



'An exploration of healthcare professionals' attitudes towards health literacy, and the clinical encounter with chronic pain patients.'

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INTRODUCTION

One in four people in Ireland suffer from chronic pain, and although best practice guidelines advocate the use of self-management and patient-centred approaches, these services remain under-resourced¹. Of the few pain management programmes (PMP) in Ireland that provide such services, a recent review of long-term outcomes revealed only moderate improvements for patients who attended this service². The authors hypothesised that health literacy (HL) may have been a factor, as low HL can result in poorer uptake of self-management behaviours. However, very little empirical data exists regarding the use of HL practices or policies in a healthcare setting. Therefore, this study aims to explore healthcare professionals attitudes regarding the role of HL in clinical practice, and its impact on patient outcomes.

METHODS

This qualitative study utilised semi-structured interviews to capture healthcare professionals' perspectives on HL. Those who specialised in pain management were deemed suitable, and the following disciplines were included: pain consultants, physiotherapists, nurses, and psychologists. A battery of questions was derived from current HL research, focussing on interviewees' knowledge of HL, recognising those at risk of low HL, the skills required to identify and manage those with low HL, and the economic burden of low HL. The interviews were transcribed verbatim, coded, and inter and intra-reliability of the codes was determined by two reviewers. Common themes were then identified and reported accordingly.

REFERENCES

1. Raftery et al (2011). The economic cost of chronic non-cancer pain in Ireland; results from the PRIME study, part 2.
2. Fullen BM et al (2013). Ulysses: the effectiveness of a multidisciplinary cognitive behavioural pain management programme-an-8-year review.

RESULTS

Sixteen healthcare professionals (four per discipline) were included in the study, with four main themes emerging from the interviews: 1) Lack of formal HL awareness in healthcare settings, 2) HL vital for understanding and engaging in treatments, 3) Varying interventions for low HL, and 4) barriers to addressing low HL in patients.

The majority of healthcare professionals included in the current study were not familiar with the term 'health literacy', but were aware of the concept with respect to their clinical practice.

"No I wouldn't say so, it's not highlighted as an issue. So, any knowledge that one has about it is more intuitive, that if you've been at it a long time, you realise that it might be a bit of an issue."

In addition, all agreed that HL was integral to adopting self-management behaviours – a mainstay for chronic disease treatments. However, their knowledge of HL-sensitive interventions varied, and was based on subjective experience as opposed to evidence-based practice.

"... it will have a negative impact in terms of their health, not taking things on board and being compliant with whatever it is in terms of exercise, or medication adherence, or you know advice..."

Furthermore, most cited time-restraints as a primary barrier to facilitating HL skills in their patients, despite acknowledging that it was their responsibility to do so.

"...one of the biggest barriers is time and staff feeling under pressure time wise ... it should be the responsibility of the healthcare provider to look out for and take on board if somebody has low literacy in terms of health and healthcare."

CONCLUSION

These findings suggest that healthcare professionals need further support from health services and policy makers to incorporate HL-sensitive interventions into their practice.