

Chapter 78

Emerging Trends in User– Driven Healthcare: Negotiating Disclosure in Online Health Community Organizations

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ABSTRACT

The purpose of this chapter is to explore transformations in market roles and relations that reflect collaborative, connective and communal characteristics among healthcare market actors, in light of technological advances and changing consumer–marketer institutional relationships. I exemplify how these transformations influence current market dynamics by providing a deep understanding of Web 2.0 applications in healthcare, specifically organizations that turn social networking into an enterprising virtual community in healthcare. In doing so, I explore how and why such systems develop and function, what makes patients and other actors in healthcare become a part of these systems, and how their interest and participation in these systems are maintained as they share their private health information and contribute to real-time medical research. Consequently, I suggest that current market dynamics in healthcare may be changing as a result of these systems utilizing social networking and engaging in reformation/reconstitution in the healthcare market.

MARKET RELATIONS AT A GLANCE

Past studies of markets and marketing relations have articulated the structure of relationships between consumers and organizations they interact with in the market largely exhibiting dialectical

processes (Murray & Ozanne, 1991; Peñaloza & Price, 1993; Slater & Tonkiss, 2001). That is, scholars generally adopted oppositional and distinct constitution of market actors. For example, some scholars have conceptualized the consumer as (1) a sovereign rational actor (Kotler, 2003, classical economic thought), (2) passive, obedient, and powerless dupe (Horkheimer & Adorno, 1993;

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Marcuse, 1991), (3) resisting, subversive and confrontational agent (Fiske, 1989; Peñaloza & Price, 1993), and (4) adopting emancipatory/liberatory interests in escaping the market (Kozinets, 2002a). Some scholars argued that as opposed to the consumer, the marketer is exploiting, powerful, commodifying, and having central role in co-creation (provisioning in a linear and sequential manner) (Terranova, 2004; Zwick et al., 2008). In addition, hegemonic market thrives on these dialectical tensions (Holt, 2002; Kozinets et al., 2004; Thompson, 2004). It has also been suggested that the conventional market order serves as *an* institution (Slater & Tonkiss, 2001), through which market actors are constituted as agents or means to achieve market exchanges rather than ends in themselves (Peñaloza & Venkatesh, 2006).

Recent theories of market relations have adopted a more modest view of consumer-marketer relations, emphasizing co-creation of value, collaboration among market actors (Denegri-Knott, 2004; Holt, 2002; Kozinets et al., 2004; Thompson, 2004; Vargo & Lusch, 2004, Zwick & Dholakia, 2004). Nonetheless, in these theories, the marketer seems to be assigned to institutionalize the 'proper' way of conduct and engage in interactions with consumers in provisioning what they need and want (Firat & Dholakia, 2006), and has central role in co-creation: Provisioning consumer needs/wants (Vargo & Lusch, 2004). In fact, critical scholars have considered co-creation as an exploitation and control tool of corporations (Terranova, 2004; Zwick et al., 2008).

These views of the market and market relations rest mainly on modern conceptions of power including domination, confrontation (Venn, 2007) and unilateral governing of relationships (one way of dictating and imposing), and advocate the use of maximizing, and normalizing discourses by marketers. Such discourses in healthcare include fear of loss of life, normalization of body, prolonging lifespan, and threat of death (Rose, 2007). Medical interventions generally involved this top-down approach: Doctors, researchers, pharmaceuticals and

other influentials in the market tell patients what/ what not to do and decide on what patients need to know. Hence, human body in modern society has become an object of one-way scrutiny and surveillance by a superior and rational medical gaze (Foucault, 1975).

Technological advances have remediated the superior-inferior dialectics between the physician and the patient. That is, informed patients have become partners with their receptive physicians (Jadad, 1999; McGregor, 2006). In addition, recent transformation of social networking (Web 2.0) into a business phenomenon (Tapscott & Williams, 2008) has served as a potential to challenge the conventional forms of business, which treat organizations and consumers as distinct entities. In modern market society, organizations were considered as distinct/detached entities from consumers in the market, providing goods/services to satisfy the needs of their target markets (Firat & Dholakia, 2006; Peñaloza & Venkatesh, 2006), which led to explaining consumer-marketer relations in oppositional constitution. Nonetheless, in light of technological transformations, organizations seem to be not separate from their markets, serve as a system of real-time processes (not in sequential or linear ways), where performers of the market together discover and design their needs in actual or virtual collectivities (Firat & Dholakia, 1998; Kozinets, 2002a).

As newer technologies (Web 2.0¹ and social networks) enable the transformation of roles and relations among market actors, they also increase the potential for collaboration among actors in market systems that now function on more complex set of relations. Web 2.0 technologies emphasize innovative, data-oriented, service-centered collaboration, increased levels of user contribution, organization of content through non-hierarchical methods, and increased aspirations of community building, sharing and interaction (Bleicher, 2006). Despite conflicting views (Eysenbach et al., 2004; Jadad et al., 2006), Web 2.0 applications in healthcare present the potentials to transform the

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