Information Seeking on Covid-19 Pandemic: Care Providers' Experience at the University of Gondar Teaching Hospital, Northwest of Ethiopia

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Background: During the pandemic, information is inevitable and important, and having knowledge on pertinent information is very crucial for health-care professionals in order to deliver sustainable and quality health services to their clients, and to combat the virus. Therefore, the aim of this study was to assess the health-care providers' information seeking behavior on COVID-19 pandemic.

Methods: A descriptive cross-sectional study had conducted among 291 respondents. The participant’s characteristics were presented using frequency and percentage. The association between the independent and dependent variables was explained using chi-squared test.

Results: Out of the 291 respondents, 207 (71.1%) of them had sought information on COVID-19 pandemic. The association between the gender and educational status with the outcome variable was found insignificant. Age ($\chi^2=10.6, P=0.011$), respondent’s working unit ($\chi^2=33.7, P<0.001$), profession ($\chi^2=12.7, P=0.013$), taking computer training ($\chi^2=17.44, P=0.000$), computer access at work place ($\chi^2=7.28, P=0.007$), internet access at work place ($\chi^2=22.2, P<0.001$), and frequency of internet use ($\chi^2=17.63, P<0.001$) were found significant with COVID-19 information seeking.

Conclusion: Information seeking behavior was positively associated with computer access, computer training, internet access and frequency of use. Therefore, comprehensive package is required to build the capacity of care providers on computer-related skills. Besides, institutions need to have internet and computer access.

Keywords: information seeking, COVID-19, pandemic, Ethiopia

Introduction

The World Health Organization (WHO) declared COVID-19, a new coronavirus disease, a pandemic in January 2020. Since the time of declaration, the virus continues a public health emergency of international concern.1 The COVID-19 virus continues to spread around the world. Currently millions of people are affected and hundreds of thousands have died from the coronavirus all over the world. The spread of the disease in Africa is also increasing.2 With limited number of tests in Ethiopia the Ministry of Health report showed that the COVID-19 pandemic is becoming a big threat and the virus is at the community level.3 Currently in Ethiopia, tens of thousands of people and hundreds of individuals are affected and have died from COVID-19, respectively.4 The impact of the virus has been imposed on different sectors like education, economy, and tourism, which leads to a societal, political and economic crisis.5
COVID-19 poses unprecedented intimidations to global human well-being, and high uncertainty associated with the novelty of COVID-19, many health-care providers rely on different health information sources.\textsuperscript{6,7,8} During this time, information is inevitable and important, and having knowledge on pertinent information is crucial for health-care providers in order to deliver sustainable and quality health services to their clients.\textsuperscript{9,10} This can be achieved only if the health-care providers have a sustainable access to latest and outdated health related information.\textsuperscript{11,12} Especially in the time of coronavirus, where the nature of the disease and its transmission is not well investigated, and the cure for the disease is not still discovered, seeking information and knowledge sharing are very important to combat the coronavirus disease.\textsuperscript{8,13}

Since the introduction of digital solutions, the landscape of information has changed drastically in health systems.\textsuperscript{6,7,14,15,16,17} This approach helps care providers in seeking information, which is a purposive searching of information, in order to satisfy their information need.\textsuperscript{9,10,18,19} People in the health systems are using different kinds of electronic information sources besides to the traditional approaches like printed brochures, magazines, and newspapers, colleagues, and family members. The need for information by health-care providers is escalating with the emergence of COVID-19 pandemic around the globe.\textsuperscript{20} Care providers are in need of different kinds of information on the diagnosis, treatment, and medical procedures that are perceived helpful for COVID-19 pandemic control.\textsuperscript{21,22}

Social media channels were distinguished as the most important information sources on coronavirus disease, and the other most significant sources of information were digital libraries and publishers’ repositories.\textsuperscript{8,15,16,23,24} Besides the abovementioned information sources, television was reported as one of the main sources of information about coronavirus.\textsuperscript{25} Prevention and control methods, mode of transmission and strategies for early recognition of COVID-19 were the most searched information by health professionals.\textsuperscript{20,26,27}

Studies showed that people’s information seeking and knowledge sharing practice reaches increased heights during emergencies. Since different infectious diseases like HIV/AIDS, tuberculosis, malaria, acute respiratory syndrome (SARS) and Asian bird flu have emerged, and the rate of bioterrorism has increased the need for health information and knowledge sharing practice by the care providers is getting higher and higher.\textsuperscript{23,31–34} The emergence of the COVID-19 pandemic has increased the health-care providers’ need of information and information-seeking behavior drastically.\textsuperscript{15,35–37} Even though there are limited studies conducted on the information-seeking behavior in other domains,\textsuperscript{10,11,38} the study conducted on health professionals’ information seeking on the COVID-19 pandemic in the case of low-resource setting teaching hospitals is limited. Therefore, the aim of this study was to answer this evidence gap by assessing the information-seeking practice of the care providers.

Method

Study Design and Setting

This study was conducted using an institutional based cross-sectional study design at the University of Gondar teaching and referral hospital from July 10 to July 30, 2020. The University of Gondar Hospital is found in Gondar city, one of the major cities located on the Ethiopia-Sudan border. The area is an investment corridor with hundreds of thousands of laborers, who are engaged in farming. The laborers lives in camps in groups. The hospital has converted many of its facilities into COVID-19 health centers. The hospital has been serving as a quarantine and treatment center for the North-West of Ethiopia. The hospital has more than six decades of teaching, research, health service delivery, and community service experience for the North-West of Ethiopia. The average patient visits per day in the hospital outpatient department for the last year was 300. Currently the hospital has around 600 beds in the main wards of the hospital: internal medicine, obstetrics and gynecology, surgical, and pediatric wards.

Sampling and Study Participants

All health-care providers who were working at the University of Gondar Teaching and Referral Hospital were the source population for this study. A finite population correction formula with a single population proportion\textsuperscript{39} was used to compute the final sample size with the assumptions of 95%CI, 5% margin of error, 10% nonresponse rate and a proportion of 50% for information seeking on COVID-19 pandemic, since there is no a prior research conducted on this. With a nonresponse rate of 27 (10%), the final sample size was considered as 300. To select the participants, we used a systematic random
sampling technique using a list from the human resource department of the hospital.

**Measurement**

The questionnaire was categorized into three parts. The first one was about the sociodemographic characteristics of the respondents, such as age, gender, educational status, working experience, and profession. The second and the third categories were about the technical-related variables and the information-seeking related questions, respectively. COVID-19 information seeking was measured using a question derived from a previous research.\(^\text{15}\) The respondents, were asked during the past one month, have you ever sought information about COVID-19 PURPOSELY from different sources (Internet, Books, Radio/Television, Newspapers/magazines, Family and/or Friends)?

The data collection process was conducted using an online survey. Reason for seeking information on COVID-19 were assessed using five options ("first reason", "second reason", "third reason", "fourth reason", "never"). In addition, health professionals' trust in different information sources about COVID-19 were scaled as "a lot", "some", "a little", "not at all".

**Data Processing and Analysis**

The data from the respondents were analyzed using SPSS software version 20. The frequency and percentile were used to describe the sociodemographic characteristics of respondents. The association between the dependent and independent variables or the statistically significant difference between the segments of a dependent variable with the dependent variable was presented in chi-squared test results. A \( P \)-value of \( \leq 0.05 \) was considered significant.

**Ethical Consideration**

The ethical clearance for this study was obtained from the ethical review board of the University of Gondar. The consent form to the respondents was attached to the front page of the questionnaire with the question to the participants about their willingness to be part of the study. All participants provided informed consent, and the study was conducted in accordance with the Declaration of Helsinki. Due attention was given to not personalize any of the participant’s information during data analysis, presentation, and interpretation. Moreover, all the tools used for this research were appropriately acknowledged.

**Result**

**Social and Demographic Characteristics**

Out of the 300 participants, 291 (97%) respondent’s questionnaires were found valid and ready for analysis. From the total respondents 78 (26.8%) of them were female and 243 (83.5%) of them were degree holders. More than 84% of the respondents were nurses and medical doctors. The mean age of the respondents was 28.9 years with standard deviation of ±4.9 years (Table 1).

**Technological-related Variables**

Half of the respondents 147 (50.5%) and 146 (50.2%) had computer access at their workplace and took computer training, respectively. Out of the 291 respondents, around 70% of them were using the internet for COVID-19 information (Table 2).

All respondents were asked for their reason for seeking information on the COVID-19 pandemic. Information

| Table 1 | Socio Demographic Characteristics of Health Professionals Working at University of Gondar Teaching and Referral Hospital (N=291) |
|---------|---------------------------------------------------------------------------------------------------------------|
| **Sociodemographic Characteristics** | **Frequency** | **Percentage (%)** |
| Gender | | |
| Female | 78 | 26.8 |
| Male | 213 | 73.2 |
| Age | | |
| 20–24 | 45 | 15.5 |
| 25–30 | 138 | 47.4 |
| 31–35 | 78 | 26.8 |
| 35+ | 30 | 10.3 |
| Educational status | | |
| Diploma | 11 | 3.8 |
| Degree | 243 | 83.5 |
| Masters and above | 37 | 12.7 |
| Work experience | | |
| ≤5 | 101 | 34.7 |
| 6–10 | 93 | 31.9 |
| 10–15 | 67 | 23.0 |
| 15+ | 30 | 10.4 |
| Profession | | |
| Physicians | 118 | 40.5 |
| Nurses | 128 | 44.0 |
| Midwife | 17 | 5.8 |
| Lab technologist | 19 | 6.5 |
| Others\(^a\) | 9 | 3.1 |

Note: \(^a\)Physiotherapist, public health officer and pharmacists.
seeking for diagnosis 113 (38.8%), treatment 100 (34.4%), to find updates on the mode of transmission 137 (47.1%), to find updates on prevention methods 145 (49.8%), global and local case reports 144 (49.5%), and for global and local death reports 116 (39.9%) were their main reasons for seeking information on the COVID-19 pandemic (Table 3). The leading trusted information sources by the respondents, were the CDC 141 (48.5%), WHO 173 (59.5%) and the Ethiopian Ministry of Health 137 (47.2%) websites (Table 4).

### Reasons for Seeking COVID-19 Information

This finding indicated that 113 (33.8%), 100 (34.4%) and 144 (49.5%) of the respondents first reason for seeking information on COVID-19 were to search for information about the diagnosis, treatment, and for global and local case reports, respectively. Besides, 137 (47.1%) and 145 (49.8%) of the respondents first reason for searching for information on COVID-19 was to find updates on the mode of transmission and prevention methods, respectively. Out of the total 291 respondents 17 (5.8%) of them had never sought information on COVID-19 global and local case reports (Table 3).

### Respondents Trust on Information Sources

This study finding indicated that around 60% of the respondents had a lot of trust in information disseminated by the WHO website. The Ethiopian Ministry of Health (EMOH) and CDC websites were also among the highly trusted sources of information by care providers with 137 (47.2%) and 141 (48.5%) respondents, respectively. Out of the 291 respondents, 78 (26.9%) of them had a little trust in information from religious organizations (Table 4).

### Health Professionals Information Seeking on COVID-19 Pandemic at University of Gondar Teaching and Referral Hospital (N=291) 2020

From the 291 respondents, 207 (71.1%) of them had an information-seeking behavior on COVID-19 pandemic. Out of them 155 (74.9%) and 176 (85.0%) with information seeking behavior on the pandemic were male participants and degree holders, respectively. Out of the 207 respondents, with positive information-seeking behavior,

### Table 2 Technology-related Variables for Health Professionals Working at the University of Gondar Teaching and Referral Hospital (N=291)

| Variables                                | Frequency | Percentage (100%) |
|------------------------------------------|-----------|-------------------|
| Computer access at workplace             |           |                   |
| Yes                                      | 147       | 50.5              |
| No                                       | 144       | 49.5              |
| Taking computer training                 |           |                   |
| Yes                                      | 146       | 50.2              |
| No                                       | 145       | 49.8              |
| Having an internet access at workplace   |           |                   |
| Yes                                      | 185       | 63.6              |
| No                                       | 106       | 36.4              |
| Satisfaction on internet                 |           |                   |
| Partially satisfied                      | 168       | 57.7              |
| Not satisfied                            | 123       | 42.3              |
| Frequency of internet use                |           |                   |
| Daily                                    | 160       | 54.9              |
| Weekly                                   | 113       | 38.8              |
| Less than ones in a month                | 18        | 6.2               |
| Using internet for COVID-19 information  |           |                   |
| No                                       | 86        | 29.6              |
| Yes                                      | 205       | 70.4              |

### Table 3 Reason for Seeking Information on COVID-19 Among Health Professionals Working at the University of Gondar Teaching and Referral Hospital (N=291)

| Reasons                                      | First ReasonN (%) | Second ReasonN (%) | Third ReasonN (%) | Fourth ReasonN (%) | NeverN (%) |
|----------------------------------------------|-------------------|-------------------|------------------|--------------------|------------|
| For diagnosis                                | 113 (38.8)        | 79 (27.1)         | 41 (14.1)        | 36 (12.4)          | 22 (7.6)   |
| For treatment                                | 100 (34.4)        | 58 (19.9)         | 58 (19.9)        | 43 (14.8)          | 32 (11.0)  |
| To find updates on the mode of transmission  | 137 (47.1)        | 61 (21.0)         | 39 (13.4)        | 29 (10.0)          | 25 (8.6)   |
| To find updates on the prevention methods    | 145 (49.8)        | 40 (13.7)         | 46 (15.8)        | 32 (11.0)          | 28 (9.6)   |
| For global and local case reports            | 144 (49.5)        | 46 (15.8)         | 38 (13.1)        | 46 (15.8)          | 17 (5.8)   |
| For global and local death reports           | 116 (39.9)        | 62 (21.3)         | 33 (11.3)        | 56 (19.2)          | 24 (8.2)   |

| Reasons                                      | First ReasonN (%) | Second ReasonN (%) | Third ReasonN (%) | Fourth ReasonN (%) | NeverN (%) |
|----------------------------------------------|-------------------|-------------------|------------------|--------------------|------------|
| For diagnosis                                | 113 (38.8)        | 79 (27.1)         | 41 (14.1)        | 36 (12.4)          | 22 (7.6)   |
| For treatment                                | 100 (34.4)        | 58 (19.9)         | 58 (19.9)        | 43 (14.8)          | 32 (11.0)  |
| To find updates on the mode of transmission  | 137 (47.1)        | 61 (21.0)         | 39 (13.4)        | 29 (10.0)          | 25 (8.6)   |
| To find updates on the prevention methods    | 145 (49.8)        | 40 (13.7)         | 46 (15.8)        | 32 (11.0)          | 28 (9.6)   |
| For global and local case reports            | 144 (49.5)        | 46 (15.8)         | 38 (13.1)        | 46 (15.8)          | 17 (5.8)   |
| For global and local death reports           | 116 (39.9)        | 62 (21.3)         | 33 (11.3)        | 56 (19.2)          | 24 (8.2)   |
170 (82.1%) of them used the internet for COVID-19 information seeking (Table 5).

The chi-squared association result showed that many variables had significant associations with information seeking behavior on COVID-19 pandemic. Age ($\chi^2=10.6$, $P=0.011$), profession ($\chi^2=12.6$, $P=0.013$), respondents working unit ($\chi^2=33.6$, $P<0.001$) and using the internet for COVID-19 information ($\chi^2=46.9$, $P<0.001$) were significantly associated with the dependent variable. The chi-squared result for sex ($\chi^2=1.032$, $P=1.032$) and educational status ($\chi^2=1.20$, $P=0.541$) were found insignificant (Table 5).

### Discussion

This study attempts to investigate health professional’s information seeking behavior, in the case of COVID-19 pandemic. The finding from this study will serve to identify the health-care providers’ possible media sources and their practice in information seeking. The survey result will give a direction for policy makers and ministries to select appropriate information sources to disseminate information related to pandemics like COVID-19. This finding will influence the care providers' engagement in disease control behavior. Besides, the associations of different independent variables with the outcome variable, information seeking practice are discussed hereunder.

Information acquisition practice on COVID-19 pandemic by the participants was found moderate, 207 (71.1%) of 291 participants. The reason for this high finding could be due to the pandemic’s nature and the care providers' high information need.6–8 The respondents reported they are using different types of platforms for COVID-19 information seeking. Social media (like Facebook and Twitter), WHO website, CDC website, Ethiopian Ministry of Health website, newspaper and magazine, and family members were among the main sources as elucidated in Table 4.

According to the result, the credibility of the information sources were varied. The participants found the WHO and the Ministry of Health websites were highly trusted sources. The possible reason for having a high trust in information disseminated by the WHO and EMOH could be due to the misinformation about COVID-19 from social media sources.16,20 COVID-19 related information from religious organizations and family members were less likely to be trusted by the respondents. Their reason for information acquisition on COVID-19 pandemic was mainly to seek information related to diagnosis methods, transmission ways, global and local case and death reports, and for updates on prevention methods. The main reason for searching information about COVID-19 diagnosis and treatment procedure by the care providers could be due to unclear clinical characteristics of the disease.23,24,40

It was found that 151/207 (72.9%) of the respondents had internet access at their workplace. One hundred and seventy out of 207 (82.1%) of the respondents used the internet for COVID-19 information acquisition. Relative to the technical infrastructure of the low resource settings the respondents were found with a better access to internet and digital devices. The findings of this study also suggest that health professionals still rely on traditional media (eg newspapers and magazines, religious organizations and family members) for COVID-19 information seeking, despite the fact that trust in traditional sources was low. The reason for doubting information from traditional media by the care providers could be due to high misinformation.
Table 5 (Continued).

| Variables | Respondents with Information Seeking Behavior | Percentage | P-value |
|-----------|-----------------------------------------------|------------|---------|
| Taking computer training | Yes | 120 | 57.9 | P<0.001 |
| No | 87 | 42.1 | \(\chi^2=17.44\) |
| Having computer at workplace | Yes | 115 | 55.6 | P=0.007 |
| No | 92 | 44.4 | \(\chi^2=7.28\) |
| Internet access at workplace | Yes | 151 | 72.9 | P<0.001 |
| No | 56 | 27.1 | \(\chi^2=27.20\) |
| Frequency of internet use | Daily | 101 | 48.8 | P<0.001 |
| Weekly | 96 | 46.4 | \(\chi^2=17.63\) |
| Less than once in a month | 10 | 4.8 | |

Note: Significance at P<0.05. Abbreviation: NS, non-significant.

Conclusion

In conclusion, 71.1% of the respondents had an information seeking behavior on the COVID-19 pandemic. ICT infrastructures like computer access, computer training and internet access at their workplace with frequent internet use were significant with information seeking on the COVID-19 pandemic. Besides, the information disseminated from WHO and Ethiopian Ministry of Health (EMOH) were found among the most highly trusted information sources on COVID-19. Therefore, to better disseminate the useful information regarding COVID-19 to health-care providers the trusted WHO and EMOH websites are recommended. This study assesses the care providers' information seeking behavior about COVID-19 information that advocates information dissemination using reliable sources and digital platforms for enabling health professionals to combat COVID-19 pandemic with other supportive stakeholders.

Limitation

The major limitation of this study was the small sample size, which had conducted in one teaching and referral hospital. However, the organizational nature of the public hospitals in Ethiopia are similar.
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Author Contributions
All authors contributed to data analysis, drafting or revising the article, have agreed on the journal to which the article will be submitted, gave final approval of the version to be published, and agree to be accountable for all aspects of the work.

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