



# Online health anxiety and consultation satisfaction: A quantitative exploratory study on their relations



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## ABSTRACT

**Objective:** The present study explores how seeking online information may affect satisfaction with the doctor consultation and what role health anxiety plays in this context.

**Methods:** A survey was conducted asking patients in doctors' offices about their online seeking for health information and measuring health anxiety prior to the consultation, and their satisfaction with the consultation afterwards ( $N = 239$ ).

**Results:** Results showed that health anxiety is positively related to seeking online health information and that health anxious people are less satisfied with the doctor consultation. Furthermore, people searching more extensively appreciated the duration of their physician's consultation less, but only if they were relatively health anxious.

**Conclusions:** The internet has significantly changed how patients can prepare themselves prior to the doctor consultation. This may have a negative effect on the satisfaction with the consultation, especially for people that are health anxious.

**Practical implications:** Doctors should be aware that online health information seeking affects the satisfaction with the consultation, especially for health anxious individuals.

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## 1. Introduction

More and more people turn to the internet to seek health information [1–4]. A recent study from the Pew Internet & American Life Project showed that 35% of U.S. adults have gone online to seek specific health information regarding a medical condition they (or someone they knew) had, and of these, half followed up with a visit to a medical professional [1]. Similar patterns are found in the European context [2,5,6]. People go online to find information about a medical condition they are facing, use the internet as a diagnostic tool, find emotional support from peers, get advice on health behaviors or medication, and often use this to prepare for (offline) meetings with healthcare professionals [cf., 1, 2].

Accordingly, partly inspired by calls of health practitioners to generate more insight on the subject, an increasing number of scholars started illuminating the effects of online health

information on patient–doctor relationships [e.g., 7,8–12]. These studies show that patients indeed use the information they find online to prepare themselves and bring this information to the doctor consultation. When doctors respond to this in an apt manner this can help in making the information personally meaningful, potentially increasing the patient's involvement in decision-making [10,13,14]. This, however, calls for active collaboration and mutual understanding between doctor and patient, something that might be difficult to establish, especially when patients try to validate an erroneous interpretation of the information they found online, or when doctors disagree with the information patients have found online [9,14]. Studies by Bylund et al. [8,9] demonstrated that the doctor's disagreement with the information patients brought in resulted in lower satisfaction with the consultation and a desire by patients to change the doctor's opinion. At the same time, when the doctor communicated interest and involvement about the information, and showed that the information was taken seriously, patients were less likely to report a desire to change the doctor's responses and evaluated the consultation more positively [8,9]. The present study adds to this growing body of literature by investigating the effects of seeking online health information on satisfaction with the doctor consultation. More specifically, we want to explore

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whether this relation is influenced by a more persistent concern about one's health, i.e. health anxiety [15,16].

There are many advantages of using the internet to disseminate health information [17,18]: The amount of information is almost infinite and accessible without time or space restrictions. The internet affords anonymity and privacy, but can at the same time create a sense of community and awareness that others face similar issues. The seeking and sharing of information and experiences may be used to get better informed and feel more empowered, which can help people in coping with the situation: The information allows people to make more educated assessments about the nature and seriousness of their condition, and guide them in their health-related decisions [19,20].

On the other hand, the potential downsides of this wealth of readily available medical information are also numerous. Health information on the internet can be overwhelming and confusing and the language can be technical, both of which may decrease the level of comprehension, especially for people with low health literacy skills [20–23]. At the same time, the quality and credibility of the information is often difficult to estimate: Websites can look authoritative but regularly lack evidence-based or peer reviewed content and a system of quality control is almost always absent [17,20–22]. Most important, however, (and overlapping with the aforementioned concerns) is the worry that internet webpages or online forums lack the critical perspective and expertise of health professionals that can help people to interpret the information [13,21]. This may result in unwarranted worries and false self-diagnoses.

A group of people that might be especially vulnerable for these unfounded worries are people that experience health anxiety. Health anxiety refers to the misinterpretation of benign physical sensations as signs of disease [15,16,24]. People that have these hypochondriac tendencies tend to overestimate the probability of serious illnesses and perceive bodily symptoms as more dangerous than they actually are [25]. In addition, empirical evidence shows that health anxious individuals experience more worries after seeking online health information compared to low health anxious people [26–28]. These unwarranted worries are potentially caused by the fact that health anxious individuals tend to focus more on negative and threatening information that confirms their worries and are inclined to ignore contradictory information compared to less health anxious people [25,29]. The online environment, where information is abundant but sources vary in quality and reliability may prove especially detrimental for people prone to be anxious about their health: Under the influence of health anxiety, people may seek reassurance, but their attentional bias to worrying or threatening information may result in unwarranted feelings of distress and fear. This reasoning is supported by empirical research that has shown that health anxiety is positively related to feeling tense [28], anxious [27], frightened, frustrated, and less reassured [26] after seeking online health information. All of these findings suggest that online reassurance seeking may be less successful for health anxious individuals [24,30,31].

Potential outcomes of these unwarranted worries or false self-diagnoses can be that people unnecessary attend the doctor, or go there with wrong assumptions. Research confirms that seeking online health information is indeed related to more frequent healthcare utilization [15,22,28,32–35]. In fact, the study from the Pew Internet & American Life Project showed that of the people that went online prior to the consultation, 53% discussed their self-diagnosis with the doctor [1]. It is of course speculative whether these patients would come up with less serious or concrete self-diagnoses if not seeking online, but based on the argumentation above, chances for this are likely at the least.

Accordingly, online information seeking can affect how people interact with their healthcare provider [19,22,33,36]. Based on the

information patients find online, they may be more critical towards the doctor [20]. A shift from a doctor-centered approach to a more patient-centered approach in which the patient actively participates in the medical decision-making process is likely to occur [13,17,21,37]. However, what happens when patients draw wrong conclusions based on the information they get online? The 2013 Pew Internet and American Life Project [1] showed that there was disagreement between the doctor's professional diagnosis and the patient's self-diagnosis in approximately one out of five instances. When the self-diagnosis is incorrect, or at least not in line with the diagnosis by the doctor, this may affect the appreciation of the consultation: patients may feel less understood or disapproved of, they may doubt the assessment by the doctor, and end up even more confused by the contradictory information [8,12,38]. Health anxiety may increase the chance of wrong online self-diagnosis due to the illness-related attentional bias [25,29]. This may increase tension and misunderstanding during the consultation: Doctors will have to defend their diagnosis or try to convince the patient that worries are unwarranted [39], potentially resulting in disagreement between doctor and patient and overall less satisfaction by the patient about the consultation [7,40].

The present study explores how satisfaction with the consultation is related to seeking online information prior to the visit, and what role health anxiety plays in this. Expectations are that health anxious people are more active online [26], and that health anxious people are less positive about the doctor consultation [32]. Fairly little is known about the relation between seeking internet information and satisfaction with doctor consultation in the context of health anxiety. Expectations are that seeking online health information leads to lower consultation satisfaction, especially for people that have increased health anxiety.

## 2. Methods

### 2.1. Sample and procedure

To test our assumptions, we conducted a survey study. Data were collected in April 2013 in six doctors' offices in the Netherlands. Patients waiting to see the doctor were asked to fill out the first part of the questionnaire before and the second part after the consultation. In total 239 patients volunteered to participate (mean age = 41, SD = 19.16; 61% female). Doctors' offices varied in size and the number of consulting doctors. As a consequence, the number of responses was not evenly distributed among offices (resp. 15, 21, 30, 42, 57 and 74).

### 2.2. Measures

#### 2.2.1. Health anxiety

We measured health anxiety with the short health anxiety inventory [15]. This 18-question scale has proven to be a reliable instrument to measure health anxiety in clinical as well as non-clinical samples [41] and also in the present study, the scale showed a good internal reliability (Cronbach's  $\alpha = .84$ ). Each of the questions consisted of a group of four statements (e.g., "I do not worry about my health", "I occasionally worry about my health", "I spend much of my time worrying about my health", "I spend most of my time worrying about my health", scored 1–4) and respondents indicated for each question which of the statements best described their feelings over the last six months. The average health anxiety score obtained in the sample was  $M = 29.12$  ( $SD = 6.00$ ). This score is expectably lower than SHAI cut-off scores suggested to identify clinically relevant health anxiety [or hypochondriasis; 41], and very similar to the average SHAI score obtained in a large representative sample of the Dutch population [42].

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