

Health Literacy in Adult Oncology: An Integrative Review

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PROBLEM IDENTIFICATION: Patients with cancer face high expectations for performing health literacy activities necessary for self-management and decision making, but only 12% of adults in the United States are proficient in health literacy. This review explores evidence regarding what is known about functional, interactive, and critical health literacy in adult oncology populations.

LITERATURE SEARCH: The review was conducted by searching extensively in the CINAHL® Plus database.

DATA EVALUATION: Of 614 articles retrieved from the literature search, 22 were included in the final sample. Most were cross-sectional, descriptive, correlational studies.

SYNTHESIS: Health literacy research in the United States focuses primarily on functional health literacy, but studies that include interactive and/or critical health literacy indicate their applicability in adult oncology populations.

IMPLICATIONS FOR RESEARCH: Additional research is needed to clarify the role of health literacy in cancer care to develop effective interventions that facilitate self-management and decision making.

Health literacy is frequently defined as a variation of the definition endorsed by the National Academies of Sciences, Engineering, and Medicine, which is “the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions” (Nielsen-Bohman, Panzer, & Kindig, 2004, p. 4). There are a growing number of broadened conceptualizations of health literacy attempting to capture its multidimensional and dynamic nature (Nutbeam, 2008; Pleasant, 2014; Rudd, 2015; Sørensen et al., 2012). One of the most widely studied health literacy frameworks, originally published by Nutbeam in 2000, has been applied across a variety of disciplines and health contexts. Nutbeam (2000, 2008) outlines three hierarchical dimensions of health literacy: functional, interactive, and critical.

Functional health literacy refers to foundational skills that are required for basic healthcare tasks, such as reading written instructions and completing health-related forms. This level of health literacy emphasizes conventional methods of patient education for the purposes of increasing knowledge and fostering compliance. Nutbeam (2000, 2008) defines the second level of health literacy as interactive (or communicative), referring to higher cognitive and social skills for participating in health communication and applying information to dynamic situations. Interactive health literacy skills contribute to motivation and confidence with which individuals are able to understand and act on information received through communication. The third and final level of health literacy is critical health literacy, or advanced cognitive and social skills necessary for critically analyzing and applying health information as a means to gain control over one’s health. With this model, proficient health literacy moves beyond reading and writing skills by also addressing the capacity to successfully access and apply health information toward an end result of individual empowerment (Nutbeam, 2000, 2008).

KEYWORDS health literacy; cancer; malignant neoplasms; adult oncology; research

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