

MEASURING INTENTION TO PERFORM THE
INFORMATION SEEKING BEHAVIOR OF
INDIVIDUALS IN THE NETHERLANDS
REGARDING THE RISK OF Q-FEVER



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Preface

This is the report of my minor Master thesis which I have conducted for the faculty Applied Communication Sciences of the Wageningen University, specialized in risk communication. The reason I chose to do a minor thesis at the Communication Sciences group was that I do have an interest in communication, especially in combination with my study, Animal Sciences. Because I already had some ideas in mind about the relationship between communication and animal health, I decided to think of a subject my own. That became Q-fever, as it is an interesting disease.

I would like to thank all the respondents who were able to fill in my questionnaire and therefore were willing to participate in my study. Besides their answers were valuable for my project, I also learned a lot about how people think and feel about Q-fever. Furthermore, I would like to thank my supervisor Marijn Poortvliet. Thank you for your support, understanding and guiding as it was not easy for me to choose the right direction. With your help and useful feedback, I hope I succeeded in finishing my thesis!

Lisa Hoonhout

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Abstract

Q-fever is a zoonosis which has serious consequences for human health. Therefore it is important to inform people about the risk of this disease. Intention to perform the information seeking behavior is the main subject of this research. The results of this research and the questionnaire conducted (N=90) indicate that the intention of people in the Netherlands to look for information about Q-fever was positively correlated with subjective norms (marginal) and knowledge and is explained by a significance of $p=0.076$ and $p=0.046$ respectively. In contrast, affective responses to Q-fever does not have a significant effect on the intention to look for information. These results explain that knowledge about the risk of Q-fever and subjective norms do have an effect on the extent to which people intend to look for information regarding the risk of Q-fever. How their feelings are regarding Q-fever does not have an influence on how they feel intended to look for information and increase their knowledge. These results are a fraction of the information seeking behavior regarding the risk of Q-fever. There are many more possibilities to do research on, like the information seeking behavior itself or other factors of influence. Research on information seeking behavior and intentions of people can be used in future communication projects about health risks.

INTRODUCTION

PROBLEM STATEMENT

In 2005, on two dairy goat farms the animals were diagnosed with Q-fever and 2 years later, the human population in the south of the Netherlands was affected by the disease. From 2007 till 2010, the period where Q-fever was becoming a real threat for human health, more than 4000 human cases were recorded. The outbreak among humans was mainly restricted in the south of the Netherlands and especially in the areas nearby farms with intensive dairy goat farming. In the areas that were most affected, 15% of the population may have been infected with Q-fever and the percentage of the population that has been hospitalized was around 20%. This can result in more chronic cases of the disease among risk groups in the coming years (van der Hoek et al., 2012).

Nowadays, there are still a lot of people that suffer from Q-fever. Most patients have the Post Q-fever Fatigue Syndrome (QVS), resulting from chronic Q-fever and those symptoms can last for many years. As a result, people do not have the energy to work or being social active. Due to this, people can become socially isolated and the quality of life can decrease. Attention towards Q-fever is now focussing on monitoring the long-term effects of Q-fever and provide support for these patients, as it is a serious disease (van Loenhout et al., 2012).

Because the disease was unknown for years and there was no clear information ready to inform people, it is needed to have sufficient and understandable information available about Q-fever, which can be used easily by the public. This can be of importance for future communication projects where people need to have easily access to information. The research of Clarke (2009) showed that until recently some research has focused on the human dimensions of the management of diseases. They discovered a real shortage of theory-based studies which can facilitate the understanding of the human component of zoonotic diseases and including the importance of risk communication that is effective among diverse groups. Even there is no real outbreak of Q-fever, it is interesting to figure out what the intention of people is to perform the information seeking behavior and what other factors do influence this. The information seeking behavior is the behavior where seeking for information is an effort to acquire new information to bridge the gap in knowledge or fulfill the needs (Case, 2012). This question is relevant, because there was a need for information about Q-fever, especially for patients but also for experts and other people. To get to know what the information seeking behavior of people is and what factors make people to intend this behavior, the information supply and risk communication can be improved during future outbreaks of Q-fever. In addition, Q-fever remains a disease that is poorly reported and the surveillance of the disease is neglected severely (Porter et al., 2011). Therefore it is

of key importance to reach the public and inform them about what they should do in case of an outbreak, so further spread of the disease can be prevented.

To figure out what the main factors of influence are regarding information seeking behavior of people in the Netherlands, the Risk Information Seeking and Processing model, or in short RISP, can help to picture the factors that are interesting for research in this case. The RISP model offers a good framework to highlight the factors that make people susceptible to seek and process information (Yang et al., 2014). This model looks at factors like individual characteristics (age, gender), channel beliefs (beliefs about the media for example), information sufficiency (if there is enough information available) and in the end the information seeking and processing behavior (in which way people look for information and how they process it). The main parts that are used for this research are affective response, subjective norms and the information seeking behavior. Subjective norms looks at the perception of a person that he or she should perform a certain behavior, influenced by the belief of others (Griffin et al., 1999). Related to the case of Q-fever this is interesting because subjective norms can have an effect on the intention of people to perform the information seeking behavior. By measuring this it can be helpful in future communication projects. The role of affect in information seeking behavior is also of main importance. People do avoid information seeking often especially when the subject is giving them distress (Turner et al., 2006). Related to this research about Q-fever, it is interesting to look if the information seeking behavior and the intention to do this is related to how people feel regarding Q-fever and its risk and if there is a positive or negative relationship between those. Information seeking behavior is interesting to do research on, because when there is high risk of becoming infected, people will be more active on the internet to search for information. For example during the outbreak of influenza in 2009. It caused a lot more activity on social media and blogs. Also other websites like google.com had a higher frequency of certain phrases that were searched for (Tausczik et al., 2012).

Besides the RISP model, the Theory of Planned Behavior, in short TPB, is also relevant to use. This theory is designed to predict and explain the behavior of humans in specific contexts (Ajzen, 1991). Within this model, the intention to perform the information seeking behavior is the predictor of the actual behavior. The factors of influence on intention are subjective norms, attitude to the behavior and perceived behavioral control. The reason to also look at this model is because the information seeking behavior is not mainly predicted by intention, but also by other factors like knowledge and subjective norm (Ajzen & Madden, 1986). That is also the reason that this model is of added value in this research. Because also subjective norm can influence the intention to perform a certain behavior, in this case the information seeking behavior. Besides the RISP model and the TPB, threat is also a factor that is part of this research. Q-fever is a risky disease and people can experience fear towards it which can influence their behavior.

According to Conner & Abraham, (2001), perceived threat is besides the Theory of Planned Behavior an additional behavioral-specific cognitive construct and could enhance the predictive utility of the TPB model. The information seeking behavior can help individuals understand the threat and the challenges that it brings. It could be that in a risky situation people start seeking for information to cope with the threat, or they just avoid the information seeking and ignore the threat (Lambert & Loiselle, 2007). In the case of Q-fever this is interesting, because threat can have an serious effect on how people feel and how they will behave regarding information seeking and their intentions.

Q-FEVER

Q-fever is a zoonosis which is caused by an intracellular, gram-negative bacterium called *Coxiella burnetii* and can cause acute or chronic Q-fever. An acute infection does have similarities with an influenza infection, however, it is also possible to get an infection like pneumonia or hepatitis. The chronic strain does occur from 1% till 5% of all cases and leads to endocarditis and vascular infections. If untreated, Q-fever can be lethal which makes it important to prevent the disease and to discover certain cases in a short time. The most common reservoirs are goats, sheep and cattle (Bults et al., 2014). The people who are most at risk are pregnant women and people who are immunosuppressed. There was a large outbreak of Q-fever in the Netherlands between 2007 and 2010. In the beginning of the outbreak in 2007, Q-fever was a local problem for the dairy goat farms in the province Noord-Brabant. In 2009, however, Q-fever became a more national problem. Q-fever got an increase in incidence. Several cases were reported in the provinces Limburg and Utrecht. Therefore, it became a more alarming case. A lot of persons became sick or died. This was due to the fact that Q-fever was not seen as risky and the symptoms of acute Q-fever are similar to that of influenza. As a result, they were not thinking about Q-fever right away (Kampschreur et al., 2012). That is the reason why Q-fever can be a dangerous disease and needs clear communication towards the public.

Q-fever is not a viral disease, as the name might suggest. As already mentioned, It is a bacterial disease and infection occurs by direct contact with infected animals and inhaling infected aerosols. Living on a farm or in the close surroundings does therefore increase the probability of becoming infected with the bacterium. As an example, during the outbreak in the Netherlands, people who were living within 2 kilometers of the farm with infected dairy goats had a much higher risk of becoming infected compared to people who were living more than 5 kilometers away from the farm. Furthermore, the most influential factors for spreading the disease during the large outbreak were the transport of animals, the spread of manure and the wind (van der Hoek et al., 2012).

FORMER RESEARCH ABOUT INFORMATION SEEKING AND RISK PERCEPTION

During the Q-fever outbreak in the Netherlands in the period 2007-2010, research by Bults et al., (2014) was done to investigate what information seeking behavior was present among the people in different areas and what their risk perception was of Q-fever. In other words: does the public think he or she knows enough about Q-fever? The questionnaire included questions about the amount of information received on Q-fever, the attention that was paid to this information and how reliable and sufficient the information of the government was perceived. One of the results was that the knowledge of the public regarding Q-fever increased between 2009 and 2010, but decreased in the period between 2010 and 2012 (Bults et al., 2014). Especially the low incidence regions did have the lowest public knowledge about Q-fever. In addition, there was no real differences between the regions regarding the perceived reliability of the information distributed by the government on Q-fever. So that could be a factor that has not influenced the decrease in knowledge. Out of this it can be stated that it depends on demographical factors or the media for example. It is important that the knowledge of the public remains up-to-date, especially in a period where an outbreak is going on. Because information supply to the public is of main importance to influence the opinion and behavior of the public. In a period of an outbreak for example, the government will guide the people in a certain way about what to do against Q-fever in this case. The more knowledge the people have, the lower the information insufficiency compared to the sufficiency threshold in the RISP model and the higher the information sufficiency is. This will influence the way people look for information, but also how they process the information (from the government for example). It could be that when there is high information sufficiency, people tend to process the information more easily compared to when people do not experience information sufficiency. When there is a decrease in knowledge and therefore low awareness of the situation and the consequences of the disease, it is hard to reach the public about certain topics, especially when you need some background knowledge. In this case, the information insufficiency is high and people need to look for information first before they understand certain topics. As a consequence, the information seeking behavior can be influenced in a negative way, because people do not know how to look for information and they have difficulties to understand the information, or in a positive way, because people are more motivated to look for information as they experience information insufficiency and when they experience a real risk.

AIM AND RESEARCH QUESTION

Because Q-fever is a disease which can be often underdiagnosed, it is important to provide the public with enough and understandable information about the disease. At this moment, Q-fever is not an epidemic in the Netherlands and this result in much less disease cases compared to when there is a real outbreak. Therefore it is difficult to measure the information seeking behavior of people regarding Q-fever as there is no active reason to look for information. Instead of looking at the information seeking and processing behavior, this research will focus on the intention of people to perform this kind of behavior and some other factors that come along with it like knowledge, affective response, subjective norms and trust. Using the RISP model and compare with former experiences and research with the RISP, the part of knowledge and affective responses will be used in the questionnaire. When looking at the research of climate change, affect and behavior are indeed two interesting factors that could influence the information seeking process.

In this research, the aim is to figure out if there is an association between the intention to perform the information seeking behavior and the behavior itself. And if there are other factors involved. The factors age, gender and education are not dependent on the type of questions, because I want to get an overall image of what people think and I will not specify on gender, age or education in the questionnaire. It is a subject which can have a broad spectrum concerning the people who can be involved with Q-fever. Without specifying on gender, age and education, the data could have some interesting results. With the help of this survey, I hope to get an image of how and what people think of the current (risk) communication about Q-fever, how the public searches for information, which factors do influence the information seeking behavior and how they review this. With the data gained from the survey, I want to compare this with the literature and mainly the RISP model and the TPB, to look if the data are comparable as to what these models proposes.

To highlight these factors and compare it to the situation of Q-fever, the following research question can be defined:

Is there a direct association between intention to perform the information seeking behavior and the behavior itself regarding the risk of Q-fever?

Sub questions:

- Does affective response have an effect on the intention to perform information seeking behavior?
- Does knowledge of Q-fever have an effect on the intention to perform information seeking behavior?
- Does trust in information sources have an effect on the intention to perform information seeking behavior?

- Does subjective norms have an effect on the intention to perform information seeking behavior?

OVERVIEW REPORT

This report contains five chapters. In the first chapter an introduction to the study is written, some background information is given and the research question is introduced. Chapter 2 gives the theoretical background which is used in this study and will form the basis for this report. This chapter focusses on the Risk Information Seeking and Processing model, the Theory of Planned Behavior and some more literature about the models and information seeking in general. Chapter 3 gives the methodological aspects of this study and in chapter 4, the results of this thesis will be presented. In the final chapter, chapter 5, the results will be discussed and a final conclusion will be drawn. In the end, some recommendations for further research will be addressed.

THEORETICAL FRAMEWORK

MODELS IN HELPING UNDERSTAND INFORMATION SEEKING BEHAVIOR (RISP)

The reason why it is interesting to look at information seeking and processing behavior, is to understand how people deal with risks and what they are intended to do to learn more about the risk. The relation between information sufficiency and information processing will be explained by the ability of the individual to learn more about the risk. Information sufficiency is the amount of information a person thinks he or she needs to have in order to understand certain topics. Information processing is the way a person deals with the information he or she gets from different media (government, newspaper, television). According to Griffin et al., (1999), we can expect that those individuals who analyse the risk information more critically, will develop attitudes and also behaviors regarding the risk which are more resistant to change. However, there are different factors that can influence the affective response of an individual to the risk, like level of personal worry or anger about that particular risk. People want to know how to behave when there is a risky situation. Therefore, the individual will reflect to the amount of information he or she needs to have in order to cope with the risk. The information seeking and processing will be more motivated when the threshold of information sufficiency is higher compared to the information the individual currently has, also named the current knowledge (see Figure 1).

To understand the relationship between risk information seeking and processing to the development of preventive behaviors, the RISP is a good basis to start with. It

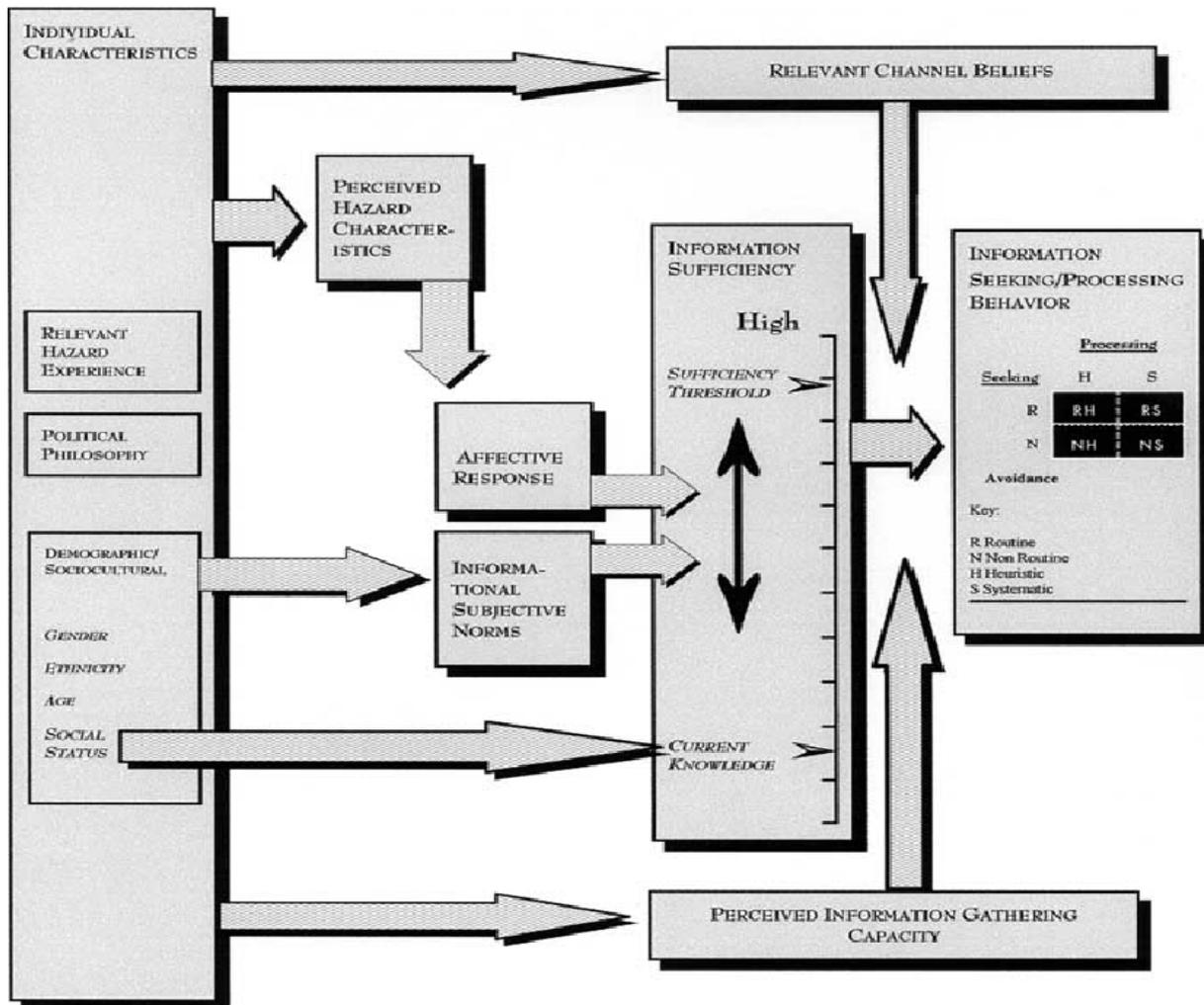


Figure 1: Model of Risk Information Seeking and Processing, taken from Griffin et al., (1999).

helps us to understand how people respond to messages about health risks. Within this model, two other models are used: the Heuristic-Systematic Model of information processing and the Theory of Planned Behavior (TPB). They help us to understand how people seek for information about a certain risk and how those communication behaviors influence risk-related behavior of the individuals respectively. For this research, only the TPB will be used.

For this research, besides parts of the TPB, a small part of the RISP model will be used, like affective response, subjective norms, knowledge, trust and the information seeking behavior. They are used to create a new model, which is showed later in this report. Because in this case, it is interesting to look at the most important factors that can influence the information seeking behavior and these are intention to perform the information seeking behavior, trust, knowledge, affective response, threat and subjective norms. Many other factors of the RISP and

TPB can be used, however these are not chosen because they are more indirectly of influence on the information seeking behavior compared to knowledge, affective response, subjective norm, trust, threat and intention to perform the information seeking behavior, which are more directly of influence (see Figure 1 and Figure 2).

Information seeking is mostly driven by the fact that people are searching for information to achieve a certain goal or in response to certain factors that motivate them to search for information (Clarke, 2009). Subjective norms, in the RISP model mentioned as information subjective norms, describes the pressure a person feels to remain informed about a certain issue. According to the research of Clarke (2009) subjective norms do have a positive relationship with information seeking behavior, especially in cases that focus on the environment (Kahlor, 2007). This could also be in the case of Q-fever. Because of pressure of the social environment, in this case the subjective norms, people could have the feeling that they need to be up to date and will look for information more often compared to when they do not experience this pressure. When looking at affect, the research of Clarke (2009) stated that affect is a result of trust and perceptions of risk. In relation to this research, the way people feel about a certain risk, in this case Q-fever, could influence the intention people have to look for information about the risk Q-fever. When it is a new and unknown risk, people could feel differently about it compared to when people already know what kind of risk it is. When they are feeling quite vulnerable and anxious and they see Q-fever as a real health risk, people could be more triggered to search for information to change their behavior regarding Q-fever and its consequences.

According to Ajzen et al. (2011) knowledge is seen as a less good predictor of the information seeking behavior. Comparing to this research, knowledge of Q-fever could ensure that people are less motivated to search information about Q-fever, because they already know enough according to themselves. The intention will be low. This could change when the knowledge about Q-fever is lower as people can have the feeling that they miss some information and will look for it.

When most people search for information on the internet for example, they believe that this information is fair and accurate. When there is trust, people are more able to believe the messages and seek additional information if they need. The research of Catellier and Yang (2012) indicates that when people do trust the institution of person that is handling the risk, they are more able to engage in certain behaviors to handle the risk. Trust in the information sources, government and scientists do have an effect on how people experience the risk and what their intention will be to look for information about that risk. If they trust the information sources, they could have less intention to search for more information compared to when the trust is low, where the intention could also be low. It could also be the other way around. When there is less trust in the government and other people could have the feeling that they need more information, as a result, the intention to look for information will grow.

When looking at other situations where the RISP model is used, some interesting aspects are present which could give some inspiration for the research at Q-fever. For example eating contaminated food. In the research of Fung et al., (2015), the RISP model was used in the case of consumption of PCBs- and mercury-contaminated fish out of the Great Lake in the United States. They highlighted the main aspects of the model, like the Theory of Planned Behavior and the Heuristic-Systematic model, however they were focussing on affective responses towards the risk and attitude towards health behaviors. Their findings revealed that there was a relationship between the perceived uncertainty of the risk and different factors like perceived threat to future generations, trust in the government, personal control and health salience. People are more likely to feel uncertain about the health risks of consuming contaminated fish when looking at the threat for future generations, the low ability of the government to manage the situation, low capability of themselves to control the threat or when they think their health is a more important issue. Regarding worry and anger, people were more worried about eating contaminated fish when putting their health first. The anger of people is negatively related to trust in the government. When people hold less trust in the government, they may feel more anger towards the government regarding risk management. Comparing to past studies with the RISP model, worry and anger are likely to amplify information insufficiency, which influences the intention of information seeking. To understand the theory in this case, risk messages could be a tool to highlight the complexity and the ambiguity of the health risk. The affective response to a certain risk may result in a more positive attitude to the preventive behavior. In this example of consuming contaminated fish, feeling angry towards eating contaminated fish is likely to be associated with the positive attitude towards fish avoidance. In this case, risk communication could search for the feeling of anger towards the risk to influence it.

When comparing these to the case of Q-fever, it is also interesting to measure the affective responses of people towards the risk of Q-fever. Although it is not really a well discussed topic at the moment, because now Q-fever is not an epidemic disease in the Netherlands, it can still be interesting to look how people feel and think about Q-fever, even when there is no outbreak. In this research the affective response is also measured and it can give an overview of how people feel towards the risk of Q-fever, what they think and how they behave, even when there is no outbreak at the moment.

MODELS IN HELPING UNDERSTAND INFORMATION SEEKING BEHAVIOR (TPB)

Besides the RISP model, the Theory of Planned Behavior does also help to understand how people respond to certain risks and what factors are of influence. The Theory of Planned Behavior is used to predict planned behavior, by looking at attitudes in combination with perceived control and norms, which can predict our

intentions to display a certain behavior. The most important predictor of the behavior of a person is the intention to perform this behavior (Sheeran, 2002). The intention does not always lead to the display of a certain behavior, especially when there is a reflex or conditioned response involved. But in most cases, intention is a good predictor for behavior. This relationship is shown in a Figure of Ajzen, (2006), which is pictured in Figure 2. The intention is influenced by three factors: 1) attitude 2) perceived control and 3) subjective norms (Long-Crowell, 2003-2016).

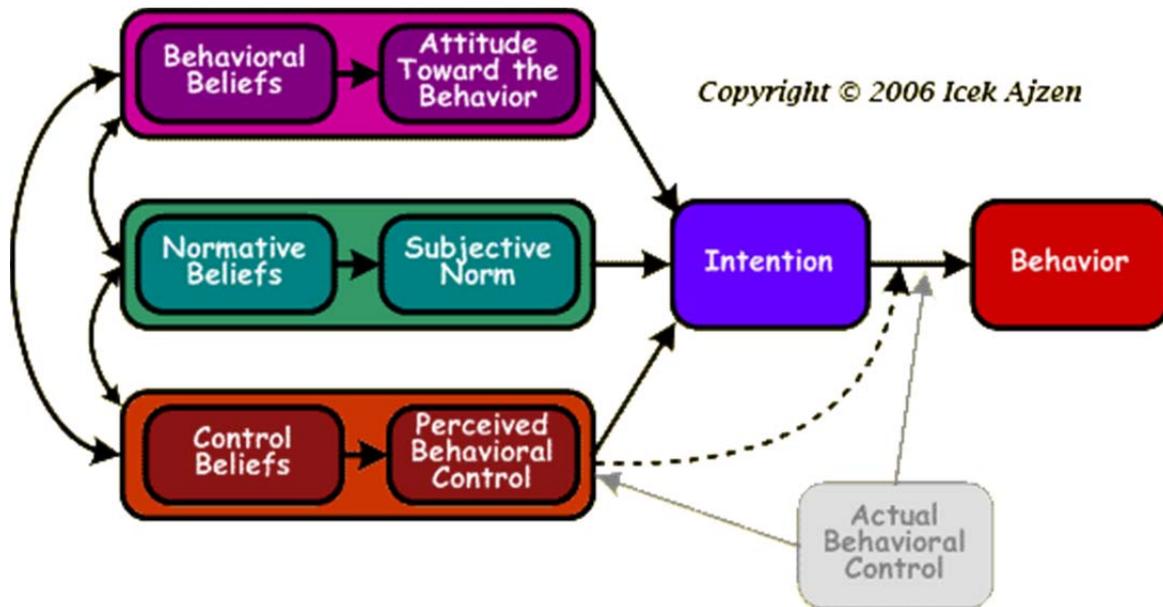


Figure 2: Model Theory of Planned Behavior

As pictured in Figure 2, attitude, subjective norm and perceived behavioral control are influenced by respectively behavioral beliefs, normative beliefs and control beliefs.

Behavioral beliefs is the probability that the behavior will have a given outcome. The assumption is that these beliefs determine the attitude towards the behavior, which is the degree to which the performance of the behavior is valued, in a positive or negative way.

Normative beliefs refer to the behavioral expectations from important referent individuals like family, friends or doctor. These normative beliefs are determined for the subjective norm, which is the perceived social pressure someone experiences to engage or not engage in a certain behavior.

Control beliefs is the perception of the presence of certain factors that can facilitate or impede the performance of a certain behavior. These control beliefs are influencing the perceived behavioral control, which is the perception of the ability of a person to perform the behavior.

All these above mentioned factors do have an effect on the intention of behavior. This intention will show the readiness of a person to perform a particular behavior and is the precursor of the actual behavior. However, people do not always have sufficient control over the performance of the behavior and actually engage in the intentions (Sheeran, 2002). The intention of people to perform the information seeking behavior could have an influence in both ways. When the intention is high, it could be that people will look for information and display this behavior. When the intention is low, people could be less likely to look for information about Q-fever in this case.

Information seeking behavior starts at the intention of people to do it. It is interesting to figure out when the higher the intention is, the more information seeking behavior will be displayed.

The actual behavior is a response in a certain situation which is observable. In the model of Theory of Planned Behavior, the behavior is the product of intentions and perceptions. Perceived behavioral control is able to influence the effect of intention on the actual behavior, like for example when an intention only produces a behavior in the case when the perceived behavioral control is strong enough. Those two factors do have both a significant effect on behavior, but no real interaction. As last point, there is the actual behavioral control. This refers to the amount of skills, resources and other things needed to perform a certain behavior.

Out of all the points mentioned above, the subjective norms and intention are used in this research and combined with the RISP model to create a new model. The reason why these are chosen is because in the information seeking behavior the social influences people experience to display this behavior is interesting for this research, as the focus is on intention to perform information seeking behavior and social influences like subjective norm are having a direct effect on intention. Therefore, there was a need for a new model to integrate those variables and answer the research question. Are they able to perform this behavior and can we speak of an intention? If people are not willing to perform this kind of behavior due to external or internal factors, it can influence the intention and the information seeking behavior in the end.

The paper of Weber (2006) makes some claims regarding the behavior towards future risks. 1) there is an importance of visceral reactions towards a risk. Emotions like fear or worry do have as main function to remove us from a dangerous situation or a change in environment. Therefore, visceral reactions like anxiety or fear do help us to indicate that there is a certain risk management action and motivate us to execute that action. 2) as a second claim says that there are two pathways get people concerned about a certain risk. First is about personal exposure to the risk and second is the mental simulation of adverse consequences based on statistical evidence of the risk. 3) the third and last claim says that visceral

judgments are based on other situational characteristics that elicit affective responses compared to the more objective, statistical measures of risk. In this research of Weber (2006) it is also shown that risk perceptions are mainly influenced by association- and affect-driven processes as much or more than analytic processes.

When looking at the Q-fever case in this research, there is also interest in the affective response and fear or worry, or in other words threat. However, at the moment people do not experience Q-fever as a major risk, because there is no outbreak at the moment. This could become again a public health problem in the future. While looking at the information seeking behavior of people at this moment, for a risk for something that could happen in the future, there can be revealed what people feel, think and are able to do at this moment. In an attempt to prepare them for what is coming.

The RISP model does have a relationship with the TPB in a way that there is a theoretical linkage between those two in describing the intentions of individuals to adopt a specific behavior. This ensures the RISP model to tackle the relationship between what people strategies are to deal with the risk information and their behavior to manage the risk. Findings of previous research showed that motivation to achieve information sufficiency and general attitude towards the information seeking are positively related to the intention for information seeking (Yang et al., 2010).

MODEL USED FOR THIS RESEARCH

The main question of this research is if intention does make dutch people perform the information seeking behavior regarding the risk of Q-fever. Looking at the Theory of Planned Behavior, the subjective norm and intention are of great value for this research. Looking at the RISP model, knowledge, trust, affective response and the information seeking behavior are interesting to use. To combine these, a new model is created, pictured in Figure 3. This Figure can be compared with the SPARTA approach of Mazzocchi et al., (2006), where they try to integrate the risk perception and trust into the Theory of Planned Behavior framework. The letters of SPARTA represent Subjective Norm (S), Perceived Behavioral Control (P), Attitudes (A), Risk Perception (R) and Trust (T).

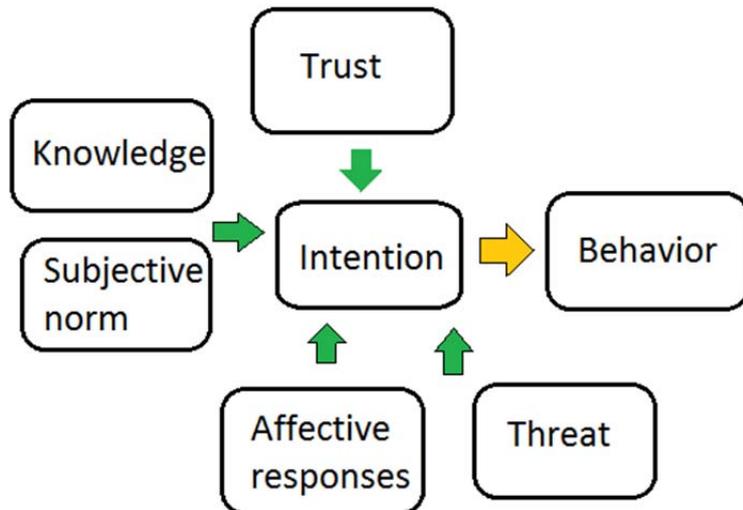


Figure 3: The new model

The most important factors that can influence the intention to perform the information seeking behavior and in the end the actual behavior are used for this model. Subjective norm is already used in the TPB as a predictor for intention and behavior. However, the other variables like knowledge, trust, affective response are adopted from the RISP and are also good predictors when looking at intentions and information seeking behavior.

Threat is an external stimulus that exists, but people can or cannot perceive it as a threat. When it is perceived as a threat, people can feel to have awareness of the threat. It is argued that a negative emotional state of an individual intended by the fear will drive the individual to take action to reduce the fear and adapt to the situation (Johnston & Warkentin, 2010). In other words, they will feel more intended to perform certain behavior to reduce their fear.

In the research of Cohen et al. (2008), who looked at intention among consumers, a feeling towards a product, negatively or positively, does influence the intention of the consumer to buy the product or not. Affective response can have a certain influence in the intention of people to do something or in other words, to perform a certain behavior.

To continue in the consumer research, buying certain products requires trust in the seller, but also in the product itself. The company that sells the products can influence and increase the trust of people by integrating access to the product. This trust can have a strong correlation with the intention to buy this product in the end (Liu et al., 2004). Having trust in a certain product or in this case the information about Q-fever could have a strong effect on the intention to perform the intended behavior, in this case the information seeking behavior. In contrast, people who have less trust in food safety information, not looking at the type of source, are likely to be less sensitive to risk perception and are more dependent on their social

network. In addition, when people are seen as non-trusters, their trust in expert information does not reduce their risk perception (Mazzocchi et al., 2006). When people experience an information insufficiency, they will be more intended to perform the information seeking behavior to gain more knowledge about the case (Griffin et al., 1999). The degree of knowledge of a person could therefore influence the intention of a behavior. The next chapters will explain the methods used for this research, will show the results and will discuss the most interesting findings.

METHODS

PARTICIPANTS & PROCEDURE

To measure the intention among people in the Netherlands regarding information seeking behavior about Q-fever, a questionnaire is conducted among people in the Netherlands with different backgrounds (N=90). The questionnaire was made in the program Qualtrics and distributed via social media and via email. The goal was to reach as much individuals as possible, living in different areas in the Netherlands. The participants responded to questions in different categories, like knowledge, affective response and intention to perform a certain behavior. Of the 90 respondents, 24 are male and 66 are female. The age of the respondents ranged from 16 years to 82 years (16-26 years: 70%; 26-36 years: 16%; 36-46 years: 4%; 46-56 years: 6% and 56-86 years: 4%).

MEASURES

Socio-demographics

First there were some personal questions to collect information about the age, work and education of the person who is filling in the questionnaire. Besides the questions about age and postal code, the questions were multiple choice. For the question about education, the options *primary school, high school, middle vocational training, higher professional education, academic education bachelor* and *academic education master* are chosen. For the question about work, he or she could choose *working, studying, unemployed/retired or housewife/houseman*.

Risk-specific knowledge

This section was assessed with statements where people could choose for the options *true, false, or I don't know*, relating to the basic knowledge of Q-fever. The 8 questions are developed by myself and earlier course work is used as a reference. Sample statements (T = true, F= false) for each of the questions are "Q-fever is a viral disease" (F: bacterial), "There is a vaccin against Q-fever" (T: preventive), "By touching a sick animal you can get Q-fever" (T: direct contact), "You can get Q-fever by indirect contact with a sick animal" (T: by bacterial materials), "You can get Q-fever by direct contact between two persons" (F: is not possible), "You can get Q-fever by eating products of infected animals" (T: however this is rarely the case), "People died from Q-fever" (T: in the most extreme cases), and "The symptoms of Q-fever are easy to recognize", (F: the symptoms are the same as the common flu). By looking at the outcome of this section, people could have answered all the questions right (8 points) or they could have answered nothing right or some questions right (lower amount of points).

Vulnerability, severity and anxiety

In this section, questions were posed about how people feel towards the risk of Q-fever and if they see themselves as persons who are at risk to get Q-fever. Questions were asked in a statement manner and people had to choose the option which is most comparable with their answer. The answers were posed in a 7-scale, with 1= *totally not applicable on me* and 7= *totally applicable on me*. It was also possible to choose an option between 1 and 7. Some examples of the statements in the questionnaire are *"I feel anxious towards Q-fever"* or *"I think Q-fever is very harmful for my health"*. The reliability values of the variables which were used for the data analysis were: Anxiety ($\alpha = 0.83$), Severity ($\alpha = 0.88$) and Vulnerability ($\alpha = 0.72$). For this research, severity and vulnerability are merged to the variable threat.

Intention to minimize the risk of getting Q-fever

With these questions I wanted to gain information about what are people able to do to minimize the risk of getting Q-fever (think about hygiene measures for example). Also these questions were posed in a statement manner and people could choose an answer on a 7-scale, with 1= *totally not applicable on me* and 7= *totally applicable on me*. A question could be for example: *"I will avoid people when they are sick."* For the intention to look for information about Q-fever, a reliability value of $\alpha = 0.85$ is used.

Information sources and information seeking behavior

This last section does have questions especially about trust in information sources and what makes people to perform the information seeking behavior. Questions were posed in a statement manner. People could choose between seven options on the 7-scale with 1=*totally not applicable on me* and 7= *totally applicable on me*. For example questions like *"You never search for information about Q-fever "* or *"social pressure will make me searching for information."* The reliability values of information seeking, trust and social influence (subjective norm) are measured and are respectively $\alpha = 0.73$, $\alpha = 0.62$ and $\alpha = 0.76$.

To do the statistics accurately, there is a level of $\alpha = 0.70$ to work with. All values above this level are reliable enough to become a group and all values below this level are not reliable enough to use.

With those different combinations I hope to figure out if knowledge is a factor that influences the intention of people to search for information or the feeling people have with Q-fever. In addition, how people feel about Q-fever can have an effect on the intention of that person to search for information.

If you want to read the actual questions of the questionnaire, see the appendix of this report.

RESULTS

In this section, the means, standard deviations and correlations measured with the test for linear regression will be presented in the tables below. First the variables are tested on normality and all the variables were tested as normal. This made it possible to proceed with the following tests for means, standard deviations, correlations and regression analysis.

MEANS, STANDARD DEVIATIONS AND CORRELATIONS

Below the means and standard deviations of information seeking behavior, intention to perform information seeking behavior, trust, subjective norms, affective responses, threat and knowledge are presented in Table 1.

Table 1: Means, standard deviations and Pearson correlations between the variables

| | M | SD | Pearson correlation | | | | | | |
|--|-------|-------|---------------------|--------|-------|---------|---------|-------|-----|
| | | | (1) | (2) | (3) | (4) | (5) | (6) | (7) |
| Information seeking behavior (1) | 3.728 | 0.756 | | | | | | | |
| Intention to perform information seeking behavior (2) | 5.787 | 1.025 | -.141 | | | | | | |
| Trust (3) | 4.568 | 0.875 | 0.097 | 0.075 | | | | | |
| Subjective norm (4) | 3.140 | 1.519 | 0.074 | 0.253* | -.058 | | | | |
| Affective response (anxiety) (5) | 2.140 | 1.177 | -.261* | 0.262* | -.032 | 0.401** | | | |
| Threat (6) | 3.325 | 0.886 | -.244* | 0.242* | -.040 | 0.406** | 0.937** | | |
| Knowledge (7) | 3.938 | 1.568 | -.230* | -.152 | -.034 | 0.179 | 0.152 | 0.175 | |

* = Correlation is significant at the 0.05 level (2-tailed)

** = Correlation is significant at the 0.01 level (2-tailed)

Looking at those results, the lowest means were recorded for the affective response and subjective norm (2.140 & 3.140). The highest were for the intention to perform the information seeking behavior, trust and knowledge (5.787 & 4.568 & 3.938). This indicates that people are intended to minimize the risk of getting Q-fever, have a certain basic knowledge of Q-fever and do trust the government regarding information supply about Q-fever. By looking at correlation, there are some variables which are correlated. For example information seeking behavior is correlated with knowledge, affective response and threat and do have a significance of $p=0.039$; $p=0.018$ and $p=0.028$ respectively. These p-values are lower compared to the p-value of $p=0.05$. Those three correlations are negative, which means that the higher the knowledge, affective response or trust regarding Q-fever is, the lower the information seeking behavior is. Intention to perform the information seeking behavior is correlated with subjective norm, affective response and threat, with p-values of $p=0.023$; $p=0.017$ and $p=0.029$ respectively. Also here the significance value is $p=0.05$. These correlations are positive and indicate that the higher the subjective norm, affective response and feeling of threat, the higher is the intention to look for information.

REGRESSION ANALYSIS

For this research, a multiple regression analysis is performed. The variables information seeking behavior, intention to perform the behavior, trust, threat, knowledge, subjective norm and affective response are used. First the relation between the intention and the predictors (trust, threat, knowledge, subjective norm and affective response) is tested (see Table 2).

Table 2: Output regression analysis intention vs. affective response, trust, threat, knowledge and subjective norm

| Variable | B | Significance |
|------------------------------|--------|--------------|
| Regression (Intention) | | 0.030 |
| Affective response (anxiety) | 0.076 | 0.525 |
| Trust | 0.095 | 0.450 |
| Threat | 0.170 | 0.315 |
| Knowledge | -0.145 | 0.046* |
| Subjective norm | 0.143 | 0.076† |

When looking at the total regression coefficient between intention and the predictors, compared to the significance level of $p=0.05$ this is a significant relationship with $p=0.03$. However, when looking at each predictor alone, there is one predictor which is significant, in this case knowledge. With a p-value of $p=0.046$

it is significant when comparing to the significance level of $p=0.05$. All the other predictors do have a p-value higher compared to $p=0.05$, which say something about that there is no real relation between intention and affective response, subjective norm, trust and threat. However, subjective norm does have a marginal value of $p=0.076$. This means that when there is a change in the values or when there are more respondents found, this value could become significant.

The R-value in this case is $R=0.387$. The R-value is a measure of the quantity of the prediction of the dependent variable. The higher this value, the better the quality of the prediction. In this case, the value is 0.387, which is not that high. It can be said that this has not the best quantity of prediction.

The beta correlation shows in which way there is a correlation. Does it has a positive or negative correlation for example. When looking at knowledge, there is a negative correlation between this predictor and intention, with $B=-0.145$. In other words, the more knowledge a person has result in less intention to perform the information seeking behavior.

In the end the information seeking behavior is of main interest to look at in this research. According to the new model showed in Figure 3, intention does have an direct effect on this behavior and the predictors like affective response, trust, threat, knowledge and subjective norm do have an indirect effect on the information seeking behavior. To test this, a multiple regression is performed with intention as first predictor and the others as second predictor. These outcomes are shown in Table 3.

When looking at this output, intention does not have a significant relationship with information seeking behavior with a p-value of $p=0.209$. The other variables like affective response, trust, threat, knowledge and subjective norm do have a significant relationship with information seeking behavior. With a p-value of $p=0.012$ (see Table 3) it can be said that those variables have an influence on information seeking behavior, but indirectly. Intention itself does not have a significant correlation, but when the other variables are tested together, it gives an significant outcome. The variables are also tested seperately. Knowledge and subjective norm do have a significant relationship with the information seeking behavior. Knowledge has a p-value of $p=0.018$ and subjective norm has a p-value of $p=0.017$, which are both lower compared to the significant p-value of $p=0.05$. To know what the relationship is exactly, the B-value is used. This can say something about the correlation and if this is negative or positive. Knowledge does have a B-value of -0.129. This means that when the lower the knowledge level of people is, the more information seeking behavior will be displayed. Subjective norm does have a B-value of 0.144. This means that the more social influence a person experiences, the higher the information seeking behavior will be. There is also a positive correlation with trust. The more trust a person has in the information sources, the more information seeking behavior will be displayed.

There are two R-values in this test. One for the regression with intention and one for the regression with intention + the other variables. For the first R=0.141 and for the second one R=0.441. The combination intention + other variables has a higher quantity of prediction compared to only intention. This can be seen in the results when looking at the significance. Intention + other variables do have a better significance (p=0.012) compared to intention only (p=0.209).

When looking at intention as a single variable, the significance is marginal with p=0.099. This means that when there is a change in the variables or the number of respondents, this value could become significant.

Table 3: Output regression analysis Information seeking behavior vs. intention (1) and information seeking behavior vs. knowledge, trust, threat, affective response and subjective norm (2)

| Variable | B | Significance |
|--|----------|---------------------|
| Regression (Intention) | | 0.209 |
| Regression (Intention + Affective response, trust, threat, knowledge, subjective norm) | | 0.012* |
| Knowledge | -0.129 | 0.018* |
| Trust | 0.087 | 0.343 |
| Threat | -0.146 | 0.237 |
| Affective response (anxiety) | -0.095 | 0.274 |
| Subjective norm | 0.144 | 0.017* |
| Intention | -0.140 | 0.099† |

GENERAL DISCUSSION

According to the result showed above, there is a relationship between knowledge and intention to look for information. This could explain why having (basic) knowledge of a risk has an effect on the intention to look for information (and get more knowledge of the risk). As a second result, there is also a relationship between the social influences and the intention to look for information. This could be the reason that pressure of friends, family or strangers to remain up-to-date has an effect on the intention to look for information and get to know more about the risk and its consequences.

THEORETICAL & PRACTICAL IMPLICATIONS

This current study was a set-up to figure out what the intention is to display information seeking behavior regarding the risk of Q-fever. At this moment, Q-fever is not epidemic in the Netherlands and is not a big threat for human health. That is the reason why the intention is measured instead of the information seeking behavior itself. By using the RISP model, TPB and the self-made questionnaire, the focus is on what people think of Q-fever as a risk and how they respond to it. Understanding how people behave and respond to risks when it is not a risk at the moment, can help in future projects looking at how to inform people about risks and how to treat them in case of an outbreak of Q-fever for example.

According to the research of Yang et al., (2010), where they looked at the links between RISP and TPB in health decision making related to potential risks involved in clinical trials, the judgment of a risk was negatively related to attitude and behavioral intention. Subjective norm was negatively related to the intention to display the information seeking behavior. The present research indicates that there is a relation between social influence (subjective norm) and intention to look for information about Q-fever. That means, when people experience social pressure to engage in information seeking behavior or are intended to do that, they will engage in the information seeking behavior or are intended to do it. This is also confirmed by the research of ter Huurne et al., (2009), where the research indicates that subjective norm and affective response have a direct relationship with information seeking. These findings are in line with the Theory of Planned Behavior, which shows that subjective norms are related directly to behavioral intentions.

When looking at the intention to search for information and the real information seeking behavior, according to the data there is no relationship between those two. The research of Ajzen (2011) revealed that intentions are sometimes poor predictors of the behavior. The example used is sleep-related behavior: making the bedroom/sleep environment restful, avoiding going to bed when feeling hungry/thirsty and avoiding anxiety or stress before going to bed. There was a correlation of 0.17 between intention and performing these behaviors. A possible

explanation for this low correlation could be the fact that the capacity of people to override or inhibit impulses is too strong which result in no intention to perform the desired behavior, in this case going to bed. The ability to inhibit the responses are scored with a correlation of 0.43 with the behavior. This can say regarding the sleep-related behavior that it requires self-regulation, or actual control over the behavior. When looking at the TPB, no real actual control over the behavior will reduce the predictive validity of intentions.

Knowledge is correlated with the intention to perform information seeking behavior, with a p-value of $p=0.046$. The answers to the knowledge questions were scored in terms of basic knowledge people could have of Q-fever. There was no real prediction of attitudes, intentions or behavior measured in the results. This could maybe influence the outcome of the tests. According to Ajzen et al. (2011) and the TPB, decisions people make are based on behavioral, normative and control beliefs which are readily accessible. These questions regarding the knowledge of Q-fever could have failed in reflecting the beliefs of people regarding Q-fever, beliefs that are actually able to guide the decisions they make. When comparing to this study about Q-fever, there was a positive correlation between knowledge and behavior ($p=0.018$) and also indirectly via intention ($p=0.012$), which is confirmed by Ajzen et al., (2011).

According to this research, affect does not have a direct correlation with the information seeking behavior ($p=0.274$), however the indirect relationship via intention is significant ($p=0.012$). This is also confirmed by the research of Bagozzi (1982).

CAVEATS AND FUTURE DIRECTIONS

According to the research of Sutton (1998), the measurement of the intention of a certain behavior should be measured in a period as close to the observation of the behavior as possible. Of course it is sometimes not easy to do so. However, when measuring the intentions a period before observing the actual behavior, there is a large 'gap' between the intention and behavior. It is possible that intentions change over time and this could have an effect on the relation with the actual behavior and intention can become a poorer predictor of the behavior. In this research about Q-fever, only the intention is measured and not the actual behavior. This could also result in that intention in this case is a poor predictor of the information seeking behavior regarding the risk of Q-fever, what is already confirmed with a p-value of $p=0.209$. Besides intention there are also other factors that could influence the actual behavior, like the resources, opportunity, cooperation of other people and lack of skills (Sutton, 1998). Those possible predictors are not tested in this research, instead social predictors are tested like affective response and subjective norm.

There were some limitations that need to be discussed. First, the amount of respondents on the questionnaire was at a maximum of 100. This could have an effect on the statistical measures, like the test of normality and especially the significance of the outcomes. When more respondents took part in this research, some outcomes could become significant while they are not significant after performing this test. Second, the place where the respondents live. Most of the people who filled in the questionnaire come from the neighborhood where I live. This is due to the fact that I used my friends and their contacts living in Wageningen and surroundings. Some people come also from different areas, but a few. To prevent this in the future it will be wise to use more time to spread the questionnaire, as this was not the case this time and use more other contacts besides family and friends. By approaching companies in the risk communication or animal sector and interview people on the streets of different cities could give a more variable outcome.

In the first attempt, the research has to focus on the information seeking behavior of people in the Netherlands regarding the risk of Q-fever. However, at the moment there is no real risk of Q-fever as the disease is not present in high prevalence. Therefore it is difficult to look at the information seeking behavior when there is no real risk. As a result, the research question had to focus on the intention of people to display this behavior when there will be a risk in the future. Regarding the statistical measures, it was possible to group certain variables (for example severity, vulnerability to threat and anxiety to affective responses) and test with those groups instead of the separate variables. Sometimes there was a difference in reliability value so not every variable could be grouped.

In the case of information seeking, some former research did have interesting findings about the way of information seeking nowadays. Professionals and the public are engaging in a more interactive communication about public health. Interactive communication is saying that there is interaction of an individual with or through an electronic device or communication technology like the internet, to gain access or to transmit information about public health or to get support on an issue which is health-related (Cline & Haynes, 2001). Health information seeking is nowadays an important part of interactive health communication. The use of internet to look for health information is still increasing. More than 70000 websites are providing health information. According to a research in the United States, there were recently 60 to 100 million people who uses the internet to look for health information, at least once a month, compared to 18 million people in 1998. There are different reasons why there is such an increase in health information seeking on the internet. For example, the development of health care models which are oriented on the consumer. Or the shifting towards more self-care and preventive behaviors among the public. In addition, people are more interested in alternative approaches to health care and are attracted to a large diversity of information sources. Knowing this could also be helpful in designing future

communication projects regarding health risks. For future research, it can be interesting to look at what the real benefits are of accessing health information online. A lot of people can reach the health information, but it is still unclear what people can win by doing that (Brodie et al., 2000).

The risk of Q-fever is a situation that is uncertain and makes it a challenge to communicate about it. At this moment, there is no Q-fever in the Netherlands and people do not need to worry about it. However, it remains a risk for public health and as a result, it is uncertain when and how Q-fever will increase in incidence again. Making decision in performing certain behaviors need information to distinguish them. Most of the time, "reducing uncertainty" is a response on different situations or behaviors that are lacking information, are ambiguous or unpredictable (Brashers, 2001).

There can be spoken of uncertainty when a situation is ambiguous, complex, unpredictable or probabilistic; when certain information is unavailable or inconsistent; and when people do feel insecure regarding the risk in their general state of knowledge. A person who thinks that he or she is uncertain is uncertain. People can have enough information about the situation, however, he or she could still feel uncertain about the situation. When someone is certain of a situation, he or she will "know" a certain event may or may not occur. In case the uncertainty of people regarding the risk is low, having more knowledge about the risk has an association with less demand for governmental regulation of the risk (Poortvliet & Lokhorst, 2015). However, when there was high uncertainty, there was no association between those.

Uncertainty can be about the self (beliefs, values, abilities and behavior) others, relationships (quality and durability) and other features (rules, social norms and procedures). Second, the theories of uncertainty need to further explore the different ways in which uncertainties can be interconnected. Third, uncertainties can be for a short time or ongoing. Short uncertainties can be for example: "Will I survive this outbreak of Q-fever?" and ongoing uncertainties are for example the track of a chronic illness.

Because of these different factors and dimensions of uncertainty, the way to manage it can be very variable and depends on the situation. The most direct option to manage uncertainty is to engage in behaviors that target and neutralize the uncertainty. As a result, people will engage in more careful behavior, like for example avoiding sick animals and sick people (Poortvliet & Lokhorst, 2015).

Responses to uncertainty are mainly shaped by emotional reactions of people to the experience or situation. Negative emotional responses do show a troubled appraisal when uncertainty is seen as a danger or threat in this case. Positive emotional responses is showed when uncertainty is seen as beneficial. Neutral emotional responses are the feeling of indifference to the uncertainty. Combined emotional responses are shown when positive and negative emotions occur at the same time. These emotional responses can shift during time, especially when new information is obtained or when the situation requires less uncertainty.

Communication in the uncertainty management uses the emotional responses to build a uncertainty theory. This theory needs to look at different factors in uncertainty management like 1) seeking and avoiding information, 2) adapting to chronic uncertainty 3) obtaining assistance with uncertainty management through social support and 4) managing uncertainty management. In this research, the first factor is of most importance.

Information can be used to avoid, strengthen or decrease the uncertainty a person has. People are searching for information for the reasons that they want to add knowledge they lack or to confirm or disconfirm their current state of beliefs.

Information can also serve to distinguish between different options, to make the decision easier and decrease the uncertainty (Brashers, 2001).

For further research in uncertainty, it would be interesting to look if uncertainty is seen as a trait-like reaction that some people do experience more compared to others. This is not investigated in this research and by doing research to uncertainty the outcome could help in future risk communication projects. When people think they will be personally affected by the risk, they could experience more uncertainty. If it is the case that certain risks lead to more uncertainty among people, it would be better for risk communicators to adjust their message. In case of more uncertainty, knowledge provision will not be effective and sufficient anymore in raising acceptance of the risk (Poortvliet & Lokhorst, 2015).

In conclusion, there can be said that subjective norms and knowledge do have a correlation with the information seeking behavior and also indirectly via the variable intention. Intention to perform the information seeking behavior does not have a significant relationship with the information seeking behavior and therefore there is no good direct association between intention and behavior in this case. Only some parts of the RISP model were needed and the rest was not interesting enough in this case. This also counts for the TPB where only intention and subjective norm is used. The RISP model is a well-used model in a lot of reseach projects, so that made it possible to compare these results with other outcomes. Comparing to the results of this research the RISP model and the TPB are well predictors of the outcomes and do describe the relationship between the variables in a way that matches these outcomes. It can be interesting to compare these result to a research done in the time of an outbreak of a zoonosis and look if the people tend to feel or think differently and if there will be other outcomes.

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QUESTIONNAIRE

Information seeking behavior people in the Netherlands

Q1 Beste deelnemer,

Mijn naam is Lisa Hoonhout en ik ben momenteel bezig met een thesis bij de groep Strategische Communicatie aan de Wageningen Universiteit. Het onderwerp van mijn thesis is Q-koorts en om mijn onderzoeksvraag goed te kunnen beantwoorden, heb ik een enquête gemaakt. Mijn vraag aan u is of u de vragenlijst zou willen invullen, zodat u mij kunt helpen met mijn thesis. Het invullen van de vragen zal rond de 15-20 minuten duren en de resultaten zullen anoniem verwerkt worden. Alvast bedankt!

Q2 Wat is uw geslacht?

- Man (1)
- Vrouw (2)

Q3 Wat is uw leeftijd?

Q4 Wat is uw postcode?

Q5 Wat is uw hoogst afgeronde opleiding?

- Basisschool (1)
- Middelbare school (2)
- MBO (3)
- HBO (4)
- WO bachelor (5)
- WO master (6)

Q6 Wat is uw werkstatus?

- Studerend (1)
- Werkzaam (2)
- Werkloos/pensioen (3)
- Huisvrouw/huisman (4)

Q7 In 2005 kregen de geiten op twee geitenbedrijven de diagnose Q-koorts, een infectieziekte waar zowel dieren als mensen vatbaar voor zijn. Twee jaar later kregen de mensen in het zuiden van Nederland te maken met Q-koorts. Tussen 2007 en 2010 werd Q-koorts een bedreiging voor de gezondheid van de mens en meer dan 4000 gevallen met Q-koorts werden gerapporteerd. Toch bleef Q-koorts voor een lange tijd een onbekende ziekte. In veel gevallen kwam pas laat aan het licht dat er sprake was van Q-koorts, aangezien de symptomen heel erg lijken op die van de normale griep. Het doel van de volgende vragen is om te achterhalen wat u weet over Q-koorts. De vragen zijn gesteld als een stelling en u kunt antwoord geven door te kiezen voor de opties "waar", "niet waar" of "weet ik niet".

Q8 Q-koorts wordt veroorzaakt door een virus

- Waar (1)
- Niet waar (2)
- Weet ik niet (3)

Q9 Er bestaat een vaccin tegen Q-koorts

- Waar (1)
- Niet waar (2)
- Weet ik niet (3)

Q10 Q-koorts kan overgebracht worden door het aanraken van een ziek dier

- Waar (1)
- Niet waar (2)
- Weet ik niet (3)

Q11 Q-koorts kan overgebracht worden door indirect contact tussen mens en ziek dier (door inademen van ziekte deeltjes in de lucht of door het aanraken van gebruiksvorwerpen van het zieke dier)

- Waar (1)
- Niet waar (2)
- Weet ik niet (3)

Q12 Q-koorts kan overgebracht worden door direct contact tussen twee personen (aanraken van een ziek persoon of het inademen van ziekte-deeltjes na het hoesten/niezen door een ziek persoon)

- Waar (1)
- Niet waar (2)
- Weet ik niet (3)

Q13 Q-koorts kan overgebracht worden door het eten van dierlijke producten (vlees, melk)

- Waar (1)
- Niet waar (2)
- Weet ik niet (3)

Q14 Er zijn mensen overleden aan (de gevolgen van) Q-koorts

- Waar (1)
- Niet waar (2)
- Weet ik niet (3)

Q15 Symptomen van Q-koorts zijn over het algemeen goed te herkennen

- Waar (1)
- Niet waar (2)
- Weet ik niet (3)

Q16 De volgende vragen gaan over hoe u denkt over Q-koorts met betrekking tot het gevaar voor de gezondheid, hoe kwetsbaar u uzelf vindt en hoe u zich voelt ten opzichte van Q-koorts. Ook hier zijn de vragen als stelling geformuleerd, maar in dit geval kunt u aangeven of het wel of niet van toepassing is op uzelf. Als u het niet weet, kiest u het middelste bolletje.

Q17 Ik vind Q-koorts ernstig

| | 1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Helemaal niet op mij van toepassing:Geheel op mij van toepassing (1) | <input type="radio"/> |

Q18 Ik vind het ernstig om Q-koorts te krijgen

| | 1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Helemaal niet op mij van toepassing:Geheel op mij van toepassing (1) | <input type="radio"/> |

Q19 Ik vind Q-koorts heel schadelijk voor mijn gezondheid

| | 1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Helemaal niet op mij van toepassing:Geheel op mij van toepassing (1) | <input type="radio"/> |

Q20 Ik denk dat ik vatbaar ben voor Q-koorts

| | 1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Helemaal niet op mij van toepassing:Geheel op mij van toepassing (1) | <input type="radio"/> |

Q21 Ik schat de kans groot dat ik volgend jaar geïnfecteerd wordt met Q-koorts

| | 1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Helemaal niet op mij van toepassing:Geheel op mij van toepassing (1) | <input type="radio"/> |

Q22 Ik schat de kans groot ten opzichte van anderen dat ik geïnfecteerd wordt met Q-koorts

| | 1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Helemaal niet op mij van toepassing:Geheel op mij van toepassing (1) | <input type="radio"/> |

Q23 Ik maak me zorgen over (de gevolgen van) Q-koorts

| | 1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Helemaal niet op mij van toepassing:Geheel op mij van toepassing (1) | <input type="radio"/> |

Q24 Ik voel me angstig over (de gevolgen van) Q-koorts

| | 1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Helemaal niet op mij van toepassing:Geheel op mij van toepassing (1) | <input type="radio"/> |

Q25 Ik denk vaak aan de negatieve gevolgen van Q-koorts

| | 1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Helemaal niet op mij van toepassing:Geheel op mij van toepassing (1) | <input type="radio"/> |

Q26 Bij de volgende vragen is het doel om te kijken wat uzelf zou doen om besmetting met Q-koorts te voorkomen en wat uw intentie hierin is. Ook hier gelden dezelfde antwoordmogelijkheden en als u het niet weet kiest u het middelste bolletje.

Q27 In geval van uitbraak zou u de intentie hebben om: Meer hygiënisch te werk gaan met betrekking tot persoonlijke hygiëne (handen wassen, tissues gebruiken bij verkoudheid)

| | 1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Helemaal niet op mij van toepassing:Geheel op mij van toepassing (1) | <input type="radio"/> |

Q28 In geval van uitbraak zou u de intentie hebben om: Weg te blijven van plekken waar besmetting op kan treden (boerderijen, kinderboerderijen)

| | 1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Helemaal niet op mij van toepassing:Geheel op mij van toepassing (1) | <input type="radio"/> |

Q29 In geval van uitbraak zou u de intentie hebben om: Een bezoek te brengen aan de huisarts in het geval zich ziektesymptomen voordoen (griep, verkoudheid)

| | 1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Helemaal niet op mij van toepassing:Geheel op mij van toepassing (1) | <input type="radio"/> |

Q30 In geval van uitbraak zou u de intentie hebben om: Mensen te vermijden die ziek (kunnen) zijn

| | 1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Helemaal niet op mij van toepassing:Geheel op mij van toepassing (1) | <input type="radio"/> |

Q31 De volgende vragen gaan over informatievoorziening, vertrouwen in informatiebronnen en het zoeken van informatie met betrekking tot Q-koorts. Hier komen zowel vragen als stellingen voorbij waar u bij de laatste weer kunt aangeven in hoeverre deze van toepassing is op u. In het geval u het niet weet, kies het middelste bolletje.

Q32 Er is genoeg informatie te vinden over Q-koorts

| | 1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) |
|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Geheel niet:Geheel wel (1) | <input type="radio"/> |

Q33 Welke informatiebronnen gebruikt u/zou u gebruiken om informatie te verzamelen over Q-koorts? (meerdere antwoorden zijn mogelijk)

- Televisie (1)
- Krant (2)
- Weekbladen (3)
- Websites (bijv. RIVM) (4)
- Huisarts (5)
- Social media (6)
- Anders, nl.: (7) _____

Q34 Ik geloof de gevonden informatie over Q-koorts in het eerste opzicht

| | 1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) |
|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Geheel niet:Geheel wel (1) | <input type="radio"/> |

Q35 De overheid verstrekt genoeg informatie over Q-koorts

| | 1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) |
|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Geheel niet:Geheel wel (1) | <input type="radio"/> |

Q36 De overheid is transparant genoeg in hun communicatie over Q-koorts en de risico's

| | 1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) |
|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Geheel niet:Geheel wel (1) | <input type="radio"/> |

Q37 De overheid is een betrouwbare informatiebron

| | 1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) |
|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Geheel niet:Geheel wel (1) | <input type="radio"/> |

Q38 Wetenschappers zijn transparant genoeg in hun communicatie over Q-koorts en de risico's

| | 1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) |
|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Geheel niet:Geheel wel (1) | <input type="radio"/> |

Q39 In het geval er een uitbraak is zou u informatie opzoeken over Q-koorts

| | 1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) |
|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Zeker niet:Zeker wel (1) | <input type="radio"/> |

Q40 In het geval er mensen ziek worden zou u informatie opzoeken over Q-koorts

| | 1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) |
|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Zeker niet:Zeker wel (1) | <input type="radio"/> |

Q41 In het geval u wilt weten wat u moet doen tijdens een uitbraak zou u informatie opzoeken over Q-koorts

| | 1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) |
|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Zeker niet:Zeker wel (1) | <input type="radio"/> |

Q42 In het geval de overheid of andere instanties het aanraden zou u informatie opzoeken over Q-koorts

| | 1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) |
|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Zeker niet:Zeker wel (1) | <input type="radio"/> |

Q43 U zoekt nooit informatie op over Q-koorts

| | 1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Helemaal niet op mij van toepassing:Geheel op mij van toepassing (1) | <input type="radio"/> |

Q44 U besteedt veel tijd en moeite aan het zoeken en lezen van de informatie over Q-koorts

| | 1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) |
|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Zeker niet:Zeker wel (1) | <input type="radio"/> |

Q45 Nieuwsgierigheid naar Q-koorts maakt dat u actief op zoek gaat naar informatie

| | 1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) |
|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Zeker niet:Zeker wel (1) | <input type="radio"/> |

Q46 Het gevoel van het missen van kennis over Q-koorts maakt dat u actief op zoek gaat naar informatie

| | 1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Helemaal niet op mij van toepassing:Geheel op mij van toepassing (1) | <input type="radio"/> |

Q47 Sociale druk maakt dat u actief op zoek gaat naar informatie

| | 1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) |
|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Zeker niet:Zeker wel (1) | <input type="radio"/> |

Q48 Als u iets hoort of leest over Q-koorts zorgt dat ervoor dat u actief op zoek gaat naar informatie

| | 1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) |
|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Zeker niet:Zeker wel (1) | <input type="radio"/> |

Q49 U heeft geen behoefte om op zoek te gaan naar informatie over Q-koorts

| | 1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Helemaal niet op mij van toepassing:Geheel op mij van toepassing (1) | <input type="radio"/> |

Q50 Bedankt voor het invullen van deze enquête! Mocht u geïnteresseerd zijn naar de uitkomst van mijn onderzoek dan kunt u uw mailadres hieronder invullen. Dan stuur ik u de resultaten toe.

