

Health teaching, health literacy and reflection



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Introduction

Health Education empowers individuals and their families to make informed health decisions and achieve optimum health. Nurses can educate clients in various ways based on client's knowledge and learning needs. They can teach a diabetic child on insulin administration techniques; adolescents on sexual health; factory workers on back safety procedures and a young mother on contraception and breast feeding techniques (McEwen & Pullis, 2009). The following essay is divided into three parts. The first part provides a definition and a brief discussion on health literacy. The second part demonstrates the key strategies to be used to advance the health literacy skills of clients with low health literacy skills. The final part gives a reflection of my learning experience on health literacy and how my knowledge can contribute to provide an effective nursing care in future practice that can empower clients to make informed health decisions.

Health Literacy

Health literacy can be defined as “ The degree to which individuals can obtain, process, understand, and communicate about health-related information needed to make informed health decisions” (Berkman, Davis, & McCormack, 2010, p. 13).

The Ministry of Health (2010) Kōrero Marama Health Literacy and Maori report clearly indicates that the majority of individuals in the overall New Zealand population have low health literacy skills and among them Maori are a higher proportion than Non- Maori. Therefore, those individuals with low health literacy skills have a limited ability to access, obtain, read, understand

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and communicate health information (Berkman et al., 2011). This results in less knowledge to use preventative measures such as screening programs and vaccinations; limited knowledge about their illness, treatment and medications; more work related injuries; therefore, leading to increased emergency services, hospitalizations and healthcare costs (Nursing Review, 2012).

Health literacy is beneficial to individuals and their families in various ways to achieve optimum health. One of the ways the health literacy is beneficial to the individuals is that, it enables them to access to health clinics; fill out medical forms; communicate with health providers; interpret labels and health messages; understand about medications and their administration appropriately (Ministry of Health, 2010). In addition to that, health literacy helps people to be aware of prevention strategies such as breast and cervical screening programs (“ Health Literacy,” 2013). Furthermore, health literacy enables individuals to make better health choices and self-manage their chronic condition, thereby, decreasing hospitalizations and health care costs (Ministry of Health, 2010).

Strategies for enhancing health literacy

In order to improve health literacy of clients, registered nurses have to implement the following strategies. First of all, make sure that the environment is shame-free, respectful, caring and supportive where clients can interact openly and productively with healthcare providers (New Zealand Nurses Organisation (NZNO) & College of Nurses Aotearoa, 2012). It is very

important to assess the client's level of knowledge to find out what they already know and what they need to know (Osborne, 2013).

Health Literacy is a shared responsibility, which means; health information is communicated in a way that both the healthcare provider and the receiver can understand (Osborne , 2013). While communicating with clients with limited English language, it is important to speak slowly and listen carefully and use common words like “ cancer” instead of “ oncology”. Moreover, avoid using medical jargon such as hyperglycemia, hypertension, etc; patients may not understand medical terms, abbreviations and acronyms that health professionals usually use. In addition to that, make the written language on documents simple, easy to read and understandable. For instance, using headings and sub headings can easily identify key concepts and clients can easily go through the information they needed (Osborne, 2013).

Moreover, it is important to breakdown the complex information into small chunks, organize information and convey the most important concepts that the client has to know regarding their health (U. S. Department of Health & Human Services, n. d.). In addition to that, identify different learning styles of individuals, for example, some people may prefer a visual learning, some other may prefer auditory or tactile learning styles (McEwen & Pullis, 2009). Inclusion of decision aids and other teaching tools such as videos, quizzes, maps, booklets, images etc. would also be more effective (Osborne, 2013). Furthermore, communicating with non-English speakers can be addressed by appointing an appropriate medically trained interpreter.

It is very important for the health provider to address and acknowledge any cultural differences and provide health information appropriately. For example, they can make the clients feel welcomed by greeting them in their respective language, displaying multicultural artifacts and translated signs in the health settings (Osborne, 2013). Instead of making assumptions that the client understood the provided health information, it is important to pay attention to client's non-verbal cues along with verbal statements (NZNO & College of Nurses Aotearoa, 2012).

While teaching elderly people, it is very important to assess their physical readiness to learn new information. For example, some elderly people may have hearing, seeing and alertness problems that make their learning difficult (Lowenstein, Foord-May, & Romano, 2009). To overcome this, always speak in ways that elderly people can hear and always make sure that the written information is readable. Moreover, encourage elderly people to bring a support person or a trusted friend to reinforce and clarify the informed health information (Osborne, 2013).

Furthermore, use a teach-back technique to assess and confirm whether the health information provided is clear to the client. This technique will help to know to what extent the client can recall the comprehensive message and whether the client interpreted it correctly (Osborne, 2013). For example, instead of asking the client "Do you understand?" it will be better stating that "I just want to make sure I explained things well, tell me how you take these medications?" .

Reflection

On reflection, I have realized that a thorough assessment of client's learning needs based on their age groups and developmental stages given me an insight on how their physical, cognitive, psychosocial learning abilities change in each developmental stage; and what teaching methods and strategies would be more effective and appropriate for that particular target group. For example, preschool children cannot think abstractly and they learn by watching and interacting with others. Whereas, adolescents can think abstractly and they can effectively learn through web and computer based resources, books, pamphlets, games, movies and through interacting with peers (McEwen & Pullis, 2009).

Evaluation at the end of the teaching session in my practicum helped me to analyze the effectiveness of the teaching session. This given me an insight of what teaching strategies were more effective and what other strategies I need to implement to improve my future teaching session. I realized that some teaching tools such as videos, quizzes and games reinforced the target group to interact and co-operate well with our teaching session. In addition to that, I also realized that I have to use simple language and avoiding medical terms while stating objectives to the adolescents. Furthermore, I realized that it is very important to document the evaluation on teaching session. This will be a base for our team when we plan another teaching session in future for that particular age group.

In my future practice, I will definitely prepare a lesson plan based on thorough assessment of client's learning's needs. I will also use effective communication strategies that can reinforce the target group during lesson

delivery. At the end of the teaching session I will also document the evaluation for future references.

Conclusion

In conclusion, Health Literacy skills are very important for the health and wellbeing of individuals. Health literacy skills empower individuals to take informed health decisions. Thorough assessment of client's knowledge levels and learning needs are essential to develop a good lesson plan for a particular target group. Following effective communication strategies and teaching methods during lesson delivery will reinforce clients to participate effectively and make informed health choices for better health outcomes.