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## Neglected Narratives

### A Critical Examination of Ageing, Digitalization, and Health in Nordic Media Coverage

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qualitative synthesis methods, which – unlike traditional meta-analysis – pose challenges for SLRs' replicability and reproducibility.

Therefore, we propose the STAMP method for STandardized sAMPLing for systematic literature reviews. STAMP extends existing SLR approaches such as the Cochrane guidelines or the PRISMA 2020 statement, which originate from the context of health care research, by incorporating expertise from communication science. Specifically, we argue that SLR screening itself should be considered as standardized content analysis, a method that is genuine to communication research. By adapting principles of content analysis, STAMP ensures a systematic and objective assessment of publications. Therefore, we see STAMP as a *supplement* that closes a gap in the screening and selection process to increase the replicability and reproducibility of SLRs.

In summary, the STAMP method comprises a four-stage procedure for the sampling process of SLRs. Stage 1 covers the development of a review protocol that contains the SLR's objective and scope, eligibility criteria for including publications and transparently documents the sampling process. This is followed by the development and validation of a search strategy in stage 2, leading to an extensive literature search within relevant databases and search engines. For stages 3 and 4, the eligibility criteria are transferred into categories of a codebook. In stage 3 – the abstract-based screening (ABS) – these categories are applied to the abstracts collected in stage 2, leading to an ABS score that transparently quantifies screening decisions. The ABS score is calculated as a sum index of all categories representing a publication's fit. In stage 4 – the full-text reading (FTR) – the categories are applied to the full-texts of the remaining publications. Again, these coding decisions are summarized through an FTR score. Finally, only publications above a predetermined threshold value of the FTR score are included in the final sample.

As the scoring system of the STAMP method originates from standardized content analysis, it allows not only for rigorous documentation but also enables measuring inter- and intra-coder reliability of the sampling process. Another strength is its adaptability to the heterogeneous as well as interdisciplinary research landscape common for the field of health communication. Here, STAMP can be used both for SLRs that aim at building a concept in a vaguely defined research area or summarizing empirical evidence within a well-defined research field. Despite its strengths, we will discuss limitations of the STAMP method and discuss the procedure based on an SLR developed in the field of health communication.

## HCO05 Technology acceptance in health communication

### PP 0702 Neglected narratives: A critical examination of ageing, digitalization, and health in Nordic Media Coverage

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This paper addresses critical challenges facing the Nordic countries and their aging population, focusing on digitalization and health development. It stems from the interdisciplinary HAIDI-project, aimed at generating new knowledge to counteract health disparities resulting from changing demographic patterns and addressing digital divides threatening inclusion and democracy. Due to increased longevity, the ageing populations in the Nordics are inevitably affected by older citizens' chronic conditions and limitations in functional capabilities in daily living, increasing the need for more effective healthcare systems. The proposed solution is the employment of digital health and welfare services (Erlingsdottir & Sandberg, 2019). However, research indicates a decline in older people's use of digital media technology with age (König, Seifert, & Doh, 2018). Despite increasing adoption, some older individuals remain inexperienced users (Poli et al., 2019), influenced by sociodemographic and economic status, limited exposure to technology, the active choice to abstain from digital technology, and physical or cognitive impairments (Rasi-Heikkinen, 2022). Lack of necessary skills also plays a role (Kwiatkowska & Skórzewska-Amberg, 2019), while relational components and warm experts (close relatives) can both support and hinder older adults' digital media use (Martinez, 2022).

This study investigates the public debate and framing of individuals aged 75 and above in relation to digital technologies and health in news coverage across Denmark, Finland, and Sweden, to better understand to what extent they have a say in matters of importance to them. Earlier research on the representation of old demographics indicates exclusion and ageist portrayals (Iversen & Wilinska, 2020; Kinnunen, Könönen & Vakimo, 2022; Varjakoski, 2022). This study is based on news articles from 15 regional and national newspapers in the three countries, from January 2017 to December 2022. The total sample of articles was 319 (DK= 105, FI= 86, SWE= 128).

A code book (32 variables) was developed through an iterative process by all researchers. An ICR-test resulted in a Krippendorff's  $\alpha$  of 0.70–0.78, indicating *substantial* agreement in coding, crucial for cross-cultural studies. Variables explored include article type, size, headlines, visuals, framing of individuals, gender, themes, subject positioning, power dynamics, and tonality. Noteworthy findings indicate substantial differences in the coverage across the countries. In Finland, 78 percent of the coverage comprised opinion articles, compared to 53 percent in Denmark and 23 percent in Sweden. Swedish newspapers had the highest proportion of news articles, suggesting varying

priorities across the countries. Another finding is the limited depiction of older people alongside news coverage, with 36 percent of articles lacking illustrations. On a national level, Finland has the highest number of non-illustrated articles (65 percent), followed by Denmark (29 percent) and Sweden (5 percent). Our study also indicates surprisingly few human-interest stories with the demography at hand, and differences in the power dynamics, referring to the diversity of voices heard. In sum, our results indicate that the fate of one of our future crucial challenges is not receiving the media attention it deserves in Nordic societies.

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## HCO05 Technology acceptance in health communication

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### PP 0703 Intersection of e-health literacy and individual empowerment: Theoretical foundations and empirical insights on the case of online health community users

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In health communication field, it is well known that the concepts of e-health literacy and individual empowerment are highly intertwined. The ability to access, understand, validate, evaluate, process and apply online health-related information to real-life health problems can, as many studies have shown (Schulz et al., 2017; Papp-Zipernovszky et al., 2021), lead individuals to empowerment and thus to better health outcomes. Interventions in the field of (public) health therefore often target population groups with lower levels of e-health literacy and empowerment (Pourazzavi et al., 2020). However, some authors critically observe that higher levels of e-health literacy do not necessarily lead to empowerment and that it is possible to be empowered but not e-health literate (Schulz & Nakamoto, 2013; Palumbo, 2017; Petrič et al., 2017). For example, e-health literate individuals are not necessarily willing to become empowered and feel more comfortable in a dependent role (Gellerstedt et al., 2022) or the health care system conditions restrict people in their path to empowerment. On the other hand, given the ubiquity of online health information, which is not necessarily of the highest quality, e-health literacy could be based on misinformation and disinformation resulting in "bad health literacy" (Schulz & Nakamoto, 2011). This could lead to greater but misperceived (dysfunctional) empowerment or even disempowerment (Petrič et al., 2017; Schulz & Nakamoto, 2011). A useful starting point for investigating intersection of e-health literacy and empowerment is Schulz and Nakamoto's (2013) model of four different profiles of individuals/patients defined by different (low or high) levels of health literacy and empowerment: High-need patients, needlessly dependent patients, dangerous self-managers, and effective self-managers. Currently, there is a lack of empirical research that confirms existence of these different profiles of individuals based on their level of e-health literacy and individual empowerment along with an examination of their respective characteristics. The aim of this study is to empirically investigate and identify different groups of individuals based on their level of e-health literacy and individual empowerment as well as to examine their socio-demographic and health-related characteristics. The study is based on data collected with an online survey (n = 784) among the users of the largest online health community in Slovenia (Med.Over.Net). The preliminary results, based on a cluster analysis, show that combinations of different levels of e-health literacy and individual empowerment result in similar groups as defined by Schulz and Nakamoto (2013). The results show that the groups differ also according to trust in doctors, some aspects of perceived quality of online information (e.g. readability), health status and chronic conditions. Interestingly, the results also point to a challenge in identifying 'dangerous self-managers' (those with a misperceived empowerment, often based on bad literacy skills), as respondents tend to overestimate the level of perceived e-health literacy and empowerment. This study aims to uncover and reflect on these important theoretical and methodological (measurement) dilemmas. This may advance future research and caution healthcare intervention developers to more effectively consider the nuances in populations with varying levels of e-health literacy and empowerment.

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## HCO05 Technology acceptance in health communication

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### PP 0704 Realizing technology's potential to better patient-provider communication, mitigate health inequalities: The imagination challenge

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#### Rationale

Researchers, healthcare professionals and organizations, as well as policymakers have shown sustained interest over the last two decades in the effects of information and communication technologies (ICTs) on healthcare and health inequalities more broadly, and on patient-healthcare provider communication more specifically. Various forms of technology (e.g., electronic health records, telehealth applications, wearable activity trackers, smartphone apps) are increasingly used by healthcare professionals and patients. The recent COVID-19 pandemic amplified interest in the adoption of ICTs and their impact in healthcare and on health disparities, as various forms of technology