Examining the health information horizons of the elderly in the periphery / Hadas Matas

ABSTRACT
The purpose of this research is to investigate the knowledge possibilities of elderly people living in peripheral areas who wish to obtain knowledge that could lessen the level of uncertainty they feel as a result of news regarding a change in their health as well as to understand their ability to be partners in the decision-making process with regards to their health situation. Their information-seeking behavior was examined, taking into account their lifestyle in a situation of uncertainty. The role of their health literacy skills in reducing this uncertainty was also examined.

The research subjects were elderly people who, from the day they were born until twenty years ago, considered their doctor to be the exclusive source of knowledge and authority in health-related matters. Nowadays, as a result of the information revolution, they live in an era where medical information is freely available to all those who know how to find it on the internet, and the medical establishment is interested in involving the patient in making decisions regarding his or her own health. In this reality the elderly patients are not only expected to find the relevant information themselves, but are also expected to discuss their findings and treatment options with the doctor. The need to be involved in their own health management is a new phenomenon for many elderly people. Whilst it is empowering, it can also be confusing and uncomfortable. Moreover, finding the information, which at this age is a challenge in itself is not enough. Incorrect understanding of the
medical information is likely to increase the feeling of uncertainty, instead of reducing it, and also lead to unnecessary feelings of stress, tension and fear.

The research was done using the qualitative method. The subjects were 17 males and females ranging in age from 70 to 87 all leading an active lifestyle including part-time work in an agricultural community, volunteer work and moderate physical activity. The subjects were recruited by word of mouth. Data was collected through a semi-structured in-depth interview and was analyzed thematically.

The first research question examined how the lifestyle of the elderly people living in a peripheral area influenced their information-seeking behavior. This behavior was influenced by the active lifestyle of the participants in that most of them felt the need to take responsibility for their own health and to look for information. They tend to see the doctor and take advice from him once they already have some knowledge about the new health situation they are facing.

The second research question examined which sources of information were used by the subjects when they were faced with uncertainty regarding their health. The findings showed that these sources were very varied, ranging from a spouse, friends, neighbors, acquaintances, information junctions, magazines and the internet. Most of them had access to the internet but not all of them enjoyed using the computer. A few of them did not have the skills needed to identify and understand medical information in order to make decisions regarding a specific treatment.

The third research question examined how the uncertainty felt by the subjects was expressed as they dealt with a new, previously unknown medical situation. The study revealed that the majority of subjects were interested in reducing the feeling of
uncertainty by looking for information from familiar sources. However, some of them preferred not to look for information and to act as they had done in the past by allowing the doctor, who was regarded as the sole source of medical knowledge, to make decisions alone using his professional knowledge.

The fourth research question examined the role of health literacy in the manner in which the subjects dealt with a new illness and whether it increases during the process of searching for knowledge. The results demonstrate that the majority of subjects go to the doctor for advice after they have already collected information about their illness. Most of them do this as a result of previous experiences in which the doctor's explanation either confused them or was insufficient. Some of the subjects had increased their health literacy as a result of previous experience and now delved into reading relevant literature on the internet and learning medical terms. Nevertheless, all the subjects stated that they still required an explanation by the doctor. Some of the reasons given were the need for the doctor to put all the information they had found into the right perspective, or that they wanted the doctor to calm them down and assure them that their situation is not as bad as described on the internet, or because they had not fully understood or had wrongly understood the information they had found.

Analysis of all the data collected reveals that the research subjects are interested in receiving medical information, but that they leave the decision-making to their doctor. However, in one category, they prefer their personal circles rather than discussion with their physician, and that is recommendations for other doctors.

The study did not analyze the quality of medical information found on the internet, nor did it check the reliability of the other sources of information chosen by
the subjects. The focus was on their use of these sources and on their understanding of the research at a level which enabled them to make and implement decisions.

Due to the fact that not all the subjects were health literate, we point out the need to increase health literacy levels in this population sector. We hypothesize that good instructions in looking for and using medical information would result in the subjects having helpful medical information instead of being fed unprofessional knowledge from friends and acquaintances.

We recommend to conduct a follow-up study to examine whether elderly people increased their health literacy as a result of participation in a course designed for this purpose. The subjects would be examined before and after participation in a course to check any changes.

This study is likely to contribute to our understanding of the various elements involved in our understanding of information behavior of elderly people and to develop awareness amongst providers to ensure that their patients not only gather information but also understand what they have found. The role of health care providers is to help the elderly people form an opinion based on reliable information and a good comprehension of this knowledge. We hope that the results of this study will encourage organizations who deal with elderly welfare to increase the health literacy level of elderly people so that they, just like younger people, will become partners in the decision-making process regarding their own health. As a result this could increase their level of health and even lengthen their life span.