

Research on the Dilemma of the Adoption Behavior of Network Health Information among Migrant Female Workers in the Perspective of Social Support Theory

Luyao Wang

School of Medical Humanities and Management, Wenzhou Medical University, Wenzhou 325035, Zhejiang, China

Abstract: ***Objective:** Migrant female workers who work as vulnerable groups in society have relatively insufficient social support and attention, and their ability to judge online health information is still lacking. Studying the current status and challenges of adopting online health information among migrant female workers is aimed at improving their information processing capabilities and providing reference for better coping with information overload. **Methods:** From December 2023 to April 2024, interviews were conducted with 17 migrant female workers from a motor factory in Shanghai, and the interview data were analyzed using the grounded theory research method. **Results:** After three levels of coding, 36 initial concepts, 15 subcategories, and 5 main categories were finally formed, and a behavioral dilemma model for the adoption of network health information by migrant female workers was constructed based on this. **Conclusion:** As a socially disadvantaged group, migrant female workers face a severe health situation. However, social factors, personal factors, information perception, information factors, and social support are important factors that affect their adoption of network health information. Social support attempts to help them cope with information dilemmas through various means, and these forms of support are of great significance in improving their adoption of network health information and coping with information overload.*

Keywords: Migrant female workers, Social support theory, Online health information, Adoption of network health information.

1. Introduction

In today's world, health has been placed at the center of worldwide development issues and has become a comprehensive measure of economic and social development and people's well-being [1], while health literacy has become an important factor in contemporary health promotion, with the increasing penetration of the internet, e-health information has become a research hotspot[2], and in order to avoid the digital divide and improve health equity, e-health interventions should be made with a more In order to avoid the digital divide and improve health equity, when creating e-health interventions, more attention should be paid to vulnerable social groups and how they use e-health information [3], and migrant women workers face more severe health situations, and this group is the focus of health intervention policies [4], as they engage in lower-class occupations, have poorer working and living environments, and their occupational health problems are more pronounced [5]. The quality of online information varies, and in the context of the rapid development of the Internet and changes in the living environment, it is worthwhile to pay attention to and explore the obstacles encountered by migrant women workers in recognizing, searching for, and adopting health information on the Internet, as well as the social support they currently have and the areas in which they may be deficient.

“Social support” refers to the sum of behaviors of certain social networks that use appropriate material and spiritual means to help socially disadvantaged groups without compensation, which can be divided into the objective existence of support, subjective support and the use of resources and other dimensions, and it is a complex and continuous interactive process between individuals and their social networks [6], which can be viewed as the concept of

social support theory, as well as the concept of social support. From the concept of social support theory, it is appropriate to take this as the theoretical basis and entry perspective to study the status quo and dilemmas faced by migrant female workers' online health information adoption behavior.

Therefore, in this paper, we selected migrant female workers from a certain electric motor manufacturing factory in Shanghai to explore, from the perspective of social support, whether there are any dilemmas in the adoption of online health information by migrant female workers under the support of their employment units, communities of residence, and family and friends, so as to further improve the health literacy of migrant female workers and promote the construction of “Healthy China”. The construction of “Healthy China” will be promoted.

2. Research Design

2.1 Research Subjects

This study selected migrant female workers who work in an electric motor manufacturing factory in Shanghai as the research subjects, and the inclusion criteria are: (1) aged 30-60; (2) can use the Internet; (3) women whose household registration is rural, but who work or live in towns; (4) have basic reading and expression skills; and (5) voluntarily take part in this survey and have signed the informed consent form.

2.2 Research Methods and Data Collection

The purpose of this paper is to explore the current situation and dilemmas faced by migrant female workers in adopting online health information when they work and survive in unfamiliar cities, which belongs to the category of exploratory

research, which needs to understand the exact thoughts and feelings of this group of migrant female workers, and the Rootedness Theory has been specially selected as the research method to obtain the original interview data.

In this study, semi-structured interviews were used to collect data, and the interview outline was drawn up with reference to the Chinese version of the Electronic Health Literacy Scale (eHEALS) and the Social Support Rating Scale, and the specific data collection period was from December 2023 to April 2024. The interviews were conducted with a total of 17 participants who met the above criteria, and the average length of a single interview was 50 minutes.

In the pre-preparation process of the interviews, a preliminary interview outline was first designed in advance, and four users were pre-interviewed, and the outline was further amended through communication and exchange with the interviewees at a later stage. The main body of the interviews included the introductory questions, basic information about the users, their basic attitudes toward online health information searching, who they searched for online health information, what they were concerned about in terms of health information, the mode of searching for health information, the perceived credibility of health information, the shortcomings of online health information, and the degree of social support. The format of the interviews was categorized into online interviews and face-to-face interviews. The interviewees spoke freely around the topic during the discussion and

interview process, and the speeches were recorded in the whole process with the consent of the participants, and the recordings were converted verbatim into text at the end of the interviews.

The list of interviews is shown in Table 1.

3. Data analysis

3.1 Open Coding

In this study, the audio recordings collected from each respondent's interviews were converted word by word into textual content after speech recognition, and the textual information was coded line by line with the help of NVivo 12.0, the most important and most frequently occurring raw utterances were extracted for initial conceptualization, and finally 36 initial concepts were abstracted, and the initial concepts were further merged to obtain 15 categories. Some of the original utterances and the corresponding conceptual coding process are shown in Table 2.

3.2 Axial Coding

In the axial coding stage, the 15 subcategories were analyzed for their causal and logical relationships at the conceptual and hierarchical levels, and further categorized to form the more generalized and conceptualized 5 secondary categories (Table 3).

Table 1: Basic information of the sample

	Statistic	Frequency	Proportionality
Age	30-35	2	12
	36-40	3	18
	41-45	4	23
	46-50	6	35
	51-55	2	12
Education Attainment	Elementary school	3	18
	Secondary school	3	18
	Junior high school	9	52
	Technical school	2	12
Average Monthly Income	3000 and below	2	12
	3000-4000	2	12
	4000-5000	3	18
	5000-7000	7	41
	Above 7000	3	17
registered birthplace	Jiangsu	5	29
	Yunnan	4	23
	Sichuan	3	18
	Gansu	3	18
	Anhui	2	12

Table 2: Open coding and basic categories

Subscope	Initial category	Interview sources (definitions of phenomena, excerpts from interviews)
A1 Work environment	a1 Perceived working environment	Before entering the factory anyway, knowing that it is toxic and harmful inside, he did not hide it. (TXY)
	a2 Occupational disease injury	We have a yearly medical checkup, and if you fail the medical checkup, he will call you personally, but if you don't have any major health problems, he won't call you. We have annual medical checkups here at work. After coming out of the factory, the phenomenon of low white blood cells is gone (DQ).
A2 Life stress	a3 Economic pressure	It's toxic and harmful to do this, I know that, but we have no choice, it's just to make some money. (FLY)
	a4 Busy at work	The public has not seen, we are very busy at work, that is, we have to keep working. We usually leave work at 8:00 or more, some even 9:00 or more, and in the morning we have to go to work at 8:00 am. (FLY)
A3 Personal Characteristics	a5 Literacy level	There are times when you don't understand well, or you're less educated. (WG Y)
	a6 Income level	Wages a month overtime more than six or seven, overtime less than four or five thousand, off-season idle can only take the minimum wage. (WJY)
A4 Health Literacy	a7 Health concept	I don't pay much attention to these (health). (YYF)
	a8 Information discriminating ability	I have confidence in distinguishing (health) information on the Internet, for example, drinking on the face means that you can not drink too much, I usually read more of these. (LLB)
A5 Sources	a9 Platform Push	Active contact is relatively small, to be honest, nowadays the information is accepted by us passively, as long as

of information		you look at it twice, it is always out of those. Watch it twice more, and then he may also be like Shake Shack, then he thinks you may like this aspect of the content, he will give you more recommendations. (FLY)
	a10 Platform characteristics	Jitterbug short videos, it's easy to brush up, and Xiaohongshu is real experience sharing. (SQ)
A6 Perceived usefulness	a11 Content accuracy	Little red book about children I still trust, because after becoming a mother to know will not say to take these things to joke, like the small red book inside the share, they share are also said to share their own personal experience. (LJW)
	a12 Comprehensibility	Some of the videos look quite comfortable and explain knowledge that we middle-aged people are willing to listen to. (SQ)
A7 Information Quality	a13 Information authority	Clove Garden, good doctor kind of know, is sick when will look at. (XWH)
	a14 Information timeliness	I don't think it's useful to show me the stuff from the early years, but the health information for children must be up-to-date. (TXY)
	a15 information fidelity	I don't believe in the information on the internet, it's true or false, I don't think it's guaranteed. (LJW)
A8 Information avoidance	a16 cognitive load	I don't think it matters. We are still young now, right? It's too early for me to care about it until I'm over 60. (SQ)
	a17 information fatigue	I'm tired after work, and I'm even more tired after looking at my cell phone for a long time, so I don't want to look at it more. (WJY)
	a18 information overload	There are too many things on the internet, I can't read them all, my head hurts if I look at them for a long time. (YFR)
	a19 Headline party	During the epidemic, many news headlines are too scary, and usually, many of the headlines that pop up are too bluffing. (LSZ)
A9 Information presentation	a20 Missing content	And a lot of them he just had one or two sentences that didn't make sense. (XWH)
	a21 Abstruse content	I can't understand the terminology. (WJY)
	a22 Image inappropriateness	When browsing the internet or using an app, I encountered the kind of pictures that are very exaggerated and uncomfortable to look at. (SQ)
	a23 Inappropriate fonts	Some of the fonts are too small for me to read clearly. (SQ)
A10 Interpersonal support	a24 Family support	I have to ask and ask him to recognize it. I mainly ask my own children for help in recognizing it. Sometimes we also ask our coworkers, because they have more experience than we do. If you talk about it in the factory, if you don't know, they will know. (LLB)
	a25 Friendship	When I encountered something I couldn't understand, I asked my lover or a few friends who came to work in Shanghai together, but they were also less likely to ask for health information in general. (LXF)
A11 Organizational support	a26 Annual physicals	We had one occupational, one full body, and one gynecological. (WJY)
	a27 Infirmery staffing	It's just that the medicine is okay, it's priced okay, it's all the right price, it's about the same as the medicine out there, a little bit cheaper. (WGY)
	a28 Health Talks	It seems that there is, I don't have time to go, what cancer science and infectious disease lectures, my lover went. (LSZ)
A12 Community support	a29 Health checkups	Free medical checkups for the elderly over 70 years old in the neighborhood, my mother-in-law goes every year. (WGY)
	a30 Family doctor	My daughter has signed up a family doctor for me, and there will be that electronic file, which I find very convenient. (TXY)
A13 Physician support	a31 Online consultation	I don't know how to use the hospital's WeChat program to see a doctor, and I don't know how to register online to see a doctor or anything else. (LXF)
	a32 Offline Consultation	I don't talk to the doctor about what I've found on the Internet when I visit the doctor, I just talk about what's wrong with my body, in case that affects the doctor's judgment. (WM)
A14 Perceived Ease of Use	a33 Convenience	Once after a fever body rash or something for a few days did not go away I do not have time to go to the hospital, so in the hungry above to buy medicine, as if to say is hives or something, anyway, above the doctor is so said, bought the allergy medicine, took the medicine is really good. (TXY)
	a34 Ease of operation	It's easy to brush short videos on Jitterbug, and Baidu pops up as soon as you look it up. (XWH)
A15 Perceived value	a35 Functional value	On the one hand, their own body, a bit of gynecological disease, will look at the Internet, and what stretch the body of the gym also look. And that my little baby he is a little bit uncomfortable, I may be in the little red book search a search, look at those cases, for example, he is now 6 months, to add complementary foods, I will also go to the corresponding search, that is, according to the stage of the different, there may be the need for this. (LJW)
	a36 Emotional value	I only read the scientific health care ones, I refer to the content in them to develop healthy eating habits (LLB)

Note: Due to space limitations, only one primary source is shown for the basic category.

Table 3: Axial Coding

Main Category	Category	Scope Connotation
Social factors	Work environment	Toxic and hazardous work environment and high workload and working hours.
	Life Stress	Tension and anxiety felt when facing difficulties in daily life.
Personal factors	Individual characteristics	Unique physical, psychological, behavioral, and social attributes and characteristics.
	Health Literacy	The ability of users to access and understand basic health information and services, and to use them to the ability to make sound decisions to maintain and promote one's health.
	Information avoidance	The behavior of a user who selectively ignores, avoids, or does not process certain information when confronted with it.
Information Factors	Sources of Information	Internet, social media, mobile applications and other technology tools and service platforms
	Quality of Information	The provenance, accuracy, reliability, timeliness, completeness and availability of network health information.
Information Perception	Information Presentation	The way of expression and presentation of online health information.
	Perceived usefulness	Users' subjective evaluation of whether the network health information improves the quality of life.
	Perceived Ease of Use	The user's ease of understanding and operation when using the network to search for health information.
	Perceived value	The assessment of the functionality, emotionality, and value of the Web-based health information itself.
Social support	Interpersonal Support	Internet, social media, mobile applications and other technology tools and service platforms
	Organizational Support	The provenance, accuracy, reliability, timeliness, completeness and availability of network health information.
	Community Support	The way of expression and presentation of online health information.
	Physician Support	Users' subjective evaluation of whether the network health information improves the quality of life.

3.3 Selective Coding

This paper defines the core category as “mobile female workers’ online health information query behavior”. Among them, personal psychological factors and information perception are internal factors that determine how migrant women workers adopt online health information; information factors and social factors are external factors that affect the strength of the relationship between the internal factors and

adoption behavior; and social support, as a kind of moderating factor, can improve the health literacy of migrant women workers, and change their acceptance and use of online health information. The typical relationship structure of the main categories in this paper is shown in Table 4, and then the theoretical model of the dilemma of online health information adoption behavior of migrant women workers constructed based on the relationships between the obtained categories is shown in Figure 1.

Table 4: Typical relational structure of main categories

Core Scope	Main Scope	Relational Structure	The Connotation of Relationship Structures
Migrant Women Workers’ Online Health Information Adoption Behavior	Personal Factors	Cause and Effect Relationships Intermediation	Personal factors and information perception determine online health information adoption among mobile women workers
	Information perception		Social and informational factors influence the strength of the relationship between internal factors and information adoption
	Social Factors	Moderating relationships Relational Structure	Social support moderates the relationship between other factors and mobile women workers’ online health information adoption behavior
	Information Factors		The Connotation of Relationship Structures
	Social support	Cause and Effect Relationships	Personal factors and information perception determine online health information adoption among mobile women workers

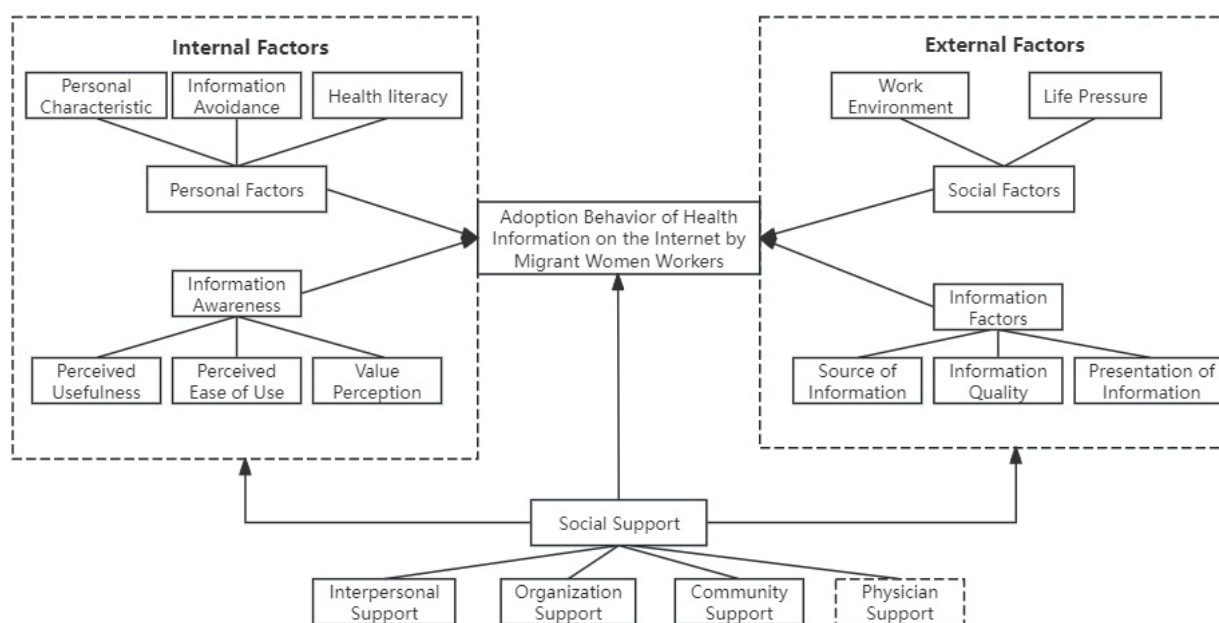


Figure 1: Theoretical model of online health information adoption behavior dilemma for mobile female workers

3.4 Theory Saturation Test and Validity Test

The prerequisite for the termination of sampling in a rooted theory study is that the theory reaches a state of saturation. In this study, five interviews were selected for the theory saturation test, and the above coding and analysis steps were repeated, and after an in-depth comparative analysis, no other new concepts and categories were found; therefore, the conceptual categories shown in the coding results of this Zagan theory have reached a saturated state.

4. Results

4.1 External Constraints: Double Constraints Brought by Reality and Online Environment

4.1.1 Realistic pressures hinder health information access.

Social causation theory suggests that changes in the socioeconomic environment are a source of health inequality

[7]. Most of the interviewees in this paper come from third- and fourth-tier cities, counties and rural areas, and the toxic and harmful workshop environment directly leads to the existence of 60% of female workers suffering from occupational diseases, such as low leukocytes and anemia are two of the most common occupational diseases of female workers in the workshop, and those who are seriously unable to pass the physical examination need to change jobs; except for two or three female workers who will soon be retired, the vast majority of them complain about the high intensity of their work; more than 90% of the interviewees said that in order to support their families, work almost deprived them of rest and recreation time, resulting in information fatigue, such as “the public has not seen, we are very busy at work, that is, we have to work non-stop, and when we are busy, we have to be on the job for 12 hours a day, and then we take a one-hour break in the middle of the day” (FLY). During the short breaks, female workers are more inclined to brush some short videos of an entertainment nature to relax their bodies and minds. It is difficult for them to find a balance between their life and work, and they can only be pushed forward by the wave of work, which in the long run creates an information dilemma of not

actively acquiring and stagnation.

4.1.2 The proliferation of information disrupts the perception of health information.

Respondents indicated that the frequency, content and quality of health information they accessed were highly randomized, and some of them thought that the Internet environment was chaotic, and they were at a loss as to what to do with all kinds of health information. Low-quality information such as title parties, lack of content and inappropriate graphic expressions made 50% of the respondents worried about the quality of online health information, and 25% of the respondents said they “don’t go to see these [health information], but become more anxious if they see too much of it” (WJY).

According to the survey, respondents generally use the same media platforms, such as Jieyin, Shuttle and WeChat, and these easy-to-use platforms provide personalized and customized information services, which help users obtain high-quality information that better meets their needs. However, 60% of the respondents are not good at utilizing customized information services, and they choose to stand back in the face of the flood of information, rarely actively searching for or adopting health information. xgy said “Although I usually swipe on jingyin, I just look at it casually, and I seldom use that search box.” They said that it was difficult to recognize the truth and falsehood of the health information they encountered on the Internet, and that exaggerated descriptions and old stories made them lose interest in reading, so some women workers said that they did not directly feel that online health information had improved their quality of life.

4.2 Internal Constraints: Health Information Adoption Dilemmas under Individual Differences

4.2.1 Knowledge barriers force health information perception difficulties.

Respondents tend to avoid health information due to the limitations of knowledge level and digital divide, and prefer to be exposed to relaxing information [8]. Existing studies have shown that information literacy affects users’ assessment of information quality, source credibility [9], information novelty, and social connectivity [10], which in turn affects their perceived usefulness.

Individual female workers’ self-assessed health discrimination ability is average, only mastered the basic health knowledge of life, and often misjudged some common online health information misconceptions, so they were unable to correctly assess the quality of the information and judge whether the source of information is reliable or not, and the perception of effective health information is weak. YYF confessed that her own health concepts are not strong, “I don’t pay too much attention to these health information’s, I usually don’t read much.” Therefore, she spends less time in processing health information, and her perceived usefulness of online health information is low.

4.2.2 Short video craze prompts cognitive degradation.

Because exposure to and reading of health information requires certain knowledge reserves and analytical comprehension ability, Jitterbug and Shutterbug, two software programs with short videos as the main form of content expression, are more favored by female workers with generally lower cultural levels. As online short video platforms carrying massive amounts of health information, their functional characteristics are closely related to the experience of female workers, and the way the platforms’ information is presented indirectly contributes to the gradual numbness of female workers to health information, and they are accustomed to using them. The way of presenting information on the platform indirectly contributes to the gradual numbness of female workers to health information, and they habitually slide on one short video after another without thinking too much about it, which leads to the fact that even if they have swiped a meaningful health video, they seldom think about it deeply.

4.3 Social Support: Promoting Health Literacy Among Migrant Women Workers

4.3.1 Community support.

Social support can moderate the impact of stress on individual mental health [11] and plays an important role in helping individuals face information adoption. This study was conducted in Shanghai, where relevant policies such as the Opinions on Strengthening Community Health Services in the City to Promote the Development of Healthy Cities point out the importance of family doctor contracting services and health education and promotion [12]. 95% of respondents indicated that the community had arranged health promotion lectures, such as lectures on high blood pressure and cardiovascular and cerebral vascular diseases, and 40% of respondents missed the lectures and promotions in view of the nature of their work, which involved leaving the house early and returning home late. 40% of the respondents missed the lectures due to the nature of their work, but some of them attended the lectures together with their relatives, for example, “I go to the lectures on infectious diseases with my lover, almost two or three times a year” (YYF). Regularly organized health lectures in the community can help female workers establish a trustworthy social relationship with the community, so that they can obtain more accurate and reliable information. This trusting relationship helps women workers to rely on the information provided by members of the social network when they face information dilemmas.

4.3.2 Organizational support.

The motor factory, as an employer, sets up a factory infirmary as well as carries out biannual medical checkups, including occupational disease, gynecological and full-body checkups, which are effective in helping female workers to understand their own health status, but due to the social factors such as work pressure and life pressure, some interviewees are still relatively neglectful of their health.

4.3.3 Interpersonal support.

Interpersonal interactions include workers who work together and relatives and friends, who provide channels to join

professional communities and help female workers obtain more authoritative information from different fields and perspectives, and diverse information channels help provide comprehensive and balanced information.

4.4 Missing Role: The Absence of Doctors' Assistance in the Process of Health Information Adoption.

Doctors play an important role in the process of health information acquisition, and Dai, Fifi, et al [13] found that 83.9% of the patients interviewed believed that the medical and health information obtained from online queries would facilitate their communication with their physicians. However, in this study, it was found that 80% of the interviewees rarely consulted with doctors about the searched internet health information when seeking medical treatment, and they preferred to tell doctors about the cause and history of their illness directly, and they were more accustomed to going to the hospital to directly consult with doctors offline than registering for medical treatment online. LLB indicated that face-to-face conversation was more reassuring, and doctors were more authoritative and professional, and she was worried that if she mentioned internet health She was worried that if she mentioned Internet health information during offline consultation, it would offend the doctor, while WM directly said that telling the doctor about the videos and popular science she watched on the Internet might influence the doctor's judgment.

5. Conclusions

Health is an important livelihood issue in the context of the development strategy of Healthy China, and women's health is the cornerstone of all people's health. Based on the rootedness theory, this study analyzed and extracted 36 initial concepts, 15 categories, and 5 main categories with open coding and principal axis coding, and constructed a dilemma model for the adoption of online health information by migrant female workers through interviews with 17 migrant female workers working in a motor factory in Shanghai.

Most of the female workers come from rural areas and come to the city with the hope of improving their living conditions, however, social pressure and health problems have become the dilemmas they have to face, and their special job types make them face more health risks than ordinary workers, however, based on personal factors such as cultural level and health literacy, they have certain difficulties in searching for, identifying and using online health information when they are in their mid-age and haven't yet fully kept up with the tide. However, due to personal factors such as literacy and health literacy, middle-aged women who are not yet fully up to date have difficulties in searching for, recognizing and using online health information. Social support attempted to help respondents cope with the information dilemma through a variety of ways. Support from interpersonal, organizational and community sources not only enhances women workers' information processing ability and reduces psychological pressure, but also facilitates information sharing, provides practical help and builds trusting social ties. These forms of support are important for enhancing their online healthy information adoption behavior and effectively coping with information overload.

This study still has some limitations. First, the sample came from a certain electric motor factory in Shanghai, which is insufficient in terms of diversity; second, due to the consideration of personal information privacy, the answers of the interview participants may be hidden, so the results of the study may have some deviation from the objective situation; finally, this study applies the qualitative research method of rootedness theory to explore the predicament of mobile female workers' online health information adoption behavior, and it only analyzes the relationship between theoretical models and the main categories, and does not explore the relationship between the theoretical model and the main categories. Finally, this study applies the qualitative research method of rootedness theory to explore the dilemma of online health information adoption behavior among migrant women workers, and only analyzes the relationship between the theoretical model and the main category, but does not explore the countermeasures for the dilemma, nor does it further explore the applicability of the conclusions to different groups, and the scalability of the conclusions of the study needs to be further verified.

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