



Health-related information seeking: Is it worth it?



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ABSTRACT

In spite of often compelling reasons for why people should seek information, they persistently engage in lower levels of it than might be expected, at times seeking no information at all. The idealized model reflecting dogged persistence, pursuing rational search strategies, until a high-quality answer is found is often assumed in the design of information systems. However, many people confronted with health problems engage in avoidance and denial, making a health care system dependent on proactivity problematic. This essay explores six conditions, the idealized model, avoidance, bewilderment, serendipity, ignorance is bliss, and indolence, that arise from low and high effort strategies when typed by good, contingent, and bad health outcomes. Since a substantial proportion of the population does not act in accordance with our assumptions, it may be time for policy makers, system designers and researchers to revisit their approaches to facilitating health-related information seeking.

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1. Introduction

7 Ask, and it shall be given you; seek, and ye shall find; knock, and it shall be opened unto you:
 8 For every one that asketh receiveth; and he that seeketh findeth; and to him that knocketh it shall be opened.
 (Matthew 7:7-8 King James version of the *Bible*)

“All men by nature desire to know”: these familiar opening words of Aristotle’s *Metaphysics* (which, over the centuries teachers of the young have repeatedly had reason to question) continue to state the underlying rationale of university education (Pelikan, 1992, p. 32)

There is a continuing puzzle in the information seeking literature. In spite of often compelling reasons for why people should seek information, they persistently engage in lower levels of it than might be expected, at times seeking no information at all. We tend to assume people will expend a lot of energy to attack important problems: when people are confronted with gaps this will result in tensions that provide the generative motor for information seeking (Dervin, 1998) and that they will also make sure of the quality of sources and of answers—but they clearly do not (Case, 2006, 2012; Johnson, 1996, 1997; Johnson, Andrews, Case, Allard, & Johnson, 2006; Johnson & Case, 2012; White, 2013).

As in other areas of research, there are often hidden, latent ideologies that govern research questions that are explored in the human information behavior literature. So the *idealized model* for information-seeking behavior is dogged persistence,

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Table 1
Comparing the idealized and empirical models.

Comparison	Models	
	Idealized	Empirical
Response to stimuli strategies	Overcome gaps rational, corroborating, persistent, careful source selection	Erratic, sporadic premature stoppage, accessible sources, first available interpersonal source
Barriers	Try to overcome	Easily dissuaded, unaware of useful sources, inertia, inadequate skills
Outcomes	Optimal decision making, ignorance overcome	Premature satisficing, residual ignorance, misinterpretations
Professional help	Infrastructure, accessible tools	Increase self-efficacy, emphasize benefits, increase awareness of sources

pursuing rational search strategies, until a high-quality answer is found as the norm for search strategies (see Table 1). Normatively, given Western attitudes to knowledge and progress, ignorance is viewed as something that needs to be overcome, in part, by increased attention to information seeking (Smithson, 1989). This model fits comfortably into the world view of most theorists who confront the world with a scientific model that implies exhaustive searching and testing to come to the correct conclusion. This is also the realm of curiosity (and even of obsession); something more characteristic of scientists than the general public.

Undergirding this ideology, deeply embedded in Judeo-Christian thought, there is a presumption, especially among information technology enthusiasts, that the quest for information will be ultimately satisfied or that it can be satisfied—the information is out there—we just have to find it. In addition, we have a corollary that once we find it we will know what to do with it – we will use the information correctly. So, it is also often implicitly assumed that information seeking will result in positive outcomes: by acquiring knowledge one will engage in more appropriate actions and ultimately improve his or her life.

Thus improved decision making and enhanced literacy will be outcomes of the information-seeking process. One of the dicta of consumer health information is the model of an informed decision maker weighing conflicting choices in consultation with a doctor (Spink et al., 2004); but while some patients prefer this model, many would just as soon not be presented with choices or conflicting information (Rimal, 2001) and the pragmatic limits of an eight minute consultation in the U.S. health care systems make it impracticable in any case (Henwood, Wyatt, Hart, & Smith, 2003). However, there is also an increasing body of evidence that the act of health-related information seeking, something for which most individuals are inadequately trained, is as likely to lead to erroneous conclusions as it is to correct ones (Johnson & Case, 2012).

In contrast with the idealized model, which has been remarkably persistent in the face of systematic attempts to debunk it tracing back at least to Zipf's work on the principle of least effort (Case, 2005, 2012), and Miller's (1987) description of monitoring and blunting information seeking styles, we have increasing evidence for an emerging empirical model of health-related information seeking (see Table 1). This model recognizes the seemingly irrational behavior that is all too common (White, 2013). So, some people only search long enough to find a plausible answer; others wait until they have corroborating information; while, sadly, others hope for inconsistency as an excuse for delaying action (Johnson & Case, 2012). The avoidance of health information, albeit sometimes only temporary while one assimilates the information one has gathered to date, can also result in outcomes that from the perspective of the individual may be positive. However, most seekers will stop searching when they discover the first somewhat plausible answer to their query. It may, indeed, be deeply rational to preserve ignorance, to experience its many benefits (Johnson, 1996). But, at least in Western cultures, avoidance is seen as almost cowardly, and at the very least slothful.

2. Why they should seek?

This puzzle is all the more interesting when one recounts the many reasons why information seeking might be beneficial to the individual, particularly in terms of everyday information seeking in regard to their health. Much health behavior (e.g., breast cancer screening) involves acting on the basis of personal and informed judgment (Atkin, 1973). The scope and nature of the information on which to base these judgments, the repertoire of alternative courses of action known to the searcher, and ultimately the action taken are affected by individuals' information-seeking behaviors. Often the argument runs that the harder we work to uncover information the more valued and, ultimately persuasive, it will be (Cialdini, 2001). The consequences of information carrier exposure and seeking are many, including information gain, affective support, emotional adjustment, social adjustment (Zemore & Shepel, 1987), attitude change, knowledge change, behavior maintenance (Anderson, Meissner, & Portnoy, 1989), a feeling of greater control over events, reduction of uncertainty (Freimuth, 1987), and compliance with medical advice (Epstein & Street, 2007).

The public's lack of health knowledge about causes, prevention, detection, and treatment is a significant problem. Limited health literacy is associated with higher rates of hospitalizations, poorer health, and higher mortality (Cameron, Wolf, & Baker, 2011). One-half of all deaths in the US can be attributed to preventable behaviors and social factors (e.g. diet, smoking, and alcohol abuse) (Wright, Sparks, & O'Hair, 2008). Only 12% of US adults have proficient health literacy and this is particularly problematic among those older than 75, with only 1% of them proficient (Health, 2010).

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