



Do we trust and are we empowered by “Dr. Google”? Older Spaniards’ uses and views of digital healthcare communication



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ARTICLE INFO

Article history:

Available online 9 October 2015

Keywords:

Health
The elderly
Trust
Empowerment

ABSTRACT

By 2050, 34.5% of Spaniards will be over the age of 65, making Spain’s population the third oldest in the world. Ageing populations present numerous challenges and opportunities and these are particularly apparent in the area of healthcare and health communication. Longer life expectancy pushes greater demand for information regarding health and healthcare institutions are exploring ways of meeting these demands in an effective and efficient manner. This study listens to the voices of older people themselves, exploring seniors’ use of digital communication to find information related to health and healthy living. Part of a wider project examining the use of digital health communication for active aging by Spanish health institutions, this research used focus groups to explore the extent to which older people trust and feel empowered by digital media in finding out about health issues. It found that online healthcare information is giving older people the chance to take more responsibility for their own health and, when well founded and well used, it can act as part of a safety net that complements the work of healthcare professionals. Being able to compare and contrast the information received from one’s physician is in itself an empowering development.

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1. Introduction

By 2050, 34.5% of Spaniards will be over the age of 65, making Spain’s population the third oldest in the world after Japan (36.5%) and South Korea (34.9%) [UN, 2014] (Aunión Valdés, 2014). This fact about Spain – the increasing demographic weight of the elderly in its population – is similar to that of most first world countries and Spain is facing the same challenges for its infrastructure and its use of resources.

The challenges and opportunities posed by the aging of the population are particularly clear in the area of health. Longer life expectancy, sometimes accompanied in older people by chronic illnesses such as diabetes and high blood pressure, drives an ever-greater demand for information regarding health. People seek more information and communication on health, particularly about the prevention of disease and the promotion of healthy lifestyles. At the same time, the education

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of the patient about the importance of his/her participation in caring for his/her own health has become a main focus for healthcare institutions, leading to the need for more effective communication among all the actors involved.

For older people, healthcare information and communication are often an urgent need. However, “the centrality of communication in the studies of aging is not yet well established” (Nussbaum & Coupland, 2008; p. xi). There is very little research on the attitudes, perceptions, beliefs, fears and hopes of older people regarding how to obtain healthcare information on the Internet.

This study examines the relationship seniors have with digital healthcare communication. Do they use the Internet for healthcare issues? Do they trust the information they find? Does this provide a degree of empowerment understood as the process and mechanisms through which people take control of their lives (see Silva & Martínez, 2004)?

2. Research design

The study is part of a multi-method research project which, after a thorough literature review of research regarding digital healthcare communication and seniors, has sought to examine the views of health professionals and of older members of the population in relation to digital health communication. The research team first carried out a series of in-depth interviews with healthcare professionals in Madrid and Navarre, exploring their strategies for digital communication in general and, in particular, their strategies for addressing older people online (see Sanders & Sánchez-Valle, 2014; Sánchez-Valle, Sanders, & Torrecillas, 2013).¹

In order to understand the views and attitudes of older members of the population, researchers decided to study the first-hand experience of potential Internet users between the ages of 56 and 75. They organized three focus groups made up of both retired and employed men and women of these ages who resided in the Community of Madrid and the Community of Castilla-La Mancha.

As Yin (2012: 7–9) points out, qualitative research has the advantage of studying the meaning of people’s lives in relation to their viewpoints, their “voices,” through which they express what they wish to say instead of being led toward certain answers through questionnaires and surveys. It also means that attention can be paid to the full value of the contextual conditions rather than being limited by a certain number of variables to be studied. The focus groups allowed researchers to hear the voices and opinions of seniors as regards their use of and, chiefly, their use of Internet for health issues. The groups also allowed for the efficient use of resources, allowing researchers to collect rich data in a time and cost effective way.

Although the participants in the groups shared a similar demographic profile (between 56 and 73 years old), each of the three groups had a different socio-economic and gender profile. This variety offers a richer set of viewpoints and voices than would have been possible in groups formed without mixed gender characteristics or with the same socio-economic profile.

Group A was composed of four women and two men. They were all retired; the youngest was 63 and the eldest 70. Their profile, defined by their past employment, is that of lower grade managers and professionals, and lower grade supervisors and technicians.² They had met at French classes for adults in the city of Guadalajara, an industrial and commuter town close to Madrid, with a population of about 83,000.

Group B was made up of three men and three women. They were all retired or had taken early retirement, aged between 55 and 70, and with the same professional profile as the previous group. They are all Internet users and live in Paracuellos del Jarama, a town located in the Autonomous Community of Madrid with a population of about 21,000.

Group C was made up of five women, all of whom were retired except one who was unemployed. The youngest was 56 and the eldest 81. They had all worked in service occupations or were unskilled workers. They know each other as they all reside in the same neighborhood, Chamberí, which is a neighborhood in the center of Madrid with 250,000 inhabitants with very mixed socio-economic profiles. As the Madrid Town Council (2006) states: “Marked aging of the population is common in the whole district (on 1/1/2003, 23.41% of the population was over 65)” (2006, p. 108).

The focus group moderators ensured that, with minimal interference from them, all the participants could express their opinion on their use of digital technology in general and, in particular, on their use of the Internet for health matters. The aim was to obtain the groups’ opinions on how useful and trustworthy the Internet is and whether or not it acts to empower older people with regard to health issues.

The moderators guided the group discussions toward two main subjects. First, the focus group participants explored their relationship with digital communication in general. They discussed how often they use it: daily? Weekly? For how long? Which platforms do they use? Why? Second, they explored their use of digital communication for health matters. In this part of the discussion, issues were explored regarding the participants’ perceptions, feelings and attitudes in relation to the Internet and health. Researchers were interested in understanding what participants considered useful, trustworthy or non-trustworthy as regards health issues in the digital area. They also wanted to know if the uses of the Internet made the participants feel more independent or not. What advantages or disadvantages were there in using the Internet for health matters? The group meetings lasted approximately an hour and were recorded and later transcribed to facilitate analysis.

¹ This research has been carried out as part of the “Precompetitive project USP-BS”, reference number USP-BS-PPC03/2012” and funded by CEU San Pablo University. We are grateful to this institution for its support and to all those who participated in the three focus groups.

² The classification follows the European Socio-Economic Classification -ESEC. See <http://cordis.europa.eu/result/rcn/88390.es.html>.

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