NURS-FPX4000: Developing a Nursing Perspective

Assessment 5: Analyzing a Current Healthcare Problem or Issue

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## Introduction

Health literacy is an important element of effective healthcare in the modern days. It means the individuals' capability to access, comprehend, assess and utilize health information

and services to take informed health choices (World Health Organization, 2024). This paper is focused on the problem of the health literacy as the existing question in the sphere of healthcare: what it is, causes and effects, and how to enhance it based on evidence. We analyze scope and people who are affected by the problem, consider potential solutions and select better course of action. Practical implementation as well as steps are followed by consideration of ethical issues that include beneficence, nonmaleficence and autonomy, justice. The aim is to work towards enhancing health literacy and minimizing the burdens in the patient care.

## Elements of the Problem

A concept of health literacy is both personal and organizational in nature. Personal health literacy is a person's capacity to locate, interpret, as well as use information and services to make informed decisions regarding health matters concerning personal needs and those of others (Centers for Disease Control and Prevention, 2024). Organizational health literacy is used to describe the level at which the healthcare systems facilitate individuals to access, understand and utilise health related matters. In practice, this means reading labels of medications, doing math on dosages, communicating with providers, and managing complicated health systems.

Several factors affect health literacy of a person. It is likely to be faced in such categories as people with minimal education, cognitive impairment or language barriers (Wilandika et al., 2023). Moreover, old people, low-income earners, and those who are not good in English, or those who belong to the marginalized populations are particularly affected (Centers for Disease Control and Prevention, 2024). So many U.S. adults possess basic or even below-basic health literacy: more than one third of them. Approximately 60% of Medicaid beneficiaries qualify for this group as well. Complexity in the healthcare system

like jargon-laden forms and fragmented services can confuse any person (World Health Organization, 2024). Systemic challenges such as poor interpreter services or inappropriate materials worsen the matter.

Health literacy is an important determinant of outcomes and equity. The ill-health literacy is associated with higher rates of hospitalization, the worse adherence, and the deficiency of preventive care measures (Tauqeer, 2017). It is a better predictor of health status than education, income, or race (World Health Organization, 2024).

## Analyze, Define, and Frame the Problem

Almost every care setting is characterized by the struggles of health literacy. In primary care and hospitals, patients need to gain an understanding of diagnoses, medications, and discharge instructions. Public health clinics include dealing with insurance, screenings, and education drives. Telehealth and digital platform add more complexities with online portals and new technologies. Communication is usually broken when health literacy is low. Certain populations are especially vulnerable such as older adults with cognitive or sensory limitations, lower-income and less-educated persons, ethnic and racial minorities, and non-native English speakers whose limited English proficiency may undermine comprehension (Centre for Health Care Strategies, 2024). Other patients at risk include Medicaid or Medicare beneficiaries or uninsured persons (Mahadevan, 2024). Community health data supports the fact that Medicaid patients have basic health literacy skills only. From my clinical experience, error and missed care may result from misunderstandings like misreading instructions of medications. It is important to advance health literacy for safe, equitable, and effective patient education.

## Consider Solutions

Several evidence-based techniques can promote health literacy among different populations. One of the strategies is the Provider Communication Training, which will train healthcare professionals to speak plainly, avoiding jargon, and using a teach-back approach such that patients repeat instructions in his/her own language. This method, supported by AHRQ and other health institutions, strongly contributes to the increased patient understanding, recall, and confidence (Holcomb et al., 2022). It also develops trust, thus making it possible for the patients to engage actively in their treatment.

Health-Literate Organization Practices include making systems and materials user friendly to enhance patient navigation. Policies like plain language in consent forms, clear signage, and patient-friendly visuals is recommended in national frameworks (CDC, 2024). Developing an official health literacy plan and standardization of services, such as availability of interpreter, also guarantees equal access to the non-English speakers and marginalized populations.

Another important strategy here is the Patient and Community Education. Through educational workshops, nurse led classes or peer group discussions, individuals can acquire some practical skills such as reading label on prescriptions or handling of devices. Custom strategies, including multimedia or game-related tools, ensure better understandings among the aged, enabling them to retrieve, grasp, and apply health information more efficiently (Marshall et al., 2025).

Technology and Media could empower health literacy when well thought of. Working tools such as apps, pictograms and even culturally relevant videos pass on information in easily digestible, visual forms. Although one needs to be careful so as not to widen the digital divide, these tools can be very useful in the case of individuals who are limited with respect

to their traditional literacy (Marshall et al., 2025). Studies reveal that such strategies should be combined to facilitate achievement in population-level improvements in health literacy.

## Choose a Solution

The best single approach to a solution lies in adopting a health literacy universal precautions approach that concentrates on the enhancement of training and communication among providers. In practice, this means the training of all healthcare support workers in clear communication skills and the regular stipulation of it as standard of care.

This solution has solid evidence and overwhelming effects. Direct training of training providers enhances the level of communication between the patients and providers, which is a vital point at the level of understanding. Teach-back and simple language improve patient comprehensions and use of information (Holcomb et al., 2022). It is in tandem with national objectives like person-centered and actionable health information (CDC, 2024). Universal precautions assume that all patients are vulnerable without stigma to the vulnerable groups. Experts often support provider-focused efforts; a nursing review reveals the role of nurses in helping the patients access and apply health information (Wilandika et al., 2023). Implementation is time, training, and reinforcement. Some of the providers may resist or fail to change habits of communication. Although this by itself will not address larger issues involving literacy, its scalability makes it possible for system-wide implementation. Whereas tech-based or patient-only methodologies are concerned, most literature views the initial step of provider training as fundamental.

## Ethical Principles in Implementation

Health literacy improvement implementation addresses to the fundamental ethical principles:

Beneficence: Empowering health literacy actively contributes to the patients' well-being, as with higher decision-making, the latter are more likely to take care of themselves. When patients really know their health statuses and care plans, they can adhere to recommendations better (Wilandika et al., 2023). This leads to better health outcomes, which is a fulfilment of the duty of doing good.

Nonmaleficence: Poor communication can unintentionally harm patients, for example medication mistakes and not getting essential screenings. Clear explanation and understanding of issues are some of the ways to avoid such harms. The chosen solution prevents damage with the help of decreasing misconceptions and medical errors, corresponding to "do no harm". A proper training like teach-back is a patient-safety practice known (Holcomb et al., 2022).

Autonomy: The right to informed decision-makers for a patient is dependent on the process of comprehension. By raising health literacy levels, we respect and empower the patients' autonomy. patients can make truly free choices in terms of their treatments and take care of their health by themselves. When patients cannot make decisions, their autonomy is compromised. Therefore, developing literacy through effective communication respects patients' rights and their power to make healthcare decisions (Wilandika et al., 2023).

Justice: As health literacy is more closely linked to social factors rather than income or race (WHO 2024), Cultivating health literacy redresses issues of fairness and equity. Vulnerable groups are more likely to be lacking in terms of health literacy; hence universal precautions provide a way of closing the gaps in the disparities. That is, all the patients have an equal opportunity to receive understandable information, and justice is developed. As WHO and HP2030 observe, health literacy not only determines health equity; it is also the path to health equity (Healthy People 2030, 2019).

## Implementation of the Potential Solution

When it comes to implementing this solution, there are several steps to it:

Resources and Training: Provide time and resources for training programs in clear communication. It may be in the form of workshops in plain language and teach back, online modules and role-play exercise (Marshall et al., 2025). Make sure that the materials such as slides and handouts focus on examples and practice. Leadership should hire a health literacy team to coordinate rollout. Use the existing frameworks such as instance AHRQ's toolkit for training content.

Policy Changes: Create organizational policies to require the use of health literacy best practices. For instance, mandate teach back in patient education, mandatory use of professional interpreters, and the standards for the readability of printed or electronics materials (Marshall et al., 2025). Incorporate these policies in accreditation or quality improvement projects. For example, hospitals can make provider evaluations or incentives dependent on a use of teach-back.

Evaluation: Monitor the impact through metrics. Changes in understanding, satisfaction, or compliance of the patient can be obtained before and after the implementation. Track results such as the readmission rates, visits to the emergency room, and preventive screening uptakes (Marshall et al., 2025). Teach-back improvement of comprehension can be measured through other direct assessment tools such as short patient quizzes on instructions. Assess training uptake by recording staff participation and the application comfort with techniques.

Addressing Bias: Identify and prevent any prejudices from the providers. The training should suggest that it doesn't matter how a patient looks, educated, or belongs to a certain background, he or she might require additional support. Taking on the mindset of universal

precautions means that the communication barriers are assumed until they are believed otherwise, not just when the patients “look lower income” or “speak broken English”. The leadership needs to ensure that the approach adopted is patient-centred and not stigmatising. For instance, providers should not treat their patients like children or humiliate them. rather they establish an atmosphere of acceptance of questions.

Continuous Improvement: Establish feedback loops. Conduct frequent reviews of the policies and training effectiveness (Sørensen et al., 2022). Motivate the staff to share problems of utilization of these methods and modify. Feedback from user testing to update patient materials to guarantee the content is understandable. Involve patient and community advisory boards to advise on clarity and cultural appropriateness.

## Spheres of Care (Wellness and Disease Prevention)

Improved health literacy extends care beyond illness to overall wellness and prevention. Two major areas benefit:

Wellness (Health Promotion): When patients understand health information, they are more likely to adopt healthy behaviors. For example, comprehensible dietary guidelines and exercise recommendations help individuals make better lifestyle choices. Patients with higher health literacy tend to manage chronic conditions proactively by monitoring blood pressure and glucose and maintain regular check-ups, which supports long-term well-being (Wilandika et al., 2023). Clear communication also empowers patients to ask informed questions, engage in community health programs, and participate in decision-making about their own health.

Disease Prevention: Better health literacy leads to higher uptake of preventive services. Patients who understand the importance of vaccinations, screenings, and risk-factor control are more likely to complete these measures. Studies show that limited health literacy correlates with lower rates of such preventive interventions (Tauqeer, 2017). Conversely,

improving understanding should reverse this trend. For instance, an informed patient is more likely to get an annual flu shot or follow through with cancer screening referrals. Over time, this reduces disease incidence and catch health problems early. In summary, making health information accessible and actionable helps patients stay healthy and avoid illness.

## Conclusion

Effective and equitable healthcare is based on health literacy. This paper has defined health literacy, determined its determinants and its consequences, and examined its range in healthcare settings. We discussed various strategies and chose as the main solution the provider-focused communication training (including teach-back and plain language), based on its evidence base and ethical approach. This solution can only be implemented if the organization is committed, with training resources being available and evaluation available, but it is expected to empower patients and help reduce health disparities. With health literacy, healthcare professionals promote beneficence and autonomy and promote justice. After all, health literacy's enhancement is not to the advantage of an individual patient only but to the healthcare system and the society, as well as to the fields of wellness and prevention.

## References

CDC. (2024, October 7). *National Action Plan to Improve Health Literacy*. Health Literacy. https://www.cdc.gov/health-literacy/php/develop-plan/national-action-plan.html

Centers for Disease Control and Prevention. (2024). *What Is Health Literacy?* Health

Literacy. https://www.cdc.gov/health-literacy/php/about/index.html

Centre for Health Care Strategies. (2024, March). *What is Health Literacy?* Center for Health Care Strategies. https://www.chcs.org/resource/what-is-health-literacy/

Healthy People 2030. (2019). *Health Literacy.* Health.gov. https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/health-literacy#cit3

Holcomb, J., Ferguson, G. M., Thornton, L., & Highfield, L. (2022). Development, implementation, and evaluation of Teach Back curriculum for community health workers. *Frontiers in Medicine*, *9*(1). https://doi.org/10.3389/fmed.2022.918686

Mahadevan, R. (2024, March). *Health Literacy Fact Sheets*. Center for Health Care Strategies. https://www.chcs.org/resource/health-literacy-fact-sheets/

Marshall, N., Butler, M., Lambert, V., Timon, C. M., Joyce, D., & Warters, A. (2025). Health literacy interventions and health literacy-related outcomes for older adults: a systematic review. *BMC Health Services Research*, *25*(1). https://doi.org/10.1186/s12913-025-12457-7

Sørensen, K., Schuh, B., Stapleton, G., & Schröder-Bäck, P. (2022). Exploring the ethical scope of health literacy – A critical literature review | Instituti i Shëndetit Publik. https://www.ishp.gov.al/exploring-the-ethical-scope-of-health-literacy-a-critical-literature-review/

Tauqeer, Z. (2017). To Understand and Be Understood: The Ethics of Language, Literacy, and Hierarchy in Medicine. *AMA Journal of Ethics, 19*(3), 234–237. https://doi.org/10.1001/journalofethics.2017.19.3.fred1-1703.

WHO. (2024). *Health Literacy*. World Health Organization. https://www.who.int/news-room/fact-sheets/detail/health-literacy

Wilandika, A., Glorino, M., & Yusuf, A. (2023). The roles of nurses in supporting health

literacy: a scoping review. *Frontiers in Public Health, 11*. https://doi.org/10.3389/fpubh.2023.1022803

World Health Organization. (2024). *Health Literacy*. World Health Organization. https://www.who.int/news-room/fact-sheets/detail/health-literacy