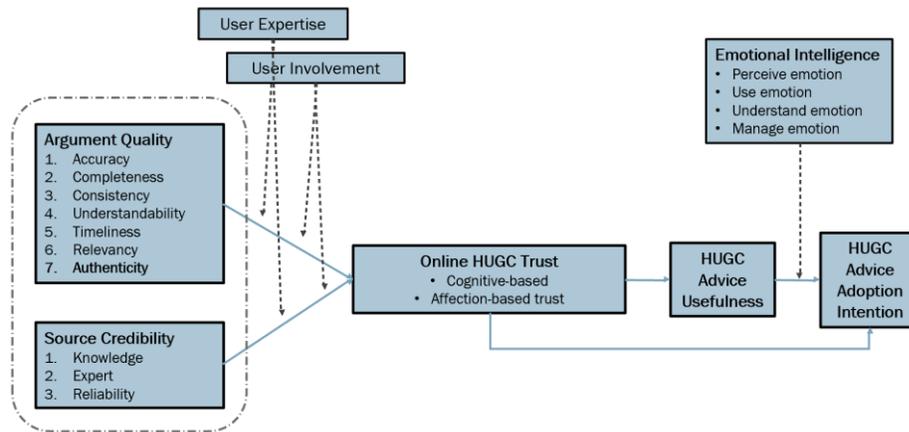


# User Generated Healthcare Content and Participatory Healthcare

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## Abstract

Communication technology has nurtured an inclusive online environment, with social media emerging as a leading source for healthcare information. Up to 63% of internet users in the United States look for healthcare-related information online (Hesse et al., 2005). When reviewing healthcare-related information online, user generated content (UGC) is seen by many people as the most authentic and trusted source for healthcare (Olapic.com, 2017). Therefore, UGC not only has strategic significance for healthcare providers/organizations, but can also directly impact efforts to improve patient health. To this end, it is altering the traditional physician-patient relationship, as well as the healthcare treatment model, resulting in a paradigm shift in how people share and access healthcare-related information. However, along with the benefits of this trend in information sharing are significant drawbacks. For instance, patients may trust misleading information or make important health decisions based on non-objective sources that may not be entirely relevant to their specific health situation. Some patients may not be able to critically assess or interpret online health information accurately, which can lead to a false sense of usefulness and security, causing potential medical noncompliance issues (Tonsaker et al., 2014). Therefore, it is important to understand how healthcare-related UGC (HUGC) influences user perception of advice and recommendations posted online by other users, how users form advice adoption intention, how users develop trust in HUGC, and whether the evaluation of HUGC varies across users. However, current extent research offers little guidance on these issues. In addition, concerns exist around the cognitive competence of user ability to understand and interpret this information. For example, research suggests that higher Emotional Intelligence (EI) promotes better attention to physical and mental processes, such as the interpretation of complex information (Lyons & Schneider, 2005) like healthcare-related UGC. Therefore, this study examines EI as a possible underlying mechanism that serves to regulate the relationship between the evaluation of HUGC advice usefulness and intention formation. Drawing from the Sussman and Siegal (2003) Knowledge Adoption Theory, this study seeks to develop a theory-based model (see below) and empirically test it in healthcare UGC environments in order to understand and explain how EI impacts HUGC adoption intention.



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