

From Self-Report to Situated Behavior: Uncovering Information Evaluation Patterns of Authority-Dependent Users Through System-Mediated Observation

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Abstract. Prior research on authority-dependent users’ information evaluation has relied primarily on self-report methods such as interviews, which may not fully capture how cognitive habits manifest during situated interaction. This study employs a two-phase investigative approach with North Korean defectors as an extreme case: qualitative inquiry first identified self-reported barriers (authority reliance, help-seeking inhibition, and conceptual gaps), and a need-informed prototype then served as an observational probe to surface behavioral patterns during information evaluation tasks. Scenario-based observation with six participants revealed three behavioral patterns not captured by self-report alone: persistent authority bias coexisting with private chatbot questioning, persona-mediated relief from social-behavioral inhibition, and conceptual misalignment rooted in divergent medical frameworks rather than vocabulary alone. These findings contribute an empirical characterization of authority-dependent evaluation at the behavioral level, demonstrate the utility of need-informed prototypes as observational probes, and offer design implications for multi-source information systems supporting users transitioning from closed to open information environments.

Keywords: Authority-dependent users · North Korean defectors · Multi-source information environments · Extreme user design

1 Introduction

Contemporary information systems present users with information from multiple sources of varying credibility, implicitly expecting autonomous evaluation of source reliability [20, 21]. However, this capacity is not universally shared. For individuals socialized in authority-dependent information paradigms, information evaluation is shaped by prolonged reliance on singular, trusted authorities

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rather than comparative assessment across multiple sources [24, 29]. North Korean defectors represent an extreme case of this transition, having lived under one of the most tightly controlled information systems globally [7, 31], and emergency medical contexts provide a particularly revealing domain for examining how such cognitive habits shape evaluation under time pressure.

Prior HCI research on displaced populations has focused largely on access-level barriers such as digital literacy [2, 5, 6], with less attention to how individuals evaluate credibility once encountered. Moreover, existing understanding of these populations’ information challenges has been derived primarily from interview-based self-report [5, 14, 28]. Research on credibility evaluation has demonstrated discrepancies between self-reported and observed behavior: Flanagin and Metzger [12] found a negative relationship between self-reported and observed verification behavior, and interview-based approaches have been critiqued for capturing “not what people do, but what people say they think and do” [15].

To address this limitation, we employ a two-phase investigative approach with North Korean defectors as an extreme case [10]. We first conducted qualitative inquiry to identify self-reported barriers, including reliance on authoritative hierarchy, social-behavioral inhibition in help-seeking, and conceptual gaps in medical terminology. We then designed a multi-source emergency medical information prototype informed by these barriers and conducted scenario-based observations, using the prototype as an observational probe where participants’ cognitive habits could be observed during actual information evaluation tasks.

Through this approach, we identified behavioral patterns that extended beyond what self-report alone had revealed: the co-occurrence of authority bias with private questioning, persona-mediated reduction of help-seeking inhibition, and conceptual misalignment rooted in divergent medical frameworks rather than vocabulary deficits alone. This study contributes an empirical characterization of authority-dependent evaluation at the behavioral level, a methodological demonstration of using need-informed prototypes as observational probes, and design implications for multi-source information systems supporting users transitioning from closed to open information environments.

2 Related Work

Research on online information credibility has established that users commonly rely on cognitive heuristics such as source reputation and authority cues rather than systematic evaluation [20, 21, 30]. For individuals whose information experience has been shaped by a single authoritative source, these heuristics may be particularly resistant to recalibration, reflecting default trust in testimony rather than calibrated trust through source variability [24, 27]. However, these findings have been derived primarily from self-report methods [12, 21]; Meinert and Krämer [19] noted that existing studies “merely give indications, for example, based on individuals’ self-report” without testing behavioral prerequisites.

HCI research on displaced populations has expanded from addressing access barriers [2] to examining social and cultural dimensions of technology use [5, 28],

yet has largely focused on populations from partially open information environments. Recent work has begun to address North Korean defectors specifically, with Song et al. [26] identifying clinical consultation as a critical barrier in defectors’ patient journeys due to difficulties in expressing symptoms and navigating language differences. Methodologically, however, this body of research has relied heavily on interviews [5, 14]; Jacobsen and Landau [14] found that “in all the articles” they reviewed, “data collection methodologies relied on interviews of some kind.” While Fisher [11] has advocated for participatory field methods, behavioral observation during situated information evaluation remains underutilized.

Prior work on culturally adaptive interfaces has advanced beyond surface-level translation [25], yet often leaves underlying assumptions about authority unexamined. The ACRL Framework’s assertion that “Authority Is Constructed and Contextual” [3] underscores the need for designs that account for users whose understanding of authority differs fundamentally from dominant norms. Taken together, prior work leaves open how authority-dependent users evaluate multi-source information at the behavioral level of situated interaction.

3 Method

This study employed an exploratory approach grounded in extreme user design [10], structured in two sequential phases: (1) qualitative inquiry through semi-structured interviews to identify self-reported barriers, and (2) scenario-based observation through a need-informed prototype to surface behavioral patterns during situated information evaluation.

3.1 Participants

Six North Korean defectors participated (see Table 1), recruited through a community organization with purposive sampling for variation in age (20s–60s), gender (three male, three female), and duration of residence in South Korea (6–23 years). This sample size aligns with qualitative research guidelines for in-depth phenomenological investigation [9] and with extreme user design, which prioritizes analytical depth over statistical representativeness [10]. Extreme selection is warranted because individuals from fully closed information systems exhibit authority-dependent cognitive habits in their most pronounced form. Studying such individuals makes behavioral patterns observable that would otherwise be attenuated in populations with partial prior exposure to source plurality.

3.2 Procedure

Phase 1: Qualitative Inquiry (Weeks 1–3). Semi-structured interviews (60 minutes) addressed prior information experiences in North Korea, current emergency medical experiences in South Korea, and responses to hypothetical scenarios involving conflicting health information. All interviews followed trauma-informed protocols [13], including advance written topic disclosure, the option to

Table 1. Demographics of participants.

ID	Age	Gender	Years in South Korea	Years in Transit
P1	30–40	Male	23	1
P2	30–40	Female	8	4
P3	50–60	Female	23	1
P4	30–40	Male	10	2
P5	20–30	Female	6	4
P6	50–60	Male	23	1

pause without explanation, and post-interview debriefing with a trained support coordinator. This phase yielded three self-reported barriers: persistent reliance on authoritative hierarchy, social-behavioral inhibition in help-seeking due to perceived stigma, and conceptual gaps in South Korean medical terminology.

Phase 2: Prototype Design (Weeks 4–5). Based on the Phase 1 findings, we designed a multi-source emergency medical information prototype with two core components addressing the identified barriers: a multi-source evaluation interface informed by inoculation theory [18] to address authority reliance, and a chatbot with an informal persona to address help-seeking inhibition.

Phase 3: Expert Review (Week 6). Three HCI experts with an usability evaluation experience independently assessed the prototype against Nielsen’s usability heuristics [22]. This review identified issues such as insufficient contrast between source labels and background, complex navigation for switching between the Guidelines and AI Assistant tabs, and ambiguous iconography for the timer function. These issues were resolved through refinements including high-contrast source labels, a persistent tab bar, and an explicit countdown display.

3.3 Prototype as Observational Probe

The evaluation task consisted of three emergency scenarios (cardiac arrest, severe allergic reaction, burn injury), each requiring participants to consult multiple information sources and select appropriate actions from 4–5 options under a five-minute countdown timer.

The interface comprised two primary tabs (Fig. 1). The Guidelines tab displayed information from multiple named sources, including official medical institutions, alternative sources, and anonymous community forums with varying institutional authority. Some authoritative-sounding sources contained deliberately incorrect information, while some informal sources provided accurate guidance, enabling observation of whether selection was driven by authority cues regardless of accuracy. The AI Assistant tab offered a chatbot employing Retrieval-Augmented Generation (RAG) [17], generating medically accurate responses grounded in Korean medical guidelines [8] and adapted through North Korean medical dictionaries [16]. The chatbot’s informal persona was designed based on Phase 1 findings regarding help-seeking inhibition. After each scenario, a Feedback page explained the correctness of each action and its source.

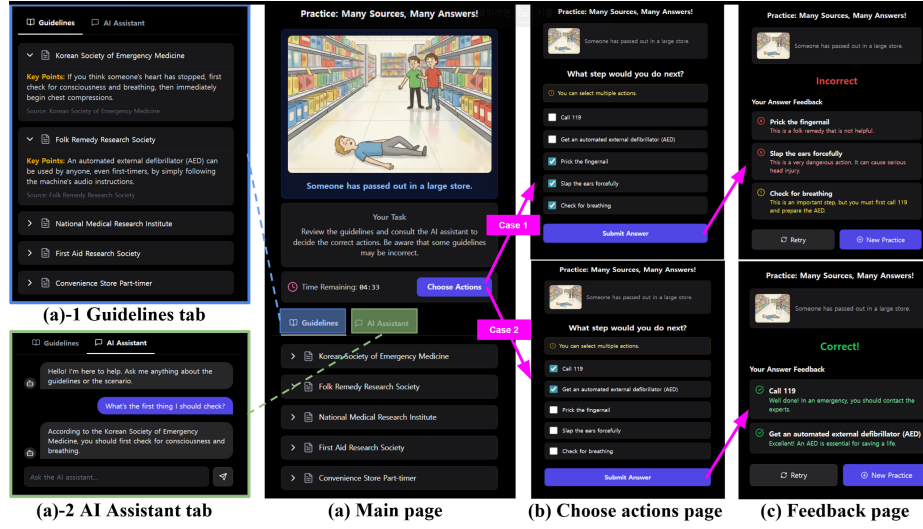


Fig. 1. Interface and system flow: (a-1) Guidelines tab showing multiple sources, (a-2) AI Assistant tab with conversational chatbot, (a) Main page with scenario description, (b) Choose actions page, (c) Feedback page with explanations.

Phase 4: Scenario-Based Observation (Weeks 7–8). Each participant completed three emergency scenarios in a single 45-minute session with counterbalanced order, followed by a 15-minute interview. The primary purpose was not to evaluate prototype effectiveness but to observe how self-reported barriers manifested as behavioral patterns during situated information evaluation.

3.4 Data Collection and Analysis

We collected think-aloud verbalizations, post-task interview transcripts, source consultation patterns (order and frequency), action selection accuracy, and chatbot interaction logs. Qualitative data were analyzed using reflexive thematic analysis [4], with two researchers independently coding and resolving disagreements through iterative discussion. Behavioral data were summarized descriptively as complementary evidence.

4 Findings

Scenario-based observation revealed three behavioral patterns that extend beyond what Phase 1 interviews alone had captured.

4.1 Pattern 1: Persistent Authority Bias with Private Questioning

Phase 1 interviews indicated general reliance on authoritative sources, consistent with participants' socialization in a single-authority information environ-

Table 2. Source consultation frequency across three emergency scenarios (N=6). “First consulted” indicates the source participants accessed first; “Most consulted” indicates the source accessed most frequently within each scenario.

Source Type	First Consulted	Most Consulted
Official medical institution	5/6 (83%)	3/6 (50%)
Chatbot (AI Assistant)	1/6 (17%)	4/6 (67%)
Folk/alternative source	0/6 (0%)	0/6 (0%)
Community forum	0/6 (0%)	1/6 (17%)

ment. However, observation revealed a more nuanced dual pattern: participants initially gravitated toward institutional sources but subsequently shifted their primary consultation to the private chatbot.

Five out of six participants initially selected the institutional source regardless of content accuracy. P3 explained: *“In North Korea, we were taught that the government’s information is always correct. Even though I know South Korea is different, I still feel safer following the official source.”* Yet all six participants exhibited a strong preference for the chatbot when resolving uncertainty, reporting that it enabled private exploration of doubts without perceived judgment. P5 stated: *“With the chatbot, I can ask stupid questions without anyone knowing. If I asked a doctor this, they would think I am ignorant.”* This co-occurrence of initial authority adherence and subsequent private questioning suggests that authority reliance and information-seeking agency may coexist rather than being mutually exclusive, a distinction that self-report alone would be unlikely to capture. Table 2 summarizes source consultation patterns.

4.2 Pattern 2: Social-Behavioral Inhibition and Persona-Mediated Relief

Phase 1 interviews identified shame-based avoidance as a barrier to seeking medical help, with five out of six participants reporting reluctance to ask questions in clinical settings. Observation provided behavioral specificity: the chatbot’s informal persona was associated with observable changes in questioning behavior, including reduced avoidance of questions, increased follow-up inquiries, and decreased pretense of comprehension.

P2 described: *“At the hospital, I pretend I understand because I do not want to look foolish. But with this chatbot, I asked the same question three times and it never made me feel bad.”* P6 contrasted: *“Korean doctors use difficult words, and when I ask them to explain, they look annoyed. The chatbot just explains again, more simply.”* Across scenarios, participants asked an average of 4.7 questions per scenario, with follow-up questions (requesting clarification or simpler explanations) accounting for 58% of all queries. This high proportion of follow-up questions, a behavioral indicator unavailable from interview data alone, suggests that the reduction in inhibition encouraged iterative engagement rather than superficial comprehension.

Table 3. Types of comprehension errors observed during scenario-based observation (N=6, three scenarios per participant, 18 scenario instances total).

Error Type	Instances Participants Affected	
Vocabulary gap (unknown term)	7	4/6
Conceptual misalignment	11	6/6
Procedural confusion (action sequence)	5	3/6
Source misattribution	3	2/6

4.3 Pattern 3: Conceptual Misalignment Beyond Vocabulary

Phase 1 interviews framed terminology difficulty primarily as a vocabulary problem amenable to lexical translation. Observation revealed that the challenge extended to conceptual misalignment: cases where South Korean medical terms mapped onto fundamentally different explanatory frameworks in North Korean medical practice, rather than merely lacking equivalent lexical items.

P4 explained: *“I know the word ‘defibrillator’ now, but I do not understand why you would use electricity on someone whose heart stopped. In North Korea, we would try to warm the body.”* This example illustrates that the barrier is not the absence of a word but the incongruence between the biomedical rationale underlying the term and the participant’s prior medical framework. Table 3 presents the types of comprehension errors observed. Conceptual misalignment was the most frequent error type (11 instances), exceeding simple vocabulary gaps (7 instances) and affecting all participants. This distribution indicates that cultural-linguistic adaptation requires addressing divergent explanatory frameworks, not merely substituting unfamiliar terms with familiar equivalents.

5 Discussion

The behavioral patterns identified through system-mediated observation extend the understanding of authority-dependent information evaluation in two respects. First, self-reported barriers do not fully predict the complexity of situated behavior; authority reliance coexists with active private questioning rather than precluding it. Second, dimensions such as the predominance of conceptual misalignment over vocabulary gaps are difficult to surface without structured interaction environments that elicit observable evaluation behavior.

5.1 Design Implications

DI1: Provide conversational mechanisms for questioning authoritative information. The co-occurrence of authority bias and chatbot preference suggests that interfaces should offer low-pressure channels for questioning authoritative sources, such as side-by-side source comparisons with guided prompts, aligning with inoculation-based strategies [18].

DI2: Employ persona-based interaction with informal conversational styles. The observed changes (reduced avoidance of initial questions, increased follow-up inquiries, and decreased pretense of comprehension) suggest that persona design is a critical variable for populations acculturated to hierarchical communication norms. Design guidelines include using casual register, normalizing repeated questions through explicit reassurance (e.g., acknowledging that re-asking is expected), and avoiding evaluative or judgmental responses.

DI3: Implement conceptual framework bridging beyond word-level translation. The prevalence of conceptual misalignment indicates that effective cultural adaptation requires first identifying users’ prior explanatory frameworks and then providing bridging explanations that connect unfamiliar biomedical concepts to users’ existing knowledge. This finding converges with Song et al. [26], who reported that language differences in clinical consultations constitute a persistent barrier for North Korean defectors beyond vocabulary-level difficulty. Because such conceptual bridging is inherently context-dependent, varying with the user’s cultural background, the specific medical concept, and the situational demands, static dictionary-based translation is insufficient. Retrieval-Augmented Generation based systems are well suited for this purpose, as they can retrieve culturally grounded explanations from curated knowledge bases while maintaining factual accuracy through evidence-grounded generation [17].

5.2 Future Research Directions

Establishing causal relationships between design features and behavioral outcomes requires comparative studies with baseline conditions. Longitudinal studies are needed to examine whether sustained interaction fosters independent evaluation skills or reinforces system reliance. Future work could also explore adaptive persona styles and extend this approach to other authority-dependent populations transitioning from closed information environments, such as refugees from other authoritarian contexts, as well as to other information domains including financial and civic information.

6 Ethical Considerations and Limitations

This study received Institutional Review Board approval from Seoul National University. All participants provided written informed consent, with forms available in both standard and simplified language accommodating North Korean dialectal differences. Data were de-identified with particular attention to identity disclosure risks specific to the defector population [1, 23]. The inclusion of deliberately incorrect authoritative sources was motivated by inoculation theory [18]; all incorrect information was identified and corrected during the feedback phase and post-session debriefing. We acknowledge a tension between fostering autonomous evaluation through controlled exposure to misleading sources and the risk of reinforcing distrust toward legitimate authorities, particularly for populations already navigating unfamiliar information environments. This tension warrants careful monitoring in future deployments.

Several limitations warrant consideration. First, the sample of six participants limits generalizability; findings should be treated as indicative patterns rather than established conclusions. Second, as the primary purpose was behavioral observation rather than effectiveness evaluation, the study lacks baseline comparisons; associations between design features and observed behaviors are suggestive rather than causal. Third, the emergency medical context and controlled setting may not generalize to real-world deployment conditions.

7 Conclusion

This study demonstrates the value of complementing self-report with system-mediated behavioral observation to investigate authority-dependent users' information evaluation in situated contexts. Using North Korean defectors as an extreme case, our two-phase approach (qualitative inquiry followed by scenario-based observation through a need-informed prototype) revealed three behavioral patterns that interviews alone did not surface: the dual structure of authority bias and private questioning, persona-mediated relief from social-behavioral inhibition, and conceptual misalignment rooted in divergent medical frameworks rather than vocabulary deficits alone. These findings provide empirical grounding for designing multi-source information systems that support users transitioning from closed to open information environments. As global displacement increases and authoritarian governance persists, understanding how cognitive habits shaped by closed information paradigms translate into situated evaluation behaviors becomes increasingly important for inclusive information system.

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Data Availability Statement The qualitative data generated during this study (interview transcripts, think-aloud verbalizations, and chatbot interaction logs) are not publicly available due to the heightened identity disclosure risks specific to the North Korean defector population [1, 23]. Anonymized summary data supporting the findings are available from the corresponding author upon reasonable request.

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