

Health literacy awareness and practices employed by dietitians' in their communication with patients

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"health literacy is more than the ability to read and write, but relates to the successful application of literacy [and numeracy] skills in a health context" ¹(p.449)

5.2 million adults in England are 'functionally illiterate' (with a reading ability of an eleven-year old)²

Text-only written health information is too complex for ~43% of working-age people in England³

61% (of 4767) English adults lacked the numeracy and literacy skills required for the interpretation of medical instructions⁴

People with low health literacy are less likely to enrol onto screening programmes, they experience more frequent hospital admissions, and struggle more with treatment plans, especially medication (than health literate people)⁵

Health literacy research has focused predominantly on patient outcomes, and less so on the practices of health professionals^{6,7}, and especially the dietitians' role in addressing and promoting health literacy⁸. Dietitians may be unaware of health literacy levels in their patients, and particular communication practices to address low literacy/health literacy in the patient consultation⁹.

Aim: This exploratory study looks at dietitians' awareness of health literacy, their understanding of this topic, and the practices they use to communicate health information to patients.

Methodology: During 2015, 10 dietitians were recruited to the study, using professional networks in London and surrounding areas. Each participant answered 28 multiple choice, or open-ended questions in recorded semi-structured interviews, on awareness of health literacy, and different communication techniques used with patients. The interviews were analysed by using the five stages of 'Framework Analysis'¹⁰, recording key statements on communication techniques and rationale for dietetic practice, for thematic discussion. Ethical approval for the study was granted on 4th June 2015, by the London Southbank University School of Health and Social Care Ethics Committee.

Results: Participants expressed a variable knowledge of the role of low health literacy in health outcomes, with only 2 of the 10 participants reporting to have heard of health literacy, and able to provide an explanation this. Food models/diagrams were used by participants when available, usually in the outpatient setting, and all participants used written dietary information ('diet sheets') regularly.

Participants with an interest in literacy levels and communication practices were more likely to reflect on, and often make changes to, their practice

| 5 years or less dietetic experience | 6-8 years dietetic experience | 14 years or more dietetic experience |
|---|--|--|
| Frequently use university education or guidance provided by senior colleagues for communication practices. Look to policies/guidelines to support practice, reporting areas where guidance was lacking. | Base practice on a combination of their own experiences, and that of others. Use research and guidelines to justify practices, occasionally using negative case studies of illiterate/health illiterate patients to explain practices. | Use own experiences to outline effective and ineffective communication techniques, frequently using positive and negative case studies of patients to explain practices. Frequently reported changing their practice based on these experiences. |

7/10 of the participants said they amended 'diet sheets' regularly, even designing their own written patient information, as original versions "are just too difficult for most of my patients"

Conclusion:

- Increased recognition of health literacy, and its role in health outcomes, is required for dietitians
- All participants supported pre and post-registration health literacy training in universities and workplaces
- Future research should consider 'food literacy'¹¹, with the language, terminology, and practices used specifically by dietitians
- A 'Dietitians Guide to Improving Health Literacy' was developed (Diagram 1) in response to participant feedback for a "handy guide"

References:

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