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Determining the E-Health Literacy and Digital Literacy Levels of Faculty of Health Sciences Students and the Relationship Between Them

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ABSTRACT

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mmelisgok@gmail. com Recent advancements in information and communication technologies have profoundly transformed how individuals access and utilize healthcare information. In this context, e-health literacy emerges as a critical component, enabling individuals to navigate and benefit from health information in digital environments effectively. The significance of digital literacy in healthcare lies in its capacity to enhance individuals' ability to access, understand, and apply health information, thereby promoting equitable access to healthcare services. This study aims to determine the e-health literacy and digital literacy levels of students in the Faculty of Health Sciences, reveal the differences according to sociodemographic variables, and examine the relationship between e-health literacy and digital literacy levels. The study is cross-sectional descriptive research. The research population consists of 2,011 students studying at Ankara University's Faculty of Health Sciences during the fall semester of the 2022-2023 academic year. A stratified sampling method was used, reaching a targeted sample of 516 students. A survey method was employed as the data collection tool. The survey includes a 12-item personal information form, the e-Health Literacy Scale, and the Digital Literacy Scale. The e-Health Literacy Scale was developed by Norman and Skinner (2006a). The scale, consisting of 8 items and utilizing a 5-point Likert-type rating system, was adapted into Turkish by Gencer (2017). The Digital Literacy Scale was developed by Ng (2012) and adapted into Turkish by Hamutoğlu et al. (2017). This scale consists of 17 items rated on a 5-point Likert scale. Descriptive statistics were used for data analysis. A correlation analysis was performed to determine the relationship between the mean scores of e-health literacy and digital literacy. The participants' average scores for both e-health literacy and digital literacy were found to be at a moderate level. Significant differences were identified in the mean scores of e-health and digital literacy scales based on variables such as participants' age aroups, departments, academic years, family income, the use of internet browsers and social media for obtaining health information, the duration of computer use, the importance given to the internet when making health decisions, and perceptions of the internet's usefulness. A significant, positive, moderate relationship was found between participants' e-health literacy and digital literacy scores. Digital literacy was found to explain 32% of e-health literacy; thus, an increase in digital literacy levels would lead to a rise in e-health literacy levels. The research findings indicate that improving individuals' digital skills enhances their access to health information sources and promotes effective utilization of that information. The study emphasizes the need to expand digital literacy education, improve access to digital devices for low-income communities, and launch initiatives aimed at enhancing the accuracy of health information shared on social media platforms. Key steps to enhance e-health literacy include incorporating courses that focus on developing digital competencies within university curricula, organizing workshops to encourage the use of digital tools among students, and promoting reliable digital health platforms.