LETTER

Internet use and eHealth literacy among health-care professionals in a resource limited setting: a cross-sectional survey [Letter]

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Dear editor

We read with great interest Shiferaw and Mehari's[1] article on eHealth literacy in Ethiopia which concluded that 69.3% of health care providers were highly eHealth literate. The authors clearly defined eHealth literacy as "the ability to seek, find, understand, and appraise health information from electronic sources and apply the knowledge gained to address or solve a health problem" , this is important to clarify given eHealth is considered a neologism and can have different definitions depending on the stakeholders and/or activities to which it relates .[2] The authors make clear recommendations and recognise that eHealth literacy has the potential to transform and develop healthcare systems in resource-poor settings with simple infrastructure measures and training.[1]

We would like to thank the authors for their contribution to improving medical education and offer some comments regarding this study.

The authors found that the 100% (n=287) of surveyed individuals had access to the internet was anomalous and claim this may be explained by the single-centre trial limiting the significance of their study to one geographical region. However, the articles cited to back their claim are over 10 years old. More recent evidence suggests that internet access has become increasingly accessible globally in the last decade. For example, the 2015 Global Information Technology Report curated by the World Economic Forum stated that the world's population now has access to a high-speed broadband connection, totalling 3.4 billion in 2014, compared to less than 30% of the world's population in 2005. The authors should reevaluate their statement and its implication especially given the high response rate (98.6%). This finding in isolation can have huge implications on health care provision and educational development in low resource settings such as Ethiopia.

Furthermore, the tool chosen was only intended for use in patient populations to identify if they would benefit from being "prescribed" eHealth interventions. Norman et al the conceptualising authors, recognise that the applicability of eHEALS to other populations and settings is not validated.[3] Since then, Collins et al conducted a comprehensive systematic review of tools that measure eHealth literacy this article also recognised the short-comings in eHEALS questionnaire calling for validation of its use in patient populations for which evidence does exist.[4] Moreover, an independent title screen (by DVP and AT) of the 188 articles citing Norman et al's paper on PubMed found three articles using eHEALS in

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undergraduate nursing students and only one use in undergraduate medicine. After systematic screening, there was no evidence of its use by licensed healthcare professionals. Moreover, the use of eHEALS is likely to suffer from reporting bias due to its inherent design, this should be recognised and results should be interpreted with caution.

We would therefore urge future research to use an appropriate tool to measure information-seeking behaviours in highly educated individuals, like the population in this study. Similarly, future studies should use more objective measures where reporting bias can be minimised.[5]

Disclosure

The authors report no conflicts of interest in this communication.

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