

## Postprint: A Holistic Contextual Analysis of Traditional Chinese Medicine Information Behavior Among Older Adults Based on Grounded Theory

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### Abstract

[Purpose/Significance] To explore and analyze contextual factors associated with elderly individuals' Traditional Chinese Medicine (TCM) information behavior, thereby providing theoretical support and a foundation for delivering more effective TCM information services. [Method/Process] This study primarily employed the grounded theory approach within qualitative research. Between March 2017 and June 2018, 22 elderly participants were selected for semi-structured in-depth interviews. Interview data were analyzed using a three-level coding method through constant comparative analysis to conduct an in-depth examination of the context of elderly individuals' TCM information behavior. The research proposes a conceptual framework comprising 30 concepts, 8 subcategories, and 2 main categories related to the context of elderly individuals' TCM information behavior. [Results/Conclusion] The context of elderly individuals' TCM information behavior constitutes an integrated context co-constructed by subjective context and subjective conditions. These two contextual elements, while distinct, interact synergistically to promote, stimulate, and regulate elderly individuals' TCM information behavior.

### Full Text

#### Preamble

**An Overall Contextual Analysis of Traditional Chinese Medicine Information Behavior Among the Elderly Based on Grounded Theory**

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**Abstract:** [Purpose/Significance] This study explores and analyzes contextual factors related to traditional Chinese medicine (TCM) information behavior among the elderly, providing theoretical support and a basis for delivering more effective TCM information services. [Method/Process] This study primarily adopts grounded theory from qualitative research. From March 2017 to June 2018, 22 elderly individuals were selected for semi-structured in-depth interviews. Using three-level coding methods and constant comparative analysis, the study conducted an in-depth examination of the context of TCM information behavior among the elderly. The research proposes a conceptual system comprising 30 concepts, 8 subcategories, and 2 main categories related to the context of TCM information behavior among the elderly. [Result/Conclusion] The context of TCM information behavior among the elderly is an overall context constructed jointly by subject situation and personal conditions. These two contextual elements are distinct yet work together to promote, stimulate, and regulate TCM information behavior among the elderly.

**Keywords:** elderly; traditional Chinese medicine information; information behavior; context; grounded theory

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Since the beginning of the new century, population aging has become a prominent global social issue, and China's aging situation is also extremely severe. According to National Bureau of Statistics data, by the end of 2018, China's population aged 60 and above reached 249.49 million, accounting for 17.9% of the total population [1]. Before 2025, the elderly population will continue to increase by 10 million annually [2]. Aging not only poses challenges to economic development and social security but also brings a heavy health burden. The elderly face declining organ function, high incidence of chronic diseases, and resulting functional impairments and decreased quality of life. Chronic disease prevention and control rely on lifestyle changes, early screening and diagnosis of diseases, and long-term treatment and rehabilitation, which align well with traditional Chinese medicine theory and practice. TCM concepts such as "holistic view," "three parts treatment and seven parts nourishment," and "superior treatment prevents disease; prevent disease before it occurs, prevent deterioration after disease onset, and prevent recurrence after recovery" all fit the health and information needs of the elderly. To provide effective TCM information services and meet the TCM information needs of the elderly, we must first understand their information behavior.

Literature review reveals that academic research on health information behavior among the elderly is abundant, with the most fruitful results focusing on health

information acquisition behavior. Scholars both domestically and internationally have explored factors driving elderly health information acquisition. Studies show that lack of health knowledge, distrust of doctors, desire for independence, need for control, seeking emotional support, and coping with uncertainty are important factors driving people to obtain health information [3-5]. Research has also examined the content of health information acquired by the elderly, with multiple studies indicating that TCM health preservation, dietary nutrition efficacy, lifestyle adjustments, and disease prevention and treatment are types of health information that concern the elderly [6-8]. Studies have investigated channels through which the elderly obtain health information, with research both domestically and internationally showing that elderly health information acquisition channels feature multiple intersecting and coexisting channels, including professional medical staff and personal social networks, online and offline sources, and traditional and new media [3, 9-10].

Some studies specifically analyze the characteristics and patterns of elderly health information acquisition behavior. For example, scholars using user retrieval experiments found that elderly people exhibit dependency and stereotypical patterns during retrieval, with first-page/re-selection patterns, link-following patterns, and query reconstruction patterns being high-frequency retrieval behaviors among the elderly [11]. In addition to research on elderly health information acquisition behavior, scholars have also explored health information processing and use behavior. Health information processing research mainly focuses on information evaluation and screening, examining evaluation dimensions and criteria among elderly people with different cultural and demographic characteristics [12-13] and analyzing elderly health information screening abilities and influencing factors [14]. Research on elderly health information use and outcomes is primarily reflected in health cognition and attitudes, health-related behaviors, individual emotions, and interpersonal interactions [4, 15-16].

Although research on health information behavior is relatively rich, studies on TCM information behavior are limited. In the Western medical system, TCM is typically categorized as complementary and alternative medicine (CAM). Literature searches using TCM, CAM, and information behavior-related keywords in both Chinese and English yield very limited results. A few studies have examined CAM or TCM information behavior among the elderly. L.A. Scarn-ton studied CAM information-seeking behavior among cancer survivors over 50, showing that CAM information acquisition pathways change over time, with strong interest in online patient information exchange [17]. M. Evans conducted qualitative research on CAM information behavior among British male cancer patients, finding that when professional CAM information is lacking, cancer patients may become active CAM information seekers [18]. These studies primarily focus on elderly health information behavior in general, with insufficient attention to the specific domain of TCM information behavior. Chinese elderly people's TCM information behavior is rooted in Chinese culture and social environment, deeply integrated with their daily lives, food, clothing, housing, transportation, health, and disease. Its information behavior occurs in diverse

contexts, with broad temporal and spatial boundaries, rich content, and complex processes, requiring specialized in-depth research. We need not only to understand the characteristics of elderly TCM information behavior but also to understand why they engage in such behavior and analyze the background of their information behavior to achieve deep understanding.

Since the late 1970s, context-based information behavior research has become a significant trend in library and information science [19]. However, there is no unified understanding of the constituent elements of information behavior context. T.D. Wilson, when explaining the mechanism of information-seeking behavior, argued that information users should be placed in the context of their lifeworld, which he termed “person-in-context,” and categorized this context into three basic elements: social environmental factors, roles individuals play in social life (particularly work roles), and personal characteristics and abilities [20]. Yu Liangzhi, based on a review of existing theoretical research, summarized information behavior context elements into three parts: personal information subject characteristics, social role characteristics, and elements defined by their environment [19]. It should be noted that these studies are mostly based on specific information-seeking behavior in work environments, while most elderly TCM information behavior occurs outside work environments, making the above context definitions not entirely applicable to this study.

This study aims to explore why the elderly engage in TCM information behavior, what contextual factors trigger and influence this behavior, what these contextual elements are, and how they relate to each other. We hope this study can provide reference for understanding elderly TCM information behavior and related information services.

## 2 Research Design

This study primarily adopts grounded theory from qualitative research. Literature review reveals limited research on the context of TCM information behavior. This study attempts to explore how the elderly construct their own TCM information behavior, identify important contextual elements and their meanings, and analyze their relationships to help understand why the elderly adopt TCM information behavior. Grounded theory assumes that self, others, and context are constructed through interaction, that people react to contexts or problems through action, and emphasizes developing an interpretation or theoretical framework for these interactions.

### 2.1 Data Collection Methods

The study participants were elderly people aged 60 and above who believe in TCM and are willing to adopt it in their self-health management, with no language communication barriers or severe cognitive or mental disorders. The study employed two-stage sampling. In the initial sampling stage, factors such as gender, age, education level, living environment, work status, and economic

condition were considered. In selecting study participants, full consideration was given to the distribution of these factors. After conducting in-depth interviews and analyzing data from initially sampled elderly people, it was found that physical health status and experiences with professional medical services were important factors influencing their TCM information behavior. Following theoretical sampling principles, in later interviews, special attention was paid to including elderly people with different dimensional manifestations in these concepts. Study participants were recruited mainly through TCM medical institutions, the researcher's personal connections, friend referrals, and WeChat friend circles.

Data collection primarily used semi-structured in-depth interviews. Interview topics included: How did you first come into contact with TCM? What was the specific process? What TCM-related activities do you usually engage in? Why do you do these? As data collection and analysis progressed, interview questions became more specific, such as: What is your motivation for obtaining (evaluating, using) TCM information in this way? What factors did you mainly consider when making this choice? Why didn't you use other methods? Each interview was carefully prepared, with research purpose, interview time, location, topics, and recording requirements communicated to participants in advance. During interviews, the researcher listened attentively, showed respect, built trust, encouraged participants to open up, carefully captured their emic concepts, and clarified, probed, and verified information as needed, while avoiding significant digression and recording the interview environment and participants' non-verbal information. After interviews, participants were compensated with fees and gifts, and contact information was exchanged for potential follow-up interviews and information clarification.

Following these requirements and based on the principle of theoretical saturation, the researcher conducted individual in-depth interviews and focus group interviews with 22 participants from March 2017 to August 2018. The demographic information of the 22 participants is shown in Table 1 .

## 2.2 Data Organization and Analysis

After each interview, the researcher promptly transcribed the recordings into text and wrote interview memos. In grounded theory, data collection and analysis proceed simultaneously; this study began analyzing data shortly after the initial interviews began. The interview texts contained substantial dialect and proverbs, with considerable "noise" in processing. Many interview materials described events that required event-based analysis. Additionally, considering the limitations of non-native data analysis software for Chinese text mining and the importance of domain experts in data analysis, this study primarily employed manual analysis by the researcher.

This study used three-level coding procedures: open coding, axial coding, and selective coding. Open coding first involves writing codes, where the researcher

selects data based on theoretical sensitivity and names the main content [21]. Due to space limitations, Table 2 presents only partial examples of code writing. Subsequently, open coding requires conceptualization and categorization based on written codes, with process examples shown in Table 3 .

After open coding, axial coding connects the categories obtained from open coding to establish relationships between them. Selective coding involves identifying the core category and then integrating various theoretical elements through an integrated schema or storyline.

During data analysis, to find concepts and categories that best reflect the nature of the data, the researcher employed constant questioning and continuous comparative analysis strategies. Meanwhile, the researcher recorded thoughts and analyses about the data in analytical memos at all times. It should be noted that fresh data from interview subjects, theories and literature from information behavior, health information behavior, psychology, sociology, and other fields were all important references for this study's coding.

### **2.3 Theoretical Saturation and Verification**

Theoretical saturation is the criterion for ending sampling in grounded theory research. After completing data analysis for S20, no new information emerged, and no new conceptual categories could be extracted. The main categories had been fully developed, and relationships between categories were basically clear. To confirm saturation had been reached, the researcher continued interviewing two more elderly people, with no new conceptual categories emerging, indicating data saturation. To verify research results, the researcher revisited two study participants, presented the findings to them for explanation, and obtained their understanding and confirmation.

## **3 Research Findings**

### **3.1 Conceptual Categories Related to the Overall Context of Elderly TCM Information Behavior**

Individuals all live and survive in environments. Specific environments cause individuals to exhibit different information behaviors, and these differences are closely related to individuals' cognition, perception, understanding, and experience of specific environments. This study pays special attention to the importance of individuals in information behavior contexts, emphasizing understanding elderly TCM information behavior from the perspective of individuals or information subjects. Through coding and analysis of interview data, the study reveals that elderly TCM information behavior is the overall activity of elderly people coordinately acquiring, processing, and using TCM information to solve health-related problems in specific contexts. The study proposes a conceptual system comprising 30 concepts, 8 subcategories, and 2 main categories related to the context of elderly TCM information behavior (see Table 4 ). This

study argues that the context of elderly TCM information behavior is an overall context composed of subject situation and personal conditions. The subject situation and personal conditions in the overall context may trigger elderly TCM information behavior, may influence elderly people's choices regarding TCM information behavior, and may also constrain the occurrence of their information behavior.

### **3.2 Analysis of Subject Situation in Elderly TCM Information Behavior**

Context is a theoretical concept derived from Dewey's pragmatist philosophy. Pragmatist philosophy holds that people's internal intelligence is a continuous process of adaptively adjusting to the environment, primarily characterized by determining one's course of action through defining objects in the environment. Context either constitutes the background for information behavior occurrence, or constitutes the environment for behavior development, or constitutes the conditions for behavior occurrence and development [22]. In this study, the subject situation related to elderly TCM information behavior refers to the starting point of elderly TCM information behavior and the main driving force for its occurrence and development. Subject situation factors related to elderly TCM information behavior include four aspects: physical health status perception, social roles, professional medical service experience, and TCM cognition and beliefs.

**3.2.1 Physical Health Status Perception** Physical health status perception refers to elderly people's subjective feelings about their physical condition. In interviews, some elderly people believed that although they had entered old age, their overall health was good. Some perceived their health as suboptimal, while others felt their health was poor, such as "My stomach has been bad for many, many years, even when I was young. This illness doesn't kill you, but with a bad stomach, you really suffer." Physical health status perception is influenced by both objective health conditions and subjective feelings. The same health issue may be experienced differently by different individuals. When elderly people generally feel their health is good, their TCM information behavior usually does not show strong proactivity. Even when they actively seek TCM information, their behavioral purposes are relatively broad, such as some elderly people stating they would look at both health preservation and treatment information, taking notes when they found something good, without specific targets. Conversely, when perceiving poor health status, they are often stimulated to develop interest in self-care and treatment, thereby exhibiting more active, persistent, and in-depth TCM information behavior.

The relationship between physical health status and information-seeking behavior has been confirmed in other studies, showing that people with diseases are more likely to actively seek relevant information than healthy populations [23-24]. Some studies on health information-seeking among cancer patients show

that the proportion of cancer patients actively seeking health information is significantly higher than that of healthy populations [25-26]. A Hong Kong family health and information use survey also shows that chronic disease patients are more likely to actively seek health information [27]. Different from the aforementioned literature, this study emphasizes that elderly people's perception of health status goes beyond medical diagnoses of disease to emphasize personal feelings about health status. This self-perception is related to individual health awareness, disease impact on quality of life, and perceived health risks.

**3.2.2 Social Roles** Social roles refer to positions assigned to individuals in social division of labor, interpersonal relationships, or other social processes. Work role in this study refers to whether elderly people still hold important positions at work. Some elderly people remain busy with work, spending considerable time and energy on their jobs, having relatively limited freely disposable time in daily life, and paying less attention to health. Their TCM information behavior often presents as brief. One elderly person still running a private enterprise stated they believed in TCM but had no time or interest to look at it, only possibly checking when feeling uncomfortable. Compared with those still working, retired elderly people have more leisure time and shift more interest to life and health themes, thus investing more time, energy, and enthusiasm into TCM information behavior, which is often more long-lasting and continuous. Some elderly people stated, "I have nothing to do now. I love watching my phone—health preservation, novels, these things. I get addicted to watching this, sitting there all day without attending to other things."

Family role refers to the specific position family members occupy in their families. Family members act according to their roles and assume corresponding responsibilities. In traditional Chinese families, the division of labor between husband and wife is often "husband works outside, wife takes care of inside." Women are more often caregivers for family members' lives and health, and role-related responsibilities and habits make them more interested in TCM information, while men are the opposite. As one participant said, "When family members have some discomfort, minor problems, I mainly take care of them. I fix them up and they're fine. But then again, you have to understand these things. If you don't understand, you can't fix them, right? Anyway, I have nothing to do so I look at these things. When that XX health program first started broadcasting, I didn't miss a single episode, watching it on time every day." This is similar to E. Renahy et al.'s study of French residents, which showed that women who need to care for children or sick family members are more likely to search online for health information [28]. Research on Hong Kong residents also shows that men are less likely than women to search for health information [27]. Of course, in real life, role division varies across families, especially in modern society where women's independence has quietly changed family role divisions, so gender differences in TCM information behavior due to different roles are not absolute.

Similar to family roles, elderly people also assume different health caregiver roles. Especially when there are long-term sick family members at home, elderly people in caregiver roles are more interested in TCM information related to long-term health, thus driving persistent TCM information behavior. Interviews also found that elderly people living alone after losing a spouse often hope to gain self-care abilities through TCM information behavior. As one said, “I’m alone. When suddenly ill, you don’t even have the strength to get medicine. So I increasingly feel that relying on yourself—ah, entrusting your health to others is unreliable.” Elderly people living alone long-term with no one to rely on are more likely to develop awareness of understanding health information and using it in daily life.

**3.2.3 Professional Medical Service Experience** Professional medical service experience refers to elderly people’s feelings or impressions of medical services provided by professional medical institutions or personnel. From the perspective of the source of medical experience, we can distinguish three major categories of elderly people’s experiences with professional medical services.

The first category is elderly people’s experience of the internal and external environment of medical services themselves, including medical procedures and cost expenditures. Medical procedures refer to individuals’ experiences or feelings about treatment methods, examination methods, etc., of professional medical services. In this study, research subjects had their own ideas about common modern medical procedures such as diagnostic examinations, surgical treatment, and Western medicine treatment, manifested as resistance to diagnosis and treatment methods, concerns about surgery itself and its effects and consequences, and concerns about drug toxicity. For example: “The tumor on my thyroid, when I was fifty, was already pressing on my trachea. But I didn’t want surgery. I know that after thyroid surgery, you can’t recover. I thought to myself, if I don’t have surgery and want to get better, I have to ask around for TCM.” Cost expenditure refers to the economic cost individuals need to pay to receive medical services. Regarding cost expenditure, one situation is that actual medical expenses are indeed high and difficult for the family to afford. Another is that after evaluating the cost-benefit situation, individuals believe that although they can afford it, some medical expenses are unnecessary and wasteful.

The second category is the experience of interaction between patients and various subjects during medical treatment, including doctor-patient communication, impressions of medical service personnel, and experience of the medical environment. Doctor-patient communication refers to the process of information exchange between medical staff and patients during medical services. Elderly people commonly believe that doctor-patient communication is insufficient and time is too brief, leaving many of their information needs unmet. During contact with professional medical services, elderly people form an overall impression and evaluation of medical service personnel, including assessments of doctors’ medical ethics and knowledge/experience. Warm, patient, respectful,

and considerate doctors generate trust, while cold, uncaring doctors lose elderly people's trust. As one participant said, "That doctor's attitude was particularly bad, which made me feel very uncomfortable. Based on his attitude, his medical ethics as a doctor, I don't trust him, and I don't want to go to the hospital." Medical environment experience refers to elderly people's experiences of various external environmental factors during medical treatment, including registration, queuing, waiting, crowding, and orderliness. Many elderly people stated that during hospital visits, including going to the hospital, registration, examinations, and waiting for appointments, the crowds and queues are time-consuming and laborious. As one said, "You can't go to the doctor for every little thing. To be honest, I can't run around anymore, and hospitals are too crowded and inconvenient."

The third category is the experience of overall medical service effectiveness, including impressions of medical services, evaluation of treatment effects, and treatment reactions. Medical service impression refers to individuals' overall feelings about medical services, mainly manifested in two tendencies: one believes that professional doctors have their own reasons for treating diseases; the other believes that professional institutions and personnel are driven by commercial interests and prescribe medicine casually. Individuals' feelings about treatment effects refer to their perceptions of whether treatment is effective after seeking help from professional medical institutions or personnel for health problems. This manifests in three ways: perceived effectiveness, uncertainty, and perceived poor effect—believing that hospitals or doctors cannot cure the disease. As one participant stated, "I don't trust TCM doctors nowadays. Why? I've been to many places, and their effects are not good. To be blunt, for these diseases, where can you find a doctor who can adjust them well for you? Relying on them is useless." Elderly people's experience of treatment reactions mainly refers to their experience of side effects from treatment. Some elderly people have no obvious discomfort, while others perceive strong side effects. For example: "Hospitals use a lot of Western medicine. This Western medicine, after all, has strong side effects. My body is not very strong, and these side effects all hit me—I can't stand it."

Compared with modern Western medicine, TCM has limited invasiveness, emphasizes holism, treats root causes, and has relatively mild toxic side effects. When people have poor experiences with modern medical treatment, TCM can provide more choices. J. Adams et al.'s study of Australian elderly people showed that modern medical preventive treatment methods cannot well meet the complex health information needs of the elderly, while alternative medicine information including TCM provides more choices [29]. Elderly people's experiences with modern medical treatment methods, treatment effects, and treatment reactions are important contextual elements that drive TCM information behavior. Behaviorism holds that events in context constitute stimuli that evoke people's behavior. As mentioned above, the internal and external environment of the medical process and the process itself may also create negative experiences for elderly people, which further stimulate the emergence and development of their

TCM information behavior. They hope to take more responsibility in self-care, participate more in their own health management, and are willing to put more effort into TCM information behavior, thus becoming more active and proactive in acquiring and using TCM information.

The influence of the above contextual factors on individual health information-seeking behavior has also been confirmed in different studies. For example, M.H. Wei's study of Taiwanese adults showed that insufficient doctor-patient communication time and unclear information provided by medical staff are reasons for individuals to actively seek health information [30]. A study on people's use of the Internet to obtain health information showed that self-perceived quality of doctor-patient communication is a factor influencing whether to choose Internet health information seeking [31]. Insufficient information from doctors and not trusting information given by doctors are reasons why people choose to actively seek health information [32]. R.A. Bell et al.'s survey showed that disappointment with certain doctor behaviors is an important reason for seeking information online after medical visits [33]. The above studies are similar to this study's findings. The difference is that this study found that elderly people's experiences of the environment during medical treatment and their experiences of modern medical treatment are also important contextual factors influencing their TCM information behavior.

**3.2.4 TCM Cognition and Beliefs** TCM cognition and beliefs in this study refer to elderly people's understanding, views, and concepts of TCM. Generally, elderly people have an overall view of TCM and their own understanding of TCM theory and practice systems. TCM beliefs refer to elderly people's trust in TCM. Participants in this study showed varying degrees of trust in TCM. Some indicated they believed in both TCM and Western medicine as long as they could cure disease, some believed only in TCM and not Western medicine, and some elderly people greatly revered TCM. As one participant said, "Oh, I say this TCM is miraculous, truly miraculous." J.D. Johnson, when analyzing his health information-seeking behavior model, elaborated on the importance of beliefs. He believed that beliefs are individuals' trust in the efficacy of various medical measures and their own abilities. Only when individuals trust that a medical measure is effective will they likely seek certain information [34]. This study argues that the more elderly people trust TCM, the greater their interest in TCM information, and the more likely they are to stimulate long-lasting, continuous, and in-depth TCM information behavior.

In fact, the above TCM beliefs formed by elderly people are inseparable from their TCM experiences and theoretical understanding of TCM. TCM theoretical cognition refers to elderly people's overall impressions and views of TCM theory. Elderly people often analyze TCM by comparing it with Western medicine, believing that Western medicine treats symptoms while TCM treats root causes, that TCM is holistic regulation, that TCM side effects are mild and slow, and difficult to determine. Some elderly people have developed their own deeper

understanding of TCM theory, such as: “TCM has never been about confrontation; it is always about how to balance organs, how to coexist with them, letting them achieve harmony—then the disease naturally disappears, rather than how to kill it.” Some elderly people believe that TCM theory applies not only to health preservation and disease prevention but also to the way of all things in the universe, useful for self-cultivation and governance. A major difference between TCM and Western medicine is that Western medicine is a pure disease treatment method system focusing on methods and techniques, while TCM, in addition to treatment methods, has a cultural and theoretical system related to culture, beliefs, and lifestyle—it is a combination of Dao (principle), Fa (method), and Shu (technique). Based on different levels of TCM theoretical cognition among elderly people, this study speculates that if elderly people’s understanding of TCM reaches the level of believing TCM is a combination of Dao, Fa, and Shu, then their TCM information behavior goals will be broader, focusing more on information content and principles; otherwise, goals will be more specific, focusing more on information form and practicality.

TCM practice cognition refers to elderly people’s views or opinions about their own TCM practice. Elderly people’s views on TCM practice can basically be divided into two categories: one believes they can participate in and conduct TCM practice themselves, such as: “Going to the hospital, the doctor is also doing experiments. Even with TCM, you go back and try it first. We can also try it ourselves.” The other view believes that self-practice of TCM is unreliable, such as: “I don’t look at TCM-related things myself because I think TCM is really not that easy. The most reliable thing is still to find a doctor to prescribe medicine.” Elderly people with different TCM practice cognitions will make different choices between self-treatment and doctor dependence. Those who believe TCM can be self-learned and self-used will have more active, proactive, long-term TCM behavior and will more boldly apply acquired information in their own practice than those who believe it should not be self-learned or self-used.

### **3.3 Analysis of Personal Conditions in Elderly TCM Information Behavior**

As scholar Yu Liangzhi stated, a person’s current information behavior first depends on what kind of information subject they are [19]. Personal characteristics as an information subject limit the possibilities of information-seeking behavior and constitute the context of information-seeking behavior [22]. In this study, the author believes that subject characteristics are conditional factors for elderly people to practice information behavior. Through coding analysis, four personal conditions for information behavior were identified.

**3.3.1 Material Basis** Material basis refers to the material conditions individuals possess for conducting TCM information behavior. The material basis can promote or limit information behavior. This study shows that the material

basis for elderly TCM information behavior includes three aspects.

Time status refers to the time individuals can allocate to information behavior activities. When mentioning the time needed to practice TCM information behavior, some elderly people said they had plenty of time after retirement, while others said that although they were no longer working or striving, new roles such as caring for grandchildren occupied much of their time. As one participant said, “I used to watch the XX health program every day, but not anymore. No time! You have to take care of the little grandson.” Analysis of interview data found that whether there is ample free time affects elderly people’s TCM information behavior. Sufficient free time is a guarantee for paying attention to life and health management and also provides a foundation for long-term focused TCM information behavior.

Physiological conditions refer to the physical conditions elderly people need to implement TCM information behavior. Some elderly people feel their physical condition has little impact on TCM information behavior, with no problems reading books or newspapers. Others state that their physical condition cannot tolerate long-term focused TCM information behavior. As one participant said, “Now I’m old. My neck hurts when I read for a long time, so I read fewer books and more WeChat. But with WeChat, too much reading makes my eyes uncomfortable, and my neck can’t take it either.” Data analysis shows that eyes, neck, and energy are the most commonly described physical conditions related to information behavior implementation, and these conditions influence elderly people’s choices of information acquisition strategies.

Information infrastructure ownership refers to the infrastructure elderly people need to possess to implement TCM information behavior, such as whether they have access to cable TV, the Internet, TCM books and newspapers, and digital devices like mobile phones and computers. As one participant said, “Now every home has Internet, and my son bought me a mobile phone. It’s quite convenient to search for something.” For a long time, people’s main information acquisition channels were books, newspapers, magazines, radio, and television. In recent years, with information technology development, new-generation digital devices and services like smartphones, the Internet, and cable TV have entered thousands of households. In interviews, more than half of the elderly people owned smartphones, iPads, computers, and other devices and had access to Internet and cable TV services. Previous studies show that whether individuals own information devices and can conveniently access the Internet significantly affects patients’ health information acquisition. For example, N. Xiao’s research indicates that individuals’ frequency of using the Internet to search for health information shows a clear correlation with the ease of Internet access [39]. This study found that elderly people with digital devices and access to digital services have more conditions and opportunities to practice information behavior than those without these devices and services.

**3.3.2 Intellectual Level** Scholar Yu Liangzhi, when studying digital inequality phenomena, pointed out that intellectual level is the intellectual and knowledge level that personal information activities can achieve [19]. In this study, intellectual level refers to the intellectual and knowledge level required for elderly people to complete TCM information behavior, mainly manifested as basic cultural literacy, cognitive style, cognitive concepts, self-perceived cognitive ability, and information skills.

Basic cultural literacy refers to elderly people's literacy in reading, writing, and other aspects. Basic cultural literacy is the foundation of TCM information cognition. If one cannot read well, it is difficult to discuss understanding and memory of certain specific types of information. As one participant said, "I don't read books, and I don't watch TV programs either. I can hardly recognize characters anymore, can't remember, and can't understand." Having a certain cultural level enhances individuals' confidence in their cognitive abilities. One elderly person who almost graduated from high school in 1949 stated that young people can treat diseases after a few years of schooling, and since they can read and have some culture, it is entirely possible to learn TCM by themselves, and they are very confident. Yan Hui et al.'s study on rural female residents' information-seeking behavior found that individuals without basic cognitive levels mainly obtain information through relatively limited social networks, while female residents without cognitive restrictions can better combine social networks and information media to meet information needs [35]. Basic cultural literacy also affects elderly TCM information behavior. Low basic cultural literacy not only limits elderly people's skills in operating computers, networks, and other information media but also creates difficulties in understanding and interpreting TCM information content, thereby affecting their information acquisition channel choices, information processing capabilities, and depth of information use.

Cognitive style refers to the attitudes and methods individuals prefer, frequently adopt, and habitually use in the cognitive process. The field dependence-independence cognitive style classification is the most common dimension of cognitive style classification [36]. Field-independent cognitive style tends to use internal standards in information processing, while field-dependent cognitive style tends to use external reference standards, likes to rely on others for self-definition, and is more susceptible to social stimuli [37]. In this study, elderly people's cognitive styles also showed the above two characteristics. Elderly people with field-independent cognitive styles want to understand principles and root causes, are less influenced by external factors, such as: "Some TV channels have experts talking, promoting some medicine, making it sound miraculous. You have to have its principles and explain them clearly, right? I don't like watching such things." Some elderly people show characteristics of being easily influenced by external factors, such as when TV advertisements for Sanqi (a TCM herb) and health books introduce it frequently, they think Sanqi is good. Cognitive style is an important subject factor affecting elderly TCM information behavior. Elderly people with field-dependent cognitive

styles often use external references as the basis for judging TCM information, using information source reputation, acquaintance relationships, and others' ideas as standards. Elderly people with field-independent cognitive styles often use internal reference standards to judge TCM information, such as making rational analyses and inferences about TCM information content based on long-accumulated personal knowledge and experience, or using personal value standards as references for judgment. Their information processing is less susceptible to external interference and less likely to be influenced by others' views. Additionally, some scholars point out that field-dependent individuals pay more attention to the integrity of information, habitually maintain the original overall image of things, and have lower cognitive restructuring levels, while field-independent individuals tend to break the original structure of information, extract key points themselves, and then reconstruct new information structures according to their internal cognitive schemas [38]. In this study, elderly people with field-dependent cognitive styles tend to use copy-paste patterns for memory and storage of acquired TCM information and practical application, while those with field-independent cognitive styles often habitually extract key points from acquired TCM information content and conduct cognitive restructuring and reconstruction, generating knowledge and further combining it with practical problems to creatively apply information and knowledge.

Self-perceived cognitive ability refers to individuals' feelings and evaluations of their own cognitive abilities. Some elderly people believe their education level is low and they can't remember things, so they can't understand much TCM information. Others state that even TCM classic theoretical books are not difficult to understand. As one participant said, "I can understand the Yellow Emperor's Inner Canon and Basic Questions." Cognitive concepts refer to elderly people's existing views about their own cognitive abilities. Some elderly people hold conservative and negative attitudes toward learning new knowledge and mastering new skills, believing that at their age, they don't have that much energy to learn. Others are very positive, believing that aging is not an excuse for not learning. On the contrary, the older you get, the more you need to learn; you must keep learning, otherwise you will fall behind the times. The latter often show more interest in unknown things and emerging information media, are more active in exploring TCM information in breadth and depth, and are more positive in using information media to obtain TCM information. The former often believe age is a barrier to learning, and their interest and enthusiasm for TCM information behavior are often not that high. In information evaluation and processing, they often focus more on practicality and external forms, while having limited interest in TCM information with greater depth and broader scope in content.

Information skills mainly refer to the operation and use skills for digital devices and services. Some elderly people say they can use mobile phones to make calls but cannot access the Internet or use smartphones. Others have mastered basic smartphone application methods through effort, and some have even learned

search skills. The level of information skills affects elderly people's ability and scope to obtain information. E. Renahy's survey of French residents showed that people who use the Internet skillfully search online for health information more frequently [28]. A survey of mental illness patients showed that whether individuals can access the Internet is an important factor influencing active use of the Internet to search for medical information [39]. In this study, elderly people's information skills vary greatly. Those with high information skills can search online, while those with low skills cannot even use mobile phones to answer calls. Elderly people with higher information skills not only have the ability to choose multiple information acquisition channels but also have richer information processing strategies and information use methods.

**3.3.3 Psychological Preparation** Psychological preparation is the psychological state of elderly people when practicing TCM information behavior, mainly including their interest and self-confidence in completing TCM information behavior.

Interest is an individual's cognitive tendency to actively explore things [40]. In this study, interest refers to elderly people's emotional experience and conscious tendency to practice TCM information behavior. As one participant said, "I like TCM, so I'm willing to study these things. Even if I'm not seeing a doctor, I will definitely read TCM books." Self-confidence in this study refers to elderly people's confidence level in completing TCM information behavior. Some elderly people are very confident in their own TCM information behavior practice, such as: "They say you're so bold, taking Chinese medicine by yourself. I say it's written there, and I can read. What's there to fear if it matches the symptoms?" Others lack confidence, believing they cannot grasp it clearly and dare not buy Chinese medicine to take by themselves.

In the process where subject situation stimulates elderly TCM information behavior, interest is an important conditional variable. When elderly people have profound TCM beliefs, perceive poor physical health status, are caregivers for themselves and family members, are retired with more free time, and have poor experiences with professional medical services, they are likely to develop interest in TCM information behavior. Some elderly people have strong interest in TCM health preservation information or its cultural connotations, leading them to long-term, continuous, and frequent acquisition of relevant information, such as watching TV daily, browsing TCM WeChat public accounts, deeply reading TCM classic books, applying acquired information in daily life, and even making it a lifestyle. Elderly people with less strong interest in TCM information may search for information specifically when they or their family members have health problems, or casually browse information when they have free time. In addition to interest, self-confidence is also an important psychological condition for elderly people to complete TCM information behavior. Elderly people's self-confidence in TCM information behavior is influenced by TCM cognition and beliefs, intellectual level, etc. The deeper the understanding of TCM and the

higher the cognitive level, the more confident they are in judging and using TCM information, and the more likely they are to choose more independent TCM information behavior.

**3.3.4 Social Support** Social support that elderly people can obtain is also a component of personal conditions for elderly TCM information behavior, including economic support, technical support, and information support.

Economic support in this study refers to the financial help elderly people can obtain, which is often related to access to information resources. Financial support from children or family can help elderly people obtain information devices and network service access. Some elderly people do not receive good support. Technical support refers to support in terms of information skills that elderly people obtain. Technical support may come from family members or others around them, including teaching elderly people to master information skills and substituting for elderly people to implement information behavior, such as: “If I want to find out, I search online. But I can’t do it online. If searching is needed, my daughter does it. Neither of us (husband and wife) can.” Information support refers to effective information support and help that elderly people can obtain. It should be noted that simply obtaining information from surrounding social networks cannot be considered information support. Only information that elderly people consider effective and can support them in making key decisions can be called information support. For example: “My son-in-law is a doctor. When I told him about these things, he said they’re useless, that taking health supplements, whether Chinese or Western medicine, is all a scam. I remembered that.”

When elderly people’s economic conditions are poor, financial support from family can help them have richer information resources, such as online TCM information resources. Of course, having a mobile phone and Internet but not knowing how to use them cannot be called effective resources. At this time, technical support from people around them becomes important. Effective information support that elderly people have can become a resource for them to verify information, help them solve confusion in information processing, and thus make reasonable decisions.

It can be seen that each aspect of elderly people’s personal conditions delineates and influences the scope and possibilities of their information behavior, both promoting and constraining the occurrence and development of elderly TCM information behavior.

### 3.4 The Overall Context of Elderly TCM Information Behavior

Elderly people are in an overall context of TCM information behavior constructed jointly by subject situation and personal conditions (see Figure 1 [Figure 1: see original paper]). Subject situation factors are the starting point of elderly TCM information behavior, the source of power that promotes its oc-

currence and development, while personal condition factors provide necessary conditions for information behavior occurrence. The stimulating effect of subject situation on elderly TCM information behavior needs to be realized through personal condition factors. At the same time, as conditional variables for subject situation's impact on information behavior, personal conditions have important moderating effects on information behavior. The overall context is interpreted from three aspects below:

- (1) Subject situation is the starting point of elderly TCM information behavior. The author believes that subject situation, composed of physical health status perception, social roles, professional medical service experience, and TCM cognition and beliefs, is the starting point of elderly TCM information behavior, the source of power that stimulates and promotes its occurrence and development. As mentioned above, elderly people's perception of health status is an important factor triggering TCM information behavior. Individuals who perceive suboptimal and poor health status are more likely to generate active, proactive, in-depth, and persistent TCM information behavior, while "if the body has no major problems, there may be no motivation to look." Similarly, TCM information behavior as a daily life-related behavior cannot be a major daily behavior content for elderly people still busy with work, while those no longer in work roles will pay more attention to health and actively acquire and use TCM information. Many elderly people hold the view that "after retirement, with nothing to do, buying a TCM health preservation book to read can pass the time and increase knowledge." Additionally, many elderly people, due to distrust of hospitals and doctors, perceive the medical process as inconvenient, too expensive, with insufficient doctor-patient communication, and are dissatisfied with treatment effects and reactions. These poor professional medical service experiences stimulate them to seek more self-protection and take more responsibility in health care, thereby initiating and developing their own TCM information behavior to replace and compensate for professional medical services.
- (2) Personal conditions are necessary conditions for elderly TCM information behavior occurrence. Personal conditions composed of material basis, intellectual level, psychological preparation, and social support are necessary conditions for the occurrence and development of elderly TCM information behavior. The stimulation and promotion of TCM information behavior by subject situation all need to be supported by personal conditions to be realized. For example, material basis factors are the material conditions for elderly people to conduct TCM information behavior. Only when elderly people have ample free time, certain physical conditions, and information infrastructure can they conduct TCM information behavior. Elderly people with computers, mobile phones, and Internet access can possibly obtain TCM information online. When elderly people have more sources for obtaining TCM information, they can develop information processing strategies and expand information use methods, such

as comparing information from different sources and conveniently sharing information using emerging information services. Basic cultural literacy is the basic condition for searching for and processing TCM information. With a certain basic cultural level, elderly people can learn and master certain information skills, obtain TCM information from broader channels, and better read and understand information content. As mentioned above, psychological preparation such as interest and self-confidence is also an important psychological condition for generating behavior after subject situation stimulates TCM information behavior formation.

- (3) Personal conditions are moderating factors for elderly TCM information behavior. Personal conditions are important moderating variables for elderly TCM information behavior. Personal conditions affect the characteristics, types, and choices of elderly TCM information behavior. For example, for retired elderly people, those with ample free time will pay more attention to health issues and may include obtaining and using health preservation information as part of their daily life arrangements. However, for elderly people who undertake the task of caring for grandchildren, with limited free time, TCM information behavior will also manifest differently. As one elderly person said, because health program broadcast times conflicted with helping grandchildren with homework, they changed to using mobile phones to obtain TCM information after their grandson went to school. Elderly people's physiological conditions affect their choices of TCM information acquisition channels. Some elderly people said they feel dizzy and have blurred vision when reading books, possibly related to small, densely packed text, so they switched to watching video-based health information on mobile phones. As mentioned above, elderly people with different cognitive styles also have different TCM information processing and use behavior characteristics. Elderly people with field-dependent cognitive styles often use external references as the basis for judging information, pay attention to external characteristics of information and environmental cues, and often use copy-paste patterns to use information. Elderly people with field-independent cognitive styles often use internal reference standards to judge information and can creatively apply information in practice.

The author believes that the context of elderly TCM information behavior is an overall context constructed jointly by subject situation and personal conditions, which work together to stimulate, promote, and regulate elderly TCM information behavior. In subsequent information behavior and information service research, it is important to value and distinguish the different roles of subject situation and personal conditions, thereby providing more effective TCM information services for elderly people. Questions about how the overall context influences information behavior and the mechanisms of their interaction will be further explored in subsequent research.

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Hou Xiaoni: Proposed research ideas, collected, transcribed, and analyzed interview data, wrote the paper;

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**The Overall Context of Traditional Chinese Medicine Information Behavior of the Elderly Based on Grounded Theory**

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**Abstract:** [Purpose/Significance] To analyze the context related to traditional Chinese medicine (TCM) information behavior in the elderly, providing theoretical support and basis for effective information services. [Method/Process] Grounded theory was adopted. Twenty-one older persons were in-depth interviewed face-to-face between March 2017 and June 2018. Constant comparative method and coding analysis strategies were used to analyze the data. A total of 30 concepts, 8 sub-categories, and 2 main categories were coded. [Result/Conclusion] The overall context of elderly TCM information behavior consists of subject situation and personal condition, which are different but work together to promote, stimulate, and regulate the elderly's TCM information behavior.

**Keywords:** the elderly; traditional Chinese medicine information; information behavior; context; grounded theory

*Note: Figure translations are in progress. See original paper for figures.*

*Source: ChinaXiv — Machine translation. Verify with original.*