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Original Research

Don't assume the patient understands: Qualitative analysis of the challenges low health literate patients face in the pharmacy

Huda Wali, B.Sc., M.Sc.,
Kelly Grindrod, B.Sc.Pharm., Pharm.D., M.Sc.*

School of Pharmacy, University of Waterloo, 200 University Avenue West, Waterloo, ON N2L 4G3, Canada

Abstract

Background: Low health literacy populations have difficulty understanding health information and making appropriate health decisions. Pharmacists need to ensure patients have a basic understanding of how to take their medications and understand the risks and benefits of their prescriptions.

Objective: To explore the major challenges low health literate adults face when trying to understand their medication therapy.

Methods: One-on-one semi-structured interviews were used to gather data on the major challenges low health literate adults face regarding their medication. Each interview began with a verbal health literacy assessment, followed by open-ended questions focused on medication information. After each interview was complete, a written health literacy assessment was given in English, which was later used to compare self-assessed health literacy to written health literacy scores. All interviews were audio-recorded, transcribed and analyzed using thematic analysis.

Results: The population sample had an average age of 67 years old and 90% had been education outside of North America. Low health literacy levels were found in 75% of participants based on the S-TOFHLA and demonstrated a generally over estimated self-assessed health literacy levels. After thematic analysis, a flow chart that describes the low health literate population's pharmacy experience with medication information was developed to explain the cause and effect of challenges faced with current pharmacy medication information. Also, the major challenges patients with low health literacy face with current medication information from the pharmacy were limited time with pharmacists, understanding medication information, forgetting to take medication, side effects and food–drug interactions.

Conclusion: Future interventions targeted to improving pharmacy medication information for the low health literate population should focus on addressing the challenges with limited time with pharmacists, poor understanding of medication information, forgetting to take medications, side effects and food instruction/interactions.

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* Corresponding author.

E-mail address: kgrindrod@uwaterloo.ca (K. Grindrod).

Introduction

The World Health Organization (WHO) has identified low health literacy as a primary patient-related factor contributing to medication non-adherence.¹ Low health literacy populations have difficulty understanding health information and making appropriate health decisions.² Patients with low health literacy skills are 10–18 times less likely to correctly identify their medication, in comparison to those who have adequate health literacy skills ($P < 0.05$).³ Low health literacy is associated with higher hospitalization and emergency care use, lower use of diagnostic and screening tools, lower ability to interpret and understand medication instructions, poorer health status, and higher mortality.⁴ Additionally, low health literate individuals are more likely to have difficulty understanding medication information which includes medication labels, auxiliary labels, instructions and written and verbal information.^{5–7} Yet, these pharmacy education tools are the primary means for educating patients about medication.

A conceptual model developed by Baker (2006) describes real-world health literacy as an individual's capacity to understand health information that is provided by the health care system.⁸ Baker's model underlines that providers and others in the health care system have the responsibility to provide health-specific knowledge to ensure patients can self-manage their health.⁸ Yet, current medication information is too complex to help low health literate populations self-manage health. Medication information tools that recognize and address the challenges patients face when trying to understand their drug therapy are much needed.

Good communication between pharmacists and patients is fundamental for the safe and effective use of medications.¹ For patients to take medication as prescribed, they must have, at minimum, a basic understanding of how to take their medication, and be able to recognize the risks and benefits of their prescriptions.⁹ Yet, an estimated 50% of individuals with chronic disease struggle to take their medication as prescribed.¹⁰ Therefore, the objective of the study was to explore the major challenges adults who have low health literacy face when trying to understand their medication therapy through the care provided by community pharmacies.

Methods

Ethics approval from the University of Waterloo Research Ethics Board (Approval #19364) was obtained prior to conducting research. The consolidated criteria for reporting qualitative research (COREQ) checklist was used to report the results (Appendix 1).¹¹

One-on-one, semi-structured interviews were used to gather data on major challenges low health literate adults face regarding their medication. Each interview began with a verbal health literacy assessment, followed by open-ended questions focused on medication information. Following the interview was completion of the written Short-Test of Functional Health Literacy (S-TOFHLA), which was later used to compare self-assessed health literacy to written health literacy scores. All interviews were audio-recorded, transcribed and analyzed using thematic analysis.

Population sample

Participants were recruited using a purposive intensity sampling approach.¹² The sample included adults over the age of 50 who speak English as an alternate language. The participants also included a range of adults who were healthy and who were living with impaired mobility, health and/or cognition. Purposive intensity sampling was chosen to ensure that the data focused on the low health literate population that consist of low income, ethnic/racial minorities and older adults populations.

Recruitment

Participants were recruited from Northwood Neighbourhood Services seniors programs, which provide social programs for an ethno-culturally diverse population in a low-income community. The site was chosen for recruitment as the population is over age 65 and includes many different ethnic and cultural backgrounds. Additionally, the seniors programs have no affiliation with a particular pharmacy or group of pharmacies. Participants were recruited through a study poster and through a verbal script presented to each senior program. Interviews were conducted at five locations and included a Latin American seniors program, a Vietnamese and Chinese seniors program, an Albanian seniors program and two multicultural seniors programs.

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