Why do people donate to online health crowdfunding?

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ABSTRACT,

Background: Despite the growing popularity of online health crowdfunding, there is still a lack of research into the factors that influence why people donate, without getting a reward in return. Most literature focusses on motivations for reward based donations, which will give different motivators for why people donate. Research shows that motivation, which is conceptualized by injustice, identity and efficacy, social networks and health consciousness might be influencers of why people donate for online health crowdfunding. This has led to the following research question: How do motivations, social networks and health consciousness explain why people donate to non-reward-based health crowdfunding campaigns?

Method: In order to explore how these factors explain why people donate to health crowdfunding campaigns an explorative case study was conducted with 6 people who donated money towards a patient (Anna) with Lyme disease. Data were collected via qualitative, semi-structured interviews. Subsequently, the interviews were analyzed via the content analysis method.

Findings: The main finding of this research is that social ties influence the factors of why people donate. If there is a strong tie between the donor and the patient, meaning they are family or close friends, this could be enough to explain why the donation was made. When there is a latent tie between the donor and the patient, meaning the connection has not been activated by interaction, the main influencing factors that explain why they have donated are identity and high level of health consciousness.

Limitations: There was only a small amount of individuals willing to be interviewed. A larger pool of interviewees could have led towards stronger conclusions. Furthermore none of the interviewees had a weak or no tie with the patient. These different ties could have given other insights in how ties might influence the factors that explain why people donate.

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1. INTRODUCTION

The focus of this thesis lies in personal health crowdfunding through online platforms. Online crowdfunding is a way of collecting small amounts of money, through online platforms and social media, to reach a set goal (Conlin, 2019). In the category health crowdfunding donors will not receive a reward after funding the individual looking for financial resources (Renwick & Mossialos, 2017). There are four types of projects. Which include gathering money for individual health expenses, health innovation, supporting research or fundraising health initiatives (Renwick & Mossialos, 2017). Personal online crowdfunding is mostly used by individuals that gather money to cover health expenses for treatments that are not covered by health insurances. For the person being ill to still be able to receive the treatment, most of the times a lot of capital is needed. Online platforms like GoFundMe, You Caring, Doneeractie and Facebook can help individuals to start an online campaign. These platforms facilitate crowdfunding for charity and individual cases (Thorpe, 2018). Personal online health campaigns are the biggest section of personal online crowdfunding (Chandler, 2015) and can improve and even save the lives of many people (Snyder, Mathers, & Crooks, 2016).

However, little is known about why people donate money to health crowdfunding, even though the amounts gathered yearly by such campaigns are increasing. Previous research has shown that there are many factors influencing donation behavior, but these factors have not been connected towards why individuals donate for health related crowdfunding campaigns. Most research that investigates the influencing factors why people donate is based on reward based crowdfunding (Cecere, Guel & Rochelandet, 2017; Gerber & Hui, 2013), or on improving the effectivity of crowdfund pages (Renwick & Mossialos, 2017). These factors are connected to the rewards the donors receive. As there are no rewards given in health crowdfunding, these will be different. This thesis investigates three factors explaining why people donate to online health crowdfunding that are considered to be important in the literature: motivation, which is conceptualized by Injustice, Social identity and efficacy, social networks and health consciousness. The SIMCA model mentions identity, efficacy and injustice as the key motivators of collective action (Zomeren, Postmes & Spears, 2008). Aaker and Akutse (2009) showed that identity plays a major role when donating money, however, they did not further study the factors that could influence the reasons for donating. Social networks are introduced as a possible influence, where the strength of the tie with the patient is the main focus (Hui, Gerber, Gerble, 2014). Furthermore the STOPS model describes that communicative action is caused by health consciousness (Zheng and McKeever, 2016).

This thesis addresses the following research question: How do motivations, social networks and health consciousness explain why people donate to non-reward-based health crowdfunding campaigns? To answer this research question, I conducted in-depth semi-structured interviews with 6 people who donated money towards a Dutch patient (from here on Anna) who is suffering from Lyme disease. Anna has been ill for 6 years now, and has had many treatments that were unsuccessful in curing the disease. In the hope to get better, she is trying to collect money for another treatment, which is not covered by health insurances, through a Dutch crowdfund page (doneeractie.nl).

The main academic contribution of this study is to deepen our understanding of the reasons why people give. This paper offers practical contributions to patients and online crowdfunding platforms, as it could give an answer to why people donate money. On the one hand it benefits patients as they can use this information to gather more donors. On the other hand it benefits platforms as they can help patients to create better campaigns, which will make their platforms more successful and profitable.

The paper is structured as follows. First a literature review was done. This builds up towards a theoretical framework that was used to structure the semi-structured interviews. In the methods section it is described how data was gathered from the interviews via coding. In the fourth section a content analysis is done, which results into a conclusion and recommendations. Furthermore the paper also describes what the practical and academic contributions are.

2. LITERATURE REVIEW

This paper investigates the factors explaining what influences people to donate money, in order to help individuals reach the needed funds to pay for health costs. These funds are collected through online crowdfunding. Crowdfunding platforms are a popular source for people to start a campaign on for health related causes. (Chandler, 2015). In 2016, You Caring, an online platform for health related crowdfunding campaigns, had 15880 active medical campaigns. GoFundMe went from 8000 campaigns in 2011 to 600000 active campaigns in 2014, making medical crowdfunding campaigns nowadays the biggest category for personal online crowdfunding, and the use of it is still growing in popularity (Chandler, 2015). Renwick & Mossialos (2017) state that every year more money is donated towards medical crowdfunding campaigns. Medical crowdfunding can increase access to medical treatment and thus improve or save lives, as it provides people with the possibility to gather the needed funds, for the treatment to cure their illness (Snyder, Mathers, & Crooks, 2016). Renwick & Mossialos (2017) state that engaging the public is one of the most important aspects of making a campaign successful. The most effective medical crowdfunding campaigns give regular project updates, to create sympathy for their medical case, and use social networking to distribute their campaign (Conlin, 2019). This will increase the online reach of the campaign, and will increase the chance of people seeing, and therefore donating for the case.

2.1.1 General crowdfunding literature

Research on geography, social networks, timing, success factors for crowdfunding, relevance of relationships can be found in relation to online crowdfunding (Agrawal, Catalini, & Goldfarb, 2015; Beier & Wagner, 2015; Borst, Moser & Ferguson, 2017; Hekman & Brussee, 2013). Renwick & Mossialos (2017) mainly focus on the economic benefits and risks of crowdfunding. There is a lot of literature that can be found on research about why people donate money to crowdfunding organizations (Aaker, Akutsu, 2009; Vesterlund, 2016; Gerber, Hui, Kuo,; Snyder, Mathers, Crooks, 2016). However, most research about factors that influence why people donate is based on reward based crowdfunding (Cecere, Guel & Rochelandet, 2017; Gerber & Hui, 2013). These campaigns offer rewards in return for a donation. This results in reasons of why people donate like the seeking of rewards, to support creators and causes and to contribute to a trusting and creative community.

If we go deeper into the literature about crowdfunding Vesterlund (2006) showed that most donations are made by people with higher incomes or when the amount that can be donates is low. This research has been done on big non-profit organizations. Other important factors that increased the likelihood of donating were the ability of an organization to illustrate how much of a change their contribution could make for the cause, and what would happen to the donated money. Furthermore donors can experience two types of benefits from

giving, either private or public. A public benefit could be the desire to help the organization by increasing the amount of people they can help, whereas private benefits might be rewards offered by the organizations in return for the donations. The latter was shown to be the main reason for individuals to donate. It is a benefit that only the contributor experiences. However, as there is no reward-based system for donating on doneeractie.nl, the donors must have other factors that influence why they donate other than the once already studied. A reason mentioned in the article could be the "warm glow" effect (Vesterlund, 2006), where individuals want to feel nice, and maybe even feel guilty if they do not donate. Thank you notes could help to increase this warm glow feeling. There is not a lot of evidence that donors make donations because they care about the output of the organizations (Vesterlund, 2016). Factors for giving that have been researched before in different studies include sympathy, empathy, guilt, happiness and identity (Gerber, Hui, Kuo, 2012). Further, the way people ask for money influences the amounts donated. It was found that asking for peoples time is better than directly asking for money (Gerber, Hui, Kuo, 2012). Communication styles as well as interpersonal connections could be influencers for giving.

2.1.2 Literature about motivation, social networks and health consciousness
There is a lack of literature on what influences people to donate towards individuals on health crowdfunding platforms. Reasons to help people suffering from an illness will be different than those for reward based campaigns, as we do not speak of a creative process, and there are no rewards given (Gerber, Hui, Kuo, 2012).

When we look at motivation of donors different models are discussed in the literature. Aaker and Akutsu (2009) used the Identity-Based Motivation (IBM) model to study whether people are likely to donate and if so how much. The article mentions three main insights, namely that identities are malleable, that identity influences the actions of people, and it causes procedural-readiness. Furthermore, their study illustrates that if people were asked for their motivations of why they donated to charities they gave main reasons like familial identity, community identity and personal identity. However, the study did not look into the motivations of why people donate money in order to help individuals with health related campaigns, or did they look at other factors than identity that might explain why people give (Aaker & Akutsu, 2009). As proposed by Oeyserman, Smith & Elmore (2014) the IBM theory indicates that people do things a certain way because of their identity. They have linked the theory to implications for health. Studies have shown that identity can influence behavior, meaning making and action. Another model describing the influence of identity on the actions of people is the SIMCA model. Besides taking identity as a factor that influences motivation, the model also uses efficacy and injustice as key motivators of collective action (Zomeren, Postmes & Spears, 2008). These three motivators all increase the chance of collective action, and therefor influence donating behavior (Zomeren, Postmes & Spears, 2008). Both models can be used to study the motivation of why people donate, but the SIMCA-model is a better representation of motivation in this research, as it includes multiple other factors besides identity that could influence donating behavior.

Another factor largely acknowledged in the literature that explains why people donate is social networks. Social networks have an impact on health and behavior of individuals, and have been used in health related studies (Centola & van de Rijt, 2015). The use of social media for online crowdfunding is an ideal way to reach a broad network. The study of Hui, Gerber and Gergle

(2014) is aimed at understanding social networks, types of social ties, and how these can influence online crowdfund pages. This study has shown that people with weak social ties to the patient are responsible for the biggest portion of funds, however people with strong ties give larger amounts. Connections to a person might be a reason for why action was taken.

Zheng and McKeever (2016) conducted a quantitative research using the situational theory of problem solving (STOPS) to study health-related fundraising. The theory states that communicative action can be predicted by three factors, namely problem recognition, involvement recognition and constraint recognition. Health consciousness was considered to be the main variable influencing these three factors and therefore it might influence donating behavior (Zheng and McKeever, 2016). Health consciousness is defined as the personal integration of health concerns into daily activities. It is formed by a fear of getting ill. A high level of health consciousness results in taking better care of once own body, and having an increased knowledge about diseases and how to stay healthy. It is believed that people with a high health consciousness can relate better to others with illnesses, even if they do not have the disease themselves. They feel more connected to the patient, which could result in being more willing to donate. Therefore health consciousness can be seen as one of the factors that influences why people donate. Yet more research is needed to investigate whether health consciousness truly is a reason why people help patients to fund their health treatment (Zheng and McKeever, 2016).

Online crowdfunding is nowadays used by many people, organizations and SME's to collect money for realizing a project or goal. For some campaigns crowdfunding is wildly successful, while others fail drastic, and never manage to reach their target goal. It is important to study how the benefits will be divided more equal, so that more people can be helped and get treatment. Determining why people donate in the first place, might help to improve crowdfunding pages. This can lead to more successful campaigns, as the influencers of why people donate is known and therefore can be used for marketing campaigns. This in turn might lead to attracting more people who donate money. When the reasons behind donating are unknown, it is hard to encourage individuals to make donations in the first place. Qualitative research with in-depth interviews on the influencing reasons of why people donate without getting rewards are missing.

Via this study health consciousness, social networks and motivations will be studied on donors, to figure out why people donate towards online health crowdfunding.

3. THEORETICAL FRAMEWORK
The theoretical framework consists of three sections, which deepens our understanding of motivation, social networks and health consciousness. Motivation is conceptualized by perceived injustice, Social identity and efficacy, and uses the SIMCA-model to explain donating behavior. Then, social networks will be introduced, and lastly health consciousness is mentioned as a variable that influences why individuals are influenced to donate for online health crowdfunding.

3.1.1 Motivation
Motivation is defined as: " Internal and external factors that stimulate desire and energy in people to be continually interested and committed to a job, role or subject, or to make an effort to attain a goal" (Business dictionary). In this case motivation is about the reasons and needs that individuals feel to donate money toward crowdfunding campaigns. A model that describes the motivation of individuals in collective action, such as health crowdfunding campaigns, is the integrated social identity model

of collective action (SIMCA) (Zomeren, Postmes & Spears, 2008). The model integrates perceived injustice, efficacy and a sense of social identity to explain why people engage in collective action, such as crowdfunding campaigns. Perceived injustice entails how individuals compare their own situation with similar situations of others, which could result in feelings of unfairness. If injustice is perceived there is a higher chance of action. Group-based inequality can lead to a feeling of injustice, which results in action readiness (Zomeren, Postmes & Spears, 2008). Perceived efficacy is about if the donors experience a feeling of that their giving will make a difference for the overall cause they are supporting. Research has shown that group efficacy is an even better predictor of collective action, where individuals believe that the group can make a difference in reaching the target, and therefore experience some kind of group pressure to participate (Bekkers & Wiepking). Social identity is traditionally defined as "that part of an individual's self-concept which derives from his [or her] knowledge of his [or her] membership of a social group (or groups) together with the value and emotional significance attached to that membership" (Tajfel, 1978, p. 63). Social identity entails if the individual identifies with the disadvantaged group or the campaign organization, which will result in collective action. Studies have shown that identification with a social movement organization indicates better if an individual is going to act than identification with the disadvantaged group in general (Nguyen, Broek, Hauff, Hiemstra & Ehrenhard, 2015; Priante, Hiemstra, Broek, Saeed, Ehrenhard & Need, 2016; Priante, Ehrenhard, Broek & Need, 2018). The three factors mentioned above can be seen as predictors that explain if an individuals will participate in collective action, which is in our case is making a donation for an online health campaign.

3.1.2 Social networks
Individuals that are socially connected via networks influence each other's beliefs and the way they act (Hui, Gerber, & Gergle, 2014). Social influences between individuals can impact individuals behavior as well as their health (Centola & van de Rijt, 2015). In addition, scholars have shown that the type of relation (tie) influences the intention to donate (Bekker, 2010; Farrow & Yuan, 2011; Borgatti & Foster, 2003; Plickert et al, 2007). In social network theory there are three types of ties. Strong ties are strong connections between people such as family, friends and close colleagues (Haythornthwaite, 2005). Weak ties are still connections between individuals, but less strong, such as far away relatives, acquaintances and casual contacts. Research has shown that more donations came from people that had weaker ties with the crowd-funder, than from the once with strong ties (Hui, Gerber, & Gergle, 2014). Besides strong and weak ties, Haythornthwaite (2002) came up with latent ties. This is a connection that might be available, but is not activated by interactions yet. They can be created by sending an email to a certain department, or in this case sharing the crowdfunding page on social media. It is important that this tie is not established by the individual itself. When a social interaction occurs between the individuals, this can be digitally or in person, the latent tie converts into a weak tie. Research shows that people with strong ties donate higher amounts, than distant donors (Agrawal et al., 2015). Bekkers (2010) discovered that the stronger the relationship, the more likely it is that a person will donate. As well as that the donation will be much higher (Plickert et al., 2007). Social network will be used to see if it can explain why people donate money (Centola & van de Rijt, 2015).

3.1.3 Health consciousness
Health consciousness is the extent to which a person integrates health into its everyday life (Zheng & McKeever, 2016). If a person has a high health consciousness he or she will have a desire to maintain good health. It is believed that these people are more motivated to search for information related to non-profits and fundraising events. It is believed that health consciousness influences the decision making process of an individual to participate in health related fundraising events. Individuals with high levels of health consciousness are believed to know more about health issues, and therefore can relate better to patients. The study of Zheng & McKeever (2016) showed a positive relationship between health consciousness and communicative action. Therefore this will be one of our variables that is believed to explain why individuals donate to health crowdfunding pages of ill people (Zheng & McKeever, 2016).

4. METHODS
4.1.1 Case description
Anna has Lyme disease. Via Facebook, and a crowdfunding page on the platform doneeractie.nl she is gathering donations to reach her target goal of 15.000 euro. The money will be used for a treatment in Germany, that is believed to cure Lyme, but that the Dutch health insurances are not willing to pay for. All different kind of treatments provided in the Netherland have already been tried, but nothing has worked yet. This new treatment in Germany is her final hope, and can hopefully help her to defeat the disease she has been struggling with for 6 years now. Until now, 59 people have donated to the crowdfunding campaign of Anna, but only 8% of her target goal has been reached via these donations. Anna will receive the money for her treatments even if she does not reach the target. However, it will not be possible for her to pay for and therefore receive the treatment if she is not able to collect the full amount. If the total amount is not reached, the money will go towards Lyme research. The campaign is shared via the website of Doneeractie and Facebook. No other channels to spread her message are used. The crowdfunding campaign of Anna was used to discover the factors that explain why the donors have donated money, and felt the desire to help Anna, without getting a reward in return.

4.1.2 Research design
Data was collected via qualitative, in-depth semi-structured interviews. All donors of Anna's case were potential individuals that could be interviewed. The case had a total of 59 donors on the 10th of March 2019. All new donors after this date were not included in the research. All participants received a letter, which can be found in appendix A, with an invitation to participate in an interview about the factors that explain why they donated for this specific case. The letter included a consent for recording the interview, as well as a statement of anonymous processing of the results. Furthermore, they were asked when they were available for the interview. Recruitment took place over a period of 2 weeks. Then, all the interviews were held within a week. From the 59 people, 6 people were interviewed. It is a 10% response rate, which is seen as successful for our research, as it is an explorative study and the interviews will be lengthy (Dworkin, 2012). From this small amount of people we were able to collect in-depth information. It was a broad range of respondents, that included close family, as well as individuals that had never met or spoken to Anna. 3 male and 3 female donors were interviewed, ranging in age from 22 to 37 years old. Further details about the interviewees can be found in appendix C. This case is a good example to use, as Anna's case is not to famous, and therefore we can exclude the variable of fame of the case that might influence the factors of why people donate.

The interviews were semi-structured, to create the possibility to seek more clarification, and to go deeper into the answers of the interviewees (Kvale, S. 1996). There were some basic guiding

open ending questions, to make sure that similar data for the different participants was collected. The interview question can be found in appendix B. The interviews ranged in length from 25 to 45 minutes, and all of them were conducted face to face at the home of each participant. All of the interviews were recorded.

The questions were divided into three sub-categories about motivation, which is divided into injustice, identity and efficacy, social networks and health consciousness and were connected to why people donate money, to be able to find answers to our research question. Before the interviews were conducted, the questions were checked by a researcher at the University of Twente, and the needed skills were acquired to perform the interviews in the correct way.

Besides the interviews, all 59 donors of the case were analyzed, so that some general information about who donated for the case could be used. Mainly social ties and comments will be used during the data analysis. An interview with Anna was conducted to help define the ties with the donors.

4.1.3 Data analysis
The data was analyzed via the content analysis method. This method is used to interpret meaning from text-based data (Hsieh & Shannon, 2005). Via this method categories were identified and grouped together, as well as some understanding of it was found. The goal was to organize the collected data and to draw conclusions from the answers given by the interviewees to come to an answer for our research question. Once the interviews were transcribed into a text, the data was coded. Open coding process was used to identify meaningful units in the text. These are sentences in the text that contain some important insights and quotes. Every sentence or paragraph with a meaning was labelled with a code. In appendix E a coding list can be found, with an explanation for all the codes (Bengtsson, 2016). Once the coding was complete, all codes were divided into themes, and codes that were not relevant for the research were omitted. Subsequently Atlas TI 8.0 was used for the different coding stages.

Deductive and inductive coding helped to identify 46 codes, 13 code groups and 5 code families. As shown in table 1 the coding families that were found are based on the theoretical framework discussed in chapter 3. Furthermore the interviews helped to identify all the codes that can be found in appendix D. The interviews helped to create a better understanding of each discussed factor. In the next chapter the codes are used for analyzing the data, and to find connections. In appendix C the characteristics of each interviewee are mentioned.

Code family	Injustice	Identity	Efficacy	Health consciousness	Social network
Code group:	Emotions, Feelings of unfairness	Identify with cause, Awareness	Make a difference, Perceived goal, Selection	Health, Research, Fear of illness	Social network, Donations from environment, Ties

Table 1. Codes.

5. RESULTS
To identify which factors explain why people donate towards online health crowdfunding, each theory discussed during the theoretical framework will be mentioned separately. First of all the result of the motivations discussed in the SIMCA model will be mentioned, than the social network part follows, and in the last part the results about health consciousness are described.

The data showed that there were striking differences in motivation and level of health consciousness depending on the strength of the relationship. The results show that the decision to donate might be influenced by the strength of the relationship. Below the main findings are summarized.

Strong tie →   Efficacy (Group-based)

Identity (Identification via Anna herself)

Latent tie →   Identity (Relative or neighbor had a similar disease, which leads to identification with the cause)

Health consciousness

The results show that some kind of connection seems to be important, and the type of tie between the donor and the patient then influences the motivation and other factors of why people donate for online health crowdfunding. A strong tie might already explain the biggest reason for why people donate. But the results also showed that when there is a strong tie efficacy and identity play a role too. The results of interviewees with a latent tie showed that this type of strength on its own is not enough to explain why people donate. These donors mention identity and health consciousness as main influencers of why they have donated.

5.1 Motivation
5.1.1 Injustice
Injustice is about becoming motivated to act, based on a feeling of unfairness. The theory states that this feeling can cause a person to act, and is mentioned as a deciding factor of why people give.

If asked to the interviewees how it has made them feel that the patient is ill, all of them mentioned in a certain way that it has made them feel bad, for instance:

"Horrible, I would not wish it upon anyone."

But it did not matter if it was Anne or any other person having the same illness. All respondents mentioned that they would feel bad for any person suffering from a disease, even if it was someone unrelated to them. One of the words that was repeatedly mentioned when talking about which patient to donate towards was the word everybody. All interviewees mentioned that it was impossible for them to help everybody, even if they felt like nobody should suffer from a similar situation. Mentioning that there were too many people asking for help, to be able to support all of them.

"I am not a philanthropist, with billions on my bank account. I pay my taxes, so that the government can help the people in need, and divide my part in a honest way."

"There are too many in need. I do not have the resources to help all of them."

Looking at feelings of unfairness the focus was mainly on that it was found horrible that there is an option for Anna to be helped, but the government will not fund it. Mainly in the written comments this could be found twice as a reason why people with no connection to Anna had donated.

"So bad, and again something that the health insurance doesn't pay for..... Wish you all the best."

"Ridiculous that it will not be paid for!"

The same was mentioned during the interviews a few times as well.

" I find it very surprising to hear that somebody can be helped with an effective treatment but it is made impossible because the insurance will not pay for it. It is ridiculous that the person should pay for it himself."

" It seems very powerless that the cure is within reach."

Most of the comments that were made about feelings of unfairness were made by people that did not have a close tie with Anna. Only one person with a strong connection with Anna mentioned:

" It is horrible that some people stay sick, just because the government doesn't believe in certain foreign treatments that are successful, and therefor they have to pay it themselves."

5.1.2 Efficacy
Efficacy is about the feeling that people experience of being able to make a difference, as well as the perceived goal and pressure that could be a motivation why people give.

The overall goal that came back in all interviews as reason for why the interviewees had donated towards this case, was to make a difference for this person and improve her life, but most of the interviewees mentioned that they did not expect their donation to make a big difference for the total amount that needed to be gathered.

"By donating a little but, you have the change to improve somebodies life."

"I don't believe my contribution has made any difference."

It was mentioned that if everybody gives a little bit, the group effort could make a difference.

"A lot of small bits can make a difference."

"If everybody donates a little bit, it is possible to make a change."

Group pressure was mainly mentioned by close friends. They did not mention that pressure was a main reason, but interviewees with a strong tie with Anna said:

"I could not not donate because we are so close."

5.1.3 Identity
Identity it about if the donors identify with the situation. Identification with the disadvantaged person can help to indicate if a person is going to act.

During the interviews all the interviewees mentioned they could relate in a certain way with the cause. They themselves or a relative had experienced something similar in the past. Especially the donors that have a latent tie with the patient mentioned that they all knew somebody that had been in a similar situation, or that had to deal with the similar disease/symptoms. They compared the situation to something that was close to them.

"A colleague of mine is suffering from Lyme as well, so I have seen from up close what the disease can do to somebody. But I believe I would have still given her money, if I would not have identified with the situation. A friend of mine mentioned the crowdfunding page, and after that I donated."

"I have had a neighbor suffering from Lyme. Besides that I have had a period in my life that where I was tired. It was hard for me to function normally in the society. It was so intense that I was not able to work or study for a long time. When I heard the story it reminded me of my own situation, and for myself I would have given anything to get out of my situation if that was possible."

People that were closer to Anna spoke more about how her specific case influenced their relationship and daily activities together. They spoke about how her life had changed, and compared it less to other people that were suffering from similar diseases.

"Some moments she feels very good and is able to do all her daily chores, but other days, mainly when she is receiving treatment she sometimes feels too weak to do anything at all. It does not only affect her, but also me, as it is difficult to plan forward, if it is unsure how she will feel."

From the interviewees all of them mentioned that they would not donate towards random people. There had to be some kind of identification with the patient, that created an emotional connection which engaged or moved the donors. This indicates that random selection of people to donate towards is excluded.

"I might donate more often in the future, but that would never happen towards random people. I need to feel some kind of connection."

5.2 Social network
Social network is about the ties the donors have with the patient. Strong ties represent close family and friends, whereas latent ties include a connection that is not yet activated by interaction between the individuals, which includes acquaintance and friends of friends.

A social network can be broadened by sharing the crowdfunding page via social media. Donating money towards the case was done to help the patient personally, and data shows that no attention was paid towards increasing awareness, and spreading the message too people with latent or no ties to Anna. The people that did not know Anna personally mentioned they heard from the case by a friend of a friend, some via mouth to mouth, but others via Facebook.

" I came into contact with the page via a friend of mine that knows the patient."

All interviewees mentioned that they felt some kind of connection to the patient. Only two people had a strong connection with her, and knew her in person. All the others still felt a connection, even though they had never met or spoken to her in person. This connection was mainly build on knowing a person suffering from the same disease, which resulted in a way of identifying with the patient. There was always somebody in their personal environment that donated money for the cause. For the individuals with a latent connection it was mostly a friend of a friend that had donated, and shared the page, which motivated them to donate as well.

"I chose to donate because a friend of mine donated and knows the patient, which made it more personal for me."

"You hear a lot about the situation, which creates an indirect connection, even though I do not know the patient personally."

"I did not select her, she came on my path via a friend of mine."

"I support my girlfriend in this situation, and I think that is enough for now. I want to rebuild our life, and therefor this needs to be solved. For now this is the only cause I would donate towards."

Everybody had somebody in their close environment that also donated, even if they did not know the patient themselves.

5.3 Health consciousness
Health consciousness is about how much a person integrates health into its daily lives. Individuals with a high level of health

consciousness have more knowledge about deceases, which indicates they can easier relate to people that are ill.

All interviewees mentioned that being in good health was important to them. And all of them had the feeling that they were in good health. From all the people that did not have a close connection with Anna, everybody mentioned that they tried to live healthy, and even though they sometimes did not manage to live super healthy, they did try to pay close attention to how they are feeling, to be able to maintain good health. It was also mentioned that they would improve their life style if they would start to feel unhealthy.

"I do feel healthy."

"I do not have any health related complaints."

The people close to Anna mentioned they felt healthy, even though they did not live healthy at all. They mentioned a lot of drinking and partying, and her illness did not influence their behavior, or increase their fear of getting ill. They only researched a little bit about Lyme disease.

" I am not scared of getting ill, and will not research symptoms. I would make myself crazy if I would start doing that."

Data showed though that nobody searched for non-profits or other causes online to donate towards. Once they came into contact with Anna's page, nobody did any further investigation into the disease. Everybody was already familiar with the disease, mainly because they experienced a similar situation with a relative or person that was close to them. Only the people that were close to the patient did further research into the disease, mainly to find other options for treatment, or to figure out what the symptoms were. Only one interviewee with a latent tie, did some further research. The research was not about the symptoms of the disease, but it was to find treatment options, as it did interest her what the options were that the patient had that could help cure the disease.

From the interviews it showed that the bigger the fear of getting ill, the more research was done into different diseases. Most of the interviewees mentioned they sometimes fear to get ill. But the once that mentioned they were scared more frequently (hyperchonder) did mention that if they fear they would have an illness, they would do research in their own symptoms and treatment options.

" I'm scared of everything, If I feel pain somewhere, I will immediately start googling it, and think it is something horrible."

"There is heart and vascular disease in my family. This did scare me for a while, and made me do research in the subject, to find out what I could do to prevent it from happening to me."

6. DISCUSSION AND CONCLUSION

6.1 Conclusion

This research aims to explore, from a donors perspective, why people donate towards individual health crowdfunding. The following research question was therefore formulated: *"How do motivations, social networks and health consciousness explain why people donate to non-reward-based health crowdfunding campaigns?"* The answer to this question is that social networks, and then specifically the strength of the tie between the patient and the donor might have an influence on the factors of why people donate towards online health crowdfunding. The data shows that individuals who do not know the patient mentioned different factors to why they have donated than if the patient is a close relative.

Below the different factors will be mentioned in relation to the type of tie, and used to explain how they play a role in explaining why donors give.

Social network: The type of connection with the patient does influence the factors of why a person donates. Only if there is a strong connection with the patient, social network can be seen as the most important motivator of why people donate. If there is a latent tie, other motivations and factors influence why people donate. It seems more important that they identify with the cause, and have a high health consciousness. It can be concluded that having a connection is important, and the strength of the relationship influences the factors of why people have donated. It is not always the reason why people give, but most of the times there is some kind of connection with the patient, even though it does not have to be a direct connection.

Injustice: All interviewees feel horrible for any person in the same situation, and do not wish it upon anybody to get ill. It does not seem to be the reason why people are influenced to donate money, as all participants mentioned that there are too many people in need, and even though they feel like it is unfair, they cannot help everybody.

Efficacy: Most donors did not aim to make a difference, and do not feel like they make a difference with their contribution at all. Even though all interviewees mentioned that small changes will help a little bit, and can contribute towards reaching the targeted goal. But it is not the motivation to why people give money. For people with a strong tie with Anna pressure is a reason for why they have donated. It is mentioned that they had to donate, even though they also said that they wanted to donate. There was not really a choice not to do it. If there was no relationship, pressure was not experienced as a motivation of why people donated. So it can be concluded that efficacy has a stronger influence on the motivation of donors with a strong tie, than on people that have a latent tie.

Identity: Identification with the cause was important for everybody. Although it was experienced in a different way. For the individuals that had no connection to the patient they all mentioned that a close relative or neighbor had the same disease. Therefore they could relate to the patient, and decided to donate once heard of the story. The people with a strong tie did not compare her illness to people in the environment, and spoke more about how the disease influenced their relationship. Furthermore from the interviewees all of them mentioned that they would not donate towards random people. There has to be some kind of connection, which indicates that random selection of people to donate towards is excluded. It can be concluded that identity seems a more important motivator if there is less of a connection with the patient.

Health consciousness: Health was important for all interviewees. For the interviewees close to Anna there was more interest into googling her symptoms, but they did not experience a fear of getting ill themselves. They lived a relative unhealthy life, and did not feel like changing this, as they still felt healthy. Most of the people that had no connection with Anna mentioned they did have a fear of getting ill, and would search for diseases if they experienced pain, and try to live as healthy a life as possible. Health consciousness is not the only factor why people donate, but it might be a factor that is needed, for people that have no connection to the person being ill, for donating. All the interviewees with no connection to the patient had high health consciousness. The people with a strong connection to Anna had lower health consciousness, for them it did not seem to be a motivator of why they donated.

In figure 1 a representation of how the factors influence the decision to donate is shown.
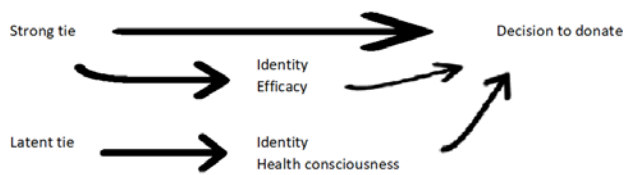
Figure 1.

If there is a strong tie with the patient, it seems like the connection is the main reason that the individual donated. Efficacy and identity only have a small influence on the decision to donate. If there is a latent tie the donor needs other factors that explain why people donate towards online health crowdfunding. Identification with the cause via similar experiences and a high levels of health consciousness seem the main influencers of why they have donated towards Anna's campaign. Furthermore the results show that the way the donors identify with the situation is different for strong and latent ties.

6.2 Limitations and future research

As it is an explorative research, there is a lack of calculated reliability tests. Future research can use the findings of this paper, and can further investigate these via a quantitively research design, to verify the found results. While there were 59 people that had donated on the crowdfunding page of Anna, there was only a small amount of 6 donors that responded after receiving the letter. More interviews could have led towards stronger conclusions. Now there were only two people with a strong tie (brother and boyfriend) and 4 that had a latent tie with the patient (knew a friend that had a strong connection with Anna). There were no people that participated in the interviews that had a weak or no tie with Anna. This could have given other insights, and it could have contributed towards how ties might influence why people had donated to the specific patient. It is also important to mention that most of the interviewees had never, or not often donated before. There might be another group of people that searches for campaigns actively, and has a more frequent donating behavior. Therefor future research should include a broader range of donors. The range of interviewees was limited because it was easier to reach people that made a name based donation. These people could be tracked via Facebook, and received a reminder that asked them again if they wanted to participate in the interview. People that donated anonymous could only receive the letter via the website, which made it harder to convince them to participate in the research. Therefore there is a lack of people with no connection or a weak connection to Anna. A wider sample size could have decreased certain limitations. However, this was not possible due to time limitations, as well as respondents willingness to participate. For future studies it might be helpful to offer a compensation, so that more people are eager to participate. For the explorative research 6 interviewees seemed enough to find some main factors of why people donate, and discover what might influence why people donate. To conclude, the research design allowed for the gaining of insights, and thus contributes to the understanding of what factors influence people to donate towards online health crowdfunding.

Given that this research might be said to be limited, it would be interesting to conduct equivalent studies for other crowdfunding campaigns, and figure out if the same conclusions can be found for other cases. Future research should be more into depth, and should also include people that did not want to donate towards the case, in order to gain a better understanding of what their reasons are. Via this inductive research design new data has been found about what factors influence people to donate towards online health crowdfunding. This study has found that the strength of the connection with the patient determines the factors of why people donate for individual online health crowdfunding. Other data, and more interviews should be held to verify if the conclusions that were drawn now are indeed correct. With this new data a better image can be created of what explains why people give / do not give towards online health crowdfunding. Lastly future research should take the fame of the campaigns into account as well. This was a case that is not very well know, and that has a hard time collecting enough donors. There might be other results and influencers for donors if a case is taken that is very famous, and exceeds its goals. There might be a total different donor public that donates for those cases, and that was missed during this study.

6.3 Theoretical implications

The research contributes towards network studies, research on donation behavior & philanthropy and health crowdfunding. It deepens our understanding of how motivations, social networks and health consciousness explain why people donate towards non-reward based health crowdfunding. The conclusion shows that social ties play an important role in explaining why people donate, and depending on the tie, there are different motivators and factors that might influence donating behavior. In the network studies this is a new finding. In this way, the research contributes to current studies about social networks (Centola & van de Rijt, 2015; Hui, Gerber and Gergle, 2014), as well as to studies that try to understand motivators and factors that influence individuals to act, in this case making a donation (Aaker & Akutsu, 2009; Oeyserman, Smith & Elmore, 2014; Zomeren, Postmes & Spears, 2008). Furthermore it expands on existing studies that researched the motivations of reward based crowdfunding (Cecere, Guel & Rochelandet, 2017; Gerber & Hui, 2013).

The outcomes investigated in this research required the combination of different theories on motivation (Zheng and McKeever, 2016; Nguyen, Broek, Hauff, Hiemstra & Ehrenhard, 2015; Priante, Hiemstra, Broek, Saeed, Ehrenhard & Need, 2016; Priante, Ehrenhard, Broek & Need, 2018; Zomeren, Postmes & Spears, 2008), social networks (Bekker, 2010; Farrow & Yuan, 2011; Borgatti & Foster, 2003; Plickert et al, 2007; Haythornthwaite, 2005) and health consciousness (Zheng & McKeever, 2016). In previous research these have all been connected to collective action, and were therefore identified as influencers that can explain why individuals donate towards online health crowdfunding, but have not been used together to research the influence on donating behavior. In this study it is shown that social ties might explain and influence factors why people give. Further research is needed to make this conclusion stronger.

Lastly the research contributes to health crowdfunding in general. Research has been done on online crowdfunding (Aaker, Akutsu, 2009; Vesterlund, 2016; Gerber, Hui, Kuo,; Snyder, Mathers, Crooks, 2016). Mainly focusing on motivations of why people donate towards reward based crowdfunding (Cecere, Guel & Rochelandet, 2017; Gerber & Hui, 2013). Findings from this paper provide insights in non-reward based online health crowdfunding, where literature on the motivations is lacking. The study contributes to the exploration of what can make online health crowdfunding campaigns more effective, resulting in more patients being able to fund their treatments and be cured from their disease.

6.4 Practical implications and recommendations

The first once that will benefit from my research are the patients that need funding for their disease. Furthermore the findings are important for the online platforms. There is a shortage of knowledge about why people donate towards health crowdfunding. The factors discovered in this research, and that might influence donating behavior, can help the individuals to create better campaigns. So that they can reach their target goal, and fund their treatments.

The research could also benefit platforms. The research explores factors that explain why individuals donate. Understanding the factors why people donate can help the companies to develop campaign strategies and to improve pages for the people searching for donations. If the campaigns receive more donations, the company will benefit from this, as they normally get to keep a percentage of the donation. Therefore more donors will increase their profit.

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8. REFERENCES

Aaker, J. L., & Akutsu, S. (2009). Why Do People Give? The Role of Identity in Giving. SSRN Electronic Journal. doi:10.2139/ssrn.1418196. Retrieved March 21, 2019, from

http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.569.4 421&rep=rep1&type=pdf

Agrawal, A., Catalini, C., & Goldfarb, A. (2015). Crowdfunding: Geography, Social Networks, and the Timing of Investment Decisions. Journal of Economics & Management Strategy, 24(2), 253-274. doi:10.1111/jems.12093

Beier, M., & Wagner, K. (2015). Erfolg bei Crowdfunding-Kampagnen: Eine Perspektive aus E-Commerce und Social Media (Crowdfunding Success: A Perspective from Social Media and E-Commerce). SSRN Electronic Journal. doi:10.2139/ssrn.2677432

Bekkers, R. (2010). 'Who Gives What and When? A Scenario Study of Intentions to Give Time and Money'. Social Science Research, 39 (3): 369-381.

Bengtsson, M. (2016). How to plan and perform a qualitative study using content analysis. NursingPlus Open, 2, 8-14. doi:10.1016/j.npls.2016.01.001. Retrieved April 13, 2019, from https://www.sciencedirect.com/science/article/pii/S2352900816 000029

Bloemhof, J. B. (n.d.). Help Lysette aan een behandeling tegen Lyme. Retrieved March 13, 2019, from

https://www.doneeractie.nl/help-lysette-aan-een-behandeling-tegen-lyme/-33550?fbclid=IwAR0utLBkbHs6fpjCB7GJTBk3lnTlk9qVTCt ZwpFe8pVKKTHreWwIepaJYUc

Borgatti, S. P., & Foster, P. C. (2003). The network paradigm in organizational research: A review and typology. Journal of management, 29(6), 991-1013.

Borst, I., Moser, C., & Ferguson, J. (2017). From friendfunding to crowdfunding: Relevance of relationships, social media, and platform activities to crowdfunding performance. New Media & Society,20(4), 1396-1414. doi:10.1177/1461444817694599

Cecere, G., Guel, F. L., & Rochelandet, F. (2017). Crowdfunding and social influence: An empirical investigation. Applied Economics, 49(57), 5802-5813. doi:10.1080/00036846.2017.1343450. Retrieved April 10, 2019, from

https://www.researchgate.net/publication/318115189_Crowdfu nding_and_social_influence_an_empirical_investigation

Centola, D., & Rijt, A. V. (2015). Choosing your network: Social preferences in an online health community. Social Science & Medicine, 125, 19-31

Chandler, R. (2015) GoFundMe Sees Boom in Medically-related Fundraising Campaigns. WHO TV. http://whotv.com/2015/03/14/gofundme-sees-boom-in-medically-related-fundraising-campaigns/.

Conlin, B. (2019, February 13). What Is Crowdfunding? Retrieved March 15, 2019, from https://www.businessnewsdaily.com/4134-what-is-crowdfunding.html

Dworkin, S.L. (2012) Sample size policy for qualitative studies using in-depth interviews. 41: 1319. Retrieves June 16, 2019, from: https://doi.org/10.1007/s10508-012-0016-6

Farrow, H., & Yuan, Y. C. (2011). Building stronger ties with alumni through Facebook to increase volunteerism and charitable giving. Journal of Computer Mediated Communication, 16(3), 445-464.

Gerber, E. M., & Hui, J. (2013). Crowdfunding. ACM Transactions on Computer-Human Interaction, 20(6), 1-32. doi:10.1145/2530540. Retrieved March 21, 2019, from

https://egerber.mech.northwestern.edu/wp-content/uploads/2012/11/Gerber_Crowdfunding_Motivationsan dDeterrents.pdf

Gerber, E., Hui, J., Kuo, P. (February 2012). Crowdfunding: Why people are motivated to post and fund projects on crowdfunding platforms. Retrieved March 22, 2019, from

https://pdfs.semanticscholar.org/c1e2/a1068f0af1c3120c62be59 43340518860ecb.pdf

Haythornthwaite, C. (2002). Strong, weak, and latent ties and the impact of new media. *The Information Society*, *18*(5), 385-401.

Haythornthwaite, C. (2005). Social networks and Internet connectivity effects. Information, Community & Society, 8(2), 125-147.

Hekman,E., Brussee, R. (2013) Crowdfunding and online social networks. Retrieved March 12, 2019, from

https://www.researchgate.net/publication/259921901_Crowdfu nding_and_Online_Social_Networks?enrichId=rgreq-963a53a0ad06e4795e6ca573a13b7803-XXX&enrichSource=Y292ZXJQYWdlOzI1OTkyMTkwMTtB UzoxMDI1MTA4MDcyMjQzMjFAMTQwMTQ1MTg4OTE2 MQ%3D%3D&el=1_x_2&_esc=publicationCoverPdf

Hui, J. S., Gerber, E. M., & Gergle, D. (2014). Understanding and leveraging social networks for crowdfunding. Proceedings of the 2014 Conference on Designing Interactive Systems - DIS 14. doi:10.1145/2598510.2598539

Hsieh, H., Shannon, S. (2005). Three approaches to qualitative content analysis. Retrieved June 10, 2019, from https://www.researchgate.net/profile/Sarah_Shannon/publicatio n/7561647_Three_Approaches_to_Qualitative_Content_Analys is/links/0fcfd50804371472d8000000/Three-Approaches-to-Qualitative-Content-Analysis.pdf

Kvale, S. (1996). Interviews. An introduction to qualitative research interviewing. CA: Sage

Oyserman, D., Smith, G. C., & Elmore, K. (2014). Identity-Based Motivation: Implications for Health and Health Disparities. Journal of Social Issues, 70(2), 206-225. doi:10.1111/josi.12056. Retrieved April 12, from file:///C:/Users/Beheerder/Downloads/Identity-Based_Motivation_Implications_for_Health_.pdf

Plickert, G., Cote, R. R., & Wellman, B. (2007). It's not who you know, it's how you know them: Who exchanges what with whom? Social networks, 29(3), 405-429.

Priante, A. (2019). Tweet your #mo and save a bro: Micro-mobilization dynamics and outcomes of online social movement campaigns. Enschede: University of Twente. Retrieved March 10, 2019, from https://doi.org/10.3990/1.978903657222

Priante, A., Ehrenhard, M. L., van den Broek, T.A., & Need, A. (2018). Identity and collective action via computer mediated communication: A review and agenda for future research. *New media & society, 20(7), 2647-2669.* https://doi.org/10.1177/1461444817744783

Priante, A., Hiemstra, D., van den Broek, T. A., Saeed, A., Ehrenhard, M. L., & Need, A. (2016). #WhoAmI in 160 Characters? Classifying Social Identities Based on Twitter Profile Descriptions. *Proceedings of 2016 EMNLP Workshops on Natural Language Processing and Computational Social Science, 55-65.* Austin, TX, US.

Motivation. BusinessDictionary.com. Retrieved April 27, 2019, from BusinessDictionary.com website: http://www.businessdictionary.com/definition/motivation.html

Renwick, M. J., & Mossialos, E. (2017). Crowdfunding our health: Economic risks and benefits. Social Science & Medicine, 191, 48-56. doi:10.1016/j.socscimed.2017.08.035. Retrieved April 10, 2019, from https://www.ncbi.nlm.nih.gov/pubmed/28889030

Nguyen, D., Broek, T., Hauff, C., Hiemstra, D., Ehrenhard, M. (2015) SupportTheCause: IdentifyingMotivationstoParticipateinOnline HealthCampaigns. Retrieved June 1, 2019, from http://www.emnlp2015.org/proceedings/EMNLP/pdf/EMNLP3 08.pdf

Shehu, E., Langmaack, A-C., Felchle, E., & Clement, M. (2015). Profiling Donors of Blood, Money, and Time. Nonprofit Management and Leadership, 25, 269-295. Retrieved April 12, 2019, from

file:///C:/Users/Beheerder/Downloads/Shehu_et_al-2015-Nonprofit_Management_and_Leadership%20(1).pdf

Snyder, J., Mathers, A., & Crooks, V. A. (2016). Fund my treatment! A call for ethics-focused social science research into the use of crowdfunding for medical care. Social science & medicine, 169, 27-30.

Thorpe, D. (2018, June 26). What Is Crowdfunding? Retrieved March 12, 2019, from https://www.forbes.com/sites/devinthorpe/2018/06/25/what-is-crowdfunding/#1d13036d65c5

Vesterlund, L. (2016) Why do people give? Retrieved March 22, 2019, from http://www2.pitt.edu/~vester/whydopeoplegive.pdf

Zheng, Y., & McKeever, B. W. (2016). Communicating to improve Health: Using Theory to Improve Fundraising for Health-Related Events. Nonprofit and Voluntary Sector Quarterly, 45(6), 1276-1296. Retrieved April 11, 2019, from

https://doi.org/10.1177/0899765016649694

Zomeren, M., Postmes, T & Spears, R. (2008). Towards an integrative social identity model of collective action: A quantitative research synthesis of three socio-psychological perspectives. Psychological Bulletin.

9. APPENDIX

9.1 Appendix A
Letter to donors

Dear sir or Madame,

My name is Kim Demandt, and I am an International Business Administration Bachelor Student at the University of Twente. I am working on my Bachelor thesis on health crowdfunding

I am writing to you today to invite you to participate this study which aim to understand why people donate money to support health campaigns initiated by patients online using social media and crowdfunding platforms, such as doneeractie.nl. .

The study involves 30/45-minute interviews that will take place at a desired location of your choice. With your consent the interview will be audio-recorded. These recordings will be destroyed once they are transcribed.

Your responses to the questions will be kept confidential, and personal identities will not be revealed for the study.

Your participation will be of great value for my research, and the findings can help to lead to a greater understanding of why people donate money to health crowdfunding campaigns.

If you are willing to participate please suggest a day and a time that suits you and I will make sure that I am available. If you have any further questions do not hesitate to ask them.

Kind regards,

Kim Demandt

9.2 Appendix B
Interview Questions:

9.2.1 Introduction

Introduce yourself and thank the respondent for taking the time to be interviewed.

Brief explanation of the reason for the research:

a) To gain further insights into why people donate money towards online health crowdfunding campaigns of individual people.

b) Final project to obtain a bachelor's degree.

9.2.2 Introductory information regarding respondents' backgrounds
Name of the donor:

Age of the donor:

How many times donated towards a charity supporting health:

Donated amount:

occupation:

Ties with patient:

9.2.3 From a SIMCA perspective:
1. When did you make the decision to donate?

2. Injustice →   How do you feel about the patient being ill?

How do you feel about others being in similar situations?

What was the deciding factor to donate?

How did you feel after donating?

How did you decide who to give money? (Which patient)

3. Efficacy →   What is your perceived goal for donating money?

- Besides the goal of helping the patient reach her target goal, do you have any other goals in sight to donate?

Do you feel like you can make a difference? → In what way would you like to make a difference?

Are there people in your environment donating for the same / similar causes?

Do you feel any group based pressure for donating?

4. Identity → Describe yourself briefly?

Have you been in a similar situation?

Do you understand the situation?

In what way do you identify with the situation / individual?

Are you partaking in activities concerning Lyme? Increasing awareness of Lyme disease?

Are there more people in your environment that have donated towards the same cause?

Do you identify yourself with a social movement?

(Social movements are **purposeful**, organized groups striving to work toward a common goal. These groups might be attempting to create change (Occupy Wall Street, Arab Spring), to resist change (anti-globalization movement), or to provide a political voice to those otherwise **disenfranchised** (civil rights movements).)

9.2.4 *From a health consciousness perspective:*

Are you a healthy person?

Yes/No → In what way?

How much is health integrated in your daily life?

Is health important to you?

How well known is the disease (Lyme) for you?

Have you/ or a person that you know been in a similar situation/ had a similar disease?

Do you fear getting a disease?

Do you search for information for Nonprofits / patients do donate towards?

9.2.5 *From a social network perspective:*

How do you know the patient ?

How close are you with the patient?

How did you find the crowdfunding page of the patient? What network?

9.2.6 *From a general perspective:*

What do you think that could help to create more awareness, and motivate more people to donate?

How did you select who to donate towards?

Are you planning to donate more often to patients now?

Explain in short why you believe you decided to donate?

Is there anything else you would like to share?

9.3 Appendix C

Sample characteristics

No.	#1	#2	#3	#4	#5	#6
Gender:	Female	Male	Female	Male	Male	Female
Age:	28	37	32	29	32	22
Donated amount:	20	5	15	150	150	20
Ties with patient:	Latent tie	Latent tie	Latent tie	Strong tie	Strong tie	Latent tie
Nationality:	Dutch	Dutch	Dutch	Dutch	Dutch	Dutch
Occupation:	End editor agricultural paper	Communication collaborator	Social worker	End responsible construction	Workplace administrator call center	Student

Injustice:

#4: *"Horrible, I would not begrudge it to anyone"*.

#5: *"I am not a philanthropist, with billions on my bank account. I pay my taxes, so that the government can help the people in need, and divide my part in a honest way"* .

#6: *"There are too many in need. I do not have the resources to help all of them"*.

#6: *" I find it very surprising to hear that somebody can be helped with an effective treatment but it is made impossible because the insurance will not pay for it. It is ridiculous that the person should pay for it himself"*

#1: *" It seems very powerless that the cure is within reach"*

#2: *"I do not know her personally, but it still makes me feel bad"*

#3: *" I don't know her personally, but it still makes me emotional"*

#5: *" It is horrible that some people stay sick, just because the government doesn't believe in certain foreign treatments that are successful, and therefor they have to pay it themselves"*

Identity:

#1: *"A colleague of mine is suffering from lyme as well, so I have seen from up close what the disease can do to somebody. But I believe I would have still given her money, if I would not have identified with the situation. A friend of mine mentioned the crowdfunding page, and after that I donated."*

#2: *"I have had a neighbor suffering from lyme. Besides that I have had a period in my life that where I was tired. It was hard for me to function normally in the society. It was so intense that I was not able to work or study for a long time. When I heard the story it reminded me of my own situation, and for myself I would have given anything to get out of my situation if that was possible."*

#4: *"Some moments she feels very good and is able to do all her daily chores, but other days, mainly when she is receiving treatment she sometimes feels too weak to do anything at all. It does not only affect her, but also me, as it is difficult to plan forward, if it is unsure how she will feel"*

#3: *"I might donate more often in the future, but that would never happen towards random people. I need to feel some kind of connection"*

Efficacy:

#1: *"A lot of small bits can make a difference"*

#2: *"I don't believe my contribution has made any difference"*

#5: *"I could not not donate because we are so close"*

#4: *"By donating a little but, you have the change to improve somebodies life"*

#4: *"I don't believe my contribution has made any difference"*

#6: *"A lot of small bits can make a difference"*

#3: *"If everybody donates a little bit, it is possible to make a change"*

Health consciousness:

#1: *" I'm scared of everything, If I feel pain somewhere, I will immediately start googling it, and think it is something horrible"*

#2: *"I do feel healthy"*

#3: *"There is heart and vascular disease in my family. This did scare me for a while, and made me do research in the subject, to find out what I could do to prevent it from happening to me"*

#6: *"I do not have any health related complaints"*

#4: *"I believe I am healthy"*

#5: *" I am not scared of getting ill, and will not research symptoms. I would make myself crazy if I would start doing that"*

Social Network:

#1, #2, #6: *" I came into contact with the page via a friend of mine that knows the patient"*

#1: *"I did not select her, she came on my path via a friend of mine"*

#6: *"I chose to donate because a friend of mine donated and knows the patient, which made it more personal for me"*

#2: *"You hear a lot about the situation, which creates an indirect connection, even though I do not know the patient personally"*

#4: *"I support my girlfriend in this situation, and I think that is enough for now. I want to rebuild our life, and therefor this needs to be solved. For now this is the only cause I would donate towards"*

Information about all donors on doneeractie.nl.

Close tie: Female: 8
                     Male: 6

Unknown: Female: 28
                     Male: 10
Anonymous: 13

Average age between 30 and 50.

9.4 Appendix D
Codebook

Project: Health crowdfunding interview analysis.
Report created by Kim Demandt on 1/6/2019.
All codes: 58.

1. Injustice – Emotions – Compassion
2. Injustice – Emotions – Emphatie
3. Injustice – Emotions – Feeling good
4. Injustice – Emotions – Kut
5. Injustice – Emotions - Touched
6. Injustice – Feeling of unfairness – Everybody
7. Injustice – feeling of unfairness – Unfair
8. Injustice – Feeling of unfairness – Powerless
9. Injustice – Feeling of unfairness - Limited
10. Identity – Awareness – Raise awareness
11. Identity - Identify with cause – Comparing
12. Identity - Identify with cause – Moving
13. Identity - Identify with cause – Not random
14. Identity - Identify with cause – Relating
15. Identity - Identify with cause – Similar experience
16. Efficacy – Make a difference – difference
17. Efficacy – Make a difference – Helping out
18. Efficacy – Make a difference – Small change
19. Efficacy – Perceived goal – Goal
20. Efficacy – Perceived goal – Improve life
21. Efficacy – Perceived goal – Progress
22. Efficacy – Perceived goal – Reach target
23. Efficacy – Perceived goal – Reward based
24. Efficacy – Perceived goal – Selfish
25. Efficacy – Selection – Pressure
26. Efficacy – Selection – Social pressure
27. Efficacy – Selection – Random
28. Efficacy – Selection – Spur of the moment
29. Health consciousness – Health – Living healthy
30. Health consciousness – Health – Change of lifestyle
31. Health consciousness – health - Unconscious
32. Health consciousness – Research – Health research
33. Health consciousness – Research – Knowledge of disease
34. Health consciousness – Fear – Fear of illness

35. Health consciousness – Fear – Hyperchonder
36. Social network – Ties – Friend of friend
37. Social network – Ties - Girlfriend
38. Social network – Tie - Latent tie
39. Social network – Tie - Connection
40. Social network - Tie – Close to me
41. Social network – Tie – Strong tie
42. Social network – Tie – Weak tie
43. Social network – Environment – On my path
44. Social network – Environment – Donations from environment
45. Social network – Network – Social media
46. Social network – Network – Spreading message