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An exploratory study of inactive health information seekers

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ABSTRACT

Purpose: This study aims to identify people who do not actively seek out health information and the demographic characteristics of Inactive Seekers. The possible determinants of inactive seeking behaviors are also explored.

Design and measurements: A total of 14,420 survey respondents were drawn from the 2009 Annenberg National Health Communication Survey (ANHCS) data. K-means clustering was used to discriminate Inactive Seekers from Active Seekers. The inactive information seeker group was formed based on their experience with health information seeking. The potential determinants that were tested to predict inactive seeking included the following: health condition, health service use, health media exposure, and computer/Internet activities.

Results: Within this national survey data, the respondents were more likely to be included in the Inactive Seekers ($N = 8312$, 58.5%) compared to Active Seekers ($N = 5908$, 41.5%). The demographic characteristics indicated that the Inactive Seekers were identified as younger, male, highly educated, White, and high household income people. The binary logistic regression results from the study model indicated that healthier people were less likely to seek out health information than their counterparts. In addition, those who were exposed to various media were almost 1.6 times more likely to seek out health information than those who were not exposed to such media. Within this study data, the statistically significant determinants identified were health condition and health media exposure while computer/Internet activities did not show strong indications in predicting inactive seeking behavior.

Conclusion: The development of more generalizable measures for health literacy or behavioral patterns will bolster advanced study on inactive seeking relating to knowledge of technology and health context. Further study should be directed at estimating the negative aspects of information seeking such as information ignorance or information avoidance.

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1. Introduction

With the proliferation of information sources and services, health information is increasingly sought out by the public.

As partners in the advancement of health information and communication technology, health consumers and their information behaviors have become a key component of health information seeking studies. These studies have reported increased use of health information on the Web [1–4] and

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patterns in information behaviors that are influenced by demographic profiles, preferred sources, desirable skills, and prior-knowledge to facilitate health information seeking [5–9]. Furthermore, the rise of the consumer empowerment movement offers a critical opportunity for engaging people in their information seeking for optimal health outcomes [10–15]. Whether for sick people or well people, consumer empowerment approaches show potential for increasing information seeking studies to associate individuals' health literacy with their optimal care. Yet, there is a dearth of information that addresses the reasons people do not gather or access health information.

Despite the fact that more health information is available, there are still people who do not actively engage in seeking it. The profiles of active health information seekers could be flipped over to partially answer why people do not gather health information online. For instance, the Pew Internet and American Life Project survey reported that age and education are the most significant determinants of Internet access, followed by health and disability status [16]. These findings suggest us that demographic profiles, disease status, and Internet accessibility influence a limited use of health information. In their early survey in 2002, the Pew Internet survey reported that some Internet users do not search for health information because “there are not any health or medical issues that concern me right now (47%), I am satisfied with the health and medical information I get elsewhere (46%), much of the information on the Internet cannot be trusted (12%), and I would not know where to start looking for such as information online (9%)” [17]. As indicated in these surveys, one of the important triggers related to health literacy that leads to health information seeking is having health problems or personal experiences with diseases. Notably, several cancer information seeking studies have reported that a significant number of people diagnosed with a serious disease intentionally avoid further information due to anxiety or stress [18–22]. People who suffer from a psychological condition such as depression also reported that they did not get much help from health information resources [23–26]. Such results imply that health status, disease experience or health service use is likely associated with why people do not actively seek out health information.

Previous studies [27–32] have also focused on demographic segmentation to target information services or health messages. Johnson and Case [33] reported that “the classic profile of high information seekers is White, middle-aged women who are members of high socio-economic status (SES) groups and are also highly educated [33]”, which is the reverse profile of inactive information seekers. Ramanadhan and Viswanath [34] also reported that people who did not seek out information “came from the lowest income and education groups and scored lower on attention to, and trust in, media health information [34]. Studies on interactions among demographic factors also reported that caregivers with low education are in poorer health [33]. A demographic profile of active online information seekers echoed the 2010 Pew Internet survey [35]. This survey indicated that male respondents were less likely to pursue “information about specific diseases or medical problems, certain treatments or procedures, doctors or other

health professionals, hospitals or other medical facilities, food safety or recalls, drug safety or recalls, and pregnancy and childbirth” [35]. Higher levels of education and income were also reported as a strong indicator of Internet access and health information seeking. Senior cell phone users were also less likely to use their phones to look for health information [35].

Health literacy from the point of view of limited use of health information has attracted an increased level of interest in the healthcare community. Health literacy is “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions” [36,37]. Many studies have investigated the effect of health literacy and health-related outcomes. For instance, a low health literacy is associated with limited knowledge of healthcare services [38–42], a high risk of hospitalization [43,44], high mortality [45–49], decreased probability of screening and prevention [50,51], limited understanding of medical instructions [52–58], and less desirable health behaviors and treatment adherence [59–64]. In addition, studies using health literacy as an intervening factor addressed the effects of interventions designed to explain the effects of low health literacy. These findings revealed that literacy intervention mostly improved health outcomes such as self-efficacy [65–69], knowledge [66,67,70–72], medication adherence [68,70–73], disease prevalence and severity [65,66,70,74,75], and healthcare costs [73,74,76]. Although the studies did not perform formal mediation analyses, “the change in these intermediate outcomes suggests that changing knowledge, increasing self-efficacy, and changing behavior may be important goals in mitigating the effects of low health literacy” [77]. Educational intervention using Web-based instruction [78] and technology-supported intervention using semi-automated lexical simplification [79] also indicated improvement in health literacy in the intervention group. Again, most of these studies emphasized that a majority of people still need further education to better use health information in ways that provide for optimal care. Lessons learned from predominant health literacy research motivated us to study the effect of limited skills or knowledge of health information to better understand inactive use of health information.

Within the context of user skills and knowledge, technology-related activities have been heavily discussed as a facilitator of information seeking. It is believed that health information accessible through electronic tools has little value if individuals lack adequate skills to effectively use them. With nearly half the adult population in the United States showing an unsatisfactory level of health literacy, the implication of using information technology to promote effective use of health information is considerable [80]. A profile of active engagement in technology-related activities offers an important aspect of active information seeking with relevance to the limited use of health information. In particular, there is little information on whether Internet-related activities have any influence on active pursuit of health information online. People with low literacy were found to be less effective in health information seeking [80–83]. With the increased use of emerging technology in health information seeking, it is not difficult to find research that supports the

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