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Constructing trust in health information: older adults' information behaviours during the COVID-19 pandemic

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Introduction. Using the COVID-19 pandemic as a case study, this article explores how older adults in Québec, Canada, navigated information overload in the context of their everyday information behaviours. Trust was considered a central concept, influencing how individuals select, interpret, and ultimately apply information in their lives.

Method. The project was conducted in partnership with the Conference of Regional Roundtables for Older Adults in Québec. An exploratory qualitative design was employed, involving 24 individual interviews with older adults.

Analysis. All interviews were transcribed, and a thematic content analysis was carried out using NVivo Pro software.

Results. The findings reveal that older adults engaged with information during the COVID-19 pandemic through active evaluation, and critical reflection. Rather than passively receiving official messages, participants carefully assessed information, exhibiting thoughtful and discerning behaviours. Trust operated as both a cognitive and relational mechanism, shaping how they sought, evaluated, and applied information in contexts of uncertainty and overload.

Conclusions. Older adults are active information consumers, critically evaluating sources and content to support their health and well-being. These findings highlight the need for public authorities to communicate transparently, avoid sensationalism, and implement feedback mechanisms, such as forums or interactive sessions, to strengthen trust and address public concerns.

Introduction

Crises, whether health-related, environmental, or political, highlight the importance of information behaviours in everyday life by amplifying the need to search for, assess, and prioritise information under conditions of uncertainty. In such contexts, individuals are confronted with an abundance of information, often contradictory, and must evaluate its credibility in order to decide which sources to trust and which to dismiss. The COVID-19 pandemic illustrates this dynamic particularly well: the rapid production and circulation of scientific, governmental and media content generated a condition of information overload that reshaped how citizens searched for, engaged with and evaluated information.

Information behaviours, as a field within information science, has shifted from focusing on institutional sources and search strategies to a more holistic perspective that considers sociocultural contexts shaping individuals' interactions with information (Given et al., 2023; Julien et al., 2018). Today, information behaviours are understood as encompassing a wide spectrum of activities, from active information seeking to unintentional encounters such as serendipity, as well as practices of information avoidance and emotional responses to information (Given et al., 2023). Research in this area seeks to understand how people engage with information, make decisions based on it, and navigate the complexities of their information environments. These activities are interrelated and must also be situated within their cultural and social contexts (Agarwal, 2022; Given et al., 2023; Savolainen, 2008). A key aspect to consider is that trust emerges as a central dimension of information behaviours, influencing how people select, interpret and ultimately make use of information in their lives.

Building on this conceptualisation, prior research on older adults' information behaviours has primarily examined how they seek, access, and use health information. Although healthcare professionals remain the most trusted sources of information for older adults (Pálsdóttir, 2023), the latter increasingly incorporate digital tools into their health information practices. This trend is partly driven by the need to manage chronic conditions, which become more prevalent with age (Agree et al., 2015; Zhao et al., 2022). Online health information seeking enables older adults not only to explore treatment options, but also to prepare for interactions with healthcare professionals, thereby supporting more informed and participatory clinical encounters (Zhao et al., 2022; Zulman et al., 2011). Members of older adults' social networks, particularly family and close friends, also play a significant role in these information practices. They may provide direct support, such as assistance with administrative procedures or health-related decision-making, as well as indirect support by helping with online information searches (Grosperin-Legrand et al., 2023). Social media, by contrast, tends to be used less as primary sources of health information and more as a tool for maintaining social ties, coordinating support, and occasionally validating or discussing information encountered through traditional media (Nimrod, 2017; Quan-Haase et al., 2017; Robertson-Lang et al., 2011; Zhao et al., 2022). This body of work highlights that older adults are not a homogeneous group: their information strategies, routines, and degrees of trust in different sources vary according to prior experiences, digital skills, health status, and the configuration of their social networks (Hargittai & Dobransky, 2017; Nimrod, 2017; Quan-Haase et al., 2017).

However, much of this literature examines information behaviours under relatively stable conditions and tends to conceptualise trust as a general attitude toward specific sources, rather than as a situated and evolving process. In addition, older adults are often portrayed as vulnerable to misinformation, yet such representations risk obscuring the strategies, judgments, and experiential knowledge they mobilise when engaging with information. Consequently, limited attention has been paid to how older adults actively negotiate trust across multiple and sometimes conflicting information sources in contexts marked by uncertainty and information overload, such as a large-scale health crisis (Rosales et al., 2024; Shiroma et al., 2023; Vivion et al., 2024).

Thus, the objective of this article is to explore how older adults in Québec, Canada, navigated information overload during the COVID-19 pandemic, with a particular focus on how they constructed trust and assessed the credibility of different information sources. Building on this objective, the study is guided by the following research questions:

RQ1. How did older adults identify, select, and prioritise different health-related information sources during the COVID-19 pandemic?

RQ2. What criteria did older adults use to construct trust in health-related information sources?

RQ3. How did older adults interpret and respond to conflicting or divergent information from experts, authorities, and media sources during the pandemic?

RQ4. How did perceptions of credibility, independence, consistency, and intent shape older adults' trust in institutional information sources over time?

Trust as a central dimension of information behaviours

Trust constitutes a central epistemic dimension of information behaviours, as individuals often rely on recognised experts to support and expand their knowledge (Origgi, 2008; Vicari, 2021). In contemporary Western societies, however, trust in media, journalists, and experts has declined, a trend unfolding within increasingly complex and diversified information ecosystems shaped by the growing role of the internet (Moran & Nechushtai, 2022; Ross Arguedas et al., 2023). Online environments facilitate horizontal information exchanges that bypass traditional hierarchical intermediaries, while offering limited mechanisms for regulation and prioritisation compared to legacy media (Moran & Nechushtai, 2022; Origgi, 2008). As a result, expert authority is no longer taken for granted but must be continuously demonstrated, making trust both contingent and dynamic (Vitali-Rosati, 2018).

Within this high-choice media environment, the relationship between trust and information behaviours is reciprocal: trust shapes information use, while information experiences actively recalibrate trust (Mihelj et al., 2022; Van Dijck & Alinejad, 2020). Research in communication and information studies has examined these processes through two complementary lenses. Credibility research highlights the heuristics individuals mobilise when evaluating unfamiliar sources, including cues related to content, platform characteristics, and social engagement (Gierth & Bromme, 2020; Ross Arguedas et al., 2023). Studies of trust in expertise, by contrast, conceptualise trust as an evaluative judgment of sources based on perceived expertise, integrity, independence, and communication style, as well as contextual factors such as controversy or institutional coherence (Besley et al., 2020; Brewer & Ley, 2012; Mihelj et al., 2022).

Conceptualising trust as a relational and subjectively constructed phenomenon helps explain variations across populations and contexts (Serres, 2021). Beyond epistemic considerations, trust encompasses cognitive, affective, moral, and political dimensions (Origgi, 2008), making it particularly salient in situations of information overload and uncertainty. Research on cognitive authority and credibility further supports this view by showing that individuals assess sources not only on the basis of accuracy, but also on perceived competence, legitimacy, and social recognition, criteria that guide judgment when information is abundant, contested, or rapidly evolving (Metzger et al., 2010; Savolainen, 2007).

Information overload and uncertainty in contemporary information behaviours

A growing body of scientific research examines people's relationship with information overload (Arnold et al., 2023; Bawden & Robinson, 2020; Han et al., 2022; Link, 2021; Shahrzadi et al., 2024). Information overload refers to a state in which an individual's ability to select, use, process and make sense of information is impeded by the sheer volume of relevant and potentially useful information (Link, 2021).

Traditional media institutions, social media users, public health authorities and the government all contributed to the abundance of information that shaped the public's knowledge and perceptions of the COVID-19 virus and of effective prevention measures (Han et al., 2022). A striking feature of the COVID-19 pandemic was the multitude of popular and scientific sources and the sheer volume of information available, which resulted in information overload. This overload and the uncertainty surrounding the global pandemic context were mutually reinforcing: uncertainty created a need for information, leading to an abundance and rapid dissemination of content. However, this flow often included misleading or false information, which in turn further heightened the initial level of uncertainty (Han et al., 2022; Rocha et al., 2021). Despite research on information overload in general populations (Arnold et al., 2023; Shahrzadi et al., 2024), few studies have specifically examined how older adults navigate these challenges, particularly in the context of a global pandemic.

Taken together, these perspectives situate the present study within the information behaviours framework, with a specific focus on trust as a central evaluative dimension in contexts of information overload. In line with this approach, trust is understood not as a fixed attitude toward information sources, but as a situated and dynamic process that shapes how individuals assess, prioritise, and make sense of information under conditions of uncertainty.

Methods

Research ethics

The research project was approved by the Comité d'éthique de la recherche de l'Université Laval Ethics Committee (Project 2021-322-R-1 12-10-2022). Participants gave informed consent, either written or oral, before starting interviews.

Design and settings

An exploratory qualitative design with individual interviews was used for this research (Given, 2008). This approach has been employed in several studies aimed at deepening the understanding of information behaviours (Baines et al., 2023; Lin et al., 2015; Wagner & Boczkowski, 2019). The project was developed in partnership with the Conference of Regional Roundtables for Older Adults in Québec.

Sampling strategy

Participants were recruited through the Conference of Regional Roundtables for Older Adults in Québec network and via snowball method. The Conference of Regional Roundtables for Older Adults in Québec disseminated the call for participants through an email list and Facebook page. Participants were required to be 65 years of age or older, to live in the province of Québec, and to speak French or English to participate in the study. Interested participants could contact the team via phone or e-mail. The research team responded to participants via phone to verify eligibility criteria and schedule the day and time of the interview. Participants were informed that the study would delve into the ways they informed themselves during the pandemic and how they evaluated the information. A total of 24 participants were recruited. An information and consent form was sent to participants a few days before the interview, presenting the main researcher, the research team, the project's objectives and procedures. The research team reviewed the information and consent form with the participants shortly prior to beginning the interview. Financial compensation of \$30 was offered to participants.

Data collection

The interviews with older adults took place from July to November 2022, two years into the pandemic. Interviews were conducted by M.V. and researchers trained in qualitative research. Interviews were carried out in French, online or in person at participants' homes, lasted

approximately an hour per participant and were audio recorded. Field notes were made during and after the interviews. Data saturation was discussed during weekly team meetings.

A semi-structured interview guide was developed by the research team based on an information behaviours framework (Given et al., 2023), validated by co-researchers and then used by the interviewers. Interviews were conducted using a semi-structured approach guided by the interview guide complemented by flexible probing to capture participants' experiences and reasoning. The interviews focused on the information sources that older adults were using, the ways in which information was understood, mechanisms for determining the credibility of information and the modalities through which trust in sources was established, changes in information behaviours generated by the pandemic, the experience of information overload, the impact of information on health behaviours, the sharing of information, and, finally, the information needs of older adults in relation to the pandemic at the time of the interview.

Analytic strategy

Interviews were transcribed and a thematic content analysis of the interviews was carried out using NVivo Pro software (version 1.7.1). This process consists of labelling a given corpus into defined themes that are representative of the analysed content and reflect the purpose of the research (Dhakal, 2022). It is important to note that, although the coding was guided by a theoretical framework of information behaviours, new themes could be added over the course of coding. Most sub-themes were developed inductively, such as the code for 'sensationalist' journalists. Statements could be associated with more than one theme. An initial coding was performed by a research assistant. Ambiguous extracts were discussed by team members M.V. and the research assistant to reach a consensus on their meaning and coding. A final coding was revised by V.R. and M.V. Following coding, thematic content analysis was conducted through an iterative process of constant comparison across interviews, during which coded extracts were examined, compared, and grouped to identify recurring patterns and relationships between themes.

The five main themes were: information source; appropriation of information understood as the ways individuals interpret, integrate, and make sense of information in relation to their personal experiences and knowledge; informational reflexivity defined as individuals' capacity to critically reflect on information, sources, and their own evaluative processes; impacts and consequences of the pandemic; and changes in informational behaviours. In this article, we focus primarily on the themes of appropriation of information (which includes the two sub-themes trust and mistrust of information sources and methods for establishing the credibility of information) and informational reflexivity. With regard to the sub-themes of trust and mistrust, these were identified through participants' statements and narrated practices concerning their information behaviours. Articulations of trust included explicit expressions of confidence, habitual reliance on specific sources, and references to perceived legitimacy, such as professional expertise, scientific training, or independence. Articulations of mistrust were identified through expressions of doubt, scepticism, distancing, or selective disengagement, including questioning inconsistencies in official discourse, political influence, media sensationalism, or the need to 'filter' information. Trust and mistrust were thus analysed as situated and dynamic processes rather than as fixed or binary attitudes. Quotes from participants were translated into English by the research team and the accuracy of translation was validated by a native English speaker, C.F., and by a professional English translator and reviser.

Results

Participant profiles

A total of 24 interviews were conducted, 12 with men and 12 with women. As presented in Table 1 (Participant sociodemographics), most participants (20) were between 70 and 79 years old, all but one had high school (9), college (7) or university (7) education and most lived in an urban area (18).

Sociodemographics		Number of Participants (n)
Gender	Women	12
	Men	12
Age	65-69 years old	2
	70-79 years old	20
	80 years old and older	2
Education level	Middle school	1
	High school	9
	College	7
	University	7
Residential environment	Urban	18
	Rural	6

Table 1. Participants Demographics.

Information source and trust

The social network

In general, participants reported not relying on their social circle to form opinions on health-related issues, unless the social circle included individuals qualified in the field. Many people had healthcare professionals among their close contacts (family, friends) who they turned to for information and who they trust. One participant (119) stated: ‘We have two doctors in the family and two scientists [...], so if there was any doubt about something, they were there to answer us. If we had questions, [...] I knew who to turn to’.

Most participants who did not consider those in their social circle as information sources said that they did not necessarily share the opinions of those in their network, and that with respect to decisions surrounding vaccination, everyone was free to make their own choices. A participant (117) who had been vaccinated five times explained that he is ‘sufficiently autonomous to choose his [my] sources of information’, noting that his daughter ‘did not find it appropriate to get vaccinated’: ‘my daughter, no, well, it’s her choice, so I don’t seek information from my family’. The divergence of opinion with a member of their social circle justified the decision not to consider that individual as an information source. However, this did not prevent some participants from attempting to provide information to those in their social circle who did not share the same views in order to make their perspectives understood.

Healthcare professionals, experts, and public health authorities

Healthcare professionals, such as doctors and pharmacists, were trusted sources of information for the participants. They were considered primary sources, especially for addressing doubts that might arise regarding specific health-related information: ‘And when I’m not sure, I call my doctor. I trust him’ (124). Similarly, scientists who spoke about the virus in the media were generally regarded as reliable sources due to their expertise: ‘When we have someone who is an expert in microbiology or something else... I am inclined to listen to him. When we know that he has studied...’

The divergence of opinion among experts did not hold the same meaning for all participants. On one hand, some participants viewed disagreements among experts, or the diversity of opinions, as normal and expected. Debate among professionals was interpreted by participants as a reason to ‘remain vigilant’ (104) and to ‘do even more thinking’ (112). One participant (104) highlighted the difference between ‘having a doubt’ and ‘rejecting everything outright’. In other words, when faced with divergent opinions among experts, remaining open-minded without necessarily questioning everything was the position adopted by the majority. On the other hand, some participants associated the presence of disagreements among experts with conspiracy theories or media sensationalism. ‘Doctors who did not agree with the government’s COVID-19 protection measures, I automatically categorise them as conspiracy theorists’ (117), stated one participant. One

participant (109) mentioned listening ‘with half an ear’, meaning distractedly and with some scepticism, when an expert with a controversial opinion is invited by a media outlet that, according to her, seeks to share ‘negative’ content, sensationalise, or stir up debates (109). Regarding public health authorities, some participants questioned their independence from the government. In Québec, daily press conferences were held by the Premier of Québec, accompanied by the National Director of Public Health and the Minister of Health and were major features of the information landscape. For some, doubt developed over the course of the public appearances. Referring to Québec’s former National Director of Public Health, one participant stated that he initially appreciated him before he became a ‘spokesperson for the Premier’, meaning before he ‘started making the decisions suggested by the Premier’ (114). The participant felt the same way about his successor: ‘I found him to be independent at first, but now I realise he has become exactly like [the former one]. He gives exactly the same opinion the Premier expects him to give’ (114). With regard to the issue of independence, one participant expressed a preference for Québec’s former National Director of Public Health:

I thought [Québec’s former National Director of Public Health] was good at it and did research, and sometimes we had the feeling that he didn’t agree with the Premier. But when the other doctor came... Not that he’s a bad doctor, but it was almost as if the Premier was telling him what to say and I didn’t like that. (112)

Even with the caveats above, the vast majority of participants said they trusted public health authorities.

The government

Overall, participants felt satisfied with the government’s management of the pandemic and the role it played in providing information. The view that the government ‘did its best’ (123, 101), despite the difficult and uncertain situation, was frequently expressed. Participants explained their viewpoint by referring to the government’s good intentions, ‘the government wants the well-being of the population’ (107), and to the idea that the opposition would not have done better. Nevertheless, the discourse of the different levels of government (federal, provincial and municipal), which was sometimes perceived as mutually inconsistent, created some confusion among participants. For example, regarding differences in regulations at the provincial level, one participant (115) stated:

Ontario lifted the mask mandate before us, you had hockey games out West with 11,000 people and no one wearing masks, while for the Canadiens [the Montreal hockey team], there was no one in the stands... Come on, at some point, there needs to be some logic behind this.

Another participant highlighted the confusion caused by the statements of municipal politicians, which sometimes seemed to contradict those of provincial officials (119).

Conflicting information within the government in general was criticised by some participants. One participant (104) mentioned the change in the Premier’s stance on mask-wearing: ‘[At first], he practically condemned the use of masks and then had to correct himself by saying “the mask is still something essential.” By speaking too quickly, he may have also jeopardised his credibility’ (104). Another participant (114) criticised the inconsistency of government decisions, upholding the right to celebrate holidays at one point and subsequently prohibiting them a few months later. These contradictions or inconsistencies suggest improvisation (115), or even an authoritative tone characterised by a failure to listen (104), which can lead to a decrease in trust in the information shared (114). This participant (114) also criticised what he considered to be ‘decisions [... that were] too political’, referring to those aimed at serving the party’s ‘own interests’ (105) and seeking to gain political advantage from the situation. This strategic aspect of the government’s pandemic management was reflected in a lack of transparency mentioned by two other participants. For

them, the government had 'hidden a few things' (102) regarding the seriousness of the situation to 'reassure people' (108) and to avoid 'scaring the population' (102). The strategic aspect of the government's management was, for another participant (106), reflected in a certain level of 'paternalism' and in a 'lack of nuance' in the information shared.

On another topic, the replacement of key figures (such as the National Director of Public Health), who spoke publicly during daily press conferences, was viewed negatively and criticised by some participants. This unexpected change created doubt about the reliability of the information shared by the replaced individual, according to one participant (119): 'But overnight, seeing someone else sitting in that chair [...] what happened? Does that mean what we were told wasn't true? Does that mean we didn't rely on accurate information? It makes us doubt the information we received'. While participants were saddened by the situation in the long-term care centres (known as CHSLDs in French) and criticised the treatment of older adults in these facilities, many traced the problem back to decades of mismanagement in the healthcare system, budget allocation and/or treatment of older adults: 'We know that our healthcare in Québec was severely neglected. You can't fix all the problems during a crisis' (113). In general, however, the outrage felt by many participants regarding this issue does not seem to have impacted their trust in the government.

Traditional media

Participants relied on traditional media, like television and radio, to inform themselves about the pandemic. Their information-seeking practices were part of well-established daily routines.

For me, my sources of information are always the news. The news, from 6 to 7 PM on Radio-Canada, is very good. The news is a bit more in-depth than TVA [a French-language television network in Canada], but still, it's pretty good... I also like the 7 PM summary on TVA. With that, I get pretty much all the news I need. (114)

Participants trusted their preferred sources more, as these sources presented information in a way they appreciated and made them feel well-informed. The regional newspaper *Le Droit* was also among the preferred sources deemed reliable by several participants. Participants (102, 109) expressed their mistrust of journalists or certain types of journalists whom they found to be sensationalist or simply impudent. They felt that some of their questions during daily press conferences were not useful as regards the development of knowledge and were not worthy of attention. It seems that journalists' perceived arrogance or their criticisms of the government were unwelcome in the context of this global pandemic: 'You think, "What are you doing as a journalist asking such a question?" Asking [the Premier], "Are you proud of what you've done?" I'm sorry, but it seems to me that you could ask more intelligent questions than that' (102).

Social media

Few participants sought information through social media, which they used more to stay in touch with their social circle than for health information. Half of the participants claimed to be wary of the information shared on these platforms. The idea that one should not believe everything found there was frequently expressed: 'Sometimes, not everything we see on there is true' (107). It was necessary to 'filter a lot' (108) of the information coming from the Internet or social media.

Regarding the information sources considered during the pandemic, one participant said: 'I didn't trust it [social media]. I had read too many implausible things. When I saw the direction social media was taking, I ignored it. No, that's not where I was going to get my information, not at all' (119). Others mentioned that they consulted social media (Facebook, in particular) but took what they saw there 'lightly' (114), meaning they did not give too much importance to the information shared. Some noted that they connected online occasionally to read about current events, by clicking on links on Facebook or doing searches on Google (118).

One participant stated that they remained vigilant and appreciated the openness it provided her:

Yes, I use social media to some extent, but I try to think critically and don't believe everything I read there, obviously. However, I want to stay in touch with people from different parts of Québec or who don't necessarily share my opinion on various topics. (106)

One participant who appreciated social media for the information it provided and integrated its use into her routine: 'I wake up early and often check the latest news on Facebook; it interests me a lot. I also like to share it' (121).

Discussion

Identifying, selecting, and prioritizing information sources

This study shows that older adults' engagement with information during the COVID-19 pandemic was characterised by active evaluation, reflexivity and a nuanced approach to trust. Far from being passive recipients of official messages, participants actively engaged with information, showing reflective and discerning information behaviours which is in line with another study (Robertson-Lang et al., 2011).

Participants' preference for traditional media over social media reveals an information appraisal strategy grounded in perceived reliability and mediated verification. Traditional media were valued not only for their familiar and structured format but also for their system of professional gatekeeping, which was viewed as ensuring informational coherence and factual accuracy role, echoing results from other studies (Pálsdóttir, 2023; Rosales et al., 2024; Shiroma et al., 2023; Weidmüller & Engesser, 2025). These mediations provided cognitive relief by filtering and structuring content, thereby reducing information overload and sustaining trust over time.

By contrast, most participants approached social media cautiously, using it primarily for social connection rather than as a source of information. Only a few integrated it into their routines for information purposes, and those who did applied selective strategies, such as critically evaluating posts or limiting their exposure to unverified content. Traditional and social media thus fulfilled distinct informational functions: the former operated as structured environments for verified information, while the latter served as social observatories for monitoring public opinion.

This pattern reflects two fundamental orientations in information evaluation: an accuracy goal (determining whether information is true or false) and a directional goal (assessing whether information aligns with one's existing beliefs or values) (Freiling & Waldherr, 2021). Traditional media tended to be mobilised for accuracy-based evaluations, while social media were approached through directional reasoning, often filtered through scepticism. Similarly, participants' reluctance to rely on their social networks for health-related information, unless members were perceived as qualified, illustrates a preference for accuracy-oriented evaluation over affective or relational trust (Metzger et al., 2010).

Criteria for constructing trust in information sources

Participants' critiques of sensationalism and perceived journalistic irrelevance highlight the need to reconsider the role of journalists as intermediaries within contemporary information ecosystems. From an information behaviours perspective, journalism serves not only as a channel for transmitting facts but also as a form of sense-making mediation. Yet many participants felt that journalistic practices had drifted toward dramatisation, undermining informational value.

This observation echoes calls to move beyond a purely pedagogical conception of journalism toward a facilitative model, where journalists act as *supports* rather than *guides* (Coutant & Rueff, 2024; Dewey, 2010). Such a model positions the public as co-constructors of meaning and acknowledges that trust emerges from interaction, not transmission. Strengthening trust, therefore, requires not only accuracy and transparency but also responsiveness and dialogical engagement, qualities that align with participatory approaches to information literacy and public

communication (Correia, 2024). In this perspective, trust is not merely an attitude or a static belief but an information practice: it functions as a cognitive and relational mechanism that orients information seeking, structures evaluation processes, and supports decision-making in situations of uncertainty and overload.

Participants' strong trust in experts within their personal networks aligns with Mihelj et al. (2022), who underline the role of perceived proximity in fostering trust in expertise. Yet this interpersonal dimension remains underexplored in the literature on information behaviours. From an information science perspective, these relationships can be seen as informal mediations bridging institutional knowledge and lived experience. Such relational trust operates as an alternative gatekeeping mechanism, reducing uncertainty and enabling individuals to integrate expert information into their personal sense-making processes.

Responding to conflicting or divergent expert information

An important finding concerns how participants interpreted the divergence of expert opinions during the pandemic. While inconsistent messages from authorities could generate confusion, most participants perceived scientific disagreement as normal, even as a sign of authenticity. This acceptance of uncertainty reflects a reflexive form of information literacy, characterised by an understanding that scientific knowledge is provisional and self-correcting (Frank & Seaman, 2023).

This result challenges common assumptions about older adults as risk-averse or overly deferential to authority. Instead, participants demonstrated adaptive information strategies that allowed them to navigate uncertainty without disengaging from expert knowledge. This aligns with Bromme et al. (2022), who found that exposure to scientific controversy can strengthen public engagement by emphasising the procedural nature of science. In this sense, trust was not eroded by disagreement but reconfigured through epistemic awareness, a recognition that pluralism in expertise can enhance, rather than diminish, informational credibility.

Trust in institutional sources over time

When discussing their trust in government, experts, and media, participants generally expressed satisfaction with how authorities managed the pandemic. However, upon deeper reflection, many described factors that weakened their trust: perceived political interference, inconsistent communication between federal and provincial authorities, unexplained changes in leadership, or sensationalist media coverage. These findings suggest that trust is processual and negotiated, emerging through ongoing interactions between citizens, institutions and mediating technologies. Information infrastructures thus rely on transparency, coherence and continuity to sustain credibility; when these conditions are disrupted, informational trust becomes unstable and contested (Reveillac & Boomgaarden, 2025; Zhang et al., 2022).

The fragility and complexity of trust observed in this study do not necessarily signal a deficit. Rather, they point to a reflexive form of mistrust that supports critical engagement with information. Following Jennings et al. (2021), it is useful to distinguish between *mistrust*, a stance of critical scrutiny, and *distrust*, which denotes a settled belief that the other is untrustworthy (Citrin & Stoker, 2018). Most participants in our study exhibited *mistrust* rather than *distrust*: they questioned, verified and cross-referenced information, particularly from institutional and media sources. This attitude corresponds to what Jennings et al. describe as 'mistrusting citizens'—individuals who maintain a careful, questioning mindset and are most likely to adjust their behaviour in line with evidence and reasoned arguments.

By contrast, participants' approach to social media was marked by stronger distrust, reflecting perceptions of manipulation, lack of verification and information excess. Such reflexive mistrust should be understood as a form of information resilience—the capacity to sustain informed decision-making and epistemic agency under conditions of overload, contradiction and

uncertainty. Rather than undermining trust, this critical stance enables individuals to maintain control over their information environment, balancing openness to new data with protective scepticism.

This understanding reframes trust as a dynamic information relation rather than a static psychological disposition. Trust must be continuously earned and maintained through transparent communication, responsiveness to questions and acknowledgment of citizens' interpretive capacities (Kumagai & Iorio, 2020). In this view, effective information systems—whether governmental, journalistic, or digital — do not seek blind trust but cultivate *reciprocal accountability*: treating citizens as capable, critical agents within the information ecosystem.

Limitations

This study has several limitations. As with most qualitative research, a social desirability bias may have influenced participants' discourse, though this was mitigated through interviewer training. Recruitment conducted primarily online also excluded older adults with limited digital access or skills. Only one participant lived in a residential facility, a group often underrepresented in research due to accessibility challenges (Hunsaker & Hargittai, 2018). As a result, the findings may overrepresent more connected, autonomous individuals.

Conclusions

In summary, the results of our research show that older adults are far from passive receivers of information. They adopt a reflective and discerning stance, actively evaluating, questioning, and sometimes doubting the credibility of information sources and the quality of content. Trust emerged as a central and dynamic dimension of their information behaviours, shaped by experiences, source characteristics, and social context. Older adults distinguish between reliable and less reliable sources, rely on professional expertise and relational proximity, and apply selective strategies to manage uncertainty and information overload. These findings have important implications for public authorities. Firstly, they highlight the need for public authorities to strive for transparency and provide clear, fully justified explanations when there are changes in guidelines or information. By enhancing transparent communication and avoiding sensationalism, authorities can potentially strengthen public trust. Also, as trust is dynamic and never guaranteed, public health initiatives should include feedback mechanisms to clarify and address the concerns and doubts of the population. These could take the form of discussion forums, interactive information sessions and direct lines of communication with experts.

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assistance, the authors confirm that they are the sole authors of the article and take full responsibility for its content, in accordance with COPE recommendations.

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