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Classifying Health Information Interactions and their Motivations

A Study with Older Adults and Electronic Patient Portals

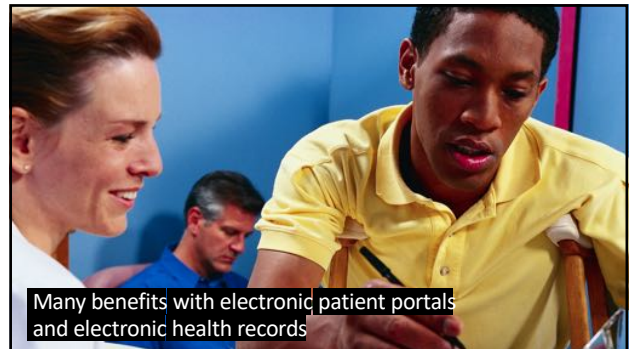
Isto Huvila^{1,2}, Kristina Eriksson-Backa², Noora Hirvonen³ and Heidi Enwald^{2,3}

¹ Department of ALM, Uppsala University
² Information Studies, Åbo Akademi University
³ Information Studies, University of Oulu

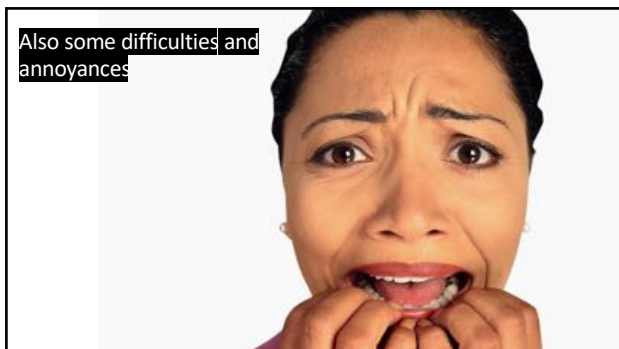
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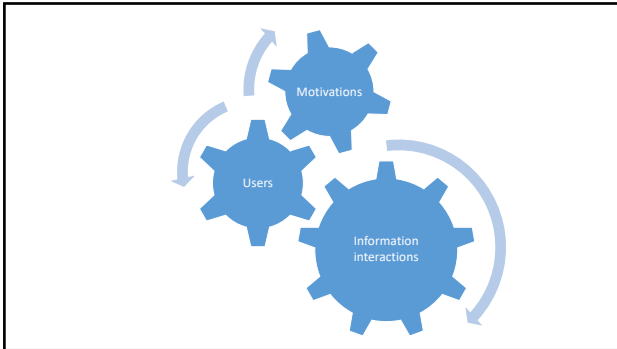
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Towards a (more) systematic understanding through classification of information interactions with EHRs.

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Understanding of EHR use and motivations beyond cognitive-rational assumptions.

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Earlier classifications

- Tasks
 - E.g. Xie, 2009; Li & Belkin, 2008; Li, 2004
- Information interactions in specific domains
 - Cultural heritage (Stiller, 2012)
- Generic classifications of information interactions (without motivations)
 - Cool & Belkin (2002)

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Empirical work

- Focus group interviews (conducted in 2018)
- Study population Finnish older adults
 - 6 groups (G1-6)
 - 3-5 per group, 24 individuals (G#A-E)
 - 55-73 years old, mean 60.6
 - 17/24 (71%) female
- Semistructured interview protocol
 - Topics: EPP user experiences (uses, barriers, enablers and outcomes of use) and health information behaviour
 - Based on a systematic review (published as Hirvonen et al. 2020)
- Grounded theory inspired analysis

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Classification of Information Interactions

- Purposes of interacting (P)
- Information interactions (II)
- Stakeholder (S)
- Stakeholder role (SS/SO)
- Stakeholder participation in interaction (contested/uncontested by others)

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Purposes of interacting (P)

Orientation/Recall (what happened)	"I just look what there has happened on different visits to [the hospital]" G3D
Pleasure/curiosity	"I was like generally curious how [the EHR] looks like" G1A
For direct action	"You can sort of prepare yourself [for a visit] by reading your prescriptions again" G5C
Knowledge making	"To reflect, so to say, one-self [...] and to find evidence for one's ideas" G1D
Self-understanding and meaning-making	"At some age you begin to [...], it becomes more common to keep track of things" G5C
Controlling what others have done	"You can, like, compare a little if s/he has done her job, like, properly" G3C

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Information interactions (II)

Communication	"Can I get in touch with a sensible person there" G4B
Correcting information	"[Possibility to add] that I am allergic to that soap, or whatever" G2C; "[Information] is wrong and nothing has been corrected" G4A
Preservation	"The idea is that people don't need to remember" G1A
Information management	"In [EHR] it is easier to get a overall idea of it" G5B
Adding information	"There could be an own section "I think I have this [condition]" G2C
Comparison/evaluation	"Are they within reference values [...] and then reflect [...] systems should support this" G1D
Hiding information	"I have blocked [...] that not everyone gets to all information" G3B; "With that [professional] jargon it is possible to hide the real condition or the message from a lay reader" G1D
Avoiding information	"I don't want to hear all details" G5C
Getting informed	"You should get [cancer information] personally, they are that sensitive" G1C

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Stakeholder (S)

Patient	"Have I forgotten to tell the doctor that my information can be put there" G2C
Guardian (or representative)	"There you need to have a consent of the child that [...] a parent can see them" G1A
Peer(s)	"I have had no need to share with anyone outside of my family" G2B
Healthcare professional(s)	"It depends a lot on the doctor, how much [documentation text] they write" G5C
Researcher(s)	"This kind of package of information, you can say that [it can be] sometimes later really valuable for researchers" G4B

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Stakeholder roles and participation

Stakeholder role (SS/SO)	Subject (SS)	"I was in [the system] and looked" G5B
	Object (SO)	"Could you [say] it to your doctor?" G3C
Stakeholder participation in interaction	Contested by other stakeholders (*)	"[Information] should not be known [available] for parents after 18 years [of age]" G3D
	Uncontested by other stakeholders (<none>)	"You can see the general situation there" G5C

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- ### Examples
1. (P): Knowledge making; (II): Hiding information; (S): Healthcare staff (SS*), Patients (SO).
 2. (P): Getting informed; (II): Hiding information; (S): patients (SS), healthcare staff (SO).
 3. (P) Orientation and recall; (II) Managing information; (S): Healthcare staff (SS); Guardians, Patients (SO).
 4. (P) Orientation and recall; (II) Managing information; (S): Healthcare staff (SS); Healthcare staff (SO).

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- ### Implications of interactions
- To whom (which stakeholders)?
 - Are interactions/implications productive?
 - Are they supported by technical systems and/or social rules?
 - Are they problematic (should they be hindered)?
 - Are they acceptable (not to be encouraged, but not to be hindered)
 - When and why they might be successful and unsuccessful?
 - How information interactions interact with other interactions?


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- ### Future work
- Preliminary classification, needs to be refined with insights from other populations and stakeholder groups
 - Can be complemented with additional facets when needed – however complementing and refining the scheme forever might not be the best way to go

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Classification of information interactions helps to systematise understanding of what people do with EPPs and EHRs help to develop better systems and help users to interact with the existing ones.

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