

# A nurses eye-view on the Aspects of adult Patients' health Literacy

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Original Article

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## Abstract:

**Objective:** Currently, health literacy is a hot topic worldwide. It is important for all age groups, for every individual and for society as a whole. Health literacy refers to the ability to obtain, understand and use information related to health and healthcare. The aim of the study was to identify problems related to health literacy that patients encounter in the context of their own healthcare and at the same time clarify the views of nurses on the education and health literacy of older patients.

**Design:** Qualitative research using the technique of semi-structured interviews.

**Participants:** Interviews were conducted with 10 senior healthcare workers (9 women, 1 man) from four healthcare facilities in the Czech Republic and Slovakia. The average age of the participants was 48 years (SD = 6.65, median 47, range 38 – 60).

**Methods:** The method of content analysis was used to analyze the obtained data. The obtained data were processed based on the analysis using open and thematic coding and categorization.

**Results and conclusion:** Barriers and strategies used by patients in managing their health were identified. These barriers and strategies were grouped into three themes and nine categories. Health literacy screening in a clinical care environment would not only be a beneficial tool in the care of elderly patients. Healthcare managers and senior healthcare workers should develop strategies to create environments and resources supportive of health literacy interventions.

### Biography of the first author

Snopet Petr is an assistant professor at the Faculty of Humanities, Tomas Bata University in Zlin, Czech Republic. His professional interest is the quality and safety of nursing care as well as healthcare management. At the Faculty of Humanities, in addition to teaching, he also coordinates students' professional internships. He continues to maintain his professional erudition in clinical practice in the hospital. He likes to pass on his experience and knowledge to students, with whom he also likes to discuss the reality of theory and practice.

### Introduction

Currently, health literacy is a discussed topic worldwide. It is important for all age groups, for every individual, and also for society as a whole. Health literacy refers to the ability to obtain, understand and use information related to health and healthcare. It is important for patients to have sufficient knowledge and skills to take proper care of their health and communicate effectively with healthcare professionals. If we are to be a healthy society, the health literacy of all citizens, not only health professionals, is essential at the highest possible level.

There are many explanations of how to understand the term health literacy. In the available professional literature, in addition to more extensive interpretations that contain a broader definition, you can also find short and simple definitions of the field of health literacy (1).

The World Health Organization (WHO) defines health literacy as cognitive and social skills that determine individuals' motivation and ability to access, understand and use information in such ways that promote and maintain good health (2).

In his publication, Bendl (2) states: *“If a person is to take responsibility for their own health and the health of their loved ones, they must have enough knowledge and skills to do so. Not so that they can replace professional health-care workers, but so that they can enter into a partnership with them.”*

A common feature of all definitions is a focus on the individual's ability to obtain, process and understand the health information and services necessary to make desirable health-related decisions (3). However, it also includes a focus on the ability of the management of healthcare organizations to work with information and make the right decisions (4).

Health literacy develops throughout life and, like most complex human competencies, is influenced by health status as well as demographic, socio-political, psychosocial and cultural factors. The benefits of health literacy therefore affect the whole range of life activities – home, work, society and culture (5).

Currently, the highest possible level of health literacy is supported not only by healthcare organizations but also by the management of other organizations and companies, as they are well aware that the prosperity and competitiveness of

a company is closely related to the mental and physical health of its employees.

According to data from the Ministry of Labour and Social Affairs of the Czech Republic (6), there are currently 2.132 million seniors over the age of 65 living in the Czech Republic (that is, approximately one fifth of the population of the Czech Republic). In 2030, there will be 2.4 million senior inhabitants and in 2050 even 3 million, which will be almost 30% of all people living in the Czech Republic. Previous research on health literacy in the elderly population clearly declares that the elderly, in addition to their deteriorating health, have difficulties affecting their ability to self-care. These include a high prevalence of cognitive impairment, including a significant decline in working memory and health literacy over time (7).

It is obvious that the most serious consequence of a patient's low health literacy can be death. Patients who do not have a good understanding of their medical condition, associated dietary restrictions, environmental triggers, and are not aware of how to properly take prescribed medications can suffer life-threatening consequences. Patients with a low level of health literacy are particularly at risk of negative outcomes.

Through education, healthcare professionals aim to influence the cognitive and affective attitudes, and above all, the behavior of the target groups in the desired direction.

Chronically ill people belong to those strata of the population that are dependent on the help of others (doctor, nurse, carer, family) or on the care of an institution (hospital, social services home, community). The course of chronic diseases is long-lasting, unpredictable, reduces the quality of life and requires extensive care. Chronic disease not only changes the life of the patient, but also that of their family by interfering in their physical, mental and social spheres (8).

Especially with chronic diseases, health literacy plays one of the key roles. Despite all efforts, the behavior of the population has not changed significantly. It is particularly evident, for example, in the eating habits of the population. A significant percentage of children and adults suffer from obesity.

The healthcare paradigm shift to patient-centered care established the patient's lived experi-

ence as the fundamental measure of quality of care. Two of the important evaluative dimensions of the patient experience are communication and education. Managers in healthcare play an important role by supporting employees in developing these skills in this area too (9).

### **Research objectives, methodology and data**

The research was carried out in a qualitative form using the interview technique. Participation in the conducted research was completely voluntary. This article presents only some parts of the detected primary information, which are part of the entire complex of observed facts, data and information.

Semi-structured interviews were conducted with nurse managers at whose workplaces adult patients are hospitalized. Interviews were conducted with 10 participants (9 women, 1 man) from four healthcare facilities in the Czech Republic and Slovakia who also participate in education or educational meetings held at their workplaces as part of their managerial positions. The average age of the participants was 48 years (SD = 6.65, median 47, range 38 – 60). The average length of total clinical experience was 26.5 years (SD = 6.96, median 25.5, range 14 – 38). The interviews were conducted in the range of approximately 45-90 minutes. Through these interviews, nurses' opinions and experiences with patients' health literacy were ascertained. The battery of questions mainly concerned barriers to patients' health literacy, strategies for overcoming these barriers and specific motives for increasing patients' health literacy.

The method of content analysis was used to analyze the obtained data. Each nurse was assigned a protocol number. The obtained qualitative research survey data were processed on the basis of analysis, using open and thematic coding and categorization. Transcripts were repeatedly read, segmented and annotated in search of significant connections.

Understanding the data was ensured by a study of professional literature, theoretical and practical studies, as well as valuable consultation with colleagues. During the first readings, insight was gained into the issue itself, but gradually deeper connections and meanings were found that revealed new perspectives and insights.

## Results and discussion

In this study, nurses' opinions on patients' health literacy were investigated. Barriers and strategies used by patients in managing their health were identified. These barriers and strategies have been grouped into the themes and categories below. Due to the scope of the study and the limited possibilities of presenting the obtained results, only selected identified topics and categories are presented below.

themes	categories
barriers	age education attitude
social sphere	family caregiver
	patient's family support media space
key information	key information caregiver

### Age

The most frequent concept or barrier emphasized by study participants in the context of patients' health literacy was age.

*"Due to the chronicity of the disease that is treated by us, it can be seen how patients with increasing age have a harder time understanding and remembering how to proceed in their own treatment."*

*"The font size on the package leaflet is small and unsuitable for elderly patients, especially those with visual impairments. Some don't want to look for glasses, so they don't re-read information they're not sure about, e.g., when applying anticoagulants."*

*"I have noticed that quite a lot of older patients are reluctant to accept changes in their long-term treatment."*

### Attitude

The participants believed that the care and education of elderly patients is difficult mainly due to a lack of understanding of why these patients adopt certain attitudes that prevent them from engaging in more intensive care of their own health. These attitudes generally contained these characteristics: a lack of interest in managing new strategies in relation to their current

state of health, and a refusal to adapt and adjust to the new state of health.

*"Sometimes I am not able to identify to what extent the patient understood what I was explaining to them."*

*"I am often aware of the general statement that the older a person is, the harder it is to learn new things. For example, patient's argument that they only went for an examination once a year, so why do they have to do it more often now?"*

*"Do you know how old I am? I do not matter anymore, I'm at the end of my journey."*

*"Sometimes it is quite a problem to convince some patients not to drink liquids for a certain period of time before surgery. After all, it's just a little water, it can't hurt."*

*"Nurse, I get myself some antibiotics here and there, but I'm not able to do any regularity and nothing has happened to me yet and I feel like it always works, so why shouldn't it work now?"*

*"I can never remember the name of the pain meds so when I'm out of them I don't want to go to the pharmacy and say I don't know what they're called so they don't think I don't remember anything anymore."*

As in the study conducted by Kim and Oh (7), we found that some elderly patients showed a proactive approach to engaging in healthy, recommended behaviors and successful self-care. However, it is difficult to identify what causes the difference in the self-care approach of elderly patients. Understanding the reasons for certain attitudes could be a starting point for improving the health literacy of these patients.

### Family, caregivers, support of the patient's loved ones

*"In most cases, elderly patients come with their adult children. If they are required to make a decision or approve a treatment method, they have the opportunity to consult with their children directly. However, sometimes these relatives intensively enter into this process, which is then more challenging for us healthcare professionals."*

*"We often find ourselves educating the relative rather than the patient, which is neither correct nor ideal."*

*"I perceive certain problems in the implementation of care in the case of a more serious diagnosis, when a relative, who comes to the*

doctor's office with the patient, is being educated. They want to support and help the patient, but they do not live with them in the same household and subsequently do not have enough space or time to repeatedly pass on information to the patient. It is then more appropriate to increase efforts and educate the patient repeatedly."

"The lack of medical professionals and the associated time options limit us in the scope of the necessary patient education."

In the above cases, the patients' relatives were perceived as their supporters. However, the reality is also such that elderly patients are a kind of mediators between healthcare professionals and family relatives, and the decision-making power rests with the relative and not the patient.

### Key information

Summarizing or repeating key information was cited by participants as an essential part of patient education.

"It's so good that you tell us this information, but I really don't remember all of it. It's a shame I can't see very well, I could read it later."

"This brochure is very nice, but I would recommend making a short summary at the end so that I don't have to read everything."

"You said it all so well, but I don't exactly know what you said at the very beginning, can you quickly repeat it to my granddaughter?"

The study is limited by the so-called lower representativeness of the studied group. From the aspect of generalization of the results, the mentioned shortcoming would be solved by a selection of respondents throughout the territory of the Czech Republic and Slovakia, as well as by the design of the survey. Further interviews with other professionals involved in health care, as well as with the patients themselves, would likely shed light on our understanding of health literacy barriers and solutions. Although we initially focused on cognitive issues related to literacy, it was quite evident that they are inextricably linked with social, economic and cultural dimensions. For this reason, we realize that the results of the study and our final statements cannot be generalized and that they are valid only for the selected group of respondents and the research method used. We can therefore consider our study as partial, which can form a starting

point for further implementation of quantitative and qualitative research on a larger group of respondents.

### Conclusion

This study aimed to identify health literacy issues that patients encounter in their healthcare and at the same time to clarify nurses' perspectives on the education and health literacy of older patients in order to provide better and more effective care management to increase their health literacy.

Given the reported and unreported findings and the increasing numbers of the elderly population, there is a need to develop and implement systemic assistance and interventions specialized for older patients and their health care providers to improve clinical practice and patients' health literacy.

We believe that health literacy screening in a clinical care environment would be a beneficial tool, not only in the care of elderly patients. The benefits of improving health literacy include better healthcare decision-making, adherence to treatment guidelines, and thus improved health status, all of which should lead to cost savings for the healthcare system and improved patient and provider satisfaction. Creating awareness among healthcare professionals is an essential aspect. They should consider the different skill levels of their patients and adapt their information and communication strategies to meet individual patients' needs. As reported by Pitt et al. (10), previous research shows that health professionals who were aware of the concept of health literacy used more skills to improve patients' health literacy.

In clinical practice, nurses as healthcare professionals, in addition to being responsible for providing direct patient care, are also responsible for fulfilling their educational needs. Health care managers and senior employees should develop strategies to create environments and resources supportive of health literacy interventions.

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