

Editorial / Uvodnik

## Health literacy: the key to better health

### Zdravstvena pismenost: ključ do boljšega zdravja

Tamara Štemberger Kolnik<sup>1, 2, \*</sup>

Over the past thirty years, health literacy has received considerable attention across the globe. The HLS-EU Consortium (Bauer, 2018) summarises the World Health Organization's (1998) definition of health literacy as a concept encompassing an individual's cognitive and social abilities in terms of recognising and applying useful health information. The situation the world is facing amidst the current pandemic has shown the importance of awareness-raising and the provision of information which is clearly comprehensible, accessible and useful in daily life. This is the only way to achieve a high level of awareness and responsibility which will enable individuals to take care of their own health, understand health instructions and orient themselves within the healthcare system when they need it. These are the key messages of health literacy at the level of an individual. An increasingly important health issue in Europe and beyond (Kickbusch, 2013; Kickbusch, et al., 2013), health literacy refers to the ability of people to meet the complex requirements of maintaining their health within modern society.

In the past, the conceptual understanding of health literacy was strongly focused on the challenges associated with health treatment and the traditional role of the patient within the healthcare system, but over time and through in-depth investigation, this notion has evolved. Today, the concept goes well beyond the techniques of the acquisition of knowledge related to health within the healthcare system. It now incorporates the skills and abilities to search for health-related information, critically assess the information obtained, and integrate it into one's own life in the direction of maintaining one's health related to the health of the community (Sorensen, et al., 2015). Along these lines, we interpret the development of the concept as one directed towards raising the health literacy of an individual or a population with the aim

of promoting a responsible attitude towards one's own health and the health of the community, and primarily towards strengthening the patient's active role in the treatment process (Sørensen, et al., 2015). While raising the health literacy of individuals and the population, the strategy of patient treatment by healthcare providers must be aimed towards improving the self-efficacy of patients. In this regard, Batterham and colleagues (2016) and Lee and colleagues (2016) associate health literacy with the work of healthcare professionals and their attitude towards the patient, an attitude which should evolve from an authoritative approach to a collaborative one. A high level of health literacy is the foundation not only for a healthy daily life, but also for the management of potential chronic diseases, and represents the basis for seeking appropriate help within the healthcare system when needed. Sørensen (2016) stresses that health literacy is influenced not only by the information the patient obtains from the healthcare system but also by personal, situational, social and environmental factors. Personal factors include, for example, age, gender, race, socio-economic status, level of educational attainment, occupation, employment, income and general literacy (Parnell, 2015). Situational factors, on the other hand, include social support, family and peer influences, media use and one's physical environment (Rowlands, et al., 2017), while social and environmental factors include one's demographic status, culture, language, as well as political forces, and social systems (Sørensen, 2016).

#### *Health literacy at the societal level*

Despite the fact that European health policy makers devote increasing attention to the "health for all" principle and support the individual and the community in maintaining health, researchers

<sup>1</sup> Primary Healthcare Centre Ilirska Bistrica, Gregorčičeva 8, 6250 Ilirska Bistrica, Slovenia

<sup>2</sup> College of Nursing in Celje, Mariborska 7, 3000 Celje, Slovenia

\* Corresponding author / Korespondenčni avtor: tamara.stemberger@gmail.com



and experts note that the data on the state of health literacy in Europe are nevertheless scarce (Sorensen, et al., 2015; Paasche-Orlow, et al., 2018). Health literacy therefore poses an important challenge to health policies and practices across Europe. Sørensen, and colleagues (2015) believe that the approach to the development of a health-literate population at the national level requires the knowledge of population characteristics and a systematic, comprehensive national programme or strategy.

Lower levels of individual or community health literacy are associated with poor health-related knowledge, failure to manage chronic diseases and frequent entries into the healthcare system (Rowell, et al., 2015), resulting in higher costs (Hedelund Lausen, et al., 2018). The reasons for lower levels of health literacy cannot be attributed solely to individuals' lack of knowledge or motivation, nor to their incompetence. Instead, poor health literacy should be viewed as a social concept reflected in individuals' social conditions and the challenges they face in their current living and working environments (Bauer, 2018). The level of health literacy depends on communication within the healthcare system, the complexity of the healthcare system and a clear and simple navigation through the system. Clarity in health communication allows for a quick and easy reception of the provided health information, and its application in daily life, which is crucial for the self-efficient management of health problems and fast navigation through the healthcare system (Schaeffer, et al., 2018). In the context of treating patients with chronic diseases, the World Health Organization (2013) cautions against focusing on acute episodes and hospital treatment, as this creates a patient dependent on the healthcare system. If we wish to raise the health literacy of the population and promote self-efficacy in the management of chronic diseases, treatment must include various specialists and different levels of the healthcare system all working together to achieve an active participation of the patient in the treatment process. Schaeffer and colleagues (2018) point out that healthcare systems are not yet ready for such treatment and for the growing need for the provision of credible information and support to patients in maintaining health or managing chronic diseases. In developed countries, healthcare systems are often too complex for the user, while the information patients receive within the system is often too complicated and provided in language that is difficult to understand (Kanj & Mitic, 2009). These problems may also be accompanied with the high expectations of healthcare professionals who demand an active engagement of the patient in the process of treatment and rehabilitation. Health literacy is thus, on the one hand, a concept that is becoming increasingly important in modern society, and on the other hand also one associated with often insurmountable challenges faced by the individual

(Schaeffer, et al., 2018). Therefore, the development of a health-literate society requires an integrated inter-ministerial approach which will allow for a vigorous action of the entire society in the direction of reinforcing the responsibility for one's own health. This process requires active engagement of the school system – through integration of health-related topics into school curricula –, of work organizations – through a responsible attitude towards the health of their employees –, as well as a responsible involvement of the healthcare system, and, not least, of policies and research institutions, as it is only through such joint action that a national strategy for enhancing the level of health literacy of the population can be developed (Brooks, et al., 2017).

### *Specific health literacy*

Babnik and colleagues (2013) outline the development of the concept of health literacy in the following three key directions: (1) towards a predominantly medically-oriented concept, which focuses on individuals as the users of the healthcare system in which they obtain health-related information (World Health Organization, 1998; American Medical Association, 1999); (2) towards a broader approach focused on public health issues, which emphasises the dynamics of the relationship between the individual, the healthcare system and one's living and working environment (Mårtensson & Hensing, 2012; Sørensen, 2013), and (3) towards the development of interpretations of specific health literacy as interpretations of programmes intended for a specific population, whose aim is to promote functional health literacy in the field of the health needs of individuals related to chronic illnesses (Coffman, et al., 2012; Mullen, 2013; Wawrzyniak, et al., 2013; Tzeng, et al., 2018).

Specific health literacy is also associated with individual population groups, as each vulnerable group is characterised by certain specific features which need to be taken into account. In this context, the elderly represent a particularly vulnerable population group. What is especially important in facilitating the advancement of health literacy in this group is appropriate communication, taking into account the decline in cognitive abilities, and an appropriate response to the specific health needs of individuals (Brooks, et al., 2017). Another vulnerable group with equally distinct specific features is that of children and young people. Research shows that improving health literacy in early childhood is key to one's development and personal health (Guo, et al., 2018) in adulthood (Bröder, et al., 2017). Specific health literacy thus defines vulnerable groups as special groups of patients with specific health problems who often need healthcare services, which is often associated with lower levels of health literacy and a lower quality of life (Paasche-Orlow, et al., 2018).

### *Instruments for enhancing health literacy*

Health literacy is a lifelong process which can be enhanced through learning and can thus be seen as a measurable outcome of health education and health promotion. As with all forms of learning, any major differences in the teaching methods, media and content used will lead to different outcomes. There are two elements to the process of enhancing health literacy, namely: the provision of health information through more personal forms of communication, and the provision of health information through information media such as television, radio and modern forms of online media outlets (Nutbeam, 2015). In such a flood of health-related information, an individual may find it extremely challenging to extract those bits of information which are credible, evidence-based and professionally supported. Modern sources of information often use health as a marketing strategy. In terms of personal health literacy, health literacy may be briefly defined as an individual's skills and abilities to obtain and apply health-related information (Nutbeam, 2000).

The fact that the information people obtain and trust affects the level of health literacy (Tzeng, et al., 2018), is reflected in various areas. People with lower levels of health literacy are not aware of the importance of preventive check-ups and a healthy lifestyle and are not familiar with their health status (Morris, et al., 2006). Low levels of health literacy are associated with more frequent emergency medical visits and more frequent and prolonged hospitalisations (Baker, et al., 2002). Horvat and colleagues (2018) associate low levels of health literacy with inappropriate use of medicines, while Zarcadoolas and colleagues (2006) also mention the non-use or inappropriate use of health services, inadequate management of chronic diseases, irresponsible behaviour in emergency situations, poor health, lack of self-esteem and confidence, social inequality and reduction in personal and social expenses.

Schiavo (2014) defines health communication as a tool which represents the path to the improved health literacy of the individual and the population. According to the author, health communication includes the use of human, multimedia and other communication skills and technologies for informing the public on health-related issues and presenting strategic plans within in the healthcare sector.

The purpose of health communication is to create unified linguistic, cultural and innovative communication, which is to be applied by the healthcare system and other media engaged in health promotion (Babnik & Štemberger Kolnik, 2013). Relying on various programmes, health communication is a planned process of influencing social changes which promote a change in the lifestyle habits of individuals and the community in the field of public health. As

such, it can be used to enhance the health literacy of the population at the national level. Tools such as health promotion and health education are closely associated with public health practice and education or training (Simons-Morton, 2013) with the aim of promoting health in the context of socio-environmental changes or changes in personal health. Through unified health communication at all levels of social life, we can provide the patient with support in the event of a change in their lifestyle habits, and, in the long run, prevent the spread of unhealthy lifestyle habits. Health literacy is related to an individual's knowledge, critical awareness, contemplation and personal development in terms of making qualified decisions both in the private sphere and in society, where the individual can influence political decisions aimed at creating a healthy and supportive environment so as to improve quality of life (Sørensen, 2013).

The concept of health literacy can thus be defined as lifelong learning which engages the individual as well as the community in developing the opportunities and abilities to maintain their health and the health of the community. Within the healthcare system, nurses monitor the population and have the opportunity to offer guidance to vulnerable groups and patients with chronic diseases, engage in acute health-related situations and carry out promotional activities aimed at supporting the individual and raising collective awareness for better health. At the level of primary, secondary and tertiary prevention, preventive programmes provide the platform for a wide range of activities directed towards raising the health literacy of individuals and the population. To create an orderly and sustainable healthcare system, it is essential to have healthcare professionals who are aware of the fact that a high level of health literacy is the key to having autonomous patients who know how to take care of their own health and are actively involved in treatment or rehabilitation. A highly health-literate population implies that everyone is able to make the best decisions when choosing health-related behaviour patterns and when entering the healthcare system. Given that the European Survey (Sørensen, 2013) found that the countries included in the survey show a low level of health literacy, which was also found in a smaller-scale survey conducted in Slovenia (Kozar, 2013), it should be noted that as healthcare professionals we need to be keenly aware of the fact that the patient in treatment may not understand the instructions received.

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### *Slovenian translation / Prevod v slovenščino*

V zadnjih tridesetih letih je bilo zdravstveni pismenosti v svetu namenjeno veliko pozornosti. Evropski konzorcij za zdravstveno pismenost (Bauer, 2018) povzema definicijo Svetovne zdravstvene organizacije (World Health Organization, 1998),

v kateri je zdravstvena pismenost definirana kot koncept, ki zajema kognitivne in socialne sposobnosti posameznika na področju prepoznavanja in uporabe koristnih zdravstvenih informacij. Situacija, s katero se sooča svet v času pandemije, je pokazala, kako pomembno je ozaveščanje ljudi ter posredovanje razumljivih in dostopnih informacij, uporabnih v vsakdanjem življenju. Le tako lahko pri posameznikih dosežemo visoko stopnjo ozaveščenosti in odgovornosti, ki jim omogoča, da znajo skrbeti za lastno zdravje, razumejo navodila s področja zdravja in se znajdejo v zdravstvenem sistemu, ko to potrebujejo. To so ključna sporočila zdravstvene pismenosti na ravni posameznika. Gre za vse pomembnejše zdravstveno vprašanje tako v Evropi kot tudi širše (Kickbusch, 2013; Kickbusch, et al., 2013).

Zdravstvena pismenost se nanaša na zmožnosti ljudi, da izpolnjujejo kompleksne zahteve za ohranjanje zdravja v sodobni družbi (Rowell, et al., 2015). Konceptualno razumevanje zdravstvene pismenosti je bilo močno naravnano na izzive, povezane z zdravljenjem in tradicionalno vlogo pacienta v zdravstvenem sistemu, vendar se je s časom in poglobljenim proučevanjem tovrstno pojmovanje razširilo. Danes koncept presega tehnike pridobivanja znanj, povezanih z zdravjem znotraj zdravstvenega sistema. Razteza se na možnosti in znanja za iskanje informacij, pomembnih za zdravje, kritično presojo pridobljenih informacij ter njihovo povezavo z lastno življenjsko situacijo v smeri ohranjanja lastnega zdravja, povezanega z zdravjem skupnosti (Sørensen, et al., 2015). V skladu s tem razumemo razvoj koncepta v smeri učinkov dviga zdravstvene pismenosti posameznika ali populacije s ciljem spodbuditi odgovornost do lastnega zdravja in zdravja skupnosti, predvsem pa krepiti aktivne vloge pacienta v procesu zdravljenja (Sørensen, et al., 2015). Ob dvigu zdravstvene pismenosti posameznika in populacije je ključnega pomena usmeriti strategijo obravnave pacienta s strani izvajalcev zdravstvenih storitev v izboljšanje samoučinkovitosti pacientov. Ob tem Batterham in sodelavci (2016) ter Lee in sodelavci (2016) z zdravstveno pismenostjo povežejo tudi delovanje zdravstvenih delavcev in njihov odnos do pacienta, ki naj bi se spreminjal iz avtoritativnega pristopa v sodelovalnega. Visoka stopnja zdravstvene pismenosti je temelj zdravega vsakdanjega življenja, obvladovanja morebitnih kroničnih obolenj ter podlaga za iskanje ustrezne pomoči v zdravstvenem sistemu, ko je to potrebno. Sørensenova (2016) poudarja, da na zdravstveno pismenost poleg informacij, ki jih pacient pridobi v zdravstvenem sistemu, vplivajo tudi osebni, situacijski, družbeni in okoljski dejavniki. Med osebne dejavnike spadajo na primer starost, spol, rasa, socialno-ekonomski status, izobrazba, poklic, zaposlovanje, dohodek in splošna pismenost (Parnell, 2015). Situacijske determinante zajemajo socialno podporo, družinske in vrstniške

vplive, uporabo medijev in fizično okolje (Rowlands, et al., 2017), družbene in okoljske dejavnike pa opišemo kot demografski položaj, kulturo, jezik, politične sile in družbene sisteme (Sørensen, 2016).

### *Zdravstvena pismenost na ravni družbe*

Kljub vse večji pozornosti evropskih oblikovalcev zdravstvene politike, usmerjeni v »zdravje za vse« ter podporo posamezniku in skupnosti pri ohranjanju zdravja, raziskovalci in strokovnjaki ugotavljajo, da je podatkov o stanju zdravstvene pismenosti v Evropi malo (Sorensen, et al., 2015; Paasche-Orlow, et al., 2018). Zato zdravstvena pismenost predstavlja pomemben izziv za zdravstvene politike in prakse po vsej Evropi. Sørensen in sodelavci (2015) menijo, da pristop k razvoju zdravstvene pismene populacije na državni ravni zahteva poznavanje populacijskih značilnosti z oblikovanjem sistematičnega, celovitega nacionalnega programa oziroma strategije.

Nizka stopnja zdravstvene pismenosti posameznika ali populacije je povezana s slabim zdravstvenim znanjem, neobvladovanjem kroničnih obolenj in pogostimi vstopi v zdravstveni sistem (Rowell, et al., 2015), pa tudi z višjimi stroški slednjega (Hedelund Lausen, et al., 2018). Razloge za nizko stopnjo zdravstvene pismenosti ne gre pripisati izključno pomanjkljivemu znanju ali motivaciji posameznika ter njegovi nekompetentnosti. Upoštevati jo je treba kot družbeni koncept, ki se odraža v družbenih razmerah, v katerih ljudje živijo, ter izzivih, s katerimi se soočajo v življenjski situaciji in v trenutnem okolju, v katerem živijo in delajo (Bauer, 2018). Pomembni dejavniki zdravstvene pismenosti so komunikacija v zdravstvenem sistemu, kompleksnost zdravstvenega sistema in razumljiva ter enostavna navigacija po njem. Razumljiva zdravstvena komunikacija omogoča hitro in enostavno sprejemanje podanih zdravstvenih informacij ter njihovo uporabo v vsakdanjem življenju, kar je ključnega pomena za samoučinkovito obvladovanje zdravstvenih težav in hitro navigacijo po zdravstvenem sistemu (Schaeffer, et al., 2018). Svetovna zdravstvena organizacija (2013) opozarja na obravnavo pacienta s kroničnimi obolenji, usmerjeno na akutne epizode in bolnišnično zdravljenje, kar ustvarja pacienta, odvisnega od zdravstvenega sistema. Za dvig zdravstvene pismenosti populacije in spodbujanje samoučinkovitosti na področju obvladovanja kroničnih bolezni je nujno v obravnavo vključiti različne strokovnjake in različne ravni zdravstvenega sistema, ki delujejo v smeri aktivne udeležbe pacienta v procesu zdravljenja. Schaefferjeva in sodelavci (2018) opozarjajo, da zdravstveni sistemi niso pripravljeni na tovrstno obravnavo ter naraščajoče potrebe po verodostojnih informacijah in podpori pacienta pri ohranjanju zdravja ali obvladovanju kroničnih obolenj. V razvitih državah so zdravstveni sistemi pogosto preveč kompleksni in za uporabnika zapleteni,

informacije, ki jih pacienti dobijo v zdravstvenem sistemu, pa prekompleksne in podane v uporabniku nerazumljivem jeziku (Kanj & Mitic, 2009). Na drugi strani so pogosto velika pričakovanja zdravstvenih delavcev, ki zahtevajo aktivno vključevanje pacienta v proces zdravljenja in rehabilitacije. Zdravstvena pismenost tako postaja po eni strani koncept, ki ima vse večji pomen v sodobni družbi, hkrati pa je povezan z izzivi posameznika, ki jim pogosto ni kos (Schaeffer, et al., 2018). Za razvoj zdravstveno pismene družbe je tako potreben integriran medresorni pristop, ki bi omogočil intenzivno delovanje celotne družbe v smeri krepitev odgovornosti do lastnega zdravja. V tem procesu odigrajo pomembno vlogo šolski sistem z vključevanjem zdravstvenih vsebin v učne programe, odgovornost delovnih organizacij do zdravja zaposlenih, odgovornost zdravstvenega sistema ter ne nazadnje odgovornost politike in raziskovalnih inštitucij, ki le skupaj lahko ustvarijo nacionalno strategijo za dvig zdravstvene pismenosti populacije (Brooks, et al., 2017).

### *Specifična zdravstvena pismenost*

Babnik in sodelavci (2013) so razvoj koncepta zdravstvene pismenosti opredelili v treh ključnih smereh: (1) v smeri pretežno v medicino usmerjenega koncepta, ki se osredotoča na posameznika kot uporabnika zdravstvenega sistema, v katerem pridobiva informacije, povezane z zdravjem (World Health Organization, 1998; American Medical Association, 1999); (2) v smeri širšega pristopa, usmerjenega v javnozdravstvene probleme, ki poudarjajo dinamiko odnosa med posameznikom, zdravstvenim sistemom in okoljem, v katerem živi in dela (Mårtensson & Hensing, 2012; Sørensen, 2013), ter (3) v smeri razvoja razlag specifične zdravstvene pismenosti, ki predstavljajo razlage programov, namenjenih specifični populaciji za funkcionalno zdravstveno opismenjevanje na področju individualnih zdravstvenih potreb, povezanih s kroničnim obolenjem (Coffman, et al., 2012; Mullen, 2013; Wawrzyniak, et al., 2013; Tzeng, et al., 2018).

Specifična zdravstvena pismenost se veže tudi na posamezno populacijsko skupino, saj ima vsaka ranljiva skupina posebnosti, ki jih je treba upoštevati ob delu z njo. Posebej ranljiva skupina prebivalstva so starejši. Za podporo pri dvigu nivoja zdravstvene pismenosti so v tej skupini še posebej pomembni primerna komunikacija, upoštevanje upada kognitivnih sposobnosti ter odzivanje na specifične, individualne zdravstvene potrebe (Brooks, et al., 2017). Otroci in mladi imajo kot posebna ranljiva skupina svoje posebnosti. Raziskovalci ugotavljajo, da je izboljšanje zdravstvene pismenosti v zgodnjem otroštvu ključnega pomena za razvoj in osebno zdravje (Guo, et al., 2018) v starejšem obdobju (Bröder, et al., 2017). Specifična zdravstvena pismenost opredeljuje ranljive

skupine ali posebne skupine pacientov s specifičnimi zdravstvenimi problemi, ki večkrat potrebujejo storitve zdravstvenega sistema, kar je pogosto povezano z nižjo stopnjo zdravstvene pismenosti in nižjo kakovostjo življenja (Paasche-Orlow, et al., 2018).

### *Orodja za dvig zdravstvene pismenosti*

Zdravstvena pismenost je vseživljenjski proces, ki se izboljšuje z učenjem in se lahko šteje kot izmerljiv izid zdravstvene vzgoje in promocije zdravja. Tako kot pri vseh oblikah učenja bodo pomembne razlike v učnih metodah, medijih in vsebini privedle do različnih rezultatov. Izboljšanje zdravstvene pismenosti vključuje dva elementa: posredovanje zdravstvenih informacij z bolj osebnimi oblikami komuniciranja ter posredovanje zdravstvenih informacij s pomočjo informacijskih medijev, kot so televizija, radio in sodobne oblike internetnih možnosti (Nutbeam, 2015). V poplavi informacij, povezanih z zdravjem, je za posameznika velik izziv izluščiti tiste, ki so verodostojne, znanstvene in strokovno podprte. Sodobni viri informiranja zdravje pogosto uporabijo kot marketinško potezo. Z vidika individualne zdravstvene pismenosti lahko na kratko opredelimo zdravstveno pismenost tudi kot posameznikovo sposobnost in veščine, ki jih uporablja za pridobivanje in uporabo z zdravjem povezanih informacij (Nutbeam, 2000).

Informacije, ki jih ljudje pridobivajo in jim zaupajo, vplivajo na stopnjo zdravstvene pismenosti (Tzeng, et al., 2018), kar se odraža na različnih nivojih. Ljudje z nižjo stopnjo zdravstvene pismenosti se ne zavedajo pomembnosti preventivnih pregledov in zdravega načina življenja ter ne poznajo svojega zdravstvenega stanja (Morris, et al., 2006). Nizka stopnja zdravstvene pismenosti je povezana s pogostejšimi obiski nujne medicinske pomoči ter s pogostejšo in daljšo hospitalizacijo (Baker, et al., 2002). Horvat in sodelavci (2018) nizko stopnjo zdravstvene pismenosti povezujejo z neprimerno uporabo zdravil, Zarcadoolas in sodelavci (2006) pa še z neuporabo ali neprimerno uporabo zdravstvenih storitev, neprimernim obvladovanjem kroničnih obolenj, neodgovornim ravnanjem v urgentnih situacijah, slabim zdravstvenim stanjem ljudi, pomanjkanjem lastnega ugleda in samozavesti, socialno neenakostjo ter racionalizacijo lastnih in družbenih stroškov.

Schiavo (2014) definira zdravstveno komunikacijo kot orodje, ki predstavlja pot do boljše zdravstvene pismenosti posameznika in populacije. Zdravstvena komunikacija po avtorjevem mnenju zajema uporabo človeških, multimedijskih in drugih komunikacijskih spretnosti in tehnologij za informiranje o zdravstvenih vprašanjih ter podajanje strateških načrtov javnega zdravstva.

Namen zdravstvene komunikacije je, da se ustvari enotno jezikovno, kulturno in inovativno sporazumevanje, uporabno v zdravstvenem sistemu in drugih medijih, usmerjenih v promocijo zdravja (Babnik & Štemberger Kolnik, 2013). Opirajoč se na različne programe, postane zdravstvena komunikacija načrtovani proces vplivanja na družbene spremembe, ki spodbujajo spremembo življenjskih navad posameznika in skupnosti na področju javnega zdravja. Kot taka se lahko uporabi za dvig zdravstvene pismenosti populacije na nacionalnem nivoju. Orodja, kot so promocija zdravja, zdravstvena vzgoja in vzgoja za zdravje, so tesno povezana z javno zdravstveno prakso in izobraževanjem ali usposabljanjem (Simons-Morton, 2013) s ciljem spodbujanja zdravja v okviru socialno-okolijskih sprememb ali spreminjanja osebnega zdravja. Z enotno zdravstveno komunikacijo na vseh nivojih socialnega življenja bomo podprli pacienta pri morebitnem spreminjanju življenjskih navad, dolgoročno pa preprečili širitev nezdravih življenjskih navad. Zdravstvena pismenost se opira na posameznikovo znanje, kritično zavest, kontemplacijo in človekov razvoj v smislu sprejema kvalificiranih odločitev tako na zasebnem področju kot v družbi, v kateri lahko posameznik vpliva na politične odločitve, usmerjene v ustvarjanje zdravega podpornega okolja za dvig kakovosti življenja (Sørensen, 2013).

Koncept zdravstvene pismenosti tako lahko opredelimo kot nenehno učenje, ki vključuje posameznika in skupnost v razvoju možnosti in sposobnosti za ohranjanje lastnega zdravja ter zdravja skupnosti. Medicinske sestre spremljajo populacijo in imajo v zdravstvenem sistemu možnost usmerjati tako posamezne ranljive skupine kot paciente s kroničnimi obolenji, se vključevati v akutne situacije, povezane z zdravjem, in izvajati promocijske aktivnosti za podporo posamezniku ter za dvig kolektivne zavesti za boljše zdravje populacije. Preventivni programi tako na ravni primarne kot sekundarne in terciarne preventive omogočajo široko paleto aktivnosti za dvig zdravstvene pismenosti posameznikov in populacije. Z zavedanjem zdravstvenih delavcev, da je visoka stopnja zdravstvene pismenosti ključ do samoučinkovitih pacientov, ki znajo poskrbeti za lastno zdravje in se aktivno vključiti v zdravljenje ali rehabilitacijo, se lahko ustvarja urejen in vzdržan zdravstveni sistem. Visoko zdravstveno pismena populacija pomeni, da je vsakdo sposoben sprejemati najboljše odločitve, ko izbira vzorce vedenja, povezanega z zdravjem, in ko vstopa v zdravstveni sistem. Glede na to, da so z evropsko raziskavo (Sørensen, 2013) ugotovili, da v vključenih državah prevladuje nizka stopnja zdravstvene pismenosti, kar je bilo ugotovljeno tudi z manjšo raziskavo, izvedeno v Sloveniji (Kozar, 2013), je smiselno opozoriti, da se moramo zdravstveni delavci močno zavedati, da imamo v procesu obravnave pogosto pacienta, ki ne razume prejetih navodil.

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*Cite as / Citirajte kot:*

Štemberger Kolnik, T., 2020. Health literacy: The key to better health. *Obzornik zdravstvene nege*, 54(3), 196–203. <https://doi.org/10.14528/snr.2020.54.3.3057>