Pakistan Journal of Medical & Health Sciences Vol.20 (09), 2026 www.pjmhsonline.com

ISSN (P&E): 1996-7195, (O): 2957-899X **DOI:** https://doi.org/10.53350/pjmhs02026209.1

EDITORIAL

Health Literacy, Patient Activation, and Self-Care in Heart Failure

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This Editorial may be cited as: Farid G., Niazi A.K., Health Literacy, Patient Activation, and Self-Care in Heart Failure. Pak J Med Health Sci, 2026;20(09):1-2

Received: 02-06-2026
Accepted: 15-09-2026
Published: 30-09-2026

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BACKGROUND

Heart failure (HF) is a chronic cardiac disease that comes with a requirement for ongoing self-care for clinical stability and preventing disease progression. Good self-care includes taking medicines as prescribed, adopting a healthy diet, keeping an eye on their weight and checking for symptoms and seeking appropriate help when they are needed. Patients may face challenges in practicing these actions due to low health literacy levels, lack of confidence and access of health information. Better education of heart attack and cardiovascular disease is vital in enhancing patient education with regard to its symptoms and prompt care-seeking in Pakistan[1].

Enhance health literacy and self-care adherence: Health literacy is a person's ability to access, understand, evaluate and use health information to make health care decisions. Poor health literacy can lead to poor comprehension when it comes to delivering treatment instructions, medication routines, dietary guidelines, and warning signs of clinical deterioration. Cardiovascular research has shown the significance of health literacy in relation to long-term health consequences after myocardial infarction[2]. Patient education and health Literacy interventions can be used as tools to promote informed decisions and patient engagement in healthcare[3]. However, consistent adherence to self-care may not be assured by knowledge. The patient will also need to show motivation, skills, confidence, and to implement the information took in their everyday health behaviour.

Patient Activation:
Patient activation is the extent to which people know, have the skills, confidence and motivation to take control of their health and actively engage in health care decisions. [4]. Likewise, existing research has shown that health literacy and patient activation are important factors in health-seeking behavior, though their roles can be different in various populations and settings[5].

There is evidence that interventions designed to target health literacy and patient activation will support better outcomes for chronic disease self-management in the outpatient community[8]. Treatment of behavior changes to improve patient activation amongst hypertensive adults have also been examined, and it is possible that the use of such methods can help in improving patient empowerment in self-management[9]. The results of this study highlight the need to combine educational and behaviour change interventions to enable patients to learn how to apply the knowledge of health-related behaviours to long-term self-care.

Digital Literacy and Social Support
Stakeholders must be able to find and make sense of information in digital health guidelines and use them appropriately. Digital resources should, however, be used to complement not supplant communication with health care providers. As patients trust on the medical sources for health information and patients gradually mobile applications, use e-health services and for better health management of the disease, digital health literacy is becoming gradually crucial.

Self-care and health information utilization and navigation through the healthcare system also may be

supported by social and family supports. The importance of considering, as part of the health outcomes to be investigated, health-related social support and family support is described in the research on integrated health literacy models[6]. Cardiac rehab also offers opportunities for reinforcement of health literacy through structured education, and patient-centered support[10].

CONCLUSION

Cognitive, psychological, behavioural and social factors are interrelated and relate to each other to predict self-care adherence in adults with HF. Patient activation helps patients engage in self-management, and health literacy helps patients to gain knowledge about their condition. Other digital literacies and social support can also help the patients in accessing and applying credible health information. A combination of literacy-sensitive education, behavioural activation, digital health information, and familial support may be helpful for enhancing adherence to self-care and health outcomes. Future studies should investigate the multifactorial associations to identify and support interventions for the specific scenarios of adults with HF in resource-limited health care environments.

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