

# I Can't Read That! Improving Perioperative Literacy for Ambulatory Surgical Patients



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## ABSTRACT

Low literacy and low health literacy are surprisingly rampant problems facing health care providers. Patient educators in all settings should consider the need for improved patient education materials that are easy to read and understand for the majority of patients. In the ambulatory surgery setting, patients often have time to prepare for scheduled outpatient surgery, yet education is provided primarily in the postoperative period. This article highlights the need for incorporating education into all phases of the perioperative process, beginning in the preoperative period. Perioperative educators should address all learning styles that provide education in a simple and cost-effective way to appeal to all patients and help to reduce postoperative complications and increase patient satisfaction in the ambulatory surgery setting. *AORN J* 101 (April 2015) 416-427. © AORN, Inc, 2015. <http://dx.doi.org/10.1016/j.aorn.2015.01.016>

**Key words:** *perioperative education, patient education materials, online education, patient education, ambulatory surgery, low literacy, low health literacy.*

In the United States, approximately 75% of surgeries are performed in the outpatient or ambulatory setting.<sup>1</sup> In the ambulatory surgery setting, nurses frequently provide postoperative patient education only. Patients often must rely on family members and visitors to remember information given to them at this time because they are still experiencing the effects of anesthesia (eg, retrograde amnesia) or because surgeons commonly give a patient's family members verbal instructions after surgery in the surgical waiting area. Although education in the postoperative period often is necessary, Krizik<sup>1</sup> indicates that providing educational interventions throughout the perioperative process, beginning in the preoperative period, is the best approach to educating patients undergoing ambulatory surgery. By initiating education in the preoperative period, patient outcomes can be improved by

- decreasing anxiety,
- decreasing lengths of stay,
- preparing the patient to better anticipate postoperative pain that may be experienced, and
- increasing patient and family member satisfaction.<sup>1</sup>

Many American adults have low literacy levels so they function at below-basic reading and comprehension levels.<sup>2</sup> People often read two to three grade levels below their last completed year of school.<sup>3</sup> People living in poverty typically have even lower literacy levels, often reading four grade levels below their highest obtained education.<sup>3</sup> Therefore, those most at risk for low literacy are people with less education or those who are economically disadvantaged. However, most consumers report that they need help understanding health care information, regardless of education or economic status, especially those who have had infrequent encounters with the health care system.<sup>2</sup> Therefore, anyone can be at risk for low *health* literacy.

According to Krizik,<sup>1</sup> research evidence shows that patient outcomes are tied directly to the provision or lack of patient education. Inadequate preoperative education for surgical patients leads to avoidable postoperative complications or complaints, including unexpected pain, fatigue, and the inability to care for oneself.<sup>1</sup> If patients anticipate the inability to perform normal activities of daily living in the immediate postoperative period, they can arrange for assistance and help avoid these complications. Patient education should be available in many forms to accommodate multiple learning styles of patients; nurses should ask the patient what way he or she learns best and should provide patient education primarily in the patient's preferred form.<sup>1</sup> Patients may be auditory, visual, kinesthetic, or tactile learners or a combination of these learning modalities.<sup>4</sup> Different approaches to education in the perioperative process can include

the traditional forms of verbal and written communication, but the nurse also can provide demonstrations, after which he or she asks the patient to provide a return demonstration to confirm that the information has been correctly understood. Pictographs, videos, and web-based information are also helpful.

## PURPOSE

The purpose of this project was to

- analyze the health literacy level of preoperative and postoperative ambulatory surgical patient education materials;
- develop patient-centered, evidence-based materials to facilitate learning and improve patient outcomes; and
- create a web-based intervention that patients can easily access throughout the preoperative and postoperative process, beginning in the preoperative period.

Health care providers who alter the type of information and the way they deliver information to ambulatory surgical patients can improve patient outcomes. These changes should

- incorporate diverse methods, including web-based, easy-to-understand information and graphics;
- include appropriate hard-copy patient educational materials for patients of all backgrounds and literacy levels; and
- provide preoperative and discharge education.

## LITERATURE REVIEW

We conducted a review of the literature using CINAHL<sup>®</sup> Plus With Full Text for 2006 through 2014. We focused on how literacy affects patient education, the use of available patient educational materials, and the use of web-based educational interventions in health care. We used the following key words and key word strings, alone and in combination: *perioperative education*, *patient education materials*, *literacy*, *preoperative education*, and *postoperative education*.

## Patient Literacy

A surprisingly high number of American adults function at a below-basic reading and comprehension level.<sup>3</sup> According to DeYoung,<sup>3</sup> a common average reading level is sixth to eighth grade (depending on region and area). DeYoung<sup>3</sup> explains that people often read two to three grade levels below the last completed year of school; therefore, many people may function at less than the fourth-grade reading level. Guidelines from the US Department of Health and Human Services<sup>5</sup> and the National Cancer Institute<sup>6</sup> recommend that all written materials prepared for patients be on a third- to fifth-grade reading level. For instance, people reading at a sixth- to

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