

# A Systematic Review of Communication and Health Literacy Barriers in Healthcare

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## Abstract

With modern technology, healthcare is advancing, but there are still barriers present in healthcare. As the population grows, the barriers become more glaring and evident. Through research of literature, data, statistics, and recorded audios on communication and health literacy barriers to healthcare. Communication and health literacy has often been misguided by the public. In my research paper, the following has been noted about the barriers; (i) patients have a hard time raising the voice due to fear and embarrassment; (ii) patients often leave out crucial information; (iii) healthcare professionals don't create flow between conversation by focusing mostly on the notes and not the patient; (iv) factors that impact health literacy include race, gender, and poverty; (v) health literacy can impact a person's life and can misguide their diagnosis; (vi) having pamphlets and instructions that are easy to read have proven to increase health literacy. In order to address these barriers, there are several proposals in my research paper for both communication and health literacy methods. For example, respecting cultural differences and language barriers, having easy to read pamphlets and reading doctor approved online on specific health conditions, and offering longer conversation. Overall, these proposals could reduce the effect on the barriers in healthcare.

*Keywords: Healthcare, Communication, Health literacy*

## Introduction

Healthcare has been advancing for the past century, but there are still barriers present in healthcare such as medication, insurance, communication, transportation, and health literacy. The aim of this systematic review was to address the barriers in healthcare discussing communication and health literacy. Communication between patient and doctor is important, and miscommunication in the health sector can be life-threatening (Meuter et al., 2015). The increasing percentage of patients makes the issue of inadequate access to communication pressing. Communication barriers exist between both the patient and the healthcare professional. Patients' related factors include misleading information, being scared to speak up due to embarrassment, etc. As much as there are patient related factors, there are healthcare professionals related factors. Healthcare professionals related factors include talking down, not taking good notes, and not instigating enough flow in conversations. As both patients and healthcare professionals have trouble with communication, sometimes the result can be dangerous and often can take someone's life. "Although many terminally ill people are admitted to an intensive care unit (ICU) at the end of life, their care is often inadequate because of poor communication by physicians and lack of patient- and family-centred care (Visser et

al.,2014). As important as communication is, so is health literacy. "Literacy is defined as the basic ability to read and speak English, whereas functional health literacy is the ability to read, understand, and act on health information. Up to 48% of English-speaking patients do not have adequate functional health literacy"(Andrus et al., 2012). The consequences of poor health literacy are more frequent visits to the ICU, poor health status, and lack of knowledge on specific health diagnosis. Health literacy is crucial to empowerment. "Health literacy is clearly dependent upon levels of fundamental literacy and associated cognitive development. Individuals with undeveloped skills in reading and writing will not only have less exposure to traditional health education, but also less developed skills to act upon the information received" (Nutbeam, 2000). These individuals would have less knowledge on their conditions and specific health chronic diseases, and are more likely to produce medication errors (Kountz, 2015). Healthcare has many barriers, but the ones that are overlooked are communication and health literacy.

## Methods

Researched using research papers, compiled data, databases, recorded videos, and statistics. Papers were taken from search engines such as Google Scholar and Pubmed. Figures were taken from publicly accessible data. The search keywords used were communication, healthcare, and health literacy with the category of barriers and healthcare to broaden the search. Figures were created using google sheets and Google Slides.

## Discussion

### *Communication Barriers to Healthcare*

Communication has been a barrier in different aspects, especially in healthcare. Communication is not one-sided, and it requires both the patient and the healthcare professional to step in. Many of the communication barriers come from both the patient and the doctor. From the patient's side; (i)

patients have a hard time raising their voice due to embarrassment or being scared, and that can lead to the patient not talking and not setting the relationship they want with the doctor; (ii) withholding information is serious and can alter the treatment or diagnosis if not given important information such as family history, social history, allergies, etc.; (iii) not asking follow-up questions or preparing before the visit will cause the patient to forget the information retrieved about medications, diagnosis, etc. (Emery, 2020). As much as there is a patient's barrier in communication, there is the communication barrier in doctors. From the doctor's side; (i) using medical terms that are not known to the patient which can lead to confusion; (ii) talking to patients with urge that they are too busy can make the patient hesitant to ask questions; (iii) focusing on writing notes instead of the patient leads to inconsistent flow of conversation (Emery, 2020). Medical schools have been criticized for not developing communication training, respecting, and ensuring trust in patients (Butler et al., 2021). We can't forget about the cultural and language differences between patients and doctors. "Cultural differences can cause misunderstandings between patients and doctors. Realizing how culture can influence a person's perceptions of health and medicine can really make a difference in understanding a person's medical needs and how to communicate with them" (Powell, 2021). Also, Covid-19 has impacted communication between doctors and patients even more than before. As much as face masks are important, it added a layer of barrier between patient and doctor communication. "The use of face masks also has a detrimental effect on information exchange, shared decision-making, and patient adherence to medical advice" (Ogunbiyi, 2017). This is an unsettling barrier to all patients, but especially patients with disability. Communication is a barrier that is often overlooked and needs to be addressed.

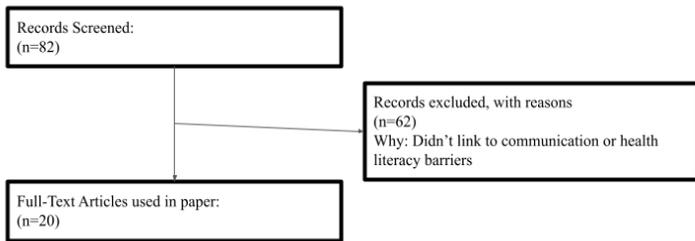


FIGURE 1. Prisma flow diagram of research paper

### Health Literacy barriers to Healthcare

“The U.S. Department of Health and Human Services (HHS) defines health literacy as “the degree to which individuals have the capacity to obtain, process, and understand basic health information needed to make appropriate health decisions” (HealthyPeople.gov, 2020). Factors that impact health literacy include a patient’s capacity to process, obtain, and receive information. If patients are given health communication materials, they have to be able to process and obtain the information, or else the patient education isn’t effective. Factors that can influence health literacy can range from education, race/ethnicity, age, and disability. High literacy rates are the least in Hispanic, Asian, Pacific Islander, Native Hawaiian and more in Multiracial/other races, whites, and blacks [Figure 2].

Literacy Rate in Race

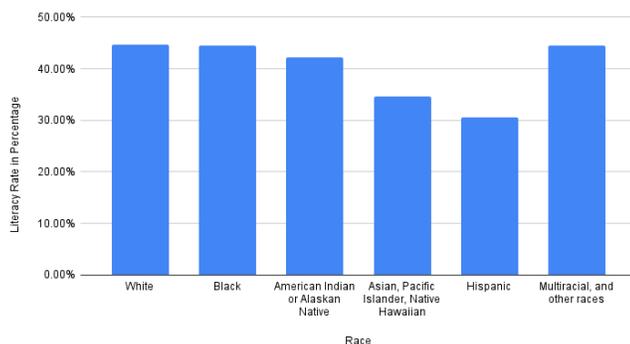


FIGURE 2. High Literacy rate data within different races in 2016. Data retrieved from CDC analysis of BRFSS health literacy data in 2016.

Poverty can impact health literacy to be lower. People with low English proficiency have lower rates of health literacy than English proficient. Individuals with low health literacy have experienced greater health care use and medical costs than those with proficient health literacy (Mahadevan, 2013). Studies also have found that adults with Medicare insurance have low health literacy, plus more visits to the ER and hospital admissions” (HealthyPeople.gov, 2020). A study was conducted within the Primary care within the Sioux Falls Area, where there are both English and Spanish health education brochures. Several physicians said they had a method in place for people with low health literacy patients, but none were using a formal test. The results came, and only six physicians could name a community resource that assists low health literacy patients (Seurer et al., 2013). Caring for patients is difficult, especially with language and low health literacy barriers. It is why learning from step one on how to care for low health literacy patients and how to reduce the number of low health literacy patients is crucially important. In the United States state counties' health literacy scores average around basic and intermediate which are identified as scores 184-225 (basic) and 226-309 (intermediate) [Figure 3].

Health Literacy Scores in State Counties

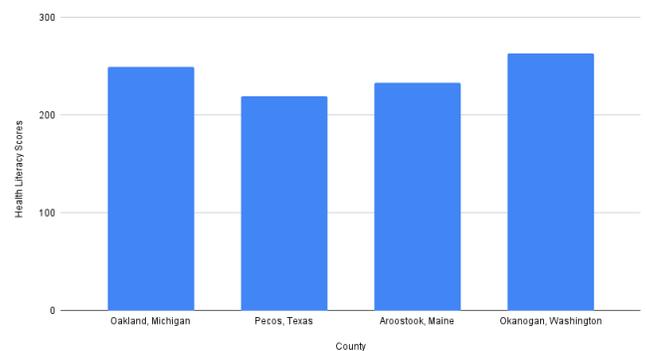


FIGURE 3. Health literacy scores in Michigan, Texas, Maine, Washington counties in 2014. Health literacy scores below 184 are identified as below basic, scores 184-225 are known as basic, health literacy scores 226 -309 are known as

intermediate, and proficient health literacy scores are considered 310-500. Data retrieved from University of North Carolina at Chapel Hill.

Adults with basic health literacy rates are classified as identifying medical information but have difficulty applying to their specific health context (University of North Carolina at Chapel Hill, 2015). Intermediate are known to understand and apply the information to their specific health context. (University of North Carolina at Chapel Hill, 2015). “Medical education has a role to play as well in ensuring that adequate numbers of future physicians are able to meet the linguistic needs of this country’s diverse population” (Tauqeer, 2017). Covid-19 has impacted people with low health literacy. “For instance, in Europe, nearly half of adults reported having problems with health literacy and not having relevant competencies to take care of their health and that of others” (Paakkari et al., 2020). The development of situations like Covid-9 is very important and needs urgent care and requirements. Measures have been taken such as 6 feet (1.83 m) distance, mask mandatory, and outdoor gathering restrictions. “Importantly, nations should invest in the health literacy of citizens that could help people to reduce the risk of infection spreading and understand the reasons behind the social responsibility and disease prevention” (Latif, 2020). Health Literacy, the ability to find, understand, and apply health information, has become an important part now more than ever for people to navigate during tough times (Covid-HL Network, 2021).

## Proposals

### *Communication proposals*

Communication between healthcare professionals and the patient has not been overall pleasant or satisfying due to not developing a relationship between healthcare professional and the patient and having a lack of communication skills (Norouzinia et al., 2015). Here I propose that: (i) having longer discussions, frequent visits, simpler language for medical terms, using visuals,

and willing to be their friend will bring the relationship closer and healthier to both the patient and the healthcare professional; (ii) respecting and understanding more of the patient’s background before the visit can better enhance understanding of the patient and make the patient more comfortable talking to the healthcare professional; (iii) adjusting to their needs and knowing boundaries can make the patient more comfortable telling you about their visit; (iv) Medical schools should incorporate more virtual tech sessions to teach communication barriers during pandemics like Covid-19, incorporating can ensure that future doctors are prepared for the next pandemic and establishing would shape the future generation (Ogunbiyi, 2017). Communication barriers impede patients and healthcare professionals all over the world searching for better relationships; my proposals could reduce these barriers.

### *Health Literacy proposals*

Health literacy barriers in healthcare include inadequate information from doctor to patient, using the internet for diagnosis, and having challenges understanding. “Lower health literacy has been associated with a higher prevalence of depressive symptoms, physical limitations, and chronic diseases; specifically heart disease, diabetes, stroke, and asthma (Vecchiarelli, 2018).” Research shows that health literate patients are able to make better lifestyle choices, be able to access information, and have better communication with healthcare providers, etc (Vancouver Coastal Health, 2014). In order to increase health literate within patients I propose that; (i) Making information, patient diagnosis, pamphlets, and medications instruction easier to read (e.g., at a fifth-grade reading level) can increase health literacy in patients; (ii) Having websites created by healthcare professional that are credited for being accurate for patients to easier read electronically at home for better understanding; (iii) include a Q&A for patients after visits for any additional information about their diagnosis to further enhance their

understanding. Advocating these proposals can provide patients with higher literacy rates than before.

## Conclusion

It is evident that healthcare has barriers, especially in communication and health literacy. Communication and health literacy barriers proposals should be addressed. Despite the limitations of my web-based searches and investigations, including our inability to collect data and interview healthcare professionals and patients. Common communication barriers include withholding information, using medical terms not known to patients by doctors, and not incorporating in medical school how to handle patients with language and cultural barriers. Patients with low English proficiency and cultural differences are the most at risk with communication barriers. Communication proposals include having longer discussions, incorporating more lessons in medical school, respecting and learning more about the patient's background before the visit, etc. Advancing communication between doctor and patient can improve health literacy rates in patients by more moral and informative discussions. Having easy to read pamphlets, more detailed notes, including a Q&A for patients, and having electronically accessible patient information could increase health literacy rate in patients and the public. By diminishing barriers in healthcare, people would know how to take care of their health and ensure they have a good relationship with their doctor.

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