

Patient Understanding of Health Information: Implications for Organizational Health Literacy in Germany

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Abstract : Introduction: The quality of patient-doctor communication and of written health information is central to organizational health literacy (HL). Whether patients understand their doctors' explanations and textual material on health, however, is understudied. This study identifies the overall levels of patient understanding of health information and its associations with patients' social characteristics in outpatient health care in Germany. Materials & Methods: This analysis draws on data collected via a 2017 national health survey with a sample of 6,105 adults. Quality of communication was measured for consultations with general practitioners (GPs) and specialists (SPs) via the Ask Me 3 program questions, and through a question on written health material. Correlations with social characteristics were explored employing bivariate and multivariate logistic regression analyses. Results: Over 90% of all respondents reported that they had understood their doctors' explanations during the last consultation. Failed understanding was strongly correlated with patients' very poor health (Odds Ratio [OR]: 5.19; 95% confidence interval [CI]: 2.23-12.10; ref. excellent/very good health), current health problem (OR: 6.54, CI: 1.70-25.12; ref. preventive examination) and age 65 years and above (OR: 2.97, CI: 1.10-8.00; ref. 18 to 34 years). Fewer patients answered they understood written material well (86.7% for last visit at GP, 89.7% at SP). Understanding written material poorly was highly associated with basic education (OR: 4.20, CI: 2.76-6.39; ref. higher education) and 65 years old and above (OR: 2.66, CI: 1.43-4.96). Discussion: Overall ratings of oral patient-doctor communication and written communication of health information are high. Yet, a considerable share of patients reports not-understanding their doctors and poor understanding of the written health-related material. Interventions that can contribute to improving organizational HL in outpatient care in Germany include HL training for doctors, reducing system barriers to easily-accessible health information for patients and combining oral and written health communication means. Conclusion: This work adds to the study of organizational HL in Germany. To increase patient understanding of health-relevant information and thereby possibly reduce health disparities, meeting the communication needs especially of persons in different age groups, with basic education and in very poor health is suggested.

Keywords : health survey, organizational health literacy, patient-doctor communication, social characteristics, outpatient care, Ask Me 3

Conference Title : ICMSHP 2018 : International Conference on Medical Sociology and Health Policy

Conference Location : Vienna, Austria

Conference Dates : June 14-15, 2018