Call for Papers

Online Health Communities in the Vortex of Healthcare Controversies: Theoretical Frameworks and Empirical Studies

Guest Editors: Gregor Petrič, Sara Atanasova

Online health communities (OHCs) have become important realms of online social interactions that attract many patients and Internet users in general. OHCs are rich venues of patient-to-patient, patient-to-practitioner, and practitioner-to-practitioner communication. They are based on various platforms such as online forums and networking sites, connect different groups of people including patients, practitioners, and patient associations, have various organizational forms of interaction (e.g., discussion boards, Q&A consultation services), and are focused on a rich array of topics and interests that range from rare diseases to mental health issues and self-help to support groups.

OHCs have been recognized as platforms that have increased user accessibility to health-related information and provided them opportunities to mitigate the physical limitations of access to healthcare services (Goh et al., 2016). OHCs can also potentially aid patients with chronic and rare diseases by helping them communicate with peer-patients affected with similar conditions as well as by providing them access to information, clinical trials, and innovative treatment options (Lasker et al., 2005). Additionally, OHCs have been associated with beneficial health-related outcomes and users' experience of health and illness. The availability of information provided by both peer-patients and health professionals, and, more importantly, the opportunity to exchange social support in OHCs, have often been reported as being linked to better management of illnesses, greater acceptance of health situations, the development of coping skills, increased self-esteem and emotional well-being (Johnston et al., 2013; Petrovčič & Petrič, 2014). Moreover, OHCs have also been associated with users' development of specific skills and competences that play an important role in communication with personal doctors (Yang et al., 2015).

However, OHC users might also develop a dysfunctional empowerment in relation to doctors, which can lead to negative encounters, nonadherence, conflicts, and unproductive or even manipulative relationships (Petrič et al., 2017a). Thus, the use of OHCs is not without its pitfalls. Users are often confronted with a large amount of health-related information, some of which may be misleading and confusing (Zhao et al., 2021); this may lead users towards problematic self-diagnosis or self-treatments (Bartlett & Coulson, 2011). Information of low relevance and questionable validity shared in some OHCs (Huh & Pratt, 2014; Petrič et al., 2017b) might lead to states of confusion, distress, anxiety, and panic (Ahmad et al., 2006). Examples of OHCs in which users have been encouraged to practice unhealthy lifestyles and practices include the pro-anorexia OHC (Gavin et al., 2008) and the anti-vaccination OHC on Twitter (Wilson & Keelan, 2013). This clearly demonstrates the need for regulation, the raising of e-health literacy, and, in general, a critical reflection of the role of OHCs.

OHCs are dynamic and insightful places where a variety of communicative processes can be detected; these processes are linked to tensions between different levels of accessibility, different forms of interaction, various streams of knowledge, tensions between low and high e-health literacy, conflicts between expert and patient expertise, positive and negative aspects of patient empowerment, and the

like. This special issue aims to address the tensions, opportunities, and perils of OHCs that have important effects on individuals such as patients, caregivers, and health professionals as well as on patient-health professional interaction, the healthcare system and its services. This special issue is open but not limited to studies that intersect or interconnect with the following topics:

- Communicative dynamics in OHCs and their controversial outcomes
- Quality, validity, credibility of health-related information in OHCs
- Causes and consequences of (dis)trust and (mis)information in OHCs
- Patient empowerment and disempowerment and their effects on the self-management of health issues, decision making processes, and trust in health experts
- Empowerment of health-professionals participating in OHCs
- Impact of patient-health professional interaction in OHCs on offline patient-health professional relationships
- The potential of OHCs for co-creation processes in the context of healthcare policies and businesses
- OHCs' role in informing policy, regulators, and health decision makers
- Other topics related to OHCs

This special issue welcomes innovative studies and invites both theoretical and empirical papers with qualitative, quantitative, or mixed method approaches, so long as they address at least one of the above topics.

Submission Format

We welcome submissions that fit any of the following EJHC formats: original research papers, theoretical papers, methodological papers, review articles, brief research reports. For further information on the article types, please see www.ejhc.org/about/submissions.

Manuscripts should be prepared in accordance with the EJHC author guidelines (www.ejhc.org/about/submissions) and submitted via the journal website (http://www.ejhc.org).

The deadline for submission is **28 February 2022.**

Review Process

All articles will undergo a rigorous peer review process. Once the paper has been assessed as appropriate by the editorial management team (regarding form, content, and quality), it will be peer-reviewed by at least two reviewers in a double-blind review process; this means that reviewers are not disclosed to authors and authors are not disclosed to reviewers. To ensure a swift publication process, EJHC releases articles online on a rolling basis, which is expected to start in October 2022.

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