

The Rapid Estimate of Adult Literacy in Medicine: A research study

by **Pat Campbell**

In Canada, approximately fifty theses and dissertations have been written on the topic of adult literacy during the past decade. These

studies, tucked away on the library shelves of universities, do not always receive the attention they deserve. In 1995, Sharon Brez wrote a thesis called *Adult Learners' Perspectives on Screening Reading Ability for Patient Teaching*. Although an article was published in the *Journal of Advanced Nursing* (Brez and Taylor) in 1997, the findings have not been actively disseminated to the broader literacy community. What she found is worth revisiting.

Methodology

Brez conducted an exploratory study to answer the following question:

How do adults with low literacy skills respond to assessment of their reading ability, using the Rapid Estimate of Adult Literacy in Medicine (REALM) tool, for the purpose of planning patient teaching in a hospital setting?

Brez used a qualitative research design to gain a better understanding of how adults with limited literacy felt about and reacted to a literacy-screening tool. Brez conducted semi-structured interviews and used participant observation before, during, and after a literacy screening simulation experience. Eight adults from a community college literacy program participated in this study. The participants spoke English fluently and all had recently been patients in a hospital. Among the eight adults, there were an equal number of males and females ranging in age from twenty-one to fifty-five years old. Their reading ability ranged from a beginning reader to a newly proficient reader; 50 per cent of the participants were capable of reading material written between a grade six and eight level. All of the participants described themselves as having difficulty comprehending printed information that they had received during previous hospitalizations.

During the interviews, the participants shared their attitudes and feelings about literacy exposure and screening in a hospital setting. After a series of questions, a nurse administered the Rapid Estimate of Adult Literacy in Medicine (REALM) to each of the

participants. By observing the administration of REALM, Brez was able to hear, feel and see the vulnerability participants experience when undertaking a screening of their reading abilities. After completing the REALM screening tool, each participant responded to and reflected upon the experience. In addition to sharing how the REALM made them feel, the participants commented on whether the REALM should be used in hospital settings to help plan patient teaching. The five inter-related themes that emerged from the data are briefly described below.

Risks of exposure

A primary purpose of literacy screening is to identify an individual's reading ability. Given this, Brez points out that it is extremely important to understand what exposing one's reading limitations means to adults with low literacy skills. The findings indicated that all of the participants "described exposure of their reading limitations [in normal social contexts] as a risky situation, to be avoided whenever possible" (Brez and Taylor, p. 1043). The adults expressed fear that exposure would lead to reduced self-esteem, self-concept and social acceptance. Brez speculated that the "perceived risks of illiteracy exposure and the associated negative responses, as might be triggered by screening, would be even stronger in individuals with low literacy skills who had not "gone public" through participation in literacy training programs" (Brez, p. 87).

Risks of not disclosing

While acknowledging the risky business and discomfort of exposure, the participants also shared the perceived risks associated with not disclosing their reading difficulties during hospitalization. Every participant voiced the fact that these two risks—the risk of exposure and the risk of not disclosing—exist in a state of dynamic tension. They expressed concern that their ability to make informed decisions and provide self-care was compromised if they could not access written information provided by the hospital staff. Their difficulties in accessing the knowledge they required "precipitated feelings of fear, worry,

powerlessness and diminished self-efficacy” (Brez and Taylor, p. 1043). All of the participants stated that doctors and nurses should be aware of their patients’ reading ability so they could provide information in an appropriate manner. The participants wanted this information in order to actively participate in health care decision-making and to minimize dependence on others. Clearly, the participants wanted a greater degree of control over their health care. Yet, despite the need for information and control, they were still reluctant to volunteer information about their reading ability.

Hospitals as special environments

The hospital was viewed as a place where care and teaching were provided and physical and emotional vulnerabilities were shared. Health care professionals were viewed as “knowledgeable and competent; approachable and friendly; kind and caring; understanding and compassionate and most importantly trustworthy and respectful of patient confidentiality” (Brez, p. 93). Although the participants recognized that these characteristics represented an idealized situation, they still expected that doctors and nurses could be trusted to demonstrate these qualities.

Responses to the concept of literacy screening

The research suggested that adults with limited reading skills support the concept of literacy screening. According to Brez, “getting past the initial disclosure of limited reading ability appeared to be the most difficult hurdle to talking about reading limitations in the hospital” (Brez and Taylor, p. 1044). Consequently, the participants recommended that health care professionals should be responsible for initiating communication about reading ability, rather than patients.

It was suggested that the discomfort of exposure could be minimized by two conditions. First, the participants wanted the health care professionals to verbally assure them of confidentiality. Second, they wanted health care professionals to communicate verbally and non-verbally an awareness and understanding of the sensitive nature of disclosing literacy limitations.

Response to the REALM tool

Interestingly, the participants’ response to using REALM did not mirror their response to the concept of screening. Two of the participants described the experience in positive or neutral terms while six participants demonstrated some negative response to their REALM experience. Their comments included feeling embarrassed, uneasy, frightened, uncomfortable and tense. Brez found that “some

participants demonstrated diminished self-esteem and self-efficacy as a result of the simulation experience” (Brez, p. 126). Although the majority of participants responded negatively to REALM, four supported future use of the REALM as a screening tool.

Implications

While adults with limited literacy skills support the concept of literacy screening, Brez suggests practitioners proceed with caution and consider some of the following conditions when using literacy-screening instruments. Health care professionals need to

- understand the risks of exposure and the special learning needs of patients with low literacy skills;
- assure patients of privacy and confidentiality;
- clearly apprise patients of the intended purpose of screening;
- observe patients during and after administration of a screening instrument; and monitor for signs of diminished self-esteem, changes in body language, tone of voice and verbalization of diminished self-concept; and
- follow through on their responsibility to provide appropriate learning opportunities.

Commentary

In this study, fear of exposure of low-literacy skills was moderated by the fact that the participants viewed the hospital as a special environment. It might be interesting to replicate this excellent study with a larger sample in a variety of settings to see the extent to which adults fear the risk of exposure. Perhaps public-awareness campaigns have heightened understanding about the issues of adult literacy and lessened the risks of exposure. It might also be worthwhile to explore whether adults with low literacy skills still view the hospital as a special place. Perhaps budget cuts to health care and the gradual movement towards privatization has resulted in different expectations and views about hospitals. In recent communication with Brez, she notes, “while broader societal contexts have changed [in the past decade], so have expectations around individual participation and responsibility in health decision making, and the health care resources that support individualization of care.” ■

SOURCES:

- Brez, Sharon. (1995). *Adult learners' perspectives on screening reading ability for patient teaching*. Unpublished master's thesis. Ottawa, ON: University of Ottawa.
- Brez, Sharon A. and Maurice Taylor (1997). Assessing literacy for patient teaching: Perspectives of adults with low literacy skills. *Journal of Advanced Nursing*, 25, 1040-1047.