

# Training health professionals in health literacy: use of the hospital audit tool

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## Background

The current state of health literacy has been described as a public health crisis [1] and yet few health professionals are aware of this important construct [2]. The importance of understanding a persons' level of health literacy has been demonstrated by the fact that people who have a lower level of health literacy tend not to do so well within the health system [3]. Not only do they have worse health outcomes; they may also not be engaged in their own healthcare to the recommended extent [4].

Health professionals can have many different responses to a persons' level of health literacy [5]. To improve health professional's understanding, awareness and skills in health literacy, education initiatives have taken place including the use of a hospital signage audit tool [6, 7]. These initiatives may eradicate some of the more negative aspects of healthcare experienced by people who have lower levels of literacy [8].

This objective of this study is to report on trainee health professionals' awareness of health literacy and to evaluate the use of a hospital signage audit tool on increasing the trainees' levels of awareness and knowledge of health literacy.

## Methods

A health literacy awareness questionnaire [2] was administered to 11 trainee multi disciplinary health professionals. The trainees then undertook further teaching about the concept of health literacy and within small groups conducted a walk-through hospital audit using the hospital signage audit tool [6] at three local hospitals. The trainees presented the results of their health literacy audit to the rest of the group and then were surveyed again using a health literacy awareness questionnaire [2].

## Results

All the trainees showed an improvement in their awareness and knowledge about health literacy following the use of the health literacy audit tool. Table 1 presents the pre and post mean (SD) scores for each of questions on the health literacy awareness questionnaire. The scores ranged from 1-7 for each question. 7 was the highest score for each question

**Table 1. Change in response to different questions (mean score  $\pm$  SD out of possible 7)**

Health Literacy Questions	Pre-mean (SD)	Post-mean (SD)	Difference (SD)
Q1 I understand what it means for pts to have low literacy	4.2 (1.2)	6.5 (0.5)	2.3(0.9)
Q2 I know the prevalence of low health literacy	2.4 (1.0)	5.9 (0.4)	3.5(0.8)
Q3 I know the groups that are more likely to be low health literate	3.9 (1.0)	6.0 (0.6)	2.1(0.8)
Q4 I understand the health outcomes associated with low health literacy	3.7 (0.8)	6.1 (0.7)	2.4(0.8)
Q5 I can identify patients with low health literacy	3.3 (0.9)	5.3 (0.6)	2.0(0.8)
Q6 I can pay attention to whether or not my patients understand what I am telling them	5.1(1.5)	6.0 (0.6)	0.9(1.1)
Q7 I speak slowly	5.2 (0.6)	5.9 (0.5)	0.7(0.6)
Q8 I use plain non-medical language	5.5 (0.6)	6.1 (0.5)	0.6(0.6)
Q9 I limit the amount of information and repeat it	5.0 (1.0)	5.8 (0.5)	0.8(0.8)
Q10 I use teach back or show-me techniques	3.8 (1.6)	5.2 (0.7)	1.4(1.2)
Q11 I create a shame free environment	4.7 (1.5)	6.2 (0.5)	1.5(1.1)
Q12 Do you think you originally overestimated your knowledge of health literacy		5.3 (1.1)	

The lowest scoring questions seemed to relate to trainee health professionals' knowledge and skills in relation to health literacy. For example, initially, they tended not to know the prevalence of lower health literacy or how to identify patients with lower health literacy. They also showed initial low scores on using teach-back or show-me techniques. The group were more confident in using techniques such as speaking slowly, using plain English and limiting the amount of information they give patients.

## Results (cont)

The areas where trainees rated the highest change were understanding the prevalence of low health literacy, the health outcomes associated with low health literacy and what it means for patients to have low health literacy. Verbal responses indicated that health literacy was something they had a vague awareness of prior to the training but that now they could see the usefulness of considering health literacy in the context of their practice and the hospital system. Most participants originally over-estimated their knowledge about health literacy. This only became apparent once they had undergone the training and audit.

## Discussion

Using the hospital signage audit tool provides opportunity for experiential and purposeful learning for trainee health professionals. However, we report self reported outcome only, actual behavioural change has not been observed nor measured and future studies could consider comparing self report behavioural data alongside observed behavioural action.

## Conclusions

Using the hospital signage audit tool provides the opportunity for experiential and purposeful learning in health literacy for trainee health professionals. The Hospital signage audit tool alongside a short teaching programme on health literacy can lead to an increase in self-reported knowledge and awareness about health literacy. Perhaps most importantly, the training led to a greater appreciation of the difficulties encountered by individuals with lower levels of health literacy.

## References

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