



Patient education in an academic setting and its benefits for public health

Vzdelávanie pacientov v akademickom prostredí a jeho prínosy pre verejné zdravotníctvo

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Abstract:

In the article entitled "Patient Education in Academic Environments and Its Benefits for Public Health", I would like to evoke several meanings: patient education as such is, in our opinion, just as important as the education of healthcare professionals. Furthermore, patient education has undeniable, diverse and significant benefits for the field of public health and healthcare, and patient education, ideally in the form of lifelong learning, belongs in the academic arena and in the hands of experienced educators.

Keywords: public health, health literacy, patient education, lifelong learning.

Abstrakt:

V článku s názvom „Vzdelávanie pacientov v akademickom prostredí a jeho prínosy pre verejné zdravotníctvo by som chcel evokovať niekoľko významov: patientske vzdelávanie ako také je podľa nás dôležité presne tak, ako je dôležité vzdelávanie zdravotníckych pracovníkov. Ďalej to, že patientske vzdelávanie má nesporné, rôznorodé a významné prínosy pre oblasť verejného zdravia a zdravotníctva a patientske vzdelávanie, ideálne vo forme celoživotného vzdelávania, patrí na pôdu akademickú a do rúk skúsených pedagógov

Kľúčové slová: verejné zdravotníctvo, zdravotná gramotnosť, vzdelávanie pacientov, celoživotné vzdelávanie



Introduction

Education is important at every age, profession and life situation. But there are situations when education is even more crucial than in ordinary situations. One such situation is an illness or injury or another condition that significantly or long-term limits a person's abilities. The medicine of silence belongs to the past and the performance of the health profession also includes the science and art of knowing how to invite the sick person to make decisions. The World Health Organization (WHO) defines health literacy as "the cognitive and social skills that determine the motivation and ability of individuals to access, understand, and use information in a way that promotes and maintains good health," i.e., a person's ability to search for, understand, and use information about health and health services. Research and measurement of health literacy has long been limited, focusing on simple health-related skills. A turnaround has occurred relatively recently, with the expansion of health literacy measurement in line with the definition to include other dimensions of the concept of health literacy. Measurements using more comprehensive instruments have begun to provide a wealth of evidence on the link between low health literacy and poor health, as well as its connection to health inequalities. On the other hand, the use of this concept has enabled the creation of policies aimed at eliminating health inequalities. Health literacy has become a key topic and is at the center of interest of health scientists, doctors, health service providers, policymakers and, of course, people involved in the field of health and health services. One of the pioneers of this approach to measuring health literacy is, for example, Prof. Richard Osborne, who developed the Health Literacy Questionnaire (HLQ) for the comprehensive measurement of this construct, as well as the tool developed by the European team participating in the Health Literacy Survey EU. The cooperation of the patient (citizen) with the public health system is crucial, both in prevention at every level, whether in treatment itself or in health management. Only adequately informed, educated and educated patients are able to fulfill the demanding tasks in today's public health and in the management of the health system. We need more layers of educated patients according to the level and type of decision-making. The most comprehensive education, ideally in the form of some form of lifelong learning, should be provided to patients – experts who will enter decision-making processes at the state and public administration levels. We must perceive the patient as an equal partner in the healthcare system. The challenge for the system is to ensure that less informed patients receive the same quality of care as the educated and well-informed, despite being less active. An informed patient will have demands that the doctor should be able to satisfy, but also to reject if they are unreasonable. An informed (educated, active) patient can participate and influence their health through behavior, lifestyle, adherence, etc. But this growing empowerment does not yet mean that the citizen-patient also participates in broader decision-making (political) processes. Only an organized citizen – the patient – can do this. He needs to organize himself to collectively defend his individual rights and fulfill his obligations. Currently, all advanced systems are striving to implement patient-centered healthcare. As stated by the International Alliance of Patients Organizations "Accurate, relevant and comprehensive information is essential to support patients and carers to make informed decisions about treatment and coping with their condition. Information must be presented in an appropriate format according to the principles of health literacy of the individual, taking into account their condition, language, age, knowledge, abilities and culture."

1. History, definitions and context

An interesting subject of research is the historical development of terminology in the field of health literacy. According to Falvo, who in the introductory part of his publication *Effective Patient Education as a Guide to Increasing Compliance* also discusses the history and development of the terms "health education" and "patient education", the US Department of Health and Human Services officially distinguished these two terms as early as 1971. The original meaning of "health education", understood primarily as preventive action and awareness, gradually expanded to include the term "patient education". This term refers to the targeted education of a selected group of patients with a specific diagnosis, with the primary goal being to increase knowledge about the disease itself and its treatment options [2]. As early as 1985, Susser discussed the reasons or needs that physicians see for patient education. First, we need the patient to do something new, or to do it differently, that is, to change their behavior. Second, we want to guide their thinking. Third, we want to change the behavior of the population, and through patient education we spread the knowledge that should lead to this change in thinking. Nutbeam points out that patient education is a complex and sensitive process that requires consideration of the wider social and economic context. In relation to educational activities carried out in the USA around 1970, he points out that campaigns based solely on the transmission of information, without taking into account the social and economic conditions of the target group, did not achieve the intended results. Their effectiveness has been shown primarily among the more educated and economically stronger segments of the population [3]. Sorensen also has a broad profile in the field of patient education. As she states in her work: "Health literacy refers to the knowledge and abilities of individuals to cope with the complex demands of health in modern society. There is no consensus on the definition of health literacy or its conceptual dimensions, which limits the possibilities for measurement and comparison. Based on this work, a model containing 12 dimensions was proposed that integrates the medical and public health perspectives on health literacy." [3] It further states that "American studies from the 1990s reported associations between general literacy and health, as well as reduced adherence to pharmacotherapy, knowledge about the disease, and coping skills." It also states that almost half of the American adult population has problems acting on health information. Health literacy is explicitly mentioned as an area of priority action in the European Commission's "Health Strategy". According to Sorensen, a common characteristic of definitions of health literacy in the literature is their emphasis on individual skills to obtain, implement and understand health information and services necessary for making appropriate health decisions. Sorensen describes the distinction between medical and public health literacy through various factors, such as disease management and self-care knowledge, knowledge about managing health risks, prevention and use of health care, and compliance with treatment. In this context, the author distinguishes three levels of health literacy: functional health literacy - the ability to navigate written text and information necessary for everyday life, interactive health literacy - the ability to actively participate in the treatment process and communicate with healthcare personnel, critical health literacy - the ability to critically analyze information and exercise a higher degree of control over one's own health and life direction [4] From the perspective of public health, a notable concept is what Sorensen calls civic orientation, which she considers an integral part of public health literacy. Civic orientation includes the skills necessary for active public

engagement in addressing health and healthcare issues. It represents the ability to identify the unequal distribution of resources and burdens in society and reflect on their impacts on population health.

2. Reasons and goals of patient education

The literature extensively discusses the reasons why patient education is an essential part of modern healthcare. The most significant factors include: Changes in the labor market - Due to economic and demographic trends, a growing portion of the workforce is made up of people with disabilities or chronic illnesses. Educating these workers in the area of their own health management is crucial for maintaining their work ability and productivity. Economizing treatment and optimizing resource allocation – There is relatively extensive evidence that educated patients use healthcare more efficiently, thereby reducing the need for costly interventions and improving the distribution of available resources. Improvement of quality of life and patient satisfaction – Educated patients show better parameters in the areas of physical, psychological and social well-being, which leads to higher subjective satisfaction with treatment and life as a whole. Involving patients in decision-making and allocation processes – In advanced health and social systems, patients become active participants in setting health policy priorities and allocating resources. This approach allows for better adaptation of the system to the real needs of the population and supports the principles of participatory governance.[5]

3. Patient education in Slovakia. current status and future outlook

In Slovakia, educational activities implemented in cooperation between academic institutions and patient organizations have been developing promisingly in recent years. The Association for the Protection of Patients' Rights in the Slovak Republic considers providing objective, independent and professionally guaranteed patient education to be one of its key tasks. Based on long-term cooperation with experts and relevant institutions, an initiative was created to provide patient organizations with "tailor-made" education, implemented in the home environment. Educational seminars are designed to take into account the time and professional capabilities of the participants. The maximum length of the seminar is three hours, including two breaks and discussion. The content structure is set so that patients can participate regardless of diagnosis or age. The seminar can be integrated into already planned activities of the patient organization, while the scope and thematic focus remain flexible. Under the title "Rational use of medicines - research, development and use", an educational program was implemented within the Slovak Academy of Patient Education and using methodological materials EUPATI TOOLBOX with the following basic points: Introduction to the seminar. Our experiences with education, Clinical drug trials - principles and specifics in patients with selected diagnoses, Drug interactions - principles and specifics in patients with selected diagnoses, Interactions with nutritional supplements and diet, Communication with the doctor - theory and reality, Adherence to treatment principles - adherence and compliance, Discussion and

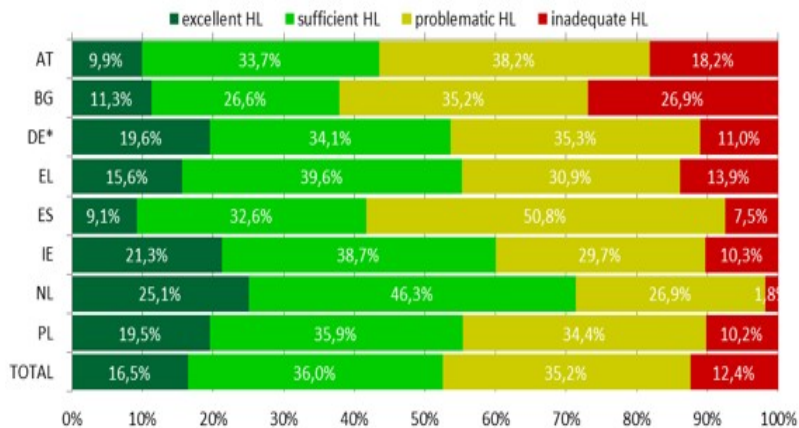
conclusion. These seminars are included in the educational program of the Association for the Protection of Patients' Rights in the Slovak Republic, the EUPATI National Platform and the relevant patient organization. The use of EUPATI TOOLBOX materials and their adaptation for the Slovak environment is carried out in accordance with the EUPATI licensing conditions and with the professional guarantee of the Slovak Academy of Patient Education at the Slovak University of Health Sciences. The organizational arrangement is carried out by the Academy of the Educated Patient - According to the information materials of the European Patients' Forum (Brussels, Belgium,) under the title "How do we achieve patient empowerment?", patient education is a necessary condition for their ability to make informed decisions about their health.

In order for a patient to make such decisions, they must have access to all relevant information in a clear, understandable and professionally accurate form. According to the information materials of the European Patients' Forum (Brussels, Belgium,) presented in the document "European Patients' Forum Manifesto", the ability for effective patient participation begins with the availability of clear, high-quality and professionally accurate information, as well as an appropriate level of health literacy. These assumptions enable patients to make informed decisions about their treatment and healthcare. The Manifesto emphasizes that competent and informed patients are also beneficial to the healthcare systems themselves. In collaboration with professionals, they take co-responsibility for the quality of healthcare provided, actively participate in preventive programs, seek early diagnosis and adhere to recommended treatment. Such an approach has the potential to reduce healthcare costs in the long term. The document also states that integrated, patient-centred healthcare can significantly contribute to improving the quality of life of patients and their loved ones, while leading to the creation of a more cost-effective, equitable and sustainable healthcare system for all. The range of educational activities for patients in Slovakia is already quite diverse. An example is the program of the civil association Pacientsky hlas, which offers a wide range of thematic areas reflecting the diverse needs of the patient population and patient organizations. Educational topics include in particular: Legal and ethical aspects: patient obligations, patient rights, patient education, patient in the European Union, European Health Insurance Card (EHIC), access to healthcare based on social regulation (S2), access to healthcare based on the Cross-Border Healthcare Regulation (CBHCD), second opinion, tasks of the self-governing region in the field of healthcare. Health and social insurance system: social insurance and the patient, communication with the Social Insurance Company, personal account of the insured, health insurance and the patient, communication with the health insurance company, frequently asked questions and exceptions, personal account of the insured in the health insurance company. Health policies and institutions: EUPATI – European Patient Academy of Treatment Innovation, European Patient Forum and its members, drug policy, categorization of medicines, medical devices and dietary foods, patient and pharmaceutical industry. Clinical and therapeutic aspects: patient and clinical trials, generics medicines and biosimilars, rare diseases and orphan drugs, package leaflet, new trends in the treatment and nutrition of cancer patients, the importance of adherence and compliance to treatment. Healthcare economics and management: health and healthcare economics for patients, pharmacoeconomics for patients, health technology assessment, quality and safety of healthcare, prevention and its health and economic

significance, research on quality of life and patient preferences. Nutrition and lifestyle: patient, nutrition and nutritional supplements, cooking for the patient, drug interactions with diet and nutritional supplements. Communication and practical skills: communication with the doctor, visiting the outpatient clinic and hospital, hospital stay, accompanying the patient.[6]

4. Patient education worldwide with particular reference to the European UNION

The European Health Literacy Project (HLS-EU) aimed to determine the level of health literacy in Europe. More than twenty institutions from Europe and abroad participated in its implementation (the current list is available at www.health-literacy.eu). The results of the survey became the basis for the creation of European, regional and national health policies. The European Health Literacy Survey was implemented using a standardized questionnaire developed by the HLS-EU consortium. Its aim was to measure health literacy, defined as the ability to search for, understand, evaluate and practically apply health information in making decisions about health care, disease prevention and health promotion. The research was conducted on a representative sample of 1,000 respondents in each of the eight participating countries, representing a total of 8,000 participants. The findings showed that limited health literacy is also a significant challenge for the general population. Almost every second resident of the participating countries achieved a score indicating low or problematic health literacy according to the HLS-EU methodology. At the same time, significant differences in the achieved results were noted between individual countries. Health literacy results according to the four-level index for the eight participating EU Member States in the HLS-EU survey (Source: <http://www.health-literacy.eu>)



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In the field of patient education in the world and in the European Union, there are already significant projects underway, which we have successfully brought to Slovakia. Among others, we can mention the project of education of patients with chronic musculoskeletal diseases, the so-called patient capacity building financed from EU funds, and the most important one can clearly be called the project of the European Patients Academy EUPATI. Similarly, the Association for the Protection of Patients' Rights (AOPP,) describes the educational and training programmes implemented as part of a capacity building project for patient organisations, which was run under the auspices of the European Patients' Forum (EPF). The project was part of the European Patients' Forum's Capacity Building Programme for Patient Organisations, which the EPF implemented between in Bulgaria, Hungary, Poland, Romania and Slovakia. The main objective of this comprehensive project was to ensure the sustainability of the activities of patient organizations, strengthen their professional, organizational and communication capacities, and develop the skills necessary to effectively represent patients' interests at both national and international levels[6].

5. Expanded understanding of patient education with overlap intohealthcare management

The Slovak Republic became part of the international initiative Open Government Partnership. Tomek also emphasizes the difference between PE understood in general and PE in specific conditions or cases. If PE is considered in a broader sense as a “patient education system”, it is necessary to apply methods and topics adapted to the patient's level of knowledge, severity of the disease, life expectancy and outcome expectations. PE has a different meaning and purpose for the patient who requires lifelong treatment, for the nursing staff and for relatives, patient advocates or patient organizations. A patient with a serious illness should be educated primarily on how to manage their illness and maintain the highest possible quality of life until the end. Other actors whose lives are not directly at risk should understand the nature of the disease and its treatment options, as well as the functioning of the health and social systems. The aim is to maximize support for the patient and his community - whether financial, political or social - and thereby contribute as much as possible to the success of treatment and care [4].

5.1 The need for lifelong education of healthcare professionals with an emphasis on safety

Education can be understood as a complex state that includes a set of acquired knowledge, skills, values, norms and attitudes. Since time immemorial, people have made efforts to protect themselves and their loved ones, and this effort continues to this day. It is thanks to it that humanity has survived and is constantly developing. We can also perceive history as a constant struggle to ensure its own security. Paradoxically, although man strives to protect his life, many of his activities contribute to the deterioration of living conditions on Earth, which often leads to armed conflicts. Security and the existence of humanity are closely interconnected and cannot be separated - they are an inseparable part of our being. If man did not strive for his security, humanity would have long since disappeared. For the past twenty years,

humanity has been plagued by fear of the threats and risks that lie in wait for it, rather than by the growth of its security. Nowadays, we increasingly hear terms such as "state security", "human security", and with these terms, the urgency to address the dangers and threats that our time brings us. If man did not strive for his security, humanity would have long since disappeared. For the past twenty years, humanity has been plagued by fear of the threats and risks that lie in wait for it, rather than by the growth of its security. Nowadays, we increasingly hear terms such as "state security", "human security", and with these terms, the urgency to address the dangers and threats that our time brings us. This makes people think again about their own safety, as well as the safety of all humanity. The education of healthcare professionals includes a wide range of activities that are managed and guided by the Ministry of Health of the Slovak Republic. These activities cover the entire process from preparation for the practice of the health profession, setting criteria for issuing accreditation opinions, verifying the professional competence of graduates of health study programs, recognizing qualifications, to ensuring continuous education.[1]

Lifelong learning is a legal obligation of every healthcare professional. It can be implemented in various forms, with the key being the fulfillment of individual components of continuous education defined in the Regulation of the Government of the Slovak Republic No. 322/2006 Coll. on the method of further education of healthcare professionals (as amended by later regulations). These components are divided into: Non-measurable component – independent study in the relevant field and performance of professional medical practice in the given field.

Measurable component – includes:

- one-off educational activities at the local or regional level (courses, training), professional internships at accredited workplaces of healthcare providers,
- accredited educational programs,
- pedagogical activity within the framework of theoretical and practical teaching in vocational, specialized or certification education, lecturing activity within the framework of an accredited continuing education program,
- publishing activities in professional periodicals and non-periodical publications, scientific research activities (participation in research projects and initiatives relevant to the field).[1]
- The Act further stipulates that the ongoing recording and evaluation of continuous education is to be carried out by the relevant healthcare professional organisation. The criteria and method of evaluation are regulated in the Decree of the Ministry of Health of the Slovak Republic No. 366/2005 Coll. (as amended). If deficiencies are found, the professional organization may:
 - request the employer of the healthcare professional to eliminate them,
 - notify the Health Care Supervision Authority,
 - offer the possibility of examination, impose a sanction in the form of temporary suspension of the license or its cancellation (in the case of repeated detection of serious deficiencies).

Conclusion

By calling the article “The Benefits of Academic Patient Education for Public Health,” we want to emphasize that patient education has undeniable, multidimensional, and significant benefits for both public health and healthcare. At the same time, we point out that patient education – ideally implemented as part of lifelong learning – belongs in academia and in the hands of experienced educators. We define the concepts of health literacy and information in all their dimensions, analyze the economic significance and impacts of health literacy, and describe selected methods of patient education. We pay special attention to our own experiences and findings in this area. Inevitably, in this context, we also address the importance of patient organization and seek connections with the tasks of public health. The article is intended primarily for public health professionals working in academia, but also for all experts and interested persons who are interested in working in a challenging but extremely important area - increasing health literacy, awareness, and strengthening patient competencies.

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