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Olena Voliarska 

Doctor of Sciences (Pedagogics), Assistant Professor,

Comenius University Bratislava,

Bratislava, Slovakia

olena.voliarska@uniba.sk

IMPROVING THE HEALTH LITERACY OF THE ELDERLY: SLOVAK EXPERIENCE

Annotation. *The article presents the generalised results of the study conducted under the VEGA project of the Ministry of Education, Science, Research and Sport of the Slovak Republic № 1/0293/21 «Education for the Health of the Adult Population» (2022-2023) («Edukácia k zdraviu dospelaj populácie») in Slovakia. The survey was conducted in the largest humanitarian centre for refugees using a special questionnaire HLS19-Q12 to measure general health literacy). The survey revealed a low level of health literacy among the majority of older people. In the course of the study, the elderly were provided with psychological first aid techniques and educational activities to improve their health literacy.*

Key words: *adult population, health literacy, senior citizens, therapeutic progress*

Анотація. *У статті презентовано узагальнені результати дослідження за проектом VEGA Міністерства освіти, науки, досліджень і спорту Словацької Республіки № 1/0293/21 «Освіта для здоров'я дорослого населення» (2022–2023) («Edukácia k zdraviu dospelaj populácie») в Словаччині. Опитування проводили у найбільшому гуманітарному центрі для біженців за спеціальним опитувальником HLS19-Q12 щодо вимірювання загальної медичної грамотності). У ході опитування визначено низький рівень медичної грамотності у більшості осіб похилого віку. Упродовж дослідження з особами*

похилого віку було проведено популяризацію психологічних технік надання першої психологічної допомоги, просвітницькі заходи з підвищення медичної грамотності.

Ключові слова: доросле населення, медична грамотність, особи похилого віку, терапевтичний прогрес

Introduction. In the European psychological and pedagogical literature, exploring of the issues of adult health literacy and organizing of scientific research to develop the ways in order to improve the levels of health literacy of different age groups of the adult population are quite new.

Topical issues, which are related with the theory and methodology of looking for ways to improve health literacy of the adult population are in the sphere of scientific interests of both foreign and Ukrainian scientists.

For example, L. Paakkari and O. Paakkari [3] studied a health literacy as a result of education, identifying and substantiating its necessary components.

Researching of the levels of health literacy (literacy of health questions) of the adult population was conducted in many European countries. It should be noted that foreign scientists have identified and generalized the following understanding of adult health literacy: health literacy is considered as a literacy of health questions, which characterizes the ability of an adult to maintain and preserve his or her own health.

The purpose of the article is to present the generalised results of the study of health literacy of older people.

Research Results. Let's analyze Slovakian experience in establishing levels and systematically improving health literacy of the adult population. In Slovakia, in 2022–2023, a research study was conducted under the VEGA project of the Ministry of Education, Science, Research and Sports of the Slovak Republic No. 1/0293/21 «Education for Adult Health» (2022–2023) by representatives of the Department of Pedagogy and Andragogy, Faculty of Philosophy, Comenius University in Bratislava [1].

Description of the organizational structure of the project. A scale: national. Duration: medium-term. Place and conditions of implementation: all around Slovakia. Resource support: financial and material support for researchers' activities. Planned outcome: establishing the levels of health literacy of the adult population of Slovakia, identifying and justifying ways to improve them.

The scientific novelty of the project was to estimate the level of health literacy of different age groups of the adult population in Slovakia in terms of awareness of the main risk factors, which is insufficient – there is a significant gap between awareness and specific actions of citizens.

As part of the project a University of the Third Age was established for elderly IDPs from Ukraine in a humanitarian centre in m. Gabčíkovo (Trnava Region, Slovak Republic). The survey was conducted at the Humanitarian Centre for Refugees. A special questionnaire was used (the Slovak version of the HLS19-Q12 questionnaire, a tool for measuring general health literacy). The survey revealed a low level of health literacy among the majority of older people.

The research hypothesis has three assumptions: 1) Slovak adults of all ages will have the lowest of the three levels of health competencies - functional health literacy (according to the Don Nutbeam 2000 model); 2) senior citizens interest in health increases with age; 3) senior citizens of any age acquire knowledge and skills related to health competencies through non-formal learning.

Research concept: tools for improving health literacy of different age groups of the adult population include broad expansion of health education activities: elucidation of information with the problems on television, on popular websites, on official websites of health care facilities and government agencies, in social networks; expansion of private access of adults to specialized medical Internet portals; creation of a network of free medical literature; organization of counseling and educational courses in territorial community.

The survey, which used the adapted and modified European Health Literacy Survey Questionnaire (HLS_EU_Q47) of different categories of adults, found out that most respondents had insufficient health literacy and understood the need for

additional training on health maintenance and health promotion. Such additional training can be offered to adults by a non-formal education system.

During the organization of the direct work with adults, a strategic approach has become an integrative approach, the main task of which is to create a space for comprehensive improvement of the health quality of different categories of adults.

The sequence of actions of specialists (health care workers, doctors, social workers) in the work on improving the levels of health literacy of adults in non-formal education 1) authenticity, sincerity or congruence; 2) acceptance, care, recognition; 3) empathic understanding.

Let us explain each step in the work of specialists. Firstly, it is authenticity, sincerity, or congruence. The more a professional is himself or herself in a relationship with an adult, the less he or she is fenced off from the adult and the more likely an adult will be changed and advanced in constructive personal development. Authenticity means that a professional is openly experiencing the feelings and guidance that are present in the moment with the client. There is a correspondence or congruence between what is experienced on the somatic level, what is imagined in the mind, and what a professional demonstrates to the adult.

The established low level of adult health literacy in Slovakia is associated with difficulties in understanding health information, limited knowledge of diseases and treatment options. Improving adult health literacy in Slovakia will be understood as a meaningful way to improve the quality of life.

In today's context of various limitations, we believe that improving adult health literacy through non-formal education is a promising area of action. For example, the use of educational platforms for e-learning.

Secondly, it is important to create a climate conducive to improving the level of adult health literacy. A tool for this is acceptance, care or recognition as unconditional positive acceptance. When a professional feels a positive, non-judgmental, accepting attitude toward a client, regardless of who a client is at the moment, therapeutic progress or change is more likely. Acceptance of a professional involves allowing the adult to be in any of their immediate experiences: sadness,

embarrassment, resentment, indignation, fear, anger, courage, love. This is caring. When a specialist recognizes an adult holistically, and not conditionally, for certain qualities, progress in development is more likely.

The third facilitating aspect is empathic understanding. This means that a specialist accurately perceives the feelings (personal triggers) experienced by an adult and communicates (transmits) this perception to him or her. In the ideal case, a specialist penetrates so deeply into the inner world of another person that he or she can clarify not only those actions that this person is aware of, but even those that lie just below the level of awareness. There is a steadily growing body of evidence from foreign studies that confirms that when these three facilitating conditions exist, changes in individual behavior are bound to occur [2].

For elderly people during the study, their emotional states were stabilised and their emotional states and developed their creative abilities. It is also worth noting popularisation of psychological assistance techniques, conducting separate measures to integrate older people into active life and improve their medical competence.

Conclusions. In general, the following should be identified as areas for improving the medical competence of the population: promoting the expansion of digital literacy of adults in the field of health care; introduction of the basics of health literacy as a discipline in general education institutions; development of special strategies and concepts of medical competence in the health care system health care system.

In the future, we consider that to analyze the experience of adult education providers in the field of health care, among which the leading role is assigned to medical associations and unions, is significantly important.

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