Postprint: A Grounded Theory Study on Factors Influencing Individual Healthcare Information Source Selection Behavior

Authors: Zhang Xin, Wang Dan

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Abstract

[Purpose/Significance] Investigating and analyzing the influencing factors of public healthcare information source selection behavior not only provides targeted evidence for domestic healthcare information resource development, but also facilitates efficient services for public healthcare information acquisition. [Method/Process] Employing the grounded theory method, interview texts concerning healthcare information source selection behavior among 38 ordinary individuals were analyzed, comprising four stages: open coding, axial coding, selective coding, and theoretical model construction. [Results/Conclusion] The study reveals that influencing factors of individual healthcare information source selection behavior primarily include individual state-motivation factors, perceived quality factors, relationship structure factors, and information source operation level factors, ultimately constructing a comprehensive theoretical model of influencing factors for individual healthcare information source selection behavior.

Full Text

A Study on Influencing Factors of Individual Health Information Source Selection Behavior Based on Grounded Theory

Zhang Xin[1], **Wang Dan**[2] [1] College of Management, Hebei University, Baoding 071002 [2] Information Center for Social Science, Renmin University of China, Beijing 100086

Abstract

[**Purpose/Significance**] Investigating and analyzing the influencing factors of public health information source selection behavior not only provides tar-

geted evidence for the construction of domestic health information resources but also facilitates efficient services for public health information acquisition. [**Method/Process**] This study employs grounded theory methodology to analyze interview texts from 38 individuals regarding their health information source selection behavior, encompassing four stages: open coding, axial coding, selective coding, and theoretical model construction. [**Result/Conclusion**] The findings reveal that the influencing factors of individual health information source selection behavior primarily include individual condition-motivation factors, perceived quality factors, relationship structure factors, and information source operation level factors, ultimately constructing a comprehensive theoretical model of influencing factors for individual health information source selection behavior.

Keywords: medical information; health information; information source; information source selection; influencing factors

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With the rapid development of the Internet and the gradual transformation of people's health concepts, the health information behaviors of the general public have become increasingly diversified and exhibit distinct characteristics. Information acquisition has evolved from traditional face-to-face doctor-patient communication and consultation with professionals or friends and relatives to passively receiving information from media advertisements, books, periodicals, and health websites, and further to actively searching, sharing, and disseminating health information on emerging social media platforms in the Web 2.0 era. Research indicates that selecting and utilizing appropriate health information sources yields twice the result with half the effort for public health management and disease treatment [1]. Against this backdrop, investigating the influencing factors of health information source selection behavior among diverse individuals holds significant importance: on one hand, the identified multiple influencing factors can be transformed into specific indicators to provide more targeted evidence for health information resource construction by relevant departments; on the other hand, it helps scientifically guide and efficiently serve the public's health information seeking and acquisition behaviors.

1 Literature Review

1.1 Types and Evolution of Individual Health Information Sources

Individual health information sources refer to carriers or platforms storing health information that ordinary individuals can connect to, select, and utilize. Health information sources include various types, such as those categorized by S. K. Genius [2] into formal and informal sources based on professionalism—the former including health professionals, medical professional organizations, medical institutions, and patient health associations, while the latter encompasses interpersonal relationships, media, amateur publications, and online information sources. Y. Zhang [3] chronologically classified individual health information

sources into three categories: traditional sources such as interpersonal sources, mass media, books, periodicals, and telephone consultation hotlines; website-based sources emerging with the gradual popularization of the Internet in the 1990s; and interactive sources such as online medical communities, Wikipedia, social Q&A systems, and social networking sites developed with Web 2.0.

As the types of health information sources available to individuals gradually increase, people's primary selection decisions have also evolved, with the Internet increasingly becoming an important information source. S. Kamal et al. [4] surveyed 400 pregnant women using questionnaires and found that the Internet has essentially replaced previously important printed books and materials, with the Internet and interpersonal sources such as family, friends, and colleagues becoming the most important information sources for pregnant women. A. Turner et al. [5] discussed the supplementation and substitution of health information sources in the Web 2.0 environment, concluding that for parents of children with mental illness, the Internet—especially online health communities—has become as important an information source as professional doctors.

1.2 Research on Individual Health Information Source Selection Behavior

1.2.1 Health Information Source Selection Behavior Across Different Demographic Characteristics Some studies have explored individual health information source selection behavior from demographic characteristics such as age, gender, education level, race, and geographical location. For instance, L. M. Given et al. [6] conducted an online questionnaire survey of 897 parents regarding their information source selection behavior when facing children's health issues in emergency situations, finding that the most frequently used information sources were the Internet and medical staff, while parental age, education level, and family income affected information source selection behavior in emergency contexts. N. L. Atkinson et al. [7] discovered through surveys that men were more satisfied with their physical condition and felt no need to understand disease information through multiple sources, whereas women were typically more careful and cautious, often selecting multiple information sources to obtain health information. O. L. Walker et al. [8], guided by uses and gratifications theory, conducted a cross-sectional survey of 165 mothers of different races and found that race and contextual factors were significantly related to seekers' online health information source selection behavior. Li Ying et al. [9] found that compared with rural youth, urban youth had broader health information needs, more diverse retrieval strategies, and platform selection.

1.2.2 Quality-Oriented Individual Health Information Source Selection Behavior Many studies have found that individuals often consider the quality of information sources when selecting health information sources, conceptualizing quality as credibility, comprehensibility, and comprehensiveness. For example, J. Rowley et al. [10] found through questionnaires that both adult men

and women considered information source credibility, recommendations, ease of use, and brand influence in their online health information source selection process, with women showing greater preference for information comprehensibility and men more concerned with information comprehensiveness and accuracy. T. C. Lin et al. [11] found that the most critical factors influencing individual selection of health information sources were credibility and content parameter quality, proposing that information sources should improve objective descriptions, reliable sources, and background knowledge. Wu Jiang and Li Shanshan [12] found that users' perceived trust positively influenced their selection and use of online health community services, while perceived risk had a negative effect.

1.2.3 Social Network-Based Individual Health Information Source Selection Behavior Some scholars argue that the nodes in individuals' physical and virtual social networks and the scope they can connect to are closely related to their information source selection behavior. For example, early research by J. D. Johnson and H. Meischke [13] found that although middle-class American breast cancer women preferred medical institution information sources, due to low accessibility of the latter, this group typically chose media information sources most frequently in practice, followed by doctors, organizations, family, and friends. Y. Zhang [3] also found that patients selected search engines and online communities as health information sources due to their easy accessibility, while placing doctors as a later choice because meeting with doctors was difficult. D. Reifegerste et al. [14], based on social network theory, used large-scale questionnaires to investigate public health information seeking behavior across 28 EU member states, finding that the strength of ties between seekers and social network nodes influenced their health information source selection behavior. W. Chen et al. [15] found that social capital exacerbated digital inequality to some extent, and both factors affected the accessible range and selection use of individual health information sources.

In summary, previous research has focused on: investigating health information source selection behavior of specific groups in different contexts at home and abroad, often emphasizing single-dimension or micro-level explanations, while holistic or multi-dimensional factor relationships require further exploration; many studies rely solely on questionnaires and quantitative analysis, whose format often limits respondents' thinking and meaning construction, potentially leading to biased conclusions or difficulty discovering new theoretical elements. Based on this, this paper aims to conduct in-depth qualitative research on the influencing factors of individual health information source selection behavior.

2 Research Design

2.1 Research Method

This study aims to investigate the health information source selection behavior of the general public and analyze multiple factors influencing individual

information source selection behavior. It is exploratory research committed to discovering new theoretical elements and relationships among them. Grounded theory, a typical qualitative research method, can effectively reveal the underlying reasons behind research subjects' behaviors without theoretical assumptions. Therefore, this study adopts grounded theory methodology to explore and discuss factors influencing individual health information source selection behavior, analyze the logical relationships among these factors, and ultimately form a systematic theoretical explanatory model for this specific behavior. To ensure research rigor and completeness, the authors draw upon the grounded theory research paradigm and basic process proposed by N. R. Pandit, which is widely recognized in academia [16], as shown in Figure 1 [Figure 1: see original paper].

2.2 Data Collection

Data collection primarily employed interview methodology. Interviews 挖掘 surface phenomena through respondents' verbal descriptions of phenomena, events, or experiences—a process that appears subjective but actually reflects their objective psychological states [17]. Specific data collection occurred from late May 2016 to early October 2016, during which two researchers conducted one-on-one interviews with 38 individual cases, with an average interview duration of 32 minutes.

Two points require clarification regarding implementation: Since health issues and health information acquisition are relatively sensitive topics, to maximize respondent cooperation and data authenticity, this study did not employ random sampling but instead used indirect referrals through the researchers' own interpersonal networks, establishing weak ties with all respondents. This approach ensured both respondent trust and cooperation while avoiding excessive familiarity that might cause reservations. To maximize sample representativeness, respondent sampling employed a combination of multiple demographic variables including gender, age, education level, occupation, and geographical location. Specific interview details are shown in Table 1 .

The semi-structured interview outline included: Do you normally have health-related information needs? What information sources do you generally select to meet your health information needs? What are the results? Why do you select (or abandon) this/these information source(s)? Can you describe in detail one or several relevant experiences? The relatively open questions provided respondents with ample descriptive space, yielding many unexpected meaning construction explanations.

2.3 Data Organization

After each interview, researchers promptly organized and transcribed audio materials, ultimately forming 38 text datasets totaling over 100,000 words. Based on this, this study randomly selected 30 interview texts for data analysis, attempting to construct a theoretical model through three layers of grounded

theory coding, while reserving 8 interview texts to test theoretical saturation.

This study used Nvivo, a commonly used qualitative analysis software, as the data analysis tool. Researchers imported text data into the current higher version—Nvivo 11, using SY01…SYn, BD01…BDn, and SZ01…SZn (where n represents Arabic numerals) as case codes for Shenyang, Baoding, and Suzhou respondents, respectively. Subsequently, through simple 梳理 of text data, some content unrelated to this study was eliminated to prepare for further data analysis.

2.4 Data Analysis

Data analysis is the core component of grounded theory research, representing the critical step between data collection and generating theory from these data, ultimately enabling theoretical propositions to transcend specific times and places and achieve generalized explanatory power for actions and events across different contexts. Specifically, it can be divided into four stages: open coding, axial coding, selective coding, and theoretical model construction. It should be noted that this study draws upon the coding operations and validity control methods of A. L. Strauss et al. [18], ensuring coding rigor through member checking, memo writing, and expert analysis. Specific coding work was implemented by one doctoral student in information science and one senior researcher in this field. Different coding results were compared, explained, and discussed, with disagreements consulted with domain experts for final determination to maximize coding validity.

2.4.1 Open Coding Open coding is a process of breaking down, interpreting, comparing, conceptualizing, and categorizing data fragments. It specifically includes: assigning "labels" to data fragments one by one based on faithfulness to original materials; continuously comparing and analyzing to identify theoretical abstract concepts that can explain various parts of the data; further analyzing conceptual elements to form several conceptual categories [19].

In this study, researchers first coded the 38 text datasets with an open and data-close approach, obtaining over 760 original statements and corresponding label concepts. Table 2 shows examples of original statements and corresponding conceptual coding processes.

Then, through continuous comparison, refinement, merging, and screening, researchers obtained 105 initial concepts (represented by A1…An) such as health problem type, perceived importance, participation, cognitive trust, and information encounter. Next, the initial concepts were induced, integrated, and categorized, ultimately emerging with 19 categories (represented by B1…Bn) such as individual health status, individual motivation attitude, perceived usability, and perceived utility. Table 3 shows the initial concepts and categories constructed through open coding.

2.4.2 Axial Coding Axial coding refers to the continuous comparison, analysis, induction, and abstraction based on the 19 categories discovered in open coding results. It involves refining categories and specifying dimensions, using the "conditions—context—action/interaction—results" paradigm as the basic operational model to conduct attribute analysis and cluster analysis on the emerged categories. This stage does not attempt to construct a theoretical framework but aims to generate clear and controllable main categories [19]. In this study, through analysis of existing categories, researchers ultimately formed 8 main categories (represented by C1…Cn): individual status, individual motivation, perceived function, perceived content, relationship distance, relationship construction, information source operation, and external context. Table 4 shows the subcategories and main categories constructed through axial coding.

2.4.3 Selective Coding Selective coding refers to continuously analyzing, refining, and selecting the most frequently occurring, relatively stable concepts with strong association and generalization abilities from the complex conceptual group as the core category of the entire analytical framework system. Subsequently, other categories are integrated based on this core category. Through continuous comparison and analysis of relationships among categories, the main line revealing the research problem is clarified [19]. The axial coding stage had already surfaced 8 main categories: individual status, individual motivation, perceived function, perceived content, information source operation, relationship distance, relationship construction, and external context. Through further analysis of dimensions and attributes, this study ultimately refined 4 core categories influencing individual health information source selection behavior: individual status-motivation, perceived quality, relationship structure, and information source operation level. The relationships among these categories were explored, with typical category relationship structures shown in Table 5 .

2.4.4 Theoretical Saturation Testing Subsequently, this study used the reserved 8 interview texts for theoretical saturation testing. The results did not discover new important concepts or categories that could explain the research problem, indicating that the constructed theoretical model had reached saturation. For example, one interview text stated: "There was a period when my heart would hurt intermittently (health problem type), so I would search online (information source selection behavior)… First, I would roughly understand (individual motivation), such as searching online for a device that monitors the heart and needs to be worn 24 hours a day… When communicating with doctors, I would ask if I need to wear a Holter (information source selection)… I searched online many times in the months before seeing a doctor (health problem treatment stage)… Later, my dad told me that a young relative in our family had a serious illness (external context), and I became a bit scared (individual psychological status) before going to the hospital (information source selection). If he hadn't said that, I wouldn't have gone to the hospital" (Respondent SY02).

3 Model Interpretation and Research Findings

3.1 Model Construction

Through continuous analysis, comparison, refinement, and relationship exploration of the above categories, this study found that individual status-motivation, perceived quality, relationship structure, and information source operation level significantly influence individual health information source selection behavior. Specifically, individual status-motivation and information source operation level serve as the internal driving force and guarantee mechanism for individual health information source selection behavior, while perceived quality and relationship structure reflect the cognitive and relationship dimensions between the subject and object of information source selection behavior. External context influences individual status and cognition, perceived quality, and the relationship structure between subject and object to varying degrees. Based on this, this study constructed a theoretical model of influencing factors for individual health information source selection behavior, as shown in Figure 2 [Figure 2: see original paper]. This theoretical model transcends temporal and spatial limitations to some extent, possessing theoretical explanatory power and generalizability for holistic actions and events.

3.2 Mechanism Interpretation and Discussion

3.2.1 Individual Status-Motivation as the Internal Driving Force of Health Information Source Selection Behavior As the subject of health information seeking, information source selection, and use behavior, individuals are inevitably influenced by internal status factors such as individual characteristics, health status, and psychological status. On the other hand, external context and individual status trigger motivations such as exploring problems, querying facts, and solving problems. The intersection and integration of individual status and motivation factors not only drive individual health information source selection behavior but also influence individuals' perceptions of health information sources and their relationship structure with information sources.

The influencing factors such as gender, age, and education level discovered in this study further validate previous research by L. M. Given et al. [6] and N. L. Atkinson et al. [7]. Previous studies often analyzed and explained from a demographic perspective. This study suggests that information seekers' individual status can be represented by "stable + dynamic" characteristics. In other words, individual status encompasses not only factors such as demographic characteristics, personality, interests, and thinking patterns that are difficult to change in the short term (stable), but also individuals' special health status before health information source selection behavior occurs (dynamic), and individuals' psychological and emotional characteristics in this uncertain dynamic environment (stable + dynamic). These three types of factors together constitute the comprehensive status during individual information seeking and source selection. These findings can provide references for health information source construction. For

example, the construction of online health communities should consider not only different types of users' stable characteristics but also set up more targeted columns or services based on users' different health problem dynamic stages and psychological characteristics to further reflect the personalized and humanized development of information sources.

3.2.2 Perceived Quality of Health Information Sources as the Dominant Condition for Selection Behavior Based on specific motivations, individuals select health information sources. Although these motivations may be clear, vague, urgent, or calm, only when seekers perceive that the information quality provided by an information source meets the expected level to achieve their motivation can actual information source selection and utilization behavior be triggered. This study argues that individuals' perceived quality of health information sources reflects their subjective construction of objective matters and constitutes the dominant condition for information source selection decisions. Specifically, perceived quality manifests on one hand as individuals' perceived evaluation of the functional value that information sources can provide, including usability, ease of use, reliability, and utility; on the other hand, it manifests as individuals' perceived evaluation of the quality of health information content carried by information sources, including accuracy, comprehensiveness, and timeliness.

Previous studies have also demonstrated that perceived quality is the most important consideration for people selecting health information sources. For example, factors such as perceived quality, reliability, authority, and comprehensiveness proposed by Wu Jiang and Li Shanshan [12] and J. Rowley et al. [10] all appeared in this study's analysis with varying frequencies. In addition, this study enriches the concept of perceived reliability with elements such as information side-effect degree, contradiction degree, and rationality. Taking diagnosis and treatment depth as an example, medical institutions can not only provide health information consultation services but also conduct instrumental diagnosis and traditional Chinese medicine observation during the consultation process, undoubtedly enhancing their multiple utility as information sources and representing an important manifestation of information source quality. It can be said that elements such as rationality, matching, and diagnosis and treatment depth provide important references for the scientific and integrated development of health information source business functions.

3.2.3 Relationship Structure Between Individuals and Health Information Sources as the Basic Condition for Selection Behavior This study found that the relationship between individuals and health information sources manifests on one hand as relationship distance with health information sources—that is, information source nodes that information subjects can reach through their own status and social relationship networks, such as objective distance including physical cost, economic cost, and time cost, and subjective distance including trust, perceived friendliness, and respect. On the other hand,

it manifests as the relationship accumulated and constructed between individuals and information sources during previous information seeking and use processes, as well as possible ways of relating to information sources during current information seeking and source selection.

The above relationship distance and relationship construction between individuals and health information sources can to some extent map to J. Nahapiet and S. Ghoshal's interpretation of the structural and relational dimensions of social capital—"the patterns of connections and relationships among actors" [20]. This study further validates this model in the field of medical and health information seeking, finding that when the relationship distance between an individual and a health information source is greater and relationship construction is more difficult, the likelihood of selecting that information source is smaller, and vice versa. Moreover, this study enriches research on social network relationships by discovering that perceived friendliness and respect influence the psychological distance between individuals in social networks and health information sources. For example, some users with special diseases continue to use online health communities due to perceived friendliness and respect from other community users. It can be said that the long-term development of future health information sources fundamentally requires setting up user relationship maintenance functions and effective incentive mechanisms to enhance users' objective and psychological distance from information sources.

3.2.4 Operation of Health Information Sources as the Guarantee Mechanism for Individual Selection Behavior This study found that the sustainable development and value provision of health information sources depend on their own operation and constraint mechanisms, including not only functional characteristics such as ease of preservation and participation, information construction levels such as platform layout, visualization, and complexity, platform control measures such as multiple editing, source attribution, and review mechanisms, but also promotional aspects such as information source communication methods and brand effects. Although the above information source operation level dimension elements and perceived quality elements are both revelatory factors about health information sources, the former represent objectively existing attribute manifestations while the latter represent subjective constructions from the information subject perspective. The two have essential differences but interact with each other, jointly influencing individual health information source selection behavior.

It should be noted that this study provides a systematic exploration and holographic analysis of influencing factors for individuals selecting all types of health information sources. Since health information sources include multiple types such as traditional and online sources, and different types have different characteristics and basic attributes, the information source level influencing factors excavated in this section, such as ease of preservation, participation, visualization, and review mechanisms, are comprehensive influencing factors for the

selection of all health information source platforms, not necessarily factors that a single information source must possess. In other words, the above information source level influencing factors are more applicable to online information sources and not entirely applicable to traditional interpersonal information sources.

With the development of the information age and accelerated advancement of Web 2.0, the status and value of online health information sources have become further prominent. The series of factors regarding information source subjective perceived quality and objective operation level excavated in this study help construct a relatively comprehensive health information source quality evaluation index, especially for online health information sources, promoting overall improvement of health information source quality.

4 Research Contributions, Limitations, and Prospects

The main contributions of this study are as follows: Centering on individual health information source selection behavior, this study conducted in-depth interviews with the general public and applied grounded theory methodology for qualitative analysis. While enriching and improving existing research results, it further excavated variables and theoretical categories rarely or not yet discovered in previous studies, such as health problem history, information source control measures, and participation. This study provides a holistic theoretical interpretation of influencing factors for individual health information source selection behavior. Since the latter half of the 20th century, numerous dualistic oppositions have existed in social science fields, such as objectivism versus subjectivism, individual versus society, structure versus agency, and macro versus micro [21]. This study bridges these dualistic traditions to some extent, analyzing not only subject and object factors influencing individual health information source selection behavior but also subject-object relationship factors. It discusses influencing factors from both functional-structural and subject-construction perspectives, ultimately constructing an overall theoretical model of influencing factors for individual information source selection behavior, demonstrating superior holistic explanatory power.

This study still has certain limitations. Although the research sample was selected to be as representative as possible through theoretical sampling, the sample size was insufficient, potentially leading to certain biases in research results. Moreover, this study primarily applied grounded theory methodology to analyze influencing factors of individual health information source selection behavior based on interview texts. This analysis remains exploratory qualitative analysis. In subsequent research, the authors will focus on the theoretical elements discovered in this study, design new research, and expand sample size to further test relationships among specific factors, aiming to obtain more scientific research conclusions.

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Abstract: [Purpose/significance] To investigate and analyze the influencing factors of individuals' health information source selection helps to provide targeted basis for the construction of medical health information resources in China. It also helps to provide efficient service for the public health information acquisition. [Method/process] This study applied grounded theory to analyze the interview texts of 38 individuals' health information source selection behavior, including four stages: open coding, axis coding, selective coding and theoretical model construction. [Result/conclusion] The results indicate that the influence factors of health information source selection of individuals are related to individual conditions-motivation factors, perceived quality factors, relationship and structure factors and information source operation level. Finally, a theoretical framework of influence factors of individual's health information source selection is constructed.

Keywords: medical information; health information; information source; information source selection; influence factors

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