



A QUALITATIVE ASSESSMENT OF INDIVIDUAL KNOWLEDGE SHARING BEHAVIOUR IN VIRTUAL COMMUNITIES USING SOCIAL COGNITIVE AND SOCIAL INFLUENCE THEORIES



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ABSTRACT

Online communities have become an integral part of the lives of Internet users; however, participation in these communities is reliant on the types of people that form them. Some members do not participate (lurkers), whereas others who have been in the community for a long time, (champions), participate regularly and support others. The biggest challenge encountered by managers of these communities is supplying knowledge, particularly, the willingness to share knowledge among the members. This paper proposes a consistent theoretical framework to describe factors that drive individuals to actively participate, the cognitions used to determine behaviour and the social resources embedded in the environment - and how they affect individual behaviour. To achieve its objectives, the author adopted the Social cognitive theory and two components of the social influence theory to explore the roles of the managers/moderators of the community by identifying their value to online communities, an area which still seems to be evolving. In-depth interviews were conducted with the managers of the community to gain more understanding on their activities and identify the roles they play in the community. The results of the entire study showed that outcome expectations, self-efficacy, trust, identification and internalization all play major roles in active community behaviour. The study also emphasizes the value of trust and the need for more quality as opposed to quantity in ongoing conversations. Therefore, managers of the communities must seek to enhance trust by increasing the norm of reciprocity and social ties among members.

Keywords: *Online communities; online health communities (OHCs); social cognitive theory; social influence; self-efficacy; social identity; lurkers; Behaviour, trust.*

INTRODUCTION

Online communities have gradually become an accepted part of the daily life of internet users, serving to fulfil their desires to interact with and help others (Bishop, 2006). These communities take several forms, from websites that provide facilities to discuss specific subjects to people with similar interests forming groups on social media platforms. The existence of these communities is often brought about by individuals with similar goals, beliefs or values, with such harmony forming the basis of an agreement to form and sustain a virtual existence (Figallo, 1998; Bishop, 2006). Studies reveal that individuals, patients and their caregivers use online communities for many health-related purposes including medical recommendations and technical support for medical devices and systems as well as emotional support (White *et al.*, 2018); therefore it is not surprising that individuals are increasingly aligning towards social media to share and seek information (AlQarni *et al.*, 2016; Pew Research, 2017; White *et al.*, 2018). Individuals are seeking health related information to improve coping strategies and help to make well-informed decisions (Bolle *et al.*, 2015; Varshney, 2014; Lin and Chang, 2018). In the past, individuals were more likely to turn to family and friends for information and coping strategies (Johnston *et al.*, 2013), however, with the popularity of social media, online communities and other available platforms supported by web 2.0 technologies, the way individuals manage their healthcare and information completely different (Lin and Chang, 2018).

Problem Statement

Though social media and virtual community platforms make it possible to exchange personal information with similar others, there is a need to explore what factors facilitate users of these communities to exchange private health information with others (Yan *et al.*, 2016). Some studies have shown that “health information privacy concern and personal sense of information sensitivity” are key factors preventing users of online communities from engaging in health information exchange (Bansal *et al.*, 2010; White *et al.*, 2018). Extant research in the community literature shows that participation leads to outcomes such as loyalty and satisfaction among members towards the online community. However, there is a need to understand what factors drive users to participate actively in an online health community?

Objectives

The current paper is a part of a wider study in community literature where a pragmatic mixed method was adopted to study individual behaviour in online health communities. This phase of the study focuses on the qualitative aspect only to elicit the roles of the moderators/managers of the community. To achieve aims of the research, the present study attempted to fulfil certain objectives that will aid in investigating the phenomenon. The objectives of the present study, therefore, are to:

1. Extensive literature in online community studies to identify and explore the characteristics of online communities, online health communities and the existing factors leading to active participation in online communities.
2. Identify online community among several communities, especially communities related to the present study, for data collection.
3. Develop a framework to investigate the relationships that exist among all factors of social influence and social cognition on user behaviour.
4. A field study involving quantitative data collection and qualitative interviews from specific health related online community, to examine and evaluate the proposed study and to empirically validate the research, involving data collection from an online community.
5. Analyzing qualitative data to provide more insight into user behaviour, within an online health community.
6. Detailed results and findings to be able to inform managers of communities on best practices to keep the energy and enthusiasm within a community on the high.

Online Health Community Moderators

While the core values remain information and peer support (J. Huh, 2013), OHCs are increasingly incorporating experts who supply clinical knowledge and to control the quality of information shared. One avenue that has lacked necessary attention in the study of the success of support communities is through engagement with the individuals who manage the said community. There has been little attention in this area till date except for a few, for example, Van Uden-Kraan *et al.* (2010), whose study inferred that moderators had a range of altruistic and intrinsic motives for managing online groups (Coulson and Shaw, 2013). While the current study is relevant in exploring the roles and perception of moderators, the number

of moderators considered is limited. Also, there is a limit to the extent we can generalize across several support groups and gain better insight into the processes of helping to shape up an online support group (Tenuche, 2018).

Literature Review and Theoretical Background

Extant studies have addressed the issue of participation in support communities and communities in general by adopting a variety of theories such as TAM (Technology Acceptance Model), trust theory, social capital theory, commitment theory, uses and gratifications theory, social cognitive theory among others, to explore user participation in online communities. The outcome of the majority of studies has identified factors such as perceived usefulness, trust and self-efficacy (Zhou, 2011) as determinants of user behaviour as they have significant effects on behaviour. However, these studies have not examined the influence of the community as a group on the conduct of the user, as online communities are made up of people from different works and aspects of life, though with similar interests (Tenuche, 2018). These individuals come together to share their ideas and experiences, norms and values and finally to seek support or offer support to one another. Therefore, member behaviour can be swayed not only by personal motivations or perceived usefulness (Zhou, 2011) but by the other members of the group and the community. For this reason, this study focuses on both issues of personal cognition and the social network as opposed to previous studies that have only focused on individual cognition by exploring computer use and internet behaviour. The present study, therefore, adopts the social cognitive theory to identify the antecedents supporting an individual's participation behaviour in an online health community. Also, the present study combines the social influence model to explore the social resources embedded within the community. Following Dholakia *et al.* (2004) study, we consider two factors of social influence and how they impact on user participation. Yan *et al.* (2016) applied social exchange theory to develop a benefit and cost analysis framework. Their study attempted to consider the different values and impact of general and specific knowledge of members of an OHC. Benefits considered in the study include a sense of self-worth, face concern, reputation, social support, while costs include cognitive costs and executional costs. The study showed that status, social support, sense of self-worth and face concern all have significant relationships with knowledge sharing, therefore, for an individual, the need for growth and self-realization all encourage sharing, regardless of knowledge type. Chiu *et al.* (2006) in their study combined the social capital theory and social cognitive theory to develop a model to examine the motivations behind individual knowledge sharing in virtual communities. The findings from their study inferred that outcome expectations of knowledge sharing are insufficient to motivate individuals to participate, though outcome expectations to some extent can contribute to knowledge sharing, but, the social capital factors such as trust, identification, social interaction ties, norm of reciprocity, shared value and vision that lead to greater knowledge sharing with regards to quality and quantity of content (Chiu *et al.*, 2006). Liou *et al.* (2016) applied social capital theory in their study to explore the social interaction factors and individual factors which are shared value, identification and privacy of information, and to examine the mediating role of the need to exchange information. The study integrated the viewpoints of social interaction and individual factor to investigate the relationships among social interaction factors (shared values, trust and identification), user factor and privacy concerns on member desire to give and get information within the community. Further to this, the study explored the relationship among the relevant variables by integrating Kelman (1974) social influence processes. The outcome of the study revealed that shared value, community identification and privacy of information all influenced trust on the website and reliance on other members concurrently, which in turn significantly influenced the desire to get and share information in the community, and this desire to share

and acquire information were equally necessary for knowledge sharing.

Social Cognitive Theory – Present Study

This theory has been widely used in information systems literature with proven validity. SCT refers to human behaviour as a triadic, yet dynamic and reciprocal interaction among personal factors, the social network and the behaviour (Bandura, 1986; Chiu *et al.*, 2006). The principal determinants of the theory include knowledge, perceived self-efficacy that one can exercise control over oneself and habits, outcome expectations, about the expected consequences of any action taken. Chiu *et al.* (2006) discussed that of all the factors affecting human behaviour, standing on the basis are self-efficacy and outcome expectations. Self-efficacy is the belief in the capability of oneself to execute given tasks, and outcome expectations if a judgement of the likely result that will be produced from completed tasks (Bandura, 1997). Several studies have adopted the social cognitive theory to study human behaviour, e.g. between personal cognition (self-efficacy and outcome expectations), computer use and Internet behaviour (Chiu *et al.*, 2006; Hsu and Chiu, 2004; Compeau and Higgins, 1995).

Personal Cognition: Self-efficacy and Outcome expectations

Drawing upon the SCT, self-efficacy affects user outcome expectations, as expectations of positive outcomes are fruitless if an individual lacks the capability to execute the behaviour (Hsu *et al.*, 2007; Bandura, 1982). In the last decade IS research started to apply the concept of self-efficacy in areas of knowledge management, to investigate and validate the relationship between user self-efficacy and knowledge sharing, termed as knowledge sharing self-efficacy (KSSE).

Bandura highlighted four categories of experiences and information sources that determine self-efficacy beliefs (Bandura, 1986; Stajkovic and Luthans, 2002). Though all determinants of self-efficacy are influential to user behaviour, it is important to realize that they become instructive only through cognitive appraisal (Bandura, 1982).

Enactive Mastery: among most individuals, the result of performance i.e. mastery experience is the most influential source of efficacy beliefs.

Vicarious Experiences: Per Stajkovic and Luthans (2002), when a user witnesses other users succeeding at something, knowledge sharing, for instance, their efficacy also increases.

Verbal Persuasion: persuasions from a trusted and competent other help to strengthen self-efficacy.

Physiological and Psychological factors: Typically, the feeling of optimism in the face of stress and anxiety will enhance self-efficacy, whereas depression despondency and despair will only seek to diminish efficacy beliefs.

Outcome Expectations

This refers to users' anticipation of a favourable outcome when an action has been carried out. Though behaviours and actions must take place before an outcome can be judged as favourable or otherwise, it is common for individuals to plan for outcomes before they commence with a task, hence the reliance on self-efficacy alone is not enough to serve as motivation for individuals to carry out a task (Zhou, 2008). This ideology can be employed in the context of knowledge sharing because users will be more willing to participate when the rewards exceed the cost (Constant *et al.*, 1994). Wasko & Faraj (2000) also inferred from their study that knowledge sharing in an online community stems from motivations to grow and improve the community and moral obligation, and not so much of narrow self-interest. Therefore, researchers may conclude that outcome expectation through knowledge sharing can be grouped as personal-outcome expectations and community-related outcome expectations (Zhou, 2008; Hsu *et al.*, 2006; Chiu *et al.*, 2006).

Environment (Trust)

With respect to the environmental factors affecting behaviour; compared to traditional offline communities, virtual communities are freed from the temporal and spatial limitations and provides communication convenience to its

users (Zhou, 2008). Yet, because of its anonymity, virtuality and lack of effective assurance mechanisms, some potential risks surround its use. The present study views the role of the environment as trust. Trust is an inherent set of beliefs that individuals will abstain from opportunistic behaviours and not take advantage of one's situation (Moorman *et al.*, 1992). When rules and regulations are insufficient to guarantee users that other individuals will behave the right way as expected as is often the case in virtual communities (Ridings *et al.*, 2002), trust serves as a convenient substitute, by creating an atmosphere that will make engagement with other community members more open (Ridings *et al.*, 2002; Butler and Cantrell, 1994) thus, trust rules out unwanted, undesirable, opportunistic behaviours among users of the community (Luhmann, 1979). In a virtual community, the development of trust between an individual and group of unknown others i.e. the community will eventually lead to a positive outcome for the entire community.

Social influence Model

Kelman's (1974) motivation to examine social influence and its effects came out of his interest in understanding the changes brought about by external inputs to the attitude of an individual. Specifically, his study was directed towards understanding if attitude change resulting from external factors was temporary and superficial or a more lasting change that could become integrated in the person's value system (Malhotra and Galletta, 1999). Per Rashotte (2011), Social influence is the change in the thoughts, feelings and attitudes or behaviours of an individual because of interaction with another person or group who share similar interests/beliefs, are desirable or are experts. Kelman (1958) further distinguished the various processes of influence to be compliance, identification and internalization. Davis *et al.* (1989) in their proposal of TAM, addressed the effects of social processes on user technology acceptance. Also, Malhotra & Galletta pointed out the effects of psychological attachment (social influences) and the role they play in determining user behaviour. Venkatesh *et al.* (2003), proposed a theory of technology acceptance and usage of technology, where compliance was an important determinant considered to affect user behaviour. Studies have however only focused on motivations and their effects on user behaviour but have seldom examined the effects of social processes on the behaviour of the users (Zhou, 2011). The present study, therefore, draws on the social influence model by examining how the three social processes (compliance, identification and internalization) affect user behaviour.

Bagozzi and Dholakia (2002) found that compliance did not have any effect on user behaviour and this could be because participation in an online community is usually voluntary and anonymous, members are free to come in and go as they please, so in most cases, members do not feel the need to comply with opinions and expectations of others. Zhou (2011) showed that compliance might influence intention to participate; however, this effect will be overshadowed by the effects of the other two social processes (Identification and internalization). In their study, Malhotra and Galletta (1999) found that when social influences generate a feeling of compliance, the resulting effect is negative on the users' attitude toward the new information systems. For this reason, the present study has not considered the effect of compliance on user behaviour.

METHODOLOGY

In-depth Interviews

In-depth interviews served as the exploratory qualitative research tool chosen for this study to understand the general attitudes and the behaviours of online community participation, based on the different backgrounds and experiences of the users. The interviews were directed only at the three community managers of Macmillan. While still hands-on, community management serves as a more strategic way to oversee, monitor and improve the community as it grows. Though the community managers stated they are involved in moderation activities, their job also includes

content coordination, proactively addressing and engaging members and maybe giving feedback where necessary to senior management. Very active members of the community – referred to as champions of the community, have also been engaged by the managers to serve the purpose of moderating daily conversations within the community. They keep a watchful eye on community activities, a very welcome idea because the threads of messages coming in daily will need a more hands-on approach to deliver value to the users effectively. While there exist many communities that need increased levels of traditional moderation, like communities geared towards children, the Macmillan community utilizes a combination of self-policing (by the champions) and online community management. Also, private online communities include more functionality than comments and threads of discussions. The community managers will bridge the gap between the goals of the organization, customer needs and the social components available to them in the online community platform.

According to LaCoursiere (2001) eliciting qualitative information from users can result in better understanding of the phenomena of online support. Qualitative data not only offers better insights into the experiences of the managers but also allows for increased understanding of their perception and evaluation of the information shared and activities carried out in the community. For these reasons, an in-depth interview seemed like the ideal approach in initiating a better investigation of online support communities.

Three members of the Macmillan community were interviewed. They represent the managerial team of the online community and were chosen for the study because (a) they are the managers for the entire community (b) they have direct and indirect impact on the existing and future developments and improvements to the community (c) they have deep knowledge on user behaviour and how these behaviours are related to online community behaviour.

The objectives of the interviews with online community managers were:

- to understand the attitudes and behaviours of the members of the community
- to understand the dynamics of online community
- to understand the concept of communication within the community, how members interact with one another
- gain insight into experiences and expectations on online community management.
- to discuss and gain insight into the determining factors for the success of online communities.

Qualitative data analysis was conducted using NVivo 11 to aid in the management and organization of code generation, storage and management of data. This research has therefore built its analysis plan and data processing practice with regards to the analytical techniques that are applied to qualitative data. To analyse qualitative data, a broad range of analytic methods can be adopted (e.g. IPA, discourse analysis, grounded theory, thematic analysis). The current study selected the thematic approach to analyse the responses from the open-ended interview questions.

The researcher approached the node creation deductively, where some categories had to be predetermined, hence some of the nodes had been created and then the documents were coded directly in NVivo, this method can be used in cases where the researcher wants to eliminate the need for prior thorough perusal of transcripts (Basit, 2003).

DISCUSSION AND FINDINGS

Examining user behaviour through the lens of the managers:

Pre-determined nodes: Based on the framework used in the first phase of the study, the following nodes were created to be used to explain the managers' perception of the community.

Outcome Expectations:

Based on the managers' views of the community, a lot of the members are out to socialize and make friends with others, they want to meet people like them, people like the managers, etc. they want to meet up and chat with each other.

This reflects on the social aspect of users, trying to make friends with similar others to find some comfort and joy and shield themselves from loneliness. The managers also recognize the effects of community expectations on a few of the users have started to give back to the community. A few members of the community appreciate the support received whether peer or emotional, and have decided to give back to the community, it's a behaviour every community manager will want to encourage.

Peer Support

It comes as emotional support, esteem support, network support, etc. in the view of the managers, users exchange messages that show emotion, expressed empathy or show similarity of users among themselves. In the opinion of the managers, a primary benefit of participation is that individuals do not feel alone. Some members of the community participate often with the intention to find someone else that gets the experience first-hand and understands what they are going through.

Emotional support

There are cases where users' needs must not be mistaken, for example, the case of emotional support and information support. The former will not usually include rational or specific questions, rather a user in need of emotional support will display the emotional or psychological weakness and the urgent need for support, empathy and comfort. One of the managers interviewed revealed that in cases where they see someone (member) is struggling or having a difficult time, they try to contact them, in a private e-mail mostly, to see how the situation can be helped or managed.

Self-Efficacy:

There are four principal sources of self-efficacy which are enactive mastery, vicarious experiences, verbal persuasions, physiological states.

A manager at the community revealed in his view the importance of enactive mastery, "A lot of them do not think of themselves as very good with computers or the internet or anything. A lot of them have not been a member of a forum before, so in that respect, it is often kind of surprising for them to find themselves getting support in this way."

Vicarious learning is evident to managers of the community as one of the major factors that can increase participation among the members. Users often appraise their capabilities based on the attainment of others. Hence, why some people feel comfortable to participate when they see others participating, a form of social comparison to similarity occurs.

Verbal persuasions are a means to give and receive feedback from similar others. The managers of the community observe the importance of social, verbal persuasions as users exchange practical tips and experiences that help, for example, members who are about to start chemo are worried can receive some persuasion and comfort from others. This information offers members a range of experiences and practical tips of how other people coped.

Environment:

Users of the community have embedded themselves into a circle of trust within the community, where they hold the opinions of similar others with high regards because of the strength amongst themselves. One manager described the environment and trust as "a big thing", anecdotally people come on the forum and ask important and potentially personal subjects, according to the manager, things like alternative therapies and complementary therapies "Hey what do you think about this alternative therapy, it looks a bit suspicious but I want to give it a try", and you got people coming and saying, "that looks rubbish, it looks like a con don't do it, and they reply thanks, I'm very vulnerable".

Identification:

What members of the community have in common is the type of cancer, and they are quick to establish this commonality as most users want someone who is going through the same thing as them, not necessarily about geographical location. This connection creates a kind of understanding and empathy. As stated by Manager 1: "I think for Macmillan one of our

favourite slogans is no one should face cancer alone, and that's kind of what embodies the community that you're not in on your own, you've got groups with people like you and you can share and you can feel less alone less like you're the only one going through it". Identifying with other members is a very particular part of any social gathering. Being able to identify with similar others helps individuals to fit in comfortably and express themselves.

Internalization:

One of its several forms occurs upon joining the community; new users tend to seek out the group's goals, rules, values and conventions. In other cases, the user comes to understand and accept the community's norms through socialization and repeated participation therein, over a period (Dholakia et al., 2004). Some people see the support in the community and sometimes they feel they want to stay around and observe for a while what the community is like, what the norms and values are, so they can pick up on how it works and what the kind of conventions are, and what sort of thing people say, to be able to fit in. So, in general, it is about encouraging a culture among members. The managers perceive the need to set up a culture within the community so new members can develop social ties, and be encouraged by the norm of reciprocity in community interaction.

CONCLUSION AND RECOMMENDATION

Identifying the roles of the managers:

A careful approach adopted by the managers of the community has been the use of "peer moderators"- these are members who facilitate discussions on voluntary basis. These moderators are used to engender trust, encourage trust and plant the seeds of the community (Sloan, 2000). This study focused on the factors determining the roles of the managers only, and not the peer moderators to elicit the functions and behaviours of the both parties separately, i.e. the peer moderators are regarded as members of the community nonetheless and studied among the members of the community, and the managers, as a separate group entirely.

Moderating: Motivation and Appraisal, Restrictions.

This theme represents the attempts of the managers as lead moderators to reinforce participation etiquette and forum rules, redirect patients to relevant fora, warn patients about the credibility of information and dangers of unreliable information, motivations and appraisals to the members of the community. The managers ensure that when anyone breaks a rule, he or she receives an email informing them about the rule he or she broke, they are told why they have been moderated. This act is not done openly in order not to humiliate anyone; it is all done privately, a private message with a copy and paste of the rule they broke.

Manager 2: "There are very few instances of us having to moderate where they have been misbehaving with language, or sometimes they get cross but it's quite calm."

The champs who represent the most active 1% of the community are well valued in the community. The managers take it as serious business to keep in touch with them and show how much they are cared for.

"to our champs it's really important to us to make them feel valued and to know they are valued and to let them know that they are valued, so often we send them little gifts, tiny things like Christmas cards, if it's their birthdays or a big life events going on we send them flowers, it's just about comparing these touch points and respecting and valuing them and caring about them as well"

The value of knowledge and Information sharing: Expertise, Information Credibility, Accessibility, Restrictions, Signposting

Information is one of the major factors that keep an online community thriving without rich knowledge; participation would be low as so many users are only around to acquire more information. Member generated content is of great value, though difficult to stimulate, it is this characteristic more than any other that defines a virtual community (Chiu et al., 2006). One of the ways managers have addressed this is by constantly feeding off information to users, firstly, to cater for the needs

of the users who have asked about certain information, and secondly for the users who prefer just to read posts, and derive some value from reading. In areas that do not benefit from greater expertise, there are questions and answer sessions or web chats, nurse experts that join the community to respond to the questions two times a week. In some cases, members are encouraged to leave questions, and experts answer them subsequently – a section in the community called “ask the experts”. The intention of the management of the community is to get the section staffed by nurses for the support line to answer more medical questions. Another method used by the managers to diffuse information into the community is by identifying and picking up relevant tips from the community and put them in the blog, for example, advice about hair loss and how to manage it, the use of scarfs or even grabbing a magazine and this information are stored in one place for the members, etc. So, if other potential members or just internet surfers want to find information online, it will be found on Macmillan community, this will aid onboarding as it is a means to direct more individuals to the community. A common problem is the volume of information that is all spread out; the managers try to bring this information together so the user can see in a more user-friendly way.

The managers try to ensure there is adequate information to meet the needs of as many users as possible. Questions posed by other members are posted on the featured contents, a section of the platform that displays useful information and essential tips. However, the extent of fabrication of information online is specifically magnified by use of social media, tools for allowing online users to authenticate text and images (are available though) not easily accessible (Djordjevic et al., 2016).

The credibility of the information posted on the forums is regularly scrutinized. Managers try with the help of the “champions” to look through as many as they can to ensure no one is getting unchecked or unconfirmed information from peers. Most members of the community as stated earlier tend to be needy and vulnerable, their physical and mental states often lead to the feeling of wanting more support whether information or social support, however - how reliable is the information they consume? The guidelines of the community strictly note the zero tolerance approach the community has, to false information and the managers and peer moderators understand they only offer support and not any form of medical advice. The community signposts users to the health line or support line for queries that need medical advice.

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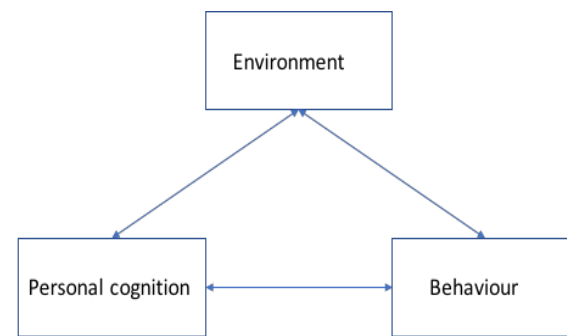


Figure 1: Social Cognitive theory

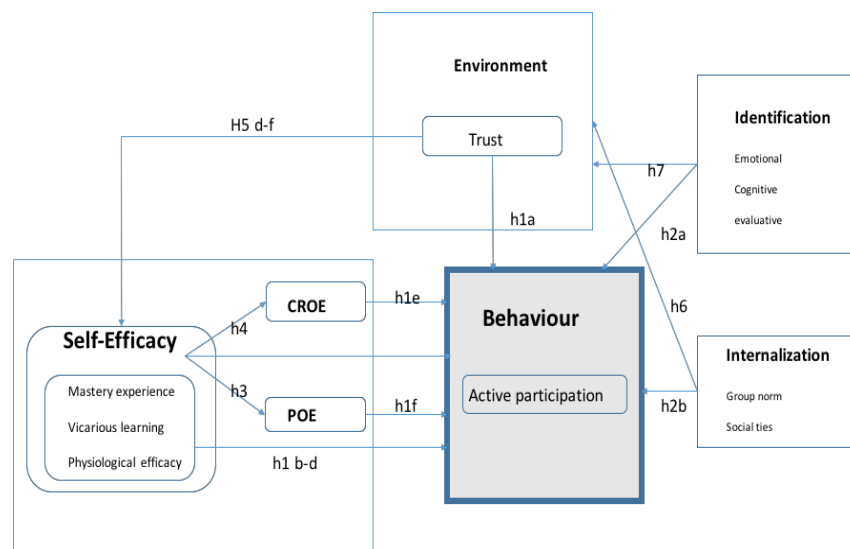


Figure 2: Framework integrating factors of social cognitive and social influence theories

MacMillan Interviews!

Role of Moderators within the community

Online Support

- What forms of support do the members of the community exchange/receive
- How can members enactive mastery be increased to make them believe more in succeeding and more confident in the community.
- What is your view on the use of internet technologies for social support?
- Is the use of this technology consistent with patient's values, needs, experiences?
- Is this platform easy to use and navigate?

Participation

- How do you encourage participation and build rapports? What methods have been put in place to increase participation
- As a moderator, what are the benefits of participation for members of the community
- Do you think individuals learn from the experiences of other users and by observing others similar to them in the community (increasing participation)?
- As moderators, do you offer appraisals/persuasions to members of the community

Clinical Expertise(Information)

- What form of medical expertise is offered to patients and members of the community
- Are moderators capable of clarifying medical concepts and explaining current clinical practice
- Do you ever challenge the patient's health care provider's suggestions?

- Do you provide outside resources and potential solutions?
- Do you advice patients to talk to their doctors – about treatment and medication? When does this happen.

Moderating

- Do you attempt to reinforce participation etiquettes and forum rules?
- As moderators, do you redirect patients to other forums or relevant discussions
- For information credibility, would you warn patients about limitations of the Macmillan community
- Do you think there is any form of information inequality in the community? How will these matters be addressed?
- How do you manage the kind of information disseminated within the community?

SOC

- Do you believe there is a sense of belonging within the community? Why?
- As moderators, do you address any patients directly?
- Do you ask for future updates by calling out a specific patient name?
- Do you send encouragement to struggling patients?
- Do you suggest hobbies or share hobbies?