Are We Missing the Cues? Medical-Surgical Nurse's Abilities to Predict Patient Health Literacy Level in a Rural Border Hospital

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BACKGROUND & SIGNIFICANCE

- Registered Nurses (RNs) play a critical role in patient education. However, this education is often conducted in very few sessions with information flowing in one direction [3,4]

- Health literacy (HL) is the ability of the patient to understand basic health information and use the information in a meaningful way to make informed decisions about their care. Low health literacy (LHL) is often prevalent in rural communities challenged with socioeconomic factors and limited health resources [1,2,4]

- HL is only vaguely explored during academic preparation and often is not a focus once the RN is practicing in the clinical environment [4,5]

- Healthcare providers tend to overestimate their patient's HL abilities.[6]

- Without a standardized HL assessment tool, RNs are left to their own skills and experience to identify if LHL is present in their patient population [5,6]

- Currently, there is no explicit regulatory requirement to address LHL in healthcare organizations. [3]

PURPOSE/ SPECIFIC AIMS

- Describe the accuracy of RN's abilities to predict patient HL level in the absence of a standardized HL assessment tool.

- Describe the relationship between registered nurse's demographics and their ability to accurately predict patient health literacy levels.

METHODOLOGY

Cross-sectional correlation and predictive study of RNs (n=59) who work in a medical-surgical unit at El Centro Regional Medical Center, a rural border acute care facility located in Imperial County, CA.

Inclusion criteria included nurses who had provided direct care to a patient for a minimum of 6 hours prior to the data collection period as reported by the nurse. Patient HL level was measured using the Newest Vital Sign (NVS) instrument.

FINDINGS

RN Sample Demographics (n=59)			
Variable		Freq.	%
Years Experience	0-1 yrs.	16	27.1
	2-3 yrs.	16	27.1
	4-7 yrs.	18	30.5
	8+ yrs.	9	15.3
	Total	59	100
Degree	Assoc.	35	59.3
	Bachelor	24	40.7
	Total	59	100
Familiarity with Health Literacy	1 (No familiarity)	22	37.3
	2	16	27.1
	3	13	22.0
	4	5	8.5
	5 (Very familiar)	3	5.1
	Total	59	100

- An overwhelming majority (97%) of RNs were unable to accurately identify their patient's health literacy level.

- Years of experience, highest degree level obtained, and familiarity with concept of health literacy were not significant predictors of nurse's ability to accurately predict patient HLL.
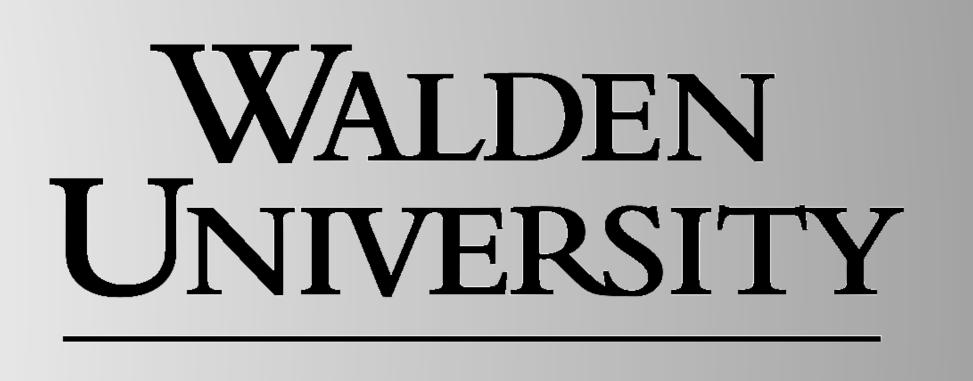
APPLICATION TO CLINICAL PRACTICE

- Inability to detect LHL may result in patients' educational needs remaining unmet.

- Further supports the need for a standardized approach in the clinical practice environment to address LHL

- Implementation of an assessment tool and using "standard" precaution approaches to patient education are needed.

- Academic nursing programs should incorporate additional HL awareness and training in their curriculum

- Healthcare organizations should provide routine education on HL concept, prevalence and evidence-based interventions

LIMITATIONS

- Convenience sample from a single medical surgical unit in one rural border healthcare facility.

- Data was collected during high patient volumes, with the organization employing supplemental nursing staff not native to the community who may struggle with appropriately detecting patients' HL abilities.

RESEARCH IMPLICATIONS

- Apply study model to additional rural-border healthcare organizations to increase generalizability of findings.

- Compare data from multiple healthcare settings (inpatient vs. outpatient vs. community)

KEY REFERENCES

1. Bonaccorsi, G., Lastrucci, V., Vettori, V., & Lorini, C., (2019). Functional health literacy in a population-based sample in Florence: A cross-sectional study using the newest vital sign. BMJ Open, 9(6), 1-11 doi:http://dx.doi.org.ezp.waldenulibrary.org/10.1136/bmjopen-2018-026356
2. Bostock, S., & Steptoe, A. (2012). Association between low functional health literacy and mortality in older adults: Longitudinal cohort study. BMJ (Clinical Research Ed.), 344, e1602. https://doi-org.ezp.waldenulibrary.org/10.1136/bmj.e1602
3. Goggins, K., Wallston, K.A., Mion, L., Cawthon, C., & Kripalani, S. (2016). What patient characteristics influence nurses' assessment of health literacy? Journal of Health Communications. 21. 105-108.
4. Harnett, S. (2017). Promoting health literacy in the inpatients setting: Assessment and interventions. Journal of Consumer Health on the Internet. 21(4). 410-416. doi:10.1080/15398285.2017.1377543.
5. Macabasco-O'Connel, A. & Fry-Bowers, E.K. (2011). Knowledge and perceptions of health literacy among nursing professionals. Journal of health Communications. 16. 295-307.
6. McCormack, L., Thomas, V., Lewis, M.A., & Rudd, R., (2018) Improving low health literacy and patient engagement: A social ecological approach. Patient Education and Counseling, 100, 8-13

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