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## Hospital's Websites and Virtual Health Support Community - A Cross-cultural Contribution to the Issue

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### Abstract

This paper aims to address three major issues related to virtual “communities of the sick”: The first being whether hospitals’ websites can create virtual “communities of the sick” in different cultures, Secondly, if so, how? Finally, how is it possible, using so called global benchmarking, to improve services related to virtual health communities available on websites of hospitals? The rhetorical approach as a research methodology is used to analyze the information collected through websites of three selected hospitals: Apollo Hospital (India). KingNet Second Opinion Web-Hospital (Taiwan). Brodnowski Hospital (Poland). The situation of the last of these (which is characterized by a commercialization process) is treated as a starting point for the analysis. The rhetorical case studies are enriched by short descriptions of health care systems in the afore mentioned countries. Some suggestions on global benchmarking occur, in accordance to the use of hospitals’ websites for creating “communities of the sick”, as well as questions for discussion which can be founding the conclusion.

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*Keywords:* Online “mutual aid communities” concerning “participatory” health issues; Community of the sick; Rhetorical analysis; Ethos; Pathos; Logos; Competent Analyst; Commercialization; Non-profit organization

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## 1. Problem

Last few decades have witnessed an important change in the health care sector mainly related to cultural and interpersonal relationships in particular. In the past the medical professional use to maintain very personal, sometimes even based on friendship, rapport with their clients. It can be said that doctors play a role of “loyal companions in suffering” as Ronald W. Dworkin [1] described this situation. In the recent past “the health care space” has been fallen into two pieces: one is related to doctor’s appointment (personal contact), which is formal in nature and difficult to get (because of time limitations and others issues like market pressure) and the other one is related to sick people activities on real or - very often - virtual health support communities, which become sometimes similar to religious groups. They could be treated as symptoms of so called Participatory Medicine Movement (a new cultural phenomenon, in which a model is developed wherein the patient plays a very vital and active role in the health care system [2], which has created an opportunity for “re-uniting” medical professionals’ practices and patients’ multidimensional needs.

Following Dworkin [1] it is interesting to pay attention to the significance of above mentioned online “mutual aid communities” concerning “participatory” health issues. According to Dworkin, these communities constitute a current response to the atmosphere of “rush” or “busy” characteristic of the present patient-doctor relationship. It is evident that in “the virtual health” cultural movement, doctors could again (online in this case) act as experts on health related issues, and thus in some way act as spiritual guides. But unfortunately physicians rarely participate in these virtual societies/communities. The virtual space as a place of health support still seems to be “patients’ business” only.

In this regard authors of this research article are proposing that the hospitals’ websites could serve as a useful technical tool to integrate patient’s needs and requirements with that of the physician’s expertise and the experiences of other patients. Authors propose to conduct a study to test this opportunity. Although above mentioned problems are typical to Western societies, however in the era of Internet they probably take places in entire “Global Village”. The study would be conducted by taking examples from three different countries – Poland, India and Taiwan - which are “provinces” of globalization but are modernized at the same time.

**Online “mutual aid communities” concerning “participatory” health issues** - Virtual society which is made around problems combined with Health Care (Dworkin).

**Community of the sick** - these communities which are generally devoted to helping people with a specific illness, provide a medium for patients to talk about their illnesses, to exchange opinions, to express their fears and concerns, and to enjoy mutual support.

**Rhetorical analysis** - the analysis of content and formal techniques of influencing the reader included in the analyzed texts (Internet offers in the article), singled out according to the classical rhetorical findings, with the use of those findings in accordance with the methodology suggested by Billig for social studies and by McCloskey for economic texts.

**Ethos** - in classical rhetoric “can mean the believability of the speaker, the credibility which the speaker brings to the speech situation. The speaker has to create his own credibility, he has to maintain a moral linkage between himself and his content, and should be considered a man of good character” [3].

**Pathos** - in classical rhetoric is “an artistic proof focuses on using the emotions as a supplement to a speaker’s other means of persuasion” [3].

**Logos** - “originally occurs in philosophy, metaphysics, rhetoric and even religion, referring to the logical, rational, evidential underpinning of a speaker’s argument” [3].

**Competent Analyst** - participant of the research who is making an analysis of qualitative data independently; a comparison of his work is treated as the basic tool for data analysis in qualitative approach. This person is not an expert on the field but he follows an instruction.

**Commercialization** – the process which under Polish law consisted of:

- The hospital entered into a commercial law partnership
- Local authorities could take on hospital debts
- The hospital is dedicated to both: patients with State Insurance and at the same time to commercial ones

**Non-profit organization** – an organization which aims at serving a mutual or public advantage as opposed to amassing of profits for investors or owners.

## 2. Research procedures and methodology

The qualitative, ‘comparative case study’ methodology was used to conduct this study. Websites of three different hospitals from three countries were selected for analysis i.e.; one from Warsaw (Poland), one from Delhi (India) and one from Taipei (Taiwan); which are dedicated to working class patients and at the same time are commercial in nature. The research interest was put on such hospitals which have to balance Egalitarianism (a typical feature of virtual “communities of sick”) and market pressures. The countries which are chosen for the study differ in civilizations, levels of information society and health care systems. But all of them represent so called peripheral areas of globalization.

The websites were analyzed with the help of rhetorical tools to seek the features of “communities of sick” as described by Dworkin.

As some of the authors of the paper have argued before [4] rhetorical tools can be understood as the identification of content and formal techniques of influencing clients included in the selected websites, singled out according to the classical rhetorical findings. This is in accordance with the methodology suggested by Billig for social studies and by McCloskey for economic texts [5] [6] [7].

It is strictly a qualitative approach, having as an objective hermeneutics of the social and cultural reality, and not the testing of hypothesis [8] [9]. In methodology, one rhetorically searches for rhetorical patterns in investigated materials, in concordance with the traditional interpretation of humanistic texts. The objectivity of analyses, understood in accordance with the logic of qualitative research, is achieved through the application of interpretation schemes created by ancient rhetorical thinkers [5] along with complex discussions about results that are characterized by their preliminary character. In this sense, the following article, like all works from the rhetorical branch, is in fact an invitation for discussion and the first stage in the presentation of data. This data should be tested and subjected to further verification through continuous discussion. Based on these discussions, one forms postulates of further research etc... [5]. There is a point worth emphasizing here. Because of the central function of hermeneutics in rhetorical research, positivist criteria of objectivity such as randomness or ratings agreement’s tests are not used [7]. Ideology of the rhetoric analysis bases on a so called critical stream in social sciences. According to this approach, social and economic reality do not have “stochastic” but instead “rhetoric” character [5]. Therefore researchers who are studying this reality should not focus on averaged data which is collected by random means but on its “calibration” (meaning precise understanding) as McCloskey has described it. Objectivity of analysis like this can be obtained thanks to the application of classical rhetorical tools. The authors of this article follow these suggestions but do not make the methodological discussion with them that is carried by mentioned critical stream in social sciences.

With the hope of the authors of this article, the given methodology has allowed a shift of attention to the aspects of the functioning of a hospital’s website that would not otherwise be possible with quantitative research methods.

The results will also be used as a starting point for recommendations of “good practices” which will be formulated on the basis of three different cultural experiences in the building of virtual health support

communities.

It is also worth mentioning, that the authors of the article share the belief of ancient rhetorical thinkers that “rhetorical patterns” have a universal character [5] [6] [7]. It should be emphasized again that the presented paper has only a qualitative character. It is geared for the identification of rhetoric patterns connected with the functioning of internet websites. The article takes on the character of single case studies which can be treated as sources of a rhetorical patterns which can be interpreted on a good practice level. So it was not about researching the average state of the hospitals’ websites, which would be typical for quantitative research, but about delivering for the reader’s discussion, possible rhetorical factors of solutions based on concretely existing realizations. It is worth mentioning that in the qualitative approach, especially the rhetorical approach, the publication of results is only the beginning of a discussion, which can indicate possibilities for generalizing formulated proposals.

However, due to cultural differences, there exists a dispersion between the use of these patterns and the idea that the use of rhetorical techniques for the analysis of social and cultural reality allows for the retention of inter subjective knowledge. This is however a matter that calls for a more complex discussion that crosses the framework of the presented article.

One of the latest examples of the rhetorical approach, uses this perspective for the research and understanding of cross-cultural differences. For instance Zhu and Hildebrandt [3] showed how the dissimilarities of the Western and Chinese rhetorical tradition can explain the differences in cross-cultural communication in contemporary business. These authors remind that in the Western tradition, three persuasive orientations can be distinguished after Aristotle: *ethos*, *pathos* and *logos* and show how these categories still exist in Chinese tradition under specific Chinese terms.

More about rhetorical approach in social sciences and about its usefulness for ICT issues (based on concrete empirical investigation) can be seen in the previous article by Kisielnicki, Ochowski and Yu [4].

The research in Poland was carried out by group leading by Tomasz Ochowski (April/May, October 2011), in Taiwan personally by Hsin-Yi Tsai (May), and in India personally by Amitabh Deo Kodwani (May/June). Studies from all countries were virtually supervising by Monika Strocka, scientific Secretary of the project.

The Polish case – a Brodnowski Hospital, which is just in the process of commercialization (see some details bellow) – was treated as a starting point for the analysis.

The research in Poland was a little bit more complicated than in the others country. Initially the authors assumes only to use the group of students as an analysts in Polish case (the other websites are tested by single researchers), but during developing the study in Brodnowski Hospital (Poland) some mistakes were occurred, because of the hospital website was changed during the study. Finally the research connected with Polish hospital was actually done in four stage: blind rhetorical analysis of the hospital’s website/ the verification of analysis which was done by an expert/ repetition and supplementation rhetoric analysis of hospital’s website by supervisor Monika Strocka, coauthor of the presented paper (October 2011)/ verification of repeated analysis by mentioned above expert who didn’t detect further mistakes.

### **3. The characteristic of particular health care system in Poland, Taiwan and India and the characteristic of the hospitals**

#### *3.1. National health services systems in Poland*

In Poland both private and public healthcare exists. The Polish public healthcare system is in a state of crisis. The Ministry of Health is responsible for insurance and free health care for each working Polish citizen. Each employer pays the mandatory health premium from each employee’s salary. This money is managed by the National Health Fund which signs contracts with hospitals (public and private) over the funding provisions (from the limited government healthcare funds) to provide free healthcare services to patients. This system is inefficient. Services are lacking and there are very long waiting periods for treatments and tests. As

a remedy to the crisis, the Ministry of Health allows for the commercialization of public hospitals. Going further in this process, we describe the Brodnowski Hospital, the focal point of our study.

### *3.2. The Brodnowski Hospital and its role in the national health care service in Poland*

In the 1990's, tied to the health crisis and the fall of communism, the Brodnowski hospital faced real financial and organizational troubles. It accumulated significant debt. Then, in 2010 the hospital began the process of commercialization. Under Polish law, commercialization consisted of:

- The hospital entered into a commercial law partnership
- Local authorities could take on hospital debts
- The hospital is dedicated to both: patients with State Insurance and at the same time to commercial ones .

Currently, the hospital generates profits while fulfilling all free-of-charge services for patients benefitting from State insurance [10]. Commercialization in Poland has only been applied to a few hospitals and remains in the experimental stage [11] [12].

### *3.3. National health services system in Taiwan*

The national health services system in Taiwan is maintained by the Bureau of National Insurance, Taiwan since March 1, 1995 which is called as “NHI” (National Health Insurance) [13]. There are mainly of three types.

Firstly, NHI has an obligation towards health of the entire citizen. That is the concept of mutual assistance and depends on the insured person paying their premiums according to regulations. When people are sick, the government uses the premiums to support the part of medical and medication cost for patients. In this situation, the patients can recover the ill quickly.

Secondly, NHI treats as a compulsory social insurance program. The people who have the local ID and foreigners with an ARC (Alien Resident Certificate) need to attend to this system except by being convicted of a crime, disappearing, giving up their Taiwan citizenship, moving abroad or having their Alien Resident Certificate expired.

And thirdly, everyone who attends the NHI will receive a card which is called “Health Insurance IC Card”. The card confirms that the card holders are the member of the “NHI”, therefore, every times patients have to show the card when they visit a hospital or clinic.

### *3.4. KingNet Second Opinion Web-Hospital and its role in the national health care service in Taiwan*

KingNet Second Opinion Web-Hospital [14] was founded on 22th October in 1998. This web-hospitals version is to serve people with a objective of welfare society. So far, there are around the 700 professional doctors from different field of medical subjects who offer free inquiry to the patients online. In the starting, this website was supported by many doctors from physical hospitals and clinic in Taiwan. Therefore, KingNet Second opinion hospital use to get the efficient and professional resources of medical care in order to provide and comprehensive virtual health care system.

Patients who visit online do not have to worry about their personal information will be known to others, do not have to wait in line and do not have to spend time for the transportation. Just via the website, patients can communicate with doctors, this way it reduces the limitation of distance and traditional way to visit a doctor, and offer a different way to inquire medical queries.

KingNet Second Opinion Web-Hospital now has the version in traditional and simple Chinese version in order to serve for all Chinese community all over the world. It not only offers the online health care but also offers entire knowledge in the file of medical care in thousands of web pages.

All the doctors on KingNet Second Opinion Web-Hospital are volunteers.

### 3.5. National health services system in India

Ministry of Health and Family Welfare is responsible for health policy in India. The ministry is composed of two departments: the Department of Health and Family Welfare and Department of AYUSH (Ayurveda, Yoga, Unani, Siddha and Homoeopathy). Healthcare in India features a universal health care system run by the constituent states and territories of India. The National Health Policy was endorsed by the Parliament of India in 1983 and updated in 2002 [15]. However, many reports have confirmed that the government sector is understaffed and underfinanced; lack of quality services at state-run hospitals force many people to visit private medical practitioners and hospitals. There are few government hospitals which are doing well and are among the best hospitals in India. But private health care sector plays important role too.

### 3.6. Apollo Hospital and its role in the national health care service in India

Apollo Hospitals Group is one of the largest healthcare groups in Asia. It has JCI (Joint Commission International) accreditations for 7 of its hospitals, the largest by any hospital group in the region. The group has made quality healthcare accessible to the people of India, and even overseas. Apollo Hospitals Group, today, is an integrated healthcare organization with owned and managed hospitals, diagnostic clinics, dispensing pharmacies and consultancy services. In addition, the group's service offerings include healthcare at the patient's doorstep, clinical & diagnostic services, medical business process outsourcing, third party administration services and health insurance. To enhance performance and service to customers, the company also makes available the services to support business, telemedicine services, education, training programs & research services and a host of other non-profit projects. The vision of Hospital is: "Touch a Billion Lives" [16].

## 4. Results and Discussion. Toward global benchmarking

### 4.1. Suggestion for global benchmarking in creation of community of the sick by hospitals' websites.

This table contains a fragment of the research connected with logos, pathos and ethos elements, which influence the formation (using the website) of "Community of the Sick".

In the table, apart from the examples of community of the sick created by the website (cells with thicker borders), there are also communities which exist not online, but physically. In some cells there are additional comments.

Table 1. Rhetorical tools used to create the "Community of the Sick" revealed in logos, pathos and ethos dimensions

Poland	India	Taiwan
	Logos	(this is not a tool in the full sense of the word but it is connected with creating the community using the website) Members in the website can interact with each other, to share their life
	Pathos	At KingNet Second Opinion Web-Hospital when member ask the questions to doctors, not only patients,
(this element was taken because it is listed as a part of "The examples of creating virtual communities of the	(this element was taken because it is listed as a part of "The examples of creating virtual communities of the	



<p><i>sick” and at the same time it is mentioned as element of pathos)</i> Cooperation with foundation “Platform”</p>	<p><i>sick” and at the same time it is mentioned as element of pathos)</i> Health/wellness related awareness seminars and workshops</p>	<p>their relatives, friends can also ask various question in different inquiry zone.</p>
<p><i>(this element was taken because it is listed as a part of “The examples of creating virtual communities of the sick” and at the same time it is mentioned as element of pathos)</i></p>	<p><i>(this element was taken because it is listed as a part of “The examples of creating virtual communities of the sick” and at the same time it is mentioned as element of pathos)</i> BPositive, a health and lifestyle magazine</p>	<p><i>(this is not a tool in the full sense of the word but it is connected with creating the community using the website)</i> Hospital’s website proposes giving a possibility to create links between that five relations: ruler and subject, neighbor and neighbor, father and son, husband and wife, and brother and brother.</p>
<p>Ethos</p>		
<p><i>(this element was taken because it is listed as a part of “The examples of creating virtual communities of the sick” and at the same time it is mentioned as element of the ethos)</i> Therapy program and workshops supporting recovery</p>	<p><i>(this element was taken because it is listed as a part of “The examples of creating virtual communities of the sick” and at the same time it is mentioned as element of the ethos)</i> Patients participate in the various workshops and seminars conducted by the experts and Doctors</p>	<p>The members not only can inquire from doctors via e-mail they also can ask questions via the voice box online</p>
		<p>The case in the doctor’s blog <i>(this is not a tool in the full sense of the word but it is connected with creating the community using the website)</i> The relationship between patients and doctors are very close. The role of doctor not only plays as a doctor to patients but also doctors play a good friend to patients as well</p>

As can be seen from the table, the presented research has shown that a lot of “Community of the Sick’s” elements which occurred on the websites are not created directly by the corresponding webpage. The website supplies only information about them. Taking under consideration that the article is focused on Dworkin’s “Communities of the Sick” created with the help of and around websites, these criteria are fulfilled only by the tools which are in the cells with thicker borders. It is about the tools used to create the virtual “Communities of the Sick” which can be found in the Indian hospital (Twitter and Facebook) and the Taiwan group (different inquiry zones, among others e-mail and voice box, doctor’s blog).

Dworkin writes, Community of the Sick is focused on helping those who suffer from a certain type of disease [1]. To their existence a medium is necessary. It allows patients to talk about the disease, post their opinions, concerns and is mutually supportive. There are some risks of such communities existing but it also brings many positive aspects. The presented study tested the issue of good practice in the creation of these self-help communities through the website.

While Brodnowski Hospital contributes to the creation of groups of patients communicating with each other face to face (e.g., organizing treatment programs to support the return to health, pastoral care, various courses), it generally does not include website creation tools for the Community of the Sick. Having Dworkin’s definition of communities of the sick, it cannot be accepted that an opportunity to send e-mail, which is likely to reach a hospital employee, contributes to the creation of self-help communities (lack of, among others, contact with other patients). What under these circumstances, can the hospital do to have a Community of the Sick promoted by the website?

Apollo Hospital has created its Facebook and Twitter profiles. These (very popular - especially in recent times) portals allow patients to exchange opinions, ask questions and support each other. In addition, the organization may inform about current events, post information on health issues, etc.

KingNet Second Opinion Web-Hospital also suggests some ways for creating a Community of the Sick through the Internet (which could be used by Brodnowski Hospital). The organization allows patients to communicate using the website. This is done by using the forum and the doctor's blog. In both cases, patients exchange opinions with each other, support, and respond to the questions of others. Another element associated with the thrust of KingNet Second Opinion Web-Hospital is the fact that patients may ask doctors, of course, through the website, make questions about health issues, and seek their opinions. Their substitute may act, or their relatives, which further strengthen ties between the people gathered around a given medical problem (patients/ their representatives, doctors). Brodnowski Hospital could make this solution, if not entirely, at least in its elements.

In completing the view, shown below is one of the underlined points contained in the "Guidelines for (this) rhetorical analysis" (see appendix), namely, the examples of creating virtual "Communities of the Sick".

Table 2. The examples of creating virtual communities of the sick

Poland	India	Taiwan
Therapy program and workshops supporting recovery	Various monthly workshops and seminars	Non-religious members can express their feeling on the blog or inquiry their common illness in each specific subjects of blog
Cooperation with foundation "Platform"	Patient's reviews and feedback available on the website.	
And another entry	B positive, a health and lifestyle magazine Telemedicine Facebook and Twitter	

Separate discussions demand focus on two other topics listed in the table of elements: Telemedicine and BPositive (Apollo Hospital). It is difficult to say, basing on the data giving on the website, if certain elements allow patients for contact with each other. It is worth-mentioning here, the fragment of Dworkin's definition of self-help communities: "These communities, which are generally devoted to helping people with a specific illness, provide a medium for patients to talk about their illnesses, to exchange opinions, to express their fears and concerns, and to enjoy mutual support."

Here, some doubt requiring further research appears, connected especially to Telemedicine, which is used, among others, to make a contact between doctors. The question is; "Can the "Community of the Sick" can be created also by physicians?" To answer this question, there is a need to check the character of the doctors' cooperation, especially whether they treat or do not treat their patients simply as another case. Here, an analysis of the doctor's blogs or other forms of their communication, could be useful. However, this issue exceeds the subject matter of this paper.

## 5. General Conclusion

As the authors of the article have written before, it is worth stressing in conclusion again, that the applied rhetorical methodology, assumes, that the presented results are meant of further discussion and further verification. There are more so preliminary results rather than results assumed by various authors of research in the qualitative model. With hopes of the authors of this article, the given methodology has allowed to



established main postulates within good practice connected with the ways that website can create or can help create a communities of the sick. Among these postulates are: creation of a special form which makes communication possible for people who do not have an e-mail, creation of Facebook or Twitter profile, creation on the website a forum for patients, making for them and their families opportunity to **be consulted by specialists on various topics related to health issues via the webpage**. The website of organization **could allow patients' relatives to learn about the health of patients** as well. An interesting element is also a composite of information which is concerned with health and a thing that is a little connected with it: a newsletter **which can promote pro-health attitudes**. **It seems that a good idea is also putting on the webpage a mission of the organization**. **And the last postulate: the hospital can create a blog run by doctors who describe their findings**, relate **certain events**, but also **where patients can add comments**.

The issue of further discussion is still the possibility of creating a community of the sick which consist of doctors, not patients. To check this possibility one should analyses different ways of physicians communication and their attitude toward their patients.

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## Appendix A. Guidelines for rhetoric analysis

Guidelines for rhetoric analysis

1. Identify please, the examples of:

- logos
- pathos
- ethos

The terms “logos” and “ethos” were understood after the article of Zhu and Hildebrandt [3].

2. Which way of persuasion is the most popular in the analyzed website?
3. Examples of a intention to develop a long – term relation with the client.
4. The examples of creating virtual “communities of the sick” (Dworkin’s criteria).