



Nursing Insights into Health Education and Health Literacy Among Older Patients

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Abstract:

With the global population aging, addressing the health needs of older individuals has become a critical public health priority. Understanding the perspectives of healthcare providers, particularly nurses who frequently interact with older patients, is essential for improving health education and health literacy among this demographic. This study aimed to explore nurses' viewpoints on educating older patients and enhancing their health literacy. Sixteen nurses and nurse practitioners with at least five years of clinical experience participated in face-to-face interviews and email surveys. Thematic analysis, following Braun and Clarke's guidelines, revealed five key themes: challenges in changing attitudes, barriers to understanding

teaching materials due to physical and cognitive limitations, roles of family caregivers as either surrogates or gatekeepers, contextual factors influencing health literacy in the elderly, and strategies for improving teaching effectiveness and health literacy. These findings highlight the multifaceted nature of communication with older adults from the perspectives of patients, providers, and healthcare delivery systems. It underscores the need for targeted interventions and systemic support tailored to older patients and healthcare providers to enhance clinical practice and promote patient health literacy.

Keywords: older patients; patient education; health literacy; self-care; nursing perspectives

Introduction:

The phenomenon of population aging, particularly the marked increase in individuals aged 65 years or older, presents significant challenges globally, compelling healthcare professionals to address the health needs of older populations. This demographic shift has been accompanied by a rise in the number of older individuals managing multiple health issues, necessitating effective strategies for self-care. Consequently, healthcare providers, both nationally and internationally, have prioritized improving self-care among older adults. (Yoo & Ahn, 2019)

Research has underscored the significant impact of health literacy on the self-care abilities of older individuals, who often contend with cognitive impairments and declining health literacy over time. Limited health literacy has been linked to adverse health outcomes, with education emerging as a key determinant of individual health literacy, particularly among older patients. (McGilton et al., 2018)

Given the complexity of managing multiple health conditions, older individuals must comprehend and adhere to intricate instructions and health information to maintain their well-being. Effective communication between healthcare providers and older patients is crucial in this regard, with patient-centered communication emphasizing the delivery of understandable and supportive information to facilitate self-care and decision-making. (Hwang & Kim, 2018)

Central to patient-centered care is the concept of health literacy, which encompasses an individual's ability to comprehend and apply health information for maintaining health. Enhancing health literacy necessitates not only individual adjustments but also systemic changes to healthcare delivery to ensure information accessibility and usability from the patient's perspective. Despite government's promotion of patient-centered care since 2017, health literacy remains underexplored within hospital settings. (Walker & Howe, 2017)

Amidst the shift towards patient-centered care, communication and education are pivotal dimensions of patient experience and quality of care. Although patient-physician communication has received substantial attention, the communication and educational practices of nurses, particularly concerning older patients, have been relatively understudied. (Burnes et al., 2019)

While existing literature has examined nurses' communication patterns, focusing on types of communication skills and patient perceptions, there remains a gap in understanding nurses' perspectives on educating older patients and promoting their health literacy for self-care. Given their frontline role in direct patient care, nurses play a critical role in meeting the educational needs of older patients. (Cho et al., 2015)

Therefore, this study seeks to elucidate nurses' perspectives on the education and health literacy of older patients to enhance support and guidance for older individuals in self-care practices. (Pitt & Hendrickson, 2020)

Methods:

This study is part of a broader project aimed at developing interventions to enhance the health literacy of older adults by improving healthcare providers' interactions with them in the context of patient education within tertiary general hospital settings, a predominant healthcare system. The project comprises interconnected studies investigating clinical communication patterns, their effectiveness, and barriers to both patients' and healthcare providers' utilization of health information, with the ultimate goal of developing interventions for healthcare providers.

Recruitment and Characteristics of Participants:

Eligible participants included registered nurses with five or more years of clinical experience, deemed sufficient for proficiency in delivering patient education across various topics. Participants were recruited from departments relevant to internal medicine subdivisions, where older adults often receive long-term management for specific health conditions. Nurses from departments unrelated to direct patient care or interaction were excluded. Recruitment commenced at the hospital affiliated with the second author's institution, with subsequent participants recruited through a snowball technique. In total, 16 registered nurses and nurse practitioners from four different general hospitals . Participants were predominantly female, with a mean age of 38.8 years and an average total clinical experience of 189.8 months.

Data Collection and Analysis:

Data were collected through face-to-face interviews and email communications, allowing participants to choose their preferred method based on their proximity to the researchers. Seven participants opted for face-to-face interviews, while nine chose email correspondence. Face-to-face interviews, lasting 25 to 50 minutes, were audio-recorded with participants' consent and transcribed verbatim. Informed consent procedures were administered at the outset of each interview, with the purpose and background of the research explained in detail. Similar procedures were conducted via email for participants choosing that method. Data were collected using seven standardized interview questions, consistent across both modes of communication. Thematic analysis, guided by Braun and Clarke's framework, was employed to identify and analyze emergent themes. The second author conducted the analysis, with oversight and review provided by the first author and another nurse researcher with expertise in gerontological nursing research and qualitative methods.

Establishing Trustworthiness of the Study:

To ensure research rigor, three methods were employed: peer debriefing, maintenance of thorough records for an audit trail, and detailed description of study conditions. Peer debriefers, including the first author and another nurse researcher, examined the findings for credibility and agreement. Thorough documentation of the research process and materials facilitated an audit trail for transparency and dependability. Detailed contextual descriptions of each theme were provided to assess transferability of the findings.

Ethical Considerations:

Ethical approval was obtained from the Human Subjects Committee at Dankook University Hospital (#2018-03-012). Participants' rights, including privacy and

voluntary participation, were protected throughout the study. Informed consent procedures were meticulously conducted, with participants given the option to withdraw at any time. All data were securely stored and anonymized to protect participants' confidentiality.

Results:

The findings of this study revealed that participants perceived older patients as facing diverse challenges that hinder effective education, lower health literacy, and consequently impact self-care efficacy. Participants primarily focused on providing accurate and detailed information on self-care practices for managing specific health conditions within their relatively unidirectional roles as providers. Time constraints within the hospital setting were identified as a significant burden for nurses when educating or counseling older patients and their family caregivers. Five overarching themes emerged from the analysis, elucidated as follows:

Theme 1: Attitudes that Are Hard to Change:

Participants noted the difficulty of working with older patients due to their attitudes, which often included a lack of interest in managing health conditions, resistance to change, and adherence to personal preferences despite medical advice. These attitudes were perceived as interrelated, making it challenging for nurses to gauge patients' comprehension during education sessions.

Theme 2: Physical and Cognitive Functional Barriers to Understanding Teaching Materials:

Functional limitations such as short attention spans, decreased cognitive function, and memory issues hindered effective education and frustrated participants. Educational sessions for older adults needed to be brief, delivered slowly, and

repeated as necessary. Hearing and vision impairments were common among elderly patients, necessitating adjustments to educational materials and delivery methods.

Theme 3: Family Caregivers: Surrogate vs. Gatekeeper:

Participants often involved family caregivers in education sessions, particularly when patients exhibited misunderstanding or forgetfulness. However, reliance on family caregivers had limitations, especially when they were not readily available or did not fully understand medical instructions. Additionally, power dynamics within caregiver-patient relationships sometimes complicated patient education.

Theme 4: Major Contexts that Moderate Elderly People's Health Literacy:

Participants identified various contextual factors influencing older patients' health literacy, including living arrangements, financial vulnerability, educational level, lack of supportive systems, and exposure to unverified health information from the media. Time constraints during clinical interactions limited the depth of patient education and resolution of conceptual gaps.

Theme 5: Strategies to Enhance Teaching Effectiveness and Health Literacy:

Participants employed diverse strategies to improve teaching effectiveness and health literacy among older patients, such as adjusting the depth and breadth of information, highlighting key points, repetition, questioning to confirm understanding, utilizing visual aids, and involving family caregivers. Strategies varied based on patients' comprehension levels and adherence capabilities.

In summary, the study highlighted the complex challenges faced by nurses in educating older patients and promoting their health literacy. Participants employed various strategies to address these challenges, emphasizing the importance of

tailored approaches and caregiver involvement in enhancing patient education and self-care practices.

Discussion:

This study delved into the patterns of communication perceived by nurse clinicians during patient education for the self-care of older adults, focusing on health literacy. The findings revealed multifaceted factors affecting patient education, ranging from older patients' physiological and psychological conditions to the time constraints within healthcare services. (Koo et al., 2016)

Challenges in Addressing Attitudes: Participants identified older patients' resistant attitudes as a primary difficulty, often stemming from cognitive impairments or misunderstandings rather than mere non-compliance. This underscores the need for healthcare providers to understand and address the underlying reasons for patients' attitudes and to adopt a patient-centered approach emphasizing partnership rather than hierarchical relationships. (Coleman et al., 2013)

Cultural and Social Influences: The study highlighted the influence of cultural norms and societal perceptions of aging on patient-caregiver dynamics and healthcare interactions. Efforts to empower older patients and mitigate ageism in clinical settings are crucial for promoting patient autonomy and improving communication. (Chesser et al., 2016)

Communication Strategies: Nurses employed various strategies to enhance teaching effectiveness, such as simplifying language, repetition, and visual aids. However, there is room for improvement, particularly in confirming patient comprehension and tailoring education to individual learning styles. (Institute of Medicine, 2014)

Training and Education: The study emphasizes the importance of regular training in communication and health literacy for healthcare providers. Systemic efforts, such as audits and feedback on communication performance, can enhance provider awareness and improve communication quality. (Han & Ahn, 2015)

Role of Family Caregivers: While involving family caregivers in patient education is common, nurses often found themselves educating caregivers rather than patients directly. Future research should explore ways to involve caregivers in building sustainable self-care plans for patients without overburdening them. (Liu et al., 2015)

Continuity of Care: Establishing continuity of care between tertiary hospitals and community resources is essential for supporting older patients' self-care beyond clinical settings. This can help patients navigate health information and adopt recommended behaviors more effectively. (Boustani et al., 2010)

Future Research Directions: Future research should explore diverse perspectives, including male nurses' experiences and perspectives, and consider different healthcare departments. Interaction analyses of actual conversations and interactions in clinical settings can provide deeper insights into communication dynamics. (Paasche-Orlow, 2011)

In conclusion, addressing communication challenges in patient education for older adults requires a patient-centered approach, cultural sensitivity, and ongoing training for healthcare providers. Efforts to empower patients, involve family caregivers effectively, and establish care continuity can enhance patient education and promote health literacy among older adults.

Conclusion

In conclusion, this study highlights several areas for improvement in communication with and education of older patients by healthcare providers. Functional limitations and internalized perceptions of aging among older patients hinder their engagement in healthy behaviors. Additionally, systemic approaches to measuring and utilizing health literacy information, forming partnerships with older patients, and addressing time constraints in healthcare delivery are needed to overcome barriers to effective patient education and enhance health literacy. Future research should focus on understanding motivations for self-care and promoting independence among older patients. Moreover, interventions to support healthcare professionals who encounter negative experiences can prevent the perpetuation of ageism in clinical practice. By addressing these challenges, healthcare providers can better support the health and well-being of older adults.

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