Monetization of first questions by text mining: how do peer patients respond to online health information in a Q&A forum?

Dingyu Shi and Xiaofei Zhang
Business School, Nankai University, Tianjin, China

Libo Liu
Department of Business Technology and Entrepreneurship, Swinburne University of Technology, Hawthorn, Australia

Preben Hansen
Stockholm University, Stockholm, Sweden, and
Xuguang Li
School of Information Management, Shandong University of Technology, Zibo, China

Abstract

Purpose – Online health question-and-answer (Q&A) forums have developed a new business model whereby listeners (peer patients) can pay to read health information derived from consultations between askers (focal patients) and answerers (physicians). However, research exploring the mechanism behind peer patients’ purchase decisions and the specific nature of the information driving these decisions has remained limited. This study aims to develop a theoretical model for understanding how peer patients make such decisions based on limited information, i.e. the first question displayed in each focal patient-physician interaction record, considering argument quality (interrogative form and information details) and source credibility (patient experience of focal patients), including the contingent role of urgency.

Design/methodology/approach – The model was tested by text mining 1,960 consultation records from a popular Chinese online health Q&A forum on the Yilu App. These records involved interactions between focal patients and physicians and were purchased by 447,718 peer patients seeking health-related information until this research.

Findings – Patient experience embedded in focal patients’ questions plays a significant role in inducing peer patients to purchase previous consultation records featuring exchanges between focal patients and physicians; in particular, increasingly detailed information is associated with a reduced probability of making a purchase. When focal patients demonstrate a high level of urgency, the effect of information details is weakened, while the interrogative form is strengthened.

Originality/value – The originality of this study lies in its exploration of the monetization mechanism forming the trilateral relationship between askers (focal patients), answerers (physicians) and listeners (peer patients) in the business model “paying to view others’ answers” in the online health Q&A forum and the moderating role of urgency in explaining the mechanism of how first questions influence peer patients’ purchasing behavior.

Keywords Online health Q&A forum, Purchase decision, Interrogative form, Information detail, Patient experience, Urgency

Paper type Research paper

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Since submission of this article, the following author have updated their affiliations: Dingyu Shi is at the Department of Information Systems and Analytics, National University of Singapore, Singapore.
1. Introduction
Seeking health information online has become an inevitable part of daily life. According to the World Health Organization (WHO), seeking health information via online health question-and-answer (Q&A) forums during the COVID-19 pandemic helped mitigate public anxiety and distress (Buheji et al., 2020). An online health Q&A forum provides an accessible option for information users to seek advice from experts as well as peer users by asking questions to satisfy their health information needs (Mousavi et al., 2020). Users’ primary reasons for turning to online health Q&A forums include direct responses to their questions, emotional support, informational support, health improvement and the possibility of learning from others (Yan and Tan, 2014; Chen et al., 2019a; Liu et al., 2023). Additionally, these forums provide a cost-effective way for users to access health information directly instead of being required to visit a physician in person (Fox, 2013). Therefore, the online health Q&A forum is becoming an increasingly popular platform for transmitting health information and knowledge, establishing new physician–patient communication channels and improving health service quality and efficiency (Omar et al., 2009).

Two types of online health Q&A forums are currently available, which can be distinguished by the cost to the user. Freely available, no-cost sub-forums concerning health-related topics in a generic online Q&A forum offer venues where forum users (mainly focal patients) receive answers from various peer forum users (including other patients and a few medical experts) at no monetary cost. The other type is professional online health Q&A forums, which feature spaces where askers (focal patients) pay a fee to receive answers fitting their needs from professional answerers (physicians) (Chen et al., 2019b; Zhao et al., 2019). Unlike the cost-free type, professional online health Q&A forums provide expert advice and responses from physicians, driving the focal patients’ perceptions of the quality of the information given (Khurana et al., 2019). The research object of this study is the professional Q&A forum type, representing a paid service where focal patients ask questions to elicit expert advice and physicians provide expert suggestions (Eysenbach et al., 2004).

In recent years, forum managers have gradually paid close attention to the business and social value of health information in online health Q&A forums (Liu et al., 2020b; Meng et al., 2021), consequently introducing a new business model of “paying to view others’ answers.” In particular, this model has been used to monetize online information and maximize the business value from the trilateral relationship between askers (focal patients), answerers (physicians) and listeners (peer patients) (Sun et al., 2022). In online Q&A health forums, this model is based on two processes: interaction and monetization. In the interaction process, an asker is allowed to ask several questions of the answerers until they receive answers that satisfy their needs. After evaluating the contents regarding the privacy of consultancy, askers can also choose whether to open their consultation records for other users to access. Listeners with an interest in similar questions can only freely view the first question, which is first displayed in the consultation records between answerers and askers, but must make a payment to obtain further information of the rest contents. The monetization process requires the askers to pay for the answering services provided by the answerers. Thus, listeners who wish to view the anonymized full one-to-one consultation record must pay a small fee (such as 1 RMB, about 0.16 USD) (Yang and Li, 2021). The fees that the listeners pay are then shared among the platform, askers and answerers. In addition to answerers’ profits from their investment of time and expertise, this system also promotes the compensation potential of focal patients (Zhao et al., 2020). Figure 1 illustrates this trilateral relationship and the associated processes.

In this trilateral relationship, the first questions are vital to the askers’ likelihood of receiving high-quality responses and obtaining profits by attracting listeners’ attention in the paid online health Q&A forums (Zhao et al., 2020; Sun et al., 2022). At the same time, listeners can evaluate the answers’ quality by drawing cues from the first questions and then
choose to pay for the whole interaction records that have a higher perceived value (Sun et al., 2022). Furthermore, because the asker’s first question, as posted by a focal patient, provides limited information to peer patients who are seeking to justify making purchase decisions, investigating the influence of these first questions is a worthwhile endeavor for researchers and practitioners. Although the current literature on paid Q&A forums has already confirmed the importance of trilateral relationships among askers, answerers and listeners, as well as focused on the behaviors of askers and answerers (Zhao et al., 2018, 2020; Jan et al., 2018), scholars have not thoroughly explored the listener’s participation in this online healthcare-centered relationship. Additionally, relatively few studies have focused on the effect of questions and listeners’ responses to these questions (Sun et al., 2022). Neither has such studies been likely to address the content and structure of the questions under consideration in influencing listeners’ purchase decisions. Therefore, the purpose of this study is to investigate the impact of first questions on listeners’ purchase decision-making. By doing so, this study aims to fill a gap in the literature on online health Q&A forums and shed new light on the trilateral relationship between askers, answerers and listeners in these forums. Accordingly, the first research question examined in this study was formulated as follows: *How do listeners make purchase decisions based on the limited information (first questions) provided by focal patients in online health Q&A forums?*

We also sought to further investigate the purchase decisions of peer patients in its exploration of whether peer patients’ purchase decisions are contingent on the urgency of focal patients’ circumstances, specifically as seen in situations where needs are known and reaction time is crucial (Roux-Dufort, 2007). As some of the previous literature has suggested, since certain words can signify immediate action or attention (Hellier et al., 2002), an information provider can also efficiently convey urgency to a receiver using certain auditory/visual characteristics (Chapanis, 1994). In the healthcare context, urgency exists when patients wish to obtain a solution as soon as possible. Physicians are capable of categorizing patients’ level of urgency as immediate, very urgent, urgent, standard, or not urgent based on focal patients’ symptoms and, based on the urgency level, adjust treatment plans for focal patients (Tan and Goonawardene, 2017; Dobson et al., 2011). However, unlike professional physicians, focal patients lack knowledge about and expertise in diagnostic skills and treatment options and prefer to express urgency based on their senses rather than referring to recognized diseases and symptoms. Thus, focal patients who are seeking to obtain an early response, even with a non-urgent disease, will express a sense of urgency, which may shape peer patients’ purchase decisions—a consideration that has been largely overlooked in the

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**Figure 1.**
Trilateral relationship of the askers (focal patients), answerers (physicians) and listeners (peer patients) in online health Q&A forums

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**Source(s):** Figure by authors
literature. Investigating the contingent role of focal patients’ urgency can thus improve the understanding of peer patients’ purchase decisions. Accordingly, we posed our second research question: How does urgency influence peer patients’ purchase decisions?

To answer these research questions, we devised a research model based on the information adoption model (IAM) (Sussman and Siegal, 2003) and studies related to urgency, which was intended to illustrate peer patients’ purchase decisions in online health Q&A forums. IAM represents a useful theoretical lens for scrutinizing the decision-making process of listeners (peer patients) regarding their potential purchase of previous one-to-one consultations between askers (focal patients) and answerers (physicians), considering that individuals take in information to improve their decision-making (Sussman and Siegal, 2003) and that users’ purchase decisions are based mainly on pertinent information and their perceptions of its relevance (Osburg et al., 2019).

Based on IAM, this study measured the determinants of peer patients’ purchase decisions based on argument quality and source credibility (Sussman and Siegal, 2003; Shen et al., 2013). Argument quality has been defined as the persuasive strength of arguments embedded in an informational message (Bhattachjee and Sanford, 2006), whereas source credibility is the degree to which information recipients perceive an information source as being believable, competent and trustworthy (Sussman and Siegal, 2003). The literature’s treatment of argument quality in the O&A context has emphasized answer related features (Fu and Oh, 2019; Sun et al., 2019). Consequently, it cannot provide a suitable assessment of argument quality based on specific question features (Li et al., 2012). This study addresses this gap by concentrating on question related features and identifying two dimensions of argument quality: interrogative form and information detail. Additionally, patient experience is employed as a pivotal measure of source credibility. This can be elucidated by the substantial distinctions in knowledge about disease and health status observed between patients with prior offline visit experience and those without it. The former group gains more insights into their disease, diagnosis and test results, fostering a deeper understanding of their health status. This enhanced comprehension not only leads to a more comprehensive articulation of healthcare needs but also increases the quality of physicians’ services (Ye and Wu, 2023). This study also uses urgency to moderate the previously identified relationships since peer patients may make different decisions in different urgent situations (Malik and Coulson, 2010; Hinton et al., 2010).

We conducted an empirical study to test the research model proposed in this research, drawing on the literature on online paid health Q&A forums, the IAM and urgency. Our research collected data from a paid professional online health Q&A forum and analyzed the influence of the first questions on the purchase decisions of peer patients using a logistic regression model. This method is useful to assess the effectiveness of the first question in attracting peer patients’ purchase attention. Notably, this study is novel in its focus on paid professional online health Q&A forums, which have received limited attention in previous literature.

2. Related work

2.1 Paying to view others’ answers in online Q&A forums

Online health Q&A forums provide a place where users can seek solutions to their problems by asking questions (Shi et al., 2018). These services efficiently shorten the distance between patients and healthcare providers, connect individuals who have similar conditions and encourage the sharing of information and experiences (Johnston et al., 2013). Thus, they enable patients to obtain health information conveniently and promptly while also offering a novel channel for physicians to serve patients outside the hospital setting (Wu and Lu, 2018). Scholars have already highlighted these platforms’ potential to relieve overstretched health
resources (Goh et al., 2016). Consequently, online health Q&A forums have gradually become a critical and indispensable tool for patients seeking health information and physicians sharing health knowledge.

Online health Q&A forums offer large amounts of valuable online information embedded in released questions and answers (Shi et al., 2018). In that light, some Q&A forums have introduced the “paying to view others’ answers” model into their forums to generate profits and increase user flows. Listeners can freely access only the first question of each consultation at no cost and those who wish to go on to see the whole interaction process between askers and answerers must pay the listening fee (e.g., 1 yuan) for the answers. Subsequently, this fee is divided between the askers, the answerers and the platform according to a certain ratio. By paying a fee to seek additional information, listeners can gain insight into the treatments that similar patients have received (Gabriel, 2004) and reduce their fears about their diseases (Lowe et al., 2009). Additionally, askers and listeners may find the extra income resulting from this process motivating.

Consequently, in terms of the reward mechanisms, “paying to view others’ answers” creates a new trilateral relationship between askers, answerers and listeners, representing a new mode that has been frequently used to increase the user flow of online Q&A forums (Sun et al., 2022). In this mode, instead of paying high prices to ask questions, listeners only need to pay a small fee to view the answers to their predecessors’ questions; furthermore, the fees paid by listeners can be shared between the askers and answerers. This approach makes it affordable for listeners to obtain useful information; moreover, the potential reward can motivate askers, as well as answerers, to be more active, which will increase user engagement on the forums (Yang et al., 2020).

Existing studies have already applied a variety of perspectives in identifying factors that influence the different roles of participants in this mode of online paid Q&A forums. From the perspective of the askers, some researchers have heavily emphasized the drivers behind the askers’ payment. For example, from a costs and benefits perspective, Zhao et al. (2020) examined the determinants of askers’ payment on Q&A platforms and found that financial benefit, social support, self-enhancement and entertainment positively influenced askers’ pay intentions; conversely, financial costs imposed negative effects. As a result of their investigation of askers’ switching behavior from free Q&A services to paid Q&A services, Liu et al. (2021) concluded that financial benefits for askers should be added to motivate askers’ participation in the latter services. From the perspective of answerers, evidence suggests that the monetary incentive greatly influences their participation (Zhang et al., 2020a; Jan et al., 2018). For example, Jan et al. (2018) asserted that answerers are likely to obtain incomes from “paying to view others’ answers” and may contribute more positively when they can anticipate a tangible reward; in other words, higher prices are generally associated with better (Harper et al., 2008; Hsieh and Counts, 2009) and longer answers (Hsieh and Counts, 2009; Chen et al., 2010). From the perspective of listeners, however, relatively few studies have begun to focus on the role of listeners in online paid Q&A forums. For instance, some researchers observed question features (question informativeness and sentiment extremity) to have a large influence on listeners’ decisions (Yang et al., 2020). Additionally, scholars asserted that cues from answerers (experience and authentication, social feedback) and cues from questions (question length, question structure) can be viewed as indicators of the number of listeners (Ye et al., 2021a; Sun et al., 2022).

Although some studies, such as Liu et al. (2020b), have already highlighted the existence of “paying to view others’ answers” in online paid health Q&A forums, few investigations have shed light on the influences affecting peer patients’ participation in pursuing desired answers. In traditional online health Q&A forums, questions and answers between focal patients and physicians play a crucial role in peer patients’ participation. In specific terms, valuable questions and answers can generate more user flow by attracting more users (Shi et al., 2018).
However, compared to answers released in paid online Q&A forums that have already received attention (Harper et al., 2008), the significance of the question itself is neglected. Relatively few studies have addressed the fact that poorly formulated questions are less likely to receive useful responses (Yang et al., 2014). Researchers have used various indicators to evaluate questions, for example, the number of interest tags, the number of answers and the reciprocal of the minutes to reach the best answer, as described by Li and Wu (2010). In contrast to askers who pursue financial benefits in other paid social Q&A forums (Liu et al., 2021; Zhao et al., 2020), askers in online paid health Q&A forums are concerned about the emotional and informational support they are likely to receive (Liu et al., 2020b). Therefore, when asking questions, these members may behave differently from members in other paid Q&A forums. Furthermore, considering the limitations that peer patients only visit the first question of each interaction between a focal patient and a physician before paying, such indicators as the number of answers may not be optimal for measurement and features related to the question itself when it has garnered less attention must be considered. Therefore, studying how focal patients’ first questions influence peer patients’ participation in online health Q&A forums with paid services is necessary.

This study sought to narrow the aforementioned gap and gain a better understanding of the role of the first questions of askers in the “paying to view others’ answers” function of online paid health Q&A forums by investigating the mechanism by which focal patients’ first questions might influence peer patients’ purchase decisions. As previously mentioned, we used the IAM in our examination of the decision-making process in the current study.

2.2 Information adoption model (IAM)

The IAM is suitable for exploring peer patients’ purchase decisions since the health information provided by focal patients is a reliable criterion for peer patients to use in improving their purchase decisions (Sussman and Siegal, 2003). Various studies have considered consumers’ purchase decisions based on the IAM, focusing mainly on electronic word of mouth (eWOM) or online reviews’ influence on consumers’ purchase decisions (Zhang et al., 2014; Chang and Wu, 2014); however, less is known from the context of the IAM about how patients in online healthcare settings make purchase decisions.

The IAM comprises four issues: central routes, peripheral routes, information usefulness and information adoption (Sussman and Siegal, 2003; Shen et al., 2013). Argument quality and source credibility are effective central and peripheral cues, respectively. Specifically, argument quality is the persuasive strength of arguments embedded in an informational message (Bhattacherjee and Sanford, 2006), while source credibility is the extent to which information recipients perceive an information source to be believable, competent and trustworthy (Sussman and Siegal, 2003).

Furthermore, to better understand how peer patients might evaluate argument quality based on focal patients’ first questions, we measured argument quality based on question-related features. Previous studies have observed that notable questions-related features, including content length, number of answerers and comments, quantity of polite words, Wh-type, capital errors and so on, function as indicators of the question quality in online Q&A forums (Liu et al., 2015). However, the literature’s treatment of argument quality in the Q&A context has emphasized answer related features including non-textual features such as user voting mechanism (Ye et al., 2021b), “Likes of answers” (Sun et al., 2019), answerers’ expertise (Fu and Oh, 2019), as well as textual features such as length, structure, writing style (Fu et al., 2015; Fu and Oh, 2019) and textual quality characteristics (e.g., informativeness, completeness, readability, conciseness, etc.) (Fu and Oh, 2019; Kim and Oh, 2009) while neglecting question-related features. To narrow this research gap, we measured argument
quality by using question-related features to explain how peer patients make purchase decisions based on such limited information.

In the existing literature, measurements have typically targeted the characteristics of users’ questions in online Q&A forums in diverse contexts. For example, Liu and Jansen (2018) suggested that question-related features depict the content and syntactic characteristics of a question and proposed that features like informativeness, attractiveness, urgency, politeness, posting period and topical category could be used to assess questions. Question-related features can also include interrogative form (number of interrogative words), length (number of words), additional details and certain features of answers (Liu et al., 2015; Kitzie et al., 2013). In light of the current types of question-related features and characteristics of online health information, patients tend to ask questions accompanied by detailed descriptions of their conditions. Interrogative form is also significant; for instance, whether content starts with an interrogative word like “what” affects the likelihood of a question receiving answers, potentially indicating question quality (Harper et al., 2009). Therefore, we measured argument quality in two dimensions: interrogative form (number of interrogative words) and information detail (the level or degree of all patient-related information provisions) (Osburg et al., 2019; Liu and Jansen, 2018).

Previous studies investigating indicators of source credibility in online Q&A forums have primarily focused on two aspects. Firstly, they examined answer credibility, encompassing the profiles of answerers, such as their reputations and the hospital level (Jin et al., 2016; Zhang et al., 2020b), as well as the characteristics manifested in their answers, for instance, expertise, past experience and trustworthiness (Liu et al., 2020a; Wathen and Burkell, 2002). Secondly, researchers have explored indicators of question credibility, which involves analyzing the profiles of askers, particularly their reputations (Liu et al., 2019). Nevertheless, in comparison to the research concentrating on answer credibility, the investigation of question credibility has been relatively limited, especially in the context of initial questions where patients voluntarily provide information about their previous offline medical consultations. Knowledge about patient experiences is critical to the supply of healthcare and the understanding of patients’ conditions (Greaves et al., 2013). Additionally, Bekker et al. (2013) also highlighted that patients frequently describe their experiences at offline hospitals when asking questions in consultations, including (1) previous consultation experiences with offline physicians, (2) surgery and medical examination experiences and (3) certain physical indicators. Moreover, focal patients who have been to hospitals tend to have a more scientific understanding of their diseases, which can give them credibility as a source. Accordingly, in this study, we used patient experience to measure source credibility.

2.3 Urgency

Urgency has been defined as a situation in which needs are known and reaction time is crucial (Roux-Dufort, 2007). The literature offers some documentation of urgency, mainly in auditory and visual modalities (Wogalter et al., 2002; Marshall et al., 2007), which can usually be conveyed by a speaker to a listener with great reliability and predictability (Hellier et al., 2002).

In the healthcare context, urgency comes into play when patients insist on obtaining solutions as soon as possible. Currently, available studies exploring urgency in healthcare are limited to offline settings. Nevertheless, previous investigations have verified that when fewer resources are available, routine patients without obvious urgent needs are less likely than urgent patients to wait in long appointment queues, which leads to losing patients (Dobson et al., 2011) and may delay treatment, ultimately increasing patients’ discomfort, anxiety and stress (Gordon et al., 2010). Physicians may categorize patients as urgent based
not only on their symptoms but also on their conveyance of a sense of urgency or related expressions (Dobson et al., 2011).

In online health Q&A forums, although urgency remains a factor, patients can express urgency only through textual expressions instead of by using facial or verbal expressions. Little research has examined the effects of urgency in online healthcare. Thus, by testing the contingent role of urgency, this study helps explain whether urgency has the same effects in the online healthcare context.

3. Research model
The current study takes into account patients’ propensity to read the information posted by focal patients who have similar conditions (Pitta and Fowler, 2005) and then make purchase decisions based on limited information. Drawing on the IAM, we proposed that argument quality (measured as interrogative form and information detail) and resource credibility (measured as patient experience) are significant factors in peer patients’ purchase decisions. Additionally, considering the characteristics of online healthcare, we posited urgency as a moderator shaping the relationship between focal patients’ first questions and peer patients’ purchase decisions, as presented in Figure 2.

3.1 Relationship between first question and purchase decision
Source credibility and argument quality, both of which feature in the IAM, are two noteworthy indicators of how peer patients evaluate the usefulness of information, which influences purchase decisions in healthcare (Jin et al., 2016).

Argument quality refers to the persuasive strength of arguments embedded in an informational message (Bhattacherjee and Sanford, 2006). Various studies have previously suggested that argument quality is a key factor in the persuasiveness of arguments (Hoeken et al., 2012; Hornikx and Hoeken, 2007). In paid online health Q&A forums, focal patients’ first questions can be assessed for information detail and interrogative form. Information detail means the level of all patient-related information provision (Osburg et al., 2019), while interrogative form represents the number of interrogative words present in a question. Consumers generally perceive detailed information as useful because of its transparency (Hasanzade et al., 2018); along the same lines, interrogative words indicate the asker’s need for information (Shah et al., 2012). Individuals’ perception of high quality indicates that they may attach importance to information that they consider useful (Ahn et al., 2007). Additionally,
consumers’ perception of information is usually regarded as a useful contributor to their purchase decisions (Cohen and Vandenbergh, 2012). In online health Q&A forums, peer patients are more likely to perceive information as being of high quality and to purchase a full consultation if health information is clear, detailed and well presented (Shen et al., 2013). Accordingly, we posited the following:

\[ H1a. \] The use of interrogative form in focal patients’ first questions will positively influence peer patients’ purchase decisions.

\[ H1b. \] Information detail in focal patients’ first questions will positively influence peer patients’ purchase decisions.

Resource credibility is the extent to which information recipients perceive an information source as being believable, competent and trustworthy (Sussman and Siegal, 2003). The risks associated with online information-based health decisions make people cautious when adopting online health information (Li et al., 2018) because they desire some degree of confidence in the outcome. Thus, sources that have higher credibility are seen as reliable and useful, which facilitates information adoption (Ko et al., 2005; Jin et al., 2021) and increases the probability of peer patients’ making a purchase. In this study, we categorized focal patients’ offline consulting experience by three indicators in their first questions: (1) previous consultation with a physician, (2) prior surgery or medical examination and (3) certain physical indicators. These aspects can help guarantee the credibility of information needed to induce a purchase. Accordingly, we hypothesized the following:

\[ H2. \] The use of patient experience in focal patients’ first questions positively influences peer patients’ purchase decisions.

3.2 Moderating effect of urgency

As previously mentioned, urgency can be defined as a situation where needs are known and reaction time is essential (Roux-Dufort, 2007). In the healthcare context, urgency exists when patients believe that their disease is urgent and are seeking immediate solutions. However, in the online environment, online accounts of people’s anxieties can easily inspire gloom and apprehension (Salzer et al., 2010). Thus, when peer patients see signs that focal patients are greatly fearful while expressing intense urgency, the former’s feelings of despair at their condition may worsen (Hinton et al., 2010). Such negative feelings may influence peer patients’ perceptions of the argument quality of focal patients’ first questions, which may decrease their willingness to purchase. Based on this observation we proposed the following:

\[ H3a. \] Urgency will weaken the effect of interrogative form on peer patients’ purchase decisions.

\[ H3b. \] Urgency will weaken the effect of information details on peer patients’ purchase decisions.

Although focal patients’ first questions may convey useful insights for peer patients who have similar symptoms and encourage peer patients to face their health issues (Riessman, 1990), some social interactions and types of advice may also increase their feelings of anxiety (Malik and Coulson, 2010; Coulson, 2013). For example, if the patient experience as expressed by focal patients is accompanied by intense urgency because they experience the inability to solve their problems smoothly, peer patients may resonate with that urgency and unconsciously ignore professionally provided information while, at the same time, becoming less optimistic (Malik and Coulson, 2010), which may decrease their confidence and even diminish their motivation to click a link to gain more data, much less adopt the information found. Recognizing peer patients’ expressions of urgency can thus help in
identifying purchase decision-making behavior in an online healthcare community. Based on this insight, we hypothesized the following:

**H4.** Urgency will weaken the effect of focal patients’ patient experience on peer patients’ purchase decisions.

### 4. Research methodology

#### 4.1 Research context and data collection

This study was conducted through the Yilu app, a leading online health platform used on a large scale by online health Q&A forums in China. This resource provides one-stop online health services and useful solutions to patients who participate on online health platforms.

Patients using the Yilu app generally have two ways to find useful information: (1) as askers (focal patients) who directly consult answerers (physicians) through telephone consultations or graphic/text consultations and (2) as listeners (peer patients) who find useful information by reading other patients’ consultation records. The platform provides a “One Yuan Peeping” (with 1 RMB, or about 0.15 USD service fee) service for peer patients, which enables physicians and platforms to profit from peer patients’ purchases (Figure 2). Along these lines, focal patients can choose to make their consultation records public so that peer patients can read the whole content of interactions after spending 1 RMB. Instead of consulting physicians directly, patients can scan other patients’ interactions by randomly browsing previous interactions or by searching for related keywords. After choosing the interaction, peer patients can see a series of first questions drawn from interaction records and then make purchase decisions based on the limited information shown. They can also see the number of views, number of likes, number of interactions and the physician’s picture and expertise, as presented in Figure 3.

Thus, this service provides an ideal setting for a study exploring peer patients’ information adoption behavior, such as the current investigation. Focal patients are encouraged to make their interactions public, which contributes to inducing peer patients to pay a fee of 1 RMB to view previous interactions. Only after paying can peer patients read more than the first question asked and obtain access to the complete consultation record. Thus, focal patients’ first questions represent significant factors in peer patients’ health interactions. Furthermore, it is worth noting that all focal patients’ private information,
including their names and any uploaded images, are protected by the platform and are only visible to professional physicians.

This study developed a Java-based web crawler to collect data from online health Q&A forums on the Yilu platform, randomly selecting patients’ first questions from all 14 departments on the platform and ultimately collecting 1,960 first questions posed by focal patients. We categorized these data by department and then performed data cleaning. Next, we conducted word segmentation to identify specific terminology to use in analyzing focal patients’ first questions in the online health Q&A forums considered in the current study.

Accurate measurement of the effects of focal patients’ first questions on peer patients’ purchase decisions and the moderating role of urgency was achieved by adopting three dictionary sources for word segmentation and keyword matching methods. For the interrogative form, we consulted the most popular dictionary’s list of common Chinese-language interrogative pronouns and interrogative adverbs (e.g. what, who) [1] as the interrogative form dictionary, using the number of interrogative words (including interrogative pronouns and interrogative adverbs) to operationalize interrogative form.

In terms of patient experience, it is noteworthy that patients are inclined to describe their previous offline visit experiences in their questions to help physicians understand their medical conditions (Ye and Wu, 2023). However, traditional measures such as surveys and structured patient-reported outcome measures are not suitable for handling large-scale and unstructured text. To address this challenge, previous scholars have described sentiment analysis as an optimal method to measure this variable (Greaves et al., 2013). Therefore, following the three types of patient experiences proposed by Bekker et al. (2013), including: (1) previous consultation experiences with offline physicians, (2) surgery and medical examination experiences and (3) certain physical indicators. We incorporated two primary sources to build the patient experience dictionary. The first source is the Clinical Laboratory Test Catalog/Directory of Medical Institutions [2] issued by the National Health and Family Planning Commission of the People’s Republic of China in 2013, which includes surgery and medical examination terms like “Chest X-ray”. The second source is a list of Common Laboratory Test Reference Ranges [3], which is frequently utilized by 3A hospitals in China. The synthesized list comprises 2462 common physical indicators in total, such as “Ferritin” and “Red Blood Cell”. Furthermore, to ensure the dictionary’s accuracy, three research assistants reviewed 90 focal patients’ first questions. During this process, they identified common phrases used by patients who had previous hospital experiences such as “I have been to hospitals before...” and “Previous doctors said that...” However, the appearance of the keyword “physician” did not necessarily indicate patient experience but sometimes corresponded to a patient’s greeting to a physician. As a result, this study expanded the patient experience keywords to include terms like “hospital” or “clinic” to better represent patient experience. In this way, patient experience was operationalized as the number of the hospital- and checkup-related terms. Additionally, previous studies have already selected using urgency words to measure urgency in questions (Liu and Jansen, 2018). Drawing on the previous literature, we chose the urgency dictionary adopted for this research from the urgency category in a traditional Chinese emotion dictionary (e.g. urgency, hurry) [4] and used the number of urgency words in focal patients’ first questions to measure urgency.

Although prior studies have generally used question length to measure question information detail (Liu and Jansen, 2018), the term information detail refers to a wealth of health information that cannot be appropriately evaluated only in terms of question length. Therefore, this study performed subjective scoring at four levels: score 3—the most comprehensive elements, including age, gender and a detailed description of symptoms; score 2—a description of symptoms only, without specific demographic information; score 1—demographic information only, with less description of symptoms; score 0—none of the above. The scoring was completed by three volunteers, who had been
informed that the purpose of the scoring was to evaluate the degree of information detail in questions without any mention of the study aim. After conducting the scoring process to evaluate the degree of information detail in focal patients’ first questions, interrater reliability was calculated to validate the rigor of coding procedures and the degree of consensus (Cheung and Tai, 2023). Cohen’s kappa coefficient demonstrated a substantial agreement level of 76.1% among the three volunteers. Subsequently, we calculated the average score for the individual questions and used the corresponding score for each item as the measure of information detail.

These adopted methods facilitated a comprehensive and accurate measurement of the investigated variables. Keyword matching is particularly suitable for long texts, enabling efficient identification and analysis of specific words or phrases across numerous texts. Additionally, pre-established dictionaries can ensure consistency and objectivity. Subjective scoring is used to measure variables in cases where the variable of interest is complex and cannot be easily quantified. Thus, these methods enabled a detailed investigation of factors influencing peer patients’ purchase decisions in online health Q&A forums.

Several variables were measured in this study. The variable of peer patients’ purchase decisions was measured by the ratio of the number of views to the displayed time interval (the interval between the release of the first questions and the time of data crawling). Independent variables were measured by the number of various types of words appearing in focal patients’ first questions, including interrogative form, information detail and focal patients’ patient experience. The moderator, urgency expression, was measured by the presence of urgency-related words in focal patients’ first questions (See Table 1 for variable descriptions.).

<table>
<thead>
<tr>
<th>Key variables</th>
<th>Description</th>
<th>Mean</th>
<th>S.D.</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dependent variable:</strong></td>
<td>Purchase decision: The ratio of the number of views to the time interval shown</td>
<td>0.385</td>
<td>3.924</td>
<td>0.001</td>
<td>60.61</td>
</tr>
<tr>
<td><strong>Independent variables:</strong></td>
<td>Interrogative form: Number of interrogative words in the patient’s first question</td>
<td>1.966</td>
<td>1.860</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Information detail: Information richness in the patient’s first question</td>
<td>1.172</td>
<td>0.540</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Patient experience: Number of hospital- and checkup-related terms</td>
<td>1.905</td>
<td>2.018</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td><strong>Moderator variable:</strong></td>
<td>Urgency: Number of urgency-related words in patient’s first question</td>
<td>0.043</td>
<td>0.237</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td><strong>Control variables:</strong></td>
<td>Physician_Title: Physician’s professional title in an offline hospital</td>
<td>2.068</td>
<td>1.155</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Top_hospital: Whether the physician’s offline hospital was a 3A hospital</td>
<td>0.798</td>
<td>0.462</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Rating: Patient ratings of physician’s online services</td>
<td>4.596</td>
<td>1.068</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Gender: Physician’s gender, as displayed on physician’s homepage</td>
<td>1.369</td>
<td>0.538</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Department: Physician’s department in the offline hospital</td>
<td>7.825</td>
<td>3.497</td>
<td>1</td>
<td>14</td>
</tr>
</tbody>
</table>

Table 1. Summary of key variables

**Note(s):** In this study, we selected Physicians_Title, Top_hospital, Rating, Gender and Department as control variables, as they are important characteristics of physicians that can potentially interfere with peer patients’ purchase decisions.
4.2 Data analysis and results
To test our hypotheses about what factors in online health Q&A forums might determine peer patients’ purchase decisions, we developed an empirical model incorporating the moderating effect of urgency, which can be expressed as follows:

\[
PurDec_i = \beta_0 + \beta_1 \text{InterForm}_i + \beta_2 \text{InforDetail}_i + \beta_3 \text{OffCon}_i + \beta_4 \text{Urgency}; * \text{InterForm}_i + \beta_5 \text{Urgency}; * \text{InforDetail}_i + \beta_6 \text{Urgency}; * \text{OffCon}_i + \beta Z_i
\]

where \(\beta\) parameters are the coefficients to be estimated and \(Z\) is the controlling vector: hospital level, physician title, department type, approval rating and gender.

We then tested the models hierarchically. Thus, in stage 1, the model, including the control variables, was tested. In stage 2, the baseline model with added independent variables was tested to verify the relationship between the independent and dependent variables. Lastly, in stage 3, interaction terms were added to the baseline model to verify the moderating effect of urgency. Table 2 presents the results.

The results of stage 2 suggested that (1) the effect of the interrogative form (\textit{InterForm}) on \textit{Purchase} was not significant (\(\beta = -0.0873, t = 50.33, p > 0.10\)), indicating that \(H1a\) was not supported. In other words, the use of interrogative language in the first questions did not appear to have a significant impact on peer patients’ purchase decisions in online health Q&A forums. It is plausible that peer patients in these forums prioritize receiving relevant and informative health information from the first questions rather than being influenced by the structure of the questions. Alternatively, the effectiveness of the interrogative form may depend on other factors, such as the level of urgency, which were explored in subsequent stages of our analysis; (2) the effect of information detail (\textit{InforDetail}) negatively influenced peer patients’ purchase decisions (\(\beta = -449.9, t = 174.9, p < 0.05\)), which is contrary to our \(H1b\). This finding indicates that peer patients’ purchase decisions tend to decrease when the first questions featured with rich information detail. Interestingly, this result contradicts the findings of Hasanzade et al. (2018) who suggested that detailed information can be perceived as useful. One possible explanation for this discrepancy is that extremely detailed health information provided in online health Q&A forums may lead to excessive health anxieties.

<table>
<thead>
<tr>
<th>DV: PurDec(_i)</th>
<th>Stage 1</th>
<th>Stage 2</th>
<th>Stage 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>InterForm(_i)</td>
<td>-0.0873</td>
<td>-20.77</td>
<td></td>
</tr>
<tr>
<td>InforDetail(_i)</td>
<td>-449.9**</td>
<td>-323.4*</td>
<td>99.96**</td>
</tr>
<tr>
<td>OffCon(_i)</td>
<td>85.84*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgency*InterForm(_i)</td>
<td></td>
<td></td>
<td>379.7***</td>
</tr>
<tr>
<td>Urgency*InforDetail(_i)</td>
<td></td>
<td>-6,222***</td>
<td></td>
</tr>
<tr>
<td>Urgency*OffCon(_i)</td>
<td></td>
<td></td>
<td>-63.74</td>
</tr>
<tr>
<td>Urgency(_i)</td>
<td>511.1</td>
<td>668.2*</td>
<td>10,701***</td>
</tr>
<tr>
<td>Title(_i)</td>
<td>-66.75</td>
<td>-61.27</td>
<td>-49.82</td>
</tr>
<tr>
<td>Top_hosp(_i)</td>
<td>43.50</td>
<td>3.278</td>
<td>10.27</td>
</tr>
<tr>
<td>Rating(_i)</td>
<td>125.6</td>
<td>132.2</td>
<td>130.7</td>
</tr>
<tr>
<td>Gender(_i)</td>
<td>-459.5**</td>
<td>-495.5***</td>
<td>-435.1***</td>
</tr>
<tr>
<td>Dpid(_i)</td>
<td>-0.774</td>
<td>-3.432</td>
<td>-4.823</td>
</tr>
<tr>
<td>Constant</td>
<td>664.4</td>
<td>1,068*</td>
<td>837.1</td>
</tr>
<tr>
<td>Observations(_i)</td>
<td>1,690</td>
<td>1,690</td>
<td>1,690</td>
</tr>
<tr>
<td>R-squared</td>
<td>0.006</td>
<td>0.011</td>
<td>0.034</td>
</tr>
</tbody>
</table>

**Note(s):** *\(p < 0.1\)
**\(***p < 0.05\)
\(****p < 0.01\)

Table 2. Model estimation results
among peer patients (Starcevic and Berle, 2013); and (3) the number of patient experience words (Patient_Exper, $\beta = 85.84$, $t = 48.19$, $p < 0.10$) positively and significantly influenced purchase decisions, supporting H2, indicating that patient experience contributes to purchase decisions. When individuals come across first questions that contain descriptions of previous patient experiences with offline consultations, they are more inclined to make purchase decisions based on these real-life medical cases. This finding aligns with previous research emphasizing the value of patient narratives and testimonials in the healthcare decision-making process (Bekker et al., 2013).

In Stage 3, we tested the moderating effect of urgency and found that the effect of the interaction term Urgency*InterForm ($\beta = 379.7$, $t = 177$, $p < 0.05$) was positive and significant, contrary to H3a (that urgency would negatively moderate the relationship between interrogative form and purchase decision). This finding suggests that urgency strengthens the relationship between the use of interrogative language in first questions and peer patients’ purchase decisions in online health Q&A forums. On the other hand, the effect of the interaction term Urgency*InforDetail was negative and significant ($\beta = -6,222$, $t = 1,055$, $p < 0.01$), consistent with H3b (that urgency negatively moderates the effects of information detail on purchase decisions). During urgent situations, when individuals seek quick and concise information, the presence of extensive details in the first questions may overwhelm them, resulting in a reduced inclination to make purchase decisions. It appears that the urge to make swift choices during urgent times may lead peer patients to prefer more succinct information. The results also suggest that the interaction term Urgency*OffCon ($\beta = -63.74$, $t = 178.9$, $p > 0.10$) was not significant, indicating that H4 was not supported. In other words, urgency did not significantly moderate the relationship between offline consultation experience and peer patients’ purchase decisions in online health Q&A forums. The non-significant result regarding offline consultation experience highlights its consistent influence on purchase decisions, regardless of varying levels of urgency.

To further test the moderating role of urgency according to the procedures described by Meyer et al. (2017), we calculated and plotted the marginal effect of interrogative form on purchase decisions at different levels of urgency. The outcome revealed that as the degree of urgency in focal patients’ first questions increased from 0 to 3 (as depicted in Figure 4), the effect of the interrogative form on purchase decisions became significantly stronger. These results align with H3a (that urgency strengthens the effect of interrogative form on peer purchase decisions).

Figure 4.
Information urgency’s moderation of the effect of interrogative form on purchase decisions

Source(s): Figure by authors
patients’ purchase decisions). We also calculated and plotted the marginal effect of the relationship between information detail and purchase decisions, demonstrating that the effect of information detail on purchase decisions was significantly weaker as urgency increased from 0 to 3 (as depicted in Figure 5). These results are consistent with H3b, signifying that urgency weakens the effect of information detail on peer patients’ purchase decisions. This observation further supports our moderating effects.

5. Discussion
This section discusses the key findings, theoretical implications, practical implications and limitations of this work.

5.1 Key findings
After testing the model and analyzing its results, we arrived at four key findings. First, the argument quality of focal patients’ first questions partially contributes to peer patients’ decision-making. Our results indicate that the information details of focal patients’ first questions can discourage peer patients’ purchase decisions; contrariwise, the role of the interrogative form is not significant. Although the value of complete information is typically greater than that of practical information, extremely detailed health information is likely to mislead peer patients by sparking excessive health anxieties as a result of online health searches (Starcevic and Berle, 2013), leading to unfounded increases in concern about common symptomatology (White and Horvitz, 2009). Accordingly, reading detailed first questions posed by focal patients is likely to arouse peer patients’ fears, worries and other negative emotions, causing the probability of purchasing follow-up information to decrease. However, although the format is a critical element in evaluating argument quality in scanning focal patients’ first questions, peer patients are probably more impressed by the focal patients’ symptoms and physical conditions and are likely to compare them with their health situations, making them less concerned about interrogative form and whether interrogative forms used by focal patients will guide physicians to make specific replies.

Second, this study found a significant positive effect of source credibility on peer patients’ purchase decisions. Focal patients featuring rich experiences and, thus, a more scientific understanding of their diseases, which can endow sources with higher credibility, will be believed to be reliable and useful, promoting information adoption and decision-making.
Accordingly, first questions that indicate experience (including offline consultation records, surgery or medical examination records and certain physical indicators) and thereby suggest credibility may give the impression of a reliable interaction, prompting peer patients to click and purchase information.

Third, the effect of information detail on peer patients’ purchase decisions weakens with the contingency of urgency. If descriptive details are urgent, online accounts of focal patients’ anxieties readily inspire gloom and apprehension in peer patients concerning what might happen (Salzer et al., 2010), aggravating the latter’s urgency, anxiety, or fearfulness. In short, if peer patients see signs that focal patients are greatly fearful, such as expressions of intense urgency, their feelings of despair at their condition may worsen (Hinton et al., 2010), and they may become unwilling to purchase additional related health information. Conversely, the contingent effect of urgency on the relationship between interrogative form and peer patients’ purchase decisions was positive and significant, which we explain by noting that people’s attention is normally drawn to important or urgent things, whereas the urgent interrogative form diverts peer patients’ attention from informational detail to consider whether they might wish to ask a similar question. Accordingly, when urgency appears in focal patients’ first questions, peer patients are more attentive to how the previous patients organize their questions.

Fourth, our research results suggest that the moderating effect of urgency on the relationship between patient experience and peer patients’ purchase decisions is not significant. One tenable explanation is that expressing urgency indicates a likelihood that previous experiences have not satisfied these patients’ needs, lowering peer patients’ expectations of future interaction content and causing them to gradually begin to doubt that they need to click to obtain more health information.

5.2 Theoretical implications

This study contributes to existing theories from four perspectives. For example, the current study’s approach expands upon previous studies that have mainly concentrated on the participation of only two of the stakeholders in online health Q&A forums and have featured a bilateral relationship: askers (focal patients) and answerers (physicians) (Khurana et al., 2019). Starting from the typical bilateral relationship between focal patients and physicians in traditional professional online health Q&A forums, this study empirically confirms a new trilateral relationship between askers (focal patients), answerers (physicians) and listeners (peer patients) while also identifying the effects of first questions on listeners. This new trilateral relationship is embedded in the novel business model of online health Q&A forums allowing peer patients to read focal patients’ first questions for free and read the complete interaction records by paying a small fee to serve the purposes of satisfying more users’ health information needs and facilitating the development of the forum. Therefore, this study extends the bilateral relationship between focal patients and physicians in online health Q&A forums to a new trilateral relationship, including listeners’ participation, which presents a new setting where users can read whole records consisting of questions and answers after paying fees.

Furthermore, this study reveals the influencing factors of peer patients’ participation by identifying in detail the impact of focal patients’ first questions, providing additional insights into why first questions might be viewed by more peer patients and how they might convey more meaningful health information to the viewers. In doing so, drawing on the IAM and urgency literature, this study’s exploration of the value of limited information of focal patients’ first questions can satisfy the knowledge management requirements in healthcare (Hujala and Laihonen, 2021) while also presenting a topic that can be further explored in paid Q&A settings in other online forums.
This study also enriches the IAM literature in the healthcare context by examining peer patients’ purchase decisions in online healthcare. Although two indicators (argument quality and source credibility) have been widely used for IAM in other contexts, such as eWOM (Erkan and Evans, 2016; Hussain et al., 2017; Cheung et al., 2009) and online reviews (Filieri and McLeay, 2014), few studies have focused on the specific dimensions of argument quality and source credibility based on question-related features while scrutinizing how each dimension might affect patients’ purchases. In drawing on specific features of focal patients’ questions, this study measured argument quality in two dimensions (interrogative form and information detail) and used the patient experience to represent source credibility. Thus, our findings contribute to a deep understanding of the societal effects of focal patient questions while also highlighting the need for further research that better investigates how peer patients make purchase decisions.

Moreover, this study extends the current knowledge about the significance of patients’ questions in online health Q&A forums from an information processing perspective. Although prior studies have suggested that the correct use of interrogative words helps convey focal patients’ informational needs (Shah et al., 2012), and the influence of the interrogative form has been previously affirmed, we found that the presence of the interrogative form in focal patients’ first questions had no significant effect on peer patients’ purchase decisions. Accordingly, this study highlights the need for further research to investigate whether this finding holds in other special situations.

Finally, this study proposed and identified the significant role of urgency in shaping the linkage between focal patients’ questions and peer patients’ purchase decisions. Previous studies have verified that urgency can be conveyed by a speaker to a listener with great reliability and predictability (Hellier et al., 2002). In the healthcare field, however, the few current studies involving urgency have focused on offline settings (Northington et al., 2005; Lega and Mengoni, 2008). In this study, by testing the contingent role of urgency, we found that urgency positively moderated the relationship between interrogative form and peer patients’ purchase decisions and negatively moderated the effect of information detail on peer patients’ purchase decisions. Even though this study verified the negative influence of urgency, in line with prior research, we found that urgency strengthened the effect of interrogative form on peer patients’ purchase decisions in our research context. This counterintuitive result indicates that although urgency is a negative factor in most cases, it may play a positive role in certain situations. Accordingly, this study enriches the urgency literature by highlighting the positive role of urgency in online healthcare.

5.3 Practical implications
This study also offers several practical implications. For example, online health Q&A forums should offer more support and instructions to focal patients to improve the latter’s question skills and enhance the readability and attractiveness of their questions. This practice, in turn, can increase the participation of peer patients and profits from open consultation records. In particular, although focal patients themselves are inclined to describe their full range of symptoms, problems, or conditions, we found that information details contained in focal patients’ first questions negatively affected peer patients’ purchase decisions and decreased focal patients’ profits from the “One Yuan Peeping” service. This observation highlights the importance of sharing key elements appropriately, omitting unnecessary additional information, such as dates and positions and presenting concise and clear interrogative forms. This can increase the readability and attractiveness of their questions and increase the participation of peer patients. In light of the positive effect of patient experience on peer patients’ purchase decisions, focal patients should mention their experiences of having sought help at hospitals to enhance the credibility and relevance of their questions. In
addition, a sense of urgency is a vital indicator that focal patients should note. This study found that urgency hurt the relationship between information detail and purchase decisions and had a positive effect on the relationship between interrogative form and purchase decisions. Thus, although focal patients cannot always avoid urgency, they can maximize the value of their information by reasonably communicating urgency.

Furthermore, the findings can guide peer patients to make more effective and scientifically based purchase decisions than they might have before. Viewing focal patients’ first questions before paying presents an excellent opportunity for peer patients to obtain useful health information at little cost. In particular, when peer patients decide whether to follow up on a first question, they can look for cogent, concise presentation, a clear interrogative form and specific patient experiences. Additionally, they should watch for signs of urgency.

Lastly, the managers of online health Q&A forums can take measures to guide focal patients toward asking questions more efficiently. For example, they can remind focal patients not to use excessive detail in expressing information but to try to use interrogative words and describe past experiences when applicable. At the same time, the platform manager can also remind focal patients to communicate urgency reasonably. These measures can promote more efficient communication between focal patients and physicians, leading to improved healthcare outcomes.

5.4 Limitations and future research
Although this study has produced interesting findings and contributed to both theory and practice, it has some limitations. For example, given the difficulty of measuring information detail using certain dictionaries, we adopted a subjective method of measuring information detail in this study. Thus, future research could seek better ways of operationalizing this variable.

In addition, the first questions raised by askers (focal patients) might well also affect the reactions of the answerers (physicians), whose professional knowledge and rich experience might lead answerers (physicians) to behave in different ways from listeners (peer patients). Accordingly, future research can take the answerers’ (physicians) reactions into account.

6. Conclusion
Online health Q&A forums have adopted a new business model whereby listeners (specifically, peer patients) pay to read the records of previous consultations or interactions between askers (focal patients) and answerers (physicians). However, the literature on online health Q&A forums offers little insight into this new model and has overlooked the societal effects of focal patients’ information that can be viewed by other users with similar health conditions after making payment. Additionally, little is known about how listeners’ purchase decision-making might be influenced by askers’ first questions. Using the IAM, this study developed a theoretical model to explore the roles of argument quality and source credibility in indicating how peer patients make purchase decisions with limited information before paying while also taking into account the contingent role of urgency. The results indicate that increasingly detailed information is likely to reduce the probability of peer patients deciding to purchase; contrariwise, patient experience significantly motivated peer patients to make purchase decisions. In cases when focal patients’ first question communicated a high level of urgency, the effect of information detail was weakened; however, the effect of the interrogative form was strengthened. This study thus contributes to the literature on online health Q&A forums, peer patients, the IAM and patient information behavior and offers implications for practitioners.
Notes
1. http://xh.5156edu.com/page/z5449m5742j20577.html
4. https://download.csdn.net/download/cstkl/10236709?ops_request_misc=%257B%2522request%255Fid%2522%253A%2522161568761016780274120282%2522%252C%2522scm%2522%253A%2522%252A%25252220140713.13010234. %2522%252522%252522%25255D&request_id=161568761016780274120282&biz_id=1&utm_medium=distribute.pc_search_result.n one-task-download-2~all~sobaiduend~default-2-10236709.first_rank_v2_pc_rank_v29&utm_term=

References


About the authors

Dingyu Shi is master candidate at Business School, Nankai University, China. Her research interests include healthcare information behavior. Her research has been published in Library and Information Science Research and Information Processing and Management.

Xiaofei Zhang is Associate Professor at Business School, Nankai University, China. He received two Ph.D.s in Information Management from Hong Kong Polytechnic University and Harbin Institute of Technology. His research interests are in the areas of healthcare IT, human–computer interaction, and affective response. His research has been published in Library and Information Science Research, Information and Management, European Journal of Information Systems, International Journal of Production Economics and others.
Libo Liu is Senior Lecturer in the Department of Business Technology and Entrepreneurship at Swinburne University of Technology. She received her Ph.D. in Information Systems from the City University of Hong Kong. Her research focuses on the social media, human–computer interaction, social commerce, social network analysis and IT adoption. She has published in several major information systems journals including Decision Support Systems (DSS), Journal of the Association for Information Science and Technology (JASIST) and International Journal of Information Management (IJIM).

Preben Hansen is Docent and Associate Professor in Human–Computer Interaction at Stockholm University (Department of Computer Science). His research covers two overlapping strands: information seeking and information retrieval and Human-Computer Interaction and Interaction Design and include information search behavior, collaborative information searching, searching as learning, sustainable design, research through design cross-object interaction and materiality.

Xuguang Li is Professor based at the Institute of Information Management, Shandong University of Technology. He completed his Ph.D. degree in the Information School, the University of Sheffield, UK. His research interests include virtual community, knowledge behaviors on social media, knowledge management and user innovation. His research has been published in Telematics and Informatics, Online Information Review, Journal of Documentation, Libri: International Journal of Libraries and Information Studies and others. Xuguang Li is the corresponding author and can be contacted at: 547404126@qq.com

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