



QUALITATIVE STUDY ON THE LEVEL OF KNOWLEDGE ABOUT THE HEALTH LITERACY CONCEPT OF TEACHING STAFF

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Abstract

Aim: This research was planned to determine, examine and explore the views of faculty members about health literacy and to determine the factors affecting health literacy behaviors.

Methods: The research is a qualitative research based on descriptive analysis. The sample of the study consists of health department lecturers who have been working at a foundation university in İstanbul for at least one year. The maximum diversity sampling method, one of the purposeful sampling methods, was used in the sample selection. In this direction, a "semi-structured" interview form consisting of 9 open-ended questions was used to learn the opinions of the participants on the subject.

Findings: The participants (n=10; 100%) agreed on the idea that "the media is not reliable and there is a lot of information pollution in the media" has been observed. At the same time some of the participants (n=2, 20%) cited the reliability of scientific publications.

Conclusion: It is thought that the fact that faculty members serving an important part of the society have an understanding of health literacy will be a role model in making positive contributions to the health level of the society.

Keywords: Health Literacy, Academics, Health Literacy Knowledge Level

Introduction

Health literacy is a concept developed in 1974 (Simonds, 2017). According to the definition of the World Health Organization (WHO), "health literacy" is the capacity of people to reach health-related information in order to make a decision about health services, to protect and improve their current health, to improve their quality of life, and to understand this information and the messages they receive from health personnel correctly (WHO, 2013). Health literacy includes the ability to enforce rules for health care, understand medical education leaflets, instructions on prescribed medications, appointment cards, doctor's explanations, consent forms in hospitals, and cope with complex healthcare systems. At the same time, health literacy is the ability to access the right information and service and to use this information and service in order to improve the health of the individual and the public (Sorensen et. al, 2012; Nutbeam, 2008).

Health literacy is influenced by personal skills, health system, education system, family, work; and social and cultural factors in society. By increasing the level of health literacy, people can benefit from health services effectively and their quality of life can be increased. In addition, the costs of healthcare services can be reduced by ensuring the correct use of resources (Guzys et. al, 2015; Pleasant, 2014).

Inadequate health literacy causes less use of preventive health services, delay in seeking health care in the symptomatic period, inadequate understanding of the individual's medical condition and adherence to medical instructions, increase in health care costs and increase in mortality. Low health literacy also negatively affects patient-doctor communication (Jessup et. al, 2017).

Adequate health literacy, on the other hand, improves the quality of life, improves the level of effective use of health services, increases the quality of health services and reduces costs (Baker et. al, 2007).

In many studies, it has been observed that individuals with insufficient health literacy are more prone to negative health behaviors. It is important to increase health literacy in order to change behavioral risk factors such as smoking, nutrition, alcohol, physical activity and being overweight (Jessup et. al, 2017; Svendsen et. al, 2020; Aaby et. al, 2017).

In order to define the level of health literacy, health literacy is framed by considering three important factors: education, health and society. The classification proposed by Don Nutbeam, one of the important researchers in this field, divided into three levels as functional, interactive and critical has been considered the most accepted classification. The explanations of these classification are as follows (Nutbeam, 2008).

Functional health literacy: Basic reading and writing skills are expressed. People at this level can read and understand educational materials (prescriptions, prospectuses and information required for care) on health risks and the use of health services.

Interactive health literacy: It includes greater cognitive acquisition and social skills. People at this level are competent to participate in health activities, to understand health messages and to use their existing knowledge when health conditions change.

Critical health literacy: It includes advanced cognitive and social skills used in analyzing health-related information critically and making health decisions. People at this level can critically analyze health knowledge and act according to the social and economic determinants of health. They can also make decisions about their own health conditions and communicate effectively with healthcare professionals.

This research was planned to determine, examine and explore the views of faculty members about health literacy and to determine the factors affecting health literacy behaviors.

1. Research Methodology

1.1. Research Type

The research is a qualitative research based on descriptive analysis. Qualitative research design was preferred by the researcher, as it enables in-depth and multidimensional (qualitative) data utilization (Yıldırım and Şimşek, 2008).

1.2. Purpose and Problematic of the Research

This research was planned to determine, examine and explore the views of faculty members about health literacy and to determine the factors affecting health literacy behaviors.

The research focused on the dimensions of health literacy proposed by Don Nutbeam, classified in three levels as functional, interactive and critical (Nutbeam, 2008). Within the scope of the specified dimensions, the main question of the research asked as "What are the activities and opinions of the academic staff about health and health sector in the context of health literacy concept?" This question aims to understand the views, activities and suggestions of faculty members about health literacy.

1.3. The Importance of Research

It is thought that when academic staff serving to an important part of the society has a high level of health literacy, they will be a role model in making positive contributions to the health level of the society. Therefore, determining, analyzing and exploring the views of faculty members about health literacy will contribute to other studies in the field of health literacy.

1.4. Research Sample

The sample of the study consists of health department lecturers who have been working at a foundation university in Istanbul for at least one year. The maximum diversity sampling method, one of the purposeful sampling methods, was used in the sample selection. In order to obtain a great number of data with different types and to ensure external validity, the sample has been taken into consideration by ensuring maximum diversity (Yıldırım and Şimşek, 2008). Accordingly, within the sampling framework, diversity is provided from the programs of First and Emergency

Aid, Medical Imaging Techniques, Medical Laboratory Techniques, Physiotherapy, Anesthesia, Opticians.

1.5. Collection of Data

The research was conducted using observation and in-depth face-to-face interview technique, focusing on field research. The interviews were conducted in a semi-structured form. The list of the lecturers who meet the criteria to be included in the study was made and "written consent" was obtained from the lecturers who met the participation criteria before the interview. An "in-depth face-to-face meeting" was held with 10 instructors who accepted the interview. In order to avoid any loss of words and meaning in the interviews, written consent was obtained from the participants and the interviews were recorded as audios. The duration of the interviews differed between approximately one hour to one and a half.

After the approval of the ethics committee, the field application of the study was carried out between May 2020 - July 2020. At the data collection process, the study referred to Biçer et al. (2018); İzoğlu, (2017); Ministry of Health, (2016); and Sorensen et al. (2012). In this direction, a "semi-structured" interview form consisting of 9 open-ended questions was used to learn the opinions of the participants on the subject. Research questions are as follows (Sorensen et. al, 2012; Biçer et. al, 2018; İzoğlu, 2017; Ministry of Health, 2016).

1. What do you generally think about the level of knowledge and access of members of the community about health?
2. How do you access information about the diseases and treatments that concern you?
3. What do you pay attention to while using medication for your illness?
4. What can you say about the reliability of your doctor's decisions regarding your illness?
5. What do you think about the reliability of information about diseases in the media (TV, social media, internet, etc.)? What is the applicability of information in the media?
6. What do you pay attention to improve the quality of health?
7. Which health service unit would you prefer in case of illness? What are your views on this topic?
8. What can you say about how family or relatives can affect you in order to avoid illnesses?

9. In general, what do you think can be done to make health or disease related information more effective and reliable?

1.6. Data Analysis

The data obtained as a result of the interviews were analyzed with the "content analysis" method. The data were coded and themes were determined accordingly. The determined themes were organized, the results were interpreted and the analysis was concluded. Participants were coded on the basis of confidentiality as Participant-1, Participant-2 etc. "Number of statements" and "percentages of statement" were presented and interpreted in a table in line with the data (Deniz and Gemlik, 2021; Gemlik et. al, 2019).

1.7. Limitations

The results of the research include the evaluations of the academic staff who agreed to participate in the study at the time of the research.

2. Analysis

The research results are discussed under two separate headings: demographic results and the activities and opinions of the academic staff in the context of health literacy.

2.1. Demographic Results

10 instructors participated in this research. 6 of the participants are married and 5 are single. While 70% of the participants interviewed are women, 30% are men. In addition, 30% of the participants are between the ages of 20-29, 60% between the ages of 30-39 and 10% between the ages of 40-49. All of the participants have masters level education (Table 1).

Table 1: Demographic Characteristics of the Participants

	Gender	Age	Education Status	Marital Status
Participant 1	Woman	39	Graduate	Married
Participant 2	Woman	29	Graduate	Single
Participant 3	Woman	38	Graduate	Married
Participant 4	Male	29	Graduate	Married
Participant 5	Male	34	Graduate	Married

(Table 1 cont.)				
Participant 6	Woman	34	Graduate	Married
Participant 7	Male	32	Graduate	Married
Participant 8	Woman	29	Graduate	Single
Participant 9	Woman	49	Graduate	Single
Participant 10	Woman	34	Graduate	Single

2.2. Results related to Activities and Opinions of Faculty Members about Health / Health Sector within the Context of Health Literacy

In this section, open-ended questions prepared for the instructors and the results based on the data collected to discover the activities and views of the participants in the context of health literacy are presented. The themes based on the answers given by the participants regarding the main question of the study were presented as results and comments in a tabular form.

When the expressions of the participants about "the general opinions of individuals about the level of knowledge and access to health" were examined,

It has been observed that they agree on the opinion that the public's knowledge level is low and that internet access creates information pollution. According to the majority opinion of the participants, the media has a negative effect on individuals with a low education level. The statements of the participants revealed the idea that there is a relationship between education level and media influence, as well as education level and internet use.

Table 2: Participants' general opinions about the level of knowledge about health and community members' access to health

Participants' general opinions about the level of knowledge about health and community members' access to health	Number of statement	Percentage of statement
Low level of health knowledge of the society	10	100%
Easy access to the internet creates information pollution	10	100%
People with low education levels being adversely affected by the media	6	60%

(Table 2 cont.)		
Educated individuals can access correct information with internet access	3	30%
Society's lack of knowledge about correct drug use	1	10%
Inability to talk about sexual diseases prevents the possibility of early diagnosis	1	10%
It is difficult to change previously acquired attitudes and behaviors related to health with education	1	10%
Low level of basic education about health	1	10%

When the expressions of the participants about "access to information preferences for diseases and treatments" were examined (Table 3), it was found that most of the participants preferred access to scientific information in the field of health. At the same time, the high rate of expressions of the participants emphasizing that they prefer to consult the knowledge of familiar experts indicates the existence of a relational link between the health literacy level and the social network. In addition, it was observed that the participants' information access preferences were mostly "trusted doctor sites and internet mediation". Moreover, the participants' "easy access due to working in the field of health" draws attention to the relationship between social networking and health literacy.

Table 3: Participants' preferences related to accessing information about diseases and treatments

Preference related to accessing information by reading books and articles in the field of health	Number of statements	Percentage of statements
Preference related to accessing information by reading books and articles in the field of health	7	70%
Preference about accessing information through familiar experts	6	60%
Choice of access to information with trusted doctor sites	4	40%
The idea that working in the field of health facilitates access to information	3	30%
Preference about accessing information via the Internet	3	30%

According to the statements of the participants about "the factors that they pay attention to in the use of drugs related to their own diseases" (Table 4), it was found that 50% of the participants adapted to the drug treatment administered by the physician. On the other hand, the result that almost half of the participants did not pay attention to drug use is striking. This suggests the possibility that this difference between the expressions may be related to past health behaviors.

Table 4: The factors that participants pay attention to while using drugs related to their own illnesses

The factors that participants pay attention to when using drugs related to their own illnesses	Number of statement	Percentage of statement
Compliance with the doctor's drug recommendation	5	50%
Not paying attention to drug use despite having knowledge in the field of health	4	40%
Paying attention to the use of medication in simple ailments by using the information obtained in the field of health	1	10%
Failure to comply with doctor's advice despite having knowledge in the field of health	1	10%
Compliance with the medication advice of the trusted physician	1	10%
Following the doctor's drug recommendation, checking the drug on the internet and choosing to comply with the recommendation	1	10%
Choosing to use medicines with your own health knowledge without taking doctor's advice into consideration	1	10%

When the statements of the participants about "the reliability of the doctor's decisions about their own disease" were examined (Table 5), it was observed that most of the participants agreed to investigate the physician well first. The emphasis in the statements is on the importance of trust in the physician. The thought that 40% of the participants "will be sure of reliability by being selective and investigating in detail" is among the expressions that continue the emphasis on trust. On the other hand, some of the participants stated that "the physician is reliable, but a distinction should be made between private and public hospitals".

Table 5: Participants' opinions about the reliability of doctor's decisions about their own diseases

Participants' opinions about the reliability of doctor's decisions about their illnesses	Number of statement	Percentage of statement
The thought that the physician should be well known for reliability	6	60%
The thought that reliability is possible if the choice of physician is selective	4	40%
The thought that it is necessary to visit more than one physician to ensure reliability	4	40%
The belief that physicians are reliable but that a distinction should be made between private and public hospitals	3	30%
The thought that it will be more reliable if the physician's communication is strong	2	20%
The thought that he/she cannot immediately trust the physician due to his health sector experience	1	10%
The thought that physicians can be trusted directly	1	10%

When the statements of the participants about "the reliability and applicability of information published in the media (TV, social media, internet, etc.) about diseases" (Table 6), the participants agreed on the idea that "the media is not reliable and there is a lot of information pollution in the media". has been observed. While some of the participants cited the reliability of scientific publications, some of them mentioned that physicians' social media tools could be reliable. Some of the participants emphasize that social media is not reliable.

Table 6: Participants' opinions about the reliability and applicability of information published on the media (TV, social media, internet, etc.)

Participants' views on the reliability and applicability of the information published on the media about the diseases	Number of statement	Percentage of statement
The opinion that the media is unreliable	10	100%
The opinion that there is too much information pollution in the media	10	100%
The opinion that TV and the newspaper is reliable	3	30%
The opinion that physicians' social media posts are reliable	2	20%
The opinion that social media is unreliable	2	20%
Considering that scientific publications are reliable if researched	2	20%

When the statements of the participants on "increasing the quality of health" are examined (Table 7), it is observed that the majority of the participants pay attention to the issue of "healthy eating". On the other hand, the statement that "the participants did not pay attention to the quality of health by showing their working life and academic intensity" draws the attention. In addition, the statement of some of the participants that "I could not do despite knowing what needs to be done to improve the quality of health" is among the other striking results.

Table 7: The activities and views of the participants to increase the quality of health

The activities and views of the participants to increase the quality of health	Number of statement	Percentage of statement
Healthy eating activity	6	60%
Not paying attention to increasing the quality of health, although the things to be considered are known	5	50%
The activity of trying to pay attention to the sleep disorder but not being able to succeed.	4	40%
The thought that attention is not paid to improving the quality of health due to the intensity of academic life	3	30%
Activity to pay attention to protective measures	2	20%
Sports activity for health	1	10%

When the expressions of the participants about "health units preferred in case of illness" are examined (Table 8), their expressions emphasizing preventive health services and referring to the effectiveness of family medicine are striking. Other remarkable statements include statements drawing attention to the crowded public hospitals. There are also expressions emphasizing under which conditions tertiary level institutions can only be preferred.

Table 8: Health service units preferred by the participants in case of illness and their opinions

Health service units preferred by the participants in case of illness and their opinions	Number of statement	Percentage of statement
Choosing family physicians to benefit from preventive health services	5	50%
Family physicians are not preferred because they are not believed to provide effective health care.	5	50%
Preferring private hospitals due to crowded public hospitals	4	40%
State hospitals are not preferred due to crowd and low health quality	4	40%
Preferring the state hospitals because they are economical and equipped.	2	20%
Choosing 3rd level health institutions in serious health problems	1	10%

When the statements of the participants about "the effect of the environment (relatives, family, friends, etc.) in order to protect against diseases" are examined (Table 9), it is striking that some of the participants said that "it is the party that affects him because he is in the health sector". Statements that refer to the psychological impact of the environment are among the other remarkable statements. The statement "The presence of wrong health behaviors acquired from the family and the effect of doctor-hospital selection in the immediate environment on reference information" refers to the previously acquired health behaviors and the effect of the social network.

Table 9: Participants' views on the impact of the environment (relatives, family, friends, etc.)

Participants' views on the impact of the environment in order to prevent diseases	Number of statement	Percentage of statement
The opinion that the participant is the party that has an effect due to being in the health sector.	5	50%
The view that the environment has a psychological effect	3	30%
Presence of wrong health behaviors learned from family	2	20%
The opinion that the environment has a negative impact	2	20%
The presence of an influence on the reference information in the choice of physician-hospital in the immediate environment	1	10%
The opinion that the environment has no influence	1	10%
The opinion that the environment has a positive effect	1	10%

When the statements of the participants about "the information about health or disease can be more effective and reliable" (Table 10), the majority of the participants stated that it is necessary to create social awareness in the name of health literacy. At the same time, some of the participants emphasized that they should be added to the education curriculum as a course in order to improve health literacy. In addition, reducing information pollution, using the media consciously, concentrating more on health education, increasing the effectiveness of family medicine, providing psychological counseling services in family medicine, providing more frequent information about gynecological, sexual and mental diseases, increasing conferences, seminars, consultancy services by municipalities, increasing alternative medicine supervision, restoring trust in physicians and increasing public service advertisements on health are other suggestions that the participants included in the interviews.

Table 10: Participants' opinions and suggestions in order to make health or disease-related information more effective and reliable

Participants' opinions and suggestions in order to make health or disease-related information more effective and reliable	Number of statement	Percentage of statement
The idea that basic health knowledge should be instilled in all individuals	8	80%
The idea that social awareness about health should be raised	8	80%
The idea that general health and disease information should be given as a course throughout the education period	5	50%
The idea that information pollution about health in social media should be reduced	4	40%
The idea that the conscious and effective use of the media on health should be ensured	3	30%
The idea that health education should be included in family health centers	3	30%
The idea that the state should focus on health education	3	30%
The idea that the effective use of family medicine should be increased	3	30%
The idea that perspectives on sexually transmitted diseases and mental diseases should be changed	2	20%
The idea that there should be psychologist support in family medicine	1	10%
The idea that education given to women should be increased	1	10%
The idea that municipalities should increase their conferences, seminars and consultancy services	1	10%
The idea that the control of alternative medicine should be increased	1	10%
The idea that trust in the physician should be restored	1	10%
The idea that public service ads about health should be increased	1	10%

3. Conclusion and Recommendations

Health literacy is the degree to which individuals have the capacity to obtain, process and understand basic health information and services (Hersh et. al, 2015). Researching, understanding, and using health information is critical to health decision making (Sevimli et. al, 2019). Information about health issues, self-care, and disease prevention can increase understanding of personal risk factors and preventive strategies, thereby helping individuals improve their health outcomes (Chen et. al, 2018). Nowadays, with the development of technology and the special interest in the use of digital media for health purposes in the last decade, individuals' access to health-related information is increasing gradually through media, social media, mobile applications and internet channels (Zamir et. al, 2018).

This study was conducted to determine, examine and explore the views of faculty members about health literacy and to determine the factors affecting health literacy behaviors. When the expressions of the participants about the general opinion of the members of the society about the level of knowledge and access to health are examined, the emphasis on the relationship between all participants especially education level and access to accurate information is included in the heading of results.

In a study conducted in Turkey through Doktorsitesi.com and Social Touch (2013), when a need for information about a health issue arises, with the participation of 8 thousand people, the sources they accessed were asked and it was stated that they could mark more than one option. Finally, according to the data, 78.77% of the participants stated that they went online, 60.29% went for direct examination, 22.41% collected information with the references of their relatives, and 1.55% stated that they did not need information about health (Social Touch, 2013). Therefore, it has been observed that the results of the data in that study support the results of our research. In addition, it is striking that the statements of the lecturers in our study emphasize the idea that internet access creates information pollution. According to the study of Cline and Haynes (2001), the internet provides a lot of information. However, the process of accessing health information via the internet can reveal problems related to technical language and medical language. Users face problems understanding medical terms. Incorrect or incomplete understanding of health information in line with such problems may lead to wrong practices or wrong health behaviors in some cases. All of these can cause a negative impact on health (Cline and Haynes, 2001). In the

study, the statements observed include "the society does not have information about the correct use of drugs, not talk about sexual diseases prevents early diagnosis, that it is difficult to change previously acquired health habits with education, and that basic education about health is inadequate". These statements show that factors such as individual characteristics, experiences, situations related to previous behaviors, personal factors (biological-psychological-sociocultural) may be related to the effect of health behaviors on health (Bahar and Aıl, 2014). Although this related situation, which is not the focus of the research, is not emphasized, it is recommended to conduct studies that will shed light on the subject. Information access options that participants prefer in diseases and treatments can give clues about health literacy behaviors. It is the statement that the majority of the participants, who emphasized this idea during the research, 'preferred access to information by reading books and articles in the field of health'. The statement emphasizing this opinion during the research is the statement of the majority of the participants that they prefer to access information by reading books and articles in the field of health. As a common classification, health literacy is considered in three dimensions as functional, interactive, and critical (Nutbeam, 2008) and critical health literacy defines having advanced cognitive and social skills and critical thinking ability (Sykes et. al, 2013). The fact that faculty members prefer to read academic publications in the field of health and reach an opinion also suggests that they have critical health literacy. In the research, it was also observed that the statement that "I preferred access to information through familiar experts" was another frequent one. As a result of the involvement of academic staff in the health sector, it is thought that an expert network has been formed. This situation supports the statement that "working in the field of health facilitates access to information".

Another data that emerged as a result of the interviews and attracted attention is that the statement "I do not pay attention to drug use" is almost equal in addition to the saying "I comply with the drug recommendation". Families, peers and health professionals around individuals who are in contact with individual health behaviors suggest that they are an important resource in interpersonal interaction. The existence of this network can reveal effects that can increase or decrease the probability of health behavior turning into action (Bahar and Aıl, 2014). Therefore, it is necessary to evaluate their own health behaviors and their own health developments together with their environment within the framework of the health literacy of academic staff.

When the statements of the participants about the reliability of the doctor's decisions regarding their own diseases were examined, the participants mainly stated that "the physicians should be well known for reliability, reliable can be possible if the physician is chosen selectively and it is necessary to go to more than one physician to have reliability". It is noteworthy that the participants also say that "the physician is reliable but there is a need to distinguish between private and public hospitals". "It would be more reliable if the physician's communication is strong, you cannot trust the physician immediately because of the health sector experience, and the physicians can be trusted directly" are the other statements that the participants expressed in the interviews (Table 5). All these statements of the participants, which reflect the reliability of physician decisions, show that they reflect the critical health literacy dimension and also refer to the factors that affect health literacy. Factors affecting health literacy are classified under two headings as individual and systemic factors. Health system related factors consist of access level to healthcare services, complexity of the system, doctor-patient relationship, and health insurance coverage (Balçık et. al, 2014). When the statements of the participants were examined, it was observed that subjects such as "distinction between private-state health institutions" and "physician communication" were emphasized. It can be inferred from this situation that health system may affect the health literacy level.

Participants' opinions about the reliability and applicability of the information published in the media were mostly defined as negative effects. The statements made by the participants showed themselves as two separate views that the media is not reliable and that it can be reliable when certain conditions are established. People are subjected to intensive flow of information both through the internet and the media, and it is expected that those who need and demand health services will be able to make basic health-related decisions. At this point, the correct perception of the intense flow of information from the internet and media, reaching the right decision and being applicable are considered as related to health literacy. Therefore, it can be said that the media being reliable or being reliable under necessary conditions has a positive or negative effect in parallel with the health literacy of the individual (Güven, 2016).

Modifiable behavioral characteristics such as lack of physical activity, unhealthy diet, tobacco and alcohol use are among the behavioral factors that determine the level of health literacy. Accordingly, when the statements of the participants about increasing the quality of health were

examined, it was observed that the 'healthy eating' statements came to the fore (Doğan and Çetinkaya, 2019). Accordingly, when the statement of the participants to increase the quality of health is examined, it has been observed that the 'healthy eating' statement comes to the fore.

When the statements of the participants about the health units they prefer in case of illness are examined, it is noteworthy that the participants predominantly say that "they prefer family physicians to benefit from preventive health services" and "family physicians are not preferred because they are not believed to provide effective health care". While some of the participants stated that they preferred the state hospitals because they are economical and equipped, some of them stated that they did not prefer state hospitals due to their crowdedness and low quality of health, and added that private hospitals and tertiary health institutions were preferred in serious health problems (Table 8). As a result of the analysis of the statements, it is understood that the participants know the flow of the healthcare service chain. The thought arises that conditions such as "the idea that the family physician system is not effective, economic conditions, the equipment of health institutions, the level of access to health services" have an effect on the level of health literacy.

As a result, it can be thought that having an understanding of health literacy of academic staff serving an important part of the society will serve as a role model in making positive contributions to the health level of the society. Since the faculty members participating in our research teach in the field of health, it is very important that they transfer their knowledge of health literacy to education and training.

For this reason, the participants' statements given below are considered as the recommendations of the study:

- Increasing basic health education,
- Organizing the curricula in this direction in the education sector,
- Providing conferences and seminars that can appeal to all segments of the society,
- Safely increasing the efficiency of the media,
- Regaining trust in the physician,
- Statements such as increasing the effectiveness of family medicine practices and providing additional consultancy services in family medicine, and informing women about sexual diseases.

It is thought that research should be conducted in this direction so that it will increase the effectiveness of the suggestions and contribute to the applications.

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