Chapter 78
Emerging Trends in User-Driven Healthcare:
Negotiating Disclosure in Online Health Community Organizations

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

MARKET RELATIONS AT A GLANCE
Past studies of markets and marketing relations have articulated the structure of relationships between consumers and organizations they interact with in the market largely exhibiting dialectical processes (Murray & Ozanne, 1991; Peñaloza & Price, 1993; Slater & Tonkiss, 2001). That is, scholars generally adopted oppositional and distinct constitution of market actors. For example, some scholars have conceptualized the consumer as (1) a sovereign rational actor (Kotler, 2003, classical economic thought), (2) passive, obedient, and powerless dupe (Horkheimer & Adorno, 1993;
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Marcuse, 1991), (3) resisting, subversive and confrontational agent (Fiske, 1989; Peñaloza & Price, 1993), and (4) adopting emancipatory/liberatory interests in escaping the market (Kozinets, 2002a). Some scholars argued that as opposed to the consumer, the marketer is exploiting, powerful, commodifying, and having central role in co-creation (provisioning in a linear and sequential manner) (Terranova, 2004; Zwick et al., 2008). In addition, hegemonic market thrives on these dialectical tensions (Holt, 2002; Kozinets et al., 2004; Thompson, 2004). It has also been suggested that the conventional market order serves as an institution (Slater & Tonkiss, 2001), through which market actors are constituted as agents or means to achieve market exchanges rather than ends in themselves (Peñaloza & Venkatesh, 2006).

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

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