

Research on Influencing Factors of Patients' Intention to Knowledge Sharing in Internet-Based Traditional Chinese Medicine

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Abstract: As the aggravating trend of aging population and sub-healthy, people pay more attention to their health conditions. The shortage of medical resources makes Internet-based traditional Chinese Medicine (TCM) to an innovation mode of health services and Chinese culture. This research based on Technology Acceptance Model (TAM) to establish a concept model of knowledge sharing behavior of the Internet-based TCM service. The Software users as knowledge users, the influence factors of knowledge sharing behavior include perceived usefulness, knowledge utilization effort cost, social influence, perceived risk, resource convenient. Using a sample of 258 copies questionnaire, we find that perceived usefulness(PUF), social influence(SI), resource convenience(RFC), trust(TRU) positively affect knowledge sharing behavior in Internet-based TCM service ; meanwhile, knowledge utilization effort(KUE), perceive risk(PR) negatively affect knowledge sharing behavior in Internet-based TCM service. Our findings complement knowledge sharing theory, for Internet-based TCM service platform providers, the findings suggest that they should strategically build users' trust and look forward to deeper development of Chinese culture.

Keywords: Internet-based; traditional Chinese Medicine; knowledge sharing; Technology Acceptance Model; Influencing factors.

1. INTRODUCTION

The virtual community means that each participant may become a source of knowledge. Researchers have long indicated that consumers are a very important source of knowledge, to study how consumers conduct knowledge management is meaningful. The development of network medicine makes this kind of situation not only exist in the business management, but also in the medical field. In some cases, the patient is also the source of medical knowledge. Experienced patients can also become experts, as long as he can use useful information. The knowledge transfer of network medical treatment is unique. On the one hand, due to the characteristics of the network caused by the huge information, redundancy, and medical information compared with the general information complexity is stronger, making it difficult for the consumer to efficiently search; on the other hand due to the presence of the patient's

own knowledge as the source of the phenomenon, and some medical service platform in the business of publishing false information will lead consumers to the safety and effectiveness of knowledge transfer.

2. BACKGROUND AND HYPOTHESIS

In recent years, online community research has increasingly begun to emphasize value creation and knowledge share. One stream of work focuses on the revenue potential of online communities for firms. For instance, Manchanda et al. explore the economic value created by customer engagement in firm-sponsored online communities, and Huang et al. study online customer behavior in the context of generation of ideas for Dell Computers. A second stream links the benefits of Internet-based services engagement to performance outcomes. Our country also invested a lot of money to support the development of Internet-based business. While many factors have been implicated in the existence of Internet-based TCM service such as medical technology, socioeconomic status and education, our study take a provider-to-consumer view of the Internet-based TCM service .With 50 percent of the world's population living in rural areas, the difficulty in attracting and retaining medical professionals in these areas has consistently been identified as a global challenge and remains a major concern for world leaders. Internet-based TCM service can break the time and geographical restrictions. Study on influencing factors of knowledge sharing in Internet-based TCM service is necessary.

2.1 Hypotheses

The attitude, psychology and ability of knowledge subject play a direct role in knowledge sharing. The behavior intention reflects the individual is willing to pay much effort and spend much time to perform some sort of behavior, it is composed of individual knowledge sharing behavior attitude, subjective norm and perceived behavioral control three elements of mutual influences. The primary factor influencing the behavior intention is the behavior attitude; it has the intrinsic influence to the human behavior. Based on the theory of planned behavior (TAM), we propose

H1: Behavioral intention has positive impact on the Usage Behavior.

New information technology only be accepted by users, and continue to use in order to reflect their value, therefore, Internet-based TCM doctors provide knowledge service must be accepted by the users and use them to make the knowledge to play the value of sharing. According to the revision of the unified model of technology acceptance and use, the factors that influence the use of knowledge intention include: perceived usefulness, knowledge utilization effort cost, social influence, etc. According to the content of this paper, the definition of perceived usefulness is the knowledge that the users believe that the knowledge they want to acquire is conducive to enhancing their health. There is no free lunch in the world, so the definition of knowledge using effort cost is the cost that the users have to pay for the process of acquiring and using knowledge. Hence, we propose

H2: Perceived usefulness has positive impact on the behavioral intention.

H3: Knowledge utilization effort cost has a negative impact on the behavioral intention of the consultants.

H4: Social influence has a positive impact on the behavioral intention.

According to the theory of consumer perceived risk theory and network information, from the perspective of knowledge receiver, knowledge Internet-based TCM services shared knowledge by using intention, perceived risk and trust influence. This study design refers to the perceived risk of consulting in Internet-based TCM service in the process of cognition and evaluation of adverse outcomes, may also be subjected to the information, such as the loss of property. The process of counseling TCM service in practical access to the Internet, facing the financial risk, privacy, etc. a variety of functions. Different users are different in the degree of risk perception, and risk perception is subjective, and some risks may be expanded or reduced. The perceived risk which user can't feel does not affect the user's intention and behavior. Therefore, we propose

H5: Perceive risk has a negative impact on the behavioral intention of the consultants.

H6: Resource convenience has a positive impact on the behavioral intention.

Internet plus traditional Chinese medicine services is an emerging industry recently emerged, although Chinese medicine has a long history in Chinese but with the development of economy and science and technology of western expansion, more and more people gradually picked up the suspicion of traditional Chinese medicine. In the preparation stage of the people around interview understands that trust is an essential factor of knowledge sharing behavior, therefore, in the construction of the Internet-based TCM service knowledge sharing model of influencing factors, the trust degree of consultation on traditional Chinese medicine has an important variable factors. Von Krogh, Nonaka, Ichijo and Chao-Min Chiu proved trust is the key factor in knowledge sharing. Different degree of trust, the amount of information contained in the consultation and the exchange of traditional Chinese medicine is also different. The doctor and the consultation between the degree of trust, more conducive to reducing the users in health knowledge search and use the risk and uncertainty, and then reduce the searching and waiting cost, and to improve the health knowledge acquisition of the degree of absorption. Hence, we propose

H7: Trust has a positive impact on the behavioral intention.

Internet-based TCM is an emerging industry; the popularization of the service technology is not very extensive. In the questionnaire survey subjects in intention and behavior Internet-based TCM service on a voluntary and is difficult to guarantee the measurement; and due to the limitation of my own condition, subjects with mainly college students, so the regulation of voluntary and age are not discussed in this paper. This paper mainly discusses the moderating effects of gender and experience on the path of knowledge sharing. According to the research results of Venkatesh et al, whether the subjects actually visited Internet-based TCM Web site as experience basis; gender as population statistics for men and women into two categories. Therefore, we propose

H8: Experience has a moderating effect on knowledge sharing behavior.

H8A: Experience has a moderating effect on the path of perceived usefulness to behavioral intention.

H8B: Experience has a moderating effect on the path of knowledge utilization effort cost to behavioral intention.

H8C: Experience has a moderating effect on the path of social influence to behavioral intention.

H9: gender has a moderating effect on knowledge sharing behavior.

H9A: gender has a moderating effect on the path of perceived usefulness to behavioral intention.

H9B: gender has a moderating effect on the path of knowledge utilization effort cost to behavioral intention.

H9C: gender has a moderating effect on the path of social influence to behavioral intention.

Summary of the above assumptions, get the following hypothesis Figure 1.

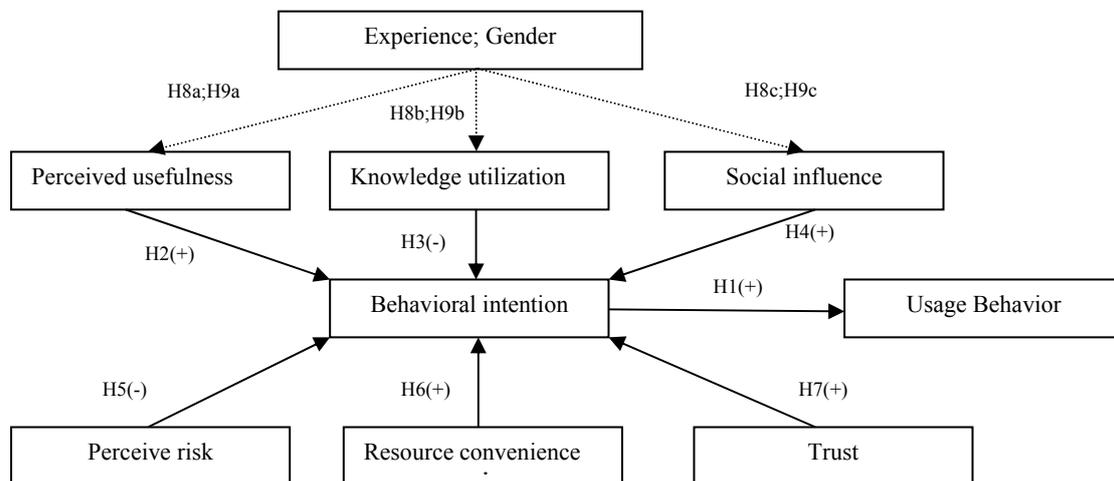


Fig 1. Research model

Data were collected through the design of questionnaires. The statistical software SPSS 20 tools, in the processing of the first effective questionnaires measured by the descriptive analysis of the data, according to the distribution of some simple answers to the problems reflected by the questionnaire master again; analyze the reliability and validity of the questionnaire by using the statistical software SPSS, the structural equation model, and to test the hypotheses.

3. QUESTIONNAIRE

We use questionnaire to collect the data to verify the concept model of knowledge sharing. In order to make the subjects are related to the understanding of Internet-based TCM, explained and simple classification of Internet-based TCM service in the first part of the questionnaire, participants can Internet-based TCM services have a basic understanding. The second part of the questionnaire survey the personal basic information of the subjects, that is, from the point of view of population statistics to set up a simple information problem. The third part is to

investigate the subjects of Internet-based TCM which part of the service of interest. Finally, measure the user behavior in Internet-based the use of traditional Chinese medicine' service. In the questionnaire, the first page explained the purpose of our research and ensured confidentiality. The respondents were asked to recall their most recent online interrogation experience at internet-based TCM services platform. 258 questionnaires were returned. Among them, 4 were incomplete or invalid after initial examinations, resulting in a total of 254 valid questionnaires for data analysis. The demographic information of those respondents is shown in Table 1. The basic personal information section includes four contents: the gender, age, educational background and experience. Gender is divided into male and female. Age are: less than or equal to 20 years old, more than 20 less than 35 years old, more than 35 less than 50 years old, more than four years of age 50 stages. Education includes five stages, from high school and below to PhD. The use of experience is divided into: no use and use of. The purpose of this part is the acceptance of the basic information by understanding the subjects to analyze the different conditions of the knowledge service in Internet-based TCM. Through the questionnaire survey of the population statistics found that women were more than men, aged 20-35 years old, most of the subjects have a bachelor degree and above.

Table 1. Demographics of Respondents (N=254)

items	Variable	Frequency	Percentage
Gender	male	125	49.2%
	female	129	50.8%
Age	≤20	21	8.27%
	20-35	207	80.71%
	35-50	21	8.27%
	≥50	5	1.97%
Education	High school and below	33	12.99%
	Specialty	29	11.42%
	Undergraduate	159	62.60%
	Master	31	12.20%
	Ph.D. and above	2	0.79%

This paper conducted a survey of 8 kinds of service Internet plus traditional Chinese medicine services in the way of questioning, "If you use Internet-based TCM service, are you willing to use what kind of service". From the statistical results, we can learn that the most willing to use the three kinds of services are checked symptoms, check the disease, health care and learning of medical knowledge.

Furthermore, according to the medical health websites inquiry and understanding, this paper summarized 8 kinds of Internet plus traditional Chinese medicine services. This section requires the participants to select the services they are interested in. Namely: For traditional Chinese medicine; Chinese medicine decoction; the physical self- testing; the beauty diet; the health care; the online inquiry; the knowledge of Chinese medicine and acupuncture, cupping and other learning; door-to-door service.

In this paper, we use the Likert Rensis development of the Li g scale method, the 7 point scale method can effectively measure the attitude of the subject to a certain thing. The scale design item is drawing on relevant literature more mature, 7 points from strongly disagree to strongly agree respectively 1-7 (strongly disagree, disagree, disagree a little, not sure, agree to, agree or strongly agree), the subjects do very simple, only choose your own answer in the corresponding points, the author can by participants answer the corresponding item score calculation.

Furthermore, since all the data collected were perceptual and from a single source at the same time, we also did a Pre-test before sent out questionnaires. Internet-based TCM services is an emerging industry, some of the subjects may have no understanding of it, in order to ensure that each questionnaire can be measured by the understanding, in the formal questionnaire before the test to please the author dormitory and family were trying to fill the questionnaire first. In the process of filling in the questionnaire, the questionnaire is improved and modified, and the problems in the questionnaire are modified, and each item of the questionnaire can be understood and accepted.

4. DATA ANALYSIS AND RESULTS

The questionnaires were distributed in two ways, the paper questionnaire and the questionnaire Star. The main subjects were the students and some employees in the universities. The participants were mainly my classmates, friends and family, and some of the data were obtained by questionnaire each other on questionnaire Star. We carried out a pre survey of 30 questionnaires before the formal test, and the participants had a good reflection on the questionnaire. The 30 samples were very high reliability through SPSS analysis. The official survey we issued a total of 258 copies, 258 copies of the collection, some of the obvious invalid questionnaire removed, a total of 254 valid questionnaires were received, and the questionnaire recovery rate was 98.45%.

4.1 The reliability and validity analysis of samples

All measuring instruments must be reliability and validity to ensure its reliability and validity. The actual value and the error value is two observations of any measurement are an integral part of the value, the higher the reliability measurement error value is low, the lower the value of the observation error value obtained by the more close to the actual value of the said, which has high stability.

4.1.1 Reliability Analysis

Reliability is divided into external reliability and internal reliability of the two categories. The external reliability usually refers to the degree of the consistency of the questionnaire; the most commonly used test method is the test reliability. In this study, we use the cross section data, which does not need to consider the problem of external reliability. Internal reliability is used to measure the degree of internal consistency of the scale items, and the internal reliability is assumed to measure the single concept of each scale. There are two methods used to test this intrinsic consistency: alpha coefficient and confirmatory factor analysis (Liu Huaiwei, 2003).

When the value of the questionnaire is higher than 0.7, the questionnaire has a considerable degree of reliability (Nunn ally, 1978; Peterson, 1994). Following Fornell and Larcker, we used composite reliability and Cronbach’s alpha to test construct reliability. In this study, the alpha coefficient was used to assess the reliability of the questionnaire. The following table 2 is the reliability analysis of the questionnaire data.

Table 2. Reliability analysis

Variable	Measurement items	Cronbach’s Alpha	Composite reliability
Perceived Usefulness	PUF1	0.935	0.939
	PUF2		
	PUF3		
	PUF4		
Knowledge utilization effort cost	KUE1	0.895	0.895
	KUE2		
	KUE3		
	KUE4		
Social Influence	SI1	0.765	0.764
	SI2		
	SI3		
Perceive risk	PR1	0.819	0.833
	PR2		
	PR3		
Resource convenience	RFC1	0.722	0.722
	RFC2		
Trust	TRU1	0.914	0.915
	TRU2		
	TRU3		
Behavioral intention	BI1	0.935	0.935
	BI2		
	BI3		
	BI4		
Usage Behavior	UB1	0.897	0.898
	UB2		
	UB3		
	UB4		

Seen from the table of the variables Cronbach's α values were greater than 0.7, the standard Cronbach's α is 0.7, based on the correlation coefficient of each item is overall higher. Indicating the internal consistency of the questionnaire data has good reliability.

4.1.2 Validity Analysis

Validity includes two aspects: on the one hand, the measurement tools used are in the measurement of the content of the researchers to study, on the other hand measurement tools must be accurate and effective measurement of the concept of the required measurement. Validity can be divided into three categories: content validity, criterion related validity, construct validity, and the most important criterion is construct validity. In this paper, we use exploratory factor analysis (EFA) to measure the construct validity of the questionnaire data.

According to previous experience, we need test the KMO value and Bartlett ball. According to KAISER's point of view, only when the KMO value is greater than 0.5, Bartlett ball test is significant, it is suitable for factor analysis. Table 3, 4 is an exploratory factor analysis.

Table 3. Exploratory factor analysis 1 KMO and Bartlett inspection

Kaiser-Meyer-Oilskin metric for sampling sufficient degree.		0.877
Inspection of Bartlett's degree of roundness	Approximate X^2	7052.727
	def.	351
	Sig.	0.000

Table 4. Exploratory factor analysis 2

measurement items	factors				
	1	2	3	4	5
PUF1	0.792	0.194	-0.347	-0.084	-0.137
PUF2	0.857	0.106	-0.252	0.007	-0.107
PUF3	0.795	0.219	-0.264	-0.14	-0.347
PUF4	0.812	0.18	-0.216	-0.111	-0.029
KUE1	0.763	0.349	0.056	-0.106	0.096
KUE2	0.637	0.489	0.116	-0.105	0.131
KUE3	0.609	0.455	0.226	-0.368	0.21
KUE4	0.572	0.477	0.324	-0.444	0.139
SI1	0.614	0.1	0.491	-0.261	-0.079
SI2	0.519	-0.201	0.628	0.187	-0.151
SI3	0.622	-0.156	0.419	0.372	-0.186
BI1	0.78	-0.255	0.037	0.035	-0.214
BI2	0.877	-0.008	-0.11	-0.016	-0.212
BI3	0.85	-0.089	-0.13	-0.028	-0.259
BI4	0.858	-0.085	-0.088	-0.005	-0.148
UB1	0.639	-0.479	-0.121	0.013	0.389
UB2	0.609	-0.39	-0.069	0.042	0.358
UB3	0.692	-0.435	-0.031	-0.158	0.328
UB4	0.628	-0.445	-0.14	-0.177	0.254
PR1	0.559	0.512	-0.099	0.39	0.19
PR2	0.506	0.575	-0.201	0.243	0.204
PR3	0.376	0.486	0.099	0.511	0.354
RFC2	0.678	-0.052	-0.003	0.232	-0.231
TRU1	0.729	-0.452	-0.001	0.033	0.083
TRU2	0.818	-0.336	0.117	0.097	-0.018
RFC1	0.706	0.186	-0.008	0.092	-0.098
TRU3	0.786	-0.334	0.082	0.079	0.079
Variance explanation rate / %	49.431	12.012	5.336	4.619	4.506
The cumulative variance explained /%	49.431	61.443	66.78	71.398	75.904

Using SPSS to carry on the factor analysis, carries on the principal component extraction and the maximum variance rotation to the 27 indicators, obtained the factor structure. In table 5.4, each variable item are attributed to a factor, each item in its related factors associated variable load value is greater than 0.5, and the variance accounted for 75.904%, both the questionnaire data obtained has good validity.

4.2 Correlation analysis

Correlation analysis is a method used to analyze the relationship between different variables in statistics, which is generally divided into linear correlation analysis and nonlinear correlation analysis. Linear correlation analysis was used to estimate the correlation degree between the two variables, and the correlation coefficient was used to describe the correlation degree between variables. According to the value of the correlation coefficient of the relationship between the variables are divided into three types: positive correlation, negative correlation and no correlation, another correlation coefficient is greater than 0.95, showed that the two variables have significant correlation; the correlation coefficient values between 0.8 and 0.95, showed high correlation between two variables; correlation coefficient at between 0.5 and 0.8, showed moderate correlation between two variables; the correlation coefficient values between 0.3 and 0.5, showed low correlation between two variables; correlation coefficient is less than 0.3, indicated that the two variables are very weak.

In this paper, perceived usefulness, knowledge utilization effort cost and social influence, knowledge utilization intention, knowledge utilization behavior, resource facilitating conditions, perceived risk, trust correlation test, correlation analysis as shown in Table 5.

Table 5. Correlation Matrix

	PUF	KUE	SI	BI	UB	PR	RFC	TRU
PUF								
KUE	0.671							
SI	0.470	0.498						
BI	0.794	0.561	0.644					
UB	0.512	0.331	0.451	0.677				
PR	0.521	0.583	0.309	0.384	0.162			
RFC	0.674	0.560	0.530	0.703	0.456	0.444		
TRU	0.635	0.438	0.658	0.752	0.791	0.252	0.632	

4.3 Regression analysis

This section establishes a multiple regression model, see the model 1 and model 2 as shown in the formula 1 and 2.

$$UB = \beta_0 + \beta_1 BI + \varepsilon \tag{1}$$

$$BI = \beta_0 + \beta_1 PUF + \beta_2 KUE + \beta_3 SI + \beta_4 PR + \beta_5 PFC + \beta_6 TUR + \varepsilon \tag{2}$$

In this paper, we use SPSS20 to analysis the collect-data in accordance by the regression analysis model, the results of the analysis are shown in Table 6, Table 7, Table8 and Table 9. It can be seen from Table 6, the model of adjustment of R square to 0.456, better fitting degree, and the model test results significantly From Table7, we can know that the use of knowledge and knowledge of the use of the use of the behavior of the regression coefficient is greater than zero, and the corresponding Sig value is less than 0.1. Therefore, the use of knowledge intention will positively affect the use of knowledge.

As can be seen from the table 8, the model adjusted R square is 0.787, the fitting degree is good, and the model test results are significant. From table 9, we can know that perceived usefulness, social impact, resource convenience, trust, and the regression coefficient is greater than zero, and the corresponding Sig value is less than 0.1. Therefore, perceived usefulness, community impact, resource convenience, trust will positively affect the intention of using knowledge. The regression coefficients of knowledge utilization effort cost and perceived risk are all less than zero, and the corresponding Sig value is greater than 0.1, so the knowledge utilization effort cost and perceived risk have negative effect on knowledge usage intention.

Table 6. Summary of model 1

Model	R	R ²	ΔR ²	Change statistics				
				R ² change	F change	df1	df2	Sig. F change
1	0.677 ^a	0.459	0.456	0.459	213.468	1	252	0.000

a. Predictive variable: (constants), BI

Table 7. Model 1 regression results

Model	Unstandardized Coefficients		Standard coefficient	t	Sig.	
	B	Standard errors	Trial version			
1	(constants)	0.777	0.265		2.925	0.004
	BI	0.746	0.051	0.677	14.611	0.000

a. dependent variable: UB

Table 8. Summary of model 2

Model	R	R ²	ΔR ²	Change statistics				
				R ² change	F change	df1	df2	Sig. F change
2	0.890 ^a	0.792	0.787	0.792	156.596	6	247	0.000

a. Predictive variable: (constants), TRU, PR, KUE, SI, RFC, PUF

Table 9. Model 2 regression results

del	Unstandardized Coefficients		Standard coefficient	t	Sig.	
	B	Standard errors	Trial version			
2	(constants)	0.128	0.027		1.102	0.070
	PUF	0.603	0.054	0.549	11.122	0.000
	KUE	-0.061	0.049	-0.055	-1.244	0.215
	SI	0.227	0.043	0.218	5.303	0.000
	PR	-0.057	0.040	-0.053	-1.410	0.160
	RFC	0.157	0.049	0.139	3.185	0.002
	TRU	0.230	0.052	0.209	4.451	0.000

a. dependent variable: BI

4.4 Moderating effect of experience and gender

4.4.1 Analysis of the Moderating Effect of Experience

This article will test the role of experience and gender, this paper is based on the actual use of the sample for the standard will be two categories of experience and no experience. Based on these two types of grouping multi group structural equation model for the behavior concept model of knowledge sharing Internet-based TCM service are analyzed, in order to test the experience of each path has a moderating effect. The results are shown in Table 10. Besides,

we also classify the sample by gender as the standard, and the method is consistent with the empirical method. The results are shown in Table 11.

Table 10. Comparison of path coefficients of experienced and non-experienced users

Path	non-experienced	experienced	Critical ratio value
PUF→BI	0.219***	0.392***	2.155*
KUE→BI	-0.013	0.103*	1.575
SI→BI	0.171*	0.185**	0.173
BI→UB	0.122	0.612***	2.607**

* P<0.05, ** P<0.01, *** P<0.0010

Table 11. Comparison of path coefficients of gender groups

Path	Male	Female	Critical ratio value
PUF→BI	0.309***	0.312***	-0.017*
KUE→BI	-0.029	0.133*	1.974*
SI→BI	0.173*	0.148**	-0.481
BI→UB	0.266*	0.612***	1.337

* P<0.05, ** P<0.01, *** P<0.0010

Experience in the perceived usefulness of users will affect the use of path knowledge on the path coefficient of inexperienced subjects ($\beta=0.219^{***}$) path coefficient is less than the experienced subjects ($\beta=0.392^{***}$), changes in the role of experience on the path reached significant level ($T=2.155^*$).

Experience in the use of knowledge in the use of knowledge on the impact of the path of action on the role of change has reached a significant level ($T=2.607^{**}$). The path coefficients of the inexperienced subjects ($\beta=0.122$) are less than the path coefficients of the experienced users ($\beta=0.612^{***}$).

Therefore, the experience of the perceived usefulness of the impact of the use of the intention and the use of the intention to affect the use of the two paths have a positive regulatory role, and the experience of other paths of the moderating role is not significant. In Table 11 we can know that sex in the knowledge utilization effort cost to change path will influence on the role of knowledge use reached a significant level ($T=1.974^*$), the path coefficient of gender in male subjects ($\beta=-0.029$) in the path to less than the number of female subjects ($\beta=0.133^*$). As a result, gender only has moderating effect on the path of knowledge utilization, and the influence of male population is weaker than that of female.

5. DISCUSSION AND CONCLUSION

5.1 Key results and contributions

This paper uses empirical analysis method, study on the influence of users as influencing factors of knowledge sharing in the knowledge of the user, based on previous experience with the data obtained from questionnaires conducted a statistical analysis of the research hypotheses were verified. According to the previous analysis, the following conclusions are drawn as Table 12:

Table 12. Summary of Hypothesis Testing Findings

Hypothesis no.	Results
H1: Behavioral intention has positive impact on the Usage Behavior.	Supported
H2: Perceived usefulness has positive impact on the behavioral intention.	Supported
H3: Knowledge utilization effort cost has a negative impact on the behavioral intention of the consultants.	Supported
H4: Social influence has a positive impact on the behavioral intention.	Supported
H5: Perceive risk has a negative impact on the behavioral intention of the consultants.	Supported
H6: Resource convenience has a positive impact on the behavioral intention.	Supported
H7: Trust has a positive impact on the behavioral intention.	Supported
H8: Experience has a moderating effect on knowledge sharing behavior.	Supported
H8A: Experience has a moderating effect on the path of perceived usefulness to behavioral intention.	Supported
H8B: Experience has a moderating effect on the path of knowledge utilization effort cost to behavioral intention.	Unsupported
H8C: Experience has a moderating effect on the path of social influence to behavioral intention.	Unsupported
H9: gender has a moderating effect on knowledge sharing behavior.	Supported
H9A: gender has a moderating effect on the path of perceived usefulness to behavioral intention.	Unsupported
H9B: gender has a moderating effect on the path of knowledge utilization effort cost to behavioral intention.	Supported
H9C: gender has a moderating effect on the path of social influence to behavioral intention.	Unsupported

5.2 Implications for practice

In order to promote the Internet-based TCM service of knowledge sharing behavior, according to the influence factors of income, this paper puts forward the following suggestions:

- (1) In order to promote users use and research knowledge in Internet-based TCM services, Should put the effective organization of Internet-based TCM knowledge, and consider the easy-using of the knowledge management system. From the angle of the construction technology acceptance specification unified platform, and increase the Internet plus the advantages of Chinese medicine propaganda, at the same time according to different sex counseling by different forms, and security users in the use of Internet-based TCM platform of capital, information security, in order to make more users can convenient and efficient and secure to obtain and use knowledge, protection of doctors and users in the platform's activity.
- (2) The knowledge sharing behavior between doctors and users in Internet plus TCM service has the characteristics of the interests of the main diversity and dramatic etc. There may be serious information asymmetry between doctors and users, and trust is a key factor of knowledge sharing between the two parties. When doctors and users trust each other, they are happy to share their information and resources. Therefore, the third party platform which provides internet-based TCM service should attract high self-efficacy and sharing-awareness doctors, so that doctors and users can establish a stable and strong relationship between trusts. This strong relationship makes the users and doctors have more chances to fully understand each other's values, mode of thinking, sharing of physical illness and mentality of information between each other, in order to improve the efficiency of the sharing of tacit knowledge.

(3) Internet-based TCM service make doctors and users to realize knowledge sharing behavior is through effective communication with each other and can be realized. Service Internet-based TCM service platform is currently the most commonly used is the online inquiry service, the service is described by the users submitted diagnostic symptoms of text and pictures to get the doctor, most Chinese did not open telephone consulting service platform. Increased communication between doctors and counseling mode in addition to the above, the establishment of the patient group and the creation of Chinese special bar, good doctor will meet is to improve the effectiveness of the way to realize the communication between the doctor and the users of knowledge sharing behavior in a good way.

The Internet is the medical industry from 2012 before the rise of the industry, Internet-based TCM service is in the second half of 2015 before the rise and national support, Chinese medicine has a long history and important position in the history of the development of our country, but with the decrease in old Chinese and old doctors, the development of Chinese medicine into the declining trend, there Internet-based TCM is a major turning point in Chinese again flourished, so there are many places worth studying Internet-based TCM service.

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