

Perceptions of responsibility for health literacy among health professionals and consumers

Dr Remo Ostini¹, Dr Jenny Ostini², Dr Rosemary Argall^{3,4}

1. Rural Clinical School Research Centre, The University of Queensland, Toowoomba, Australia
2. School of Linguistics, Adult & Specialist Education, The University of Southern Queensland, Springfield, Australia
3. Royal Brisbane & Women’s Hospital, Brisbane, Australia
4. School of Psychology, The University of Queensland, Brisbane, Australia

SUMMARY

Health literacy describes the capacity of people to manage their health needs by obtaining, understanding and using health information. Structured interviews were conducted with health care consumers and providers to identify their views on where responsibility for health literacy lies. Patients, doctors, other health professionals, society/government, and parents were all suggested as having responsibility for health literacy. Patients overwhelmingly ascribe responsibility to themselves while health professionals doubt patient capacity to meet the responsibility. Differences in the attribution of agency for health literacy have implications for health outcomes.

INTRODUCTION

Health literacy involves the cognitive, social and emotional skills that people need in order to manage their health. Beyond patient capacity, health literacy depends heavily on health care provider and health system level factors that can facilitate or restrict information accessibility. Different role perceptions by actors in such dynamic systems can impede health information flow.

METHOD

31 structured interviews were conducted with health care consumers (10), nurses (10), doctors (6) and pharmacists (5) to investigate participant’s understanding of health literacy. Narrative analysis and critical discourse analysis of interview transcripts provided results that see health literacy as a construct of relationships and power within medicine.

RESULTS

Key Health Literacy Attributions and Themes

Doctors	Patient capacity; Engagement; Self-motivation; Self-knowledge; Communication; Knowledge of/Access to resources; Critical Analysis skills; Objectivity; Patient-Professional relationships; Willingness/Capacity to change	Partnership, Patient capacity; Monitoring & compliance; Education; Critical Analysis skills; Communication skills; Personal responsibility; Confidence; Consumer-provider relationships; Seriousness of condition;	Pharmacists
Nurses	Personal responsibility; Experts; Medical terminology; Self-empowerment & initiative; Support; Compliance; Education; Critical Analysis skills; Work/Life constraints; Finances; Culture; Trust	Personal responsibility; Experts; Alternative health practitioners; Positive thinking; Physical, spiritual & Emotional Self-care; Knowledge; Motivation; Social support; Religion; Access; Finances; Confidence; Trust	Consumers

CONCLUSION

Differences exist in the attribution of agency for health literacy among actors in the health system. There is a general understanding that agency inheres in multiple locations and this varies depending on the specific health care need. Mismatches in the attribution of agency can impede the flow, understanding and use of health information, potentially producing poorer health outcomes.