# Chapter 47
# E-Health Knowledge Management by Australian University Students

**Wayne Usher**
*Griffith University, Australia*

**Lay San Too**
*Griffith University, Australia*

## ABSTRACT

*This study is the first research project to investigate Australian university students' e-health knowledge management trends. An online survey was developed (http://www.limesurvey.org) to collect both quantitative and qualitative empirical data. The survey was promoted via Facebook and 2 broadcast emails to students' email accounts who were attending Griffith University, Gold Coast, Australia (Arts, Education & Law). Two hundred and seventy-five (275) responses were included for analysis. A profile which emerged identifies that the majority of participants used the Internet to search for personal health information, used a random search engine, accessed online health information every few months, would mostly spend more than 1-15 minutes in reading it, with the majority accessing health topics concerning, 1) specific diseases, 2) medical treatment, and 3) health services. Australian university health services could benefit from understandings pertaining to students' e-health knowledge management usage trends to meet their personal health concerns. It seems plausible to claim that reliable websites, designed and managed by university health services, should have a predominant position among interventions which are specifically aimed to address students' health concerns.*

## INTRODUCTION

### University Students and Australia's Chronic Disease Epidemic

University students typically enter a dynamic transitional period of new independence from their parents that is characterised by rapid, interrelated changes in body, mind, and social relationships (Pullman *et al.*, 2009). Arnett (2000) has distinguished the period between ages 18 and 25 as a phase of "emerging adulthood," a liminal period between adolescence and adulthood. Although the university years are often viewed as a key phase for personal growth and development, they also represent a period of increased risk for injury, morbidity, and mortality associated with multiple health behaviours (Binkowska-Bury & Januszewicz, 2010). More precisely, many university students fail to meet recommended nutritional guidelines, have decreased physical-activity (Lowery *et al.*, 2000; Hendricks *et al.*, 2006; Reddy *et al.,* 2011) and many first-year boarding university female students are significantly more likely to start binge eating (Barker, 2007).

Australian university students are becoming less physically active and have increasingly adopted a sedentary lifestyle centred on computer use and television viewing (Alricsson *et al.,* 2008), leading to increased health risks. Correspondingly, chronic diseases are currently contributing to around 70% of the total burden of illness and injury experienced by the Australian population, with the expected proportion to increase to 80% by 2020 (Department of Health and Ageing, 2008). There are 8 identified health areas which contribute significantly to the burden of illness and injury in Australia, identified as National Health Priority Areas, these being: 1) arthritis, 2) musculoskeletal conditions, 3) asthma, 4) cardiovascular health, 5) diabetes mellitus, 6) injury 7) obesity and 8) mental health.

With a chronic disease epidemic emerging throughout the Australian population, Yee *et al.,* (2008) argued that current healthcare delivery, management and education models pertaining to chronic disease and addressing health inequalities will not meet future demands, and that productivity and efficiency of future healthcare and education will be sustainable only if organisations leverage advances in technology (i.e., the Internet). As health provision moves into the early 21st century, it is important for health care providers to adopt new initiatives in an attempt to cater to modern health problems, chronic diseases, and escalating health care costs (Towards a National PHC Strategy, 2008; World Health Organisation, 2010). Such ideologies are underpinned by the perception that healthy lifestyles depend on the early adoption of healthy living habits and readily accessible information; unhealthy lifestyles among youths are strongly linked to unhealthy habits in adulthood (Lowery *et al.*, 2000; Landsberg *et al.*, 2010).

As young people are seen to be in a unique stage of knowledge absorption and personality shaping and are prolific in their technology usage (Anderson, 2001; Bernhardt & Hubley, 2001), it would seem appropriate that early intervention programs should be aimed at combining young peoples' health awareness and communication networks as a strategy for combating Australia's growing illness epidemic. Thus, the understanding and evaluation of healthy lifestyles and knowledge management via modern communication networks (i.e., the Internet) among university students are essential for the promotion of their healthy growth and for guiding early preventative programs. Furthermore, Landsberg *et al.*, (2010) identifies that the university environment is an ideal and cost-effective means of developing healthy lifestyles.

### Internet Usage Trends and University Students

It is a given that university students use the Internet (Anderson, 2001). University students continue to be early adopters of new Internet tools and ap-

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