The Necessity of Health Literacy in the Nursing Unit for Patient Education and Follow-up

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Dear Editor,

Effective care is possible when the relationship between nurse, patient, and family continues (1). A continuous care model can be applied by a nursing expert who has at least 5 years of work experience and knows the principles of patient education. Nursing should not be limited to the hospital setting, and people should be aware of nursing services in the community before going to the hospital and after being discharged from the hospital (2). Continuous or non-stop care model is a regular and continuous process including four stages of familiarization, sensitization, control, and evaluation in order to establish effective, interactive, and continuous communication between the help-seeker and his family, where the nurse acts as a continuous care agent and service provider in order to recognize the needs and problems of the patient and sensitize the patients to accept continuous health behaviors and helps to maintain recovery and improve their health, reduce and minimize the complications of the disease, and increase the level of satisfaction and quality of life of patients (1). Today, health literacy is one of the basic tools to improve the health level of the society and the quality of providing health care services, which has attracted the attention of policymakers (3). The term health literacy was first used in 1974 at a health education conference that discussed health education as a socio-political issue. The World Health Organization (WHO) defines health literacy as cognitive and social skills that determine the motivation and ability of people to obtain, understand, and use health information for promoting and maintaining good health (4). Research indicates that these health service providers (nurses) lack the necessary knowledge, attitude, and skills in the field of health literacy and care for patients with insufficient health literacy and effective communication strategies and methods during training (5). Studies have shown that the limitation of health literacy causes many complications in different health areas, such as lack of access to appropriate health services, forgetting when to see a doctor, poor self-care, less willingness to receive continuous treatment, low medication compliance, improper use of medications, increased number of consulting the emergency room and re-hospitalization, increased length of the treatment, and increased mortality rate; in fact, low health literacy contributes to health inequalities (6-8). Health literacy is considered a key factor to create effective communication between patients and health professionals (9). Improving health literacy may have outcomes such as increasing the patients’ potential to make informed decisions, reducing health-threatening risks, increasing disease prevention, improving safety, and increasing the quality of life and patient care (7,10). In societies where the level of health literacy is acceptable, people are more cheerful, healthier, and more dynamic, and governments are less burdened by the staggering costs of treatment; therefore, the funds that must be spent on treatment will be spent on the prevention and health of the people and this will improve the quality of life and lifestyle of the people (6). In general, when health professionals are familiar with the concept and strategies of health literacy, they can use methods that make help-seekers understand the received information better and have the ability to act effectively (5). The
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best solutions under the title of health literacy solutions include using simple and understandable language, not using specialized terms, speaking slowly, using pictures, encouraging patients to ask questions, and checking people’s understanding of the education provided with the help of “teach back and show me” methods (7,8). Since sufficient insight into the issue of health literacy and providing a comprehensive, evidence-based, and patient-centered approach help patients, the integration of health literacy in the nursing unit for patient education and follow-up is viewed as an inevitable necessity.

Competing Interests
Authors declare that they have no conflict of interests.

Ethical Approval
Not applicable.

References