# Simplified measure of gobbledygook—why do we need it?

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Introduction

Giving patients the medical information they need in a way they can understand- how hard can it be? Patients are given important information when they are discharged from hospital. Many people don't understand this information well enough to follow their care plan. Not following discharge information can have serious physical, emotional and economic costs. To find out if there was a better way,to present information, I researched using the question: Do patients over 18, hospitalised with a critical condition, understand and retain discharge information better, depending on its format?
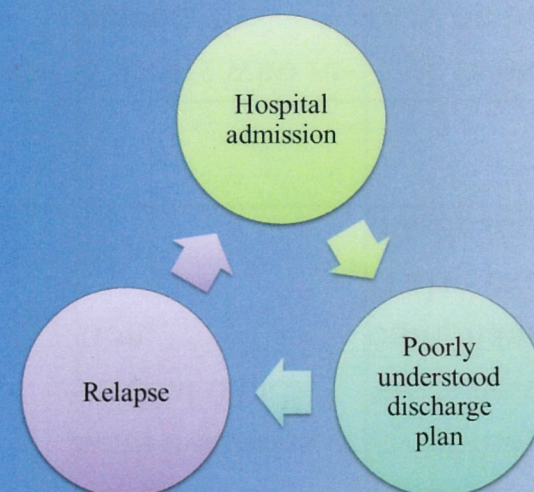
"Cycle of crisis care"

(Adapted from Koh, Berwick, Clancy, Baur, Brach, Harris & Zerhusen, 2012)

Literature review

Existing literature revealed some of the barriers to understanding:

- Low health literacy-88% of adults are unable to understand and use health information adequately (Koh et al, 2012).
- Pain, stress, poor sleep, medications, illness, noise and distraction affect concentration
- Different information is given by hospital and G.P.
- Information is too complicated

and some solutions :

- Animated cartoons with spoken text were the most effective (Meppelink, C. S., van Weert, J. C., Haven, C. J., & Smit, E. G. (2015))
- Diaries help patients to identify their own information needs (Bench, Day & Griffiths, 2013)

References : Gill, P. S., Gill, T. S., Kamath, A., & Whisnant, B. (2012). Readability assessment of concussion and traumatic brain injury publications by Centers for Disease Control and Prevention. International Journal of General Medicine, 5, 923–933. http://doi.org/10.2147/IJGM.S37110

Koh, H. K., Berwick, D. M., Clancy, C. M., Baur, C., Brach, C., Harris, L. M., & Zerhusen , E. G. (2012). New Federal Policy Initiatives To Boost Health Literacy Can Help The Nation Move Beyond The Cycle Of Costly "Crisis Care." Health Affairs (Project Hope).31(2), 434–443. http://doi.org/10.1377/hlthaff.2011.1169

Meppelink, C. S., van Weert, J. C., Haven, C. J., & Smit, E. G. (2015). The Effectiveness of Health Animations in Audiences With Different Health Literacy Levels: An Experimental Study. Journal of Medical Internet Research , 17(1), e11. http://doi.org/10.2196/jmir.3979

Ministry of Health (2015). Health Literacy Review: A guide.Wellington: Ministry of Health. http://www.health.govt.nz/our -work/making-services-better-users/health-literacy

Implications

Although there is no single answer to increasing patients' understanding and retention of health information, ensuring that literature is clear and easy to read is essential. Up to 51% of patient information is non-urgent, meaning that the critical part is lost sight of. Health providers can be encouraged to conduct health literacy audits, including assessing patient information, and training staff. Many staff think low health literacy is a "patient deficit" (Ministry of Health (2015)), and this must change. Giving identical information handouts to the patient and their G.P. reduces misunderstandings from differing explanations. Being able to provide information in a format to suit individual patients' health literacy needs would save the health system money -improving patient education has been found to reduce the number of readmissions by up to 30% (Koh et al, 2012).

What helps?

- Isolate the most important information.
- Ask the patient what format they prefer.
- Discuss information with the patient.
- Learn how to give information effectively to patients with low health literacy.

SMOG explained

The Simplified Measure of Gobbledygook works out how many years of education are needed to understand a piece of writing. Despite its name, it is considered the best assessment tool for health messages. The SMOG formula is :

1.0430 x square root (30 complex words/sentences) + 3.1291

(Gill, P. S., Gill, T. S., Kamath, A., & Whisnant, B. (2012)

OT category	Inclusion criteria, description of target	Rationale
	Patients over the age of 18, hospitalised with a serious or critical condition.	This age category focusses on patients' own perception of information, rather than adding in the emotional state of caregivers of child patients. The severity of the condition increases the importance of patients comprehension of instructions, as non-compliance may have serious health consequences. It also excludes patients who have had planned hospitalizations, with preadmission health information.
Intervention	Patients who received discharge information in an alternative or experimental format.	This reveals alternative and novel formats, which may be beneficial to patient understanding and retention of information.
Comparison	Patients who received standard discharge information.	This will reveal the comparative effectiveness of standard versus alternative information presentation. It will also explore and define standard discharge information.
Outcome	Patients' subsequent recall of information.	This indicates the effectiveness of information presentation.
Timeframe	Post-discharge follow up appointment, or follow up testing for experimental studies.	Assessing patients' recall after a period of time will indicate whether information has been retained satisfactorily.

Rationale for choosing to present a poster

Halligan (2008) argues that posters offer a unique opportunity to disseminate information to "academics, practitioners, managers and students" during the presentation process. He suggests that audience involvement with posters is more active than with other forms of presentation, and stimulates discussion, critique and wider dissemination. Schneider, Whitehead, LoBiondo-Wood and Haber (2013) describe how posters can draw people's attention to the research presented, and can later be displayed in areas such as hospital staffrooms. The goal and the target audience of the information must be considered (Schneider et al, 2013). I chose a poster as the best way to disseminate this particular information to nurses in the workplace. Giving discharge information to patients is usually done by nurses. This target audience is often very busy, and may not have the time or inclination to search out information at break times. A poster displayed in the workplace can be referred to easily in passing, without any extra effort from the audience. The goal of the information in this poster, to increase increase the effectiveness of discharge information, is directly relevant in hospitals, and leads to the choice of a poster, as an easily accessible format for busy nurses.

References:

Halligan, P. (2008). Poster presentations: Valuing all forms of evidence. *Nurse Education in Practice, 8*(1), 41-5. doi:http://dx.doi.org.op.idm.oclc.org/10.1016/j.nepr.2007.02.005

Schneider, Z., Whitehead., D., LoBiondo-Wood, G., & Haber, J. (2013). *Nursing and midwifery research methods and appraisal for evidence – based practice* (4th ed.). Sydney, NSW, Australia: Mosby.