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Developing a Profile of Consumer Intention to Seek Out Additional Information Beyond a Doctor: The Role of Communicative and Motivation Variables

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Current reports in the medical literature demonstrate increasing acknowledgment of consumer involvement in autonomous health and medical information search beyond the doctor. Although multiple studies have segmented consumers into different groups based on the different levels of patient autonomy, the literature review revealed the lack of systematic attempts at elucidating the antecedents of autonomous consumer health information search. In this article, I examine the role of health consciousness as a mediator of the relation between communicative (interpersonal, community, print, television, and Internet) factors and health information seeking.

The rapid growth of the Internet and other new media has given consumers access to a wide variety of sources of health information beyond the doctor (Brashers, Goldsmith, & Hsieh, 2002; Carlsson, 2000; Eysenbach & Diepgen, 1999; Marks & Lutgendorf, 1999; Navarro & Wilkins, 2001). The concept of an active and autonomous patient who seeks out additional information and is engaged in the process of making health and medical choices lies at the heart of the “consumerism” movement in medicine and health (Booske, Sainfort, & Hundt, 1999). The patient, under this active framework, becomes a participant and a collaborator rather than a passive recipient of health services (Brashers, Haas, Klinge, & Neidig, 2000). Multiple studies have demonstrated that patient involvement in medical decision
making improves the quality of care and patient satisfaction (Brody, Miller, Lerman, Smith, & Caputo, 1989; Pontes & Pontes, 1996). The increasing level of consumer autonomy and information seeking calls for a detailed analysis of the autonomous consumer information search construct.

A review of the literature on consumer health information seeking has revealed a number of studies that have taken a situational approach to health information behavior (Carlsson, 2000; Huber & Cruz, 2000; Rees & Bath, 2000). In other words, these studies have focused on the specific health situation faced by a patient and his or her subsequent consumer health information needs. Researchers have studied the information search of AIDS patients, cancer patients, diabetes patients, and asthma patients. In all these instances, the theoretical framework assumes a situation-specific approach in which the patient’s serious health situation dictates his or her information needs (Carlsson, 2000; Huber & Cruz, 2000; Rees & Bath, 2000). In these studies, however, not much attention has been paid to the different individual-level variables that might affect health information seeking beyond the doctor. The situation-centered framework of health information seeking does not make an attempt to study those consumers who engage in health information search irrespective of their immediate situation.

Some systematic efforts have been made to classify consumers into segments based on their health information needs (Morris, Grossman, Barkdoll, & Gordon, 1987). Although the literature has clearly suggested that there exist motivational differences in health information search demonstrating individual-level differences in patient autonomy and information search (Ferguson, 1992; Morris et al., 1987), the question “What individual-difference factors affect health information seeking?” has not been explored. Applying the fundamental belief that different consumers have different levels of motivation to search for additional health information beyond the doctor and that there exist individual differences in health information search (Celsi & Olson, 1988; Moorman & Matulich, 1993), in this article I look at the communicative and health consciousness correlates of autonomous health information search, suggesting a profile of health information searchers that seek out information beyond the doctor. Notice the emphasis of this research on examining the information search process beyond the traditionally researched realm of doctors as sources of health information. In exploring the role of communicative variables, I move beyond the standard demographic variables that have often been discussed in the context of health and information behavior (see, for instance, Moorman & Matulich, 1993; Anderson, Meissner, & Portnoy, 1989). In this article I fundamentally argue that although certain communicative activities produce health consciousness, other communicative activities produce unhealthy practices. In turn, health consciousness determines the amount of health information search done by the consumer. Therefore, a framework is constructed for drawing the relation between communicative activities, health consciousness and health information seeking, providing strategic guidelines for health information delivery.
HEALTH CONSCIOUSNESS

One key determinant of the consumer’s willingness to seek out information related to a particular topic, issue, or product is the level of motivation the consumer has in the specific topic, issue, or product (Davis, 1973; Lutz, Mackenzie, & Belch, 1983; Petty & Cacioppo, 1986; Zaltman & Duncan, 1977). This motivation element has often been studied as “involvement” (Chaiken, Liberman, & Eagly, 1989). In addition to being triggered by the nature of a situation, involvement can be enduring. Enduring involvement taps into the intrinsic consumer interest in a particular product or issue. A high level of enduring consumer involvement in an issue or product suggests that the consumer is more willing to process information related to that particular issue/product, seek out more information about the specific product/issue, and be actively engaged in the consumption of that product/issue. Enduring involvement in the domain of health suggests a continual interest in health issues irrespective of the nature of the situation.

It may be argued that health consciousness is an indicator of the consumer’s intrinsic motivation to maintain good health, reflecting his or her enduring involvement in health matters (MacInnis, Moorman, & Jaworski, 1991; Park & Mittal, 1985). Therefore, a health conscious consumer continuously engages in those activities that lead to better health, including actively seeking out health information beyond the doctor (Moorman & Matulich, 1993). The motivation-based framework from consumer psychology would suggest that health consciousness would lead to a greater degree of autonomous information seeking. Hence, I hypothesized the following (hypothesis = H):

H1: Health consciousness will be a positive predictor of consumer search for additional health information beyond the doctor.

COMMUNICATIVE ACTIVITIES

However, where does the motivation in a particular issue originate? It may be argued that communicative activities serve as antecedents of a particular issue-based motivation. Ample evidence of the impact of communicative activities in setting the public’s motivation has been documented in agenda-setting theory. In this article, I specifically explore the role of communicative activities as antecedents to health-related motivation. I further answer the following question: What is the relation between communicative choices and an autonomous health information search? Given the dispositional focus of this research, the emphasis is on examining the extent to which participation in the different categories of communicative activities influences health information seeking, not on the specific channels used by individuals in specific instances of health information search. In other words, in
this study, I examined the global effect of communication on autonomous health
information search instead of researching the individual instances of health informa-
tion search triggered by specific situations or conditions. What is the relation
between a dispositional orientation toward a certain communicative activity (such
as magazine readership) and an autonomous health information search?

In answering the question, the core idea I apply throughout this section taps into
the argument that certain communicative activities generate health consciousness,
whereas certain other communicative activities do not generate health conscious-
ness. Although certain acts of communication promote positive health outcomes,
certain other forms of communication are detrimental to the audience’s health
(Kreps & Thornton, 1992). The difference among communication forms in their
health-enhancing and health-reducing effects ties in with their communicative
content (whereas the newspaper contains health-oriented information, television
content typically threatens viewer health). The different forms of communication I
explored in this study include interpersonal communication, community engage-
ment, newspaper readership, magazine readership, television viewership, and
Internet usage.

Interpersonal communication is pivotal to communicating issues of health
(Brashers et al., 2002). A great deal of research has been done on the networks
of interpersonal relationships in the context of their roles in consumer health in-
formation seeking (Brashers et al., 2002; Kreps & Thornton, 1992). The extant
literature on health information seeking has pointed out that interpersonal com-
munication serves as a critical channel for health information delivery because it
stores abundant health information within the interpersonal networks. Individ-
uals often gain information about health issues from those in their interpersonal
networks. Family and friends serve as resources for identifying symptoms, deter-
mining possible treatments, and making particular lifestyle changes. In other
words, the interpersonal network of individuals serves as a vast repository of
health information. A large number of studies (Dutta-Bergman, 2004) have also
documented the critical role of interpersonal communication in shaping subjec-
tive norms, which in turn shape healthful choices. Healthy life choices, these
studies have argued, become a part of the interpersonal cement and effectively
influence individual choice. Social learning theory suggests similar health-en-
hancing effects of the interpersonal network through the positive reinforcement
and modeling of healthy choices (Bandura, 1994).

Because of the strong influence of interpersonal communication on healthy
choices and because of the great deal of health information stored in interpersonal
networks, it may be argued that those individuals that have a strong interpersonal
network are also more likely to have a stronger health orientation. Therefore, inter-
personal communication generates health consciousness. Health consciousness, in
turn, generates additional health information search beyond the doctor. Therefore,
a greater degree of interpersonal communication triggers a greater degree of health
information seeking among individuals by orienting the participant toward issues of health.

H2: Health consciousness will mediate the positive relation between interpersonal communication and consumer search for additional health information beyond the doctor.

Community participation is yet another communicative venue that yields positive health outcomes (Lomas, 1998; Putnam & Yonish, 1999; Wolf & Bruhn, 1993). Community psychologists have pointed out that the community is an excellent resource for improving the health of its members (Wolf & Bruhn, 1993). Those members that actively participate in their communities are more likely to be cognizant of the different health-enhancing resources available in the community. Through other community members they also become aware of healthful life choices. The strong social fabric of a participatory community becomes an inventory of health information and healthy practices. An individual who participates in the community, therefore, is more likely to be health oriented. The health motivation argument laid out earlier would articulate that the health-oriented individual would be more likely to seek out health information beyond the doctor, pointing toward a mediating role of health consciousness.

H3: Health consciousness will mediate the positive relation between community participation and consumer search for additional health information beyond the doctor.

Media scholars have conducted a plethora of studies on the effects of newspaper readership on society. Newspaper readership is shown to produce responsible social participants. Existing research in health communication has pointed out that newspapers serve as reliable sources of health information to the public (Atkin & Wallack, 1990; Kreps & Thornton, 1992). In other words, the typically information-oriented newspapers have been shown to have health-enhancing effects by supplying the public with relevant health information (Atkin & Wallack, 1990). Health receives a great deal of coverage in newspapers, and they often carry a health section that presents information on different issues of health. Building on the critical idea of agenda-setting theory that argues that media agenda set the public’s agenda, it may be argued that newspaper readership, therefore, by introducing issues of health in the public agenda, promotes health consciousness and subsequent health information search. Furthermore, the information orientation of newspapers and the information orientation of health information search provide additional support for the positive correlation between the constructs.
H4: Health consciousness will mediate the positive relation between newspaper readership and consumer search for additional health information beyond the doctor.

The role of magazines as sources of health information has been well established in the health communication literature (Atkin & Wallack, 1990; Kreps & Thornton, 1992). By serving as sources of health information, magazines get classified as health-enhancing media. Once again, according to agenda-setting theory, readership of magazines generates health consciousness by exposing the individual to a plethora of health information contained in magazines. Magazines also reinforce healthful choices by discussing such choices in the articles. Similar to newspapers, the information orientation of magazines provides further strength to the argument that magazine readership will be positively correlated with autonomous health information search. Hence, I hypothesized the following:

H5: Health consciousness will mediate the positive relation between magazine readership and consumer search for additional health information beyond the doctor.

Television viewership has been demonstrated to produce detrimental health effects. Programs and advertisements on television have often downplayed the health risks associated with unhealthy practices such as smoking, alcohol consumption, and unsafe sex (Jacobson & Amos, 1985; Kreps & Thornton, 1992; Trauth & Huffman, 1986). Instead, television content has often implied that the consumer can achieve sophistication and social acceptance by engaging in such risky behaviors that pose a threat to human health. The negative health effects of television are particularly visible among vulnerable populations such as youths and minority groups (Jacobson & Amos, 1985). Media cultivation theorists (Gerbner, Gross, Morgan, & Signorielli, 1986) have established a long tradition of research on the health effects of television showing that heavy viewership of television cultivates unhealthy practices. Therefore, it may be argued that television viewership leads to a decrease in health consciousness. Therefore, television would negatively predict autonomous health information. Also, the fact that television is entertainment oriented supports a negative relation between television viewership and health information seeking.

H6: Health consciousness will mediate the negative relation between television viewership and consumer search for additional health information beyond the doctor.

Since the inception of the Internet, health communication scholars have been particularly interested in the effects of this new medium on health information
seeking (Carlsson, 2000). The Internet has been seen as the harbinger of the consumerism movement in health care (Eysenbach & Diepgen, 1999; Marks & Lutgendorf, 1999; Navarro & Wilkins, 2001; Rice & Katz, 2001). Almost half of the Internet users in 1997 reported searching for health information (FIND/SVP, 1997, as cited in Rice & Katz, 2001). With the vast amount of information stored in its information superhighways, the Internet has opened up new avenues of access to health information for the health-active consumer. Ranging from medical journals to health Web sites, it offers a wide array of services for the health-motivated consumer. Given the health information orientation of the Internet, it may therefore be argued that Internet use will lead to health consciousness, which in turn is positively associated with health information seeking.

H7: Health consciousness will mediate the positive relation between Internet use and consumer search for additional health information beyond the doctor.

METHOD

Data

The annual consumer survey sponsored by DDB Needham, Inc. (1999) was used for this study. The respondents represent a subsample of consumers maintained by Market Facts. The sample was drawn to approximate “actual distributions within the 9 census divisions of household income, population density, panel member’s age, and household size” (Groeneman, 1994, as cited in Scheufele & Shah, 2000). The DDB Needham Life Style surveys have been used in multiple studies (see, for instance, Dutta & Youn, 1999; Putnam, 1995; Putnam & Yonish, 1999; Scheufele & Shah, 2000) and have been validated against the General Social Survey and Roper Poll (Putnam & Yonish, 1999). Five thousand questionnaires were mailed to the panel members in the spring of 1999. A total response of 3,388 was received and served as the database of the study. The response rate was 67.76%, which is acceptable for a consumer panel mailing. The data were collected through 48 states (omitting Alaska and Hawaii). Respondents in the database varied in ages from 18 to 91. The mean age was 48.25 (SD = 16.08).

Measures

Autonomous health information seeking. The dependent measure in this study was the patients’ willingness to seek out additional health information beyond the doctor. Health information seeking was measured by a single item, “I rely on a number of sources for health information, besides my doctor.” The item was
measured on a 6-point scale ranging from 1 (definitely disagree) to 6 (definitely agree). The mean item score was 4.16 (SD = 1.36).

**Health consciousness.** Health communication scholars have pointed out that healthy eating is a critical component of health consciousness and have argued that health consciousness manifests itself in the healthful practices of the individual (Dutta & Youn, 1999). Healthy eating was measured by 10 items. Each of these items was measured on a 6-point scale ranging from 1 (definitely disagree) to 6 (definitely agree). These 10 items were “I try to avoid foods that are high in fat,” “I try to avoid foods that are high in cholesterol,” “I try to avoid foods with a high salt content,” “I am concerned about how much sugar I eat,” “I make a special effort to get enough fiber in my diet,” “I use a lot of low calorie or calorie reduced products,” “I try to select foods that are fortified with vitamins and minerals,” “I am careful about what I eat in order to keep my weight under control,” “I try to avoid foods that have additives in them,” and “I am concerned about getting enough calcium in my diet.” These 10 items were subjected to a principal component analysis with varimax rotation. A single factor was produced that explained 47.8% of the variance. The aggregated scale had a high reliability (.89).

**Interpersonal communication.** Interpersonal communication was measured by five items: “gave or attended a dinner party,” “played cards,” “entertained people in my home,” “sent a greeting card,” and “I spend a lot of time visiting friends.” The items were subjected to a principal components factor analysis with varimax rotation, which produced a single factor with eigenvalue greater than 1. Cronbach’s alpha for the aggregated scale was .60.

**Community participation.** Community participation was measured by the following items: “sent a letter to the editor,” “participated in a club meeting,” “attended a church,” “volunteered in a community organization,” and “participated in a community project.” All items were measured on a 6-point scale ranging from 1 (definitely disagree) to 6 (definitely agree). On conducting a principal component factor analysis with varimax rotation, a single factor was generated. The eigenvalue of the factor was 1.82. The aggregated scale had a moderate reliability of .62.

**Time spent on media.** Time spent on different media vehicles was measured by the question “How much time do you spend on each of the following media on an average day?” Responses were measured on a 6-point scale ranging from 1 through 6 with 1 representing don’t use, 2 representing less than 30 minutes, 3 representing 30 minutes to one hour, 4 representing 1 to 2 hours, 5 representing 3 to 4 hours, and 6 representing 5+ hours. Time spent was measured for TV, magazines, newspapers, and the Internet.
RESULTS

H1 was tested by a regression analysis. The analysis supported the hypothesis and showed that health consciousness was a positive predictor of health information seeking. To test H2 through H7, separate three-step regression procedures were conducted following the steps specified by Baron and Kenny (1986). Baron and Kenny laid out the following conditions that must be met to support the mediating role of a variable: (a) the independent variable should influence the dependent variable, (b) the independent variable should influence the mediator, and (c) the mediator should influence the dependent variable and reduce the influence of the independent variable when both are included as predictors in a regression analysis. H2 stated that health consciousness would serve as a mediator between interpersonal communication and autonomous health information seeking. The results of the regression analyses are summarized in Table 1. As shown in Table 1, interpersonal communication accounted for significant variation in health consciousness and health information seeking. Additionally, with the introduction of health consciousness the effect of interpersonal communication on health information seeking was significantly decreased. The coefficients associated with the effect of interpersonal communication on health information seeking before and after the introduction of health consciousness revealed a Z value of 2.42 after conducting the $r$ to $z$ transformations.

According to H3, it was expected that health consciousness would mediate the positive relation between community participation and autonomous health information seeking. The results of the three-step regression analyses are represented in Table 2. Community participation positively predicted autonomous health information search. Also, community participation accounted for significant variance in health consciousness. The previously significant relation between community participation and autonomous health information search became nonsignificant after the introduction of health consciousness, which demonstrated support for H3.

The results of the tests of H4 are presented in Table 3. Newspaper readership positively predicted both health consciousness and autonomous health informa-

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<th>Condition</th>
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<tbody>
<tr>
<td>1</td>
<td>Interpersonal communication influences autonomous health information seeking ($\beta = .13, p &lt; .001$)</td>
</tr>
<tr>
<td>2</td>
<td>Interpersonal communication influences health consciousness ($\beta = .20, p &lt; .001$)</td>
</tr>
<tr>
<td>3</td>
<td>Health consciousness influences autonomous health information seeking ($\beta = .30, p &lt; .001$) and significantly decreases the effect of interpersonal communication on health information seeking ($\beta = .07, p &lt; .001$)</td>
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tion seeking. Furthermore, the positive relation between newspaper readership and health information seeking was significantly decreased after the introduction of health consciousness into the regression equation. Therefore, H4 was supported, which pointed out that health consciousness mediated the positive relation between newspaper readership and health information seeking.

The effect of magazine readership on health information search is captured in Table 4. Magazine readership positively predicted both health consciousness and

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<th>Condition</th>
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<tr>
<td>1</td>
<td>Newspaper readership influences autonomous health information seeking (β = .09, p &lt; .001)</td>
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<tr>
<td>2</td>
<td>Newspaper readership influences health consciousness (β = .15, p &lt; .001)</td>
</tr>
<tr>
<td>3</td>
<td>Health consciousness influences autonomous health information seeking (β = .31, p &lt; .001) and significantly decreases the effect of newspaper readership on health information seeking (β = .04, p &lt; .01)</td>
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<th>Condition</th>
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<tr>
<td>1</td>
<td>Magazine readership influences autonomous health information seeking (β = .15, p &lt; .001)</td>
</tr>
<tr>
<td>2</td>
<td>Magazine readership influences health consciousness (β = .20, p &lt; .001)</td>
</tr>
<tr>
<td>3</td>
<td>Health consciousness influences autonomous health information seeking (β = .39, p &lt; .001) and decreases the effect of magazine readership on health information seeking (β = .09, p &lt; .001)</td>
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autonomous health information seeking. The introduction of health consciousness into the regression equation significantly reduced the effect of magazine readership on autonomous health information seeking. Comparison of the coefficients associated with magazine readership before and after the introduction of health consciousness into the regression equation produced a Z score of 2.42, which demonstrated a significant difference between the coefficients.

H6 stated that television viewership would have a negative effect on health information seeking, and the relation will be mediated by health consciousness. The effect of television viewing on health information search is captured in Table 5. Television viewing did not have a relation with health consciousness and autonomous health information seeking. When both health consciousness and television viewing were introduced into the regression equation, health consciousness explained significant variance in autonomous health information seeking, whereas the nonsignificant effect of television viewing remained the same. H6, therefore, was not supported.

In the realm of Internet usage, it was proposed that health consciousness will mediate the positive relation between Internet usage and autonomous health information seeking. The results (see Table 6) did not support the hypothesis. Although Internet use positively predicted autonomous health information search, it did not

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<th>Condition</th>
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<tr>
<td>1</td>
<td>Television viewership does not influence autonomous health information seeking ($\beta = -.03, p = .06$)</td>
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<tr>
<td>2</td>
<td>Television viewership does not influence health consciousness ($\beta = -.02, p = .22$)</td>
</tr>
<tr>
<td>3</td>
<td>Health consciousness influences autonomous health information seeking ($\beta = .32, p &lt; .001$) but does not affect the effect of television viewership on health information seeking ($\beta = -.02, p = .23$)</td>
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<th>Condition</th>
<th>Regression Equation</th>
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<tr>
<td>1</td>
<td>Internet usage influences autonomous health information seeking ($\beta = .07, p &lt; .001$)</td>
</tr>
<tr>
<td>2</td>
<td>Internet usage does not influence health consciousness ($\beta = -.03, p = .07$)</td>
</tr>
<tr>
<td>3</td>
<td>Health consciousness influences autonomous health information seeking ($\beta = .32, p &lt; .001$) and does not decrease the effect of Internet use on health information seeking ($\beta = .07, p &lt; .001$)</td>
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affect health consciousness. In addition, health consciousness did not decrease the positive effect of the Internet on health information search beyond the doctor.

DISCUSSION

Consumers’ search for additional health information above and beyond the doctor reflects a phenomenon that has taken center stage in the recent medical and health care literature (Ziguras, 2000). As suggested earlier, although the extant literature has pointed out individual differences in consumer health information seeking, the literature review demonstrated the lack of a systematic study looking at the individual-level antecedents of health information behavior. The contribution of this study to health communication lies in its construction of a narrative of the health information seeker using communication and health consciousness variables, suggesting a model for health information search. The approach to studying the communication variables in this study was different from existing research because I did not simply look at the channels of communication used by individuals to procure health information. Instead, I examined the relation between the global use of different communication channels and health information seeking. Although use of certain communication types was shown to have a positive relation with health consciousness and subsequently with health information gathering, the use of other channels did not demonstrate a significant relation with health consciousness or health information gathering.

In support of H1, health consciousness positively predicted consumer search for additional health information. In other words, those individuals who were oriented toward issues of health and who engaged in positive health behaviors were also more likely to seek out more health information. This supports the findings of motivation-based research on involvement and its influence on information seeking. The high level of health consciousness further suggests that the patients who sought out additional health information were already highly involved in issues of health, had probably done earlier health information searches, and probably wanted to make an active choice in their health. Once again, this finding counters earlier concerns raised by doctors that the patients searching health information are novices in the area and do not know what to look for. The health consciousness of the autonomous information searchers implies that doctors need to pay greater attention to the information gathered by the patient from other sources and give serious consideration to the information instead of simply discarding it as irrelevant. Future research could explore the effect of the doctor’s response to patient-gathered information on future health choices and autonomous information searches, especially for health conscious consumers. Also, emphasis should be laid on training doctors to handle appropriately information brought by patients.
In addition to health consciousness, five communicative activities I introduced into this study emerged as significant predictors of consumers’ intention to search for health information beyond the doctor: interpersonal communication, community participation, newspaper readership, magazine readership, and Internet usage. In support of the nomological network, those consumers who actively engaged in their interpersonal networks were more likely to seek out additional health information. The relation between interpersonal communication and health information seeking was elucidated by the mediating role of health consciousness. Clearly, supporting the theoretical articulations of this article, an individual’s interpersonal network serves as a repository of health information and leads to autonomous health information search by activating health consciousness. In other words, engaging in interpersonal activities generates a greater health orientation that is manifested in the form of autonomous health information search. The finding that individuals who participated in interpersonal communication also sought out additional health information suggests that word-of-mouth communication can serve as an important source of information in such scenarios. In addition, individuals engaging in their interpersonal networks are likely to influence health decisions within the network through their active health information gathering from sources beyond the doctor. It would be worthwhile to explore the specific health information channels used by the interpersonally engaged individual.

Community participation is yet another communicative domain in which recent research has built ample evidence demonstrating a positive linkage with health outcomes. The framework of this article suggested that community participation generates health consciousness because the community activates an individual-level interest in health issues. The activated health consciousness creates additional health information search. Once again, the mediation mechanism was supported. This suggests a health-oriented social cement that keeps increasing the health outcomes of the community. The community produces health-oriented individuals; these individuals, in turn, bring more health resources into the community through their health information seeking activities. The community, as a consequence, attains better health. Activation of health information orientation is perhaps one pathway through which a high social capital community becomes a repository of good health and demonstrates positive outcomes such as reduced cardiac risk, reduced risk of cancer, lower morbidity and mortality, and so forth.

Existing research has demonstrated that both newspapers and magazines serve as important sources of health information. The findings of this study point out that both newspaper and magazine readerships generate autonomous health information search by producing a high level of health consciousness in the reader. The large amounts of health-oriented content in these media outlets produce health-oriented beliefs, attitudes, and behaviors in readers. This activated health orientation among magazine and newspaper readers manifests itself in autonomous search for health information beyond the doctor. Future research needs to examine the fol-
ollowing question: What health information outlets do magazine and newspaper readers seek out to procure additional health information beyond the doctor?

Neither H6 nor H7 was supported. Television did not have an effect on health consciousness or health information orientation. It would be worthwhile to test the health effects of television in the domain of other health-related activities that are markedly more risky, such as alcohol consumption, unsafe sex, and so forth. Future research may explore the effects of television after splitting the sample into different demographic segments based on age, gender, education, income, and so forth. Although health consciousness did not mediate the relation between Internet use and autonomous health information search, Internet usage positively predicted health information seeking. The findings in the domain of the different communication activities points out that communicators targeting health-active patients with treatment options should target interpersonal networks, community activities, newspapers, magazines, and the Internet for message delivery.

This study has several limitations. First, I used secondary data, thus limiting the extent to which I could effectively test theory. Second, I used a survey methodology to construct a causal link, a limitation that is shared with the growing body of research on health information seeking. Also, self-reported measures of health consciousness, interpersonal communication, community participation, and time spent on media pose problems to the validity of the measures. The mail-back panel used in the study suffers from problems of attrition and panel bias, and the reliability of the dependent measure was moderate.

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