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THE RELATIONSHIP BETWEEN HEALTH LITERACY, PATIENT SATISFACTION AND HEALTH COSTS

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Review

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Abstract

The health literacy level of societies is directly related to patient satisfaction and health outcomes. Today, while life expectancy increases in the world and in our country, it has diversified the expectations of individuals from health systems. On the other hand, increasing life expectancy has also caused changes in the disease burden of individuals. Extended life spans have diversified, and increased health service demands on the one hand, making patient satisfaction more difficult and bringing about an increase in health expenditures. The increase in the level of health literacy on the basis of society and individuals will enable the society and individuals to make sound decisions in terms of determining their needs and meeting their demands and needs correctly, while preventing unnecessary health expenditures and increasing the level of patient satisfaction. The aim of this review is to investigate the relationship between health literacy levels, patient satisfaction levels and health expenditures. While the studies to determine and increase the health literacy of the society will contribute positively to the level of health literacy, it will provide an opportunity to increase patient satisfaction and will play a key role in the decrease in health expenditures by enabling the formation of a conscious health demand.

Key Words: Cost, Health Expenditure, Health Literacy, Patient Satisfaction.

Özet

Toplumların sağlık okuryazarlığı seviyesi hasta memnuniyeti ve sağlık çıktıları ile doğrudan ilişkilidir. Günümüzde Dünyada ve Ülkemizde yaşam süreleri artarken bireylerin sağlık sistemlerinden beklentilerini çeşitlendirmiştir. Diğer taraftan artan yaşam süreleri bireylerin hastalık yüklerinde de değişimlere sebep olmuştur. Uzayan yaşam süreleri sağlık hizmet taleplerini bir yandan çeşitlendirirken diğer taraftan artırmış, hasta memnuniyetini zorlaştırırken, sağlık harcamalarının da artışını beraberinde getirmektedir. Sağlık okuryazarlık seviyelerin düşüklüğü, kronik hastalıkların doğru yönetilememesi, sigortasızlık, göçmenlik, dezavantajlı guruplar vb. gereksiz talep ve harcama oluşmasının başlıca nedenleri arasında yer alırken artan maliyetler konunun önemini daha da artırmıştır. Toplum ve birey bazında sağlık okuryazarlığı seviyesinin yükselişi toplumun ve bireylerin ihtiyaçlarının tespiti, talepleri ve ihtiyaçlarının doğru bir şekilde karşılanabilmesi konularında sağlıklı kararlar almalarını sağlarken, gereksiz sağlık harcamalarının önüne geçilmesi yanında, hasta memnuniyet düzeyinin artışına ise olumlu katkı sağlayacaktır. Bu derlemenin amacı sağlık okuryazarlık düzeyleri, hasta memnuniyet düzeyleri ve sağlık harcamaları arasındaki ilişkinin araştırılmasıdır. Toplumun sağlık okuryazarlığının tespiti ve yükseltilmesi çalışmaları sağlık okuryazarlığı seviyesine olumlu katkı sağlarken, hasta memnuniyetinin yükseltilmesine fırsat sağlayacak ve bilinçli sağlık talebinin oluşmasına imkân tanıyıp sağlık harcamalarının düşüşünde kilit rol oynayacaktır.

Anahtar Kelimeler: Maliyet, Sağlık Harcaması, Sağlık Okuryazarlığı, Hasta Memnuniyeti.

1. Introduction

Health is a key component of standard of living, individual well-being and human capital (Bleakley, 2010; Bloom & Canning, 2003). For this reason, the importance given to health in developed countries shows itself with the share allocated to health from their budgets (OECD, 2021). The primary goal of health services, which is one of the leading indicators of the welfare levels of countries, is to provide the health services needed in the society on time, with the desired quality, in the right way and at affordable cost. The contribution of health literacy in achieving these goals is undeniable. Today, patients' health literacy levels are given more importance and it is accepted as one of the most important factors affecting health outcomes

with its other aspect that guides health communication (Özdemir et al., 2010). Over time, the importance of information obtained in individual and systematic ways related to the field of health and health issues has increased and constituted the essence of the concept of health literacy (Gözlü & Kaya, 2020). Increasing the level of health literacy will increase the ability of people to make decisions on their own health, and thus contribute to the use of their autonomy, which is among the medical ethical principles (Cevizci, 2013).

In terms of institutions providing health services, the benefits of patient satisfaction can be listed as follows: positive contribution to patient loyalty, reduction of service delivery costs, increase in patient's trust in the institution providing the service and increase in belief in treatment, enabling new patients through the recommendation of the health institution, and increase in operating profit (Papatya et al., 2012; Pişgin & Ateşoğlu, 2015). If the level of health literacy is not at the desired level; In terms of public health, a decrease in the demand for preventive health services with a decrease in the general health level (Avcı & Özkan, 2020; Uğurlu & Akgün, 2011), undesirable adverse events such as increases in medical service delivery and medication errors, increases in health care costs and increases in mortality rates may be encountered (Tözün & Sözmen, 2012; Yıldırım & Keser, 2015). It is a necessity to combat low health literacy to eliminate the negative effects of this and similar health outcomes. The significant relationship between health literacy levels and health outcomes indicates that a health literacy-based intervention can offer a relatively cost-effective, easily initiated way to improve health outcomes and patient safety and satisfaction (Doyle et al., 2012). Patient satisfaction; It is among the primary outputs of the institutions providing health services and essentially includes the fulfillment of the expectations and desires of the patients from the service or the provision of services over these desires and expectations (Önsüz et al., 2008; Tezcan et al., 2014; Tükel et al., 2004).

Quality assessments used to monitor the outcomes of the health services provided can mostly be done through medical records, cost analyses and patient satisfaction levels (Önsüz et al., 2008; Papatya et al., 2012). The perceptions of patients receiving health services from health institutions are important for service providers. As patients' perceptions of the service increase, their satisfaction levels also increase, and when they need health care again, they have a positive effect on preferring the health institution they received service from before and recommending it to their acquaintances (Murat & Esra, 2014). Demand service in the health sector prioritize the benefit they will provide before the cost of the service and do not want to risk their health

status. In addition, health care users share their perceptions of the health services they receive with their environment (Murat & Esra, 2014).

With this study, it is aimed to evaluate the relationship between health literacy, patient satisfaction and health expenditures and to reveal the results. In this context this study is thought that it will contribute to the literature in terms of the fact that no study in Turkish literacy has been done before.

1.1. Health literacy

While general literacy forms the basis of health literacy, there are some aspects where health literacy differs from general literacy. While literacy covers the skills necessary to achieve success in society, health literacy requires not only the skills necessary to learn, evaluate and adapt health-related information from many sources, but also the knowledge regarding the health terminology and the functioning of the health system (Kanj & Mitic, 2009; Shea et al., 2007). Health literacy is also defined as personal, cognitive and social skills that determine an individual's ability to access, understand and use information to improve health and maintain good health, while it constitutes an important step in improving health (Nutbeam, 1998; 2000). In another definition, health literacy is regarded as a process that evolves throughout a person's life and develops capacity, comprehension and communication characteristics (Mancuso, 2008). Health literacy is affected by characteristics, such as gender, age, education level, income level, being from a minority, being disadvantaged, immigration, general health status, having health insurance (Beauchamp et al., 2015; Eichler et al., 2009).

Health literacy plays a great role in experiences related to health services, since the experience gained in health literacy not only affects service delivery, but also contributes to health outcomes. (Mancuso, 2008). The significant relationship between health literacy levels and health outcomes indicates that a health literacy-based intervention can offer a relatively cost-effective, easily initiated way to improve health outcomes, patient safety and patient satisfaction (Doyle et al., 2012).

In a study conducted with individuals over the age of 65 in the United States, it was determined that both in the patient and the healthy group, those with high health literacy applied to the emergency department less, had fewer hospitalizations, and were more satisfied with health services and doctors in general (MacLeod et al., 2017).

1.2. Relationship between health literacy and cost

In a health literacy study conducted in the US in 2003, it was revealed that 36% of the adults had low or very low levels of health literacy. In 2003, this percentage corresponded to approximately 87 million American adult population. It was stated that the annual cost of low health literacy to the US in 2003 was between 106 billion dollars and 238 billion dollars (Sørensen et al., 2012; Vernon et al., 2007). In another study on those with insufficient health literacy in the US, it was determined that there was an excess of approximately 993 dollars in health expenditures for inpatients (Akbulut, 2015). Another study that included illiterates in the US found that the approximate total cost of inadequate health literacy could be between 106 and 236 billion dollars per year (Vernon et al., 2007). It is accepted that the first article that reveals the relationship between the concept of health literacy and health economics is the study on the concept of "Health Capital and Health Demand" written by Michael Grossman in 1972 (Eroglu & Oflaz, 2017; Öztürk et al., 2018). Multiple reports in the US indicate that low health literacy is associated with negative health outcomes, including poor communication between patients and healthcare providers, and increased hospitalization rates, less frequent screening for diseases such as cancer, and higher morbidity and mortality rates (Baker et al., 1998; Kutner et al., 2006). In a study conducted in Switzerland, the results of the national health literacy survey were tried to determine the cost of health literacy deficiency for Switzerland to the health system, and according to the results of this study, the price determined for 2005 was 1.5 billion francs. revealed that the total cost of health care varies between 3% and 5% (Eichler et al., 2009). In the calculation made by anticipating the 2015 data of our country, the cost due to the low/insufficient level of health literacy was estimated to be between 9 017 477 718 TL and the upper limit of 66 986 977 334 TL. Considering the total health expenditures of our country in the same year, the approximate cost of health literacy deficiency was estimated to be between 9% (minimum) and 64% (maximum) of total health expenditures (Eroglu & Oflaz, 2017). It is known that people with insufficient and limited health literacy levels have unnecessarily high hospital expenses, longer hospital stays, and have a much higher rate of having tests done when there is no need, compared to people with sufficient health literacy levels (Baker et al., 1998). It has been found that there is a relationship between literacy, health literacy and the level of health that people feel, and participation in health-promoting behaviours, participation in screening programs, diabetes control, cervical cancer rates, hospitalization, etc. It has also been reported that the level of health literacy is effective in issues

such as (Rootman & Gordon-El-Bihbety, 2008). In a study conducted in our country, the rate of health literacy was found to be low (Tanrıöver et al., 2014). Insufficient levels of health literacy have been proven to increase health expenditures (Elif & Sivrikaya, 2019; Gözlü & Kaya, 2020; Vernon et al., 2007). It turns out that despite the increasing spending increase, the health outcomes of the society do not improve, and the results are even worse (Akbulut, 2015). The most important results of health literacy are the increase in adherence to treatment, improved care level and improvement in health outcomes, and ultimately an increase in patient satisfaction (Akbolat et al., 2016; Öztürk, 2018).

1.3. Relationship between health literacy and satisfaction

Health literacy is also closely related to patient satisfaction. The concept of patient satisfaction refers to the social harmony regarding the benefit patients expect from the service, the cost incurred, the expected well-being, and the solution (Dinç et al., 2009). Patient satisfaction is a concept that covers the expectations, experiences and value judgments of the patients about the health services they consume (Öztaş et al., 2016; Tezcan et al., 2014). While defining the concept, the patient's expectations before service requests and their feelings after service use were evaluated (Yılmaz, 2001). The primary factor that is considered to affect patient satisfaction is the concept of health literacy (Kahra et al., 2018). The concept of patient satisfaction is the basic criterion that gives information about the level of meeting the values and expectations of the patients and reveals that the main authority in determining the quality of care provided to the patient is the patient (Özcan et al., 2008; Shea et al., 2007; Silkane et al., 2018).

2. Conclusion

Health literacy is being shaped as an original research and application area in an ever-increasing way with increasing interest and is influencing health policies. Health literacy, which was initially considered to be the basic literacy in the field of health, is now expressed as a social structure associated with many fields (Gözlü, 2020). As a result of raising the level of health literacy, ensuring that society receives the necessary health care services from the right institution full-time is a desired goal to be achieved for individuals and health care providers (Akbulut, 2015). Multiple reports in the US indicate that low health literacy is associated with negative health outcomes, including poor communication between patients and healthcare

providers, and increased hospitalization rates, less frequent screening for diseases such as cancer, and higher morbidity and mortality rates (Baker et al., 1998; Kutner et al., 2006). According to the results of the national health literacy survey in Switzerland, it has been revealed that the cost of low health literacy level to the country varies between 3% and 5% of the total health care cost (Eichler et al., 2009). It is predicted that the level of health literacy is one of the main factors affecting patient satisfaction (Kahraman et al., 2018).

In this study, it is predicted that raising the level of health literacy will contribute positively to health outcomes and expenditures, while improving health indicators will contribute positively to the level of patient satisfaction. The scientific determination of the health literacy levels of the citizens will enable the needs to be determined correctly and will lay the groundwork for the creation of necessary intervention programs. In addition to the Ministry of Health, universities, the Ministry of National Education, the Ministry of Youth and Sports, non-governmental organizations and the media have duties as stakeholders in determining the needs and carrying out the intervention programs to be created. Every step to be taken towards the development of health literacy will return more qualified health services to individuals, increased patient satisfaction to service providers, and lower costs to institutions and organizations that finance the system.

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Conflicts of interest

The authors declare that there are no potential conflicts of interest relevant to this article.

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