

# RE-MAKE HEALTH EDUCATION MATERIALS FOR BETTER HEALTH LITERACY

Do patients and families genuinely understand the health education we provide? Patient and family health education is a daily routine for pediatric nurse. Nevertheless, the content we provide often leave them confused and puzzled. A mother of a child with bronchial pneumonia came to our nursing station with a pamphlet on fever care and asked, “What is warm sponge bath? What is the difference?” We then realized that these pamphlets are crammed with medical jargons like fecal and vertical infection, no wonder our patients are clueless.

## **Identify the Problems**

Beginning 2015, the pediatric ward of Hualien Tzu Chi Hospital strategically improves the nursing aids in the ward. Take our improvement on the readability of

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our health education material as an example. The project was organized by Assoc. Prof. Chang Mei-Chuan of Tzu Chi University of Science & Technology Nursing Dept. and the pediatric nursing team, employing the Traditional Chinese version of Suitability Assessment of Materials (SAM) and the online readability-analyzing system for Chinese articles as the assessment tools, conducted a contextual analysis on 9 sets of health education materials, and interviewed 30 pediatric caregivers to perform an analysis on unfamiliar or difficult terms. The result showed three sets were identified as not applicable. The main issue was the lack of revision and review of the instructed content, poor layout, and the absence of learning stimulus. Furthermore, the material are filled with professional jargons and complicated terms, including unfriendly English terminologies. The result revealed that, in majority, the health education material were produced from the perspective of medical professionals, and the knowledge of producing accessible reading materials is absent.

### **Accessible Online Platform**

To address these issues, in 2016 Assoc. Prof. Chang Mei-Chuan led the pediatric nurses to revise 11 commonly used single-page health education pamphlets. The revising strategy included the use of simple pictures and colloquial terms to better represent the content, strengthen visual attention, and enhance patients and families' overall impression on health education material.

Additionally, on the new single-page health education pamphlets is a quiz that enhances patients and families' condition on vital health education information.

To further increase the accessibility and the timeliness of health educational material, we uploaded these material onto the pediatric website of our hospital and posted QR codes on the ward's pamphlets, creating easy access for patients and families during hospitalization to the health education platform, viewing all the contents on their smart phones.

### **Improve Patient-Safety with Empathy**

Take fall prevention in the pediatric ward for example. When children are admitted, the nurses not only provide verbal instructions on fall prevention measures, but health education pamphlets to caregivers as well. More often than not, the caregivers are too preoccupied with their children's conditions to listen. On top of that, several family members mentioned during the interviews that the content is too complex and boring, and as result they lack the motivation to read through it carefully, remain oblivious to the critical precautions, and consequentially incidences of in-patient falls are common. After revision, the patients' families responded, "It is easier to read pictures than words, and the quiz helps pointing out under what circumstances are children most likely to fall and what we can do about it."

By increasing the readability of the health educational material, we discovered a significant improvement to the family members' cognition on in-patient fall prevention, and to our surprise, they were also more cooperative with our fall prevention measures, which indirectly improved the rate of in-patient fall in the pediatric ward by reducing it from 0.26% in 2015 to 0.1% in 2016.

To keep patients informed, healthcare providers must be able to recognize and assess patients' health knowledge, and to provide visually and audibly accessible health education material to accommodate their needs. It is also advised to implement adequate training on the production of health education material that enhances the knowledge and capability of healthcare providers on producing accessible reading materials.