The Effect of Obtaining and Confirming Health Information on Digital Media upon Health Communication Problems[*]

Şerife GÜZEL[**] ID
Şengül SAĞLAM[***] ID

ABSTRACT

This research aims to support and confirm health information in the digital environment and to examine the effects on health problems. The population of the research consists of a total of 1,525 students studying at the Faculty of Health Sciences (Health Management), Faculty of Communication (Radio, Television and Cinema), and Faculty of Technology (Computer Engineering). The research, the creation of the necessary population, and the calculations were carried out with 334 students. In the study, "Obtaining and Confirming Health Information in Digital Environment During Infodemic" was used to measure information acquisition and confirmation behaviors, and "Healthcare Communication Problems" scale was used to evaluate health communication problems. Both scales successfully passed validity and reliability tests, and Cronbach's Alpha internal consistency coefficients were found to be 0.758 and 0.880, respectively. The data were analyzed in the SPSS software package. According to the analysis, 69.8% of them use Instagram, one of the social media platforms; 37.1% apply to the health sector on average 3-5 times a year; and 58.7% spend an average of 4-7 hours a day on the internet. Additionally, there was a significant difference between health probems and age. A significant difference was detected between communication problems and disruptions. According to the content of the research, there was a positive and significant relationship between the provision and verification of digital resilience, health information, and health problems. In addition, there are scenarios where participation and connections in providing health information in the digital environment positively predict the verification work.

Keywords: Digital Communication, Digital Health Literacy, Healthcare Communication Problems, Social Media.

Dijital Ortamda Sağlık Bilgisi Edinme ve Teyit Etme Davranışlarının Sağlık İletişimi Sorunlarına Etkisi

ÖZ

Bu araştırmada dijital ortamda sağlık bilgisi edinme ve teyit etme davranışlarının sağlık iletişimi sorunlarına yönelik etkisinin incelenmesi amaçlanmaktadır. Araştırmanın evreni Sağlık Bilimleri Fakültesi (Sağlık Yönetimi), İletişim Fakültesi (Radyo, Televizyon ve Sinema) ve Teknoloji Fakültesi (Bilgisayar Mühendisliği) bölümünde eğitim almakta olan toplam 1.525 öğrenciden oluşmaktadır. Araştırma, gerekli evren ve örneklem hesaplaması yapılarak 334 öğrenci ile gerçekleştirilmiştir. Çalışmada, sağlık bilgisi edinme ve teyit etme davranışlarını ölçmek için "İnfodemide Dijital Ortamda Sağlık Bilgisi Edinme ve Teyit Etme Davranışları" ve sağlık iletişimi sorunlarını değerlendirmek için "Sağlık İletişimi Sorunları" ölçekleri kullanılmıştır. Her iki ölçek de geçerlik ve güvenilirlik testlerinden başarılı bir şekilde geçmiş ve Cronbach's Alpha iç tutarlılık katsayıları sırasıyla 0.758 ve 0.880 olarak bulunmuştur. Veriler SPSS paket programı ile analiz edilmiştir. Yapılan analize göre dikkat çeken bulgular; öğrencilerin %69,8'inin sosyal medya platformlarından Instagramı kullandığı, %37,1'inin bir yılda ortalama 3-5 defa sağlık kurumlarına başvuru yaptıkları, %58,7'sinin internette ortalama günde 4-7 saat vakit geçirdikleridir. Ayrıca sağlık iletişimi sorunları ile yaş arasında anlamlı farklılık elde edilmiştir. İletişim sorunları ile fakülteler arasında anlamlı farklılık tespit edilmiştir. Araştırma sonucuna göre dijital ortamda sağlık bilgisi edinme ve teyit etme davranışı ile sağlık iletişimi sorunları arasında pozitif yönlü anlamlı bir ilişki elde edilmiştir. Ayrıca araştırmaya katılanların dijital ortamda sağlık bilgisi edinme ve teyit etme davranışının sağlık iletişimi sorunlarını pozitif yönde yordadığı sonucuna varılmıştır.

Anahtar Kelimeler: Sosyal Medya, Sağlık Bilgisi Edinme ve Teyit Etme, Sağlık İletişimi Sorunları.

1. Introduction

Healthcare communication plays an important role in managing human and community health, increasing awareness, improving healthcare, enhancing accessibility, disseminating health policies, making the doctor-patient and community-disease relationships more understandable (Koçak and Bulduklu, 2013). Healthcare communication is described as the process of conveying the message to a certain target audience in order to influence beliefs, manners, and values in favor of healthy behavior preferences (Smith and Hornik, 1999). Healthcare communication is described as a scientific field, which is developed to raise awareness among people and society to preserve, improve, and support health by using the tools, methods, and strategies of science (Işık, 2021). One of the distinct aims of healthcare communication is changing attitudes by raising awareness about the related health issue or problem (Okay, 2016).

The behavior of target audiences is increasing in terms of developing awareness about a health problem or risk, benefiting from websites and social media in their search for health-related information, and using these platforms to obtain and confirm health information in the digital environment in health communication management (Taşkıran and Yıldız, 2019). Health information seeking is the acquisition of information in order to make health-related decisions and provide guidance. It includes exposure to health information and the consequences of acquiring it. It is a change of attitude, knowledge, and behavior (Johnson and Case, 2012). Based on this information, this study aims to examine the effect of health information behavior in obtaining and confirming from digital media on healthcare communication problems. Besides this, examining whether the related topic has differentiated among the students who receive education in different faculties is also among the aims. Digital platforms are rapidly gaining information; the impact of social media on communication is of great importance. The permanence and reliability of this information, as well as its impact on health communication, are very important. It was also investigated whether the effects on the behavior of supporting and confirming health information in the digital environment, differ according to demographic variables. In these matters, it is important that health communication becomes more efficient and reliable. It is envisaged that it will play an important role, especially in addressing these issues and in the development of health policies.

2. Conceptual Framework
2.1. Obtaining and Confirming Health Information on Digital Media

Online healthcare information, which became prominent with the development of internet technology, is one of the research fields that is currently a controversial concept in health literacy about obtaining and understanding the information and using it in decision mechanisms (Eyüboğlu, 2023). Digitization and the development of new communication technologies have triggered rapid transformation in different areas, as well as causing an increase in the healthcare field, especially in the rate of online healthcare information-seeking behavior (Jacks et al., 2019).

The behavior of searching for healthcare information is described as methods for individuals to seek information about their own health, risky cases, diseases, and preventive healthcare behaviors (MillsMill and Tadorova, 2016). Searching for health information on online platforms enables healthcare information consumers to receive information about health problems, deal with health problems and make healthy decisions (Jia et al., 2021). However, the accuracy and the currency of the information obtained from digital platforms are questioned (Bennet and Livingston, 2018).

With the increasing diversity of sources for health information, people tend to search online for topics of interest to them due to ease of access (İftikhar, 2017). They may prefer to receive online services from doctors they have never met, instead of making an appointment at a hospital and visiting their doctors (Ekeland, 2010). Health professionals are constantly looking for more effective ways to reach wider audiences, especially those that are difficult to reach with traditional techniques. Social media platforms provide cost-effective opportunities for health promotion professionals to advance their careers by

building community, participating in professional development activities and enhancing classroom learning (Roman, 2014; Kanchan and Gaidhane, 2023).

Patients who are passive receivers can also become information providers through peer communication, as well as healthcare information searchers due to the interactive nature of digital media (Eyüboğlu, 2023). One of the distinct aims of healthcare communication is changing attitudes by raising awareness and information about the related health or problem (Okay, 2016).

2.2. Healthcare Communication Problems

Healthcare communication refers to all efforts undertaken to achieve a desired set of behaviors in a large-scale target audience regarding a specific health problem within a predefined period (Clift and Freimuth, 1995). In the context of interpersonal communication, healthcare communication occurs between patient-doctor, doctor-doctor, and doctor-patient (Tunçel, 2010). With the development of technology and increasing internet usage over time, changes occur in terms of building effective health communication. Society, patients, and healthcare professionals use the new media platforms to communicate about health problems (Moorhead et al., 2013). Health promotion addresses the most dangerous health risks facing modern society (Ahmad and Anderson, 2021). Health promotion is needed to enable vulnerable consumer groups to make informed healthcare decisions and engage meaningfully in their healthcare.

Being unable to explain themselves and understand medical terms, feeling nervous due to their illness, and finding the treatment procedures complicated are examples of patient-oriented problems. Healthcare professionals and health institution-oriented problems such as inadequacy of informing signboards in health institutions, intense working of healthcare professionals, decreased time reserved for patients, using too much medical terms can also occur (Yeşildal et all., 2021). The general structure of public hospitals, their management approach, and the increasing number of patients applying daily to these hospitals can lead to communication problems (Başol, 2018). In addition, due to population growth and the emergence of new diseases, doctors have to communicate with patients from diverse backgrounds every day, which increases the complexity of interpersonal communication in health (Işık, 2021). Yılmaz (2012) mentions that some patients revere doctors. It has mentioned that this situation also may affect the communication negatively since their social status comes to the fore as part of healthcare communication. Many of the complaints patients and the public have about doctors relate to communication problems, not clinical competence (Richards, 1990). The most common complaint is that doctors do not listen to them. Patients want more and better information about their problems and outcomes, more clarity about the side effects of treatment, relief of pain and emotional distress, and advice on what they can do for themselves (Roter et al., 1997).

The healthcare system is facing unprecedented challenges, and the effectiveness of previously used tools and methods is decreasing currently (Anwar et al., 2020). Disinformation, misinformation, and the externalization of this information threaten the effective delivery of information and its support by the public (Sylvia et al., 2020). While misinformation is received unintentionally, disinformation is part of a concentrated effort to spread misinformation, both of which contribute to a body of knowledge that needs to be addressed (Sentell et all., 2020).

3. Methodology
3.1. Aim, Research Question and Model

This study aims to examine the effects of obtaining and confirming healthcare information behavior on digital platforms upon the problems of healthcare communication. Besides this, investigating whether there are differences in understanding of the related topic among the students who are receiving education in different faculties is also among the aims.

Within the aim of this study, which is carried as a type of quantitative research, research questions are as following:

1. Is there any statistical difference between obtaining and confirming healthcare information in terms of digital media behavior and demographic variables such as gender, age, marital status, and educational level?

2. Is there any statistical difference between healthcare communication problems and demographic variables such as gender, age, marital status, and educational level?

3. Has the attitudes of obtaining and confirming healthcare information on digital media any effect on healthcare communication problems?
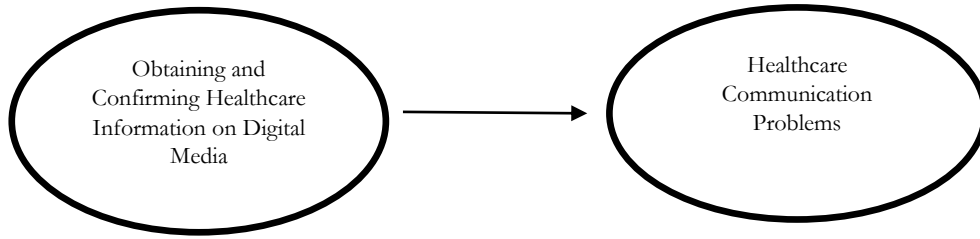

Figure 1. Research Model

3.2. Population and Sampling of the Study

The data of the study will be obtained by the researcher via Google Forms application, and face-to-face questionnaire.

The population of the study consists of 1,525 students in total from Faculty of Health Sciences (Healthcare Management: 685 students), Faculty of Communication (Radio, Television and Cinema: 429 students), and Faculty of Technology (Computer Engineering: 411 students). Data were collected in proportion to the total number of students in the department. In the study, the stratified sampling method was used. The study needs to be carried out with 333 students by making the required population and sample calculations. The table created by Yazıcıoğlu and Erdoğan (2004) was used to determine the sample of the study. Volunteering is the basis of the study, and those not meeting the criteria were not included.

3.3. Data Collection Tool Used in the Study

Survey data were obtained using Google Forms, face-to-face questionnaire techniques, and convenience sampling methods. Two scales were used in the study, with scale information provided below.

Obtaining and Confirming Healthcare Information on Digital Media Attitude Scale

This scale was developed by Çömlekçi and Bozkanat (2021). The scale consists of 3 sub-factors and 10 statements: Web 1.0 and Obtaining Healthcare Information, Web 2.0 and Obtaining Digital Healthcare Information, and Digital Confirmation. It is stated that the goodness-of-fit index of the scale is 4.36, RMSEA: 0.078; NNFI: 0.95; CFI: 0.95; GFI: 0.95 and AGFI: 0.92 of chi-square rate. In order to test the reliability rate, Cronbach's Alpha internal consistency test was implemented and was found to be 0.758. In this context, it was determined that the fit indices of the model proposed were at a sufficient level.

Healthcare Communication Problems

This scale was developed by Yeşildal, Akman Dömbekçi and Öztürk (2021). The scale consists of 3 sub-dimensions and 13 statements: Interaction, Social Communication, and Communication Barriers. The goodness of fit index values of the scale are as follows: As a result of the first level CFA, CMIN/df (1.680), RMSEA (0.046), AGFI (0.928), and GFI (0.952) indicated a good fit, while CFI (0.951) and NFI

(0.910) indicated an acceptable fit. The second-level CFA results are as follows: CMIN/df: 1.701, RMSEA: 0.049, AGFI: 0.938, and GFI: 0.950 indicated a good fit. CFI: 0.948 and NFI: 0.930 showed acceptable fit. Cronbach's Alpha Reliability coefficient was found to be 0.880. In this context, it was determined that the fit indices of the model put forward were at a sufficient level.

3.4. Research Ethics

Study Permission numbered 2023/1153 was received from the Non-invasive Clinical Research Ethics Committee of the Faculty of Health Sciences.

3.5. Data Analysis

The SPSS application was used for analyzing the collected data. To examine whether the data is suitable or not for normal distribution, coefficient of skewness and kurtosis were examined. These results, which are between -1 and +1, need to be interpreted as showing normal distribution (Leech et al., 2005). In this context, coefficient of skewness and kurtosis was determined as (,056; ,416) for Obtaining and Confirming Healthcare Information on Digital Media Behavior Scale, and as (,217; ,398) for Healthcare Information Problem Scale. Accordingly, the data are interpreted to show a normal distribution. Therefore, the t-test was used for the comparison of two groups and the ANOVA was used for the comparison of more than two groups.

In the reliability analysis of the study, Cronbach Alpha rate for Obtaining and Confirming Healthcare Information on Digital Media Behavior was found to be 0.72. Cronbach Alpha rate for Health Communication Problems was found to be 0.80. According to this literature information, related rates with $0.60 \leq \alpha \leq 0.80$ show that the scale is considerably reliable (Özdamar, 2004).

4. Findings

Table 1. Socio-Demographic Information of 334 University Students Participated in the Study is given below.

	Number (n)	Percentage (%)		Number (n)	Percentage (%)
Age			**Faculty**		
Age of 18-20	165	49.4	Faculty of Health Sciences	160	47.9
Age of 21-23	127	38.0	Faculty of Communication	90	26.9
24 and above	42	12.6	Faculty of Technology	84	25.1
Total	**334**	**100**	**Total**	**334**	**100**
Gender			**Application to a health institution in the last year**		
Female	203	60.8	0-2 applications	111	33.2
Male	131	39.2	3-5 applications	124	37.1
Total	**334**	**100**	6-8 applications	44	13.2
Most used social media platform			9 and more applications	55	16.5
Facebook	4	1.2	**Total**	**334**	**100**
Twitter	19	5.7	**Average daily internet usage (hour)**		
Instagram	233	69.8	0-3 hours	78	44.4
Youtube	67	20.1	4-7 hours	196	58.7
Other	11	3.3	8 hours and more	60	18.0
Total	**334**	**100**	**Total**	334	100

According to Table 1, it is determined that 49.4% (165 people) of the participants are between the ages of 18-20. Additionally, 47.9% (160 people) receive education in the faculty of health sciences. The most

used social media platform for 69.8% (233 people) is Instagram. Furthermore, 58.7% (196 people) use the internet an average of 4-7 hours per day. Lastly, 37.1% (124 people) applied to a health institution 3-5 times in the last year.

Table 2. *T* Test Results Conducted with Gender

Scales	Gender	N	Avg.	Ss.	T	P
Obtaining and confirming healthcare information on digital media behavior	Female Male	203 131	2.64 2.50	.55 .69	1.886	,061
Healthcare Communication Problems	Female Male	203 131	2.63 2.64	.58 .56	-0.81	,936

As a result of the t test in Table 2, no significant difference was found between obtaining and confirming healthcare information on digital media behavior and healthcare communication problems (p<0.05).

Table 3. ANOVA Findings Conducted with Age.

	Age	N	Avg.	Ss	F	*P*	Post-hoc (scheffe)
Obtaining and confirming healthcare information on digital media behavior	**1.** age of 18-20	165	2.54	.632	1.216	0.298	
	2. age of 21-23	127	2.64	.565			
	3. 24 and above	42	2.63	.667			
	TOTAL	**334**	**2.59**	**.612**			
Healthcare Communication Problems	**1.** age of 18-20	165	2.56	.541	3.150	**0.044**	1<2
	2. age of 21-23	127	2.70	.597			
	3. 24 and above	42	2.75	.601			
	TOTAL	**334**	**2.63**	**.574**			

According to the ANOVA given in Table 3, no significant difference was found between obtaining and confirming healthcare information on digital media behavior and age, while there was a significant difference between healthcare communication problems and age (p<0.05). The Post hoc (Scheffe) test was used to find the reason for the difference. According to this, the difference arises from healthcare communication problems being more prevalent between the ages of 18-20 than between the ages of 21-23.

ANOVA was not included between the most used social media platform and the scale average. The variables need to be at least 30 for the analysis, as stated by Esin (2014).

Table 4. ANOVA Findings Conducted with Faculties Where Education is Received

	Faculty	N	avg.	Ss	F	*P*	Post-hoc (scheffe)
Obtaining and confirming healthcare information on digital media behavior	1. Faculty of Health Sciences	160	2.62	.551	0.480	0.619	
	2. Faculty of Communication	90	2.54	.737			
	3. Faculty of Technology	84	2.58	.580			
	TOTAL	**334**	**2.59**	**.612**			
Healthcare Communication Problems	1. Faculty of Health Sciences	160	2.55	.531	3.775	**0.024**	2>1
	2. Faculty of Communication	90	2.75	.610			
	3. Faculty of Technology	84	2.67	.596			
	TOTAL	**334**	**2.63**	**.574**			

According to the ANOVA test results given in Table 4, no significant difference was found between digital media behavior regarding obtaining and confirming healthcare information and the faculties where the students study, while a significant difference was found between communication problems and the faculties ($p<0.05$). The post hoc (Scheffé) test was used to find the reason for the difference. According to this, the difference arises because students in the faculty of communication have greater health communication problems than the faculty of health sciences. The reason for the difference between the health communication problems and the faculties may be the classes they take.

Table 5. ANOVA Findings Conducted with the Applications made to a Health Institution in the Last Year

	Application Number	N	avg.	Ss	F	*P*
Obtaining and confirming healthcare information on digital media behavior	0-2 applications	111	2.55	.652		
	3-5 applications	124	2.59	.633		
	6-8 applications	44	2.55	.508	0.586	0.625
	9 and more applications	55	2.68	.562		
	TOTAL	**334**	**2.59**	**.612**		
Healthcare Communication Problems	0-2 applications	111	2.67	.615		
	3-5 applications	124	2.58	.561		
	6-8 applications	44	2.66	.518	0.579	0.629
	9 and more applications	55	2.66	.569		
	TOTAL	**334**	**2.63**	**.574**		

According to the ANOVA test results given in Table 5, no significant difference was found between obtaining and confirming healthcare information on digital media, behavior and health communication problems, and applications to health institutions in the last year ($p<0.05$).

Table 6. ANOVA Findings Conducted with Average Daily Usage of Internet

	Time Spent on Internet	N	Avg.	Ss	F	*P*
Obtaining and confirming healthcare information on digital media behavior	0-3 hours	78	2.51	.579		
	4-7 hours	196	2.59	.589		
	8 hours and more	60	2.70	.716	1.665	0.191
	TOTAL	**334**	**2.59**	**.612**		
Healthcare Communication Problems	0-3 hours	78	2.67	.668		
	4-7 hours	196	2.64	.539		
	8 hours and more	60	2.58	.563	0.466	0.628
	TOTAL	**334**	**2.63**	**.574**		

According to the ANOVA test results given in Table 6, no significant difference was found between obtaining and confirming healthcare information on digital media behavior, health communication problems, and the average time spent on the internet ($p<0.0.05$).

Table 7. Scale Averages and Correlational Analysis Results

	1	2
1. Obtaining and confirming healthcare information on digital media behavior	1	
2. Healthcare Communication Problems	0.150**	1

** Correlation is significant at the 0.01 level (2-tailed).

According to the correlation results in Table 7, a low level positive and significant relationship was found between obtaining and confirming healthcare information on digital media behavior and health communication problems (r: 0,150; $p<0,01$). Therefore, it is concluded that as the practice of obtaining

and confirming healthcare information through digital media increases, health communication problems increase as well. These rates between 0.00 < r ≤ 0.25 indicate a very weak relation (Özdamar, 2004).

Table 8. Obtaining and Confirming Healthcare Information on Digital Media Behavior Predicting for Simple Linear Regression Health Communication Problems

	B	Std error	B	T	P
Fixed	2.274	.135			
Obtaining and Confirming Healthcare Information on Digital Media	.141	.051	.150	2.763	,006

R= 0,150; R2= 0,022; F= 7,663; Regression equation of the model Y=2,274+0,141

According to Table 8, obtaining and confirming healthcare information on digital media predicts health communication problems. The explanatory power of the model stated as R2 rate was found as 022 (R2= ,022; R= ,150; p<0.05). This result shows that 2.2% of health communication problems are explained by the independent variable of the model (obtaining and confirming healthcare information on digital media). It is determined that obtaining and confirming healthcare information on digital media has a significant effect on health communication problems (p<0.05). The beta coefficient was determined as 150, and it is noteworthy that a 1-unit increase in obtaining and confirming healthcare information on digital media increases health communication problems by 0.022 (β = 0.150). Since the T rate is significant at all levels (p<0.05), it is considered statistically significant.

5. Discussion, Conclusion and Suggestions

As a result of the t test, no significant difference was found between genders in terms of obtaining and confirming healthcare information, digital media behavior, and healthcare communication problems. According to the results of the ANOVA test, no significant difference was found in obtaining and confirming healthcare information based on digital media behavior across different age groups, while a significant difference was found in healthcare communication problems across different age groups. Erdoğan Özyurt et al., in their studies, examined the internet and television searching behaviors. As a result of the study, it was determined that sociodemographic attributes such as age, education level, and general health perception are related to searching for healthcare information on television and the internet, and their effects were examined (Erdoğan Özyurt et al., 2020). The findings are different from the literature in this respect.

No differences were found between obtaining and confirming healthcare information on digital media behavior and the faculties where the students study, while significant differences were found between communication problems, and the faculties. A study that evaluated the health information searching behavior of university students conducted by Basch et al., found that the most common source of health-related information is the internet with a rate of 74% (Basch et al., 2018). Findings obtained support the literature. Lastly, no significant difference was found between obtaining and confirming healthcare information through digital media and health communication problems, as well as applications to health institutions in the last year. Correlatively, no significant difference was found between obtaining and confirming healthcare information on digital media behavior; health communication problems; and the average time spent on the internet per day.

A positive oriented significant relation was found between obtaining and confirming healthcare information on digital media behavior and health communication problems. In addition, it was concluded that the behavior of obtaining and confirming healthcare information on digital media by the participants predicts the healthcare information positively. Özkan et al. indicated that most of the patients make a web search to get information about their diseases and the operations they will undergo. Besides the Internet, mass media (TV, radio, etc.) and social media platforms are also seen as important sources of information. It was found that cancer patients use TV and radio as information resources, since they are more understandable (Özkan et al., 2019). Öztürk and Vardarlıer indicated that social media use plays an

important role in improving health and healthcare communication (Öztürk and Vardarlıer, 2020). Aydemir and Yaşar found a positive and moderate significant relationship between the confirmation of healthcare information obtained from digital media and all sub-levels of health literacy (Aydemir and Yaşar, 2023). Akgün and Toker stated that faculty of health sciences students have high demand for access to healthcare information on any digital media (Akgün and Toker, 2023). Aksüt et al. indicated that as the level of obtaining healthcare information on digital media of midwives increases, the level of obtaining digital health information increases as well (Aksüt et al., 2023). Özdemir, Özer and Çakmak emphasized that the participants' search for healthcare information on digital media increased during the COVID-19 pandemic, and this situation leads to the access of false information (Özdemir, 2023). Gül and Akman Dömbekci stated that 0.8% of the change in healthcare communication problems was explained by the health literacy scale (Gül and Akman Dömbekci, 2023). Kızılkaya found a positive relationship between healthcare communication problems and mistrust in healthcare systems (Kızılkaya, 2023)

Today, with the development of technology, the limits of accessibility have expanded significantly. This situation requires healthcare institutions to develop their strategies in this direction. The results obtained from our study demonstrate the positive relationship between obtaining healthcare information on digital media and the healthcare communication problems that may arise due to a lack of accuracy and reliability in the findings obtained. Healthcare information is mostly transmitted by people or institutions that have private and personal purposes. To prevent this, the share of verified information on digital media may be increased by public hospital workers. More studies can be conducted on its promotion and use by expanding applications, such as the "Neyim Var?" project, which the Ministry of Health implements. Social media plays an important role in disseminating health information and raising awareness about health. In this context, security measures should be taken to disseminate accurate and up-to-date health information on social media.

No significant difference was found between age and obtaining and confirming healthcare information on digital media behavior, whereas a significant difference was observed between age and healthcare communication problems. It is thought that the reason for this might be an increase in hospital visits with age. It is possible for the patients who require longer treatment to have emotional changes such as stress, claustrophobia or discomfort in their surroundings, fear and concern. For this reason, support services and psychological support need to be provided for patients with longer treatment. Relatives of patients who are in high life danger, mothers who gave birth, and their relatives can also be provided with psychological support by being included in this coverage. It is thought that the key to healthy communication is listening, not to answer but to understand. Analyses of much information about applications to health institutions are prepared and shared by the Ministry of Health. Sharing reliable information about most applied disease conditions on digital media through these posts will be quite beneficial. For future studies, researchers are advised to focus on long-term hospitalized patients, especially to detect health communication problems. Training sessions and seminars which include information like how to search for verified healthcare information on social media and reach reliable sources may be organized.

References

Akgün, Ö. and Toker, S. (2023). Sağlık yüksekokulu öğrencilerinin dijital ortamda sağlık bilgisi edinme durumları. *Sağlık Akademisyenleri Dergisi, 10*(4), 644-653.

Ahmad, F., B. and Anderson, R., N. (2021). The leading causes of death in the US for 2020. *JAMA, 325*(18), 1829-1830.

Aksüt Akçay, E., Öztaş, H., G. and Erdi, G. (2023). Ebelerin bireysel yenilikçi durumu ve dijital ortamda sağlık bilgisi edinme ve teyit davranışlarının ilişkili faktörler. *Ebelik ve Sağlık Bilimleri Dergisi, 6*(2), 2-91.

Anwar, A., Malik, M., and Raess, V. (2020). Role of mass media and public health communications in the COVID-19 pandemic. *Cureus, 12* (9), e10453. https://doi.org/10.7759/cureus.10453

Aydemir, İ. and Yaşar, M., E. (2023). Üniversite personelinin dijital ortamda sağlık bilgisi edinme ve teyit davranışları ile sağlık okuryazarlığı bilgi düzeyi ilişkisinin belirlenmesi. *Bingöl Üniversitesi Sosyal Bilimler Enstitüsü Dergisi, 25*, 125-134.

Başol, E. (2018). Hasta ile sağlık çalışanları (doktor ve hemşire) arasında iletişim sorunları ve çözüm önerileri. *International Anatolia Academic Online Journal Social Sciences Journal, 4*(1), 76-93.

Basch, C., H., Maclean, S., A., Romero, R., Ethan, D. (2018). Health information seeking behavior among college students. *Journal of Community Health*(43), 1094-1099.

Bennet, W., L. and Livingston, S. (2018). The disinformation order: disruptive communication and the decline of democratic institutions. *European Journal of Communication , 33*(2), 122-139.

Clift, E., and Freimuth, V. (1995). Health communication: what is it and what can it do for you? *Journal of Health Education, 26*(2), 68-74.

Çömlekçi, M., F. and Bozkanat, E. (2021). İnfodemide dijital ortamda sağlık bilgisi edinme ve teyit davranışları. *İstanbul Üniversitesi Sosyoloji Dergisi, 41,*103-125. https://doi.org/10.26650/SJ.2021.41.1.0024.

Esin, M., N. (2014). Hemşirelikte Araştırma Süreç, Uygulama ve Kritik. N. a. Erdoğan içinde, *Veri Toplama Yöntem ve Araçları ve Veri Toplama Araçlarının Güvenirlik ve Geçerliliği* (s. 193-233). Nobel Tıp Kitapevleri.

Ekeland, A. G., Bowes, A., and Flottorp, S. (2010). Effectiveness of telemedicine: a systematic review of reviews. *Int. J. Med. Inform, 79*, 736-771.

Erdoğan Özyurt, T., Aydemir, Y., Aydın, A., Baran İnci, M., Ekerbiçer, H., Ç., Muratdağı, G., Kurban, A. (2020). İnternet ve televizyonda sağlık bilgisi arama davranışı ve ilişkili faktörler. *Sakarya Tıp Dergisi*, 01-10.

Eyüboğlu, E. (2023). Ebeveynler ve online sağlık bilgisi arama davranışı:sağlık okuryazarlığı kapsamında bir inceleme. *TRT Akademi, 08*(19), 904-933.

Gül, N., Akman Dömbekci, H. (2023). Sağlık okuryazarlığının sağlık iletişimi sorunlarına etkisi: Manisa ili için değerlendirme. *Süleyman Demirel Üniversitesi Vizyoner Dergisi, 14*(38), 649-665.

Işık, T. (2021). sağlık iletişimi bağlamında hekim-hasta, hasta-hekim iletişimi inceleme çalışması: özel bir hastane analizi. *Iğdır Üniversitesi Sosyal Bilimler Dergisi, 26*, 720-753

İftikhar, R., and Abaalkhail, B. (2017). Health-seeking influence reflected by online health-related messages received on social media: cross-sectional survey. *J Med Internet Res. 19*, e382.

Jacks, R., Baumann, I., Juvalta, S. and Dratva, J. (2019). Parental digital health information seeking behavior in Switzerland: a cross-sectional study. *BMJ Public Health, 225*, 1-11.

Jia, X., Pang, Y. and Liu, LS. (2021). Online health information seeking behavior: a systematic review. *Healthcare, 9*, 1740.

Johnson, J., D. and Case, D. O. (2012). *Health Information Seeking*. New York: Peter Long

Kanchan, S., Gaidhane, A. (2023). Social media role and its impact on public health: a narative review. *Cureus, 15*(1), e33737.

Kızılkaya, S. (2023). Sağlık iletişimi sorunları ile sağlık sistemlerine güvensizlik ilişkisinde hekime bağlılığın aracı rolü. *Bingöl Üniversitesi Sosyal Bilimler Enstitüsü Dergisi, 26*, 293-302.

Koçak, A., and Bulduklu, Y. (2013). Sağlık iletişimi: yaşlıların televizyonda yayınlanan sağlık programlarını izleme motivasyonları. *Selçuk İletişim Dergisi, 6*(3), 5-17.

Leech, NL. Barrett, KC. and Morgan, GA. (2005). *SPSS for intermediate statistics: Use and interpretation.* Taylor &Francis.

MillsMill, A., and Todorova, N. (2016). An ıntegrated perspective on factors ınfluencing online health ınformation seeking behaviors. (s. 83). https://aisel.aisnet.org/acis2016/83.

Moorhead, S., Hazlett, D., Harrison, L., Carroll, J., Irwin, A. and Hoving, C. (2013). A new dimension of health care: sytematic review of the uses, benefits, and limitations of social media for health communication. *Journal of Medical Internet Research, 15*(4), 85.

Okay, A. (2016). *Sağlık İletişimi.* DER Kitabevi.

Özdamar, K. (2004). *Paket Programlar ile İstatiksel Veri Analizi* . Kaan Kitabevi.

Özdemir, BA., Özer, YC., and Çakmak, R. (2023). İnfodemide Dijital Ortamda Sağlık Bilgisi Edinme Davranışları Üzerine Bir Araştırma: Sağlık Hizmetleri Meslek Yüksekokulu Örneği. *Black Sea Journal of Public and Social Science, 6*(2), 73-78.

Özkan, O., Solak, M., Yılmaz, E. and Özçelik, CS. (2019). Hastaların ameliyat öncesi döneme yönelik bilgi edinmede interneti kullanma durumlarının değerlendirilmesi. *Anadolu Hemşirelik ve Sağlık Bilimleri Dergisi, 22*(2), 105-113.

Öztürk, C. and Vardarlıer, P. (2020). Sağlığın geliştirilmesi ve sağlık iletişimi: sağlık kurumlarının sosyal medya mecra kullanımının incelenmesi. *Modern Leisure Studies, 2*(1), 33-56.

Richards, T. (1990). Chasms in communication. *BMJ,* 301, 1407-1408.

Roman, L. A. (2014). Using social media to enhance career development opportunities for health promotion professionals. *Health Promot Pract.* 15, 471-475.

Roter, D., L., Steward, M., Putnam, S., M., Lipkin, M., Stiles, W., and Invi, T. S. (1997). Communication patterns of primary care physicions. *JAMA,* 277, 350-356.

Sentell, T., Vamos, S., Okan, O. (2020). Interdisciplinary perspectives on health literacy research around the world: More important than ever in a time of COVID-19. *Int. J Environ Res. Public Health.* 17(9), 3010. https://doi.org/10.3390/ijerph17093010.

Sylvia Chou, W., Gaysynsky, A., Cappella, J., N. (2020). Where we go from here: health misinformation on social media. *Am J Public Health.* 110(3), 273-275.

Smith, W., A., Hornik, R. (1999). Marketing, Communication, and Advocacyfor Large-Scale STD/HIV Prevention and Control. In K. K. Holmesand others (eds.) Sexually Transmitted Diseases. New York.

Taşkıran, BH., and Yıldız, E. (2019). Sağlığa ilişkin risklerin önlenmesi bağlamında sağlık iletişimi kampanyalarının ve yeni medyanın rolü. *Dördüncü Kuvvet, 2*(2), 111-133.

Tunçel, M. (2010). Halk sağlığı korunmasında yapılan iletişim faaliyetlerinin rolü üzerine bir araştırma. İstanbul: Marmara Üniversitesi, Sosyal Bilimler Enstitüsü.

Yeşildal, M., Akman Dömbekci, H., Öztürk, YE. (2021). Sağlık iletişimi sorunları: bir ölçek geliştirme çalışması. *Türkiye Sosyal Hizmet Araştırmaları Dergisi, 5*(2), 108-119.

Yılmaz, E. (2012). *Doktorumun Hastasıyım.com* (1.b). Giza Yayınları.