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Research Article

EVALUATION OF HEALTH LITERACY LEVELS IN SOCIAL WORKERS

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Abstract*: Health literacy levels of social workers working with disadvantaged or risky groups of society have a significant place in the protection of public health. This study aims to determine the relationship between the level of health literacy knowledge of social workers in Turkey and various variables. In this study, 237 social workers working in institutions affiliated with the Ministry of Family and Social Policies and the Ministry of Health in different provinces of Turkey were included in the analysis. Health literacy levels were measured using Turkey's Health Literacy (TSOY-32). The SPSS package program was used in the statistical analysis of the data and $p<0.05$ was considered statistically significant. According to the TSOY-32, 59.8% of respondents had inadequate or problematic health literacy levels. More than half of the participants (68.1%) stated that they did not have enough health information, 40.6% did not know the concept of health literacy, and 16.6% were not aware of the national health campaigns of the Ministry of Health. The percentage of those who think that the role of social workers in formulating health policies is adequate (9.6%) is quite low. In conclusion, it is believed that this study will contribute to the literature because no study has determined the health literacy of social workers and related variables in Turkey. More studies should be conducted on the effectiveness of specific training programs and, the content, duration, and, methods of these programs to increase the health literacy levels of social workers.*

Keywords: *Health services, health literacy, social work, social worker*

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1. Introduction

Health literacy, a concept introduced in the 1970s, focuses on an individual's ability to effectively navigate the complex requirements of maintaining and enhancing health in contemporary society. Over the past twenty years, the concept has garnered growing attention due to its substantial advantages for individual and public health, as well as the sustainability of health systems [1]. One of the main reasons for the increased interest in this concept among researchers, practitioners, and policymakers across different disciplines is the potential of health literacy to understand, explain, and address individual and group differences in various health outcomes [2].

It has been noted by the World Health Organization (WHO) that health literacy levels are low in both developing and developed nations [3]. Key barriers to health literacy include advanced age, low levels of education, disadvantaged socioeconomic conditions, and insufficient reading skills. Research indicates that low-income populations often have poor reading skills, resulting in low health literacy. This issue is particularly prevalent in densely populated, ethnically and culturally diverse countries that prioritize human development, economic stability, and basic health [4,5]. In another study, it was

reported that approximately half of Europeans have inadequate health literacy skills, with the rate varying between 2% and 27% depending on the country. Low health literacy was found in 29% and %62 of the Netherlands and Bulgarians, respectively [6]. As the population continues to age and live with complex comorbid conditions, health literacy must be routinely assessed [7].

Although the literature on health literacy in Turkey is quite limited, the Turkey Health Literacy Survey found that only one-third of the population had adequate or excellent health literacy levels. The study emphasized that age, educational status, and socioeconomic status were the main reasons for low literacy levels [8].

Social determinants of health include the environments in which individuals are born, grow up, live, work and grow old. The distribution of money, resources and power at the local, national, and global levels shapes social determinants of health. These factors are responsible for unjustifiable and preventable differences in health status at the national or international level, i.e., health inequalities [9]. Social workers are professionals equipped with skills in cultural awareness and competence, ensuring that social work practices acknowledge and uphold the value and dignity of individuals from all cultures, languages, classes, ethnicities, abilities, religions, sexual orientations, and other diverse characteristics [10]. In addition, they are also interested in the field of medical social work, which deals with practices aimed at solving the problems encountered by patients receiving services from health institutions while accessing and treating services in a planned and professional manner within a team work with a holistic perspective on the patient [11]. In this context, the fact that social workers are health literate has a positive effect on their interventions at the micro, mezzo, and macro levels [12]. It has been identified by the National Association of Social Workers (NASW) [13] that one of the top priorities of social work is access to health and mental health services. National and international initiatives to improve health literacy among the public agree with the NASW's goals. The National Association of Social Workers (NASW) [13] highlighted access to health and mental health services as a primary focus for social work. Efforts at both national and international levels to enhance public health literacy align with the goals set by NASW.

All social workers, not just those in the health sector, must possess a high level of health literacy. Social workers frequently assist disadvantaged populations who, are more likely to have low health literacy; thus this skill is crucial across the profession [14]. Increasing the level of health literacy in disadvantaged or risky groups of society is crucial for the protection of public health, and the more these communities are reached, the higher the level of health literacy in the society as a whole. The objective of this study is to identify the correlation between the knowledge of social workers regarding health literacy in Türkiye and various variables. In the literature, studies to determine the level of health literacy of social work students [15,16] and social workers [14,17] were found. In addition, studies on the contributions of social workers to strengthening the health literacy of clients have been conducted [18,19,20]. In Turkey, no study has been found to determine the health literacy of social workers and related variables. In this respect, it is anticipated that this study will provide valuable insights to the existing literature.

2. Materials and Methods

This study was designed as a descriptive cross-sectional study from quantitative research methods.

2.1. Participants and Sample Size

Social workers working in organizations affiliated with the Ministry of Family and Social Policies and the Ministry of Health living in different provinces of Turkey were reached through an

online survey. In the study, a total of 237 participants, were reached, but 229 surveys were included in the analysis after missing surveys and extreme data were removed.

2.2. Data Collection Tools

The data collection tool of the study consisted of two parts: "socio-demographic and health-related information" and "Turkish Health Literacy Scale-32 (TSOY-32)". Participants were asked for sociodemographic information such as gender, age, marital status, educational status, and length of employment. To determine the characteristics of the participants regarding their health status, questions were asked about chronic diseases, health education status, sources of access to health information, national health campaigns, and the concept of health literacy.

Health literacy levels were measured using the TSOY-32, which consists of 32 questions. TSOY is the Turkish-translated version of the Self-Report Scale based on the conceptual framework developed by the European Health Literacy Consortium (HLS-EU CONSERTIUM). The internal consistency (Cronbach's alpha) coefficient of the scale was determined as 0.927, and it was stated that it could be used as a reliable test to assess health literacy in our country [21]. The TSOY-32 comprises eight components, treatment and services, as well as disease prevention/health promotion. Additionally, it includes four processes: accessing, comprehending, appraising, and utilizing/applying health-related information. On the scale, 0 indicates the lowest health literacy and 50 indicates the highest. When evaluating the mean scores obtained from TSOY-32, 0-25 points were defined as inadequate, >25-33 points as problematic borderline health literacy, >33-42 points as adequate, and >42-50 points as excellent health literacy.

2.3. Statistical Analysis

The online survey was delivered to social workers through social media channels, and data were collected. The research data were collected between May and December 2022. Before the questionnaire form was administered to the participants, the voluntary consent form was approved by the individuals who voluntarily agreed to participate in the study.

The SPSS package was used for the statistical analysis of the data. The Shapiro-Wilk normality test was used to determine whether the data were suitable for normal distribution. The distribution of the participants' demographic information and characteristics related to their health status were analyzed by frequency analysis and are presented as numbers (n) and percentages (%). In the evaluation of the relationship between some characteristics of the participants and health literacy status, the Chi-Square test, which is used to examine the relationship between categorical variables, was applied. Reliability analysis was performed to determine the reliability level of the scale and its subdimensions used in the study, and Cronbach's alpha coefficient was obtained. In all statistical tests, 95% confidence interval and $p<0.05$ were considered statistically significant.

2.4. Ethical Considerations

The online survey was delivered to social workers through social media channels, and data were collected. The questionnaires were completed anonymously; thus the personal information of the participants was excluded. No action contrary to the Helsinki Declaration criteria was taken during the research process. The research was initiated with the ethics committee decision of Mardin Artuklu University Non-Interventional Clinical Research Ethics Committee dated 06.04.2022 and numbered 2022-7.

3. Results and Discussion

The distribution of demographic information about the participants was analyzed by frequency analysis (Table 1). When the distribution of the participants according to gender was analyzed, 54.6% were men and 45.4% were women. When the distribution according to age groups was analyzed, the proportion of people aged 24-30 years was 50.7%, the proportion of people aged 31-40 years was 43.7%, and the proportion of people over 40 years was 5.7%. In total, 55.5% of the participants were married and 44.5% were single. When the distribution according to educational status was examined, 82.1% of the participants had a bachelor's degree, 17% had a master's degree, and 0.9% had a doctoral degree.

Table 1. Distribution of the socio-demographic characteristics of the participants

Socio-demographic characteristics	Number (n)	%
Gender		
Male	125	54,6
Female	104	45,4
Age		
24-30	116	50,7
31-40	100	43,7
40+	13	5,7
Marital status		
Married	127	55,5
single	102	44,5
Education status		
Bachelor's	188	82,1
Master's	39	17,0
PhD	2	0,9
Seniority (years)		
1-5	112	48,9
6-10	98	42,8
11-15	10	4,4
16-20	4	1,7
21 years and above	5	2,2
Weekly working hours		
20-30	4	1,7
30-40	112	48,9
40-50	108	47,2
50-60	3	1,3
60 or more	2	0,9
Ministry		
Ministry of Family and Social Policies	123	53,7
Ministry of Health	106	46,3
Total	**229**	**100.0**

According to Table 1, 48.9% of the employees have been working for 1-5 years, 42.8% for 6-10 years, 4.4% for 11-15 years, 1.7% for 16-20 years, and 2.2% for 21 years or more. When the distribution according to weekly working hours is analyzed, the proportion of those working 20-30 hours is 1.7%, 30-40 hours is 48.9%, 40-50 hours is 47.2%, 50-60 hours is 1.3%, and 60 hours or more is 0.9%. When the distribution according to the Ministry of Employment was analyzed, 53.7% of those working in the Ministry of Family and Social Policies and 46.3% of those working in the Ministry of Health.

Table 2. Characteristics of the participants regarding their health status

	Number (n)	**%**
Chronic illness status		
Yes	43	18,8
No	186	81,2
Health education status		
Yes	133	58,1
No	96	41,9
Sufficient knowledge on health		
Yes	73	31,9
No	156	68,1
Sources of access to information on health		
Health personnel	107	46,7
Online	86	37,6
Health education books	8	3,5
Television, radio, newspapers or magazines	9	3,9
Familiy, friends	19	8,3
Knowledge of the concept health literacy		
Yes	136	59,4
No	93	40,6
Are you satisfied with the health services you receive from health institutions and organizations?		
Yes	32	14,0
No	78	34,1
Partially	119	52,0
Are you aware of the Ministry of Health's national health campaigns?		
Yes	38	16,6
No	121	52,8
Partially	70	30,6
Do you think that Social Workers make sufficient contributions to the provision of health services?		
Yes	65	28,4
No	81	35,4
Partially	83	36,2
Do you think the roles of Social Workers are adequate in the formulation of health policies?		
Yes	22	9,6
No	161	70,3
Partially	46	20,1
Total	**229**	**100,0**

18.8% of the participants have chronic diseases. The rate of those who received health education is 58.1%. The percentage of those with sufficient knowledge about health is 31.9%. When the distribution of the sources of access to health information is examined, 46.7% of the participants received information from health personnel, 37.6% from the internet, 3.5% from health education books, 3.9% from television, radio, newspapers or magazines, and 8.3% from family and friends. The proportion of participants who know health literacy is 59.4%. The rate of those who are satisfied with the health services they receive from health institutions and organizations is 14%, the rate of those who are partially satisfied is 52%, and the rate of those who are not satisfied is 34.1%. In total 16.6% of the participants were not aware of the national campaigns of the Ministry of Health, while 52.8% were not aware of the national campaigns of the Ministry of Health. The rate of those who think that Social Workers have sufficient contribution to the provision of health services is 28.4%, the rate of those who think that they have partial contribution is 36.2%, and the rate of those who think that they have no contribution is 35.4%. The rate of those who think that the role of Social Workers is adequate

in formulating health policies is 9.6%, the rate of those who think it is partially adequate is 20.1%, and the rate of those who do not think it is adequate is 70.3%.

Table 3. Characteristics of participants with health literacy status

		Health Literacy							
		Inadequate		Problematic-limited		Adequate		Perfect	
		n	%	n	%	n	%	n	%
Gender	Male	26	24,3%	37	34,6%	28	26,2%	16	15,0%
	Female	18	19,6%	38	41,3%	16	17,4%	20	21,7%
		X^2=4,078 ; p=0,253							
Age	24-30	17	17,3%	37	37,8%	24	24,5%	20	20,4%
	31-40	22	24,2%	35	38,5%	20	22,0%	14	15,4%
	40+	5	50,0%	3	30,0%	0	0,0%	2	20,0%
		X^2=8,013 ; p=0,237							
Marital status	Married	26	23,6%	36	32,7%	26	23,6%	22	20,0%
	Single	18	20,2%	39	43,8%	18	20,2%	14	15,7%
		X^2=2,620 ; p=0,454							
Education status	Bachelor's	38	23,8%	65	40,6%	33	20,6%	24	15,0%
	Master's	6	16,2%	10	27,0%	10	27,0%	11	29,7%
	PhD	0	0,0%	0	0,0%	1	50,0%	1	50,0%
		X^2=9,463 ; p=0,149							
Seniority (years)	1-5	16	16,5%	36	37,1%	25	25,8%	20	20,6%
	6-10	22	25,9%	32	37,6%	17	20,0%	14	16,5%
	11-15	2	22,2%	4	44,4%	2	22,2%	1	11,1%
	16-20	3	75,0%	1	25,0%	0	0,0%	0	0,0%
	21 and above	1	25,0%	2	50,0%	0	0,0%	1	25,0%
		X^2=11,522 ; p=0,485							
Weekly working hours	20-30	0	0,0%	3	100,0%	0	0,0%	0	0,0%
	30-40	22	23,4%	32	34,0%	23	24,5%	17	18,1%
	40-50	22	22,0%	40	40,0%	20	20,0%	18	18,0%
	50-60	0	0,0%	0	0,0%	0	0,0%	1	100,0%
	60 or more	0	0,0%	0	0,0%	1	100,0%	0	0,0%
		X^2=13,994 ; p=0,301							
Ministry	Ministry of Family and Social Policies	21	20,2%	43	41,3%	21	20,2%	19	18,3%
	Ministry of Health	23	24,2%	32	33,7%	23	24,2%	17	17,9%
		X^2=1,502 ; p=0,682							
Chronic Illness Status	Yes	9	24,3%	16	43,2%	6	16,2%	6	16,2%
	No	35	21,6%	59	36,4%	38	23,5%	30	18,5%
		X^2=1,275 ; p=0,735							
Health education status	Yes	28	23,3%	42	35,0%	26	21,7%	24	20,0%
	No	16	20,3%	33	41,8%	18	22,8%	12	15,2%
		X^2=1,420 ; p=0,701							

Table 3 Continued.

		Health Literacy							
		Inadequate		**Problematic-limited**		**Adequate**		**Perfect**	
		n	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Sufficient knowledge on health	Yes	17	25,8%	17	25,8%	15	22,7%	17	25,8%
	No	27	20,3%	58	43,6%	29	21,8%	19	14,3%
		X^2=7,550 ; p=0,056							
Sources of access to information on health	Health personnel	22	23,2%	32	33,7%	20	21,1%	21	22,1%
	Online	16	21,9%	28	38,4%	22	30,1%	7	9,6%
	Health education books	2	33,3%	2	33,3%	2	33,3%	0	0,0%
	Television, radio, newspapers or magazines	2	28,6%	4	57,1%	0	0,0%	1	14,3%
	Familiy, friends	2	11,1%	9	50,0%	0	0,0%	7	38,9%
		X^2=20,630 ; p=0,056							
Knowledge of the concept health literacy	Yes	22	18,8%	45	38,5%	25	21,4%	25	21,4%
	No	22	26,8%	30	36,6%	19	23,2%	11	13,4%
		X^2=3,206 ; p=0,361							
Are you satisfied with the health services you receive from health institutions and organizations?	Yes	2	7,1%	8	28,6%	6	21,4%	12	42,9%
	No	23	33,3%	30	43,5%	11	15,9%	5	7,2%
	Partially	19	18,6%	37	36,3%	27	26,5%	19	18,6%
		X^2=24,678 ; **p=0,000**							
Are you aware of the Ministry of Health's national health campaigns?	Yes	3	8,8%	6	17,6%	9	26,5%	16	47,1%
	No	24	23,1%	43	41,3%	26	25,0%	11	10,6%
	Partially	17	27,9%	26	42,6%	9	14,8%	9	14,8%
		X^2=29,631 ; **p=0,000**							
Do you think that Social Workers make sufficient contributions to the provision of health services?	Yes	5	8,6%	19	32,8%	16	27,6%	18	31,0%
	No	21	30,9%	26	38,2%	13	19,1%	8	11,8%
	Partially	18	24,7%	30	41,1%	15	20,5%	10	13,7%
		X^2=16,755 ; **p=0,010**							
Do you think the roles of Social Workers are adequate in the formulation of health policies?	Yes	0	0,0%	4	22,2%	4	22,2%	10	55,6%
	No	33	22,9%	55	38,2%	33	22,9%	23	16,0%
	Partially	11	29,7%	16	43,2%	7	18,9%	3	8,1%
		X^2=23,023 ; **p=0,001**							

When the relationship between the level of health literacy and the significance levels of various parameters was examined, a significant relationship was found between the level of health literacy and satisfaction with health services, being aware of national health campaigns, thinking that social workers have a sufficient contribution to the provision of health services, and thinking about the adequacy of the role of social workers in the formulation of health policies ($p<0.05$)

When the relationship between satisfaction with health services received from health institutions and organizations and the level of health literacy is examined, the rate of those who are satisfied with health services is 7.1%, the rate of those with inadequate health literacy is 28.6%, the rate of those

with limited health literacy is 28.6%, the rate of those with adequate health literacy is 21.4%, and the rate of those with excellent health literacy is 31%. Among those who were not satisfied with the services, 33.3% had inadequate health literacy, 43.5% had limited health literacy, 15.9% had adequate health literacy, and 7.2% had excellent health literacy. Among those who are partially satisfied, those with inadequate health literacy are 18.6%, the rate of those with limited health literacy is 36.3%, the rate of those with adequate health literacy is 26.5%, and those with excellent health literacy are 18.6%.

When the relationship between awareness of the national health campaigns of the Ministry of Health and the level of health literacy was analyzed, the percentage of those who were aware of the campaigns was 8.8%, 17.6%, 26.5%, 26.5%, and 47.1%, respectively. Among those who were not informed, 23.1% had inadequate health literacy, 41.3% had limited health literacy, 25% had adequate health literacy, and 10.6% had excellent health literacy. Among those who are partially informed of those with inadequate health literacy 27.9%, of those with limited health literacy 42.6%, of those with adequate health literacy 14.8%, and the rate of those with excellent health literacy 14.8%.

When the relationship between the level of health literacy and the state of thinking that Social Workers have adequate contributions to the provision of health services is examined; the rate of those who think that they are adequate is 8.6%, the rate of those with limited health literacy is 32.8%, the rate of those with adequate health literacy is 27.6%, and the rate of those with excellent health literacy is 31%. Among those who think that their health literacy level is not adequate, the rate of those with inadequate health literacy is 30.9%, that of those with limited health literacy is 38.2%, that of those with adequate health literacy is 19.1%, and that of those with excellent health literacy is 11.8%.

When the relationship between the state of thinking that the roles of social workers are adequate in the formulation of health policies and the level of health literacy is examined; the rate of those who think that the level of health literacy is adequate is 0%, the rate of those with limited health literacy is 22.2%, the rate of those with adequate health literacy is 22.2%, and the rate of those with excellent health literacy is 55.6%. Among those who think that it is not adequate, the rate of those with inadequate health literacy is 22.9%, the rate of those with limited health literacy is 38.2%, the rate of those with adequate health literacy is 22.9%, and the rate of those with excellent health literacy is 16%. Among those who think that their health literacy level is partially adequate, the rate of those with inadequate health literacy is 29.7%, the rate of those with limited health literacy is 43.2%, the rate of those with adequate health literacy is 18.9%, and the rate of those with excellent health literacy is 8.1%.

Social workers' health literacy levels can have a significant impact on access to health services, ability to make health decisions, and community health. However, research on social workers' health literacy levels is limited, and the lack of knowledge in this area is noteworthy. This study focused on determining the knowledge levels of social workers, who play an important role in increasing the health literacy of society. In our study, it was found that 59.8% of social workers had inadequate and problematic health literacy levels according to the TSOY-32 averages. In addition, a significant correlation was found between satisfaction with health services, awareness of national health campaigns, thinking that social workers have a sufficient contribution to the provision of health services, and the adequacy of the role of social workers in the formulation of health policies and health literacy level ($p<0.05$).

When the literature data are examined, there is no research data on determining the health literacy levels of social workers; however, in studies conducted on the general population, 36% inadequate and 22% problematic health literacy rates were reported in the USA, 12.4% inadequate and 35.2% problematic health literacy rates were reported in European countries [22]. These findings show that social workers need to be further informed and studied to increase individuals' access to health services and their ability to make informed health decisions.

Social workers play a pivotal role in enhancing health outcomes by strategizing and overseeing interventions intended to strengthen health literacy [23]. Within this framework, it is imperative for social workers to identify clients with low health literacy, comprehend their requirements, and address any obstacles they may face. Social workers can actively engage in associations and committees comprising educators, healthcare professionals, and governmental bodies focused on promoting health literacy. They can advocate for either private or government funding to support health literacy initiatives, or they can organize social and political forums to campaign for increased funding [24]. In this study, more than half of the social workers (68.1%) stated that they did not have sufficient knowledge about health, 40.6% did not know the concept of health literacy, and 16.6% were not aware of the national health campaigns of the Ministry of Health. In addition, a very small proportion of the participants (9.6%) thought that the role of social workers was adequate in the formulation of health policies. Additional services to their patients and referrals to medical team members can be provided by social workers trained in health literacy when necessary. [20]. Social workers with high levels of health literacy can provide better information to their clients, guide them to health services more effectively, and increase their access to health services. Therefore, it is important that social work training programs include components that increase health literacy and health policies.

4. Conclusion

In conclusion, the relationship between health literacy and social work is crucial for improving the health status of society. Social workers' efforts to increase health literacy play an important role in reducing health inequality and increasing social welfare. Every social worker, regardless of their specialization, should possess a strong foundation in health literacy. Given that, social workers often work closely with marginalized populations, who are more prone to low levels of health literacy, this competency is essential across the profession. Future researches should continue to better understand effective interventions and best practices in this area. There is also a need for more research on the effectiveness of specific training programs to increase the health literacy levels of social workers, and more studies should be conducted on the content, duration, and methods of these training programs so that the most effective strategies to increase the health literacy levels of social workers can be identified.

Limitations of the study:

There are some limitations in this study. This study may have been limited to participants working in only two fields, and the results may affect generalizability. Larger samples and long-term follow-up studies are needed to better understand the impact of interventions to increase social workers' health literacy.

Ethical statement:

The research was carried out following the Helsinki Principles, and authorization was obtained from the Non-Interventional Clinical Trials Ethics Committee of Mardin Artuklu University. (date: 06/04/2022, Number:7).

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There are no declarations to be made.

Conflict of interest:

There are no disclosures to be made.

Authors' contributions:

H.A.: Conceptualization, Formal analysis, Investigation, Supervision, Validation, Writing – original draft, Writing - review & editing.

Z.C.: Conceptualization, Formal analysis, Investigation, Writing - original draft, Writing – review & editing.
Y.Y.: Conceptualization, Formal analysis, Data curation, Methodology, Software, Supervision, Validation, Writing - review & editing.
All authors read and approved the final manuscript.

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