

Analyzing My Information Behavior

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Introduction

During December of 2017, I turned in my resignation to a job that was causing me overwhelming amounts of stress and impeding my ability to perform ideally in my graduate school studies. While many of the perks of leaving my job for new opportunities outweighed the negatives, one of the largest problems was figuring out how to get healthcare coverage without a full-time job that provided it. It took research and determination to figure out how best to afford and obtain healthcare for my new situation in the most beneficial way for my specific needs. This paper discusses how the information-seeking theories and models I used in my search for new healthcare.

Description of Event

Without a job that would provide healthcare, I was left to find it on my own. My main concerns were cost and whether or not my current healthcare providers were covered under that plan. Because I had family who were currently on independent healthcare, I had several people I could make inquiries with about their coverage. I was also aware that the University of Oklahoma offered coverage for students, that my membership with the Honor Society offered me access to a free group discount plan, and that the Affordable Care Act's Healthcare.gov website was an additional search option that served as a database for independent healthcare plans. The student plan I qualified for under my graduate program wasn't a bad option, but it did require seeing an on-campus doctor as my primary physician. As the only doctor I was already seeing was a specialist, I didn't want to disrupt those visits by having to re-clear them with a new doctor and an extra visit my busy schedule didn't allow much time for. The campus doctor is also a good half hour from my home, which wasn't ideal. The group discount plan through the National

Honor Society was just that- a discount plan, but not actual health insurance. While I signed up, I knew I would need actual coverage as well. The best option of the three I was already aware of seemed to be the Affordable Healthcare Act's website, even knowing that recent legislation might render it obsolete in the next few years. Feeling overwhelmed, I took the vague knowledge I had and began to interview the people I knew who were on independent healthcare, then researched the options they recommended online before proceeding to select a new healthcare plan based on my interview and digital research.

Analysis

My analysis of my information seeking needs is based on the berrypicking and sense-making methods, and was most certainly influenced by Zipf's Principle of Least Effort (Fisher 2005, 4). I had an information need that triggered and drove my search- I needed healthcare coverage, which forced me to seek out my best options. I had specific criteria that I needed met, meaning my search was going to require some more research than if I did not have a specialist that I needed to keep coverage for. My need was driven by psychological factors such as, "perception of knowledge gap" (my lack of knowledge about non-employer provided coverage), and "thoughts and feelings while searching for information" (do I trust people I know personally more than the internet, or internet information more than those I know who may have knowledge gaps of their own?) (Savolainen 2017, 7). I was not simply seeking new healthcare because I was unhappy with my current plan or out of mere curiosity- it was driven by a specific "construct of need" (Savolainen 2017, 7).

The search for healthcare answers is extremely intimidating and overwhelming- there is a plethora of information and pros and cons to each separate plan. Digging through it all without a starting point feels hopeless; how can one person possibly make sense of all the accompanying laws, rules, and regulations on their own? Interviewing others in similar situations to find out their ultimate decisions and what did or didn't work from them served to bridge the gap in my knowledge and allow me to better focus some of my research in the areas most relevant or beneficial to my needs, in line with the berrypicking model. After interviewing those around, me I was no longer casually browsing numerous options without a specific endpoint in mind. I was browsing to narrow my search field in a targeted manner, with a specific end goal and need. I was also utilizing more than one manner to seek out my needs- interviews followed by searching a database in Healthcare.gov (Bates 1989, 415). This allowed me to make use of the information I already knew and direct it towards my goal in a more streamlined way- I was warned about some price point variations that were astronomical, meaning I could immediately rule out those healthcare plans and companies as out of my budget without having to heavily research them on my own- especially important when one considers the strict deadlines for enrolling in new healthcare coverage after an old plan terminates.

The interview process allowed me to bridge the gaps in my knowledge before my need led me to do further research through arenas I already knew existed and in new ones that I discovered during the process of interviewing those around me. This process followed the sense-making model, as my communications with others served to bridge gaps in my knowledge and help further my information search (Fisher 2009, 27). My first thoughts after discovering my need for healthcare information was to go the obvious route- sign up for healthcare through the University I was attending. However, this coverage required me to see an on-campus physician

before seeing a specialist (“Summary of Benefits and Coverage” 2018), and I already had a specialist I was quite fond of that was helping me with ongoing medical issues. My need—and desire—was to keep seeing this specialist without jumping through other hoops. I knew I needed more than what was being offered to students through my university. In my interviews, I was referred by more than one person to Healthcare.gov as a viable and affordable option. While I was aware of the existence of the site prior to these conversations, it wasn’t an avenue I’d thought to seriously explore due to recent legislation aiming to end its usefulness (Abutaleb 2017). I hadn’t realized at the time that it was still a viable and working option for my situation. The reiteration of its merits during more than one interview changed my thought process and understanding of how it worked, and led me to a healthcare plan that fit my needs and my price range.

Conclusion

Healthcare is a veritable minefield of political misunderstanding, legal requirements, difficult to understand costs, and strange stipulations. Discussing the matter in interviews with people I trusted who had previously (and recently) searched for independent healthcare was extremely helpful in bridging gaps in my knowledge and setting me on a path that was manageable and that I knew held someone whom I could ask questions of, should the need arise. It saved me time to have a better idea of what might or might not work based on the experiences of those I trusted, and ultimately clarified my search for information. While these interviews do not negate the idea that there might still be a better option out there beyond the search I performed, it did direct me down a path that ended with the information I needed and a healthcare option that suited my needs and my personal specifications. I had a need that forced

my search for information, a knowledge gap that was assisted by interviewing other information seekers, and a search that ended where it needed to thanks to the path I traveled towards it. I now have a healthcare plan that fits my needs, that was researched through more than one avenue, and that I feel satisfied with. My search for independent healthcare was not fruitless, did not overwhelm me, and did not take an inordinate amount of time thanks to positive information-seeking behaviors thanks to the processes I used following the berrypicking and sense-making methodologies.

References

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