Executive summary

The Federal Office for Public Health (FOPH) conducted a study (Bieri et al. 2015) to assess the level of health competence of people residing in Switzerland. According to the quantitative results, one in ten people has excellent level of health literacy. The level is sufficient for more than one-third of the population, problematic for 45% and insufficient for 9%. The responses show that the health literacy of Portuguese migrants is, on average, as high as the population at large (Bieri et al. 2015).

A second, supplementary quantitative analysis concluded that it was difficult to judge the results and suggested collecting additional qualitative data to better understand the problems of health literacy (Abel et al. 2016). The Swiss Red Cross (SRC) and the Federal Office for Public Health (FOPH) decided to conduct a qualitative study to fill that void.

Purpose

The purpose of this study was first and foremost to analyse the relationship between the patient and the health staff as well as information about health with regard to health literacy. The analysis is intended for use as a basis for various stakeholders that would like to introduce corrective measures to improve the level of health literacy in the Swiss population at large.

Method

The qualitative survey used the focus group method. In all, 60 people from different socioeconomic backgrounds took part in seven focus groups. One-third of the participants were people with a migrant background (migrants with Turkish or Portuguese nationality). The empirical material comprised the content of the focus group discussions and was analysed according to the criteria of an inductive and qualitative approach.

Some important results

If a patient considers an interaction to be bad, it causes a drop in his motivation to participate in a dialogue and his motivation during the interaction

In general, participants emphasized their satisfaction with health professionals who they find to be 'open and tolerant'. They felt that the quality of the interaction was more a question of personality than profession. Both good and bad experiences were to be found throughout the range of interaction.

The participants stated there were several, human and professional, indicators that made it possible to say an interaction was bad. 'Not being listened to or taken seriously' by health professionals was considered to be one of the most important indicators of a bad interaction. Similarly, the 'lack of dialogue' with the patient and 'not asking substantial questions about the patient's problem', and 'unwillingness to discuss different alternative therapies' were considered to be signs of a bad interaction.

The most significant effect of a bad interaction on the patients translated, at the time of the interaction, to a drop in motivation for dialogue and trust in the health staff in question, but also in the diagnosis. The consequence of this was that the patients looked elsewhere for answers to their health problems. After an interaction that was considered bad, those with a lower level of education were less inclined to consult a health professional if they had a health issue, or they changed doctors or no longer went back to the same institution. The migrants emphasized that the bad interaction impacted their psychological state and caused their health problem to get worse.

Furthermore, the effects of a good interaction were manifold: it boosted self-confidence and the feeling of being supported and reassured, motivated the patient to collaborate with the health professional, inspired them to take their medication on schedule, had positive psychological effects on the patient's well-being and made them aware of various health issues, such as the effects of medication and the possibility that certain cases may be treated without medication, for example.

Communication with certain health professionals raises some serious issues

The participants described communication as good when the health professionals expressed themselves simply and without technical terminology, when they were good listeners, were transparent, sensitive, pleasant, polite and patient, and made an effort to understand the patient's problem.

- More than any other health professionals, a large proportion of general practitioners very often appeared to use technical terms and jargon and provide explanations that were difficult to understand. For many people with a lower level of education this meant that they left the consultation without understanding everything.
- For people with a lower level of education and those aged 65 and up, understanding conversations with health insurance companies (explanations from the agents about insurance plans, insurance policies, or brochures, for example) was difficult. On the other hand, telephone conversations with their medical counselling services (Medi24 and Medgate, for example) appeared to be relatively easy.
- In the case of migrants who did not have a good command of the local language and certain French speakers aged 65 and up who were in hospital in a German-speaking region, communication was hindered by the language barrier.

Age, origin and social standing become factors for discrimination

Some people with a lower level of education stated that they had the impression that the healthcare staff interacted with them less well because they belonged to a lower social class. Some people in the 65+ age group stated they sometimes felt discriminated against on account of their age and mentioned that they had been refused physiotherapy and had accepted medication against their will. The Portuguese and Turkish migrants felt that some healthcare professionals did not bother to communicate with a patient who did not speak the local language properly under the assumption that they would not understand in any case. The patients who had experienced discrimination in the interaction felt they had had a 'semi-consultation'.

Information sources and factors hinder access to information

A broad variety of sources is used to gain information about healthcare: doctor, family, friends, internet, pharmacy, and social networks were cited as the most frequently consulted sources. A preference for one or other of these sources was not necessarily linked to any affinity in the various groups, but related more to the individuals and their life circumstances.

For most participants, information obtained from family and friends, even though not confirmed, was very easy to access for reasons of proximity and trust and was considered to be 'reliable' when it was based on personal experience.

The cost of healthcare is a major obstacle preventing many people with a lower level of education or a migrant background from seeking information from healthcare professionals owing to the high insurance deductible. In the case of some people aged 65+, solitude was a factor that not only limited access to information but also an exchange of information with others.

Internet: a complex and controversial source of information

Internet is a fairly complex and controversial source of information: while it makes it much easier to access a wealth of information, it complicates matters owing to the huge amount of information it provides. Many participants were not sure of the reliability of the information they had obtained and complained of an excess of information. Although a large proportion of participants found it difficult to distinguish between right and wrong information, the information gleaned from the internet was systematically referred to in conversations with healthcare professionals, which sometimes gave rise to contradictions.

Usefulness of information coming from professionals in various healthcare fields

As it relates more to illness and treatment, participants considered information from doctors to be useful despite the medical jargon that sometimes made it difficult to understand. Nevertheless, people with a lower level of education would like doctors to give them more information about health promotion and disease prevention. Whether in terms of general information or specific information about medicines, the vast majority of participants found information in pharmacies useful and easy to understand. However, many participants complained about information from insurance companies that they found to be 'incomplete and incomprehensible'. Almost unanimously, the participants felt that information campaigns helped to make them aware of certain issues. With regard to their usefulness, it was more a question of whether they felt personally concerned, rather than merely the information they provided. In terms of the understand ability of public health campaigns, the participants held a wide range of opinions that varied from one campaign to another. Whenever they felt personally concerned by the issue, if there was no language barrier or other obstacle to understanding, a campaign could be very effective.

Discussion

The results show that a good relationship between the patient and the healthcare professional plays an important role in the patients' developing health literacy and motivates them to do more for their health. A high degree of trust and the ability of the healthcare professional and the patient to listen to each other are of the utmost importance for the patient to develop interactive and critical health literacy. However, the vast majority of people with a lower level of education, but also some elderly people and people with a migrant background, do not have a sufficient level of trust and listening ability to be proactive and exercise judgement. Their personal involvement in the interaction remains low because they do not have the necessary skills to explain their health problems satisfactorily, to discuss them effectively, and especially to judge the interaction and communication. This is where healthcare professionals have a crucial role to play in creating a context for dialogue that enables the patient to develop this ability.

After the doctor, digital channels were cited at the second most preferred information source. There is a need to consider the internet's role in the development of health literacy. While the internet helps patients to find information about their health issues, internet searches only rarely turn up appropriate and relevant information. Even though the patients are unsure of the quality of this information, they use it when interacting with healthcare staff without searching for any synergy with the information those professionals are providing, and this sometimes creates a situation we can describe as an information conflict. This information conflict hinders the development of the patients' interactive and critical health literacy when it impacts the mutual trust between the doctor and his patient.

The major issue caused by the internet for people searching for health information is less about the intelligibility of the information obtained than the fact of knowing how to deal and cope with over-information. This information overload is so great that people with a lower level of education do not complain of a lack of understanding of information gleaned from the internet, but more of their inability to distinguish between right and wrong information. It is therefore important to support those with a lower level of education to help them develop the skills needed to cope with over-information, ensuring that there are health information sources on line that are legitimate and reliable and that can be of use to patients.

Finally, it is important to specify that a large part of the population, including those people with a lower level of education, already have the critical health literacy when it comes to primary health that need to be promoted and consolidated by measures adapted to the needs of the various groups