

ROMANIAN SENIORS, INTERNET AND HEALTH

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ABSTRACT

Research shows that older adults respond differently to online communication than younger adults. Seniors face new challenges in the case of the present displacement in the study and practice of medical communication. This displacement is a movement from a paternalistic model of patient-provider information toward enclosing the medical and human values in the process of decision-taking of informed patient in medical interaction. The present study draws on the hypotheses related to health-related Internet use by seniors and try to validate them in a specific context – the Romanian society. The sample of seniors included in the analysis was made of ten persons aged +65 years old who used the Internet not only to obtain daily information and to socialise with their friends but also to search for health-related information. Preliminary results showed that Romanian seniors still do not consider online health information to be as reliable as inter-personal communication with their GP. At the same time, Romanian older adults are overloaded with the sheer amount of information available on the net and tend to “simplify” it by checking that information with medical staff (e.g., GP, nurses). As our set of interviews Romanian seniors have a lower desire to control their own health care by themselves and remain deeply dependent on the interpersonal medical communication with GPs, family, pharmacists or friends.

Keywords: Seniors, Online communication, Interpersonal communication, Health-related information.

INTRODUCTION

The ageing of the European population is one of the greatest societal and economic challenges of the 21st century affecting all European countries and most

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policy areas (European Commission, 2015). In a few years, more than 20% of Europeans will be aged 65 or over, and this proportion is expected to reach 28% in 2050 (Eurostat, 2015). This is a matter of urgent concern, strongly impacting European social welfare and health care systems, and their financial viability (European Commission, 2015).

As the official documents of the European Commission showed (European Commission, 2015), effective communication with older adults about new policies and ICT-based solutions is a key factor in turning the expenditures into secure investments. The existing literature points out that older adults respond differently to mediated communication than younger adults (McMillan and Macias, 2008). First, older adults use media differently than younger adults: The digital divide still pertains and older adults perform fewer activities online and have lower levels of digital literacies, including e-Health literacy (Campbell, 2009; McMillan and Macias, 2008). Much more, older adults differ in their responses to content and form characteristics of mediated communication and associate internet use with different benefits (McMellon and Schiffman, 2002; Shapira, Barak and Gal, 2007; Gatto and Tak, 2008; Mellor, Firth and Moore, 2008; Karavidas, Lim and Katsikas, 2005).

In Romania the population is growing older at a rapid pace in the last decades, as the statistics showed (Institutul Național de Statistică, 2015). In 2015, 15.5% of the Romanian population were children under 14. 60% were people aged between 15 and 59. 24% were people between 60 and 80 years old and 4% are seniors (over 80 years). But, as the forecast showed (United Nations, 2015) in 2050, only 14% of the Romanian population will be children under 14. 49% will be people between 15 and 59 years, 26% will be people between 60 and 80 years, and almost 9% Romanians will be over 80 years old (United Nations, 2015).

At the same time, in the last years, the Romanians' access to the internet increased. Thus, in 2016, 69.7% of Romanians aged 16-74 years used the Internet (Institutul Național de Statistică, 2016). Despite this rapid development of population's access to the online communication, the share of the seniors that use internet at least once a week is very small, only 13% in Romania – as compared with an average of 45% for the EU member states (Eurostat, 2017).

Related to medicine and health, it is generally accepted today that the Internet provides a large source of health-related information for patients. Much more, as the Internet becomes a growing source of health information, evaluating the quality of the web-based health information is of a paramount importance (Powell and Clarke, 2002). Starting from the fact that older adults respond differently to online communication than younger adults, some researchers argued that seniors face new challenges in the case of the present displacement in the study and practice of medical communication (McMillan and Macias, 2008). This displacement is a movement from a paternalistic model of patient-provider information toward enclosing the medical and human values in the process of decision-taking of informed patient in medical interaction.

The present article tries to see how Romanians seniors use Internet for information and what the characteristics of health-related internet use are for Romanian seniors. As the research question we have the following:

What are the main characteristics of the health-related Internet use for Romanian older adults?

THE THEORETICAL FRAMEWORK

The existing literature (McMillan and Macias, 2008; Campbell, 2009) points out some of the main characteristics of the seniors' online behaviour. According to McMillan and Macias (2008) seniors use internet to send mails to friends and family (e.g., "to socialise"), to read (the Internet is an invaluable resource which replace the library), to recognize that the information are erroneous and to worry about the quality of online information and to prepare for the visit to the doctor or to fill in the gaps left by doctors.

Among the factors that influence the use of net by seniors, the researches made on this topic had noticed: 1. the higher socio-economic status for the seniors; 2. a higher educational level (tertiary and post-tertiary education level) and 3. to be so-called "young old" (that is, 65-70 years) and not "old old"(that is, over 85 years old) (Campbell, 2009; McMillan and Macias, 2008).

As compared with the research on risk and benefits of using the internet for children and youth, the number of studies devoted to older adults' benefits related to online activities is rather small. The list of benefits identified by McConatha, Schnell, Volkwein, Rile and Leach (2003) contained, for example: an increased levels of life satisfaction; better mental functioning; activities of daily living and reduced levels of depression. Other studies on this topic showed that the benefits of the Internet based activities for the seniors are: the experience to be a part of the online world (Shapira, Barak and Gal, 2007); the empowerment of feelings (McMellon and Schiffman, 2002); the development of a positive effect on self-esteem (Gatto and Tak, 2008); the opportunity to increase the amount of contacts with others (Mellor, Firth and Moore, 2008) and the opportunity to sustain social networks (Karavidas, Lim and Katsikas, 2005).

The development of health-related internet had brought also some challenges for seniors. First, the health-related information found on the internet is frequently using languages that are not familiar to the lay audiences, the websites or web-pages using technical language and scientific language more frequently than before. Much more, many search engines do a poor job of identifying appropriate and accurate information, and this is extremely evident in the case of older users. Older consumers often have trouble knowing which information is accurate (and which is not) and, in addition, few computers have new characteristics (touch screen, voice activation system, etc.) which could them make easier to use by seniors.

Among the barriers for internet-use for seniors there are: limited access to the internet due to old computers or slower and cheaper connection at the internet, limited access to new technologies and fewer technological skills; difficulties in using some functions of the computer due to illness (e.g. the link between arthritis and the use of mouse computer) and difficulties to read online information on the computer (Lambert and Loiselle, 2007).

In a meta-analysis of the research made on internet health-related use by seniors, McMillan and Macias (2008) assessed that internet is an invaluable resource for health for several reasons. Among them is the fact that the internet is a two-edged sword when seniors look for specific information and, also, the fact that on the internet they can find online information of high quality.

When addressing the issue of health-related behaviour and older adults, Sommerhalder, Abraham, Zufferey, Barth and Abel (2009) had assessed that the proliferation of online health information available for the patients is controversial due to the fact that patients are overloaded with the sheer amount of information available on the net.

Despite the fact the more and more medical and health-related information is available online Wicks (2004) noticed that for answers related to their health, seniors tend to look primarily to interpersonal sources (General Practitioners, family, pharmacists, friends).

Hypothesis of the research

As the hypothesis of the present article we have the following:

H1. Seniors use the internet as a starting point for general information related to health but when it came to make informed decisions about health care they adhere to physician-centered care model (Campbell and Nolfi, 2005).

H2: The more a senior as a patient learns from the internet about her/his illness, the more likely she/he is to ask questions derived from Internet consumption to his/her physician (Frederikson and Bull, 1995).

Elements of methodology

The article was based on a research project which used the semi-structured interview as the main method of research. The guide of interview included thirty-one questions on the topics of health-related internet uses.

The set of data included in the analysis were collected in face-to-face interactions between January and June 2017 in Bucharest (Romania). The sample of seniors was made of twelve persons (seven women and five men), aged over 65 years old, who used the Internet not only to obtain daily information and to socialise with their friends but also to search for health-related information.

ANALYSIS OF THE RESULTS

As the set of data showed the general way in which seniors are searching for health information is a relatively simple one. They are searching by using search engines (Google) and they avoid specialized sites or medical blogs and websites.

S1: Generally I googled so, when I'm looking for health information I googled, I'm looking for them [...] I've just found them by chance or some medical information just appears to me. They appear on social networks as ads, others appear to me as ads on different sites. Google also has a system; if you have just entered a word, somewhere it will start to give you information all the time about similar sites or similar information on which word you have previously searched for.

S3: Google is the easiest. Whenever I have a curiosity or I need information, Google is the perfect help. Generally I search for things and words on Google, I really like surfing the internet and gathering information from different domains.

According to our respondents, the main reason behind this type of online search is the fact that it is easiest, it has more accessible character and that it does not require special abilities:

S5: I do not have an explanation ... that's ok, it's more convenient, more usual.

S9: It is more convenient and I feel comfortable.

For Romanian seniors the search for health related information is related to treatment of disease and illness' symptoms. Only few of them want to know other things in addition, such was the case with information about hospitals or the medical system and doctors in general.

S3: I'm especially looking for references to drugs and diseases, but drugs especially interest me. Well, let me see, I know what I'm saying, I'm more of a naturalist, but I do not know whether they're good or not.

S7: I'm looking for illnesses, and drugs, not hospitals ... not always for me. Well, the reason is the need to know more on those topics.

S9: I'm looking for references to drugs, references to doctors and the effects that certain treatments have on different people. I do this because it is the thing that interests me and I think it helps me for the deeper understanding of the various diseases.

But when it comes to use the health information found on the internet, half of the sample included in our analysis (five Romanian seniors) do not want to talk to their doctor about this type of information. They invoked as main reasons for avoiding this discussion the high status that doctors have in their eyes and the feeling that such subjects cannot be discussed in a doctor-patient meeting:

S2: I have never talked to my doctor about the information found on the internet. It was just a piece of information that I used strictly personally.

S5: No, no, I cannot afford to talk to my doctor because it is not well to do that, it is not civilized.

How is the relation between online information and face-to-face information structured? As our respondents had declared they still have put the stress on medical advice first. In other words, when they have talked to doctors about health information, they always consider the physician's opinion – be it a family physician or a specialist – as the most trustful (and not the information found on the internet).

S1: Yes, we talked and the doctor had a calm, gentle reaction. He encouraged me to follow the advice of physicians in defiance of the information found on the internet because they were trained for that to be a kind of God on earth for us. Physicians exist for the good of man.

S7: I talked to some and my doctor told me they were not good. He told me that I had to take only what he wanted, that is what he gave the recipe I cannot get what I want. It's a very good reaction because we, the elders, take as granted sometimes some things and that's not right, he [e.g. the doctor] is right.

While appreciating the usefulness of health-related information on the internet, seniors assessed that the reliability of this type of information remained clearly inferior as compared with the information a physician can offer in face-to-face meetings:

S4: I clearly do not rely on the internet and I clearly do not rely on the information ... that is, not only on the information given on the internet. The Internet is small room in a house, which is sometimes forget, sometimes remains in a corner. Yes, it is useful, but it is not the only information available. You can still find doctors to discuss serious problems, do not run after "horseshoe horses dead" on I do not know what blog or site.

S6: Yes, the information can be trusted but not entirely. From my point of view, the information provided by the doctor is basic, is the most secure.

Meanwhile, there were some Romanian seniors who had admitted the fact that they sometimes follow health-related treatments found on the internet. In this case, as they have declared, they refer strictly to natural medicine and not to allopathic one – the latter being the field of doctors in whom they have full confidence:

S10: I've been asking for strictly natural medicines that I found on the internet after talking to a pharmacist. To give you an example, this is the case for the liver's medicine, such as "Bilidren".

Another way of using internet is to communicate with the doctor (family or specialist) via the Internet (mail, Skype, etc.). Only three seniors had declared that they do that in exceptional or special situations, when they use the phone and discuss with their doctor:

S3: I tried to communicate with an ophthalmologist by email and I really wrote it in a mail and I did not get a reply of any kind or later, even though I insisted and tried to be as clear as possible on the issue I had. So I went there and I discuss with him.

S4: I always speak with my doctor at the phone. I do not use Skype at all and I prefer to talk over the phone in general. I find it more personal.

S7: No, I'm giving her a phone to schedule me. Well, we're talking on the phone or I am going straight to the cabinet.

Putting the medical advice at the “core” of health-related information and using mainly ace-to-face communication with doctors had lead to an extremely low degree of online feed-back towards the medical system – whether it is positive or negative. Only one senior had declared that she had online rated some medical services, and this happened due to the fact that she was satisfied with them:

S3: I once online rated the clinic where I had an eye (cataract) surgery. I was pleased and I give them a high mark.

S5: No. I do not like “to get out of the house” and it does not seem right to denigrate doctors because they definitely are a kind of Gods on earth.

CONCLUSIONS

As our data showed our first research hypothesis was confirmed by the data. Romanian seniors use the internet as a starting point for general information related to health but when it came to make informed decisions about health care they adhere to physician-centered care model. In fact, the results confirm Caress' thesis

(1997) that seniors' locus of control is external. In the case of a person with an external locus of control this person assumes that some aspects of his/her life (e.g., health) are controlled by powerful others (e.g., doctors). This was obvious in the case of Romanian seniors we interviewed who assessed that doctor's advice was more reliable than online health-related information. In the same vein, our results confirm Breemhaar, Visser and Kleijnen (1990) assumption that older patients are more likely to let their physicians to make decisions regarding their treatment.

On the other hand, the second research hypothesis was not validated by the data. In other words, if a senior as a patient learns from the internet about her or his illness, he or she was not eager to ask questions derived from Internet consumption to his or her physician. As such, the interviews with Romanian seniors did not confirm Mullen, Min and Velez's thesis (1992) that stated that there is a direct relation between health-related online information and the degree of information requests from a patient. In fact, in Romania, the more a senior patient learns about her or his illness, the less willing she or he is to ask questions to his or her physician.

Our data showed some peculiarities of the health-related internet use for Romanian older adults. The most important is the fact that Romanian seniors still do not consider online health information to be as reliable as inter-personal communication with their doctors. Despite the fact that they were overloaded with the sheer amount of information available on the net, Romanian older adults tend to "simplify" it by checking that information with medical staff (e.g., General Practitioners, specialist doctors or nurses).

Another important general result from our analysis is the fact that Romanian seniors proved to have a lower desire to control their own health care by themselves and remain deeply dependent on the interpersonal medical communication with General Practitioners, family, pharmacists and / or friends.

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