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# Undergraduate health: relationship between health literacy and care from the SUS perspective

## *Formação superior em saúde: relação entre o letramento em saúde e o cuidado na perspectiva do SUS*

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**ABSTRACT**
The objective was to understand the relationship between the concept and use of Health Literacy by students of Nursing, Medicine, and Psychology courses at a university in southern Brazil with care from the perspective of the Unified Health System. Qualitative, exploratory-descriptive study, carried out from May to December 2021, with 22 students, five from Nursing, nine from Medicine and eight from Psychology from a university in southern Brazil, through online interviews. Discursive Textual Analysis was used. The results showed that training does not include the concept, but incorporates elements of Literacy present in training, practice, and care. The use of literacy skills is related to care as the interaction between future professionals and users instigates the management of comprehensive care by the individual, who acquires and uses knowledge and information to promote their health and prevent diseases.

**Keywords:** Health Human Resource Training. Health Literacy. Unified Health System.

**RESUMO**
Objetivou-se compreender a relação entre o conceito/uso do Letramento em Saúde e o cuidado na perspectiva do Sistema Único de Saúde, em estudantes dos cursos de Enfermagem, Medicina e Psicologia de uma universidade no Sul do Brasil. Estudo qualitativo, exploratório-descritivo, realizado de maio a dezembro de 2021, com 22 estudantes sendo 5 de Enfermagem, 9 de Medicina e 8 de Psicologia de uma universidade no Sul do Brasil, mediante entrevistas on-line. Utilizou-se a Análise Textual Discursiva. Os resultados demonstraram que a formação não contempla o conceito, mas incorpora elementos do Letramento presentes na formação, na prática e no cuidado. O uso de habilidades para o Letramento tem relação com o cuidado na medida em que a interação entre futuro profissional e usuário instiga o gerenciamento do cuidado integral pelo indivíduo, que adquire e utiliza conhecimento e informação para promover sua saúde e prevenir doenças.

**Palavras-chave:** Formação Superior em Saúde. Letramento em Saúde. Sistema Único de Saúde.

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## INTRODUCTION

Health literacy (HL) is an essential competence used to identify and transform information into knowledge and action1. It is defined as the knowledge, motivation and competences of individuals in access, understanding, evaluation and use of health information, in order to make judgments and make decisions related to health care,

disease prevention and health promotion, to maintain or improve the quality of life[2].

Lower HL is directly related to factors such as low education and income, more advanced age, presence of multiple chronic conditions or disabilities, which has direct consequences to the health of the population. Thus, it affects the involvement of individuals in adequate decision making and, consequently, health results, and may impact cost and health systems[3-5].

Given this situation, health care in the Unified Health System (SUS) seeks comprehensive care to the human being, according to their needs and specificities. This occurs mainly through health promotion and disease prevention, with a view to stimulating the autonomy of SUS users and impacting the determinants and health conditions, contributing to the improvement of the health situation of collectivities[6].

Related to health promotion and disease prevention, HL has an essential function in health care of individuals. Through the search, understanding and correct use of health information, they can make healthy choices, such as eating properly, practicing physical activities, reducing stress, managing chronic diseases, having more autonomy and responsibility to make health decisions[7-8].

In this sense, health professionals play a key role in care for SUS users, developing health promotion and disease prevention actions. These mainly include SUS user education by sharing relevant information for care. Therefore, communication between the professional and the user is important, and professionals can investigate the HL to identify the level of understanding and use of shared health information[3,9].

In higher education in health, knowledge about LS is also relevant, as it provides effective communication between students and assisted users, as well as contributing to the refinement of health education practices of academics. The National Curriculum Guidelines (NCGs) for undergraduate health courses, in addition to reinforcing the student's direct commitment to SUS and health care for the Brazilian population, highlight the importance of providing skills related to health education and communication, approaching -If the needs and realities of the community[10].

Thus, knowledge about HL is fundamental in approaching health care from the perspective of the SUS, as the professional future will need to develop skills to be able to share information satisfactorily, so that individuals, aware of this information, can use them to seek a healthier life[11]. Studies show that health education is scarce compared to HL: there is little HL skills training and lack of insertion of the theme in curricula, being more focused on understanding reading and writing information, so they do not include participatory and self -management aspects individuals regarding health information[12-13].

Given these aspects, the present study aimed to understand the relationship

between the concept/use of health literacy and the care of the Unified Health System, in students of the nursing, medicine and psychology courses of a university in the southern region of Brazil.

## METODOLOGY

The study was configured as qualitative, exploratory-descriptive, conducted with 22 students from the last year of higher nursing, medicine, and psychology courses from a federal public university in southern Rio Grande do Sul. The inclusion criterion was actively enrolled in the last semester of the course; and the exclusion criteria were: students with certificate and/or health license; and without internet access and/or technology. Last year students were selected for having greater experiences in practices and disciplines in courses and may have a differentiated perspective on care from the perspective of the study theme.

After prior contact with the courses coordinations and the authorization to conduct the survey, a list with contacts (telephone/WhatsApp or email) of the students able to participate in the survey was requested. Thus, four invitations were made to all apt students (13 nursing via WhatsApp, 62 medical via email and 22 psychology via WhatsApp), obtaining the return of 5 nursing students, 9 medical and 8 Psychology, which totaled 22 interviews. The other invited students did not return any invitation, for unknown reason. The criterion for ending data collection was the maximum time until the course is completed by the students.

Data collection was through online interviews in Videoconferencing Application, from May to December 2021, which were recorded by audio device and later transcribed. A script for interview, semi-structured and designed for research, included topics related to the characterization of participants and open questions about practices and training related to SUS, health promotion, disease prevention, health concept, health education, Health literacy, as well as relationships between topics. The interviews lasted between 17 and 43 minutes.

The data were later transcribed and analyzed by the discursive textual analysis method[14]. This consists of four steps: unitarization; Categorization; Communication; and a self-organized process. Initially, a reading was performed with intensity and depth, forming the initial category, based on the relationship between the concept/use of HL and care from the perspective of the SUS. This was unitarized in four intermediate categories. Then, new reading was made based on the initial and intermediate category, in order to establish relationships between them, being separated into different units. Finally, the last stage of the analysis method was proceeded, in which the understandings reached after the previous two focuses were presented by the communication process between the reports within each intermediate category. The result was the

metatexts of description and interpretation of the investigated phenomena, giving rise to ten final categories.

The ethical aspects were respected, according to regulation of the National Council of Health and Research Standards in Humanities and Social Sciences, with approval by the Ethics Committee in Local Research, under opinion 4,715,054, CAAE No. 45146121.8.0000.5324. Participants signed the free and informed consent form; and the interviews were encoded by initial letter of the course followed by Arabic number (e.g., E2, M4, P8).

## RESULTS

Among the participants, five were male and 17 female. Age ranged from 22 to 51 years. The entry in the courses was from 2013 to 2016. Three reported to work professionally in the health area, and two nursing students worked as nursing technicians; and a student of psychology, as a community health agent. The emerging categories of data analysis are presented in Figure 1.

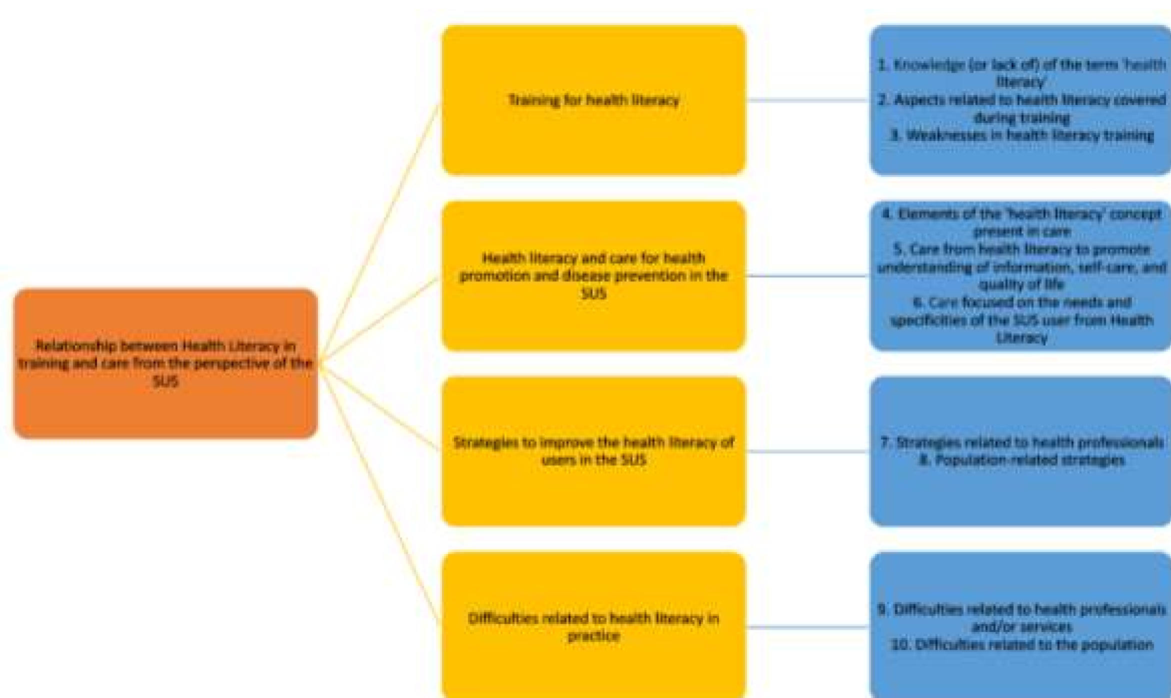


**Figure 1.** Schematic representation of the study categories
Source: Research data.

KNOWLEDGE (OR LACK OF) THE TERM "HEALTH LITERACY"

Most respondents said they do not know or remember the term or definition of HL:

> *I've heard, but I couldn't explain to you like this. [...] But no one never explained to me, specifically what would be.* (E4)
> *I have no idea.* (M6)
> *I think I may have heard, but it wasn't so specific.* (P7)

Only two participants showed some contact with the theme, trying to verbalize a meaning:

> *He is the globe of everything, I think, I believe. This is what brings together promotion, prevention, and education. I think it is the combo in this sense of perceiving, promoting, of being. So I think he is what joins everything. In this sense, which makes the person learn.* (E2)
> *Something like that I've heard. [...] I had access to some video lessons exactly about communication, as if it were the fifth sense of the doctor. [...] You have to know how to communicate, it's kind of that. I understand how to learn to communicate in health to be understood.* (M4)

ASPECTS RELATED TO HEALTH LITERACY CONTEMPLATED DURING THE FORMATION

Research participants expressed some aspects related to the concept and use of HL during training. Expressed the theoretical and practical experiences that made it possible to work some aspects to improve the HL of assisted SUS users, such as discussion and classroom training on elements related to the theme:

> *In more specific disciplines as I told you about health education, we saw this, although it did not mention the term "literacy", but it was very well contemplated.* (E3)

> *Sometimes we have some examples, during some classes, family medicine classes [discipline], for example, that the teacher brought some pictures of patients with literacy difficulties, difficulty understanding what was past [...]* (M9)

> *In psychology, I think it's a little better [...] because we still have, in most disciplines [...], trying to do the exercise of understanding how the other is.* (P4)

The practical activities developed by participants, in different health services, during training, allowed to work aspects related to communication, such as language adequacy, the type of approach used, strategies to improve the understanding of

information by individuals, as well as listening:

> *We took a gentleman who was visually impaired [...] had to adapt to this [...] had to pay more attention, even to understand. So, we worked with an attention, not specific, but a different attention than a normal patient.* (E4)

> *I found several people at the post [Basic Health Unit] that they could not read [...] so I got the habit of identifying the person when they have less socioeconomic level [...] Ask person, look, you understand? Do you want me to repeat the recipe again? There were also times that the person was not very lucid, so we put different stickers [...] drew a sun, a moon for her to know what time has to take the medicine [...] during the appointment, ask person if she understood, if she wants to repeat, if she knows how to read.* (M5)

> *Within psychology, we speak far beyond communication, which is the question of listening, so you have to listen is often determining and fundamental in certain situations and certain contexts.* (P1)

Another aspect evidenced as relevant to identifying and working issues related to HL during training was immersion within Primary Health Care (PHC), which, in the perception of some nursing and medicine students, facilitates a differentiated look and a practice broader for HL issues:

> *Prepared me a lot in basic network I [discipline], where we entered people's house, we experienced that person's lives.* (E1)

> *We have many chairs, especially in the area of primary care, which seek this. Seek to try to spread your knowledge to the population, which really has a very big lack of knowledge.* (M6)

## WEAKNESSES IN TRAINING FOR HEALTH LITERACY

The first fragility visualized was the lack of the specific health literacy theme in the formation of participants, thus expressing both the ignorance of the term and their statements. It also stands out the need to include the theme, denoted in some speeches:

> *Look, literacy, I heard little. So, so, some things right on top.* (E2)

> *I think it really should be included in our academic grid.* (M5)

> *More fragile, very fragile [the formation in relation to HL]. This question could be deeper for us.* (P2)

Another fragility evidenced by some students was training from a more traditional and fragmented perspective, with outdated teachers, who do not prioritize issues related to SUS users and HL in formative practice:

> *It is something that is not spoken almost, because I really do not remember, we have felt very fragmented.* (E2)

> *Small part of my training has been focused on this, because I think our teaching […] is very traditional. So, there are teachers who have not yet been updated, speak many scientific terms, and they do not guide the practice, few chairs, few teachers taught us to have this health literacy.* (M5)

> *This distance, thus, of most psychology teachers in understanding people, in understanding most of the population […] many teachers cannot think of health from the social reality we live.* (P8)

The short period of insertion in practice, in the students' perception, was also considered a fragility, impairing the improvement of HL -related issues in training:

> *I think if they had more practices, if it was a longer period, you know?* (E5)

> *[…] They were just examples; it was nothing we could practice about it.* (M9)

> *If I don't go to the field, it is difficult, because I won't know this reality […] the gym sins in this regard, it is very academic.* (P2)

ELEMENTS OF THE CONCEPT "HEALTH LITERACY" PRESENT IN THE CARE FOR HEALTH PROMOTION AND DISEASE PREVENTION

The element that comes closest to the concept of LS, highlighted by most participants, was to consider SUS user understanding to promote health and prevent disease in their care:

> *In speech, in the way the person understands, often when we will do their own interview, when we go to the patient, get to the patient, talk to the patient, we realize […] they do not have this understanding.* (E2)

> *I understand how to learn to communicate in health to be understood.* (M4)

> *The issue of language I saw that sometimes, if we used a more technical language, people really don't understand.* (P4)

Another aspect highlighted regarding care was to understand the factors that influence the HL:

> *It was complicated that we could explain […] it would be difficult for him to change these habits. Because it is already in his culture, has been rooted for years.* (E3)

> *It is quite common for us to come across […] elderly people who do not see and do not listen so well […] when we ask, "Do you know how to read?"* (M4)

> *At times I used terms, and the person asked me to explain, and I understood that I was being very academic [...] very technical. So, I think it is very important to know the difficulties that the person has.* (P8)

Taking into consideration the prior knowledge of SUS users was another point highlighted to promote better care:

> *The vast majority of people have very little knowledge about the functioning of their own body [...] have many doubts and also very little knowledge.* (M7)

> *You realize that the person has no knowledge of places, does not know the network, does not know some terms.* (P2)

Understanding and encouraging the SUS user's motivation to perform their own care was an issue raised by few students, but it is present when they plan care:

> *Understand what that person needs, what they want.* (E3)

> *The patient understands what he has, how he can improve, this often facilitates adherence, and the patient is more interested...* (M1)

> *Some people without motivation to listen to what we had to say, probably due to other experiences [...].* (P6)

Regarding the access and search for health information, only two participants, specifically from Medicine and Psychology, take into account the planning and/or execution of care:

> *Realizing that people were there not only because of problems already in place, but they were looking, they wanted to know, they were looking for information. [...] interest and the search really, for information.* (M8)

> *[...] don't leave her helpless, you know. I always tried not to abandon that person who was already helpless looking for something.* (P3)

## CARE BASED ON HEALTH LITERACY TO PROMOTE UNDERSTANDING OF INFORMATION, SELF-CARE, AND QUALITY OF LIFE

The use of HL-related skills provides the correct understanding of health information, which influences the empowerment and appropriation of health issues of SUS users, which affects care:

> *Trying to really introduce this health education, only in a way that they understand, which was very fruitful, because then it made sense to them. [...] if it doesn't make sense for the person, they won't adhere [...] care won't happen.* (E3)

> *Explain, make the person understand what their role is in their own care.* (M3)

> *Health promotion in the conception of each one and care for their health depend on this understanding and understanding.* (P1)

> *As the person communicates […] we had to modify the vocabulary to somehow access that person and something beneficial for them to happen.* (P2)

The HL issues, in the perception of some students, also influence to enhance the self-care of SUS users, providing a better quality of life:

> *Knowing people is the starting point for people to have a quality of life.* (E5)

> *If people had more knowledge, they could be more active in their own process of taking care of themselves, preventing…* (P4)

CARE AIMED AT THE NEEDS AND SPECIFICITIES OF THE SUS USER BASED ON HEALTH LITERACY

The understanding and use of HL-related skills by students enables care focused on the needs and specificities of each SUS user, taking into account their previous knowledge and the factors that affect HL:

> *We worked with non-specific care, but different care than a normal patient […] you have to have that feeling.* (E3)

> *People are as diverse as possible, and have the most diverse perceptions possible, each with its limitations and particularities.* (M8)

> *Pass information, pass awareness, understand people's fears, people's needs and be able to explain about it […] show what she couldn't understand and how can I make her understand that.* (P7)

STRATEGIES RELATED TO HEALTHCARE PROFESSIONALS

To work and improve the HL of users in the SUS, the students highlighted the communication strategies, which are already developed in the training:

> *If it's a person who doesn't have a study, who doesn't have clarification, who has a poorer language, we have to adapt to that language. […] the dialogue […] we manage to have this understanding of the patient.* (E4)

> *It was quite common for us to try to pass on some information and first of all we had to ask: "Do you know how to read? Do you know how to write? Do you understand what is written here? […] Read to me what is written […]" He would draw a pill, a large orange […] so she could take the medication at the right time. On another occasion, we also had to label the medicine boxes with colored tape.* (M9)

> *You have to have an accessible language, you have to know how to reach, you have to know how to communicate [...] often, listening makes a difference.* (P1)

Understanding the needs and specificities of knowledge and of the SUS users assisted was also a strategy considered important to be used by health professionals when addressing HL issues.:

> *Trying to understand a little bit about the person's education, because sometimes you write, and the person can't read.* (M2)

> *It is important for us to ask basic questions to understand what is the story that person carries, what comes before them. […] for example, gender identity, sexuality, income, schooling […] whether there is internet or not […] to be able to understand that individual, to understand the difficulties that perhaps he went through in his life.* (P8)

The insertion in the reality of SUS users, through bonding and empathy, was also considered by some students as a strategy to promote HL:

> *Then comes another issue of bonding, of you being able to establish it.* (E3)

> *On the part of the professionals, I think they have to have more humility, more empathy […] because many lose their patience and want to get rid of the patient soon […] So this doctor-patient relationship ends up losing a lot.* (M5)

The follow-up of the SUS user, through consultations, was pointed out by two medical students as another strategy to be considered for the HL:

> *[…] reinforce this part during the consultation and see if the person understood; and perhaps ask for a closer follow-up of that person, with more frequent consultations…* (M1)

> *Really try to explain, or change the words, […] take it easy, more consultations, more follow-up to be able to reach what you want.* (M6)

Finally, a medical student also mentioned the importance of training health professionals in relation to the subject of HL:

> *Enabling, permitting professionals to be trained.* (M8)

STRATEGIES RELATED TO POPULATION

The main strategy to improve the HL of SUS users was related to the need to address health issues from basic school education, expressed by Nursing and Medicine students.:

> *Literacy should start from school; we should already have an orientation, a discipline in health within the schools.* (E2)

> *The ideal would be for us to somehow try to get people into basic education […] to invest more in this part of education as well.* (M1)

Along with this, providing better living conditions for the population, in order to reduce inequalities, was also mentioned by a medical student:

> *To really change that, only with investment in education and better living conditions for the population in general, to reduce this inequality.* (M9)

A Psychology student also reported the importance of activating social support networks to promote the understanding of information and adaptation of communication, allowing for more effective care and improvement in HL:

> *I realize that a family support network makes a difference. So, if for example, it is an elderly person who does not understand, if he has a child who is there for him, who you can access, he will be able to understand better, because that family will know how to talk to that person so that they understand.* (P3)

DIFFICULTIES RELATED TO HEALTH PROFESSIONALS AND/OR SERVICES

The lack of time in health services, as well as professionals to work on issues related to HL, is one of the needs expressed by students:

> *What complicates our daily lives, you know, is the rush. [...] there are I don't know how many people waiting in the front. So, with that, we end up shortening perhaps a consultation, going over things that perhaps we should pay more attention to.* (M2)

> *I think that, again, we get into the thing of having time, patience [...] I think it's not wanting to do things in a hurry and then leave dismissing and calling the next one... being there centered in that moment, in that service.* (M3)

> *We know what the services are like. Crowded with people, there are many people to attend. So, I think [...] having more professionals so that we don't have to attend to a person running because there is a huge queue.* (P5)

Two medical students also reported that the lack of knowledge about the Brazilian Sign Language (Libras), on the part of health professionals, can be a difficult aspect of care for HL issues. One still says that the course allows a specific discipline of teaching Libras, but optional:

> *I've already treated deaf patients, and I don't know Libras [...] it's very excluding; not knowing pounds makes a gigantic population not have access, not have good communication.* (M4)

> *There were friends of mine who took the Libras [discipline] course, which is also a way of trying to provide this literacy in health. I didn't take this course because it was optional, but, as far as I remember, it was one of the only things I had in college that I could talk directly about it, to try to establish better communication.* (M9)

Finally, a Psychology student also exposed the difficulty of having little work support to work with educational and HL issues within health services.:

> *Perhaps not having the support or support of other places, even the city hall. If I don't have material, how do I go to the person's house to pay a visit, I don't know.* (P3)

DIFFICULTIES RELATED TO POPULATION

Participants recognized the factors related to low HL, such as difficulties to promote it in practice, especially the low education level of the population. They also brought the low socioeconomic level, the issue of culture and health habits rooted in the lives of SUS users, physical abilities, such as visual and hearing difficulties, as well as the presence and experience of chronic diseases.:

> *And this issue of the lack of culture, the lack of clarification in a sense of schooling even…* (E4)

> *We did an internship in a very humble area here in the city, with a lot of social problems, a population with low education, with low socioeconomic level [...] that we serve [...] or people with hearing or visual impairments.* (M9)

> *He had some limitations [...] he often arrives vulnerable, with a physical illness, vulnerable emotionally, psychologically.* (P1)

> *Not everyone has access to a cell phone with internet, this is not the reality [...] the challenge is [...] to be able to reach these people.* (P4)

A Psychology student also highlighted the little responsibility of SUS users for their health care, a factor that makes it difficult to provide care focused on HL issues in practice.:

> *People also need to be more interested in taking responsibility for their issues. [...] people don't read, they don't read what you say, they don't listen properly to what you say.* (P3)

## DISCUSSION

Most students surveyed are unaware of the term/concept of HL. Such a result was also found in a study carried out in Israel, which examined HL awareness and its association with the HL level of community clinic professionals: 67% of the participants had never heard about it, 26% had already, but were not familiar with the topic, and only 7% were familiar[4].

On the other hand, in the United States, attitudes and knowledge of HL among pediatric residents and teachers in continuity clinics were evaluated, and it was found that most participants (99%) correctly identified the concept/definition, but 37% did not. received specific training on the topic[15]. The present study corroborates these findings, demonstrating that the HL still needs to advance both in training and in continuing education and in the practice of health professionals within the Brazilian context, similarly to what occurs in the international scenario.

Although students have reported about theoretical experiences about the elements related to HL throughout their training, they may not be specifically contemplating all the necessary skills. The HL is considered an underdeveloped domain in the field of training of health

professionals, evidencing the need to incorporate the theme in the teaching-learning process and in the curricula of undergraduate health courses, including teaching adapted to all health disciplines[12].

Practical experiences specifically related to aspects of communication seem to be part of the training of the students surveyed. Communication skills are essential to allow a more effective professional-user relationship, being a foreseen competence, according to the NCG for health courses, in view of the commitment and approximation of the student with the community for the SUS[10].

Some studies carried out with students in the health area, on the development of communication skills in training, also bring examples of practices that have proved to be successful, such as: interaction with SUS users; development of active listening; adaptation to simple and culturally accessible language; use of varied health education methods (visual, auditory and practical resources); and use of teach-back (educating the person and asking them to explain in their own words what they have learned)[16-18].

Communication skills are essential to ensure the correct understanding of information by both students and SUS users, enabling more effective health care. In this sense, communication is a skill that students must develop from the beginning of their graduation, thus having the opportunity to refine it over time in the course and as they acquire more experience[16-18].

Immersion in PHC was another aspect that, in the participants' perception, contemplates learning for the HL. PHC can be considered a differential in the HL approach, since it allows a longitudinal follow-up of SUS users and the community, allowing the creation of bonds and for them to exercise their autonomy in their own care. This provides quality in the interaction between SUS users and professionals, being able to improve and work on issues related to HL, aiming to prevent diseases and promote the health of the population[19].

Regarding training weaknesses, the absence of the theme in the courses and training in a traditional and fragmented perspective predominate. The fragmentation of care interferes with the quality of the relationship between professionals and SUS users, which limits the professional's comprehensive look, which can affect people with low HL. Thus, this care needs to be centered on the real needs of SUS users, within their contexts and understandings, and not limiting education and HL practices to a standard of knowledge transmission.[20].

The need for more insertion in field practice, having direct contact with SUS users, was another weakness highlighted about the HL in training. A study carried out in Georgia (United States), which determined the effectiveness of an intervention related to HL on the knowledge and self-efficacy of Nursing students, showed that isolated theoretical experiences are less effective and that theoretical training with practices in the community

allows increasing skills communication, problem solving and critical thinking skills of students, increasing their confidence and self-efficacy in care[17].

Although the students, in their training, did not specifically work on the concept of HL, they bring, in their speeches, elements that encompass it, including: the importance of understanding the SUS user when providing information or health guidelines; its factors related to HL; their prior knowledge; your motivation; and your access and search for information. This demonstrates a commitment to the availability of comprehensive care by students, in which the set of all elements can partially contemplate the HL and guarantee health education and sharing of quality information for the population.

The relationship between the concept/use of HL and care is expressed by students when they are concerned with understanding information and how much this will influence the empowerment of SUS users in their health and illness issues. The appropriation and sharing of health knowledge allow SUS users to be more active, aware and to have greater decision-making power over treatments, care, and life habits, which can directly affect the promotion of their health and the prevention of possible diseases and injuries[21-22].

Another study, carried out in Ireland, which sought to understand how HL influenced health issues through the exploration of the main facilitators and barriers in the process in patients with chronic diseases, showed that this competence had an influence on the improvement of their perceptions in the control of their health and empowerment over time. They incorporated health knowledge, motivation, and behaviors within the everyday contexts of their lives, expanding their health perception to manage lifestyle changes and improve self-care[23].

The understanding and use of HL-related skills by students was also related to care, as this was aimed at different needs and contexts, as well as users' knowledge. Aspects such as older age, lower education and lower socioeconomic level are predictive of greater information needs, which affects trust and health self-management, bringing more anxiety and fear to individuals. Thus, strategies should be focused in this sense[24].

The fact of understanding other factors, such as visual and hearing impairments, race, gender, cognitive status, beliefs and culture, and the way in which these can affect health outcomes, allows students to provide differentiated care. This is because it broadens the view and makes adaptations in the communication process and in the education strategies used, enabling greater inclusion of SUS users as recommended within the logic of equity in the SUS[10,20].

The relationship between HL and self-care influencing quality of life is also seen by students as relevant and fundamental. Greater skills in this competence to promote self-care directly affect the satisfaction and adherence of SUS

users to treatments, health care, prevention of diseases and injuries, positively impacting health outcomes and bringing more quality of life[17].

Among the cited strategies related to health professionals to improve or promote HL, students mainly bring communication. Adapting HL materials to language and culture, providing both verbal and written information, using simple language, speaking slowly and with a clear voice, asking the person to repeat or teaching back are strategies that contribute to the competence in question[4,25]. It is worth mentioning that the students identified that these strategies have been worked on in the formation.

Cultural and linguistic differences can affect the understanding of information, so the use of complex information and technical terms should be avoided. In addition, noise in communication such as overestimation of understanding by professionals, as well as the shame and lack of confidence of SUS users in asking questions or clearing doubts should also be aspects that require attention[26].

Understanding the needs for knowledge and information as well as insertion into reality through bonding and empathy were also cited strategies. Considering the prior knowledge of SUS users, their needs and their motivation also becomes essential in health care. People assisted prefer caring and empathetic professionals, who consider their anxieties and difficulties and involve them in their own care, as they like to be heard to develop motivation and mutual trust in obtaining information, which improves HL[27-28].

In addition, future professionals should be aware that SUS users seek and obtain information in different ways: seeking help from health professionals, family, and friends; or even on the internet, in mass and print media[28,29]. The preference is usually given for information that is easy to understand, well-structured and presented in a neutral way[30].

Another strategy reported was in relation to the monitoring of SUS users, through more frequent periodic consultations, which can contribute to the creation of a bond and greater trust between the professional and the SUS user in sharing important information about health, disease, and treatments. Continuous monitoring, especially if carried out by an interdisciplinary team, improves the self-efficacy of these users. This empowers them in the self-management of health and diseases, which has repercussions on improving their health status through changes in life habits, such as diet, physical activities, and control of medication use[31], contributing to care for health promotion and disease prevention.

Participants also recognized the importance of training health professionals in care related to HL issues, also bringing difficulties related to professionals such as lack of time and labor support in approaching this knowledge. Studies have revealed that professionals do not feel prepared to deal with HL issues in practice and have not received or receive little

training or training on the subject. In addition, lack of time to approach HL (such as limited appointment hours and busy schedule), limited resources and little work incentives expose the urgency of incorporating learning and education on this topic in the training and continuing education of health professionals[15,20,26].

As for the strategies related to SUS users/population, the need for improvements and investment in basic education emerges, according to the participants' speech. Health is influenced by educational level, affecting physical and mental conditions, access and use of health care, presence of chronic diseases and low HL[20].

The concepts of health present in the National Common Curriculum Base in Brazil and the themes on health worked on in the elementary school curricula showed that health has been presented in a restricted way: the focus is that the responsibility for it is the subject's, secondary to the context social and environmental environment in which health or disease is produced[32]. In addition, the discourse disseminated by the Base represents a setback in the creation of a health culture that forms autonomous and critical subjects in relation to their health[32], which may have repercussions on health in general and on health systems.

The students highlighted the factors related to low HL, such as difficulty in practice, also bringing as a strategy the investment in living conditions, to reduce social inequalities and improve the health and HL conditions of the population as a whole. Low HL is closely and simultaneously linked to several social determinants of health, so it disproportionately affects vulnerable populations, including the elderly, people with disabilities and lower socioeconomic status, with limited education, as well as racial/ethnic minorities[20]. This statement instigates the need to establish as a priority policy to work on the HL of the population, for the promotion of health and disease prevention, improving accessibility, equity and adapting to social and cultural contexts[11].

Still as a strategy, the importance of using different social support networks to work on HL emerges. The involvement of the SUS user and their family members, friends, or the sharing of information in the community or people with similar conditions are factors that influence increased confidence and motivation for the correct use of health information, improving care management of SUS users[21,26,28].

Evidencing the difficulties related to HL in practice regarding professionals and/or health services, the lack of knowledge in Libras, reported by students, is a difficulty found in the care provided to SUS users who are deaf and/or hearing impaired. They often face barriers in accessing and receiving health information, contributing to significant gaps in knowledge and HL[33]. Therefore, in training, the existence of an optional Libras subject contributes to reducing communication barriers with this population group.

When analyzing the curriculum and the pedagogical project of all undergraduate courses in the area of health in Brazilian Higher Education Institutions, to identify how health professionals are trained in Libras, it was shown that, of the 5,317 courses analyzed, 43.1% offered this subject, 16.7% as mandatory and the majority (83.3%) as optional. This finding showed the existence of weaknesses in the training of health professionals regarding the teaching of Libras, evidenced by the lack of standardization related to the periods offered and the reduced workload. This fragility is a restrictive element to communication between health professionals and deaf subjects, which directly reflects on comprehensive care and contributes to the scenario of invisibility of the deaf population in health care[34].

Finally, the students also reported a difficulty linked to SUS users regarding HL in practice: the lack of responsibility for their own health care. Often, subjects with low HL feel ashamed and have little confidence in the relationship with the professional in sharing information, which makes them less confident in self-management of their health, affecting empowerment and accountability for care[24]. This further demonstrates the importance of focusing on strategies centered on the individual information and knowledge needs of the SUS user, positively reinforcing actions and sharing feedback.

## FINAL CONSIDERATIONS

The training of Nursing, Medicine, and Psychology students, in the present study, does not include the concept of HL, but incorporates elements of the concept present in training, practice and care, such as the understanding of the SUS user during the provision of information or health guidelines, factors related to HL, prior knowledge of the SUS user, their motivation and access and search for information. The focus is on strategies related to communication and understanding the needs of SUS users, the different contexts and factors that interfere in the HL, thus contemplating the aspects of the NCGs for health courses in Brazil.

It was shown that the use of HL skills — such as communication, approach and appropriate language, dialogue, listening and empathy — is related to care from the SUS perspective, as the interaction between SUS professional and user instigates management of comprehensive care. They acquire and use knowledge and information to promote his health and prevent diseases, through changes in life habits, disease control and reduction of risks and health problems. This logic of care is in line with the principles, guidelines, and policies of the SUS, which seek to reduce health disparities and improve indicators and the population's quality of life.

Furthermore, the study points to the need to both refine and expand the training related to HL in the curricula of the health area in Brazil and to incorporate it into the

practice and continuing education of health professionals. This is because the students in the present study highlighted difficulties in approaching this knowledge during practices, whether private or interdisciplinary, with the need for approaches to work with it and improve communication. As strategies, they highlighted the learning of Libras and the refinement of public policies that modify the work mechanisms of the SUS, to enhance equitable care focused on the needs and determinants of health by professionals.

As it was not possible to reveal the perception of all, or most of the expected participants, due to the non-participation of all students in the last year of the courses in the research, this can be considered a limitation of the study. In addition, some factors may have affected the quality of the exploration of the themes during the interviews: impossibility of carrying out the interviews in person, due to the covid-19 pandemic at the time of data collection; limitations in approaching the interview in online mode, such as internet oscillation, low audio and delay in transmission (delay), which generated communicative difficulties between the interviewee and the interviewer.

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