Bodies Online Information and advice-seeking in the health and fitness domain

ESRC E-Society Programme

Many people searching online for health advice trust the information and advice they find there. However, evidence suggests that this trust might be misplaced with research suggesting that quality is a problem with health related websites. To date, most of the research on online health advice has involved some kind of evaluation of the quality of information advice and generally from a medical perspective. Professor Pamela Briggs from Northumbria University extends this examination by integrating elements of social identity and representation, notions of trustworthiness, and the way information is framed on the internet to develop a robust model which allows for a meaningful examination of how and why people seek advice via the internet.

- The top three conditions that people searched online health advice for were women's health, alternative health and diet.
- Health consumers disliked general information portals and were sensitive to sales sites, rejecting them quickly.
- Health consumers engaged in rapid searches generally guided by design.
- Selection of sites related to the credibility of the source, social identity and the impartiality of the advice.
- Health consumers integrated information across sources although the GP was seen as the ultimate source of advice.
- Health consumers were persuaded by the material they read online although were more influenced by sites they perceived as being trustworthy.

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Background

The internet is an important source for health information and advice. In particular, young people find the internet an appealing source of information, especially for those seeking advice on important but sensitive or stigmatised illnesses. Research has suggested that many people searching online for health advice trust the information and advice they find there and believe that it will enable them to better deal with their health and will convey health benefits. However, there are reasons to believe that this trust is misplaced. Despite there being at least 70,000 health related sites available on the internet, less than half of the medical information available online has been reviewed by the medical profession and research has shown that few sites provide clear enough information to support patient decision-making. A systematic meta-analysis of health website evaluations reported that 70 per cent of website reviews concluded that quality is a problem with the internet.

In the face of such variable quality, how do health consumers decide whether or not to trust the information and advice they find online? Relatively little is known about this, although we do know that ordinary health consumers are likely to adopt different trust criteria to experts, being, for example, more readily influenced by the attractiveness of the design. Research has found that health consumers (as opposed to experts) failed to check the authorship or owners of the website or read the disclosure statements, despite suggesting these are important quality markers beforehand.

To date, most of the research on online health advice has generally involved some kind of evaluation of the quality of information available on the internet, and this primarily from a medical perspective. However, Briggs' suggests that other key processes are at play. Firstly, there are important issues of social identity and representation which concern the extent to which people will choose one source of information over another, and which ultimately exert an influence on people's judgements of themselves. Secondly, various factors may govern the extent to which individuals find online information credible or trustworthy. Thirdly, the way in which information and advice is framed on the internet will have a major impact both upon its interpretation, and also on the extent to which it will be followed. All of these are crucial predictors of the ways in which people will adopt the advice on offer.

The Project

The aim of this project was to integrate the different elements of social identity, trust and risk into a robust model of how and why people seek advice via the internet. The assumptions made at the outset were that perceptions of social-identity, trust and risk differentially influence and are in turn influenced by the different stages of information and advice seeking.

Most previous research of online health advice were based upon content analysis of the material available on the internet, with little empirical research on the ways in which people seek health information online. The objectives of this project were:

- To involve genuine health consumers in order to build up a model of the ways which consumers actively seek advice online

- To set out the implications of the resulting model in guiding the development of good practice in online communication about health matters

The work involved three main phases of enquiry with the intention to bring together the findings from different research approaches in order to develop a robust model of trust in online advice seeking.

The first phase involved working with participants who represented high and low health risk enquirers in an internet café for two hours a week over a four week period. Participants searched for health relevant information and then discussed their findings with the researchers. Participants also completed diaries to log their daily information and advice seeking behaviours between sessions. Participants were interviewed at the end of the four week session and then six months later. The second phase involved the completion of a web-based questionnaire by 1103 people who said they had used the internet for health advice. The third and final phase saw the recruitment of participants, some with high levels of weekly alcohol intake, to evaluate the health risks involved following the viewing of some websites.

Implications of the research

From automatically logged data, the research found that health consumers disliked general information portals and were very sensitive to sales sites which were quickly rejected. Those factors which led to early mistrust of sites were identified with categorisation of those made in terms of design and content. From one study on menopause and HRT, the research found those factors likely to put off participants in relation to design included: inappropriate name for the site; a complex or busy layout; the lack of navigation aids; a boring site design; and pop up adverts. In relation to content, irrelevant or inappropriate content reduced trust in a site.

From group discussions, diaries and interviews the research found that consumers took information from the internet and used it in discussions with their friends and family.

From the web-based questionnaire, the research found that the majority of the sample sought online health advice starting from general search engines. The top three conditions that people were searching for were women's health, alternative health and diet. Most people sought advice on web provider sites rather than charity or government sites and the majority of participants reported looking for advice for themselves rather than someone else.

In general, the research found that participants engaged in rapid searches guided by design-led heuristics, then engaged in rapid searches guided by design-led cues relating to source credibility, social identity and impartiality of the advice. The research found that trust in online health advice was predicated by four key factors: ease of access to the information; personalisation and social identity; credibility through impartiality; and credibility through design. Finally, participants integrated advice and information across sources but the GP was always seen as the ultimate source of advice.

Policy Lessons and Future Research

The research has resulted in the publication of guidelines for the design of good health websites:

Stage 1 Heuristic Evaluation

- Use a professional and attractive design
- Ensure good ease of use
- Provide good cues on content on the homepage
- Maximise the familiarity or predictability of the layout and interaction
- Do not mix advertising and content avoid sales pitches and banner adverts

Stage 2 Content Evaluation

- Include background information on the knowledge and expertise of the authors
- Make clear the motivation of the authors provide good links to independent websites in the same domain to provide reassurances on bias

- Ensure that the website reflects the social identity of the user
- Offer a personalised service which takes account of each user's health needs and preferences
- Include peer contributions and the ability to contribute to the site

Stage 3 Longer term Engagement

- Ensure content is regularly updated
- Provide interactive features on the site as well as alternative ways of engaging users e.g. Email or text message alerts
- Enable users to register in order to obtain personalised advice make clear the purpose of registration and the privacy and security implications
- Facilitate integration with other websites include good links to other websites within the same domain. Provide local offline addresses and contact details
- Provide clearly stated privacy policies

The author argues that the social identity of this study are strong. Consumers are drawn to those sites whose values closely reflect their own and are particular trusting of those sites that contain contributions form like-minded peers. This is a potentially dangerous effect for decision-making (generating false-consensus effects) and one that has been identified in other areas of internet research. The authors suggest t hat more research needs to be done on the way in which social filtering affects trust, risk perception and decision making.

In addition, the authors note that this research is the first to show that the presence of web design features associated with mistrust (advertisements, pharmaceutical links) can directly damage the effectiveness of a health message. The research found that the more vulnerable the participants (e.g. high to moderate drinkers) were less likely to report moderating their alcohol intake if they had been presented with health advice containing such features. This finding is worth exploring further.

Further Information

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The e-Society Programme

Funded by the Economic and Social Research Council and co-ordinated by the Department of Sociology at the University of York, the e-Society is a multidisciplinary programme of research that seeks to investigate how institutions, practices and behaviours are being changed by the technologies that constitute the digital age. This £5 million programme draws on the expertise of leading academics from across the UK. Launched in October 2003, the programme will run until the end of October 2007.

Further details of the projects in the programme can be found at Http://www.york.ac.uk/res/e-society/