

# administrative angles

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## Filling Gaps in Knowledge: Educating Nurses to Provide Appropriate Patient Materials

### ABSTRACT

Assessing and addressing health literacy is a key issue in providing quality patient education. Often, nurses do not know how to do this. Continuing nursing education provides a venue for filling this gap in knowledge, contributing to better and safer patient care.

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All across the nation, nurses in every setting on every shift are providing patient education materials. However, few nurses know whether the materials match patients' ability to read, comprehend, and use what is learned to manage their health-related plan. Health literacy is a growing concern and is essential to patient outcomes. Health literacy is more than just being able to read. Patients need to be able to act on information given. Compounding the problem is the jargon nurses use (e.g., "I'm working on the med/surg floor"). The use of jargon—nursing or health care—makes it even hard-

er for patients to comprehend and comply with treatment plans.

Continuing education criteria (American Nurses Credentialing Center, 2009) require that continuing education planners identify gaps in knowledge and develop continuing education activities to fill those gaps. Our goal was to increase health literacy awareness among nurses, ultimately improving patient education and care.

We soon recognized that there were not quick, easy tools available to nurses for measuring patients' health literacy level. The tools that were available were time-consuming, required cues and prompts, and were not practical. Thus, a quick, easy, and user-friendly tool that could be used in multiple health care venues was developed. The tool has been presented in several continuing education activities. It continues to be tested to further confirm its validity.

### PRESENTATIONS

Individuals in our area know about our dedication to the health care topic of health literacy. As a result of this knowledge, this past year two different organizations contacted us to present information related to key issues and practical application of health literacy concepts during designated continuing education sessions. Each group requested that practical application of the ideas related to health literacy be presented. Needs assessment data suggested that the health care providers (particular-

ly nurses) attending the conferences were not aware of the challenges resulting from patients and families who presented with inadequate levels of health literacy.

The initial group was a regional perinatal association; the second group was regional school nurses. For each of these groups, we endeavored to present basic information about health literacy and then move to practical application of the concepts. Within any setting, nurses must be attentive to the vocabulary they use. Because nurses are educated individuals, their communication is laced with medical jargon. In addition to the medical jargon, for the most part, nurses communicate at the 12th grade level, if not higher.

Nurses engage in this level of communication without thinking about it. What does it mean to communicate at this level? The complexity of the words included in normal communication patterns is the primary focus for determining the level of communication. As we use words with two or more syllables (e.g., medication, physician, doctor, hospital, or injections), we are communicating at the upper levels of literacy. To reduce the level of literacy, one of the initial processes is to reduce all words to one syllable if possible but no more than two syllables. Thus, the word medication is changed to pill. Instructions such as "Take one dose every AM" are modified to "Take one pill when you get up from bed."

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Within our presentations, we provided definitions for literacy and health literacy. In addition, we provided information on the scope of the problem and tools available for assessing functional health literacy levels. Before moving into the practical applications, general principles concerning adjusting for educational levels, the current controversy regarding literacy, and the changing demographics were discussed. Appropriate examples taken from health care situations encountered by the nurses were used to drive the problem home during the continuing education sessions.

Each and every continuing education activity that embraces patient teaching must carefully and consistently consider and address health literacy aspects. Failure to contemplate health literacy aspects can easily result in patients' being mislabeled as non-compliant with treatment plans. Patients may not be non-compliant; perhaps they are just unable to understand the instructions provided!

### **IMPLICATIONS FOR CONTINUING NURSING EDUCATION**

Providers of continuing nursing education activities should take the opportunity to permeate health literacy into every aspect of educational programming. Nurse planners who incorporate health literacy in continuing nursing education activities can assist nurses with patient

education endeavors to match the needs of patients and ultimately improve patient compliance with treatment plans. That is a powerful statement, and an aspect that continuing nursing education educators must perceive as essential when they plan, implement, and evaluate program outcomes. Too often patients return to clinics, emergency departments, and hospitals with the same issues and are labeled non-compliant. They may simply not be able to comprehend and act on information given to them at the wrong level. As professional development educators, we often get caught up in the mechanics of doing continuing nursing education. However, the American Nurses Credentialing Center accreditation program is now asking for evidence to demonstrate that attendees have changed practice based on knowledge or skills attained in learning activities. That is a good thing for all of us. Building on gaps in knowledge, we now can show how continuing nursing education can and does improve our practice, decrease non-compliance, and improve patient outcomes through the inclusion of health literacy in our patient education activities.

### **CONCLUSION AND CHALLENGES**

Health literacy crosses all aspects of nursing, including continuing education for nurses, regardless of setting. Addressing health literacy as

a key component within continuing education activities can improve patient compliance and treatment outcomes by addressing patients at their level of health literacy. Assessing patients' health literacy levels and matching their level to the appropriate material is essential. As a result, here is our challenge to you:

- Learn more about health literacy and tools for assessment of patients and educational materials.
- Assess gaps in knowledge in your target audience related to health literacy.
- Find a way to incorporate health literacy in each and every continuing nursing education activity.
- Develop health literacy policies and procedures for your organization.
- Report on your successes.

We were all taught the three Rs (reading, 'riting, and 'rithmetic) as we were growing up. They have stood the test of time in many aspects of our lives. It is not too late to apply them to what we do so well as nurses—make a difference in our patients' lives.

### **REFERENCE**

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