International Journal of Nursing Studies 54 (2016) 84–94

Contents lists available at ScienceDirect

International Journal of Nursing Studies

journal homepage: www.elsevier.com/ijns

Use of a facilitated discussion model for antenatal care to improve communication

Jody R. Lori [a,*], Michelle L. Munro [b,1], Meagan R. Chuey [c,2]

[a] University of Michigan School of Nursing, 400 N. Ingalls, Room 3320, Ann Arbor, MI 48109, USA
[b] University of Michigan School of Nursing, 400 N. Ingalls, Room 3188, Ann Arbor, MI 48109, USA
[c] University of Michigan School of Nursing, 400 N. Ingalls, Room 3352, Ann Arbor, MI 48109, USA

ARTICLE INFO

Keywords:
Africa
Antenatal care
Communication
Focused antenatal care
Ghana
Group care
Health literacy
Maternal health
Midwifery
Mixed methodology

ABSTRACT

Background: Achieving health literacy is a critical step to improving health outcomes and the health of a nation. However, there is a lack of research on health literacy in low-resource countries, where maternal health outcomes are at their worst.
Objectives: To examine the usefulness and feasibility of providing focused antenatal care (FANC) in a group setting using picture cards to improve patient–provider communication, patient engagement, and improve health literacy.
Design: An exploratory, mixed methods design was employed to gather pilot data using the Health Literacy Skills Framework.
Settings: A busy urban district hospital in the Ashanti Region of Ghana was used to gather data during 2014.
Participants: A facility-driven convenience sample of midwives (n=6) aged 18 years or older, who could speak English or Twi, and had provided antenatal care at the participating hospital during the previous year prior to the start of the study participated in the study.
Methods: Data were collected using pre-test and post-test surveys, completed three months after the group FANC was implemented. A semi-structured focus group was conducted with four of the participating midwives and the registered nurse providing support and supervision for the study (n=5) at the time of the post-test. Data were analyzed concurrently to gain a broad understanding of patient communication, engagement, and group FANC.
Results: There were no significant differences in the mean communication ($t(\mathrm{df}=3)=0.541$, $p=0.626$) and engagement ($t(\mathrm{df}=3)=-0.775$, $p=0.495$) scores between the pre- and post-test. However, the focus group revealed the following themes: (a) improved communication through the use of picture cards; (b) enhanced information sharing and peer support through the facilitated group process and; and (c) an improved understanding of patient concerns.
Conclusions: The improved communication noted through the use of picture cards and the enhanced information sharing and peer support elicited through the group FANC undoubtedly provided patients with additional tools to invoke self-determination, and carry out the behaviors they thought were most important to improve pregnancy outcomes.

* Corresponding author. Tel.: +1 734 763 0097; fax: +1 734 647 9325.
E-mail addresses: jrlori@umich.edu (J.R. Lori), mlmunro@umich.edu (M.L. Munro), meachuey@gmail.com (M.R. Chuey).
[1] Tel.: +1 734 647-0154.
[2] Tel.: +1 734 615-4494.

http://dx.doi.org/10.1016/j.ijnurstu.2015.03.018
0020-7489/

What is already known about the topic?

- Health literacy is closely tied to general literacy.
- Literacy impacts the ability of patients to receive, understand, and utilize educational materials.
- Language and communication issues exist in the delivery of health care information to patients.
- There is limited research focused on maternal health literacy.

What this paper adds?

- Our findings highlight that group focused antenatal care improved communication between patients and providers.
- The use of a facilitated model using picture cards to create a conversation around a specific health topic improved understanding and engagement.
- Group antenatal care enhanced peer support and information sharing.
- The model used in this study improved participant midwives' understanding of patient concerns through improved communication.
- Providers were less fatigued when providing care to patients in a facilitated group format.

1. Introduction

With today's increasing emphasis on patient-centered care, patient involvement, and health education, health literacy has become an important topic in health care. Broadly speaking, health literacy is used as a term to describe communication activities which can influence health outcomes via the access and use of health care services, patient–provider interactions, and personal management of health and illness (Nutbeam, 2000; von Wagner et al., 2009). Numerous definitions of health literacy exist within the academic literature (e.g., Berkman et al., 2010; Nutbeam, 2000; Sorensen et al., 2012; Squiers et al., 2012; von Wagner et al., 2009) and white papers (e.g., Agency for Healthcare Research and Quality, 2014; Institute of Medicine, 2004; United States Department of Health and Human Services, 2014; World Health Organization (WHO), 2013). While these definitions all attempt to describe this relatively new health construct, a standard definition of health literacy has not been agreed upon nor has it been consistently utilized in research (Berkman et al., 2004). Furthermore, the majority of these definitions have been confined to describing health literacy within developed countries. Thus, despite this burgeoning emphasis on health literacy in high resource countries (Sorensen et al., 2012); there is a dearth of literature on health literacy in low-resource and developing countries (von Wagner et al., 2009).

The concept of health literacy can be expanded upon to encompass a specific focus on maternal health literacy. According to Renkert and Nutbeam (2001), "maternal health literacy can be defined as the cognitive and social skills which determine the motivation and ability of women to gain access to, understand, and use information in ways that promote and maintain their health and that of their children" (p. 382). There is limited work focusing specifically on maternal health literacy. Past work has included assessing the relationship between maternal health literacy and (a) breastfeeding (Kaufman et al., 2001); (b) cervical and breast cancer screening (Scott et al., 2002); and (c) antenatal health behaviors between rural and urban women in one district in Ghana (Edum-Fotwe, 2012).

This paper focuses on the findings from a descriptive pilot study to assess the feasibility of providing focused antenatal care (FANC) in a group setting to improve patient–provider communication and patient engagement thereby improving health literacy. The construction and testing of this model is part of a larger NIH-funded study to determine whether exposure to the group FANC modules increases Ghanaian women's use of professional midwives for delivery and improves antenatal and birth outcomes.

2. Background

Generally, health literacy refers to "people's knowledge, motivation, and competences to access, understand, appraise, and apply health information in order to make judgments and take decisions in everyday life concerning health care, disease prevention, and health promotion to maintain or improve quality of life during the life course" (Sorensen et al., 2012, p. 3). Nutbeam (2000) describes three levels on the continuum of health literacy targeted to reach different patient populations and impact different levels of change; (a) functional health literacy; (b) interactive or tailored health literacy; and (c) critical health literacy. In the first level, functional health literacy, patients receive factual health information for their own individual benefit (Nutbeam, 2000). Next on the continuum is an interactive or tailored approach to health literacy in which a patient would develop personal skills to extract health information from everyday activities and various forms of communication for their individual benefit (Nutbeam, 2000). In the third and final level, critical literacy, the patient utilizes advanced cognitive skills to critically analyze health information for individual benefit and the potential to impact political and social change (Nutbeam, 2000). These levels highlight the varying abilities of patients and their potential to achieve health literacy based on the information and tools they are provided.

The majority of existing models and definitions view health literacy as constant and do not adequately consider the *process* of health literacy (Sorensen et al., 2012). Health literacy is directly connected to general literacy. Patients must possess the tools and methods necessary to receive and access health information, understand and comprehend the available information, process and evaluate the information, and finally use that information to impact their own health (Sorensen et al., 2012). Health literacy is not static. Health care interactions and interventions must aim to address all of the steps within the process while also considering the varying levels of health literacy among the target patient populations (Sorensen et al., 2012).