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The Role of E-Health Literacy and Health Anxiety in Attitudes Toward Use of Telemedicine among Young Adults: A Cross-Sectional Study in Türkiye

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ABSTRACT
Telemedicine has become an essential component of telehealth systems; however, individuals' acceptance of these services is influenced not only by technological access but also by psychosocial factors. This study aimed to examine the relationship between e-health literacy, health anxiety, and attitudes toward the use of telemedicine among young adults. This cross-sectional study was conducted with 312 young adults in Türkiye. Data were collected via face-to-face interviews using sociodemographic information, the Attitude Scale Towards the Use of Telemedicine Services, the Health Anxiety Inventory–Short Form, and the eHealth Literacy Scale (eHEALS). Pearson correlation analysis and hierarchical multiple linear regression were performed to identify factors predicting attitudes toward telemedicine use. Participants' mean telemedicine attitude score was 58.5±9.0, health anxiety score was 16.6±6.4, and e-health literacy score was 39.1±7.0. Attitudes toward telemedicine showed a weak negative correlation with health anxiety ($r=-0.121$) and interactive e-health literacy ($r=-0.107$) ($p<0.05$). In hierarchical regression analysis, gender (ß=0.196, $p=0.001$) and health anxiety (ß=-0.167, $p=0.004$) were significant predictors of telemedicine attitudes, whereas e-health literacy was not an independent predictor ($p=0.060$). Young adults' attitudes toward telemedicine are shaped more by psychological factors, particularly health anxiety, than by e-health literacy alone. Improving digital literacy may be insufficient to increase telemedicine adoption unless interventions also address trust, perceived risk, and health-related concerns. Multidimensional strategies integrating psychological support with digital health education are needed to promote sustainable use of telemedicine services.

INTRODUCTION

Recent advancements in digital technologies have precipitated a paradigm shift in the manner in which healthcare services are delivered. This change has resulted in telemedicine applications becoming a significant component of remote healthcare systems[1-3]. Telemedicine is defined as a healthcare approach that encompasses the remote delivery, monitoring and management of healthcare services through the utilisation of information and communication technologies[2]. Despite the rapid global proliferation of telemedicine in recent years[4], it is asserted that the efficacy of telemedicine services is contingent on technological Infrastructure, the effective utilisation of digital platforms by individuals, their health status, sociodemographic status, and their propensity to utilise these services[5-9]. Consequently, it is imperative to scrutinise individuals' attitudes towards telemedicine services and the factors that may influence them.

Young adults are considered one of the most important target groups for digital transformation in healthcare due to their intensive use of digital technologies in their daily lives[10-12]. It has been suggested that frequent use of digital tools does not necessarily equate to effective and informed use in the field of health. This is because access to online health information does not necessarily ensure the ability to evaluate it competently[13]. Consequently, studies on digital health platforms, particularly e-health literacy and the utilisation of telehealth services among young adults, have gained importance in recent years. E-health literacy is defined as individuals' ability to access, understand, evaluate and use health information provided electronically[14]. Although digital health literacy has been associated with improved health outcomes and health-related behaviours, studies examining the relationship between e-health literacy and attitudes toward the use of telehealth services are limited[15].

It is thought that individuals' psychological characteristics relating to health may influence their acceptance of digital health services. Health anxiety is a cognitive-emotional process involving excessive worry about one's health and an exaggerated perception of the likelihood of becoming ill[16]. Individuals with high levels of health anxiety are thought to use health services more frequently, but they may also be distrustful of or uncertain about new health technologies[17].

Although studies on the use of telemedicine are increasing in the literature, research examining the relationship between individuals' digital health skills and psychosocial variables such as health anxiety and their attitudes toward using telemedicine services is limited. It is believed that identifying these relationships, particularly in samples involving young adults, will be important in planning future healthcare models. This study aims to examine the relationship between e-health literacy and health anxiety in young adults and their attitudes toward the use of telemedicine. It is hypothesised that a more profound understanding of these relationships could facilitate the development of future educational and behavioural interventions that are aimed at more effective implementation of digital health services.

MATERIALS AND METHODS

Study Design and Participants: This cross-sectional, descriptive and correlational study was designed to examine the relationship between e-health literacy, health anxiety and attitudes towards telemedicine in young adults. The study was conducted using quantitative research methods. The sample consisted of young adults aged 18-35 who were studying at Bayburt University. The sample size was calculated using the G*Power 3.1 program for a multiple regression analysis model. The effect size (f^2), significance level (α) and power (1-ß) were evaluated, and the sample size was calculated to be 257. Convenience sampling was used in the study and 312 young adults were included. At the beginning of the study, individuals were informed about the research and those who volunteered were included in the study after signing an 'Informed Consent Form'. Ethical committee approval (21.01.2026/Decision no: 587) has been obtained from the Bayburt University Ethics Committee for the study. Institutional permission has been obtained from Bayburt University to conduct the study (E-64446339-044-344593). The study was conducted in accordance with the Helsinki Declaration. The study was announced via social media and university communication groups, and a face-to-face survey method was applied to individuals who volunteered to participate in the study. The survey form consists of four sections: sociodemographic information, Attitude Scale Towards the Use of Telemedicine Services, Health Anxiety Inventory-short form, E-health Literacy Scale (eHEALS).

Measures: Participants were asked about their sociodemographic information, such as age, gender, income level, chronic disease status, and previous use of telemedicine. The Attitude Scale Towards the Use of Telemedicine Services, developed by Yücel and Uyar (2024), was used to determine participants' attitudes toward the use of remote healthcare services. The scale is Likert-type. A high score indicates

a positive attitude toward telemedicine[18]. The Health Anxiety Inventory developed by Salkovskis *et al*. was used to assess participants' health anxiety[19]. The scales short form was adapted into Turkish by Aydemir *et al*. Health Anxiety Inventory-short form is a 18-item self-report scale. The scale is scored on a 0-3 scale for each item, with higher scores indicating higher levels of health anxiety[20]. The E-health Literacy Scale (eHEALS) was developed by Norman and Skinner (2006) and is an 8-item, 5-point Likert-type scale whose validity and reliability in Turkish were established by Senyurt and Korkmaz Aslan. A high score on the scale indicates high e-health literacy[14,20].

Data Analysis: Data analysis was performed using the IBM Social Sciences Statistics (SPSS) Package, Version 26. Descriptive statistics were used to summarise the study variables, including percentages, frequencies, means, and standard deviations. As a result of the analysis performed for the normality test of the data, the skewness and kurtosis (Skewness and Kurtosis) values of all scales and sub-dimensions were found to be between -2 and +2 and it was assumed that the normality assumption was accepted. The regression analyses have been demonstrated to meet the statistical assumptions. A Pearson Correlation test was performed on the results of the pairwise analyses of Attitude Scale Towards the Use of Telemedicine Services, The Health Anxiety Inventory, E-health Literacy Scale (eHEALS) and subscales. Hierarchical Regression analysis was performed on predicting Attitude Scale Towards the Use of Telemedicine Services. The quality of the study data was assessed using internal consistency checks. These checks were performed primarily using Cronbach's alpha coefficient and by evaluating missing values. Less than 3% of the values were missing. During data cleaning, identified 12 records containing missing values. These 12 entries were removed, reducing the sample size from 324 to 312. This increased the consistency of the data and ensured that the statistical analyses were not biased due to missing data.

RESULTS AND DISCUSSIONS

A total of 312 individuals were included in the study, of whom 81.4% were female and 18.6% male (n=58). The mean age of the participants was 22.0±2.1 years. The analysis revealed that the majority of participants had an income equal to their expenses (61.2%), had no chronic illness (87.5%), did not adhere to any specific dietary regimen (95.2%), and did not drink alcohol (94.9%). The ratio of cigarette smoking was found to be 20.8%, and the mean number of cigarettes smoked was 8.9 ± 7.6. It was determined that 10.9% of participants had previously used telemedicine services. Of the participants who utilised telemedicine, 70.6% were female and 29.4% were male (Table 1).

The mean Attitude Scale Towards the Use of Telemedicine Services score of the participants was 58.5 ± 9.0, the Health Anxiety Inventory score was 16.6 ± 6.4, and the eHEALS total score was 39.1 ± 7.0. The mean values for the subscale means were 7.6 ± 3.0 for Functional E-health Literacy, 13.8 ± 3.3 for Interactive E-health Literacy, and 17.6 ± 4.5 for Critical E-health Literacy. A weak negative correlation was identified between the Attitude Scale Towards the Use of Telemedicine Services and the Health Anxiety Inventory ($r=-0.121$, $p<0.05$). A weak negative correlation was identified between the Attitude Scale Towards the Use of Telemedicine Services score and Interactive E-health Literacy ($r=-0.107$, $p<0.05$). No significant relationship was observed between the Attitude Scale Towards the Use of Telemedicine Services and the total E-health Literacy Scale (eHEALS) score, the Functional E-health Literacy subscale, or the Critical E-health Literacy subscale ($p>0.05$). A negative weak correlation was determined between the Health Anxiety Inventory and the total E-health Literacy Scale ($r=-0.116$, $p<0.05$) and Critical E-health Literacy ($r:-0.156$, $p<0.01$) (Table 2).

Hierarchical multiple linear regression analysis was applied to determine the predictors of attitudes toward the use of telemedicine (Table 3). Model 1 (including age, gender and disease status) was found to be significant ($F(3, 308)=3.637$, $p=0.013$) and explained 3.4% of the variance ($R^2 = 0.034$, adjusted $R^2 = 0.025$). Gender was identified as a significant predictor in this model (B = 4.204, ß = 0.182, p = 0.001, 95% CI: 1.639-6.770). When the total score of the Health Anxiety Inventory was added to Model 2, the explanatory power of the model increased significantly ($\Delta R^2=0.024$, $p=0.005$; $R^2=0.059$; Adjusted $R^2=0.046$). While maintaining gender significance (B=4.689, ß=0.203, p<0.001), the Health Anxiety Inventory significantly predicted a negative attitude toward telemedicine use (B=-0.226, ß=-0.161, p=0.005, 95% CI: -(0.384-0.069). In Model 3, Interactive e-health literacy was included in the model, and the explained variance increased to 7.0%, but the increase was not significant ($\Delta R^2=0.011$, $p=0.060$; $R^2=0.070$; Adjusted $R^2=0.054$). In the final model, gender (B = 4.531, ß = 0.196, p = 0.001) and health anxiety (B = -0.234, ß = -0.167, p = 0.004) were found to be significant predictors, whereas e-health literacy (p = 0.060), age and disease status (p > 0.05) were not.

This study examined the relationship between e-health literacy, health anxiety and attitudes towards

Table 1: Sociodemographic characteristics by gender

	Women(n=254)	Men(n=58)	Total(n=312)
Age (years), M±SD	22.0±2.2	21.7±1.8	22.0±2.1
Income/expenditure, n (%)			
Less	61 (76.3)	19 (23.8)	80 (25.8)
Equal	157 (82.6)	33 (17.4)	190 (61.2)
More	34 (85.0)	6 (15.0)	40 (12.9)
Alcohol use, n (%)			
Yes	10 (62.5)	6 (37.5)	16 (5.1)
No	244 (82.4)	52 (17.6)	296 (94.9)
Alcohol use (mL), M ± SD	336.3± 43.3	333.3±163.3	335.2±145.5
Cigarette use, n (%)			
Yes	47 (72.3)	18 (27.7)	65 (20.8)
No	207 (83.8)	40 (16.2)	247 (79.2)
Cigarette use, M ± SD	7.9±7.1	11.3±8.6	8.9±7.6
Current Dieting Status			
Yes	13 (86.7)	2 (13.3)	15 (4.8)
No	241 (81.1)	56 (18.9)	297 (95.2)
Type of Diet			
Weight loss		11 (91.7)	1 (8.3) 12 (92.3)
Diabetic diet	-	1 (100.0)	1 (7.7)
Chronic disease, n (%)			
Yes	36 (92.3)	55 (20.1)	273 (87.5)
No	218 (79.9)	3 (7.7)	39 (12.5)
Telemedicine use			
Yes	24 (70.6)	10 (29.4)	34 (10.9)
No	230 (82.7)	48 (17.3)	278 (89.1)

Table 2: Descriptive statics and correlations between Attitude Scale Towards the Use of Telemedicine Services, The Health Anxiety Inventory, eHEALS and subscales

	M±SD	1	2	3	4	5	6
1-Attitude Scale Towards the Use of Telemedicine Services	58.5±9.0	-	-0.121*	-0.085	-0.083	-0.107*	0.002
2-The Health Anxiety Inventory	16.6±6.4	-0.121*	-	-0.116*	0.029	-0.580	-0.156**
3-eHEALS	39.1±7.0	-0.085	-0.116*	-	0.126*	0.785**	0.881**
4-Functional e-health literacy	7.6±3.0	-0.083	0.029	0.126*	-	-0.327**	-0.227**
5-Interactive e-health literacy	13.8±3.3	-0.107*	-0.58	0.785**	-0.327**	-	0.690**
6-Critical e-health literacy	17.6±4.5	0.002	-0.156**	0.881**	-0.227**	0.690**	-

**p<0.05, **p<0.01. Pearson Correlation Test*

Table 3: Hierarchical Multiple Regression Analysis Predicting Attitude Scale Towards the Use of Telemedicine Services Score

Predictors	B	SE	ß	t	p	95% CI
Model 1						
Age	0.114	0.237	0.027	0.481	0.631	-0.352-0.580
Gender	4.204	1.304	0.182	3.225	0.001	1.639-6.770
Disease status	1.399	1.539	0.051	0.909	0.364	-1.629-4.427
Model 2						
Age	0.144	0.234	0.034	0.616	0.538	-0.317-0.606
Gender	4.689	1.301	0.203	3.605	<0.001	2.130-7.248
Disease status	2.312	1.555	0.085	1.486	0.138	-0.749-5.372
The Health Anxiety Inventory	-0.226	0.080	-0.161	-2.826	0.005	-(0.384-0.069)
Model 3						
Age	0.159	0.234	0.038	0.681	0.497	-0.301-0.619
Gender	4.531	1.298	0.196	3.491	0.001	1.977-7.085
Disease status	2.350	1.549	0.086	1.517	0.130	-0.699-5.398
The Health Anxiety Inventory	-0.234	0.080	-0.167	-2.936	0.004	-(0.391-0.077)
Interactive e-health literacy	-0.281	0.149	-0.104	-1.885	0.060	-0.574-0.012

Model 1: R^2 = 0.034, Adjusted R^2 = 0.025, F(3,308) = 3.637, p = 0.013; Model 2: R^2 = 0.059, Adjusted R^2 = 0.046, ΔR^2 = 0.024, p = 0.005; Model 3: R^2 = 0.070, Adjusted R^2 = 0.054, ΔR^2 = 0.011, p = 0.060. Durbin–Watson = 1.790

the use of telemedicine in young adults, with a focus on the psychosocial factors that influence the adoption of telemedicine services. The results of the study suggest that attitudes towards the use of telemedicine are associated with interactive e-health literacy and health anxiety. However, advanced analyses revealed that health anxiety is a significant negative predictor of attitudes towards the use of telemedicine, whereas interactive e-health literacy was found not to play an independent role in determining attitudes. These results reveal that the ability to access and use health information effectively in electronic environments, as well as individuals' psychological perceptions of health, can influence the adoption of telemedicine services.

Young adults are a population that widely uses digital technologies[21]. In order to ensure that young adults have easy access to healthcare services in the future, it is important to foster positive attitudes towards remote healthcare services among them[22,23]. The present study found that only 10.9% of participants had previously used telemedicine services. This finding suggests that despite young adults' intensive use of digital technologies, they do not adopt these technologies to the same extent in healthcare services. The low rate of telemedicine use has been linked in the

literature to the accessibility of services, level of awareness, perception of trust, privacy concerns, and the belief that face-to-face examinations are more reliable[24-27]. Another point to consider regarding the use of telemedicine, however, is the prevalence of remote healthcare services in Türkiye. Although many countries, including Türkiye, have taken significant political and technological steps towards digital health applications, especially during the pandemic in recent years, telemedicine services have not yet become an integral part of routine healthcare provision[28,3]. Despite the fact that the digital health transformation initiatives implemented by the Turkish Ministry of Health are intended to facilitate remote service delivery, it is hypothesised that the elimination of negative attitudes towards the utilisation of these services will accelerate this process, thereby enabling individuals to actively employ these services[29]. The study reveals that gender is a significant predictor of attitudes towards using telemedicine applications, emphasising its role in determining the use of these services. Given that women tend to use health services more frequently and are more sensitive to health-related issues, digital health strategies should consider gender-based usage behaviours in society[30].

When evaluating the variance explained by regression models, the variance explained by sociodemographic data alone was 3.4%, while the model incorporating anxiety and health literacy showed a variance of approximately 7%. Despite the relatively low explained variance, the findings suggest that attitudes towards telemedicine usage possess a multidimensional structure, which cannot be fully explained by individual characteristics. The study established a correlation between rising health anxiety and a negative shift in attitudes towards telemedicine services. It is thought that individuals with high health anxiety may be cautious or distrustful of new health technologies. Health anxiety may cause individuals to perceive their health status as being under threat, leading them to view face-to-face clinical assessment as a safer option[31,16]. Consequently, the development of strategies and policies that focus on fostering clinical trust among young adults is imperative to mitigate adverse attitudes towards the utilisation of telemedicine.

Although this study found a correlational relationship between interactive e-health literacy and attitudes toward telemedicine use, e-health literacy did not significantly predict attitudes toward telemedicine use. The literature frequently reports that digital health skills increase the use of remote healthcare services[32-34]. The ability to access and evaluate information may not be sufficient to adopt the service, as attitudes toward telemedicine use are based on more complex behavioral components such as trust, perceived benefits, expectations of clinical interaction, and risk perception. This indicates that even if individuals have access to digital health information, it does not necessarily mean they will choose this remote healthcare service.

The findings of this study indicate that focusing solely on digital literacy training in strategies to increase the use of telemedicine among young adults is insufficient. Instead, strategies aimed at reducing health anxiety, such as developing confidence-building methods, transparently explaining clinical processes, and developing hybrid care models, are crucial. In particular, the high affinity for technology among young adults does not mean that this group will automatically embrace digital health services.

Limitations: The study has certain limitations. Firstly, the research was designed as a cross-sectional study. Cross-sectional design prevents the establishment of causal relationships. Secondly, the fact that the vast majority of participants had no prior experience with telemedicine may have caused attitudes to reflect perceptual assessments rather than actual usage behaviour. It is thought that attitudes may change significantly after using telemedicine platforms. Thirdly, the predominance of female participants in the sample may have influenced the results and reduced the level of representativeness. Finally, the study focused on selected psychological and literacy variables. More comprehensive studies, such as technology acceptance, behavioural intention, or trust-based models, would contribute to a better understanding of the complex mechanisms underlying telemedicine use.

CONCLUSION

This study has revealed that young adults' attitudes towards the use of telemedicine are shaped not only by digital skills, but also by health-related psychological factors. The findings suggest that health anxiety significantly and negatively predicts attitudes towards telemedicine services, whereas e-health literacy alone does not play a decisive role. These results suggest that improving digital literacy alone is not enough to encourage young adults to use remote healthcare services; a holistic approach that addresses health-related anxiety is also required. For telemedicine services to be adopted sustainably and effectively, multidimensional

interventions targeting technological competence, behavioural alignment and psychological alignment are required. Future research examining this process using larger samples and experience-based designs will contribute to the more effective implementation of remote healthcare services at a societal level.

Declarations:

Ethics Approval and Consent to Participate: Ethical committee approval (21.01.2026/Decision no: 587) has been obtained from the Bayburt University Ethics Committee for the study. Institutional permission has been obtained from Bayburt University to conduct the study (E-64446339-044-344593). Before the data were collected by the researcher, participants were informed about the study in accordance with the Declaration of Helsinki and their written/verbal consent was obtained. All methods were conducted in accordance with relevant guidelines and regulations. All procedures performed in this study were conducted in accordance with the ethical standards and guidelines of the approving ethics committee and in compliance with the principles of the Declaration of Helsinki and other relevant international ethical guidelines for research involving human participants.

Consent for Publication: Not applicable. The manuscript does not contain any data from identifiable individual persons.

Availability of Data and Materials: The raw/processed data required to reproduce the above findings cannot be shared to protect the privacy of participants.

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