

E-SAĞLIK OKURYAZARLIĞI VE HASTANE SEÇİMİNİ ETKİLEYEN FAKTÖRLER: KESİTSEL BİR ÇALIŞMA

E-HEALTH LITERACY AND FACTORS INFLUENCING HOSPITAL CHOICE: A CROSS-SECTIONAL STUDY

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ÖZET

AMAÇ: Günümüzde insanlar, hastaneler hakkında bilgiye ulaşmak için internet üzerindeki zengin veri kaynaklarını kullanmaktadır. Ancak, hastane seçiminde bu bilgileri değerlendirmek için e-sağlık okuryazarlığı becerileri gereklidir. Bu sayede kişiler, hastane bilgilerini doğru bir şekilde ele alabilir ve daha rasyonel kararlar verebilirler. Bu çalışmanın amacı, toplumdaki insanlar arasında e-sağlık okuryazarlığı ve hastane seçimini etkileyen faktörleri incelemektir.

GEREÇ VE YÖNTEM: Bu çalışmada tanımlayıcı ve kesitsel bir tasarım kullanılmıştır. Çalışmanın örneklem grubunu Türkiye'de Afyonkarahisar il merkezinde yaşayan 420 kişi oluşturmaktadır. Araştırma verileri e-sağlık okuryazarlığı ölçeği ve hastane seçim anketi kullanılarak elde edilmiştir. Verilerin analizinde tanımlayıcı istatistikler, korelasyon analizi, kümeleme analizi ve PLS-SEM yöntemi kullanılmıştır.

BULGULAR: Katılımcıların e-sağlık okuryazarlığı puan ortalaması $3,73 \pm 0,74$ ve toplam puan ortalaması $29,92 \pm 5,92$ 'dir. Hastane seçiminde en önemli faktörler hijyen, hekim tutumu ve hastane donanımdır. Katılımcılar hastane seçimlerinde sırasıyla hizmet kalitesi, tüketiciye maliyet, personel, fiziksel unsurlar ve tanınırlığa önem vermiştir. Kümeleme analizi, katılımcıları üç kümeye ayırmıştır. Kümelerin e-sağlık okuryazarlığı ve hastane seçimi puanları arasında anlamlı farklılıklar vardı ($p < 0,05$). Buna ek olarak, e-sağlık okuryazarlığı hasta hizmet kalitesi ($\beta = 0,256$), tüketiciye maliyet ($\beta = 0,198$), personel ($\beta = 0,305$), fiziksel unsurlar ($\beta = 0,219$) ve itibar ($\beta = 0,19$) boyutları için anlamlı bir yordayıcıdır.

SONUÇ: Kişilerin hastane seçiminde önemli olduğunu düşündükleri faktörler, hastaneler için öncelikli iyileştirme alanları sağlayabilir. Hastaneler, bu önemli faktörlere daha fazla kaynak ayırabilir. E-sağlık okuryazarlığı, hastane seçimi boyutlarının önemli üzerinde olumlu bir etkiye sahiptir. E-sağlık okuryazarlığı artırılarak kişilerin hastane tercihlerini bilinçli bir şekilde yapmaları mümkün olabilir.

ANAHTAR KELİMELE: Karar Verme, E-Sağlık Okuryazarlığı, Hastane, Hastane Seçimi.

ABSTRACT

OBJECTIVE: Today, people seek information about hospitals from rich data sources on the Internet. However, evaluating this information requires e-health literacy skills when choosing a hospital. In this way, individuals can handle hospital information correctly and make more rational decisions. This study aimed to examine e-health literacy and factors influencing hospital choice among individuals in society.

MATERIAL AND METHODS: The study adopted a descriptive and cross-sectional research design. The sample consisted of 420 participants residing in the central area of Afyonkarahisar, Turkey. The data for this research were collected utilizing the e-health literacy scale and the hospital choice questionnaire. Descriptive statistics, correlation analysis, cluster analysis and PLS-SEM method were used to analyze the data.

RESULTS: The mean e-health literacy score of the participants was 3.73 ± 0.74 and the mean total score was 29.92 ± 5.92 . The most important factors in hospital choice are hygiene, physician attitude and hospital equipment. Individuals gave importance to service quality, cost to the consumer, staff, physical elements and reputation as dimensions in hospital choices, respectively. Cluster analysis categorized the respondents into three clusters. There were significant differences between the e-health literacy and hospital choice scores of the clusters ($p < 0.05$). Moreover, e-health literacy is a significant predictor for the dimensions of service quality ($\beta = 0.256$), cost to the consumer ($\beta = 0.198$), staff ($\beta = 0.305$), physical elements ($\beta = 0.219$) and reputation ($\beta = 0.19$).

CONCLUSIONS: The factors that individuals consider important in hospital choice can provide important areas of improvement for hospitals. Hospitals can allocate more resources to these important factors. Enhancing e-health literacy positively influences the significance of factors considered when choosing a hospital. With improved e-health literacy, individuals can make well-informed decisions regarding hospital selection.

KEYWORDS: Decision Making, E-Health Literacy, Hospital, Hospital Choice.

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INTRODUCTION

The rapid development of the internet and information technologies in the field of health has increased the importance of e-health literacy in health-related decision-making processes (1). Today, patients can easily compare healthcare providers and hospitals because of the rich data sources on the internet making their healthcare choices more informed (2). However, the link between the level of e-health literacy of people in the community and hospital choice factors has not been sufficiently investigated. Particularly for elective care, which hospital patients will choose, how the qualifications of hospitals affect their choice decisions, and the impact of healthcare organizations on patient volume are important research topics (3). When choosing a hospital for treatment, patients often use hospital websites to search for the information they need on these platforms (4). Furthermore, public health institutions use social media effectively to disseminate reliable health information and raise social awareness (5). Research has highlighted that the internet serves as an important source of information when choosing a hospital (6). However, the ability of patients to correctly evaluate the data they obtain after accessing these information sources largely depends on their level of health literacy (7). Therefore, e-health literacy is crucial for enabling people to take an active role in the health process and make informed hospital choices (2).

E-health literacy refers to the capability to locate, comprehend, and assess health information from digital sources and to utilize this information to tackle or resolve health issues (8). This concept encompasses personal and social elements, as well as technological limitations, in the use of digital tools to search for, obtain, interpret, evaluate, communicate, and generate health information, with the aim of maintaining or enhancing quality of life throughout one's life (9). Factors such as personal characteristics, socioeconomic and cultural backgrounds, health conditions, and attitudes towards the internet have been recognized as precursors to e-health literacy (10). Health literacy is essential for patients to make informed decisions regarding their health (11). Consequently, pe-

ople with limited health literacy may lack the necessary skills to acquire and comprehend health information, thereby hindering their ability to make optimal health-related decisions (12). Research has underscored the need for additional support for groups with low health literacy in making health-related decisions (13).

Hospital choice is the process by which people identify the healthcare provider that meets their selection criteria. Theoretically, hospital choice should lead to higher-quality care and lower costs (14). Hospital choice is also a critical factor in patient empowerment through decision-making and better service outcomes. Service responsiveness to patient choice is an important aspect of the provider-patient experience (15). Hospital choice encourages healthcare providers to be more responsive to patient selection (16). Studies have analyzed the information people need to select a provider and the factors they consider when selecting a hospital for treatment (15). Smith (3) reported that the factors influencing hospital choice included distance to the hospital, number of beds, waiting time, parking, cleanliness of the ward, cost, and staff. Mosadeghrad (16) identified several factors influencing service quality, hospital type, including service type, facilities, health insurance, recommendations, physical environment, cost, location, the expertise and interpersonal behavior of service providers, and hospital reputation. Chauhan (15) examined the primary determinants of patient choice and decision-making, categorizing them into five distinct areas. These include payment and food options, hospital facilities, hospital cleanliness and reputation, cost concerns, and quality of care. Furthermore, critical considerations in selecting a hospital include the quality of medical personnel, institutional expertise, hygiene standards, personal experience, recommendations, the hospital's reputation, geographical proximity and accessibility, the adequacy of time allocated to patient care, and the friendliness of the staff (6).

Healthcare services have increasingly adopted a patient-centered approach, positioning patients at the core of the decision-making process (16). Considering that today's patients play a more active role in making decisions re-

garding the treatment process, it is important to consider individual choices (17). Since family medicine and the referral chain system are not fully implemented in Turkey, decisions about hospital choices are made by patients and their relatives. In addition, according to the Patient Rights Regulation, patients have the right to choose health institutions and organizations, and to receive health services in the health institution of their choice (18). Understanding the determinants that influence patients' selection of healthcare institutions is crucial for managers and policymakers. This knowledge enables them to allocate resources effectively in these critical areas and enhance service aspects to attract a larger patient base (16). Furthermore, identifying the factors that affect hospital choice and assessing their impact can guide management efforts towards key areas and inform the revision of marketing strategies to sustain and expand patient potential (19).

There has been limited research on e-health literacy and hospital choices in Turkey. Tengilimoğlu et al. (20) reported that individuals commonly use Internet-based social media to choose doctors, dentists, and hospitals. Several studies have examined e-health literacy and social media use in hospital choices (21,22). A study conducted with teachers investigated the relationship between e-health literacy and the severity of cyberchondria (23). Dağ et al. (24) examined the relationships between digital health literacy, distrust of the healthcare system, and health anxiety among health science students. Kaya (2) analyzed the e-health literacy level of inpatients and factors affecting hospital choice. There is a lack of sufficient evidence regarding the e-health literacy levels of people within society and the factors influencing their hospital selection. In this context, a more comprehensive analysis of the relationship between e-health literacy and hospital selection criteria is crucial for the formulation of health policies and the enhancement of patients' decision-making processes. This study aims to investigate the e-health literacy levels of people and the factors that affect their hospital choices. The study also aimed to reveal the relationship between e-health literacy and hospital choice dimensions.

The hypotheses of this study are as follows:

H1: E-health literacy influences the importance of consumer cost in hospital choice.

H2: E-health literacy influences the importance of physical elements in hospital choice.

H3: E-health literacy influences the importance of reputation in hospital choice.

H4: E-health literacy influences the importance of service quality in hospital choice.

H5: E-health literacy influences the importance of staff in hospital choice.

MATERIALS AND METHODS

Settings and Sample

This study has a descriptive and cross-sectional research design and was conducted between November 2023 and May 2024. The population of this study was people living in the city center of Afyonkarahisar in the Aegean region of Turkey. The inclusion criteria were to be over 18 years of age, to have been admitted to a hospital in the last six months, and to be willing to participate in the study. According to the population system data of the Turkish Statistical Institute, the population of the city center of Afyonkarahisar is 328,319 people (25). According to the formula $n = [N \cdot t \cdot p \cdot q] / [d^2 \cdot (N-1) + t \cdot p \cdot q]$, which is used for limited populations, the required sample size is 384 (26). This study was completed by reaching 420 participants using the convenience sampling method.

Data Collection Tools

An online questionnaire was used as a data collection tool in this study. The questionnaire consisted of demographic information, an e-health literacy scale, and a hospital choice questionnaire.

Demographic Information: This section provides details on participants' age, gender, marital status, level of education, status of chronic illnesses, and regular medication consumption.

The E-Health Literacy Scale (eHeals): This scale developed by Norman and Skinner (27) assesses consumers' perceived competencies and comfort levels with e-health. eHeals comprises eight items and demonstrates Cronbach's Alpha value of 0.88, indicating high internal consistency.

The scale employs a 5-point Likert format, with responses ranging from 1 (strongly disagree) to 5 (strongly agree) (27). The Turkish version of the scale, including its adaptation, validity, and reliability, was examined by Gencer (28). The Turkish adaptation study showed that the scale had a one-dimensional structure, and the internal consistency coefficient was 0.863 (28). Cronbach's Alpha for the scale was calculated as 0.931 in this study.

Hospital Choice Questionnaire: This questionnaire was developed by Çiftçi (29) to assess individuals' perceptions of hospital choice. In the questionnaire form, there are 23 statements created to determine the factors that affect hospital choice. The questionnaire has five dimensions: service quality (9 items), reputation (5 items), physical elements (3 items), staff (3 items), and cost to the consumer (3 items). The statements in the questionnaire have a 5-point Likert scale ranging from 1 = not at all important to 5 = very important. In the pilot application of the questionnaire, the Cronbach's Alpha was determined to be 0.85, indicating a high level of reliability (29). Cronbach's Alpha for the questionnaire was calculated as 0.926 in this study.

Data collection procedure

The study used an online Google Forms questionnaire to reach the participants. The researcher shared the survey link on online platforms and invited participants to the study. Participants voluntarily completed the online questionnaire and were included in the study.

Ethical Committee

This study was approved by Afyonkarahisar Health Sciences University Clinical Research Ethics Committee (meeting date: 10.10.2023, approval number: 2023-426).

Statistical Analysis

SPSS for Windows and SmartPLS statistical programs were used for data analysis. Descriptive statistics were reported as percentage, frequency, mean and standard deviation. Scales were evaluated using factor analysis, reliability analysis, and correlation analysis. Hierarchical clustering analysis was performed using Ward's method to classify participants according to their level of

e-health literacy. Euclidean distance was used as the distance criterion in the analysis. The differences between the scale scores of the obtained clusters were analyzed by one-way analysis of variance (ANOVA). Tukey HSD, one of the post-hoc tests, was used to compare significant differences between groups in ANOVA analysis. The effect of e-health literacy on dimensions influencing hospital choice was examined using partial least squares structural equation modeling (PLS-SEM). The significance level of $p < 0.05$ was accepted in statistical analyses.

RESULTS

Demographic characteristics of the participants

The mean age of the participants was 30.22 ± 10.93 years. 51.4% ($f = 216$) of the participants were female, 57.4% ($f = 241$) had a bachelor's degree, 62.6% ($f = 263$) were single, 11% ($f = 46$) had chronic diseases, and 15.5% ($f = 65$) were constantly taking medication. 44% ($f = 185$) of the participants spent between 2-3 hours on the Internet, and 46.7% ($f = 196$) defined their general health status as moderate. In addition, 65.2% ($f = 274$) of the participants found the internet "useful" in making decisions about their health, and 60.5% ($f = 254$) found it "important" to access health resources.

Descriptive statistics, validity and reliability results

Table 1 presents the average, standard deviation, Cronbach's Alpha, composite reliability (CR), and average variance extracted (AVE) for the variables (**Table 1**). The mean of the eHeals is $M = 3.73$, $SD = 0.74$. The mean values of hospital choice dimensions are service quality ($M = 4.53$, $SD = 0.49$), staff ($M = 4.43$, $SD = 0.58$), cost to the customer ($M = 4.51$, $SD = 0.53$), physical elements ($M = 4.11$, $SD = 0.63$), and reputation ($M = 3.94$, $SD = 0.72$). Cronbach's Alpha, rho A and CR values, which indicate the internal consistency of the variables, are above 0.70. In addition, the AVE values are above the critical limit of 0.50. These results indicate that the variables meet the criteria of adequate validity and reliability.

In the hospital choice questionnaire, the lowest mean was for hospital logo ($M = 3.25$, $SD = 1.20$), media ($M = 3.87$, $SD = 1.04$), and reputation ($M = 3.95$, $SD = 0.95$), while the hi-

ghest mean was for hygiene (M = 4.72, SD = 0.56), physician attitude (M = 4.70, SD = 0.66), and hospital equipment (M = 4.63, SD = 0.62).

Table 1: Descriptive statistics, validity and reliability of the variables

Variables	Mean	SD	α	rho_A	CR	AVE
1. eHeals	3.73	0.74	0.931	0.97	0.941	0.666
2. Service quality	4.53	0.49	0.913	0.921	0.929	0.624
3. Staff	4.43	0.58	0.758	0.768	0.863	0.680
4. Cost to costumer	4.51	0.53	0.794	0.839	0.876	0.702
5. Physical elements	4.11	0.63	0.726	0.767	0.842	0.641
6. Reputation	3.94	0.72	0.794	0.805	0.853	0.542

Correlations

Bivariate correlation analysis was performed to determine the relationships between eHeals and hospital choice factors. The analysis indicates that there are relationships between eHeals and staff ($r = 0.260$; $p < 0.01$), between eHeals and service quality ($r = 0.221$; $p < 0.01$), between eHeals and cost to the customer ($r = 0.163$; $p < 0.01$), between eHeals and physical elements ($r = 0.185$; $p < 0.01$), and between eHeals and reputation ($r = 0.155$; $p < 0.01$).

Discriminant validity

Fornell and Larcker criteria were used to assess the discriminant validity of the variables. The analysis revealed that the square root values of the AVE of the variables were higher than the correlations (30).

Cluster analysis

The study used cluster analysis to classify participants according to their e-health literacy scores. Hierarchical clustering analysis and Ward's method were used for classification. The distance between measurements was determined by Euclidean distance. The dendrogram graph obtained from the clustering analysis is shown in **Figure 1**.

As shown in Figure 1, participants were first divided into two clusters. One cluster was then divided into two groups. Finally, three clusters were obtained at a distance level of 10. The scores of these three clusters on the eHeals and hospital choice dimensions were analyzed by ANOVA, and the results are shown in **Table 2**.

As shown in Table 2, the cluster eHeals and hospital choice scores differed significantly. eHeals means were calculated for cluster 1 (M = 2.57,

SD = 0.55), cluster 2 (M = 3.79, SD = 0.24), and cluster 3 (M = 4.63, SD = 0.34). Cluster 1 (n = 82) had low scores on the eHeals and importance of hospital choice dimensions. Cluster 2 (n = 246) had moderate scores on the eHeals and importance of hospital choice dimensions. Cluster 3 (n = 90) had high scores on eHeals and importance of hospital choice dimensions. The people with high eHeals scores place more importance on hospital choice factors.

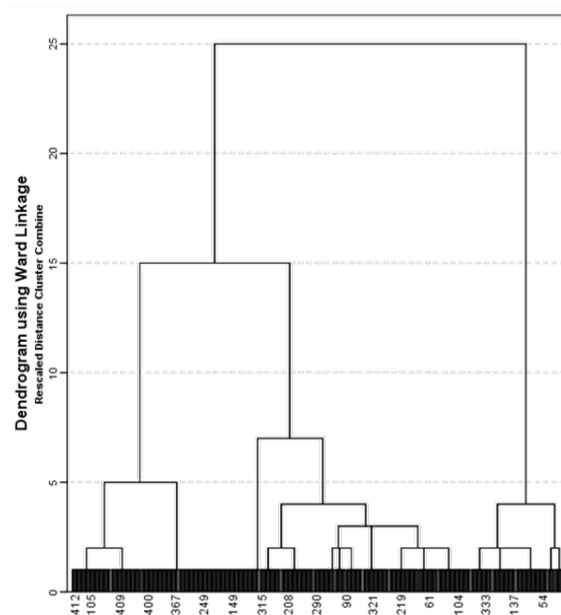


Figure 1: Dendrogram graph

Table 2: Comparison of variable scores by cluster

Variable	Cluster-1 n = 82 (M ± SD)	Cluster-2 n = 246 (M ± SD)	Cluster-3 n = 90 (M ± SD)	F - test p - value
eHeals	2.57 ± 0.55 ^a	3.79 ± 0.24 ^b	4.63 ± 0.34 ^c	F = 758,344 p < 0.01
Service quality	4.37 ± 0.70 ^a	4.52 ± 0.39 ^b	4.72 ± 0.44 ^c	F = 12,012 p < 0.01
Staff	4.19 ± 0.82 ^a	4.42 ± 0.50 ^b	4.70 ± 0.41 ^c	F = 17,966 p < 0.01
Cost to costumer	4.37 ± 0.70 ^a	4.49 ± 0.47 ^a	4.71 ± 0.40 ^b	F = 9,637 p < 0.01
Physical elements	3.90 ± 0.83 ^a	4.10 ± 0.53 ^b	4.32 ± 0.60 ^c	F = 10,048 p < 0.01
Reputation	3.57 ± 0.92 ^a	3.93 ± 0.65	4.13 ± 0.67 ^b	F = 5,988 p = 0.003

Post-Hoc Tukey HSD (a, b, c): Values between different letters are statistically significant.

Structural equation modeling

In the study, the impact of eHeals on the dimensions of hospital choice was analyzed using PLS-SEM. Several criteria are explained in the research models analyzed with PLS-SEM (31). These criteria include Variance Inflation Factor (VIF) value for linearity (VIF < 5), R2 value for predictive accuracy (0.25 = weak, 0.50 = moderate, and 0.70 = significant), f2 value for effect size (0.02 = weak, 0.15 = moderate, and 0.35 = strong), and Q2 value for predictive power of the model (Q2 > 0). In addition, path

coefficients, t-values and significance values are calculated by selecting 5,000 subsamples using the bootstrap method (31). The results of the PLS-SEM analysis are shown in **Figure 2**.

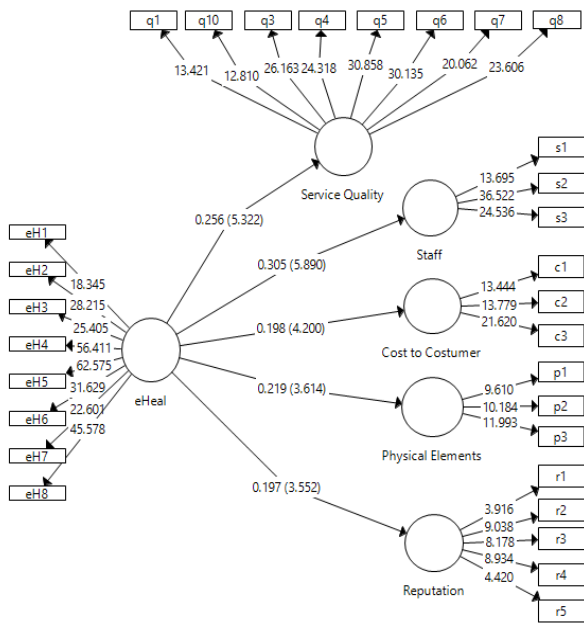


Figure 2: PLS-SEM output

The evaluation results of the structural model shown in Figure 2 are presented in detail in Table 3. As can be seen in **Table 3**, the multicollinearity values are below the critical value of 5. All path coefficients are significant, and the effect sizes f^2 are small.

Table 3: Structural model results

Path	B	f ²	95% CI		p	VIF	R ²
			LL	UL			
eHeals → Cost to customer	0.198	0.041	0.119	0.300	<0.01	1.000	0.039
eHeals → Physical elements	0.219	0.051	0.118	0.332	<0.01	1.000	0.048
eHeals → Reputation	0.197	0.040	0.126	0.306	<0.01	1.000	0.039
eHeals → Service quality	0.256	0.070	0.177	0.361	<0.01	1.000	0.066
eHeals → Staff	0.305	0.103	0.209	0.413	<0.01	1.000	0.093

Note. CI, confidence interval (BCa); LL, lower limit; UL, upper limit; VIF, variance inflation factor.

Q2 values of the dependent variables are greater than zero. eHeals is a significant predictor for customer cost ($\beta = 0.198$, $p < 0.01$), physical elements ($\beta = 0.219$, $p < 0.01$), reputation ($\beta = 0.197$, $p < 0.01$), service quality ($\beta = 0.256$, $p < 0.01$), and staff ($\beta = 0.305$, $p < 0.01$). The results confirmed hypotheses H1, H2, H3, H4, and H5. According to these hypotheses, as the level of eHeals increases, the importance of hospital choice dimensions increases. The highest path coefficient in the model is between eHeals and staff ($\beta = 0.305$, $f^2 = 0.103$). This result indicates that eHeals has a higher impact

on the staff factor in hospital choice. In addition, eHeals explained 3.9% of the variance in cost to the consumer, 4.8% of the variance in physical elements, 3.9% of the variance in reputation, 6.6% of the variance in service quality, and 9.3% of the variance in staff (Table 3).

DISCUSSION

This study was conducted to investigate the e-health literacy level and factors influencing hospital choice among people in the community. In this study, the average e-health literacy scale score was above the intermediate level. The most effective factors in hospital choice were hygiene, physician attitude, and hospital equipment. The most effective dimensions of hospital choice were service quality, cost of consumption, and staff. E-health literacy had a significant effect on the importance of hospital choice dimensions.

In this study, the mean score of the e-health literacy scale was calculated as 3.73 (mean total score 29.92). In a similar study, the e-health literacy level of the patients participating in the study was calculated as moderate with a mean score of 29.06 (2). In the study conducted by Dalkılıç (32) on healthcare consumers, the participants' e-health literacy score was reported to be 3.75. Kaya and Eke's (33), study found that participants' e-health literacy score was 3.76. Furthermore, Uslu and İpek's (34) study of persons living in Ankara found the e-health literacy level of participants to be medium, with an average score of 3.76. A study of vocational college students found that their level of e-health literacy was above average (35). Therefore, similar findings in the literature support our results.

This study found that hygiene, physician attitude, and hospital equipment were the most important factors in choosing a hospital. The least important factors were the hospital logo, media influence, and reputation of the institution. Similarly, in a study conducted in Giresun province, hospital hygiene, physician attitude, and technical equipment stood out as the three most important factors, while hospital signs, logos, and color were among the least important factors (36). Kaya's (2) study identified hygiene, physician and staff attitudes, and health facility

reliability as the most important factors. Similarly, Erdeo and Yeşiltaş (37) found that hygiene and cleanliness were the most important factors, while signage/logo was the least effective factor. In some studies, hospital atmosphere and waiting time were rated as the least important factors (4), while physician expertise and communication skills were rated as more important (38). Patient prioritization of hygiene is related to the fact that healthcare facilities are also at risk of disease transmission. In addition, patients prefer doctors who demonstrate not only technical competence but also human qualities, such as empathy, respect, and kindness (16).

This study determined that participants attached importance to service quality, consumer cost, staff, physical elements, and reputation among the hospital choice dimensions. This result is similar to those of previous studies. In a study by Erdeo and Yeşiltaş (37), the dimensions of service quality and consumer cost ranked first in hospital choice, while reputation and physical elements were found to be less important. Some studies have found that factors such as service quality and staff are the most important factors in hospital choice, while consumer cost, physical elements, and hospital reputation are considered less important factors (2,36). Işık et al. (39) determined that cleanliness, fast registration procedures, the presence of specialist physicians, and adequate information were the most important factors in hospital selection. The least influential factor was the gender of physicians and nurses (39). If patients attach importance to quality factors, they are likely to emphasize this characteristic as a determining factor in hospital choice (4). Service quality in healthcare is a subjective, complex, and multidimensional concept. Therefore, quality healthcare for patients is provided by solving medical problems, protecting privacy, participating in treatment decisions, and caring for competent healthcare professionals (16).

In this study, the e-health literacy scores were classified into three clusters. The e-health literacy score and the importance level of hospital choice dimensions are low in cluster 1, medium in cluster 2, and high in cluster 3. It was observed that people with high e-health literacy scores

attached more importance to the hospital choice dimensions. Zhang et al. (1) reported that patients who wanted to use the Internet for information seeking had high e-health literacy scores. These findings suggest that persons with high e-health literacy can use more informed and higher-quality information when making health-related decisions (40). The people with low e-health literacy have been found to have low levels of information seeking and participation in health services, and people in this group need more support when making health-related decisions (13). Cartwright et al. (41) emphasized that the difficulties faced by persons with low health literacy in the health care system can negatively affect their decision-making process. Seo et al. (42) noted that patients with low health literacy had inappropriate decision-making choices regarding healthcare services.

The results of the current study showed that e-health literacy had a significant impact on the cost to customers, physical elements, reputation, service quality, and staff. Similarly, Kaya (2) found a positive relationship between e-health literacy and the hospital choice dimensions. Rademakers et al. (43) reported that both low literacy and low patient activation levels are negatively associated with active provider choice. Another study found that health literacy increases interest in health services, promotes health behaviors, triggers active decision-making, and ultimately improves the quality of life (10). Çavmak's study (21) revealed a moderately positive relationship between e-health literacy level and social media use in hospital selection. Based on these results, it can be said that as the level of e-health literacy increases, people pay attention to more factors when choosing a hospital and make more informed decisions in hospital choice.

In conclusion, this study showed that individuals' e-health literacy was slightly above average. This result may be attributed to the characteristics of the sample groups. The most influential factors in hospital choices were hygiene, physician attitude, and hospital equipment, whereas the most important dimensions were service quality, consumer cost, and staff. Healthcare organizations can regularly measure the servi-

ces that are important to people and develop strategies accordingly. In addition, healthcare managers can increase patient potential and allocate more resources to these areas by focusing on hygiene, physician attitudes, and equipment. High e-health literacy can help people to make informed decisions. Therefore, increasing e-health literacy may allow more rational health choices. In this context, it is recommended that e-health literacy be increased through education and individual interventions. Interventions include providing access to reliable health information websites, using the information on these sites for questioning and learning purposes, and communicating with health professionals (44).

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