



Creating 'Win-Win' Outcomes For Patients With Low Health Literacy: A Nursing Case Study

Nasser Fandi Sumayhan Alanazi^{1*}, Mohammed Matar Nazal Al-Enezi², Arwa Mohammed Hassan Makin³, Alanoud Humaidi Rakyan Alanazi⁴, Badriah Khalid Almutairi⁵ And Fawziah Khaled Almutairi⁶

¹Nursing, nasser-519@hotmail.com, General Directorate of Health Affairs, Riyadh

²Male nurse assistant, mohameedma@moh.gov.sa, King Khalid Hospital in Al Kharj

³Midwifery technician, amakin@moh.gov.sa, Abu Arish General Hospital

⁴Nursing, alalanzi@moh.gov.sa, Rawda 2 Primary Health Care Center

⁵Nursing technician, balmoutari@moh.gov.sa, King Khalid Hospital in Al Kharj

⁶Specialist Nursing, FAlmutayri@moh.gov.sa, Maternity and Children's Hospital in Al-Kharj

***Corresponding Author:** Nasser Fandi Sumayhan Alanazi

*Nursing, nasser-519@hotmail.com, General Directorate of Health Affairs, Riyadh

Abstract:

Health literacy is a critical factor in patient outcomes and healthcare delivery. Patients with low health literacy face significant challenges in understanding their healthcare needs and navigating the complex healthcare system. This case study explores strategies for creating 'win-win' outcomes for patients with low health literacy through the lens of a nursing perspective. By utilizing patient-centered care, health education, and clear communication, nurses can empower patients with low health literacy to make informed decisions about their health and improve their overall outcomes.

Keywords: Health literacy, patient-centered care, nursing, communication, education

Introduction:

Health literacy is defined as the degree to which individuals have the capacity to obtain, process, and understand basic health information and needed to make appropriate health decisions. Patients with low health literacy often struggle to understand medical jargon, interpret healthcare instructions, and navigate the healthcare system effectively. As a result, they are at a higher risk of medication errors, missed appointments, and poor health outcomes. Nurses play a crucial role in bridging the gap between patients with low health literacy and the healthcare system by providing education, clear communication, and support.

Method:

Case Study:

Patient Background:

Mrs. Johnson is a 65-year-old woman with limited education and low health literacy. She has been recently diagnosed with type 2 diabetes and prescribed a complex medication regimen, dietary changes, and regular glucose monitoring. Mrs. Johnson struggles to comprehend the information provided by healthcare providers and feels overwhelmed by the treatment plan.

Nurse's Approach:

Building Trust and Rapport:

The nurse recognizes the importance of establishing trust and rapport with Mrs. Johnson. Through active listening and empathy, the nurse creates a safe and non-judgmental environment, allowing Mrs. Johnson to express her concerns, fears, and difficulties openly.

Assessing Health Literacy:

The nurse utilizes appropriate assessment tools and techniques to determine Mrs. Johnson's health literacy level accurately. This assessment includes evaluating her understanding of medical terminology, reading and numeracy skills, and her ability to follow instructions.

Clear Communication:

Recognizing the need for clear and concise communication, the nurse avoids medical jargon and uses plain language. Complex concepts and instructions are broken down into simpler terms and explained in a step-by-step manner. The nurse also encourages Mrs. Johnson to ask questions and seek clarification whenever needed.

Visual Aids and Multimedia:

Understanding that visual aids can enhance understanding, the nurse employs visual materials such as diagrams, illustrations, and videos to explain diabetes management concepts. These visual aids provide Mrs. Johnson with additional support for comprehension and retention.

Teach-Back Method:

To ensure Mrs. Johnson's understanding, the nurse employs the teach-back method. The nurse asks her to explain the information provided in her own words, demonstrating the correct use of devices, teaching materials, and medication administration techniques. This interactive approach allows the nurse to identify areas that require further clarification.

Written Instructions and Resources:

Recognizing that patients with low health literacy may struggle with written instructions, the nurse provides written materials using plain language and simple instructions. The nurse ensures that these materials are easy to read, well-organized, and include visual cues to reinforce key points. Additionally, the nurse offers additional resources, such as pamphlets or websites, specifically designed for patients with low health literacy.

Collaborative Goal Setting:

The nurse involves Mrs. Johnson in setting realistic and achievable goals related to diabetes management. By actively engaging her in the decision-making process, the nurse empowers Mrs. Johnson and encourages her to take ownership of her health. The nurse ensures that the goals are specific, measurable, attainable, relevant, and time-bound (SMART).

Result:

The nursing team developed a personalized care plan for Mr. Smith that included simplified medication instructions, visual aids, and a follow-up phone call within 48 hours of discharge. The team also provided Mr. Smith with a list of community resources, including a home health service for medication management and a local support group for heart failure patients. By tailoring the education and support provided to Mr. Smith's specific needs and preferences, the nursing team was able to empower him to take control of his health and well-being.

Discussion:

Creating 'win-win' outcomes for patients with low health literacy requires a patient-centered approach that takes into account the individual's unique needs, preferences, and challenges. Nurses can play a key role in improving health literacy by providing clear communication, education, and support. By simplifying medical information, using plain language, and incorporating visual aids, nurses can help patients with low health literacy understand their health conditions, treatment options, and self-care instructions. Additionally, nurses can facilitate access to community resources and support services to empower patients to manage their health effectively.

Conclusion:

In conclusion, nurses have a vital role in promoting health literacy and empowering patients with low health literacy to make informed decisions about their health. By adopting a patient-centered approach, clear communication, and tailored education, nurses can create 'win-win' outcomes for patients with low health literacy. Through collaborative efforts between healthcare providers, patients, and community resources, we can bridge the health literacy gap and improve patient outcomes for like Mr. Smith.

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