Connection 2010 Abstract

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Abstract Title: Making sense of evolving health information: Women’s experiences as they navigate uncertainty in everyday life

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Abstract:

Much has been written about evidence-based practice in health fields and the challenges encountered when striving to translate knowledge into practice; however, little attention is paid to the provisional and emergent nature of evidence (Upshur, 2001) and to the translation of health knowledge as an on-going process of social construction. The dilemma presented by emerging health evidence is magnified for people making health decisions within the context of everyday life. The objective of this study is to better understand how evolving health information is experienced and to explore how people interact with, integrate, and use health information mediated by a wide range of formal and informal sources (including health professionals, media, internet, and inter- and intra-personal sources). This study focuses on information behaviour (IB) within the context of a medical case in which evidence is explicitly evolving – management of health during the menopause transition – and is particularly apposite as women are active information agents who utilize information from a complex array of sources (Castelo-Branco et al., 2006; Hoffmann, et al., 2005; MacLennan, Taylor, & Wilson, 2004) as they gather, seek and store health information (Macias, Lewis, & Shankar, 2004; Wathen & Harris, 2006). Furthermore, women are increasingly engaged in health IB “either before, instead of, or unrelated to a visit to a doctor” (Warner & Procaccino, 2004, 714).

This study is based on a social constructionist approach which aims at identifying “general sense-making practices on the basis of which people orientate themselves in their everyday and working lives” (Talja, Keso, & Pietilainen, 1999, 761) and notions of meaning-making that incorporate an active, process-oriented view of IB (Dervin 1992). In addition, social positioning theory (Davies & Harré, 1990; Van Largenhove & Harré, 1994) facilitates exploration of the dynamic aspects of information encounters.

The current study reports analyses of data arising from semi-structured qualitative interviews with 28 women who are navigating evolving information related to the menopause transition. Participants were recruited from the community and from a hospital-based ‘menopause clinic’; theoretical as well as purposive sampling was used. Two interview strategies were utilized in order to yield rich descriptive data. (1) A semi-structured and narrative approach allowed participants “scope to articulate their experiences in their own terms” (Petersen, 2006) and facilitated constructive processes as participants related, interpreted and drew together their health-related experiences (Becker, 1997; Petersen, 2006). The Promoting Action on Research Implementation in Health Services (PARIHS) framework (Rycroft-Malone et al., 2002) provided a schema which facilitated insight into information sources, participants’ contexts, and the manner and means by which information was facilitated (Genuis, 2008). And (2) Johnson and
Weller’s (2002) ‘in the moment’ elicitation technique was utilized. Women were presented with selected, health-related media stories; these elicited response and reflection about health information encountered within the everyday life context. A second stage of the study includes interviews with a purposive sample of 12 health professionals (physicians, nurses, pharmecists, dieticians, and alternative health practitioners) acting as information providers to women who are navigating the menopause transition. Data were analyzed using NVivo software and an open-coding, grounded-theory approach.

With increasing interest in the IB of “ordinary people in everyday life situations and health contexts” (Fisher & Julien, 2009) and increasing focus on Knowledge Translation within health fields, this study contributes both theoretically and practically to Library and Information Science and health care fields. Understanding the IB of women as they deal with uncertain and/or evolving health information provides valuable insights regarding patient experience and the context in which medical change occurs, ingredients which have been identified as critical for change within medical systems (Rycroft-Malone et al., 2002).

References


