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# Original Research

# Organizational health literacy as a determinant of patient satisfaction



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#### ABSTRACT

Objectives: To assess the organizational health literacy (OHL) of a group of hospitals and investigate the relationships among OHL, patient satisfaction, and patients' health literacy. Study design: This cross-sectional study is conducted in one state hospital, one university hospital, and one private hospital in Istanbul. OHL of the hospitals, patient satisfaction, and health literacy of a sample group of patients were investigated.

Methods: OHL data were collected from six managers of each hospital by filling out the 'Health Literate Health care Organizations-10' (HLHO-10) questionnaire during face-to-face interviews. Patient satisfaction and patient health literacy data were collected from representative samples of inpatients in each hospital (n=491 for the university hospital, 482 for the state hospital, and 486 for the private hospital). The 'Rapid Estimate of Adult Literacy in Medicine' test was used for measuring health literacy. Collected data were analyzed by the SPSS program.

Results: The Turkish version of HLHO-10 questionnaire had high internal consistency (Cronbach's alpha = 0.916). Health literacy and patient satisfaction levels of the university hospital inpatients were significantly higher (P < 0.001) than those of the other hospitals. A high level of OHL was associated with high patient satisfaction.

Conclusions: OHL seems to be a significant determinant of patient satisfaction.

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### Introduction

The issue of health literacy has gained importance in recent decades. A national survey on a representative sample group found that more than 89 million American adults have limited health literacy. The European Health Literacy Survey (HLS-EU) conducted across eight European countries (Austria, Bulgaria, Germany [North Rhine-Westphalia], Greece, Ireland,

the Netherlands, Poland, and Spain) has found that about 12% of respondents have inadequate general health literacy and more than one-third (35%) have problematic health literacy, thus nearly every second respondent shows limited health literacy.<sup>2</sup> The HLS-EU study indicated that, as in the USA, a large proportion of the population does not have adequate health literacy and that variation exists between countries participating in the project. The situation is not better in many other countries; 61% in South Korea and at least one-third of

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Taiwanese have inadequate health literacy.<sup>3,4</sup> Findings of a national survey in Turkey have also found that 64.6% of the population has limited or problematic health literacy.<sup>5</sup>

Health literacy is defined as 'the ability to obtain, process, and understand basic health information and services needed to make appropriate health decisions and follow instructions for treatment'. It is a lifelong learning activity that needs to be continuously developed.

Health literacy has become an increasingly important issue in the healthcare sector owing to its close association to the effectiveness and efficiency of health services, decreases in health expenditures, and better health outcomes. Several studies show that the expected outcomes and success of health services are closely related to the individual's health literacy. Adults with limited health literacy experience more serious medication errors, higher rates of emergency room visits and hospitalizations, worse preventive care and health outcomes for their children, and increased mortality compared with individuals with adequate health literacy.

With the increase in research on health literacy, it is now understood to be an issue not solely regarded as an area of individual responsibility, but the situation of healthcare organizations is also vital. Health literacy is the product of the interaction between individuals' capacities and the health literacy—related demands and complexities of the healthcare system. Is Issues such as approach of the organizations to patients with respect, easiness of the services to access, easiness of the information to understand, appropriate directional signs and correct answers given to patient questions are as effective as the literacy of the individuals, at least on the correct use of the services. 19–21

Current healthcare systems and settings are not designed to enhance patients' ability to handle health information and navigate the health system, and they also need to be health literate for raising low literacy level of the patients.

Organizational health literacy (OHL) is defined as 'the ability of health organizations to provide services and information that are easy for patients to find, understand, and use, to help patients make decisions, and to remove existing barriers'. <sup>19,22</sup> It is important that these skills and traits are independent of the level of health literacy of the individuals and that they have specifically targeted individuals with low health literacy. In other words, a healthcare literate organization must have the ability to help individuals in the best possible way to reach, understand and use services and information, regardless of the level of literacy. <sup>23</sup>

Published research outcomes from health literacy studies that assessed OHL practices and their influence on patients' health outcomes found that improvements in OHL practices not only improved health outcomes but also increased patients' satisfaction with health providers. 19,24–27

In today's multicultural and multilingual societies, development of organizational literacy is especially vital. Patients who are not fluent in the language of the healthcare provider must be able to understand their situation and care. There is currently no definitive list of actions for organizational literacy. A good start would be for healthcare services and information to be user friendly. All facets of care must be easily understandable by the individual, such as the institution's physical structure and directional signs, their website, and their communication

style with the patient. In other words, responsibility for understanding and use of services and information should be transferred from individuals to organizations.<sup>28</sup>

In Turkey, there are various studies on the measurement of individual health literacy. However, no studies on the assessment and evaluation of OHL could be found. In this study, we aimed to examine the relationship between individual health literacy and patient satisfaction with organizational literacy at the hospital care.

#### **Methods**

This cross-sectional study is conducted among the managers and inpatients of three accredited hospitals in Istanbul. One of the hospitals is a state hospital. It is a public hospital, owned and managed by the Ministry of Health. It is accredited nationally and has a building of 4 years old. The second hospital is a university hospital, a non-profit hospital owned and run by a university. It is Joint Commission International (JCI) accredited and has a building of 7 years old. The third hospital is a private, for-profit hospital. It is accredited by JCI and has a building of 10 years old. The number of hospital beds is more than 250 in each of the three hospitals. The university hospital and private hospital are engaged in medical tourism and have a separate organization for this purpose. The public hospital is also open to medical tourism but has no specific activities and organization in this area. Data were collected between February and July 2017.

In the first stage of the study, data regarding organizational heath literacy were collected during face-to-face interviews with hospital managers. Interviews were conducted with six managers from each hospital who are directly or indirectly related with OHL (CEOs, medical directors, vice medical directors, quality department managers, nursing directors, continuing education managers). A Turkish version of Health Literate Health Organizations (HLHO)-10 attribute questionnaire was completed during the interviews. HLHO-10 was found to have good psychometric properties for assessing the extent to which the hospitals were implementing OHL practices based on Brach et al.'s (2012) ten attributes of HLHO.<sup>29</sup> HLHO-10 was adapted into Turkish and content of the questionnaire was found to be valid and reliable.<sup>30</sup> Internal consistency coefficient (Cronbach's alpha) was 0.916, which meant high reliability.

In the second stage, data regarding health literacy and patient satisfaction were collected from the sample groups of inpatients during their discharge in April—June 2017. Sample groups were consecutively discharged patients aged over 15 years. The sample size needed to represent each hospital's inpatient population was calculated to be 384. The number of interviewed patients was 491 in the university hospital, 482 in the state hospital, and 486 in the private hospital. Two questionnaires were filled out during these interviews.

Health literacy data were collected by the Turkish version of Rapid Estimate of Adult Literacy in Medicine (REALM) test. The REALM is a health literacy tool that assesses patients' reading level using 66 medical words. <sup>31</sup> Patients are asked to read and pronounce loudly the words ranging easy words (e.g. flu, pill) to difficult ones (e.g. osteoporosis, impetigo). The test can be completed in 3 min. The REALM is useful for

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