Brief Report

Exploring Oral Literacy in Communication With Hospice Caregivers

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Abstract

Context. Low oral literacy has been identified as a barrier to pain management for informal caregivers who receive verbal instructions on pain medication and pain protocols.

Objectives. To examine recorded communication between hospice staff and informal caregivers and explore caregiver experiences.

Methods. Using transcripts of interactions ($n = 47$), oral literacy features were analyzed by examining the generalized language complexity using the Flesch-Kincaid grading scale and the dialogue interactivity defined by talking turns and interaction time. Means for longitudinal follow-up measures on caregiver anxiety, quality of life, perception of pain management, knowledge and comfort providing pain medication, and satisfaction were examined to explore their relationship to oral literacy.

Results. Communication between team members and caregivers averaged a fourth-grade level on the Flesch-Kincaid scale, indicating that communication was easy to understand. Reading ease was associated ($r = 0.67$, $P < 0.05$) with caregiver understanding of and comfort with pain management. Perceived barriers to caregiver pain management were lower when sessions had increased use of passive sentences ($r = 0.61$, $P < 0.01$), suggesting that passive voice was not an accurate indicator of language complexity. Caregiver understanding and comfort with administering pain medications ($r = -0.82$, $P < 0.01$) and caregiver quality of life ($r = -0.49$, $P < 0.05$) were negatively correlated with dialogue pace.

Conclusion. As the grade level of talk with caregivers and hospice teams increased, associated caregiver anxiety increased. Caregivers with higher anxiety also experienced greater difficulty in understanding pain medication and its

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management. Specific adjustments that hospice teams can make to improve caregiver experiences are identified. J Pain Symptom Manage 2013;46:731−736.

Key Words
Caregivers, pain management, hospice team, health literacy

Introduction

Health literacy involves the "capacity to obtain, process, and understand" health information and services to inform and improve decision making.[1] Many studies demonstrate extreme limitations for people with lower incomes, lower levels of education, and older age—most specifically, adults older than 65 years, nonwhites, those with less than a high school degree, those at or below the poverty level, and non-English speakers.[2] Nationally, approximately 88% of adults older than 16 years do not have proficient health literacy and adults older than 65 years have lower average health literacy than younger adults.[3] Limited health literacy is associated with worse health outcomes and higher costs.[2]

Although most of the health literacy research has focused on written materials to determine if a patient/family can demonstrate comprehension, health literacy includes more than reading comprehension and numeracy skills.[4] Health literacy also includes language, context, culture, communication skill levels, and technology.[5] Previous research has established that health literacy barriers include providers' frequent use of medical jargon, language discordance, purposeful ambiguity, and cultural insensitivity;[6] however, assessments of health literacy have been limited to educational level and written comprehension, with few studies investigating oral literacy.[7]

Oral literacy, both speaking and listening, is a component of health literacy that is central to hospice pain management because medication management entails complicated instructions that are often delivered verbally by hospice staff.[8] The ability to orally communicate about health and receive instructions can be impeded by an individual's conceptual knowledge of pain management and the complexity and difficulty of spoken messages.[9] Lower aural (listening) skills complicate the ability to understand and recall complex information delivered orally and impede the ability to manage medication.[10−12] For example, poor communication between the providers and caregivers impedes the understanding of prescription instructions.[8] Few studies have examined the oral literacy demand and its relationship with health care experiences.[7] In an exploratory study, we investigated the features of oral literacy in recorded care planning sessions between informal caregivers and hospice team members as they related to the caregiving experience.

Methods

Data for this study come from a larger, randomized, controlled trial aimed at assessing outcomes related to family caregiver participation in hospice interdisciplinary care planning meetings.[13] Both intervention and control caregivers received standard hospice care; control caregivers did not participate in the interdisciplinary meetings. The study enrolled hospice family caregivers and interdisciplinary team members at two hospice agencies in the midwestern United States. Family caregiver participation was facilitated via Virtually Interactive Families (www.vifamilies.com), a web-based video-conferencing platform. As part of the larger study design, a random sample of care planning discussions was video-recorded on an ongoing basis. Several caregiver measures were collected for the larger parent study: on study enrollment, two and four weeks postrandomization, every month up to six months, and every 45 days thereafter. The review board at the supporting university approved the study.

Participants

Caregivers had to be at least 18 years of age and the designated primary caregiver(s) for a hospice patient (as determined by hospice