

Research Paper:

Information Resources Trust and Self-care Behaviors in Prevention of COVID-19 Among Health Workers in Gonabad City, Iran



Maliheh Ziaee¹ , Adoljavad Khajavi², Alireza Najafzadeh³, Mitra Tavakolizadeh^{4*} , Sepideh Karkon Shayan³

1. Department of Community Medicine, School of Medicine, Social Determinants of Health Research Center, Gonabad University of Medical Sciences, Gonabad, Iran.

2. Department of Social Medicine, School of Medicine, Gonabad University of Medical Sciences, Gonabad, Iran.

3. Student Research Committee, Gonabad University of Medical Sciences, Gonabad, Iran.

4. Clinical Research Development Unit, Bohlool Hospital, Gonabad University of Medical Sciences, Gonabad, Iran.



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ABSTRACT

Background: Today, information resources play a paramount importance role in providing information and public awareness. COVID-19 is a highly contagious disease and general precautions and identifying the factors influencing the self-care behaviors play an important role in the prevention of the disease. This study aimed to assess the relationship between trust in information resources and self-care behaviors in the prevention of COVID-19 on faculty members, staff, or students of Gonabad University of Medical Sciences.

Methods: This was an analytical cross-sectional study, conducted on 192 faculty members, staff, or students of Gonabad University of Medical Sciences between May and April 2020. The sampling method was census. We used a valid and reliable questionnaire to assess our goals. Data on demographic variables, information resources trust and self-care behaviors to them were collected using online self-administered questionnaires. Data were analyzed using SPSS software v. 22 and Chi-square test and Pearson correlation coefficient.

Results: In this study, 60.2% of the subjects were male. The Mean±SD age was 24.18±7.97 years (ranged: 18-59). The highest levels of trust in the information resources about COVID-19 were related to articles (37.8%) and faculty information (22.2%), and the lowest ones were related to national media (27.3%) and satellite channels (25.5%). The quality of self-care behavior in females was significantly higher than males (P=0.018). There was no significant relationship between the level of trust in any of the information resources and the quality of self-care behaviors in the prevention of COVID-19 (P>0.05).

Conclusion: According to the results of this study, there was no significant relationship between the level of trust in information resources and the quality of self-care behaviors to prevent COVID-19 and further investigations are needed to find possible associated factors.

* Corresponding Author:

Mitra Tavakolizadeh, MSc.

Address: Clinical Research Development Unit, Bohlool Hospital, Gonabad University of Medical Sciences, Gonabad, Iran.

Phone: +98 (515) 7226833

E-mail: tavakolizadeh.m@gmu.ac.ir

1. Introduction

In late December 2019, coronavirus disease 2019 (COVID-19) was reported in China [1], and on January 29th, 2020, the world health organization declared COVID-19 a global health emergency [2, 3]. As of March 4, 2020, more than 80,560 people have been diagnosed with COVID-19, and 3,010 were died of COVID-19 in China [4]. Coronavirus is a new virus that has a high prevalence in the community. Its clinical symptoms are nonspecific and fever, cough, and shortness of breath are important symptoms. Respiratory failure and death have also been reported in most cases. The most common lung scan findings are double-sided glass opacities [5, 6].

Social media is responsible for providing complete and accurate information related to the pandemic, testing, treatment, and self-care behaviors in public places. If vaccines are available, the information resources should encourage people to use them and address the possible challenges. By providing information, health systems may alleviate the anxiety of people around COVID-19 with a mild illness that needs care concern. Social media can well enable users to remotely evaluate symptoms and determine the most appropriate course of action [7, 8]. Although social media, websites, and Internet search engines are readily available as health information resources, the level of trust is still a matter of debate. There is an immediate exchange of news from random resources and the non-verification and validation of information shared by non-professionals, which raises many concerns on public health [9]. Over the past decade, the environment that persons receive health information has changed dramatically. The rapid spread of technology in the public sphere has made an unprecedented amount of health information available to the general public [10].

Trust in information resources can help to prevent the spread of infectious diseases. The role of accurate information resources is obviously shown in controlling acquired immunodeficiency syndrome, which enhances the persons' information on the preventative and diagnostic methods. They can refer to health centers and perform diagnostic tests, which can lead to early diagnosis and facilitate treatment and prevent the spread of the disease [11]. Lack of trust may lead to refusal to take therapeutic interventions or preventive measures, which can lead to an increase in the risk of disease outbreaks [12]. Implementation of comprehensive strategies to reduce the related risk factors is very important to control the pandemic [13, 14].

Although there has been much speculation, it is still unclear how medical information and trust in different information resources can affect public health [15]. Self-care behavior is defined as action and attitude help maintain personal well-being and improve the health of an individual. In terms of maintaining health, self-care is any activity of the individual, the family, or community do to improve treatment or prevention of disease [16].

Coronavirus has a great potency of human-to-human transmission via aerosols. Self-care behavior and considering all precautions play an important role in preventing the infection. The coronavirus preventative equipment is a proper use of masks, gloves, clothing, etc. [17].

A study in Iran mentioned various transmission ways of COVID-19 and confirmed a wide range of precautions as follows: appropriate use of masks, gloves, and eye protection observing social distancing, avoiding unnecessary trips and touching eyes, nose, and mouth with contaminated hands, washing hands in a correct way with soap and water for at least 20 seconds several times a day, covering the nose while sneezing or coughing, and correct donning and doffing of protective equipment. They declared that considering the precautions had a significant effect on the outcome [18]. In this regard, information resources are of paramount importance to increase people's knowledge and encourage them to observe the precautions and improve their self-care behavior. Due to the limited studies in this area, this study aimed to investigate the role of trust in information resources and self-care behaviors in the prevention of COVID-19 on faculty members, staff, or students of Gonabad University of Medical Sciences.

2. Materials and Methods

Study design

This study was an analytical cross-sectional study conducted at the Gonabad University of Medical Sciences, Gonabad, Iran between May and April 2020. Our study participants included all faculty members, clinical and non-clinical staff, or students of Gonabad University of Medical Sciences.

Inclusion and Exclusion criteria

Inclusion criteria were at least a diploma or one year of work experience, the age of above 18 years, willingness to participate in the study, ability to read and write, and access to a smartphone and social applications. Withdrawal from the study and any defects in filling out the

questionnaire and lack of access to the considered applications to receive the questionnaire were considered as exclusion criteria

The study was conducted following the STROBE checklist. To ascertain high-quality reporting of observational studies, the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) was used in this study.

Procedure

The questionnaire was sent to the participants privately through WhatsApp and Telegram applications. Sampling was done using a convenience method.

Data Gathering

Participants were first asked to fill out three different questionnaires. First, they were asked to fill out a demographic questionnaire that included age, gender, level of education, occupation, and marital status. They were then asked to fill out an eight-question questionnaire evaluating the level of trust in information resources (including national or international resources or social media, articles, family, faculties, satellite channels, or posters) about COVID-19.

We used five-choice questions containing a very low, low, moderate, high, and very high level of trust. They were asked to fill out a self-care behaviors questionnaire for the prevention of COVID-19. In this questionnaire, self-care behaviors in the public areas, such as observing physical distance, using a face mask, washing hands, not being in crowded places, not traveling, etc. were evaluated, and the answers were rated on a four-point Likert scale: zero (not at all), one (once), two (two to three times), and three (above three times). The probable score of the prevention instructions ranged from 0 to 24. A higher score indicated good and a lower score indicated bad self-care behavior. Sample self-care checklist questions: Have you avoided traveling by plane, bus, train, and subway in the past two weeks and also a presence in busy events, such as concerts, festivals, and sporting events? Outdoors, which of the following measures or protective equipment do you use? Using gloves, wearing a face mask, or handwashing?

Validity and reliability

The validity of the questionnaires was assessed through content validity. To assess the validity of the questionnaires, we presented them to 12 faculty members of

Gonabad University of Medical Sciences) expert in psychiatry, community medicine, healthcare services management, health and welfare (PhD), health education and promotion, and nursing education (PhD) (who confirmed the consistency of the questionnaires. The internal consistency reliability of the questionnaires was also calculated (Cronbach's alpha was=0.89). The content validity assessed by content validity ratio (CVR) and content validity index (CVI) was desirable (0.71 and 0.82, respectively)

Statistical analysis

All data were analyzed with SPSS software, v. 22 (Inc., Chicago, IL., USA). Categorical variables were described using the frequency (percentage) of the data. The association between categorical variables was assessed using the Chi-square and Fisher's exact tests. Kolmogorov-Smirnov test was used to determine the normal distribution of data. Pearson correlation coefficient and linear regression were used to assess the correlation between the level of trust and self-care behavior. The results were expressed as an odds ratio with a 95% confidence interval. A $P < 0.05$ was considered statistically significant.

3. Results

Totally, 192 persons were studied. The mean age of participants was 24.18 ± 7.97 years (range: 18 to 59 years). The majority of participants were male (60.2%) students (83.6%), and single (79.6%) with a bachelor's degree (76%) (Table 1).

Table 2 shows that the highest levels of trust in the information resources about COVID-19 were related to articles (37.8%) and faculties (22.2%), and the lowest ones were related to national media (27.3%) and satellite channels (25.5%). The participants had a high level of trust in the information received from faculties or articles. They mostly had a moderate level of trust in the information received from national, international, and social media, family members, and posters. They mostly had a low level of trust in the information received from satellite channels (Table 2).

Students had less trust in the media than other participants ($P=0.044$) and also students had the highest rate of radio and television use. Single cases due to separation from the spouse had the highest use of satellite channels. Regarding COVID-19, they reported using satellite channels and international media (58.3% and 45.9%, respectively). Table 3 shows that the level of trust in all the information resources had no significant association

Table 1. Demographic characteristics of the studied population

Variables	Frequency (percent)	
Gender (n=191)	Female	76(39.8)
	Male	115(60.2)
Occupation (n=189)	Student	158(83.6)
	Employee	23(12.2)
	Faculty	8(4.2)
	Diploma	8(4.2)
	Associate	4(2.1)
Educational level (n=192)	Bachelor	146(76)
	Master	11(5.7)
	General practitioner	13(6.8)
	Specialist	10(5.2)
Marital status (n=191)	Single	152(79.6)
	Married	38(19.9)
	Divorced	1(0.5)

Data were described using frequency (percent).



with the quality of self-care in the prevention of COVID-19 ($P>0.05$).

Table 4 shows the association between demographic characteristics and self-care level in COVID-19 prevention. Linear regression showed that there was a significant relationship between gender and the level of self-care, mostly observed in women.

4. Discussion

The results showed that the highest level of trust in information resources came from articles and faculty members and the lowest level of trust was related to satellite channels and international media. In this regard, Joseph et al. conducted a study to assess the level of trust in information resources in two groups of people who used and who did not use the Internet to obtain health information. They declared that healthcare personnel provided the

most useful health information resources for both groups. The second choice for obtaining the health information in those who used and who did not use the Internet was Internet and television news, respectively [19].

Brown et al. assessed the trust in information resources among the studied population. They stated that the Internet was the most reliable information resource, followed by television (21%), radio (18%), and social media (11%) [20]. Chaudhry et al. conducted a study in Qatar and their results showed that about 37.8% of Qataris seek health information from family and friends, and 31.2% trust primary health care centers as a health information resource [21].

Dart et al. conducted a study in Australia and declared that the use of the Internet as a trustful health information resource by students and university staff was more than people with low or moderate socioeconomic status [22].

Table 2. The level of trust in the information resources

Level of trust	Information Resource							
	National Media (n=190)	International Media (n=190)	Social Media (n=191)	Articles (n=190)	Family (n=191)	Faculty Members (n=190)	Satellite Channels (n=190)	Posters (n=188)
Very low	38(20)	27(14.2)	12(6.3)	2(1.1)	13(6.8)	2(1.1)	35(18.4)	8(4.3)
Low	35(18.4)	61(32.1)	41(21.5)	3(1.6)	58(30.4)	8(4.2)	77(40.5)	15(7.8)
Moderate	65(34.2)	73(38.4)	94(49.2)	31(16.3)	87(45.5)	54(28.4)	60(31.6)	86(45.7)
High	38(20)	23(12.1)	36(18.8)	103(54.2)	25(13.1)	96(50.5)	13(6.8)	66(35.1)
Very high	14(7.4)	6(3.2)	8(4.2)	51(26.8)	8(4.2)	30(15.8)	5(2.6)	13(6.9)



Table 3. Association between the trust level in the information resources and quality of self-care

Resources	Self-care Status	Level of Trust				P*
		Very low	Low	Moderate	High	
National Media (n=175)	Good	37(21.1)	31(17.7)	60(34.3)	38(21.7)	0.237
	Bad	1(0.6)	4(2.3)	4(2.3)	0	
International media (n=183)	Good	26(14.2)	57(31.1)	68(37.2)	22(12)	0.936
	Bad	1(0.5)	3(1.6)	5(2.7)	1(0.5)	
Social media (n=182)	Good	12(6.6)	40(22)	86(47.3)	35(19.2)	0.427
	Bad	0	1(0.5)	7(3.8)	1(0.5)	
Articles (n=139)	Good	2(1.4)	3(2.2)	30(21.6)	95(63.8)	0.588
	Bad	0	0	1(0.7)	8(5.8)	
Family (n=182)	Good	12(6.6)	53(29.1)	82(45.1)	25(13.7)	0.678
	Bad	1(0.5)	4(2.2)	5(2.7)	0	
Faculty members (n=159)	Good	2(1.3)	8(5)	50(31.4)	90(56.6)	0.873
	Bad	0	0	4(2.5)	5(3.1)	
Satellite channels (n=184)	Good	34(18.5)	70(38)	57(31)	13(7.1)	0.665
	Bad	1(0.5)	6(3.3)	3(1.6)	0	
Posters (n=174)	Good	8(4.6)	15(8.6)	78(44.8)	63(36.2)	0.261
	Bad	0	0	8(4.6)	2(1.1)	

Chi-square test was used for the statistical analysis.



Aldorawish et al. showed that the most desirable information resource (considered the first choice) was social media (87.6%). While healthcare workers considered the lowest level of trust in social media (12.1%) [23].

Nowadays, there are various information resources worldwide, and different studies have shown that the level of trust in the information resources was different. However, they mostly had consensus on articles and faculty members as the most reliable resource. In our study, students had the highest use of radio and television, and they had the least trust in satellite channels. We also observed that women had better self-care behavior than men and the level of trust in information resources was not significantly associated with the quality of self-care behaviors in the prevention of COVID-19. Mohseni et

al. assessed 27963 individuals and showed that the frequency of very high, high, and low levels of trust in the health information comes from the healthcare system was 15%, 58.3%, and 1.3%, respectively [24]. Wong et al. conducted a study on 4235 cases in China. They used a web-based questionnaire to assess the role of organizational trust in preventative behaviors and treatment. They declared that those with a higher level of trust in prevention information and guidelines, provided by the central government, had a high rate of compliance with prevention measures [2].

The strengths of this study include the special need of conducting studies related to this disease and how to perform self-care during the COVID-19 pandemic and the diversity of participants in different age and occu-

Table 4. Association between demographic characteristics and self-care level in COVID-19 prevention using linear regression

Variables	B	S.E.	t	P
Gender	2.077	0.881	5.556	0.018
Age	0.061	0.094	0.42	2.077
Occupation	1.353	1.232	1.207	0.061
Education	0.108	0.259	0.174	1.353
Marital status	0.488	1.2	0.165	0.108
Constant	0.52	1.566	0.11	0.488



pational categories. It is important to conduct research on the health workers who are involved in the treatment and prevention of the disease. The small sample size was one of the limitations of this study. Self-reporting and audience diversity and the small number of some groups were other limitations of our study. It is highly recommended to perform further studies with a large sample size using different international questionnaires with the same goals to reduce the bias and investigate other possible variables to improve the results.

5. Conclusions

This study showed that the highest level of trust in the information related to COVID-19 came from articles and faculty members. There was no significant relationship between the quality of self-care behaviors in the prevention of COVID-19 and the level of trust in information resources.

Ethical Considerations

Compliance with ethical guidelines

This project was approved by the Ethics Committee of the Research Council of Gonabad University of Medical Sciences (Ethics Code: IR.GMU. Reached REC.1398.195). Electronic informed consent was obtained from all participants before the study.

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Authors' contributions

Conceptualization, Supervision And Methodology: Maliheh Ziaee and Abdoljavad Khajavi; Investigation, writing – original draft, and writing – review & editing: All authors; Data collection: Maliheh Ziaee, Alireza Najafzadeh, Mitra Tavakolizadeh; Data analysis: Maliheh Ziaee, Mitra Tavakolizadeh; Funding acquisition and resources: Maliheh Ziaee.

Conflict of interest

The authors declared no conflict of interest.

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