2015

# Educating Medical-Surgical/Staff Nurses to Improve Nursing Knowledge of Patient Education, Focusing on Health Literacy

Justin Thomas Loew
*Walden University*

# Walden University

College of Health Sciences

This is to certify that the doctoral study by

Justin Loew

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Review Committee
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Dr. Eric Anderson, Committee Member, Health Services Faculty
Dr. Jonas Nguh, University Reviewer, Health Services Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
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## Abstract

A primary problem faced by a majority of medical-surgical nurses is a lack of knowledge and skills necessary to improve health literacy among patients. This inadequacy among medical-surgical nurses is often linked to insufficient training on how to identify and interact with patients with lower health literacy. Improvement of patient health literacy can be realized through proper training, education, and a better application of communication strategies. The aim of this project was to improve current medical-surgical nurses' practice guidelines via the use of educational programs. The project developed pilot protocols and policies in order to improve its practical applications. The project was achieved in 6 steps: (a) assembling an interdisciplinary team, (b) reviewing literature and evidence, (c) developing policy and practice guidelines, (d) content validation, (e) creating an implementation and (f) evaluation plan. The team delivered the new policy and guidelines and observed the medical surgical nurses. During the month-long review, nurses who applied guidelines that they had been equipped with were deemed competent. Conversely, nurses who did not show competency were given on-the-spot education and were observed to make sure that they learned the necessary guidelines and practices. These instances were recorded and collected for review. The interdisciplinary team's positive evaluation of the project indicated a potential positive social impact for the 59% of elderly population in need of this specialized care as well as the estimated 36% of American adults who have limited health literacy. Equipping medical-surgical nurses with strategies for effective communication and health literacy when working with either population could help to minimize the readmission rates of patients, and overall number of Emergency Room visitations due to low health literacy.

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## Section 1: Overview of the Evidence-Based Project

The current healthcare environment is changing rapidly and becoming more complex. Patients who attempt to assume control over their care within this complex system make decisions on healthcare that are often not well informed, and they often do not understand how to take care of their chronic or acute health conditions at home (Myrick, 2005). At times, the complexity associated with healthcare instructions, terminologies, and devices can be quite overwhelming. Management of healthcare conditions becomes extremely difficult when the complexity associated with healthcare is combined with limited health literacy among patients (Myrick, 2005). Despite the fact that low levels of health literacy have always been associated with poor outcomes in health (Myrick, 2005), most healthcare professionals do not know which of their patients are deficient in health literacy and consequently fail to understand how to intervene with these types of patients (Sand-Jecklin, Murray, Summers, & Watson, 2010).

Healthcare providers should be in a position to recognize when patients are struggling to understand healthcare-related instructions they are given, to identify the best means to compensate for patients' limited health literacy, and to intervene accordingly to help them understand their health conditions and the healthcare behaviors they need to follow (Myrick, 2005). Content related to health literacy should be incorporated into nursing education so that nurses can develop appropriate skills to communicate with patients who have a low level of health literacy.

Nurses in medical-surgical units deal with different kinds of patients with varied and complex health issues. These nurses need to be knowledgeable and versatile so that they can engage with patients in an environment that is conducive to positive outcomes at

all times. Because patient health literacy is crucial, it is imperative for medical-surgical nurses to have a clear understanding of appropriate, decisive communication and processes related to patient sickness and recovery. Investigations on medical-surgical nurses' involvement in educating patients are necessary in this project. The investigations would be helpful in promoting qualitative healthcare practices.

## Statement of Purpose

Within the literature, *health literacy* is defined as the ability of individuals to understand and use information related to healthcare so that they can make appropriate health decisions and follow relevant treatment instructions (Almader-Douglas, 2013). Health literacy is important to healthcare and requires nurses' to be educated in order to increase medical-surgical nurses' knowledge. Patient health literacy plays a significant role in ensuring that millions of Americans have access to quality healthcare services. To take care of patients, especially those with chronic diseases, nurses must be able to ensure that patients adhere to complex medical regimens and stick to instructions that help control their symptoms, among other factors essential for improving their medical conditions. To achieve improvement in patients' medical conditions, medical-surgical nurses must be trained and educated on how to offer effective and efficient patient education to improve their health literacy.

## Problem, Purpose, Goals, and Outcomes

### Problem

The problem addressed in the project was lack of knowledge and skills among medical-surgical nurses that are required to improve health literacy among patients. Inadequate knowledge has been a result of insufficient training regarding identification

and interaction with patients who have lower health literacy levels. Thus, it is necessary to improve patient health literacy, which can be achieved through proper training and education of medical-surgical nurses.

### Goal

The goal of the proposed project was to improve medical-surgical nurses' knowledge of patient education for health literacy through educational programs.

### Outcome

The intended outcome of the project was to achieve improvements in medical-surgical nurses' knowledge of health literacy. In the long term, the desired outcome was to reduce readmission rates for patients who fail to follow medical procedures due to lack of proper patient education.

### Purpose

The purpose of this health literacy improvement project was to expand and improve current medical-surgical nurses' practice guidelines.

## Significance of the Problem of Health Literacy

Medical institutes define *health literacy* as the ability to access, understand, and act on healthcare instructions and information (Almader-Douglas, 2013). Health literacy activities involve taking appropriate prescribed medications, giving informed consent during medical procedures and tests, following all instructions given for self-healthcare for a condition, reading food labels for the purpose of following a prescribed diet, and navigating the complex healthcare system (Sand-Jecklin et al., 2010). It is common to find low health literacy among elderly adults. Studies have estimated that no less than 36% of all adults in the United States (U.S.) have limited health literacy. This percentage

increases to around 59% for the elderly in the U.S. (Myrick, 2005). Limited health literacy is also prevalent among minority groups, especially Hispanic, Black, and immigrant populations. Citizens covered by Medicaid and Medicare insurance, as well as those with no insurance coverage; also have very low levels of health literacy (Myrick, 2005). Even ill people who appear highly literate and educated but have limited experience with healthcare often struggle with complicated healthcare procedures and terminologies.

Limited health literacy has been widely viewed as having a significant negative effect on patient health. Patients with low health literacy experience higher rates of hospitalization and emergency room visits (Myrick, 2005). Overall, such patients have poor understanding, inadequate knowledge of how to manage their chronic health conditions, and limited participation in the decision-making process regarding healthcare (Myrick, 2005). Such patients are also prone to using a very limited number of preventive healthcare services (Sand-Jecklin et al., 2010). Low healthcare literacy in the U.S. and other parts of the world is a financial burden on the healthcare system, especially in terms of its negative effects on the health of the population.

## Evidence-Based Significance of the Project

According to Terry (2012), evidence-based projects help to improve patient outcomes. Medical-surgical nurses who do not understand how to conduct patient education and who do not exhibit adequate health literacy are not able to perform their duties accordingly. Currently, a limited number of medical-surgical nurses are able to understand and carry out effective patient education. Equipping these nurses with proper evidence-based tools may enable them to change the way in which they provide patient

services and education. As the nursing profession progresses, it is has become increasingly important for nurses, families, and patients to work together in order to uphold an evidence-based practice culture. Kenny, Richard, Ceniceros, and Blaize (2010) stated that collaborative partnerships would enable the cultivation of an evidence-based culture, which would amplify organizational values for the provision of quality healthcare.

## Definitions of Terms

*Patient education:* Patient education is a process whereby a well-trained professional gives patients and families advice. The recommendations given by medical-surgical practitioners are aimed at equipping patients and their families with skills needed to carry out actions that must be performed by either or both of them to ensure a full, quick, and successful recovery. Such recommendations may include the type of food to be included in the patient's diet; the amount of salt or sugar the patient should consume; signs, symptoms, and reactions to certain foods that should be identified; and scheduled hospital visits.

*Health literacy:* The literature defines health literacy as an individual's ability to understand and use information related to healthcare by making appropriate health decisions and following instructions given at the time of treatment. Health literacy also refers to the patient's ability to administer healthcare to him- or herself, either alone or with the help of someone else with no medical or surgical qualifications. Such care consists mainly of routine, noncomplex tasks. Examples include avoiding foods high in salt, making decisions based on signs and symptoms, engaging in physical exercise, and preparing meals (Dickson &Riegel, 2009). Self-discipline is very important during this

process because it enables families and patients to adhere to the recommendations nurses propose.

## Assumptions and Limitations

Several assumptions and limitations apply to this project. Research on supportive relationships has shown that patients with positive partnerships develop healthier lifestyles and report better outcomes (Salyer, Shubert, & Chiaranai, 2012). Effective and efficient patient educational planning in medical-surgical units has a strong influence on patients' positive outcomes and can serve to advocate for a continuum of care for serious diseases. Patient education is expected to cause a 16% change in medical-surgical practices (Salyer et al., 2012). The Hawthorne effect is expected to contribute 4% of this change because of the resultant effect of implementing a new process (Salyer et al., 2012).

Coordinating medical-surgical nurses' patient education with instructions recommended by the inpatient team is important because a repeated and consistent message from both sides can eliminate any confusion and promote continuity in care. The time element has always been a major challenge associated with implementing patient education. Some medical-surgical nurses have argued that they do not have sufficient time to sit down and talk with their patients (Salyer et al., 2012). Others have stated that the process requires a lot of patience.

The present educational base for medical-surgical nurses forms another challenge. Nurses may have a wide knowledge base but not a detailed awareness of patient education. Seminars for nurses that cover therapeutic communication, self-care, and self-

management principles are vital in improving patient education (Davidson, Dracup, Philips, Padilla, & Daly, 2007).

The major limitation associated with this project was a lack of prior studies focused on patient education. As a result, this project used methods from existing inpatient education for nurses. However, the applicability of these methods in medical-surgical units has not been studied in detail.

## Summary

Nursing is widely considered critical in the provision of healthcare. The need for quality care is attributed mainly to patient care roles carried out by medical-surgical central staff who have opportunities to articulate and initiate countermeasures for the pre- and post-hospitalization challenges patients encounter. Substantive training for medical-surgical nurses on the provision of patient education would reduce the issues patients experience as they approach or go through the discharge process. Improved education and training systems have proven very useful in administering professional nursing. These systems offer advanced practical medical and surgical encounters and ensure the vast communication and coordination necessary to enhance patient safety.

Patient education in medical-surgical departments is a new task for nurses in the unit that is the focus of this project. Presently, few nurses are well prepared to conduct patient education and incorporate it into their daily activities. Through education and training programs, medical-surgical nurses can gain skills required to discuss home self-care and self-management practices with their patients. By placing enough emphasis on this process, healthcare service providers may be able to improve patients' relationships with medical-surgical nurses and reduce the number of hospital visits.

## Section 2: Review of Scholarly Evidence

This section contains a review of the literature on education for medical-surgical staff nurses to enhance their ability to educate their patients about healthcare literacy. Some of the literature cited in this section sheds light on the complexities associated with patient education. The articles also address techniques and best practices that can be adopted to educate nurses on conducting patient education through effective therapeutic communication and motivational interviewing. Some of the sources also address the effects of patients' nonadherence to recommended self-management and self-care practices.

### Identification and Intervention With Patients Who Have Limited Health Literacy

Despite the fact that healthcare providers assume that they are in a position to identify patients with limited healthcare literacy, studies have reported that these professionals fail to identify as many as half of the patients who struggle to understand health-related information. Patient behavior indicative of limited healthcare literacy includes missing appointments because of a failure to understand or follow directions, forgotten glasses that prevent patients from reading printed instructions, difficulty completing health forms, inability to describe and list the purpose of the medication prescribed, inability to question healthcare providers, and inability to follow relevant self-healthcare instructions (DeSilets & Dickerson, 2009). Providers have a number of healthcare literacy tests that they can administer to assess their patients' health literacy, including the Rapid Estimation of Adult Literacy in Medicine (REALM), the Newest Vital Sign (TNVS), and the Test of Functional Health Literacy in Adults (TOFHLA).

However, these tests usually take a long time to administer and score, which limits their usefulness in busy clinical settings. Additionally, patients might perceive that healthcare providers assume that patients are stupid because of their inability to answer the questions correctly. Such patients might be too ashamed of such limitations and might refuse to complete these tests (DeSilets & Dickerson, 2009). Another approach to identifying patients with limited healthcare literacy is the use of Chew, Bradley, and Boyko's (2004) three specific questions for screening. The first question asks patients to indicate how confident they are in filling out the provided medical forms by themselves. This question uses a 5-point Likert scale that ranges from *very confident* to *not confident* (Chew et al., 2004). The second question asks patients to indicate how often they usually get someone to help them read materials from the hospital. Response choices range from *never* to *always*. The third question asks patients to state how often they have problems learning about their medical conditions because of difficulty understanding written information. Response options again range from *never* to *always*. These three questions have been widely accepted by patients, especially when asked in a private examination room.

Despite the fact that the above three questions are somewhat effective in determining patient healthcare literacy, similar to other tests, these questions cannot determine what patients do in the event that they fail to understand medical healthcare information or instructions; for instance, how they compensate for an inability to understand written information (Sand-Jecklin et al., 2010). In some instances, a patient's compensatory behaviors might result in failing to understand the healthcare information (DeSilets & Dickerson, 2009). Without such data for assessment, it is quite difficult for

nurses and other health professionals to support their patients by applying compensatory behaviors likely to promote their understanding or by suggesting the kind of behaviors that would help them better understand important healthcare information.

## General Research on Medical-Surgical Nurses' Knowledge of Patient Education

Medical-surgical nurses have control over other departments, such as the emergency and medical floor departments, so it is important for them to make sure that there is a proximal partnership and good communication in the context of patient education. Accordingly, it is incumbent on medical-surgical nurses to appreciate the importance of consistent education for substantive health literacy and be responsible for it. They play an influential role in determining the nature of patients' ailments and the subsequent treatment and preventive responses required. Therefore, they are able to identify the correct manner with which patients should be attended to regarding healthcare literacy.

Limited studies exist on the requirements of improved patient education and the application of nursing practices, including communication within hospital departments and with patients. This suggests a need to further explore specific segments of medical-surgical nursing. The need to have highly professional medical healthcare that provides relevant education to patients is not a recent phenomenon. Wells, Pasero, and McCaffery (2008) argued that approximately 35 million patients were hospitalized in the U.S. in 2004. Of these, 46% underwent various surgical procedures (Wells et al., 2008). A follow-up survey showed major issues connected to the hospitalization of patients, including operative and postoperative pain (80% experienced problems) and severe pain (between 11% and 20% experienced severe pain; Wells et al., 2008).

Further research is needed to clarify on substantial measures medical-surgical nurses can take in the future, including additional nursing classes to improve communication skills and relationships with patients. Changes in patient education should address the way in which patients are informed of how they should adhere to certain challenges in their healthcare encounters. Medical-surgical nurses have the ability to ensure clear communication and identify improvement measures. This can be achieved only if they cumulatively undergo special training for nurse-led patient education.

In harmony with provisions by the U.S. federal government and state governments, healthcare institutions have prioritized the importance of nurse-led patient education because it plays a decisive role in refurbishing patient healthcare (Chatterjee, 2004). Medical-surgical nurses can address the complexity and uniqueness of patients' needs. After a substantive and detailed educational process, nurses could be well equipped with the tools required to review relevant information with patients. This would certainly help them to establish clear ways in which patients might accept psychological or physical changes they experience during their surgical procedures. Medical-surgical nurses need training programs that educate them on ways to increase the effectiveness and efficiency of education for their patients. In doing so, they may be able to improve the standard of care they provide to patients by influencing patients understanding, thus supporting their health literacy on health conditions.

Effective patient-nurse partnerships and communication is common tools for coordination that can be used to attain improved overall capability, self-confidence, and responsibility by involves a nursing team, thus enhancing the tangibility and success rates

of patient care. According to Morris, Winfield, and Young (2012), education programs for medical-surgical nurses provide an important foundation for ensuring the well-being of many patients. Medical-surgical patients frequently undergo physical changes and psychological ordeals associated with self-judgment and lower self-confidence following surgery. Compared to other nursing personnel, medical-surgical nurses are better positioned to have direct communication with patients. This factor supports the importance of such nurses serving as practical aligners of the education process and provides the necessary foundation to counter the presumed pre- and postsurgical effects patients' experience.

Exposure to increased patient health behaviors can be achieved through improved educational programs and communication processes. Nurses can offer ways to combine processes linked to the medication process, as well as useful links to recovery practices (Beaubien & Baker, 2004). These nurses also need their institutions to adopt patient-centered learning materials perceived to be vital for communication with patients.

## Patient Education in Medical-Surgical Nursing

According to Castledine (2009), the most effective and efficient approach to educating nurses involves establishing and strengthening the link between theory and practice. To improve the quality of service delivery, nurses have to apply new knowledge as recommended in evidence-based practice (EBP) studies and establish positive care programs that will have a positive influence on their patients (Higgins, Navaratnam, Murphy, Walker, & Worcester, 2013). Additionally, nurses need to continuously evaluate their patent education tools and update them based on new EBP. According to DeSilets and Dickerson (2009), this concept of continually updating patient

education materials is health literacy. In addition, it is important that nurses avoid medical jargon during communication to ensure that patients have a clear understanding of the educational intervention (DeSilets & Dickerson, 2009). Therefore, steps should be taken to ensure that health literacy meets patients' needs and is well understood.

Apart from the unique needs arising from specific ailments, medical-surgical nurses who conduct patient education should consider their patients' ages and other physical disabilities because, in some cases, patients have complicated problems and may require extra training to equip them with the necessary tools to practice self-management and self-care. Furthermore, the type of mental or physical disability affecting a patient may also determine the manner in which patient education should be carried out. For instance, patients with hearing impairments may require medical-surgical nurses who can communicate through sign language. Finally, patient education through therapeutic communication involving motivational interviews can be very useful in certain circumstances. For example, motivational interviewing can be used to counsel a patient who has just sustained injuries that might have led to a physical disability or low self-esteem.

**Incorporating the Content of Health Literacy Into Nursing Education Programs**

A majority of nurses and other health professionals lack adequate education on identifying and interacting with patients who have limited healthcare literacy. Teaching patients is a major responsibility for nurses. If patients fail to understand what their nurses have taught them, then effective communication has not taken place (Sand-Jecklin et al., 2010). Mandates from the Joint Commission, Healthy People of 2010, and the Medicine Institute support the idea of educating nurses on patient health literacy issues.

However, in most cases, nursing education programs fail to address the principal health literacy concerns when covering content for patient education. Additionally, standards relating to the depth of health literacy content recommended for inclusion in the education of undergraduate nursing students do not exist (Sand-Jecklin et al., 2010). The literature indicates major gaps in the effectiveness of education on health literacy in changing the knowledge of students and further application of those principles of health literacy in their practices. Therefore, an appropriate tool needs to be developed to incorporate effective health education content into nurses' learning programs so that they can accumulate knowledge on educating their patients about healthcare issues.

## Therapeutic Communication

Effective communication plays an important role in providing quality nursing services because it creates a link between nurses, patients, and families. Therapeutic communication enables medical-surgical nurses to engage their patients in conversations that are caring and compassionate. Research should focus on training nurses to improve their therapeutic communication skills, which would enable them to effectively convey verbal and nonverbal messages. Evidence-based practices can be used to achieve this because they necessitate the application of theoretical models into actual practice.

## Motivational Interviewing

*Motivational interviewing* refers to patient-centered discussions aimed at helping patients and families achieve their goals. This technique allows for the maximum engagement of patients and families who do not adhere to their medical regimes or who find it difficult to adopt positive behavioral practices and develop self-management and

self-care practices (Thompson et al., 2011). These interviews allow medical-surgical nurses to identify reasons for noncompliance and provide effective responses.

Motivational interviewing consists of three major stages. According to Tahan and Sminkey (2012), the first phase is *recognition*, and it involves raising patient awareness about the importance of changing noncompliance behaviors. The second phase is *practicability*, and it involves assessing patients' willingness to change and helping them make the required adjustments (Tahan &Sminkey, 2012). Tahan and Sminkey argued that *patient education* entails a third stage of motivational interviewing. During this phase, the patient is trained to adopt the recommended changes and practice self-management and self-care.

## Barriers to Effective Communication in Patient Education and Motivational Interviewing

There are many barriers to effective communication and motivational interviewing. These include the use of medical jargon, lack of privacy, assumptions regarding needs, and failure by medical-surgical nurses to keep their patients well informed (Pytel, Fielden, Meyer, & Albert, 2009). These barriers must be eliminated by training medical-surgical nurses on effective communication styles and religious, cultural, and social sensitivity. Such training would foster therapeutic communication and partnerships that should exist between patients and medical-surgical nurses. Fleischer, Berg, Zimmermann, Wuste, and Behrens (2009) argued that it is important for nurses to adapt to situations and know that educational interventions through communication can have negative or positive effects on patient outcomes, depending on

the manner in which they are implemented. Furthermore, miscommunication could lead to more hospital visits.

## The Effects of Patient Communication on Nursing Practice

Therapeutic communication can improve communication between nurses and patients because it can help patients to feel that their nurses value them and care for them (Fleischer et al., 2009). Effective communication also helps to improve service delivery and outcomes because it makes patients feel that they are part of the solution process. Because nurses spend more time with patients than any other medical staff, they have adequate time to create therapeutic environments. If positive relationships are established before discharge, it is much easier for the nurse to provide patient education.

## Summary

Based on the significantly low level of healthcare literacy in most patients, all nursing education programs should incorporate health literacy in their content and throughout the undergraduate and graduate curricula. Nurses need to be astute in identifying patients with limited understanding of health information and those who might be compensating for their ignorance of healthcare issues to their own detriment. Nurses should also be trained to adapt patient education about interventions to maximize their understanding of important information related to health.

Licensed nurses should be required to complete a continuous education program relating to patient health literacy. Moreover, the outcome measures generated from such programs require investigation and monitoring and should relate to patients' health outcomes and their understanding of health information. Such measures should be delineated by nurses who have undergone education on health literacy. Including

effective and simple questions regarding health literacy in the databases of patient assessments would help to identify patients with low health literacy. Developing and implementing interventions appropriate to ensure patient understanding is most likely to reduce negative health outcomes.

Further scholarly investigation is necessary to identify effective interventions to ensure that patients understand health information. The effect of such interventions on patient health outcomes and adherence to treatment should be documented. As nurses are at the forefront of providing health information and education to patients, they should lead by example by demonstrating the importance of health literacy assessment and the need to adopt an appropriate educational intervention to improve the overall health outcomes of their patients.

Section 3: Approach

## Introduction

The purpose of this health literacy improvement project was to develop policies, practice guidelines, pilot protocols, resources, and the materials to educate medical-surgical and staff nurses in order to improve nurses' knowledge of patient education with a focus on health literacy. The IRB approved the ethical standards of this project under record number 09-01-15-0403197. This section outlines how the project was accomplished via the following steps:

1. Assembling an interdisciplinary project team of institutional stakeholders.
2. Guiding the project team in reviewing relevant literature and evidence.
3. Developing policy documentation and practice guidelines to educate medical-surgical and staff nurses to improve nurses' knowledge of patient education.
4. Validating content of primary products described above using feedback from external scholars with expertise in this area.
5. Developing an implementation plan.
6. Developing an evaluation plan.

## Interdisciplinary Project Team

Team members were chosen for their knowledge, expertise, and interest in the topic. For the teams to be effective, team members were chosen according to their relevant attributes and the benefits they could bring to the team. Each member would bring particular skills to the team to help identify education issues and brainstorm regarding solutions. Each member was required to evaluate the process and success of

the project. Team members chosen to assist in developing ways to improve nursing knowledge of patient education included the following:

1. The team leader and writer of this project (also functioned as the team facilitator).
2. Nurse educator, who was aware of the education needs of patients from medical/surgical nurses.
3. Medical nurse manager: Manager of the health center.
4. Staff nurse: Medical-surgical nurse on unit of health care center.

## Review Evidence

It is important that a project related to educating medical-surgical and staff nurses to improve nursing knowledge of patient education aligns with the organization's mission. It is equally important that the interdisciplinary team is aware of the latest research and trends related to the topic of nursing education. This team was assembled at a renowned healthcare center in urban Cleveland, Ohio. The center, which was established in the 1990s, has a capacity of 562 beds and is the only Level I facility in the area; therefore, it serves the whole of the urban Cleveland, Ohio, area.

Currently, the healthcare center provides care throughout the region, with over 30 outpatient sites and over 100 specialty clinics. This organization also collaborates with many other smaller organizations by maintaining affiliation agreements and providing these organizations with experts and education. Throughout its history, the organization has received many awards for its commitment to patient care and patient education. The organization's 2012 strategic plan was directed at improving patient knowledge, which was directly tied to its strategic initiatives and vision statement. The plan to educate

medical-surgical and staff nurses to improve nursing knowledge of patient education involved identifying and evaluating solutions to address issues of health literacy among patients within the organization and the State of Ohio.

## Policy and Practice Guidelines

This subsection focuses on how policy documentation and practice guidelines were developed to educate medical-surgical and staff nurses to improve nursing knowledge of patient education. The policy and guidelines were based on best practices derived from health literacy literature available in scholarly sources. In the development of the policy and practice guidelines, strategic steps were followed to ensure that clear, reliable, valid, and clinically applicable policy and practice guidelines were produced. Practice guidelines were developed to aid practitioners in making decisions related to the most suitable healthcare for particular clinical requirements and circumstances (Thomas, 2000).

A *policy* is a written statement that outlines the position and values of an institution in regard to a particular issue or subject. On the other hand, a *guideline* is a criterion or a principle that provides guidance or direction for an action (National Institute for Health and Clinical Excellence, 2007). In relation to this project, the policy would provide the values and position of the healthcare center in urban Cleveland, Ohio, whereas the guidelines would indicate how the institution would educate medical-surgical and staff nurses to improve nursing knowledge of patient education.

### Review of Available Evidence

Because the project was based on the use of current health-literacy-related materials from reliable sources, the first step in developing the policy and practice

guidelines was to carry out a systematic literature review. The purpose of the systematic literature review was to identify the best available research evidence related to the project topic. In this phase, a detailed literature search was undertaken to identify the most suitable policy and practice guidelines based on evidence from health literacy research studies. Aspects such as the effectiveness and appropriateness of the policy and practice guidelines were considered (Thomas, 2000). Drawing from policies and practice guidelines prepared by different groups for a related problem is acceptable and was done in this project. However, acknowledgement and permission were sought before the content was applied in the current case. For such policies and guidelines to be considered, they would have to be validated and deemed appropriate by external experts in health literacy.

Decisions related to healthcare in connection to individual patients and for public policy need to be well informed, and this can be realized through the use of the best available research evidence. To avoid wrong decisions and suggestions, various research studies were evaluated. The systematic review ensured that effective identification, evaluation, and summarization of the outcomes from all the relevant studies were achieved. To ensure reliability, results from various health literacy improvement research studies were evaluated. On the other hand, validity and reliability of the policy and practice guidelines were enhanced by gathering and synthesizing all evidence deemed fit based on prespecified inclusion criteria.

**Policy and Practice Guideline Creation**

The second phase involved the use of research evidence to construct the policy and practice guidelines. In this phase, different stakeholders affected by the project

outcome would be listed and their interest, power, and influence determined. Stakeholders included patients, medical-surgical nurses, nurses, the health care facility manager, and the department of health, among others. After identification of stakeholders, the level of their involvement was determined. Under involvement, roles and responsibilities of involved parties were listed and briefly described. Responsibilities included training of staff and ensuring that policy and practice guidelines were followed. Resources to be used, such as financial and human resources were also determined and listed.

### Policy and Practice Guidelines Testing

The third step was used to test the policy and practice guidelines by requesting external professionals who were not part of the development process to review them for acceptability, consistency, clarity, reliability, and validity (Graham & Harrison, 2005).

### Policy and Practice Guidelines Adoption

Based on the research evidence, the best policy practices and guidelines were recommended for adoption. Notably, these were evidence-based recommendations.

## Content Validation of Primary Products

The primary products of the project that required validation were the policy and the practice guidelines. To validate the recommended policy and practice guidelines, external scholars were requested to provide feedback for improvement purposes. Three external scholars with expertise in health literacy and working as assistant professors on tenure track at local universities were used. This choice was based on the supposition that they were competent reviewers for health policy and practice guidelines.

Seeking feedback from external reviewers on the recommended policy and proposed guidelines was necessary because it ensured that those with similar experience and expertise had the chance to review the document fully as well as identify possible problems for implementation and areas that needed to be amended before the products were completed (Graham & Harrison, 2005). Thus, the external experts reviewed the content to ensure that recommendations from existing guidelines had not been exaggerated or inappropriately adopted.

As part of the validation, the external experts checked whether the policy and practice guidelines were followed correctly to ensure that the predicted outcomes and health gains were achieved. The contents were reviewed, and feedback was provided with significant recommendations, which were used to develop the final policy and practice guidelines.

The external experts also determined the policy's and guidelines' reliability. This means that if the policy and guidelines were to be applied in another health facility with the same clinical circumstances, the same outcomes would be realized. Validation was carried out to determine whether the products were clinically applicable. For example, the policy and guidelines developed were checked to determine whether they were viable, met the needs of the targeted population, and were defined in line with existing evidence. Regarding clarity, the external experts determined whether the policy and practice guidelines were sufficiently clear to be read and understood by the medical-surgical nurses and whether precise definitions of terms and guidelines were provided and user-friendly formats were applied.

After the reviewed policy and practice guidelines were returned and rectified accordingly, the interdisciplinary project team and the stakeholders involved were convened and requested to review the products. Issues that the project stakeholders raised included the following:

- Quality of the content for the guidelines and the general overview of the policy.
- Areas that appeared out of scope or areas that were not fully covered.
- Gaps in the evidence base applied when formulating the recommendations.
- The practical value of the policy and practice guidelines.
- Inconsistencies in evidence interpretation.
- Observations relating to the available resource implications of the policy and practice guidelines.

## Develop Implementation Plan

A final draft was developed after validation and consultation with external expert reviewers, the interdisciplinary project team, and the stakeholders involved. After the development of the policy and guidelines, medical-surgical nurses were educated in three main areas. The first area involved knowledge regarding medical and surgical problems and covered issues related to the causes of diseases and measures for their treatment and prevention. The second area of education covered the importance of applying motivational interviewing while communicating with patients and families regarding nonadherence to recommendations for self-management and self-care practices. The third area of education involved helping nurses to establish effective therapeutic

relationships with families and patients. The education ensured that medical-surgical nurses understood how to conduct patient education more effectively and efficiently.

During the implementation process, it was necessary to consider the possible barriers to behavior change. Some of the barriers to effective implementation of the policy and guidelines were financial costs, staff workload, attitudinal factors such as acceptance of the policy and practice guidelines, and the medical-surgical nurses' willingness to change (Thomas, 2000). For instance, not all of the targeted stakeholders were willing to adopt the improved policy and the proposed guidelines. The implementation strategies ensured that the users of the policy and practice guidelines applied them effectively to improve health.

## Develop Evaluation Plan

The project team developed the evaluation plan in communication with the constituents of project team members. The practical evaluation stage entailed physical observations. The medical-surgical nurses were randomly observed individually to assess the manner in which they educated patients. These observations were conducted to determine whether the nurses were able to practically apply the information they had learned in executing their daily responsibilities. Despite the vast knowledge that medical-surgical nurses gained from the training, it was important to observe whether they could apply that knowledge in educating their patients.

The project's success was determined by the ability of the medical-surgical and staff nurses to participate in patient education after taking the nursing education program. It was expected that medical-surgical nurses who participated in the educational program and who successfully applied the lessons in their daily routines would record positive

outcomes for their patients. This result would be portrayed by their engagement with patients and families and the recommendations they would make for self-management and self-care. Most importantly, during the practical evaluation, nurses who participated in this project were asked to identify new challenges and benefits associated with incorporating this program into their daily routines. Furthermore, they were allowed to discuss how their patients had benefited from the revised education services.

The last step was reviewing the policy and practice guidelines after a period of 6 months and any modifications made based on new information.

## Summary

Medical-surgical and staff nurses play an important role in educating patients on health issues. Training nurses on the importance and application of patient education equips them with the tools required to enhance competence and comfort while giving patients instructions on better self-care and self-management practices. The products developed in this project would improve the educational levels of patients based on the information gathered from literature. The policy and guidelines were developed in a systematic manner, and to ensure their validity, expert review was sought and improvements were made accordingly. In the implementation phase, medical-surgical nurses were educated in accordance with the new policy and guidelines, and in the evaluation phase, the nurses were observed to assess how they educated the patients.

# Section 4: Discussion and Implications

The main purpose of this health literacy improvement project was to expand and improve current medical-surgical nurses' practice guidelines. The goal of conducting the project was to improve medical-surgical nurses' knowledge of patient education for health literacy through educational programs.

## Summary and Evaluation of Findings

In conducting the project, an interdisciplinary project team of institutional stakeholders was assembled. I was a member of this team, as the team leader and writer of this project; the other team members were a nurse educator, a medical nurse manager, and a staff nurse.

The interdisciplinary team met for several days to develop policy documentation and practice guidelines to educate medical-surgical and staff nurses to improve nurses' knowledge of patient education. During the first meeting, a review of the literature on the latest research and trends related to nursing education and health literacy was carried out. The meetings were held at a Level I facility in urban Cleveland, Ohio. The team considered aspects such as the effectiveness and appropriateness of the policy and practice guidelines. The review phase was necessary because it enhanced the reliability of the health literary policy and practice guidelines. During the meeting, the project team discussed the importance of developing training on health literacy to educate medical-surgical and staff nurses. The team also discussed the benefits of educating medical-nurses and staff nurses in the facility. The review was necessary because it provided the team with an understanding of what to expect after developing and implementing the policy. The step was important because a Doctor of Nursing Practice (DNP)-prepared

nurse must be in a position to use skills gained to provide quality improvements in healthcare and promote patients' safety (American Association of Colleges of Nursing, 2006).

**Summary of Reviewed Literature**

From the review of literature, the team noted that the issue in the health center could be improved by:

- Including health literacy in quality-improvement efforts related to health policy.
- Making effective communication the priority of the health organization to protect the safety of patients. This would improve communication between nurses and patients and enable them to identify and interact with patients with low health literacy.

The team provided a summation of the current literature reviewed and established that inadequate health literacy remains a major concern in America's healthcare environment (Cawthon, Mion, Willens, Roumie, & Kripalani, 2014; Wells et al., 2008). Limited health literacy results in increased financial costs for the federal government and state governments. Poor health literacy also leads to severe repercussions such as increased hospital readmissions, increased mortality, visits to the ER, and poor medication adherence (Cawthon et al., 2014). Rates of limited health literacy are high among minority groups (Myrick, 2005).

Medical-surgical nurses are affected by low health literacy in patients, which impacts their ability to provide quality health care. Sand-Jecklin et al. (2010) have established that although nurses may think that they have the capability to identify limited health literacy levels among patients, studies have shown that nurses fail to

identify up to 50% of patients who struggle to understand health information. The reason is explained in a study by Desilets et al. (2007), which indicates that many health professionals and nurses have not been trained adequately to identify and interact with patients with lower health literacy levels. However, training nurses on health literacy equips them with skills and knowledge required to identify health literacy among patients (Sand-Jecklin et al., 2010).

The Chew et al. (2004) approach to screening is an effective way of determining health literacy. The approach is composed of three questions and has been used widely to identify the literacy levels of patients (Chew et al., 2004). The approach was tested by Sand-Jecklin et al. (2010). The other approach involves educating nurses on how to identify and interact with patients with low health literacy levels (Speros, 2009; DeSilets & Dickerson, 2009; Vernon et al., 2007). In this approach, health literacy content is incorporated into nursing education programs. Nurses can be educated on how to use the Test of Functional Health Literacy in Adults (TOFHLA), the Rapid Estimation of Adult Literacy in Medicine (REALM), and the Newest Vital Sign (TNVS) (Baker et al., 2007; Rogers et al., 2006). However, these approaches are not commonly used because they limit the ability of nurses to identify and intervene on patients with limited health literacy. Medical-surgical nurses must be taught how to effectively communicate with patients and identify information from patients that can be used to improve the health status of the patients. Effective communication and closer relationships between nurses and patients are important (Castledine, 2009; Morris et al., 2012).

**Policy and Practice Guidelines**

The project team and the medical-surgical nurses, nurses, and health care facility manager agreed that the purpose of the policy was to provide medical-surgical nurses with knowledge on health literacy in order to reduce readmission rates of patients, improve quality of care, and reduce readmission costs. During the meeting, the interdisciplinary team discussed the benefits of developing health literacy policy and guidelines that would improve patients' outcomes and reduce readmissions in the health facility. The meeting and discussion were necessary consideration, given that the DNP-prepared nurse is required to apply a systems leadership approach to improve health outcomes in general and promote patients' safety. Patients' equipped with health literacy and those who are not in need of safe and secure health care.

The policy and procedures were well documented based on the literature reviewed by the project team members. The policy provides an outline of how to educate medical-surgical and staff nurses in the facility to improve nurses' knowledge of patient education.

The procedure provided action plan or practice guidelines to be integrated and applied when dealing with patients. The practice guidelines included the following: Ways to improve communication, how to improve the use of health information, how to improve the use of health services, building knowledge needed to improve decision making, advocating for health literacy, and building a culture of health literacy. (See Appendix D for the policy and Appendix E for the guidelines).

## Policy Validation

With regard to validation, the nursing education and health literacy experts were satisfied with the information and content provided; thus, no changes were made. The experts noted that the policy and guidelines developed were viable, met the needs of the targeted population, and were defined in line with existing evidence. They also noted that the policy and practice guidelines were clear and could easily be understood by the medical-surgical nurses.

## Implementation Plan

The project team developed the plan required for the pilot implementation based on the logic model. To implement the final project, the *pilot, plan, do, check,* and *act* approach was proposed. Upon being satisfied with the pilot analysis, the interdisciplinary project team acted to implement the policy and guidelines permanently into the health facility. (See Appendices A and B).

Regarding the implementation, the interdisciplinary project team met four times for a period of 1 month in order to complete the policy development. The budget for its implementation was relatively simple, given that it was going to benefit the hospital and most of the resources were readily available within the healthcare facility.

## Evaluation Plan

The goal of the project was to improve medical-surgical nurses' knowledge of patient education for health literacy through educational programs. The interdisciplinary project team participated in the development of the evidence-based policy. The policy was validated by nursing education experts and a health literacy expert.

The intended outcome of this project was to improve medical-surgical nurses' knowledge of health literacy in the short term and to help reduce readmission rates of patients who fail to follow medical procedures due to lack of proper patient education in the long term. The evaluation plan was developed using the logic model.

The evaluation was conducted in three steps: The first step involved physical observations of the medical-surgical nurses to assess how they educated the patients. The second step involved observation of how the nurses applied what they had learned in their interactions with patients, and the third step involved reviewing the policy and practice guidelines after implementation. Nurses who applied guidelines that they had been equipped with were deemed competent. Conversely, nurses who did not show competency were given on-the-spot education and were observed to make sure that they learned the necessary guidelines and practices.

In addition to these tasks, the nurses participating in this project were asked to identify new challenges and benefits that might be linked with incorporation of the policy into their daily routines. Relationships between the nurses and patients and the way in which communication was conducted were also evaluated to determine if the new guidelines were being followed. Subsequently, poor communications and relationships were improved through effective strategies. (See Appendices A and C).

## Discussion of Findings in the Context of Literature and Frameworks

The purpose of the improvement literacy project was to develop policy and guidelines that can be used to educate medical-surgical nurses with the intent of improving nursing knowledge of patient education on health literacy. After a number of comprehensive literature searches, it was discovered that there were similarities between

existing research findings and the findings of this project. For instance, the level of low health literacy in the U.S. is extremely high, with a third of Americans having poor health literacy and thus being unable to understand basic medical information (Wells et al., 2008). This limits their ability to take care of themselves and make informed health care decisions. Cawthon et al. (2014) echoed this idea by noting that over 90 million adults have poor health literacy. Low health literacy has exposed Americans to lower rates of preventive care, high death rates, poor medication adherence, and failure to following instructions given by nurses. Also, Cawthon et al. (2014) support the study's problem that lack of health literacy increases readmission rates in hospitals. Other possible repercussions associated with limited health literacy include increased visits to the ER and low recovery rates (Cawthon et al., 2014).

The most effective and efficient approach that can be used to educate nurses is the establishment and strengthening of the association between theory and practice (Castledine, 2009). Higgins et al. (2013) observed that high-quality service delivery must be achieved through the application of new knowledge as advocated for in EBP studies. Health literacy content can also be incorporated into undergraduate and graduate levels of education, or it may be used to educate nurses in short phases as a means of ensuring that nurses can evaluate low health literacy among patients.

It has been established that one of the approaches to educating nurses involves employing the Test of Functional Health Literacy in Adults (TOFHLA), the Rapid Estimation of Adult Literacy in Medicine (REALM), and the Newest Vital Sign (TNVS; Baker et al., 2007; Rogers et al., 2006). In addition to these approaches, nurses can be educated on how to use the Chew's three questions, which have been found to be

effective in the identification of patients with low health literacy. These methods have been found to be effective based on comparison studies carried out by Chew et al. (2008) and Wallace et al. (2007). For example, a comparison of Chew's three questions with the REALM and TOFHLA tests established a strong correlation between the tests' scores (Chew et al., 2008). In spite of these findings, it was established that these methods limited the extent to which the nurses could probe to derive the required health literacy information from patients (Sand-Jecklin et al., 2010).

An alternative that can be used to increase the ability of nurses to identify patients with limited health literacy is the incorporation of health literacy content into nursing education programs. This approach has been supported by Vernon et al. (2007), Speros (2009), and DeSilets and Dickerson (2009), who established that most nurses have not been trained adequately in recognizing and interrelating with patients who have lower health literacy levels. The studies have indicated that patient teaching is a fundamental nursing responsibility, and for this to be achieved, nurses must be educated on how to determine whether a patient has limited health literacy. In the case of the targeted health center in Cleveland, Ohio, it is necessary for its medical-surgical nurses to be educated and equipped with necessary health literacy content. Such efforts are necessary, as they will ensure that health literacy gaps among patients are minimized, leading to improved health care. The Joint Commission (TJC) has also supported the need to teach nurses about health literacy, given that current nursing education programs have failed to address the health literacy problem when dealing with patient education content. In their study, Sand-Jecklin et al. (2010) established that even the use of a short education

intervention can have a positive effect on students' knowledge of acute health literacy issues.

In the case of the health center based in Ohio, patient empowerment can be achieved through the use of health literacy efforts after the nurses have been educated and trained. Sand-Jecklin et al. (2010) provided some of the suggestions that were proposed by TJC, which included the use of a system-wide change to promote closer and effective provider-patient relationships that can be realized through the use of honest and open communication. Communication as part of the intervention policy is important because medical-surgical nurses spend more time with patients compared to other nurses. For this reason, Kyle and Shaw (2015) indicated that for health literacy to be promoted, two-way and mutually beneficial nurse-patient relationships must be encouraged. As part of the proposed guidelines, medical-surgical nurses must use understandable language when communicating with patients because most patients (about 71%) either misunderstand medical terms or confuse the terms being communicated to them. Communication has been emphasized because effective communication creates a link between medical-surgical nurses and patients. For instance, medical-surgical nurses must avoid the use of medical jargon when communicating with patients to ensure that the goals of the educational intervention are achieved (DeSilets & Dickerson, 2009).

After they receive such education, nurses will be in a position to: (a) Identify patients who are not in a position to understand and make informed decisions based on the available health information; (b) communicate health information and instructions to patients in a manner that enhances patients' understanding, and (c) check whether patients have understood what has been taught (DeSilets & Dickerson, 2009).

# Implications

## Implications for the Practice of Nursing

The outcomes of this project have significant implications for nursing practice and nursing education. Educating medical-surgical nurses would help to reduce the effects of poor health literacy among patients in the U.S. Moreover, patients with terminal illnesses and poor health literacy can be educated on how to take care of themselves and can use information provided to assist them in living longer. Approximately 59% of elderly people in the U.S. have limited health literacy, and most of them are more likely to die or be readmitted because they cannot communicate effectively with nurses (Myrick, 2005). Therefore, if nurses are trained and educated, readmissions may be reduced, and the rate of survival may improve.

Given the significance of low health literacy in the U.S., the guidelines must be incorporated into all nursing education programs as a way of improving health literacy content all the way through undergraduate and graduate curricula. Such an effort is more likely to improve the knowledge of graduate nurses, which would be beneficial to nursing practice (Sand-Jecklin et al., 2010). For example, nursing graduates would be equipped with health literacy knowledge that could assist them in identifying patients who have poor understanding of health information, hence improving their levels of understanding. Such integration could also ensure that graduate nurses are in a position to use the knowledge they have acquired to assure patients' knowledge of crucial health information. It is important for practicing nurses to be competent in administering healthcare services and solutions to patients. Therefore, completing an education program that addresses health literacy is a significant element of licensing of registered

nurses. The ultimate outcomes of such an education program must be identified and monitored to determine its effectiveness in ensuring positive patient health outcomes.

Insights derived from research can be used for guidance to health care providers, the community, and healthcare organization in realizing a health-literate society. As such, the level of health literacy can be improved thus, improving patients' health well-being. In doing so, nurses and healthcare providers are going to benefit from propagation of health literacy research.

**Implications for Future Research**

Clinicians have been encouraged to create interdisciplinary teams that comprises of health information technology experts, communication experts, and librarians to ensure that effective communication between nurses and patients is developed. The study can also explore the link between general health literacy, information technologies, health literacy, and how they relate to the current healthcare infrastructure. This has been suggested because literacy is a complex set of skills.

Research is needed in the future to identify suitable and dependable interventions to guarantee patient understanding of significant health information, and to file the effect of these solutions on patient treatment observance and health conclusions. For the futures research, nurses involved in patient education have been encouraged to be the first ones in demonstrating the importance of health literacy valuation and the want for suitable education interventions to promote patient health outcomes. Therefore, future research is needed that focuses on the importance of educating both nurses and patients on health literacy and its effects of patient's health.

In future research, researchers can undertake studies that investigate the level of limited health therapy among medical-surgical nurses. In such studies, primary data collection method can be used. For instance, data and information can be collected through the use of questionnaires and interviews. The need for future research is based on the establishment that most of the health literacy areas have remained unexplored (Egbert & Nanna, 2009). Moreover, much of the past studies have focused on patient characteristics, and for these reasons, future research must be carried out to investigate the link between health literacy and nurses' characteristics. Future research is needed to identify age-related and socio-cultural issues that interconnect with health literacy. Such areas when studied can avail healthcare providers the tools essential to provide more suitable care that is custom-made towards an individual patient's needs.

**Implications for Social Change**

It is estimated that more than 36% of American adults have limited health literacy, and the limitation is higher in the elderly population which is estimated to be 59% (Myrick, 2005). Therefore, by educating the medical-surgical nurses, the project would be helpful because these groups would be assisted and provided with better information. Furthermore, the nurses would be in a position to understand the health conditions of these groups, hence quality improvement in the U.S. health sector. Improving health literacy is effective in assisting ill-people who are highly literate and educated, but with inadequate experience for healthcare, especially when dealing with healthcare procedures and terminologies.

Lack of or limited health literacy has negative impact on the health of patients. Therefore, improving health literacy among medical-surgical nurses has the capability to

reduce high rates of hospitalization and readmissions. Moreover, equipping the nurses with necessary knowledge and skills reduces the number of patient's visits to emergency rooms.

Although the project targeted medical-surgical nurses, it can be replicated to cover the entire nursing profession. The project can be applied to improve health literacy among the nurses, regardless their areas of specialization. This is necessary because poor health literacy is still evident in the nursing sector despite the improvements made in health education and the access to the internet (Kyle & Shaw, 2015). Therefore, educating the nurses on the health quality of patients across the U.S. could be improved.

Poor communication between patients and nurses is one of the major challenges that U.S faces in the contemporary world. Such discrepancy threatens the improvement of health. Furthermore, patient engagement depends on health literacy. Thus, by educating the nurses, effective communication can be promoted which creates a synergy required for health literacy (Kyle & Shaw, 2015). The efforts can ensure that nurses can obtain, and understand basic health information needed to make health decisions.

The project's goal was to improve patient health literacy that was to be realized through proper training and education of medical surgical nurses. In this context, patients in the future will be in a position to obtain, process, and comprehend basic health information. Subsequently, they will be in a better position to look to themselves, in addition to being able to make good decisions relating to their individual health. Such an outcome will help to reduce readmission rates of patients who fail to follow medical procedures due to lack of proper patient education because they will be equipped with necessary knowledge and information.

# Project Strengths, Limitations, and Recommendations

## Project Strengths

The first strength of this project was the successful design of guidelines that can be used to educate nurses and improve their knowledge levels about patient literacy. Through the use of the guidelines, it will be possible to assist patients with inadequate health literacy, and improve health outcomes. The project will also assist in reduced hospital costs and diseases among individuals with inadequate health literacy.

An additional strength associated with the project was the ability to use past empirical studies to provide a basis for the project. For instance, through past studies, it was possible to establish that medical-surgical nurses have limited health literacy and that there is need for the problem to be addressed. Thus, the project has aided in providing guidelines that can be used to educate nurses to improve health literacy. The project has also used past studies to show that both the illiterate and literate individuals have limited health literacy, hence the need for educating nurses to promote quality improvement in healthcare.

The proposed guidelines and solutions to the problem being faced have been supported by external experts in health literacy. The choice of external experts with experience and knowledge related to health literacy is a strength because it has assisted the project developer in the design of the guidelines. Moreover, health literacy is a complex aspect of healthcare and through the use of experts it was possible to provide information and recommendations that can be used to appropriately address health literacy.

To some extent the project raises awareness of health literacy and recommends the integration of health literacy strategies in nursing to promote quality improvement and improve interpersonal communication between nurses and patients. Such efforts are anticipated to develop patient-centered care and improve patient outcomes.

**Project Limitations**

The present educational base for medical-surgical nurses forms a major limitation. For instance, the nurses attending to the patients might have a wide knowledge base; however, they may not be in a position to apply such kind of information appropriately. In spite of the implications of limited literacy identified in the project, its implications to healthcare still remains a challenge that was not addressed in this study.

There are limited studies that have focused on improving the health literacy of nurses through patient education. In addition, most of the studies have focused on improving health literacy among patients, and not medical-surgical nurses (Egbert & Nanna, 2009). The intervention methods used in this project are related to inpatient education of nurses. In addition, the methods of intervention have never been applied when dealing with medical-surgical nurses.

Coordinating medical-surgical nurses' patient education with instructions recommended by the inpatient team is important because a repeated and consistent message from both sides can eliminate any confusion and promote continuity in care. The time element has always been a major challenge associated with implementing patient education. Some medical-surgical nurses have argued that they do not have sufficient time to have uninterrupted communication with their patients. Others have stated that the process requires a lot of patience.

### Recommendations for Reduction in Limitations

To reduce the limitations, seminars that provide teaching to nurses on matters related to communication, self-management, and self-care can be used to reduce the limitations associated with intervention. The principles from these areas of study can be helpful in improving patient education (Davidson et al., 2007).

With regards to limited studies, the limitation was reduced through the use of literature searchers that provided the researcher with studies which share similar results and findings. In addition, it was assumed that studies related to general nurses can be replicated to medical-surgical nurses. Concerning lack of know-how in terms of applying information related to health literacy, this limitation can be reduced by ensuring that the intervention methods have been validated by external experts before they can be incorporated into the project.

## Analysis of Self

Self-analysis is a beneficial process that allows an individual to assess their personal experience in order to evaluate what one has done and establish the level of personal growth. After undertaking the DNP project, self-analysis is vital for both professional and interpersonal growth, and because of its nature, it ought to be completed occasionally.

### As Scholar

As a scholar, I am always looking for ways to ensure that quality improvement in nursing is promoted, as well as improving patient outcomes in the healthcare sector. By improving the literacy levels among medical-surgical and staff nurses in order enhance nursing knowledge of patient education. Such an activity is beneficial not only to the

patients, but also to the organization because the levels of readmission would be reduced. This form of thinking is founded on the Essential II of the essentials of the DNP practice which I easily identify with. Essential II focuses on organizational and systems thinking and systems leadership for quality improvement (Association of Colleges of Nursing, 2006). Under this essential, my role as a scholar is to improve patient and healthcare outcomes. By improving the health literacy levels among the medical surgical nurses, excellence in practice and patient safety are promoted. I have also come to understand that health literary is composed of multiple activities, including taking appropriate prescribed medications, the ability to follow instructions given for self-healthcare, giving informed consent during medical tests and procedures, navigating complex healthcare systems, and making informed decisions based on the information provided by a patient (Sand-Jecklin et al., 2010).

**As Practitioner**

As a practitioner, researching on health literacy and its importance with regards to educating nurses to promote quality health among patients has been beneficial. For example, it has improved my understanding on why patients' readmissions are evident in some of the hospitals. I have also come to understand that health literacy is not a problem that is faced by illiterate communities only, but also that trained nurses may also have deficiency in terms of understanding patients and using available information to provide them with the necessary healthcare services. As a practitioner, I have come to realize that it is also important for healthcare providers to be in a position to identify patients who lack understanding of health information and data provided to them. Through health literacy medical-surgical nurses can be in a position to reduce the

readmission levels in the hospitals, and at the same time, understand the needs of the patients.

**As Project Developer**

Carrying out this project has taught me the whole process of being able to develop a quality improvement project and implement a project that can improve quality of life in the society. In the process of developing a project, a project developer has to undergo some challenges in different phases. Moreover, the practical experience acquired while developing a health improvement project is vital in an organization. For example, it helps the project developer when evaluating organizational policies and procedures, to determine if there exist any areas that require further development. After establishing the area of improvement (such as improving medical-surgical nurses' knowledge of patient education for health literacy) increases patients' satisfaction and improves the patient's outcomes. In quality improvement, such a project is important in expanding and improving the current medical-surgical nurses practice guidelines.

**Future Professional Development**

After the completion of the DNP project, I look forward to working with medical-surgical nurses, patients, and health care providers with the intention of developing new policies and guidelines that can have potential impact on quality improvement. In addition, it is also necessary as a nursing leader to make sure that the gap of understanding among patients and nurses is minimized. Such an achievement can be realized through development of leadership in health literacy, whereby health literacy approaches and thinking with organizations and other health networks are inspired. Thus,

as a future leader in nursing, I will make sure that collaboration with are stakeholders and nursing associations are carried out to integrate health literacy in the curriculum.

## Summary and Conclusion

Patients' health literacy is necessary in ensuring that patients have adequate access to quality healthcare services. To have improved medical conditions, it is important to train and educate medical-surgical nurses in order to improve their health literacy. The project has established that limited or absence of health literacy affects the quality of healthcare provided, which subsequently significantly affects patients' health negatively. However, educating nurses and equipping them with health literacy has the capacity to minimize readmission rates. On the other hand, patients who have low health literacy experience are more likely to visit emergency rooms and have higher rates of hospitalization. It has also been established that majority of nurses and other health professionals do not have proper education that can be used in the identification and interaction with patients characterized with limited healthcare literacy. The problem can be eradicated through teaching and educating the patients. To achieve this goal, appropriate goals must be developed that integrate effective health education content into nurses' learning programs. In so doing, it would be possible for nurses to accumulate knowledge required for educating patients about healthcare issues. Effective communication between nurses and patients is one of the ways that can be used to ensure the education intervention approach minimizes the low health literacy among patients.

With regards to the effect of the project, the project has enhanced my knowledge and will enable me to be an effective project developer, practitioner, and nursing scholar. The project also increased my knowledge as a professional nurses and a future leader.

The knowledge gained during the DNP project can be used in the future to contribute to national policies relating to improvement of health literacy among nurses and patients.

Section 5: Scholarly Product for Dissemination

## Manuscript for Publication

The primary method of disseminating the project outcomes is through publications. There are numerous publication avenues that can be used to disseminate the findings and share them with the greater scholarly community. For example, it can be disseminated through a scholarly nursing journal. The Online Journal in Nursing which is a scholarly Journal of the American Nurses Association is the most appropriate for disseminating the findings because it is a peer-reviewed online publication that addresses most of the current topics that affect nursing practice, education, research, and the wider nursing and healthcare sector. Moreover, the interactive format of the journal inspires a dynamic dialogue leading in a widespread discussion of the topic, thus, developing the field of nursing and improving nursing knowledge.

Given that the project has some educational aspects, the second area of publication would be a nursing education journal. A nursing education journal has been deemed fit because it would be educative to patients and nurses in general. It can be an effective avenue for reaching out to nursing educators and administrators, which can use it to develop and duplicate the education guidelines in respective organizations with the intent of facilitating positive outcomes through health literacy.

Different opportunities exist that can be used for the presentation of this project. For instance, the project can be presented at local, state, and national presentations. At the national arena, the results can be present at the American Nurses Association (ANA) conference and be shared with largest association of nurses. Through ANA conference, it would be possible to associate safety, quality, and staffing to improve patients' outcomes.

In the state level, the ANA conference across the State of Ohio would be appropriate. This is because the targeted hospital is located in the State of Ohio, which makes it an excellent avenue for disseminating the project outcomes during the conference. The presentation is to be conducted in the form of a formal presentation.

There are various ways that can be used to disseminate the project at the local level. For instance, the healthcare center in urban Cleveland, Ohio would be ideal for the local conference and it would provide an opportunity to present the findings to medical-surgical nurses. The presentation can be done during the quality improvement week. By using presentation posters, it would be possible to provide the guidelines and protocols that have to be employed to improve the patients' outcomes.

Dissemination of the project outcomes is important especially in cases where the health of patients is compromised. Using literature searches to support the purposes of this study is part of ensuring that the problem which faces most U.S. citizens in form of health literacy is addressed. The researcher believes that the results of the project can be used to educate medical-surgical and staff nurses to improve nursing knowledge of patient education.

## Project Summary and Evaluation Report

Compared to the last decade, the health care sector in the U.S. has changed rapidly becoming more complex. A major challenge that health practitioners face, especially nurses, is the inability to identify and determine patients with poor health literacy (Myrick, 2005). Davidson et al. (2007) have added that although nurses might have health literacy knowledge, some of the medical-surgical nurses might to have detailed awareness on patient's education. In order for medical-surgical nurses to

provide quality care, they must be trained and educated on how they can disseminate education to patients with the intent of improving their health literacy. Therefore, emphasis on education and training among medical-surgical nurses results to better management practices.

## Problem, Purpose, Goals, and Outcomes

The problem addressed in the project was lack of knowledge and adequate skills among medical-surgical nurses which are required to improve health literacy among patients. Lack of adequate knowledge has been a result of insufficient training regarding identification and interaction with patients who have lower health literacy levels. Thus, there was need to improve patient health literacy which can be achieved through proper training and education of medical surgical nurses.

The goal of the proposed project was to improve medical-surgical nurses' knowledge of patient education for health literacy through educational programs.

The project outcome was to lead to improved medical surgical nurses' knowledge on health literacy. In the long-term, the outcome would be helping to reduce readmission rates of patients who fail to follow medical procedures due to lack of proper patient education.

The purpose of this health literacy improvement project was to expand and improve current medical surgical nurses practice guidelines.

## Recommendations

To help minimize the limitations associated with this quality improvement project, a number of suggestion have been recommended:

- To use seminars that provides teaching to nurses' communication, self-management, and self-care (Davidson et al., 2007).
- To use literature searchers that provides different studies sharing similar results and findings.
- To ensure that the intervention methods are validated by external experts before implementation.

## Implications for the Practice of Nursing

Educating nurses and equipping them with knowledge which can be used to identify patients with low health literacy, can be beneficial to the nursing profession. For example, it would empower the patients and ensure that they can easily take care of themselves. Healthcare providers and organization can benefit from the findings of the research. Different intervention methods established can be implemented in health care institutions. Lastly, the quality improvement study's findings can be used to give insights that can be used achieve a health literacy society.

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Appendix A: Overall Action Plan Logic Model

| **Inputs** | **Outputs** | | **Outcomes -- Impact** | |
|---|---|---|---|---|
| | *Activities* | *Participation* | Short | Long |
| **Interdisciplinary Team**<br>-Team leader and writer of this project<br>-Nurse educator<br>-Medical nurse manager<br>-Staff nurse | **Validation of protocol**<br><br>**Staff Education**<br>- The importance of applying motivational interviewing while communicating with patients and families<br>- Helping nurses to establish effective therapeutic relationships | Team leader and writer of this project<br><br>Team leader and | Improved medical surgical nurses' knowledge on health literacy. | Helping to reduce readmission rates of patients who fail to follow medical procedures due to lack of proper patient education. |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | with families and patients.<br><br>**Documentation**<br>-Pilot progress<br><br>**Pilot (August 2015)**<br><br>**Evaluation**<br>-Evaluating how medical-nurses communicated with patients.<br>-Evaluating how the nurses educated patients | writer of this project, Nurse manager<br><br>Team leader and writer of this project | | | |

| **Assumptions** | | **External Factors** |
|---|---|---|
| Resources required are available and the nurses are willing to be educated on health literacy | | The project may be transferable to health facilities facing the same problem. After the project evaluation is completed, permission will be sought from the health facility to implement the policy. |

Appendix B: Policy Implementation Plan

| **Task** | **Completion Target Date** | **Who is responsible for completion** |
|---|---|---|
| 1. Team was chosen consisting of nurse researcher, nurse educator, medical nurse manager, and senior staff members<br>2. Current evidence and standards will be presented, and the organization's mission and philosophy reviewed.<br>3. Reviewed literature related to the study to establish the most suitable policy | August 2015 | Team leader |
| **Project Following the Establishment** | | |
| 1. The team implemented the pilot policy and practice guidelines.<br>2. The project team planned to identify any arising problem during the implementation | August/September 2015 | Team leader |

| | | |
|---|---|---|
| process the team and planned to meet to address the problem, plan a suitable correction, do to implement the change, and check to evaluate in case of the change was effective | | |
| **Policy Project Expanded Implementation** | | |
| 1. Finally, when satisfied with the pilot, the team acted to implement the guidelines and policy permanently part of the healthcare practice in the health facility.<br>2. Project team presented the pilot, on health literary improvement and proposed policy to appropriate to the hospital management and board as part of seeking approval for its implementation | September 2015 | The interdisciplinary project team |
| Review Document (Policy and Guidelines) | September 2015 | ▪ The Team Leader<br>▪ Nurse Educator |

| | | |
|---|---|---|
| | | ▪ Medical Nurse Manager<br>▪ Senior Staff Members |
| Validation of the policy and guidelines to establish | September 2015 | ▪ Nursing education experts<br>▪ A health literacy expert. |

Appendix C: Policy Evaluation Plan

| **Evaluation Task** | **When to complete** | **Who is responsible** | **As Measured by** |
|---|---|---|---|
| The interdisciplinary project team and educators evaluated the policy in terms of its effectiveness. Each nurses' ability to assess the patient's health literacy were measured. | After implementation of the policy and guidelines | The Interdisciplinary team | Level of health literacy in the hospital and the reliability and suitability of the policy |
| Physical observations of the medical-surgical nurses to assess how they educated the patients. | Weekly for a one month | The team leader and nurse manager | Nurses ability to educate the patients.<br>Nurses ability to communicate effectively |
| Observing of how the nurses applied what they had learned on the patients, | Weekly after implementation | The team leader and nurse manager | If the nurse applies what was taught, then the evaluator will deem the nurse competent.<br><br>When the nurse fails, the |

| | | | |
|---|---|---|---|
| | | | observer will immediately perform on-the-spot education. In addition, the evaluator will continue to observe the nurse and determine the ability to be health literate |
| Reviewing the policy and practice guidelines after implementation | Six months after its implementations | The team leader | Ability by nurses to educate patients on health issues and reduce readmissions in the hospital |
| Nurses participating in this project were asked to identify new challenges and benefits associated with integrating the policy into their daily routines | Weekly | Interdisciplinary team | If the nurses have solutions to the problem of health illiteracy<br>How the nurses benefited from the training on health literacy |
| Post program evaluation | Bi-annually | Nurse educator and nurse manager | The Ability to reduce readmission rates in the hospital.<br>Increased levels of health literacy by both the medical- |

| | | | |
|---|---|---|---|
| | | | surgical nurses and patients.<br>Effective communication<br>between nurses and patients |
| Long Term Evaluation Plan will be measure by: | | | |
| i. Nurses' survey and observations.<br>ii. Gaining of insights from observations<br>iii. Comparing the level of readmission is the hospital before and after implementation of the policy.<br>iv. Pre and post implementation of the policy and guidelines | | | |

Appendix D: Policy and Procedure

| **Level I Facility Healthcare Center in Urban Cleveland, Ohio.** | | |
|---|---|---|
| | **Health Literacy Policy** | |
| **Purpose:** To improve medical-surgical nurses' knowledge of patient education for health literacy through educational programs | | |

1. Health literacy is the ability of individuals to understand and use information related to healthcare so they can make appropriate health decisions and follow the relevant treatment instructions.
2. All patients must be asked the Chew's et al. (2004) questions to identify patients with inadequate literacy. These questions are:
    a. How often do you have problems learning about your medical condition because of difficulty understanding written information?" (Always, often, sometimes, occasionally, or never).
    b. "How often do you have someone help you read hospital materials?" (Always, often, sometimes, occasionally, or never).
    c. "How confident are you filling out medical forms by yourself?" (Extremely, quite a bit, somewhat, a little bit, or not at all).
3. Patients with no health literacy must be educated and proper communication applied in order to improve the health outcomes.
4. All patients must be informed on their health issues and proper health information provided to them by the nurses.

5. All newly hired nurses will be encouraged to undergo health literacy training while in the facility in order to equip them with necessary knowledge. The new nurse shall be informed on this requirement before being admitted in the hospital.
6. Strategies below must be used to build knowledge and improve health decision-making relating to health literacy:
    - Improving access to appropriate and accurate health information
    - Facilitating healthy decision-making process.
    - Partnering with educators and other stakeholders to enhance health curricula
7. The hospital facility will educate nurses (new and experienced) on health literacy, its importance, and ways to communicate with the patients.
8. All nurses must avoid the use of medical jargon when communicating with patients in order to ensure patients have a clear understanding of the health information.
9. All medical nurses must determine their patients' ages and other physical disabilities because, in some cases, patients have more complicated problems and may require extra training to equip them with the necessary tools to practice self-management and self-care.
10. All medical-surgical nurses must promote patient education via therapeutic communication involving motivational interviews to counsel patient with low health literacy.

Appendix E: Healthy Literacy Guidelines

| **Level I Facility Healthcare Center in Urban Cleveland, Ohio.** | | |
|---|---|---|
| | **Healthy Literacy Guidelines** | |
| **Purpose:** To improve medical-surgical nurses' knowledge of patient education for health literacy through educational programs | | |

1. The policy must be followed always by all nurses in this nursing facility. In addition, every nurse must undergo the health literacy training to equip them with the necessary information.
2. Always determine the healthy literacy of the patients before providing advice and medical attention to the patients. This is to be achieved by following the Crew's questions as indicated in the policy (refer appendix D).
3. Identify the health information for the patients including demographics, emotional state, health practices, language preferences, culture, and socio-economic status of the patient.
4. Speak clearly to the patient and listen carefully – use an appropriately trained interpreter where necessary, ask open ended questions.
5. Avoid acronyms, jargon, and abbreviations.
6. Always use simple language in addition to defining all the difficult terms.
7. Provide non-English speaking patients with translated information in the key issues and health information.
8. Be accountable for health literacy activities to ensure that all the patients have the

right information in order to avoid readmission rates.

9. All health materials provided and information given to the patients must be tailored to meet the patient's health needs and literacy levels.
10. All the available resources must be used to assist the patient in decision making in terms of health advice and medications.
11. Use written patient education materials reviewed by a literacy expert in order to determine the literacy and reading level of the patient.