

Chapter 45

Self-Directed Learning and Adult Education: Overcoming the Medical Fog

Valerie Bryan

Florida Atlantic University, USA

Kristin Brittain

Florida Atlantic University, USA

Elizabeth Swann

Florida Atlantic University, USA

ABSTRACT

Patients are increasingly being asked to take more responsibility for self-care in a complex healthcare system; this can be a challenge for even the most educated individual. Learning is central to health, health decisions, and self-care. Adult educators' insights regarding lifelong, self-directed learning are critical in helping adults learn about their disease and make informed decisions. This chapter presents documentation of self-directed learning in health education through a series of case studies with reflections. The authors draw attention to self-directed learning in the context of one's own personal health management and propose self-directed learning as a solution to the numerous barriers to personal health education. Ideas for increasing a self-directed approach when seeking health information are offered based on the case studies reviewed. Ideas regarding future research needs are included.

INTRODUCTION

A central charge in one's life is caring for his/her own health. Health is not static; it is constantly changing in response to aging, wellness management, or disease. Researchers agree that learning is essential to health (Hill, 2011). Adult learning aids individuals through changing physical abilities, medical conditions, lifestyle changes, or social conditions resulting from health related issues (Hill & Ziegahn, 2010) and

DOI: 10.4018/978-1-5225-0978-3.ch045

Self-Directed Learning and Adult Education

empowers the individual to become a participant rather than an observer in her own treatment. A recent proliferation of peer reviewed articles addressing health promotion and health literacy indicates a need to further explore the connection between learning and an individual's self and preventive health care.

The overarching goals of the *Healthy People 2020* include:

1. Attain high quality, longer lives free of preventable disease, disability, injury, and premature death.
2. Achieve health equity, eliminate disparities, and improve the health of all groups.
3. Create social and physical environments that promote good health for all.
4. Promote quality of life, healthy development, and healthy behaviors across all lifestages (U.S. Department of Health and Human Services, 2011, Oct., p.3).

All of these goals can be better served if both the individual receiving the health care, and the medical practitioners prescribing the health care, work in tandem, and in such a manner to eliminate the barriers between the patient and the health care provider. Due to increasing expectations for adults to take responsibility for their own health care management, many individuals experience difficulties. Take for instance, a newly diagnosed patient attempting to decipher medical information's unfamiliar vocabulary and concepts. One such struggle is identified as health literacy. *Healthy People 2010* (U.S. Department of Health and Human Services, 2000, Jan.) defined health literacy as "the degree to which an individual has the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions" (Centers for Disease Control and Prevention, 2011, p.1). Research indicates that being a healthy literate person means one is more informed and better able to make intelligent choices about his/her health care and lifestyle choices.

Many current studies have addressed the impact of low health literacy on an individual's choice of treatment regimens and the response to those regimens. The Partnership for Clear Health Communication (n.d., p. 2) identified literacy skills as the strongest predictor of an individual's health status from the following demographics: age, income, literacy skills, employment status, education level, and racial or ethnic group. Based on current information, 90 million people "have difficulty understanding and using health information" (Partnership for Clear Health Communication, n.d., p. 2).

Individuals need information regarding their own role in their health care. Extensive literature is available regarding how being a better informed patient positively impacts his/her own health care, but if that information is given in code or medical jargon the individual patient may not value the information or understand what she is being told. Without appropriate or valued information, and the comprehension of that information, an individual may make choices that could increase the time to achieve wellness or the individual could even make life-threatening choices.

Individuals are often presented information that could inform and aid them to make intelligent decisions about their own care, but often the information is clouded in obtuse language, charts or graphs that confuse even the most educated user. Medical jargon or language is used that often requires extensive medical vocabulary training, and this distances the patient from their freedom to make individual health choices. These individuals are at a disadvantage that results in a lack of understanding of what role they are to play in this setting.

17 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage:

www.igi-global.com/chapter/self-directed-learning-and-adult-education/167328

Related Content

The Normative Grounding of Social Responsibility in African Emerging Markets: A Setho Ethics Approach

Khali Mofuoa (2016). *Ethical and Social Perspectives on Global Business Interaction in Emerging Markets* (pp. 97-115).

www.irma-international.org/chapter/the-normative-grounding-of-social-responsibility-in-african-emerging-markets/146091

Corporate Social Responsibility in the Bahraini Construction Companies

Asma Ayari (2016). *Ethical and Social Perspectives on Global Business Interaction in Emerging Markets* (pp. 40-51).

www.irma-international.org/chapter/corporate-social-responsibility-in-the-bahraini-construction-companies/146088

Education and Literature for Development in Responsibility: Partnership Hedges Globalization

Gilbert Ahamerand Karl A. Kumpfmüller (2015). *Business Law and Ethics: Concepts, Methodologies, Tools, and Applications* (pp. 774-830).

www.irma-international.org/chapter/education-and-literature-for-development-in-responsibility/125763

Social Norms or Child Labour?: The Case of the Maasai Community in Kenya

Josephine Munthali (2018). *Global Ideologies Surrounding Children's Rights and Social Justice* (pp. 88-104).

www.irma-international.org/chapter/social-norms-or-child-labour/183169

Social Media for Teaching Empathy, Civil and Moral Development, and Critical Thinking

Thomas Huston (2022). *Exploring Ethical Problems in Today's Technological World* (pp. 120-140).

www.irma-international.org/chapter/social-media-for-teaching-empathy-civil-and-moral-development-and-critical-thinking/312475