

ORIGINAL ARTICLE

UNDERSTANDING OF NURSES ABOUT BARRIERS AND STRATEGIES TO PROMOTE HEALTH LITERACY IN THE ELDERLY

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Highlights:

- (1) Four categories emerged about the barriers to promoting health literacy.
- (2) Nurses did not know the term, but sought to strengthen health literacy.
- (3) Main barriers in health care, management and literacy in the health system.
- (4) Main strategies such as the use of simple language and health education groups.

ABSTRACT

Objective: To identify nurses' understanding of the barriers and strategies for promoting health literacy among the elderly in primary health care. *Method:* A qualitative research of the descriptive exploratory type was carried out with 12 nurses linked to health units in the city of Arapiraca/AL. Data exploration occurred by thematic analysis of Minayo. *Results:* Four thematic categories related to understanding, skills, barriers and strategies for developing literacy in the health of the elderly emerged. The main barriers were lack of training, time of attendance, limitations related to aging, internet access and schooling. The strategies included use of simple language, teach-back method and use of visual resources. *Conclusion:* The nurses identified strategies to help the elderly and recognized the barriers that hinder the promotion of health literacy. Future interventions should focus on developing literacy skills in elderly health.

Keywords: health literacy; elderly; health education; health promotion; nursing.

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INTRODUCTION

The aging of the population is a global reality, including for Brazil, which has the challenge to implement effective public policies for the elderly population, so ways to improve assistance to this age group should be discussed, as the development of strategies for health promotion and education, recommended by the National Policy for Health Promotion¹.

Health education actions, which occur mainly in the context of Primary Health Care (PHC), enable the elderly to decide and have control over their health. These actions, mostly promoted by nurses, should use accessible and understandable information, being the essential component of any strategy to promote health literacy in people².

Health literacy is understood as the degree at which people access, understand, evaluate and communicate information to promote and maintain health throughout life in different health contexts³. People with low levels of health literacy are less informed about health, do not seek preventive care, have worse control over chronic diseases and use more health services, including emergency services⁽⁴⁾. In older people, the challenges of communicating with this highly vulnerable group are associated with the complexities of managing chronic diseases, low education and cognitive and sensory changes related to aging⁵.

Considering this vulnerability, promoting the literacy of this age group should be a priority and occur through systematic interventions that are sensitive to the health needs of older people. However, most nurses have difficulties in identifying the low level of health literacy among patients and face difficulties in proposing strategies for promoting health literacy⁶. In Brazil, the strategies of nurses in promoting health literacy are not yet known, and this aspect is hampered by the fact that health literacy is considered a subject still little known by nurses, In addition to not having been explicit in public health policies in Brazil, as has already been done in several countries⁷.

In the international context, a study conducted in California investigated 76 nurses regarding knowledge about health literacy, the use of communication techniques, beyond perceptions about the effectiveness and/or barriers to the implementation of health literacy in patient care⁸. Regarding the use of communication techniques, only 42% of nurses provided educational material to assist patients with low health literacy. Another study⁹ conducted in Greece, investigated the barriers and facilitators of communication between the elderly person and health professionals, and identified the use of simple language and patient-centered approach as facilitators. The aspects that hindered the development of health literacy were the cognitive and psychological aspects, as well as professionals overwhelmed to deal with this demand.

In Brazil, so far, there is no research with health professionals on the barriers and strategies to promote literacy in the health of the elderly. Most studies on health literacy were aimed at exploring the health literacy of elderly patients¹⁰⁻¹¹, chronic renal patients¹², patients with cardiovascular disease¹³ and patients with diabetes mellitus⁽¹⁴⁾.

Health professionals play an important role in building knowledge and developing health literacy skills¹⁵. In this context, the nurse stands out as an essential professional to promote the understanding of health information; however, little is known about the tools used in the care context for communicating with elderly people with low health literacy levels¹⁶.

Considering the elderly as one of the vulnerable groups concerning health literacy, and considering as the closest healthcare professionals in caring for the elderly in PHC, mainly when developing health education actions and in the promotion of self-care, the research question of this study is: What are the barriers and strategies used by nurses to promote literacy in health of the elderly? The understanding of nurses about health literacy can support the interventions of health

managers in preparing nurses, as well as improving communication skills between the professional and the elderly, increase the understanding of information and promote shared decision-making, through tools that can develop health literacy in different contexts of life.

Given the above, the objective of this study is to identify the understanding of nurses about the barriers and strategies to promote literacy in health of the elderly in primary health care.

METHODS

The present study has a qualitative, exploratory and descriptive approach. It followed the steps recommended by the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist¹⁷. The study participants were the first twelve nurses who agreed to participate in the study, considering the point of theoretical saturation¹⁸ for the conclusion of the field work. The nurses were linked to the Family Health Strategy of eight Basic Health Units (BHU), in the municipality of Arapiraca, located in the central region of the state of Alagoas. The municipality has 41 BHU and approximately 100 nurses working in PHC. All BHU were located in the urban area of the municipality and were chosen intentionally by the researchers, based on inclusion and exclusion criteria.

The study included nurses who performed care activities with elderly users and had at least three months of service in these BHU. Nurses were invited to participate in the study by telephone or through visits to the Basic Health Unit. After the participants' acceptance, the interviews took place in person at BHU during the months of April to November 2022. Nurses who held the position of coordinator and were on health leave or vacation were excluded from the survey.

On the day of the interview, an explanatory folder (built by the researchers) was made available about the concept of health literacy and the implications for the health of the elderly person. This previous clarification on health literacy was considered necessary, because many nurses still did not know the meaning of the term. While the researcher explained the content succinctly, the nurses followed, didactically, in the folder, facilitating the understanding of the guiding questions that would be carried out later.

The data collection form, with semi-structured interview, was organized in two parts: the first aimed to characterize socio-demographic and training data of nurses as sex, age, training time, professional experience time, level of expertise and activities carried out in PHC. The closed questions were tabulated in a spreadsheet of the Microsoft Excel program for analysis by means of descriptive statistics. The second part addressed the study's guiding questions, constructed by the researchers, which included the nurse's understanding of health literacy; the nurse's perception about the barriers to promote literacy in health of the elderly and strategies that the nurse uses to develop literacy in health of the elderly in PHC. The interviews were audio recorded to maintain the accuracy of the participants' reports. The audio of the interviews were transcribed and analyzed through the thematic analysis of Minayo⁽¹⁹⁾, consisting of three stages: pre-analysis, exploration of the material and treatment of the results and interpretation.

The nurses' reports were organized into four thematic categories (and subcategories), as follows: understanding of nurses about health literacy; skills to assist elderly with low level of health literacy; barriers to the development of health literacy (subcategories lack of knowledge about ways to evaluate health literacy, lack of in-service training, number of nurse assignments in PHC, health system literacy, aspects related to aging, access to technology); strategies of nurses to develop the literacy in health of the elderly (use of simple language, use of illustrated materials, the teach-back method and health education groups).

All participants signed the Informed Consent Form (ICF), in two ways. Study was approved by the Research Ethics Committee of the Federal University of Alagoas – Ufal (CAEE 28829420.9.0000.5013). The anonymity of the interviewees was ensured by replacing the participants' names with "Nur" (nurses) and numbered in sequence (Nur01).

RESULTS AND DISCUSSION

The participants were 12 assistance nurses working at eight Basic Health Units. Of these, being 91.6% (n=11) female and only one male, aged between 30 and 44 years. Regarding vocational training, 50% of the professionals (n=6) graduated more than ten years ago. The time of experience as a nurse in UBS was at least 11 months and maximum 19 years. The nurses' reports were organized into four thematic categories and subcategories:

Nurses' understanding of health literacy

In this first category, the speeches revealed that nurses' knowledge about health literacy was very limited. No interviewees had heard about the subject before the information provided at the time prior to the interview, as an example below:

No, I had never heard of the term, this term is unknown. After the explanation I realized that we do [...] (Nur08).

I had no knowledge that this term existed, what it could be, or that it could be evaluated. [...] (Nur12).

A small portion of the interviewees (n=3) related health literacy to health education, as shown in the following statement:

Well, this term health literacy, no, but I think it is very linked to health education [...] (Nur05).

The lack of knowledge on the subject was also evidenced in a study that investigated nurses' understanding of health literacy, with 20% of respondents reporting not knowing the theme⁸. Another study²⁰ that reported the perspectives on barriers and facilitators in communication of health professionals and elderly, the researchers identified the ignorance of 41% of health professionals about the term health literacy. Considering that health literacy is a relatively new topic in the area of health promotion in Brazil, many nurses are still unaware of the concept, and this may affect, in some way, the health outcomes of the assisted elderly population.

Skills for assisting elderly people with low levels of health literacy

When asked about the care of elderly people with low level of health literacy, 66.6% (n=8) of nurses reported that professional practice and experience in user care can provide a basis for establishing strategies to assist the elderly, even without knowing the concept of health literacy:

We find ways through experience, in practice, to make the information as clear as possible and assess the level of understanding of the elderly (Nur11).

I feel prepared with the training and knowledge that I have, to understand what the elderly need (...) (Nur07).

The skills to assist elderly people with low level of health literacy may arise according to the time of professional experience, by experiences, academic training and capacities of health services. It was observed that nurses with longer time of action in primary care reported having greater capacity to perform health promotion care of the elderly with low levels of health literacy. However, a study²¹ developed in the United States, suggested that nurses with more experience have difficulty with

patients with low level of health literacy, because of the difficulty in adjusting communication based on patient needs, signaling the importance of targeted training for nurses.

Barriers to the development of health literacy

This category included the responses related to barriers that prevent the development of health literacy skills of the elderly, based on nurses' perceptions: lack of knowledge about ways of evaluating health literacy; lack of in-service training; number of nurse assignments in PHC; health literacy of the health system; aspects related to aging; access to technology.

Barriers to the development of health literacy

Considering that health literacy is a little known topic, 83.3% (n=10) of the nurses reported not evaluating the results of health education actions developed in the BHU. In addition, they reported gaps in the evaluation and measurement of health literacy among the elderly population.

[...] it's not easy to provide health education, and even more so to promote health literacy, because we provide health education, but we don't really seek results. (Nur03)

[...] I never stopped and thought, "How am I going to evaluate the health education action, if they are absorbing what I am going through, during my consultations, during the activity in the waiting room", that we talk about, sometimes open to questions, but we don't know what information they really absorbed (Nur08).

The results showed that nurses did not evaluate the results of health education activities performed with the elderly, because they were unaware that they could measure health literacy. This result is corroborated by an international study⁸, which also revealed that more than 80% of nurses rarely mediate health literacy through a validated instrument.

Lack of in-service training

The reports of 41.6% (n=5) of nurses showed a lack of training and professional training in health literacy:

The health department could work on health literacy during the training of health professionals (Nur11).

I think that professionals need to be trained [...] to show what this means to all professionals, because not only us do this, all professionals on the team must be included in this context (Nur01).

A studie²² demonstrated that health professionals, even those from developed countries, need training on health literacy. Training aimed at identifying low levels of health literacy and ways to teach users has been shown to help health professionals communicate better and support patients²⁰.

Number of nurses' duties in PHC

The high demand for work and the numerous assignments of the PHC nurse were considered barriers that hinder the performance of the nurse as an educator, as follows:

[...] the time we have to educate the patient, to really follow up with them is difficult, we have very little time for various activities in primary care (Nur03).

We don't have time to educate patients during consultations, we need to be quick to meet the demand (Nur01).

The nurses' lack of time presented itself as a problem that hampers the assistance to the most vulnerable elderly, becoming a challenge to also meet the health literacy needs of these

patients. A study²³ conducted with nurses showed that the high demand made it difficult for nurses to work in disease prevention, health promotion and organization of educational groups and nursing consultations.

Health literacy in the health system

Environmental and health system literacy also influences how the elderly access, understand, evaluate and apply health information. The infrastructure of the unit, the lack of beacons in the environments to direct the elderly, and the absence of flowcharts, were highlighted by 33.3% (n = 4) of the nurses, as aspects that influenced the development of health literacy of the elderly. In addition, the lack of material resources to promote health literacy was highlighted as a barrier to health care for the most vulnerable elderly.

[...] it's not a question of being prepared or not, sometimes the conditions are not offered, because to promote health literacy you have to have the necessary resources for this, so we have to have visual material too, we have to have all the logistics; it's not just talking, you have to create the necessary resources (Nur07).

Material with more figures could be developed [...] I feel that there is a lack of more display of materials, with organizational charts and flowcharts within the UBS so that the student can visualize and understand the information (Nur11).

Health literacy is not yet implemented in the programs and policies of the Brazilian Unified Health System (UHS). A study⁷ that analyzed existing policies in six countries to improve health literacy identified that most public policies recognize that the health system's responsiveness to low levels of patient health literacy needs improvement; it also emphasizes the need for organizational change, with professional education and improvement in the quality of communication.

Limitations related to aging

Among the interviewees, 83.3% (n=10) highlighted the limitations related to aging as a barrier that prevented the elderly from developing health literacy skills, such as decreased cognitive abilities, vision and hearing capacity. In addition, the nurses highlighted the socioeconomic and cultural aspects, low education and lack of family support:

It could also be a hearing and visual issue, which often occurs as people age. (Nurse 07)

First, there is a cultural barrier (Nur06).

Not knowing how to read, not knowing how to write [...] their low level of education is the main one (Nur01).

Another very important barrier is the loneliness they experience, they have no family support (Nur01).

The results corroborate the findings of a study²⁰ conducted in Thailand, in which most nurses believed that the level of health literacy among patients treated by them was affected by education, socioeconomic status, age and culture. Changes related to aging also pose a challenge to health professionals as the decline in physical and mental conditions can make it difficult to understand information. Age was highlighted as a barrier that influences the ability of the elderly to actively interact with the nurse. Older people may be marginalized in relation to health literacy, and it was found that the higher the age group, the greater the chance of low level of health literacy¹⁶.

The cultural issue influences the lifestyle with regard to changes in attitudes and decision-making. A study²⁴ observed that some of the practices adopted as usual by the elderly can be considered as potential in the search for biopsychosocial balance, while others may constitute a risk to health. Thus, the cultural issue of the elderly deserves attention from the nurse, to provide

information in a way that contributes to health promotion, with a view to modifying them when they interfere with appropriate therapy.

Concerning the family structure, it was found in the literature that living alone is related to low levels of health literacy²⁵. Similarly, as expressed by the nurses in this study, the lack of family support is a barrier that hinders information management. Some nurses in the present study emphasized the need for family presence to support the elderly in understanding health information, corroborating with study²⁶ that recommended family involvement in the care of dependent elderly users or those with limited health knowledge.

Access to technology

Access to technology was considered a barrier that prevented the elderly from accessing health information. Thus, 25% (n=3) of the nurses indicated that to improve health literacy it would be necessary for the elderly to have access to the internet and social networks to help in the exchange of information with BHU and community health agents (CHAs):

The elderly need to have a basic understanding of the media, of the internet. Because nowadays everything works with the internet. So one way would be to try to provide these elderly people with some form of access [...] access so that they could have direct communication with the BHU, or with the health agent (Nur03).

On the other hand, some speeches also showed that digital inclusion (n = 2) was part of the daily life of the elderly. Internet use was more frequent among the elderly living in areas with a better socioeconomic condition, and had skills to interact digitally and seek health information:

[...] in my area, there is a small number of elderly people who do not have access, many already have the information, now they even have access to the internet, some already come here saying they researched (Nur12).

The use of technology is also among the set of skills that influence the user's ability to navigate the health system and make appropriate decisions about health²⁷. Nurses should be attentive to the information researched by the elderly, since they are usually inaccurate and outdated, or with untrue information, the so-called "fake news".

Nurses' strategies to develop health literacy among the elderly

In this category were included the answers about the strategies used by nurses to develop health literacy among the elderly. The nurses demonstrated to know several strategies, despite the lack of familiarity with the term health literacy, such as the use of simple language, the use of illustrated materials, the teach-back method and health education groups.

Use of simple language

Regarding the use of simple language, 66.6% (n=8) of the interviewees adopted verbal information to provide health information, replacing the use of technical and scientific terms with simple language.

We have to use accessible language, we can't use technical terms or scientific language, we have to reinvent ourselves, using words that they use in their daily lives (Nur04).

Other strategies were also mentioned, such as reducing the amount of text (n=2), using printed materials to communicate with the patient (n=5) and adapting the speed of speech and tone of voice in the transmission of information to the elderly (n=2). Simple language is also reflected in improving the tone of voice for information sharing.

I use writing, drawings, colored text markings, and sometimes colored paper to identify (Nur07).

I usually try to speak their language by associating it with pictures and things they have in their daily lives at home. I make associations with everyday things so they can try to understand (Nur12).

In a study²⁴ conducted in the interior of Rio Grande do Sul, the elderly reported communication with professionals was sometimes difficult, due to the words used by health professionals, which extrapolated understanding, beyond illegible writing. Therefore, the nurse must understand the importance of adapting scientific language to communicate clearly and make health information accessible.

Use of illustrated materials

According to the interviewees, the oriented information should be in accordance with the level of education of the elderly. When the elderly did not know how to read or write, 91.6% of nurses (n=11) used illustrated materials as their main strategy. The use of drawings and figures to explain the therapeutic regimen facilitated the understanding of the elderly. The most cited figures were the sun, the moon, the plates and the clocks, as some of the following:

[...] one strategy is to use illustrated materials (Nur04).

I put videos, images, pictures on the computer... They get stuck in the information, because they have never seen it, they don't see how it works, and when they see it, they take better care of themselves (Nur11).

We take the medical prescription with the name of the medication and the time it is to be taken, and we adapt [...] it to a prescription with drawings, a sun in the morning, a lunch dish at noon, a moon at night. We adapt things so that the elderly person understands better how to follow the medication treatment (Nur01).

Visual resources are believed to facilitate the understanding of verbal and written information. In addition, the use of written materials should be limited to key points and a greater amount of images/figures should be used to help improve understanding, especially among illiterate elderly people²⁸.

The teach-back method

One of the strategies most used by 91.6% (n=11) of the nurses in this study was to ask the patient to repeat the health information to evaluate their understanding of the guided instructions:

Whenever I give instructions, I ask the elderly person to repeat to me everything I told them at the end of the consultation, so I can assess whether they understood what I said (Nur02).

Ask them to tell you what they understood. This will help you improve what needs to be explained [...] you will only add what you think is necessary (Nur10).

Recent studies^{20,22} showed that most health professionals recognize the “teach-back” method of as an important tool in guiding the patient’s therapeutic regimen. Even without referring to the term by its correct name, the strategy of asking patients to repeat the instructions to check if they understood is known as the teach-in method²¹, used by health professionals to facilitate interaction with the elderly during clinical practice.

Health education groups

The health education group was also pointed out by 66.6% (n=8) of the nurses as the main strategy for creating a bond with the elderly, in addition to facilitating access to health information and contributing to the understanding of information as knowledge is shared among elderly users:

[...] the group is still the most effective way to promote health literacy among the elderly; I don't see a more effective strategy than health education (Nur05).

Health education groups help a lot, to share information with the elderly in a comprehensive way (Nur04).

Health education groups allow the elderly to be inserted in an environment that brings them closer to everyday life, making them feel more free to verbalize their difficulties and create a bond with other users and with the nurse. They also promote autonomy, transform social and political reality and empower the elderly to decide on health²⁷.

A studie⁹ found facilitators in the interaction of health professionals and patients - empathy, compassion, trust and collaboration as points that favor assistance to elderly users who have a low level of health literacy.

This study has limitations, because the results reflected a single organizational structure and the approach occurred only with some nurses from the municipality studied. Despite this, the barriers and strategies can be experienced in other Brazilian states, considering the active role of nurses in promoting health literacy among the elderly. Although the participants presented several strategies to develop literacy in health of the elderly, the nurses of the research received information on the subject before conducting the interviews, being a limitation of the study, because it may have influenced the participants' responses.

FINAL THOUGHTS

This study interviewed twelve nursing care, highlighting four thematic categories about the barriers and strategies for promoting literacy in health of elderly PHC. The results showed that the nurses were not familiar with the concept of health literacy, however, they used several strategies and tools to assist the elderly in understanding health information and strengthening health literacy of the elderly. The strategies included use of simple language, teach-back method and use of visual resources. The participants also demonstrated that they had the skills they thought were adequate to identify barriers that hindered the development of health literacy among the elderly. Among the main barriers listed, we highlight the barriers related to the professional practice of nurses, management and health literacy in the health system.

Health literacy can contribute to the empowerment of vulnerable populations, such as the elderly, people with low income and low education, reducing health inequalities and promoting comprehensive care. The present study is expected to contribute to the planning of health programs and policies of the UHS, for the formulation of strategies in the development of health literacy in health systems and for the construction of educational interventions in PHC. Finally, future research on health literacy in the Brazilian context should be stimulated focusing on the strategies used by nurses and ways of evaluating health literacy among the elderly population.

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