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## Integration of Health Literacy Content Into Nursing Curriculum Utilizing the Health Literacy Expanded Model<sup>1,2</sup>

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## ABSTRACT

Nurses must have the ability to adapt care for patients with low health literacy, making health literacy education of nursing students essential. This article presents a health literacy content curriculum integration project in an associate degree nursing curriculum. A health literacy learning needs assessment survey constructed from the health literacy expanded model and identified gaps in health literacy content. The survey results, current best practice, and the health literacy expanded model provided a framework for the health literacy curriculum integration plan.

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## Introduction

Nurses play a key role in educating patients about critical health care information such as medication administration and discharge instructions. The Institute of Medicine identified health literacy as a necessary concept to be incorporated into prelicensure nursing curricula (American Association of Colleges of Nursing, 2008; Nielsen-Bohlman, Panzer, and Kindig, 2004). Additional mandates from Healthy People 2020 and The Joint Commission support teaching nurses about health literacy (Smith & Zsohar, 2011). However, there are no current examples of a systematic plan for integration of health literacy content and patient teaching strategies for low health literacy in an associate degree nursing curriculum.

Health literacy is defined as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions” (Ratzan & Parker, 2000, p. 23). This capacity allows patients to make an informed decision about their health care concerns and facilitate their understanding of obtaining optimal health outcomes. In the present day, patients have a greater responsibility managing

their own health care needs and are expected to navigate a more difficult and complex health care system (Cornett, 2010; Parker & Gazmararian, 2003).

The Institute of Medicine reported that over 90 million adults in the United States lacked the skills to utilize health care information (Nielsen-Bohlman et al., 2004). Low health literacy can produce problems for patients on a daily basis, ranging from misinterpreting warnings on prescription labels to being unable to recall recently prescribed medications, even when the patient was given printed materials (Kutner, Greenberg, Jin, & Paulsen, 2006). Additional problems associated with low health literacy are an increased risk for hospital readmission and included misunderstanding of follow-up and discharge instructions, misinterpretation of blood glucose values leading to dosing errors, and decreased ability of disease self-management (Baker, Parker, Williams, & Clark, 1998; Berkman et al., 2004; Lindquist et al., 2011; Schillinger et al., 2002).

The effect of low health literacy on patient outcomes makes inclusion of health literacy content important to include in nursing education. Nursing schools have the responsibility of implementing curricula that include content to facilitate student learning on how to effectively communicate and teach patients with low health literacy. The purpose of this article is to outline curriculum content and evidenced-based patient teaching strategies for low health literacy using the health literacy expanded model as a framework.

## Background

A prelicensure nursing literature search was conducted utilizing multiple databases and following key terms: *low health literacy, teaching health literacy, health literacy assessment, health outcomes, patient safety, nursing curriculum, prelicensure nursing students, and*

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nursing faculty. The review of this literature substantiated the need for health literacy content to be included into nursing curricula. In addition, the national nursing licensure board, nursing educational accrediting agencies, and national quality and safety initiatives for nursing education were examined for implications of health literacy curriculum integration.

The associate degree nursing program is accredited by the Accreditation Commission for Education in Nursing and currently incorporates the National League of Nursing competencies within the nursing curriculum. Also integrated into the curriculum are the prelicensure nursing competencies designed by Quality and Safety Education for Nursing (QSEN). Nurse educators utilize these competencies as a guide for curriculum design. The health literacy expanded model and the student learning activities are aligned with these competencies.

The participating associate nursing degree program is part of the Nursing and Allied Health Department of a 2-year community college in the northeast. Enrollment in the nursing program during the time of the survey was 150 students and 15 nursing faculty including full-time and adjunct faculty. Students are admitted yearly in the fall and complete four semesters in nursing, which include a total of eight nursing courses and nine co-requisites. An assessment of the required textbooks and course syllabi from the associate degree nursing program revealed an absence of the health literacy content in its curriculum. Despite the lack of health literacy content in the nursing curriculum, the investigators recognized that students may have learned or been exposed to health literacy content in their various clinical rotations. In addition, nursing faculty may have taught health literacy content independent of the course syllabi. Therefore, a health literacy curriculum learning needs assessment of the graduated nursing students and faculty would be valuable in providing recommendations for health literacy content. The health literacy expanded model was chosen to provide structure for the learning needs assessment survey and integration of health literacy student learning objectives and activities. The learning activities were chosen from current best practice patient-teaching strategies for low health literacy from regulatory, medical, federal, and nonprofit organizations advocating for the improvement of patient safety and quality of care (See [Appendix A](#)).

### Conceptual Framework: The Health Literacy Expanded Model

The health literacy expanded model developed by [Zarcadoolas, Pleasant, and Greer \(2006\)](#) has proven to be effective in understanding health literacy and its application in patient education, communication, and health promotion. This public health model includes four key domains: fundamental, scientific, civic, and cultural literacy (see [Fig. 1](#)). These domains involve a group of skills that develop over time and assist the patient in understanding health information. This expanded definition of health literacy, along with the Institute of Medicine's definition of health literacy, provides the foundation for teaching nursing students what health literacy entails and its effect upon patient care. When students are teaching patients and providing health information, each of the four domains of the health literacy expanded model should be considered.

#### Fundamental Literacy

Fundamental literacy (reading, writing, speaking, and numeracy) is the predominant domain which influences daily life and has an impact upon the ability to interpret health information and patient education materials. The understanding of the fundamental literacy domain is a core component in the integration of health literacy content in the associate degree nursing program.

#### Scientific Literacy

The scientific literacy domain requires an individual to have some comprehension of the physical and natural sciences. The understanding of the occurrence of scientific uncertainty and the rapid changes in technology are additional factors that influence patient learning success and decision making ([Zarcadoolas et al., 2006](#)). The health literacy expanded model describes the health-literate person as having acquired skills to make simple to complex health care decisions and requiring abilities in addition to reading, writing, speaking, and numeracy.

Low scientific literacy can lead to the patients' misinterpretation of disease process with the potential to decrease their ability of self-disease management. The understanding of basic science is necessary for the management for all health issues, although some medical conditions require a more advanced level of scientific literacy. For example, patients with diabetes need to understand many scientific concepts such as the function of the pancreas, regulation of insulin, and other factors that influence blood glucose levels ([Zarcadoolas et al., 2006](#)).

#### Civic Literacy

Civic literacy addresses the individual's capacity to make decisions regarding public health concerns. These personal decisions involve evaluation of the quality of the health care information being provided through various civic, governmental, and media sources ([Zarcadoolas et al., 2006](#)). Population health issues such as Ebola, possible flu pandemic, and outbreaks of the Zika virus are complicated and require community and governmental level responses. Interpretation of these public health messages has an impact upon personal actions and broader public health implications. As communicators of health information, nursing students need to guide patients in determining the reliability of the health messages from diverse media sources, including the Internet ([Zarcadoolas et al., 2006](#)).

#### Cultural Literacy

Cultural literacy as described in the health literacy expanded model refers to the mutual understanding of how the health care provider's professional culture and the patient's culture influences communication ([Zarcadoolas et al., 2006](#)). Students need to recognize and understand a patient's cultural background in order to effectively communicate.

### Methods

#### Samples and Setting

The method for this quality improvement project was a descriptive on-line survey design. All 15 faculty members and 53 graduated nursing students were invited to participate in the study. Eligibility for faculty included full-time status and adjunct faculty at the associate degree nursing program. Eligibility for nursing students included those who have completed and graduated from the investigated nursing school, May 2013. Alumni before 2013 of the investigated nursing program were excluded.

Completion of the survey data was compiled from the e-mail responses to direct the recommended student learning objectives and teaching strategies for the health literacy content inclusion. The project was approved by the college's institutional review committee. Investigational review board notice of approval was given as exempt status for this study.

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