

Organizational Health Literacy

Subjects: **Nursing**

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The term organizational health literacy (OHL) is a new concept that emerged to address the challenge of predominantly in patients with limited health literacy (HL).

Organization health literacy

health literacy

health outcome

Public health

1. Development of organizational health literacy

In the late modern “health” and “multi-option” communities, health literacy is a specific skill that is needed to successfully deal with a large number of health relevant-tasks and decisions to be taken every day^{[1][2]}.

The concept of health literacy (HL) is used in the United States (mainly in medical centers) to study the effectiveness of HL on treatment outcome, especially in patients with insufficient and inadequate HL severity^{[2][3]}. In this framework, there is evidence that HL must be regarded as a context or relationship strategy related to personal HL, but the needs of the organization for users must also be considered^{[4][5]}. The concept of HL not only led to methods for estimating personal HL, but also to the estimation of the organization’s HL sensitivity^{[6][7]}. Several health strategies are designed to improve health behavior, self-care abilities, and the quality of life, but adherence and participation are related to social health determinants^{[8][9]}. A large study showed that HL was a main modifying factor for health outcomes because it is associated with social health determinants^{[10][11]}. Although organizational initiatives responding to HL may be a practical approach to improve healthcare systems and health-promoting hospitals, using experiences from the quality movement in these systems remains less responsive than needed to the concept of limited HL^{[12][13]}. Unintentional non-adherence to medications and treatments; lack of involvement of patients in decision making; difficulties with patients- provider communication, discharge instructions and informed consent; and increasing rates of hospitalizations, readmissions, and emergency care have been reported for patients with limited HL^{[14][15]}.

There is now a growing recognition that HL depends not only on individual skills and abilities but also on the demands and complexities of the health-care system^{[9][10]}. One way to raise almost all low levels of HL in populations is to build health-literate systems of care. The term organizational health literacy (OHL) is a relatively new concept that emerged to address the challenge of most in patients with limited HL^[9]. It describes a health care organization that uses strategies to make it easier for patients to engage in the health care process, navigate the health care system, understand health information, and manage their health^{[16][17][18]}. Thus, healthcare quality could be improved and patients’ may be better met if healthcare organizations transformed into HL responsive ones delivering care in a way that protects HL skills and practices^{[9][10]}.

With a prima facie evidence, there has been a steady rise in designs and structures of OHL in the recent years [6,14], for example, the ten attributes of an OHL were defined by the Institute of Medicine (IOM) Health Literacy Roundtable, which is a first systematic attempt to implement the HL concept in health literate health care organizations. The attributes of OHL provide a guide to altering health care organizations to “make it easier for people to navigate, understand, and use information and services to take care of their health” [1][19][20]. These ten attributes focus on delivering health information, staff training in health communication, address HL with specific leadership activities and assess the quality of the organization’s environment for patients with different levels of HL. According to these attributes, an OHL: 1) has leadership that makes HL integral to its mission, structure, and operations; 2) integrates HL into planning, evaluation measures, patient safety and quality improvement; 3) prepare the workforce to be health literate and monitors progress; 4) include populations served in the design, implementation, and evaluation of health information and services; 5) meet the needs of people with various HL skills while avoiding stigmatization; 6) use HL strategies in interpersonal communication and confirm the understanding of all points of contact; 7) provide easy access to health information and services and navigation assistance; 8) design and distributes print, audiovisual, and social media content that is easy to understand and act on; 9) addresses health literacy in high-risk situations, including care transitions and communications about medicines; and 10) communicates clearly what health plans cover and what individuals will have to pay for services [21][22]. Likewise, a series of HL guides and operational frameworks have been developed in the past few years to help organizations with their transition to OHL [19][20].

2. Barriers and Facilitators of OHL

The research identified lack of knowledge or training about HL, poor organizational commitment to HL, ambiguity of roles between health providers and clinic staff, poor interactive and linguistic skills, not having policies, and procedures, protocols supporting HL practice as the most common barriers for sustainability and integration of OHL [23][24][25][26]. The research in this review shows that dealing with these barriers, patients do not have the appropriate abilities and skills to cope with the health system, and therefore have a negative impact on the appropriateness and quality of health care [27][23][24][25][26][28][29][30][31]. Despite HL is acknowledged as a key determinant of quality improvement in the health care system and the enhancement of OHL is considered as the main ingredient in the health instruction for the transition from care to well-being, it seems that the organizational sensitivity and commitment to HL issues is still poor because HL is not included in the corporate identity of health organizations and their strategic programs and planning [32].

It seems that the transition to a healthcare organization with comprehensive health knowledge is still ongoing. This can be a complicated process and takes many years. Most healthcare organizations require radical, simultaneous, and multiple changes to transform into a health-literate organization [33]. In particular, healthcare organizations with poor commitment and leadership to HL, therefore, their efforts to improve OHL through agreements, policies, and health education interventions are insufficient [34]. Due to the lack of knowledge and training about HL and its effects on the sustainability of the health system and health outcomes, HL is not usually integrated into organizations’ vision and strategic planning [35][36]. If there is no commitment and support to improve the role of HL and

communication, staff and health service providers may not be able to implement HL's practices and skills due to a lack of familiarity with the concept of HL. Key factors may promote the transition to a comprehensive health-literate healthcare organization, including ownership of changes, subcultural diversity within healthcare organizations and systems, and supporting external stakeholders, leadership, and professional allegiance ^[35]^[36].

3. Conclusions

OHL is emerged to help improve patient's engagement in the health care process, the navigation system of healthcare, and communication tools and skills. To support this task, several operational tools and frameworks have been (and continue to be) developed and provide best practices and recommendations to implement HL issues in the healthcare organizations. Our findings indicated the fact that all HL tools and frameworks included in this review are overwhelmingly positive because these tools, particularly AHRQ, VHLO, and HLHO-10, provide best practices and evidence-based recommendations to enhance the capacities of healthcare organizations.

It seems that shifting to effective health-literate healthcare organizations may be a complicated process, and health care reform must consider broader health determinants. Based on this, the authors argue that a healthcare system level effort is needed a systemic approach to enhance communication practices and standards, verbal/written communication skills, and patient knowledge and engagement, and that there is a need for the healthcare system to consider HL as an organizational priority, that is, be responsive. This approach will likely improve the healthcare system's strategy, vision, human resource management, mission, and operation.

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