

Leaders in Patient Education:

Health Literacy Knowledge and Experience Unlocks the Door to Effective Patient Education

Deborah Kennard, MSN, RN Seton Hall University



Purpose

To examine the evidence related to nurses' taking a leadership role in knowledge and experience with health literacy and the impact it has on effective patient education.

Definition of Healthy Literacy

The degree to which individuals can obtain, process, and understand basic health information and services they need to make appropriate health decisions (IOM, 2005)

Prevalence of Health Literacy in U.S.

- *Only 12% of the nation's adults have proficient health literacy skills
- *Half of all adults have limited health literacy skills (Mayer & Villaire, 2007)

Results:

- *Poor chronic disease management
- *Higher rate of hospitalization
- *Increased healthcare costs
- *Poor medication adherence

Results

HEALTH LITERACY KNOWLEDGE:

RN knowledge gaps in the following:

- Identification of high risk groups for low health literacy such as the elderly
- Screening tools to assess health literacy skills
- Guidelines for written information (Knight, 2011; Cormier, 2009; Torres et al., 2014, Cafeiro, 2013).

Mixed methods study found gaps including:

- Only 75% knew anything about health literacy
- Only 45% perceived it interfered with ability to follow through with treatment (Macabasco-O'Connell et al., 2011)

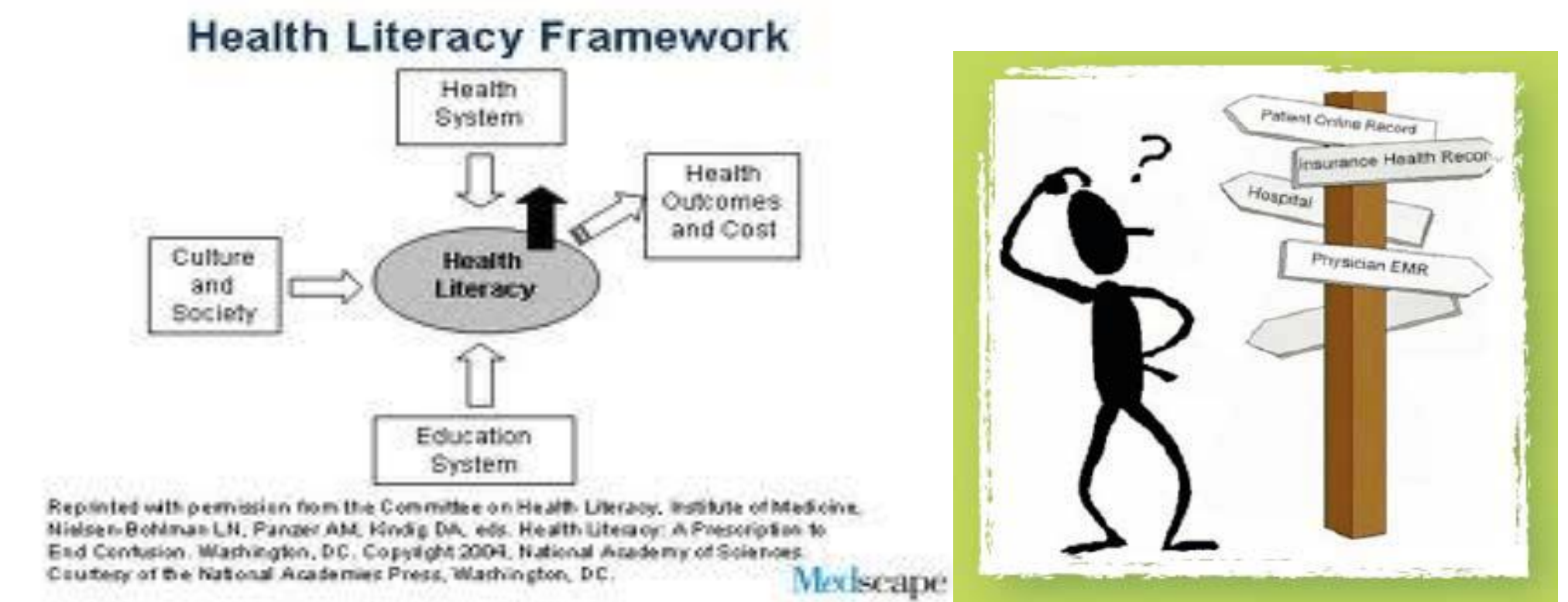
HEALTH LITERACY EXPERIENCE:

- *RN Students were engaged only sometimes (2.04, SD=0.53) in scale ranging from 1-4 (Cormier, 2009).
- *Nurses in Georgia responded that only 50% had experience in areas of health literacy (Knight, 2011)
- *50% of NPs reported "never" or "sometimes" to health literacy experience (Cafiero, 2013)

PATIENT TEACHING TECHNIQUES:

- *Self reported use of teaching strategies were revealed most do not routinely use appropriate communication techniques (Schwartzberg et al., 2007).
- *Teaching techniques to assure understanding were used only half of the time by RNs in Texas (Payne, 2009)

Images



Conclusions

- *Nurses are limited in taking a leadership role in patient education due to the gaps in their own knowledge of health literacy.
- *Nurses have overall less experience in health literacy demonstrating their lack of incorporating what they do know about health literacy into practice.
- *Nurses perceive they use some appropriate teaching techniques but possibly overestimate frequency and effectiveness.
- *More research is needed to find specific areas of nursing where the need for health literacy education is most appropriate.

References Available