

THE INFLUENCE OF THE INFODEMIC ON OLDER ADULTS' INFORMATION BEHAVIOR: A MULTICENTER ANALYSIS IN BRAZIL

Regina Consolação dos Santos¹ 
Edna Aparecida Barbosa de Casto² 
Sofia Sabina Iavado Huarcaya³ 
Mônica de Melo Freitas⁴ 
Denise Rocha Raimundo Leone² 
Ricardo Bezerra Cavalcante⁵ 

¹Universidade do Estado de Minas Gerais, Programa de Pós-Graduação de Psicologia. Juiz de Fora, MG, Brasil.

²Universidade Federal de Juiz de Fora, Programa de Pós-Graduação em Enfermagem. Juiz de Fora, MG, Brasil.

³Universidad Católica Santo Toribio de Mogrovejo. Chiclayo, Peru.

⁴Universidade da Beira Interior, Departamento de Sociologia. Covilhã, Portugal.

⁵Universidade Federal de Juiz de Fora, Programa de Pós-Graduação em Psicologia. Juiz de Fora, MG, Brasil.

ABSTRACT

Objective: To understand older adults' health information behavior in during an infodemic.

Method: This is a multiple case study, using a qualitative approach, anchored in the conceptual model of information behavior and the Life-Span Theory. Data were collected through online interviews with older adults residing in one of eight intentionally chosen Brazilian cities and from publicly available documents about the COVID-19 pandemic in these municipalities. Data were examined using thematic-categorical content analysis.

Results: The findings were organized into three analytical categories. The first revealed that older adults sought reliable information using traditional media (radio, television, and print newspapers), support networks such as family members, and government sources. Given cognitive and emotional limitations and limited familiarity with digital technologies, they combined active and passive searches, demonstrating adaptive information strategies. The second category indicated that older adults analyzed information based on experiences, emotions, and cognitive strategies. Their attitudes ranged from critical and selective to confused, influenced by emotional overload, misinformation, and politicization. Responses were identified that varied from active validation to information avoidance. Finally, the third category showed that older adults used information for self-care decisions, such as isolation and mask use, often guided by reliable sources and already established routines. Emotions and the desire for security also guided its use, not always accompanied by critical analysis.

Conclusion: Older adults' information behavior during an infodemic was marked by vulnerabilities, adaptations, and inequalities in access to and use of information.

DESCRIPTORS: Infodemic. Pandemics. Aged. Disinformation. Social Networking.

HOW CITED: Santos RC, Casto EAB, Huarcaya SSI, Freitas MM, Leone DRR, Cavalcante RB. The influence of the infodemic on older adults' information behavior: a multicenter analysis in Brazil. *Texto Contexto Enferm* [Internet]. 2026 [cited YEAR MONTH DAY]; 35:e20250146. Available from: <https://doi.org/10.1590/1980-265X-TCE-2025-0146en>

A INFLUÊNCIA DA INFODEMIA NO COMPORTAMENTO INFORMACIONAL DE IDOSOS: ANÁLISE MULTICÊNTRICA NO BRASIL

RESUMO

Objetivo: compreender o comportamento informacional em saúde de pessoas idosas no contexto de uma infodemia.

Método: estudo de casos múltiplos, de abordagem qualitativa, ancorado no modelo conceitual de comportamento informacional e na Teoria do Desenvolvimento ao Longo da Vida. Coleta de dados: entrevistas online com pessoas idosas, que residiam em uma das oito cidades brasileiras escolhidas intencionalmente; em documentos tornados públicos sobre a pandemia de Covid-19 nesses municípios. Os dados foram examinados por meio de Análise de Conteúdo Temático-Categorial.

Resultados: os achados foram organizados em três categorias analíticas. A primeira revelou que pessoas idosas buscaram informações confiáveis, recorrendo a mídias tradicionais (rádio, televisão e jornais impressos), redes de apoio – como familiares – e fontes governamentais. Diante de limitações cognitivas e emocionais e da pouca familiaridade com tecnologias digitais, combinaram buscas ativas e passivas, mostrando-se adaptativas em suas estratégias informacionais. A segunda categoria indicou que idosos analisaram informações com base em experiências, emoções e estratégias cognitivas; as posturas oscilaram entre crítica, seletiva e confusa, influenciadas por sobrecarga emocional, desinformação e politização. Identificaram-se respostas que variaram da validação ativa à evitação informacional. Por fim, a terceira categoria evidenciou que pessoas idosas utilizaram informações para decisões de autocuidado, como isolamento e uso de máscaras, frequentemente orientadas por fontes confiáveis e rotinas já consolidadas; emoções e desejo de segurança também direcionaram o uso, nem sempre acompanhados de análise crítica.

Conclusão: o comportamento informacional de pessoas idosas durante a infodemia foi marcado por vulnerabilidades, adaptações e desigualdades no acesso e no uso da informação.

DESCRIPTORES: Infodemia. Pandemias. Idosos. Desinformação. Redes Social.

LA INFLUENCIA DE LA INFODEMIA EN EL COMPORTAMIENTO INFORMATIVO DE LOS ANCIANOS: UN ANÁLISIS MULTICÉNTRICO EN BRASIL

RESUMEN

Objetivo: Comprender el comportamiento de información de salud de los ancianos en el contexto de una infodemia.

Método: Este es un estudio de caso múltiple, con un enfoque cualitativo, basado en el modelo conceptual del comportamiento informativo y la Teoría del Desarrollo a lo Largo de la Vida. Los datos se recopilaban mediante entrevistas en línea con ancianos residentes en ocho ciudades brasileñas seleccionadas intencionalmente y a partir de documentos públicos sobre la pandemia de COVID-19 en estos municipios. Los datos se analizaron mediante análisis de contenido temático-categorial.

Resultados: Los hallazgos se organizaron en tres categorías analíticas. La primera reveló que los ancianos buscaban información confiable a través de medios tradicionales (radio, televisión y periódicos impresos), redes de apoyo como familiares y fuentes gubernamentales. Dadas sus limitaciones cognitivas y emocionales, y su limitada familiaridad con las tecnologías digitales, combinaron búsquedas activas y pasivas, demostrando estrategias de información adaptativas. La segunda categoría indicó que los ancianos analizaban la información con base en experiencias, emociones y estrategias cognitivas. Sus actitudes oscilaban entre críticas y selectivas hasta confusas, influenciadas por la sobrecarga emocional, la desinformación y la politización. Se identificaron respuestas que variaban desde la validación activa hasta la evitación de la información. Finalmente, la tercera categoría mostró que los ancianos utilizaban la información para tomar decisiones de autocuidado, como el aislamiento y el uso de mascarillas, a menudo guiadas por fuentes fiables y rutinas ya establecidas. Las emociones y el deseo de seguridad también guiaron su uso, no siempre acompañados de un análisis crítico.

Conclusión: El comportamiento informativo de los ancianos durante la infodemia estuvo marcado por vulnerabilidades, adaptaciones y desigualdades en el acceso y uso de la información.

DESCRIPTORES: Infodemia. Pandemias. Anciano. Desinformación. Red Social.

INTRODUCTION

An infodemic, characterized by the rapid spread of often contradictory or false information, poses significant challenges to older adults. This group faces structural, cognitive, and technological barriers to accessing, interpreting, and using health information¹. During the COVID-19 pandemic, such barriers compromised access to accurate guidance on preventive measures and treatments, amidst the intense circulation of misinformation². The World Health Organization recognizes the infodemic as a public health problem, warning that even highly health-literate individuals may feel overwhelmed³. Disinformation, the infodemic's main product, undermines informed decision-making, exacerbates inequalities, and weakens preventative measures and institutional trust⁴.

Older adults—people aged 60 and over in developing countries—are at higher risk of complications from infections such as COVID-19. This vulnerability is exacerbated by difficulties in using digital technologies and by low health literacy, compromising their ability to understand and adhere to protective measures⁵.

Continuous exposure to repetitive content can lead to information fatigue⁶. This state, characterized by cognitive and emotional exhaustion due to information overload, was exacerbated during the pandemic by the infodemic. In older adults, it manifests as anxiety, stress, and information avoidance. Studies indicate that health campaigns and news overload can lead to relevant content rejection and health information avoidance. Furthermore, digital algorithms that reinforce pre-existing beliefs tend to limit access to diverse sources, increasing vulnerability⁷.

Understanding older adults' information behavior during an infodemic is urgent, considering the real possibility of new health crises⁸. Misinformation undermines the effectiveness of public responses by eroding trust in authorities and hindering adherence to protective practices.

Information behavior involves identifying an information⁹ need, seeking it, using it, or avoiding it, and is influenced by contextual, social, and psychological factors. In the field of health, these processes are traversed by cultural and educational aspects¹⁰. Developing information literacy skills promotes self-care and informed decision-making, and is especially relevant for older adults¹¹.

This research seeks to understand older adults' information behavior in during an infodemics, investigating how they access, understand, and use health information in the face of information overload. The gap addressed is the scarcity of studies focused on the impacts of the infodemic on this group, which demands a specific approach¹².

The guiding question is: How does the information behavior regarding health of older adults occur in during an infodemic? It is assumed that this behavior is conditioned by multiple individual, social, and structural factors. This research is based on Wilson's model⁹, which highlights cognitive, motivational, and contextual barriers, and on the Life-Span Theory¹³, which understands aging as a multidimensional process influenced by biological, psychological, and social factors. Thus, the overall objective of this study is to understand older adults' health information behavior in during an infodemic.

METHOD

This study is part of a multicenter project "*Infodemia de COVID-19 e suas repercussões sobre a saúde mental de pessoas idosas*", developed by eight universities in eight Brazilian cities (São Paulo, Rio de Janeiro, Juiz de Fora, Porto Alegre, Brasília, Divinópolis, Viçosa, and Ribeirão Preto).

The research was conducted in two phases: (i) a cross-sectional quantitative study via web-based survey; and (ii) a qualitative study of the multiple case study type¹⁴.

In the first phase, a cross-sectional quantitative study, 3,083 older adults participated, recruited using the snowball sampling technique¹⁵. Data collection was conducted online via an electronic questionnaire that included sociodemographic information, health data, and aspects related to the

use of digital technologies and social networks. The data from phase 1 allowed for the identification of participant profiles and served as a basis for selecting older adults who could advance to phase 2 of the study. Among the respondents, 790 expressed interest in participating in the qualitative phase when answering the question about their desire to continue.

However, this study addresses exclusively the second phase, which is qualitative and exploratory in nature, based on a multiple case study¹³. The methodological choice is justified by enabling the investigation of complex social phenomena, preserving their holistic characteristics and revealing significant real-life processes and mechanisms. The unit of analysis was older adults' health information behavior in urban and rural contexts, considering different infodemic scenarios in the participating municipalities. The locations were intentionally selected due to the partnership between the collaborating centers (USP, UFRJ, UNIRIO, UFRGS, UCB, UFSJ, UFV) and the *Universidade Federal de Juiz de Fora* (UFJF, managing center).

Phase 2 participants were recruited from among older adults in phase 1. Of the 790 who expressed interest, 194 accepted the invitation made by telephone and participated in the qualitative phase. Older adults who, despite expressing interest in participating, did not respond to telephone contact after three attempts were excluded from phase 2. Data collection took place between September 2021 and May 2022, remotely (by telephone or video conference), based on a semi-structured script grounded in Wilson's Information Behavior Model. The script covered: (i) situations of information seeking during the pandemic, sources used, methods of verification and use in daily life; (ii) emotional and physical reactions to information; (iii) information coping strategies over time; (iv) free-flowing discussion about the impacts of the infodemic on participants' lives.

Emerging issues of a circular nature were also considered. Moreover, closed-ended items were applied for sociodemographic and health characterization, including history of COVID-19, comorbidities (classified by ICD), presence of disorders such as anxiety, vaccination status, type of vaccine received, and access to information technologies. The interviews were conducted by researchers previously trained in online workshops and subsequently transcribed, organized by municipality, and subjected to theoretical-categorical content analysis¹⁶. The process took place in three stages: pre-analysis, material exploration, and processing of results. The analytical categories were defined *a priori* based on Wilson's model⁹, complemented by the Life-Span Theory¹³, which understands aging as a continuous process of cognitive adaptation in critical contexts.

The study followed Resolutions 466/2012, 510/2016, and 670/2022 of the Brazilian National Health Council (In Portuguese, *Conselho Nacional de Saúde* - CNS). Participants were informed about the objectives, procedures, risks, and benefits. They accepted the digital Informed Consent Form and authorized the recording of the interviews. Each participant received an anonymized code. The data will be stored for five years in a secure location and subsequently destroyed. The project was approved by the Brazilian National Research Ethics Committee. This study did not utilize any tools related to the use of artificial intelligence.

RESULTS

The research involved a total of 194 older adults from different Brazilian cities, providing a comprehensive view of the experiences of this group during the study period. The cities of the participating collaborating centers were: São Paulo: 29 participants; Rio de Janeiro: 29 participants; Juiz de Fora: 30 participants; Porto Alegre: 31 participants; Brasília: 20 participants; Divinópolis: 23 participants; Viçosa: 20 participants; and Ribeirão Preto: 12 participants.

Based on data analysis, a case integration matrix was constructed, related to phase 2. Each collaborating center analyzed the data pertaining to its municipality and submitted it to the managing center (UFJF), responsible for integrating the results. This integration was guided by the Case Integration Matrix, as shown in the following example (Chart 1).

Chart 1 – Case integration matrix: code table by municipality. Brazil, 2025.

Category 1: Older adults' information needs during an infodemic							
CASE	Codes	Codes	Codes	Codes	Codes	Codes	Codes
	A	B	C	D	E	F	G
Case A – DIV	X	X					
Case B – RJ						X	
Case C- RP				X	X		
Case D – DF			X				
Case E – Viç							
Case F- SP	X						
Case G- JF			X				
Case H – PA							X
List of codes							
A	Information_ Vaccines_ Contagion_ Pandemic and Deaths						
B	Information_ Prevention_ Suspension of activities_ Isolation						
C	General information_ Pandemic						
D	Information_ Protection measures_ Contagions						
E	Information_ Pandemic_ Researchers						
F	Monitoring the pandemic_ Healthcare professional						
G	International information_ Pandemic						

In this matrix, the thematic codes assigned to each case (city) were listed, according to the previously established categories. Data analysis resulted in three categories: (i) Older adults' informational needs and search behavior during an infodemic; (ii) Information analysis by older adults during the COVID-19 infodemic; and (iii) Information use by older adults and decision-making during an infodemic.

The matrix allows visualization of the distribution and recurrence of codes among different local contexts. Each row represents a municipality (case) and each column, an associated code. To ensure controlled identification and anonymity of interviewees, acronyms were used (e.g., DVOA01). This acronym is composed of the abbreviation of the municipality, followed by the letters OA (referring to the word "older adult") and a number indicating the order of identification of the participant who agreed to participate in the second phase of the interview. This arrangement enabled a cross-sectional analysis between centers, facilitating the comparison of patterns and specificities in older adults' informational experiences during an infodemic.

This category was delineated based on the identification of patterns in the responses from collaborating centers, reflecting the unique experiences faced by this age group during the pandemic. The matrix, by organizing the information according to thematic codes, reveals not only the diversity

of informational needs, but also the variations in search behavior among older adults. This analysis allowed us to understand how information was accessed and what the main concerns and demands of this population were during a pandemic period.

Subsequently, we will present aspects related to these informational needs, highlighting how older adults sought and interpreted the available information, as well as discussing the implications of this search in their daily lives and in their health-related decision-making.

Older adults' informational needs and search behavior during an infodemic

During the COVID-19 pandemic, older adults reported an intense need to understand the national and international situation, accompanied by recurring disorientation in the face of contradictory information. One participant reported: *We saw that every day there was something new, and I felt lost, not knowing what was true. So, I started looking in the newspapers and asking my son, because we needed to know how to take care of ourselves* (SPOA29). Another participant stated: *"It was a difficult situation; there was new news every hour. Then I started watching more television, talking to my son and trying to find out exactly how to protect myself"* (IDDIV07).

The search for information involved varied strategies, often anchored in already established practices. For instance, the first strategy that an interviewee stated was: *"It was about the vaccines because I believe in science [...] I wanted to get vaccinated [...] given the state of the pandemic and its contagiousness"* (RPOA02). Another shared: *"And for many years [...] I read the newspapers every morning. So, all the information I acquired over all that time came from print sources [...]"* (VCOA23).

A second strategy involved actively searching on social media. *"I was following social media a lot [...] to see what people were saying about the virus and the vaccines"* (JFOA01). *"I used Instagram a lot to see updates [...] I followed posts from professionals"* (PAOA07). However, at the same time, distrust regarding these environments emerged: *"I know there are many lies, because you have to know how to select... to research"* (DFOA02).

Television and radio, in turn, were widely valued. *"I watch a lot of television and the source is reliable"* (DIVOA04); *"Radio was one of my main sources [...] because I knew it provided direct and up-to-date information"* (RJOA14). Reading printed newspapers was also a common practice: *"I always read the city's printed newspaper [...]"* (JFOA01); *"I trusted newspaper news more than social media"* (RPOA08).

Support networks played a central role: *"I often asked my children and friends about the news they were reading"* (DIVOA23); *"My doctor opened a WhatsApp channel to keep me updated on the vaccines"* (PAOA07). There was also access to official sources: *"I accessed the city hall website and the UFJF bulletins"* (JFOA07).

It is worth noting, however, that not everyone actively sought information. Some reported a passive stance: *"Look, I didn't search for it [...] they provide a lot of information"* (RJOA01); *"I receive some messages on my phone [...] I simply read them and... God's will be done"* (JFOA14). In other cases, there was deliberate avoidance: *"I stopped watching the YYY network [...] otherwise you end up getting paranoid"* (RJOA06).

Information analysis by older adults during the COVID-19 infodemic

The analysis of information by older adults combined prior experiences, cognitive strategies, and emotional states, producing heterogeneous results that were sometimes critical and selective, and sometimes confused and avoidant, given the volume of information received.

Some participants adopted an active and critical approach, seeking to confirm information from different sources before making decisions. One participant from São Paulo reported: *"I looked into some information that I was unsure about. Is it really necessary to take it or not?"* (SPOA03). Another

reinforced: *"I went to find more information to confirm. There was a lot being said, so I wanted to be sure"* (SPOA25). The statements highlight the use of validation mechanisms to mitigate misinformation, even in a context of information overload.

Others maintained a selective approach, limiting themselves to a few trusted sources, as a way to simplify access and reduce stress. *"I only have two sources of information that I trust"* (SPOA02); *"I filter and confirm what I believe"* (IDDIV20). Although protective, this attitude demonstrates a rationalization of data overload, restricting the informational field.

Critical analysis also became difficult, especially given the excess of fake or contradictory news. *"It's difficult. We didn't know who to believe"* (RJOA06). *"I trusted it was real [...] it came from China [...] my ignorance made me believe it"* (DFOA03). These statements reveal vulnerability to an unstable informational environment.

The political content of the messages also influenced how the older adults analyzed the information. Some blamed the government: *"The Brazilian government had a very large responsibility"* (JFOA05), and those who saw the protective measures as excessive: *"Lockdown only made things worse"* (SPOA28). These positions demonstrate the weight of political opinions and social narratives in the construction of informational judgments.

The emotional impact of the infodemic was widespread. Fear, anxiety, and distress affected the ability to cope with the messages: *"This really affected me"* (SPOA08), *"I thought they were symptoms of the disease, but it was anxiety"* (VOA07). Given this, some have chosen to avoid contact with news and information as a form of self-protection: *"I stopped watching it, otherwise you just end up getting paranoid"* (RJOA07), even though such a choice might limit access to important guidance.

Information use by older adults and decision-making during an infodemic

The use of information by older adults during the COVID-19 pandemic was directly associated with decision-making aimed at personal protection, reorganization of routines, and adoption of self-care behaviors. However, this use was not uniform: decisions ranged from adaptive strategies to responses influenced by misinformation, fear, or emotional overload.

Reports indicate that information about modes of transmission and preventive measures was crucial in adopting protective behaviors. A participant from Divinópolis stated: *"I saw the whole procedure and I needed to isolate myself because I didn't want contact with anyone, just to be on the safe side"* (DIVOA09). In Viçosa, another person reported: *"Yes, I was worried because I wanted to know how the disease was spreading, what I should do to protect myself. I stayed home the whole time, avoiding contact with people because the situation was critical"* (VCOA14).

Adherence to health recommendations was also evident in the continued use of measures such as masks and hand sanitizer, even after the easing of restrictions. An older resident of Ribeirão Preto reported: *"Now, the only thing I do is take all precautions, right? I always have, right? And I still do... even this week, the [health] secretary of the State of São Paulo said he was going to allow masks, and it's still too early, I'm still using them because... except in open areas, but in closed areas I'll continue to use them for a while longer, because I think it's a safety measure"* (RPOA02).

On the other hand, there was difficulty in interpreting and critically applying the information received. One interviewee acknowledged: *"I trusted it was real [...] it came from China [...] my ignorance made me believe it"* (DFOA03). In other cases, information overload has led to emotional distress: *"This really affected me"* (SPOA08), and symptoms that are often confused with the disease: *"I thought they were symptoms of the disease, but it was anxiety"* (VOA07). As a result, some have opted for informational avoidance: *"I stopped watching it, otherwise you just end up getting paranoid"* (RJOA07).

In contrast, many older adults have reorganized their routines, prioritizing self-care and mental health. One participant reported: *"I began adapting my practices to avoid unnecessary exposure,*

preferring leisure activities at home, such as watching lectures and educational documentaries" (RPOA05). In Rio de Janeiro, another older adult said: *"I've always enjoyed learning, so I started watching educational videos, health lectures... it was the way I found to protect myself and keep my mind occupied"* (RJOA11).

DISCUSSION

The findings elucidate how older adults mobilized strategies for searching, analyzing, and using information in during an infodemic, highlighting not only vulnerabilities but also adaptive agency. The presence of conscious actions to confront misinformation and the diversity in the ways of accessing and using information indicate a repositioning of older adults as active subjects in crisis contexts. In light of the Life-Span Theory, this expresses the principle of adaptive self-efficacy described by Baltes *et al.*¹⁷: in later stages of life, individuals are able to reconfigure goals and cognitive strategies in the face of environmental losses or challenges. The observed informational engagement reinforces that aging, far from being a trajectory of passive decline, involves selection, optimization, and compensation, according to the Selection, Optimization, and Compensation (SOC) approach developed by Baltes and Baltes¹⁸. This approach understands aging as an adaptive process in which individuals select priority goals, optimize available resources, and compensate for losses through alternative strategies. Westerhof *et al.*¹⁹ corroborate this perspective by showing that older adults maintain high levels of functioning by modulating expectations and adjusting behaviors in challenging contexts, such as during the pandemic.

Regarding informational needs, participants reported difficulties in understanding the pandemic scenario, which prompted them to seek information to ensure their own safety and that of loved ones. As Wilson⁹ proposes, this demand constitutes the initial stage of information behavior that emerges when the subject perceives a gap between what they know and what they need to know in order to act. Such mobilizations reveal adaptive plasticity in aging, that is, the reorganization of cognitive strategies in response to context¹⁷. Studies such as that of Westerhof *et al.*¹⁹ reinforce the flexibility of older adults in adverse contexts, supported by cognitive, affective and motivational reserves accumulated throughout life.

These findings are consistent with Ly-Le and Le⁴, who highlight the preference of older adults for traditional sources and family networks. However, proactive action was observed in digital environments, with practices of self-directed learning and critical selection of sources. Here, self-directed learning refers to autonomous learning based on accumulated experiences¹³; the informed selection process involves a careful assessment of reliable sources, according to Wilson⁹. Györfy *et al.*²⁰ reinforce this trend by pointing out that the digital engagement of older adults, although selective, is driven by the search for trust and practical utility.

The analysis of the information was heterogeneous. The overlapping of content, misinformation, and the inconsistency of guidelines in Brazil²¹ generated disorientation and fear. Critical strategies, defensive selectivity, and informational avoidance emerged; the latter being identified by Wilson⁹ as a psychological barrier. Mohammed *et al.*²² associate continuous exposure to risky information with chronic anxiety, while Vainieri *et al.*²³ characterize this environment as "hyperemotionalized", in which affective intensity can both stimulate and inhibit engagement.

According to Baltes and Baltes¹⁸, these reactions can be understood as forms of adaptive compensation aimed at preserving emotional integrity. Symbolic collapse (breakdown of collective references) and epistemic collapse (crisis of the authority of knowledge) compromise the ability to produce meaning. Mormina²⁴, in her study, shows that the erosion of epistemic trust hinders the rational processing of information. The study by Baltes and Baltes¹⁸ emphasizes that normative disruptions impact emotional regulation by affecting selective control processes and the optimization of cognitive

resources. In agreement, Wilson⁹ highlights that information behavior is shaped by social and environmental support structures that can favor or inhibit the search, analysis, and use of information.

Regarding the use of information, decisions varied according to the capacity for cognitive-affective integration of the content. Some participants maintained sanitary precautions by their own decision; others were influenced by misinformation. These dynamics confirm that information use is mediated by knowledge, emotion, and context⁹.

One aspect that is little explored in Brazilian literature is the symbolic appropriation of information as emotional protection. Several participants reported resorting to lectures and educational content to take care of their mental health. Al Omari *et al.*²⁵ highlight that informational engagement can promote well-being by reinforcing the sense of control; and in one study²⁶ it was observed that information acts as a therapeutic mediator by facilitating emotional resilience. This dimension reveals a use that is not only instrumental but also subjective, with regulatory effects on anxiety and uncertainty. Gaber *et al.*²⁷ add that informational accessibility requires, in addition to infrastructure, communicational competence and respect for the prior knowledge of older adults, inscribing access within the field of social recognition. This dimension reveals a use that is not only instrumental but also subjective, with regulatory effects on anxiety and uncertainty.

In light of these findings, it is recommended that healthcare professionals, managers, family members, caregivers, and support networks understand older adults' information behavior – in urban and rural settings and in the face of health crises – not only as a technical dimension, but also as a relational and subjective phenomenon that articulates cognition, emotion, and social context. This understanding must consider that access to information is not limited to the technical availability of channels and involves interpretive processes mediated by trust, affectivity, understandable language, and cultural appropriateness. As Al Omari *et al.*²⁵ point out, effective communication among older adults depends on the relational quality of interactions and the sensitivity of mediators to cognitive and emotional conditions. Gaber *et al.*²⁷ add that informational accessibility requires, in addition to infrastructure, communicational competence and respect for the prior knowledge of the older population, placing access within the field of social recognition.

It is necessary to recognize that information behavior directly influences adherence to protective behaviors and the mental health of older adults. Understanding these processes can support more precise interventions tailored to the real needs of this group. Györfy *et al.*²⁰ reinforce that such understanding favors effective, humanized, and person-centered practices, promoting informational equity and strengthening care bonds in adverse contexts.

Nursing, through its direct and continuous work with older adults, plays a central role in this process. Studies such as those by Siamian *et al.*²⁸ show that nurses mediate information in clinical and community settings, promoting autonomy, safety, and confidence in health decisions. Santos *et al.*²⁹ add that it is up to professionals to translate complex content into understandable and contextualized guidance, respecting prior knowledge, cultural backgrounds, and any cognitive limitations. This communication role goes beyond simply transmitting data: it involves facilitating dialogue, supporting the interpretation of information, and acting as a critical filter against misinformation. Within longitudinal and home-based care, nurses are key players in the early detection of doubts, anxieties, and emotional reactions linked to information overload. According to Al Omari *et al.*²⁵, healthcare professionals who maintain regular contact with older adults have a greater ability to identify early signs of informational disorientation and emotional distress resulting from information overload or poor quality information. This continuous proximity and skilled listening make Nursing a strategic category for informational security and subjective support during health crises.

Empowering this professional category to recognize and support the dynamics of information seeking, analysis, and use is essential for effective responses to future crises, especially in contexts

of digital vulnerability. As the study by Kisa and Kisa³⁰ points out, healthcare professionals' strategic role in addressing the infodemic requires specific training, cultural sensitivity, communication skills, and coordination with public health communication policies. Nursing should be incorporated into the formulation and implementation of public informational strategies, ensuring that care practices integrate the right to accessible and qualified information as a fundamental dimension of health promotion.

In this regard, it is urgent to structure media and digital literacy actions aimed at older adults as tools for subjective care. These actions should involve the active participation of the nursing team, which occupies a strategic position at the interface between healthcare services, users, and families. Recognized as a promoter of educational practices in digital health and information literacy²⁹, nursing can act as a health educator, identifying digital literacy gaps and proposing pedagogical strategies tailored to the profile of older adults.

It is also necessary to qualify support networks as information mediators, empowering family members, caregivers, community health workers, and primary care professionals to recognize and manage informational difficulties. This includes creating spaces for listening and dialogue about health information, strengthening bonds and promoting interpretive confidence. Furthermore, public channels segmented by age group and level of digital literacy are recommended, using accessible language, multimodal resources, and constant technical validation. Nursing can directly collaborate in the development and curation of these materials, ensuring adherence to the population's real needs and contributing to strengthening older adults' informational citizenship.

Among the study's limitations, the remote data collection stands out, which may have excluded older adults with low digital access or little familiarity with technology, restricting the inclusion of specific perspectives. This limitation raises ethical and epistemological reflections on the accessibility of qualitative research in times of physical distancing, especially among digitally vulnerable populations. Furthermore, because it is a qualitative and intentional sample located in urban contexts, the findings are not generalizable to the entire Brazilian older population. However, the diversity of participants, distributed across different regions and sociocultural realities, broadens the analytical depth of the research and allows for the identification of relevant patterns of information behavior during an infodemic, contributing to the ecological validity of results and offering valuable insights for the formulation of public policies and health communication strategies sensitive to the heterogeneous realities of this group.

It is suggested that future research explore the subjective effects of the infodemic across different age groups and between urban and rural contexts, as well as the links between information behavior and mental health. Such investigations should consider the emotional impact of misinformation, the development of information literacy skills throughout life, and mechanisms of cognitive resilience. Intersectional studies that analyze gender, race, social class, and education level may offer more comprehensive understandings of these experiences.

Longitudinal studies are especially recommended to track the transformation of these dynamics over time, amidst new technological, health, and social contexts. Mixed methodological approaches—integrating network analysis, digital ethnography, and mapping of informational trajectories—can strengthen analytical robustness and offer solid evidence to support public policies.

This in-depth analysis becomes even more necessary given the real possibility of new pandemics or global health crises, as warned by international organizations and authors, which demands more effective, sustainable, and equitable health communication strategies. Such strategies should incorporate the lessons learned during the COVID-19 pandemic, articulating health, education, and technology actions in an intersectoral, continuous manner, adapted to the needs of older populations.

CONCLUSION

Based on the information behavior model and the Life-Span Theory, three analytical categories were identified: (i) high informational needs regarding prevention, treatment, and vaccines, accompanied by difficulties in clarity, accessibility, and reliability; (ii) limitations in critical analysis, with impacts of fake news, trust in unverified sources, and the effects of information overload on emotional health; and (iii) use of information for self-care and community protection decisions, with, in some cases, adherence to misinformation or denialist stances. In all cases, cognitive plasticity and accumulated experience allowed for adaptive strategies, although fear, misinformation, and religious beliefs sometimes led to the refusal of preventive practices.

The findings reinforce the urgency of developing digital and media literacy programs aimed at older adults, considering their unique cognitive, affective, and cultural characteristics, as well as intervention strategies tailored to the specific needs of older adults. Furthermore, longitudinal research on the evolution of information behavior is recommended, in addition to studies on intergenerational mediation and inequality of access to technologies.

In conclusion, guaranteeing older adults the right to quality, accessible, and verifiable information is not only a matter of digital inclusion, but also of social justice and public health—especially in times of health crisis such as those experienced during the COVID-19 pandemic.

REFERENCES

1. Yabrude ATZ, Souza ACM, Campos CW, Bohn L, Tiboni M. Desafios das fake news com idosos durante infodemia sobre Covid-19: experiência de estudantes de medicina. *Rev Bras Educ Med* [Internet]. 2020 [cited 2026 Mar 1];44 Suppl 1:S1-6. Available from: <https://doi.org/10.1590/1981-5271v44.supl.1-20200381>.
2. Pessoa RCB, Gomes MQC, Bregalda MM. Aportes de las tecnologías de la información y la Comunicación para el adulto mayor durante la Pandemia de covid 19: una revisión de alcance. *Rev Chil Ter Ocup* [Internet]. 2023 [cited 2026 Mar 1];24:67571. Available from: <https://revistaterapiaocupacional.uchile.cl/index.php/RTO/article/view/67571>
3. World Health Organization – WHO. Mental health and psychosocial considerations during the Covid-19 outbreak [Internet]. 2020 [cited 2026 Mar 1]. Available from: <https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf>
4. Ly-Le T-M, Le VT. Navigating the infodemic: Assessing digital literacy and misinformation vulnerability among senior citizens in Vietnam during COVID-19. *Health New Media Res* [Internet]. 2024 [cited 2026 Mar 1];8(2):3-11. Available from: <https://doi.org/10.22720/hnmr.2023.00052>
5. Cavalcante RB, Carbogim FC, Bulgarelli AF, Santos CM, Ribeiro AQ, Pinto IC, et al. Repercussões da infodemia associada ao COVID-19 na saúde mental do idoso no Brasil. *Rev Cubana Inf Cienc Salud* [Internet]. 2022 [cited 2024 Nov 9];33:1-26. Available from: <https://brapci.inf.br/index.php/res/download/195354>
6. Gäckle N. Governing pandemic fatigue: An International Relations case of experiential biopolitics. *Eur J Int Relat* [Internet]. 2023 [cited 2024 Nov 9];29(4):877-902. Available from: <https://doi.org/10.1177/13540661231183357>
7. Ié OA, Araújo AS, Nunes MSC. Propaganda digital: algoritmos a regra da mais-valia. *Encontros Bibli* [Internet]. 2024 [cited 2024 Nov 9];29:1-29. Available from: <https://doi.org/10.5007/1518-2924.2024.e96375>
8. World Health Organization – WHO. World report on ageing and health. Geneva, (CH): WHO Press; 2021.

9. Wilson TD. Human information behavior. *Informing Sci J* [Internet]. 2000 [cited 2024 Nov 9];3(2):49-55. Available from: <https://www.inform.nu/Articles/Vol3/v3n2p49-56.pdf>
10. Lazcano-Ponce E, Alpuche-Aranda C. Alfabetización en salud pública ante la emergencia de la pandemia por Covid-19. *Salud Publica Mex* [Internet]. 2020 [cited 2024 Nov 9];62(3):331-40. Available from: <https://doi.org/10.21149/11408>
11. Tavares EG. O impacto das informações sobre pandemia disponibilizadas pelas mídias no processo de ansiedade informacional dos idosos do município de São José do Mipibu/RN [tese]. Natal, RN(BR): Universidade Federal do Rio Grande do Norte; 2021.
12. Braz PR, Moreira TR, Ribeiro AQ, Faria LR, Carbogim FC, Püschel VAA, et al. COVID-19 infodemic and impacts on the mental health of older people: Cross-sectional multicenter survey study. *JMIR Aging* [Internet]. 2023 [cited 2024 Mar 10];6:1-15. Available from: <https://pubmed.ncbi.nlm.nih.gov/37195762/>
13. Baltes PB. On the incomplete architecture of human ontogeny: Selection, optimization, and compensation as foundation of developmental theory. *Am Psychol* [Internet]. 1997 [cited 2024 Mar 10];52(4):366-80. Available from: <https://doi.org/10.1037//0003-066x.52.4.366>
14. Yin RK. Estudo de caso: planejamento e métodos. 5th ed. Porto Alegre, RS(BR): Bookman; 2015.
15. Heckathorn DD. Snowball versus respondent-driven sampling. *Sociol Methodol* [Internet]. 2011 [cited 2024 Mar 10];41(1):355-66. Available from: <https://doi.org/10.1111/j.1467-9531.2011.01244.x>
16. Bardin L. Análise de conteúdo. São Paulo, SP(BR): Edições 70; 2016.
17. Baltes PB, Staudinger UM, Lindenberger U. Life span theory in developmental psychology. In: Damon W, Lerner RM, editors. *Handbook of child psychology: Theoretical models of human development*. 6th ed. New York, NY(US): Wiley; 2006. p. 569-664.
18. Baltes PB, Baltes MM. Psychological perspectives on successful aging: The model of selective optimization with compensation. In: Baltes PB, Baltes MM, editors. *Successful aging: perspectives from the behavioral sciences*. Cambridge, MA(US): Cambridge University Press; 1990. p. 1-34.
19. Westerhof GJ, Nehrkorn-Bailey AM, Tseng H-Y, Brothers A, Siebert JS, Wurm S, et al. Longitudinal effects of subjective aging on health and longevity: An updated meta-analysis. *Psychol Aging* [Internet]. 2023 [cited 2024 Mar 10];38(3):147-66. Available from: <https://doi.org/10.1037/pag0000737>
20. Györfy Z, Boros J, Döbrösy B, Girasek E. Older adults in the digital health era: Insights on the digital health related knowledge, habits and attitudes of the 65 year and older population. *BMC Geriatr* [Internet]. 2023 [cited 2024 Mar 10];23(1):779. Available from: <https://doi.org/10.1186/s12877-023-04437-5>
21. Sistema de Análise de Dados do Estado de São Paulo. Painel Coronavírus São Paulo [Internet]. 2023 [cited 2024 Mar 10]. Available from: <https://coronavirus.seade.gov.br/>
22. Mohammed M, Sha'aban A, Jatau AI, Yunusa I, Isa AM, Wada AS, et al. Avaliação da sobrecarga de informações sobre a COVID-19 entre o público em geral. *J Racial Ethnic Health Disparities* [Internet]. 2022 [cited 2024 Mar 10];9:184-92. Available from: <https://doi.org/10.1007/s40615-020-00942-0>
23. Vainieri M, Vandelli A, Benvenuti SC, Bertarelli G. Tracking the digital health gap in elderly: A study in Italian remote areas. *Health Policy* [Internet]. 2023 [cited 2024 Mar 10];133(2):104842. Available from: <https://doi.org/10.1016/j.healthpol.2023.104842>
24. Mormina M. Knowledge, expertise and science advice during COVID-19: In search of epistemic justice for the 'wicked' problems of post-normal times. *Soc Epistemol* [Internet]. 2022 [cited 2024 Mar 10];36(6):671-85. Available from: <https://doi.org/10.1080/02691728.2022.2103750>

25. Al Omari S, McCall SJ, Hneiny L, Sibai AM. Saúde e bem-estar de populações idosas afetadas por crises humanitárias em países de baixa e média renda: uma revisão de escopo da literatura revisada por pares. *Confl Health* [Internet]. 2024 [cited 2024 Mar 10];18:73. Available from: <https://doi.org/10.1186/s13031-024-00626-0>
26. Lima GS, Figueira ALG, Carvalho EC, Kusumota L, Caldeira S. Resilience in older people: A concept analysis. *Healthcare* [Internet]. 2023 [cited 2024 Mar 10];11(18):2491. Available from: <https://doi.org/10.3390/healthcare11182491>
27. Gaber SN, Mattsson E, Klarare A, Dawes J, Rapaport P, Women's Advisory Board for Inclusion Health. An intersectional perspective on digital health: Longitudinal narratives and observations with older and middle-aged women experiencing homelessness. *Gerontologist* [Internet]. 2025 [cited 2024 Mar 10];65(4):1-12. Available from: <https://doi.org/10.1093/geront/gnaf021>
28. Siamian H, Shahrabi A, Balaghafari A. The information needs and seeking behavior of elderly patients in educational and therapeutic hospitals: Unveiling barriers to information accessibility. *J Nurs Midwifery Sci* [Internet]. 2023 [cited 2024 Mar 10];11(1):1-11. Available from: <https://doi.org/10.5812/jnms-137493>
29. Santos RC, Pena BS, Castro EAB, Carbogim FC, Rocha FP, Barbosa JLM, et al. Literacia digital em saúde e suas repercussões na saúde dos idosos: uma revisão de escopo. *Rev Cuba Inf Cienc Salud* [Internet]. 2023 [cited 2026 Mar 1];34:1-23. Available from: <https://acimed.sld.cu/index.php/acimed/article/view/2509>
30. Kisa S, Kisa A. A comprehensive analysis of COVID-19 misinformation, public health impacts, and communication strategies: Scoping review. *J Med Internet Res* [Internet]. 2024 [cited 2026 Mar 1];26:1-19. Available from: <https://doi.org/10.2196/56931>

NOTES

ORIGIN OF THE ARTICLE

Article extracted from the thesis “*Comportamento informacional em saúde de pessoas idosas no contexto de uma infodemia*”, presented to the Graduate Program in Psychology, *Universidade Federal de Juiz de Fora*, in 2024.

CONTRIBUTION OF AUTHORITY

Study design: Santos RC, Ricardo BC.

Data collection: Santos RC.

Data analysis and interpretation: Santos RC, Ricardo BC.

Discussion of the results: Santos RC, Ricardo BC

Writing and/or critically reviewing the content: Santos RC, Ricardo BC

Review and final approval of the final version: Santos RC, Ricardo BC, Castro, EAB, Leone DRR, Huarcaya SL, Freitas MM

ACKNOWLEDGMENT

We would like to thank the *Universidade Federal de Juiz de Fora*, represented by the Graduate Program in Psychology and the Graduate Scholarship Program in Psychology at the *Universidade Federal de Juiz de Fora*, and to the Coordination for the Improvement of Higher Education Personnel (In Portuguese, *Coordenação de Aperfeiçoamento de Nível Superior - CAPES*).

FUNDING INFORMATION

This study was financed by the National Council for Scientific and Technological Development (CNPq), process no. 312355/2021-1. Observatory of Research, Innovation and Technologies to combat infodemics (OBINFO) CNPq process: 403323/2021-5.

APPROVAL OF ETHICS COMMITTEE IN RESEARCH

Approved by the Ethics Committee in Research of the *Universidade Federal de Juiz de Fora*, under Opinion 4,134,050, Certificate of Presentation for Ethical Consideration 319322620. 1. 1001.5147.

CONFLICT OF INTEREST

No conflict of interest.

EDITORS

Associated Editors: Sandra Maria Cezar Leal.

Editor-in-chief: Gisele Cristina Manfrini.

TRANSLATED BY

Letícia Belasco.

HISTORICAL

Received: June 25, 2025.

Approved: October 6, 2025.

DATA AVAILABILITY

The data is already available in the article text.

CORRESPONDING AUTHOR

Regina Consolação dos Santos.

Reginasantos72@outlook.com

