



The Nurse's Role in Health Literacy of Patients With Cancer

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Patients with cancer are often faced with complex diagnoses that require decision making in a highly stressful environment. The role of the healthcare team is to ensure that patients have the information, tools, and resources needed to make informed decisions. However, low health literacy is a common and undervalued factor in the outcomes of patients, particularly those with cancer.

At a Glance

- An individual's health literacy depends on various factors, such as education, culture, and complexity of the information.
- Oncology nurses are in a unique position to role model and apply best practices for health literacy using evidence-based oral and written communication strategies with their patients.
- Implementing the fundamentals of universal precautions and the teach-back method are effective deterrents to the negative outcomes associated with low health literacy.

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Numerous skills are needed for individuals to obtain health information and make decisions regarding their health care. Unfortunately, almost half of all American adults—90 million people—have limited health literacy (Kutner, Greenberg, Jin, & Paulsen, 2006; Nielsen-Bohlman, Panzer, & Kindig, 2004; Rudd, Anderson, Oppenheimer, & Nath, 2007). Defined as “the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions” (Nielsen-Bohlman et al., 2004, p. 32), health literacy has many components beyond print literacy that influence a person's ability to make

healthcare decisions, including numeracy, oral literacy, and media literacy (Oldach & Katz, 2015). Health literacy is also a multifaceted concept that is often difficult for healthcare providers (HCPs) and researchers to completely grasp, measure, and understand.

A person's health literacy depends on a number of factors, including education, culture, and complexity of the information at hand. Patients with cancer are expected to make difficult and often complex decisions regarding diagnosis and treatment at a time that is often physically and emotionally distressing (Dumenci et al., 2014). These circumstances will affect that person's health

literacy and, ultimately, his or her ability to access healthcare services, use preventive measures, make healthcare decisions, adopt healthy behaviors, follow healthcare advice, and communicate with HCPs (Agency for Health Care Research and Quality [AHRQ], 2010). Treatment options may not be fully understood; therefore, some patients with cancer may not receive the treatment that best meets their needs. Low health literacy also adversely affects cancer incidence, mortality, and quality of life. For example, information on cancer screening may be ineffective, and patients may, in turn, be diagnosed at a later stage (National Network of Libraries of Medicine, 2013).

Scope of the Problem

The U.S. Department of Education assesses health literacy using the National Assessment of Adult Literacy (NAAL) (National Center for Education Statistics, n.d.-c). Capturing a nationally representative assessment of English literacy among American adults aged 16 years or older, the NAAL project has been collecting data since 1992. In 2003, changes were made to the data collection to specifically measure health literacy. These changes allowed the data to demonstrate differences between the ability to read in general and the ability to read and apply health information. NAAL added three different health-related categories of tasks to help quantify health literacy: clinical, prevention, and navigation (National Center for Education Statistics, n.d.-b). Questions assess the participant's ability to fill out a patient form or read a drug label (clinical tasks), understand the need for preventive health services (prevention), and