



# The Association of Health Literacy, Social Support, Self-Efficacy and Interpersonal Interactions With Health Care Providers in Low-Income Latina Mothers

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**Objective** We explored relationships between maternal health literacy (HL), communicative self-efficacy (SE), social support (SS) and maternal perception of interactions with health care providers (HCPs). **Methods:** Using a cross-sectional, correlational design, we assessed sociodemographic characteristics, maternal HL, social support, communicative self-efficacy, and interpersonal interactions with HCPs among 124 low-income Latina mothers of young children. **Results:** Informal SS significantly predicted maternal SE in interactions. SE predicted maternal perception of a HCP's ability to "elicit and respond to her concerns." **Discussion:** Interventions to improve maternal self-efficacy in interacting with HCPs among low health literate Latina mothers may positively impact pediatric health outcomes.

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A MAJORITY OF children experience low rates of morbidity and mortality, and pediatric health outcomes are skewed toward the higher ends of the health continuum (Mangione-Smith & McGlynn, 1998). Thus, preventive care in pediatrics, including the communication of anticipatory guidance recommendations, is emphasized and plays a substantial role in determining the quality of pediatric care received. Unfortunately, problems with timeliness, accessibility, effectiveness, efficiency and equity of children's healthcare are well documented (Agency for Healthcare

Research and Quality, 2002). In fact, children seen in ambulatory care settings often receive less than 50% of recommended care (Mangione-Smith et al., 2007), and high quality pediatric primary care is not the norm for many low-income children, especially Latino children in households with a non-English primary language (Coker, Rodriguez, & Flores, 2010; DeCamp, Choi, & Davis, 2011).

Interpersonal processes of pediatric health care include the social-psychological aspects of parent-provider interaction such as communication, friendliness, explanations, and being caring and sensitive to parent's/child's needs (Stewart, Nápoles-Springer, & Pérez-Stable, 1999). Effective interpersonal processes are associated with parental satisfaction

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with care, adherence to treatment recommendations, trust in the therapeutic relationship and improved discussion of psychosocial concerns (DiMatteo, 2004; Nobile & Drotar, 2003). During a pediatric health care encounter, parents must provide information, respond to questions, and make inquiries associated with health or illness concerns regarding their child. Inadequate interpersonal processes coupled with conflicting beliefs, perceptions and expectations regarding care, low parental health literacy (HL) and language or cultural discordance however, can negatively impact parent-provider information exchange (DeCamp et al., 2011; Hart, Drotar, Gori, & Lewin, 2006; Ishikawa et al., 2009; Nobile & Drotar, 2003). Indeed, parent-provider communication, particularly within the context of pediatric ambulatory care, is not ideal, and parents with limited education and economic means, members of racial or ethnic minority groups, and non-English speakers are especially at risk for poor communication with health care providers (HCP). In particular, Latino parents consistently report poorer communication, lower parent satisfaction, and perceive lower quality of care (Flores & Lin, 2013), and those who primarily speak Spanish are less likely to report culturally sensitive care (DeCamp et al., 2011).

Health literacy (HL), or literacy within the context of the health care system, includes communication or information processing skills that extend beyond functional reading abilities (Nutbeam, 2000, 2008). Accordingly, low HL may influence the participatory dimensions of the patient-provider relationship, shape patient decision-making and affect involvement in care (Schillinger, Bindman, Wang, Stewart, & Piette, 2004; Schillinger et al., 2003). Importantly, low HL is strongly associated with low educational attainment, low income, race, ethnicity, age, and limited English-speaking ability (Kutner, Greenberg, Jin, & Paulsen, 2006; Paasche-Orlow, Parker, Gazmararian, Nielsen-Bohlman, & Rudd, 2005), and may contribute to exacerbation of health inequity among populations possessing these attributes.

Substantial evidence links low HL to poor health outcomes in adult populations (DeWalt, Berkman, Sheridan, Lohr, & Pignone, 2004). Recent studies also connect low parental HL to suboptimal pediatric health outcomes (DeWalt, Dilling, Rosenthal, & Pignone, 2007; Gandhi et al., 2013; Hassan & Heptulla, 2010; Pugarón et al., 2013; Ross, Frier, Kelnar, & Deary, 2001; Shone, Conn, Sanders, & Halterman, 2009; Yin, Dreyer, Foltin, Van Schaick, & Mendelsohn, 2007; Yin et al., 2012). Other evidence however, finds no relationship between these factors (Gandhi et al., 2013; Hironaka, Paasche-Orlow, Young, Bauchner, & Geltman, 2009; Moon, Cheng, Patel, Baumhaft, & Scheidt, 1998; Pati et al., 2011; Sanders, Thompson, & Wilkinson, 2007). One possible explanation for these equivocal findings may result from social support offered to parents of children by grandparents, siblings, babysitters, teachers and family friends. Such social support may "blunt" the negative effects of low parental HL in some populations. Indeed, many individuals report requiring assistance from family or friends when dealing with health

related information (Lee, Arozullah, & Cho, 2004). Social support, especially in the form of familial role models, may be particularly important for low-income mothers with low HL and may play a special role for Latina mothers who often rely on family members for support during a child's illness or in seeking health care services (Lara et al., 2003). These social networks may improve their ability to understand health-related information and navigate the health system.

Importantly, parental self-efficacy in patient-provider interactions may also play a key role in health-related communication, especially in parents with limited HL. Self-efficacy, defined as a belief in one's own ability to perform specific behaviors (Bandura, 1977), influences information exchange, recall of health information, satisfaction with care, self-management and patient outcomes (Heisler, Boulknight, Haywood, Smith, & Kerr, 2002; Katz, Jacobsen, Veledar, & Kripalani, 2007; Sarkar, Fisher, & Schillinger, 2006). Low self-efficacy in patient-provider interactions results in decreased satisfaction with care, diminished confidence in HCPs and worse symptom distress (Maliski et al., 2004). One's level of HL has been identified as a predictor of self-efficacy in the context of diabetes, HIV-self care and colorectal screening (Ishikawa, Takeuchi, & Yano, 2008; von Wagner, Semmler, Good, & Wardle, 2009; Wolf et al., 2007), although in adults with heart failure HL was not associated with self-efficacy (Chen et al., 2013), and among parents of children with type 1 diabetes, no association between numeracy, a component of HL, and self-efficacy was found (Pugarón et al., 2013).

Low income and socially marginalized individuals often possess lower self-esteem, lower self-efficacy and a lower sense of self-mastery, and frequently experience worse health outcomes than those who possess higher levels of these characteristics (Baker et al., 1996; Blacksher, 2002). Moreover, low-income women and those individuals specifically at risk for low HL, frequently report dissatisfaction with patient-provider communication (Hawley et al., 2008; Perez, Sribney, & Rodriuez, 2009; Smith, Dixon, Trevena, Nutbeam, & McCaffery, 2009). As already noted above, Latino parents are less likely than other parents to report that their children's HCP always listens carefully to them or their children, that their child's HCP always explains things in a way they can understand, or that the HCP spends enough time with them.

Only one study to date has examined the relationships between HL, and perceived self-efficacy in communication with providers. Gandhi and colleagues (2013) found no statistical significant association between HL and perceived self-efficacy in a sample of mostly African-American and White parents. We have noted no study that addresses these concepts among Latino parents. The quality of the relationship between parent and their child's HCP can influence the character of information exchange and subsequent care. However, little is known about the process of parent-provider interaction among low-income Latina mothers, especially those with low HL. More importantly, even less is known about how this process influences pediatric health outcomes.

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