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# A qualitative case study of implementing Easy Language policies at a public hospital in Finland

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## ABSTRACT

**Background:** The need for accessible communication in health care is rapidly growing. Easy Language has shown to be an effective means of simplifying information. **Aim:** In this qualitative study, we examined why a Finnish public hospital started using Easy Language in its consumer communication, and what exactly this process required. **Methods:** The qualitative data consisted of six semi-structured theme interviews with management-level personnel. **Results:** Easy Language was seen as one way to address consumers' needs in the hospital. The use of Easy Language in consumer communication was justified by values, consumer orientation in particular. Using difficult language was seen as harmful to consumers. Organizational benefits were not reported to be the motivation for using Easy Language, although they were one result comprehensible communication. Linguistic expertise and strong management support were considered the most important requirements for the successful use of Easy Language. **Discussion:** Easy Language may be a practical means for simultaneously realizing health care values and improving consumer experiences. **Conclusions:** Understandable language is vital for good customer experience in health communication. Our research showed how the hospital's value of consumer orientation was put into practice. Future studies could examine consumer experience and the impact of Easy Language usage.

## KEYWORDS

Consumer orientation, Easy Language, health communication, linguistic simplification, organizational health literacy, patient instructions.

## BIOGRAPHIES

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## Introduction

Complex language is a recognized challenge in health care (e.g., Schiavo, 2014; Ahrens et al., 2022). Patient instructions in particular can be difficult to understand, yet they are important for patients' health and the smoothness of processes (Graham & Brookey, 2008). If consumers do not follow instructions, this may lead to preventable adverse events (AEs) and ultimately affect the costs incurred by health care providers (e.g., Cohen et al., 2005; Bartlett et al., 2008; Hurtig et al., 2018). In the broad field of health communication, attention has been paid to equity and tailoring messages for different audiences, yet concrete, sufficient solutions for simplifying language have not been given enough consideration (e.g., Schiavo, 2014; Brach, 2017).

The need for accessible information in health care is growing for several reasons. People's ability to understand standard language has weakened (e.g., OECD Skills Outlook, 2013; The European Association for the Education of Adults, 2018). Low health literacy has been recognized in both Europe (Sørensen et al., 2015) and the United States (Williams et al., 1995; Kutner et al., 2006). In Europe, the population is aging and the number of foreign language-speakers is increasing (Eurostat, 2023).

The view of health literacy as a characteristic of an individual (e.g., Liu et al., 2020) has expanded and it is now also understood as a characteristic of organizations (e.g., Brach, 2017; Brach & Harris, 2021). As a concept, organizational health literacy emphasizes that it is the responsibility of health care organizations to make health communication accessible and understandable to consumers (e.g., Farmanova et al., 2018).

## The concept of Easy Language

In many European countries, Easy Language (also Easy Read, easy-to-read language) has effectively made information more accessible in various areas (e.g., Maaß, 2020; Lindholm & Vanhatalo, 2021; Ahrens et al., 2022). The term Easy Language refers to a linguistic form that is less complex than standard language (e.g., Maaß, 2020). Easy Language is even more simplified than the more widespread plain language (Plain Writing Act of 2010; Federal Plain Language Guidelines, 2011) at the morphological, syntactical, semantic, and textual level. Linguistically, these two variants may overlap, but Easy Language text is usually shorter than plain language text, as all the unnecessary information has been removed for better comprehensibility (Perego, 2020; Maaß, 2020; Leskelä et al., 2022). While Easy Language is not a trademark concept, capitalization of the term has become common practice among the international research community since the early 2020s (e.g., Maaß, 2020; Lindholm & Vanhatalo, 2021).

Unlike plain language, Easy Language is often targeted at specific groups, such as people with cognitive disabilities, memory disorders, or immigrant backgrounds (e.g., Lindholm & Vanhatalo, 2021). Easy Language only has a strong legal status in Germany (Maaß, 2020), but various public and private organizations, especially in the Nordic countries, have been providing services in Easy Language for decades

(Bohman, 2021; Leskelä, 2021; Lindholm & Vanhatalo, 2021). People with no specific linguistic challenges have also benefited from simplified language, as it can be faster and easier to understand (e.g., Reichrath & Moonen, 2022; Bugge et al., 2021). Although the need for simplified language is believed to be greater in health care, the use of Easy Language in this sector has been studied little (however, see Chinn & Homeyard, 2017; Sutherland & Isherwood, 2016; Ahrens et al., 2022).

## Research questions

This qualitative study examined the use of Easy Language in a public hospital in Finland. Since 2016, Easy Language has been a permanent part of consumer service in this hospital's units that communicate with consumers. In contrast to the general practice in Finland<sup>1</sup>, the hospital uses Easy Language with all its consumers. The current study is the first to explore the case of the Satasairaala Central Hospital, which is globally unique. We had two research questions:

RQ1: Why did the Satasairaala Central Hospital choose to use Easy Language with all its consumers?

RQ2: What was needed for the Easy Language project to succeed?

Our aim was to provide new knowledge for a practical model for simplifying health communication language. We wished to produce knowledge that was replicable and could be applied in other health organizations.

## Material and method

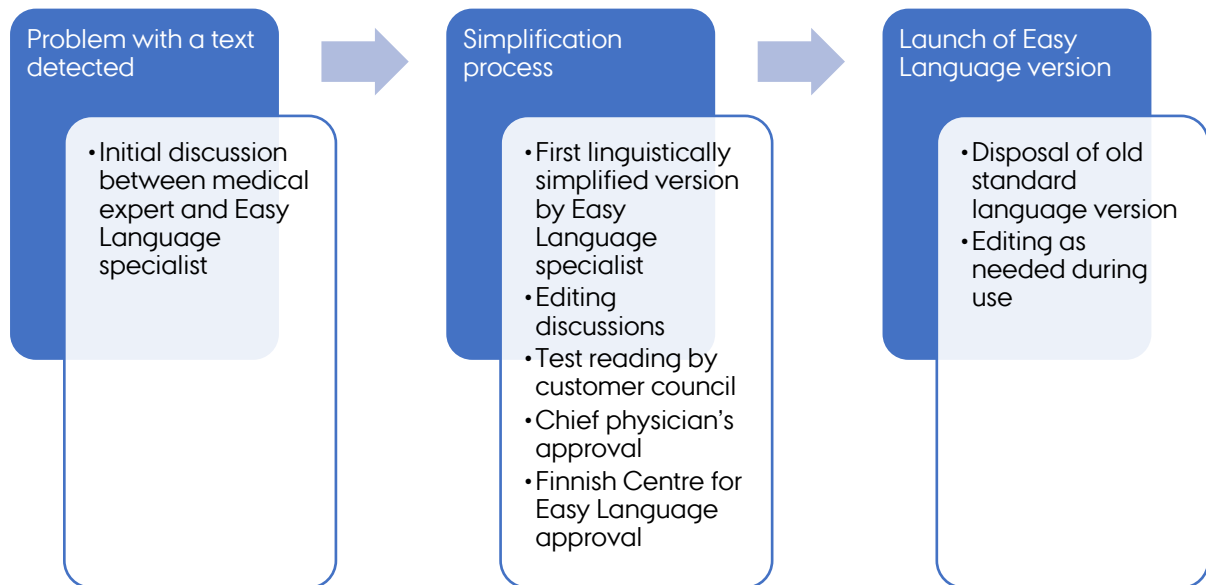
### The case of the Satasairaala Central Hospital

The Satasairaala Central Hospital is a public, middle-sized hospital managed by the Wellbeing Services County of Satakunta, located on the southwest coast of Finland<sup>2</sup>. It is spread over several locations and has approximately 3,700 employees. The Satakunta Wellbeing Services County (formerly Satakunta Hospital District) provides specialized medical care for approximately 213,000 inhabitants as well as emergency services for consumers from outside the area. Consumer orientation in health care, for example, health care being designed on the basis of the consumer's needs, is important globally (WHO, 2013; McColl-Kennedy et al., 2017). Consumer orientation is also a key value in the Satasairaala Central Hospital's strategy (Satakunta Hospital District, 2022). According to the hospital's 2021 consumer survey, consumer satisfaction is excellent (4.5/5). The Satakunta Hospital District gained international attention when it reached the finals of the International Hospital Association Awards in 2019 (Satakunta Hospital District, 2019).

### The Easy Language Project at the hospital

The hospital piloted Easy Language in consumer communication in early 2012. The goal was—and still is—to offer the most important or most used patient instructions and

webpages in Easy Language (Valkendorff & Vanhatalo, 2024). The Easy Language pilot project ended in 2016, and Easy Language became a permanent tool and the main communication method at the hospital. Currently circa 70 patient instructions, 400 webpages, a mobile assistant, and the hospital chat meet the criteria for Finnish Easy Language (Leskelä, 2021; Easy Finnish Indicator 2.0). The current guidelines for Easy Language contain 96 criteria for assessing the easiness of a text's language, considering the text as a whole, i.e., words, language structures, layout, and illustrations. For an example of an Easy Finnish patient instruction, see Appendix A.



*Figure 1. Process of linguistic simplification of patient guide or website in the Satasairaala Central Hospital.*

Since its beginning, the focus of Easy Language use at the hospital has been on preserving the content of texts but presenting it in simplified language (see Figure 1). The Finnish Centre for Easy Language (in Finnish: Selkokeskus) has played an important role in the simplification process: producing the Easy Finnish guidelines, providing training, and issuing the Easy Language symbol (in Finnish: SELKO symbol) for texts that meet the criteria (Selkokeskus, n.d.; Selkokeskus, 2022). Selkokeskus is a part of the Finnish Association on Intellectual and Developmental Disabilities (FAIDD), funded by the Ministry of Social Affairs and Health.

## Overview of the study

The research data consisted of six semi-structured interviews carried out in Finnish and were collected by one or two researchers in early 2022. The interviewees worked at the Satasairaala Central Hospital in different expert or management-level positions. In Finland, the management of a public hospital typically consists of experts and managers in communication, human resources, administration, nursing, etc. The project researchers first visited the hospital to discuss potential interviewees who had been involved in the different implementation stages of the Easy Language project. Our data collection method was purposive sampling (Elo et al., 2014), as we aimed to

find interviewees with the best knowledge of the topic. Hence, the sample size was relatively restricted. The contact person at the hospital helped us get in touch with potential interviewees, and all asked agreed to be interviewed. The interviewees brought up the same issues and the saturation point was reached. The semi-structured interviews lasted for 42–95 minutes, and were audio recorded and transcribed (total of 85 pages). All the semi-structured theme interviews had a similar framework of topics related to the use of Easy Language in the hospital: start-up and brainstorming, planning implementation, implementation, experiences of Easy Language use, feedback, and evaluation and further advice (see the interview questions in Appendix B).

The interviews were conversational and informal. We used a case study design, strategy, and approach (Ylikoski & Zahle, 2019). We focused on a naturally occurring, single case: Launching Easy Language in the Satasairaala Central Hospital. The study was part of a larger research project that used multiple data collection and analysis methods. The Easy Language in the Satasairaala Central Hospital project (research permit 2/2022, SATSHP/2133/13.01/2021) gathered both interview and questionnaire data from different employee groups in the hospital.

In the first phase of the analysis, both a social scientist and linguist read the transcripts carefully. It was then coded using the Atlas program according to inductive qualitative content analysis (Thomas, 2006). After content analysis, the data were thematically categorized (see also Guest et al., 2012). The categories were created from the raw data with no theory-based categorization (Elo et al., 2014). We found 37 codes (e.g., attitude, management, training). In the second phase of the analysis, we re-read and sub-coded the data, and selected data related to the research questions (see Introduction). Themes were formulated from the first phase analysis (e.g., management's support, language as a tool for exercising power).

## **Ethics consideration and research approval**

The authors followed the ethical guidelines of the Finnish National Board on Research Integrity TENK, appointed by the Ministry of Culture and Education in Finland. According to TENK, this type of study of human sciences is exempt from ethical approval and ethical review is only needed for precisely defined research configurations (Finnish National Board on Research Integrity, 2019). However, the Responsible Conduct of Research guidelines had to be followed carefully, and before starting the study, we obtained the required research approval from the appropriate institutional authority (the Satasairaala Central Hospital), as well as informed, written consent to participate from all the interviewees.

## **Results**

In the following, we present the main themes of our analysis, including the reasons for using Easy Language and the requirements for its use. We use interviewee citations to illustrate our results.

## Why the Satasairaala Central Hospital decided to use Easy Language

Our data revealed several reasons for launching Easy Language (see Table 1). Using qualitative content analysis, we placed these reasons into three main categories.

Themes	Description
Values	<ul style="list-style-type: none"> <li>- Consumer orientation</li> <li>- Human values</li> <li>- Empowerment of the consumer</li> <li>- Hospital's mission and strategy</li> <li>- Target: all consumers and patients</li> </ul>
Obligations	<ul style="list-style-type: none"> <li>- National laws</li> <li>- Management's orders</li> <li>- Authorities' responsibilities</li> </ul>
Common sense	<ul style="list-style-type: none"> <li>- Smoothly running processes</li> <li>- Resulting cost benefits</li> </ul>

*Table 1. Reasons for Easy Language usage at the Satasairaala Central Hospital*

### Values

The use of Easy Language was primarily justified by values, both personal and organizational. The goal of the Easy Language project was to eliminate difficult language that prevents good consumer experiences. Our interviewees saw language as improving both the preparation for and the success of treatment: from finding information online before a physical hospital appointment to possible follow-up treatment at home. Easy Language brought concrete added value to the consumer experience and made encounters and treatment paths at the hospital more accessible. "Although Easy Language is a small part of our huge field of social and health services, the fact that consumers understand things is important to me and part of our whole concept."

General human values such as equality and human rights were described as personally important.

It's very important to me that we humans are equal. One of the basic purposes of Easy Language is that language isn't a tool to use power. We are equal when the language we speak is one that all people can grasp and understand.

Easy Language was seen as a way to empower the consumer to search for information on the hospital's website independently, thus avoiding any possible embarrassment. One interviewee said:

People don't necessarily want to ask doctors or nurses if something is unclear. They might be afraid to ask, not wanting to seem foolish. Or they prefer to figure things out on their own rather than asking questions. Additionally, if the nurses and doctors seem very busy, they might not want to take up any more of their time. They'll try to resolve things themselves. The more people attempt to manage and figure things out on their own, the more important it is for written instructions to be very clear, straightforward, and understandable.

From the very beginning, Easy Language was not targeted at specific groups, but at all consumers. This decision was described as both practical and ethical. One interviewee explained why limiting Easy Language to only certain consumers would have been difficult.

Do we have two sets of patient instructions: a guide for those coming to radiotherapy and then an Easy Language guide for those coming to radiotherapy? Do we give that Easy Language guide to everyone whose patient records show a diagnosis of, for example, intellectual disability or reading disorder? Or do we give it to everyone whose last name sounds foreign? Or do we give it to everyone over the age of 65, at which age memory diseases potentially increase? After such intelligent reflection, we decided this is perhaps a bit unethical.

No risk of stigmatization was seen in the use of Easy Language (Maaß, 2020, pp. 205–225). Social and health care was understood as a context in which every consumer needs Easy Language. One interviewee reflected that “The language used in hospitals is terribly difficult. When people get sick or when someone close to them gets sick, it’s really stressful and scary. At that point, your ability to take in information decreases.” This understanding of the need for Easy Language differed, and still differs, from the official Finnish definition (Leskelä, 2021), according to which Easy Language is aimed at people who are linguistically compromised.

### *Obligations*

Several Finnish laws were reported as supporting the use of Easy Language.

And the language used in hospitals is complex. The Administrative Procedure Act requires clear and precise language. Additionally, we have the Act on the Status and Rights of Patients, which mandates that patients must receive information about their personal matters and illnesses in a clear and understandable manner, so that they comprehend what is being discussed. Similarly, the Act on the Status and Rights of Social Welfare Clients requires that matters be communicated clearly on the social side as well.

One interviewee even mentioned Constitution (1999): “Our Constitution already prohibits discrimination. It’s structural discrimination, outright structural violence, if language is used as a tool to wield power and people who have either reading problems or reading comprehension difficulties are left out.” The directives were seen as guiding civil servants to take the right action. On the other hand, internal motivation was seen as more significant than the law. One respondent explicitly denied that legislation had any influence and said, “To me, legislation and its obligations have not been any kind of determining factor. There has just been such an innate need and desire to develop communication.” Some interviewees stated that Easy Language was a management decision and that they were responsible for implementing it: “It had a strong justification, and especially the officials, who are obedient [laughter], can’t oppose it.”

### *Common sense*

Easy Language was also described as simply reasonable, as one interviewee stated: “It’s a common-sense fact, not a researched one, but a gut feeling and strong intuition that when people receive understandable information, it also leads to significant cost savings.” Easy Language made processes in health care smoother. Organizational benefit was explicitly denied as a motive for using Easy Language in our data, even though we directly asked all the interviewees about it. However, these benefits nevertheless arose from accessible information (Valkendorff & Vanhatalo, 2024). “In a



way, it [cost effectiveness] comes hand-in-hand with it, when processes become smoother.” Another interviewee continued:

Then there's the fact that, from a practical standpoint, there's an opportunity to save money. It saves work hours because you don't have to answer questions over the phone that weren't clear from the complicated instructions. When the instructions are clear, there's no need to be on the phone. It saves work time. Additionally, people are more likely to adhere to treatment when they receive good and understandable guidance and support.

## Requirements for successful use of Easy Language

The interviewees considered several factors to be essential for successfully using Easy Language in the hospital (Table 2): the management's support, linguistic expertise in Easy Language, other key people, cooperation, training, investment, and commitment to the Easy Language work.

Themes	Description
Management's support	<ul style="list-style-type: none"> <li>- starts the process</li> <li>- leads to investment</li> <li>- influences attitudes</li> </ul>
Linguistic expertise in Easy Language	<ul style="list-style-type: none"> <li>- full-time employee specialized in Easy Language</li> <li>- group of people with some expertise</li> </ul>
Other key people	<ul style="list-style-type: none"> <li>- steering group</li> <li>- hospital project coordinator</li> <li>- chief medical officer</li> <li>- experts-by-experience</li> <li>- employees responsible for writing patient instructions</li> <li>- head nurses important for communicating in units</li> </ul>
Cooperation	<ul style="list-style-type: none"> <li>- at all stages</li> <li>- doctors, Easy Language specialist, consumer council, communication and marketing</li> </ul>
Training	<ul style="list-style-type: none"> <li>- tailored, continuous</li> <li>- part of normal in-service training</li> <li>- experts-by-experience as trainers</li> </ul>
Investment	<ul style="list-style-type: none"> <li>- Easy Language coordinator's salary</li> <li>- some working hours for several employees</li> <li>- no external funding</li> <li>- free support from the Finnish Centre for Easy Language</li> </ul>
Commitment	<ul style="list-style-type: none"> <li>- personal values at management and employee level</li> <li>- slow process: requires patience</li> <li>- readiness for growth and scalability</li> </ul>

*Table 2. Requirements for successful use of Easy Language*

### *Management's support*

An important condition for Easy Language was strong support from the hospital's top management: the director of the hospital district, the chief medical officer, and the executive team. Management's role was seen as crucial for starting the Easy Language process, leading to investment, and influencing attitudes. One interviewee participant said, "When a new thing is brought into such a huge organization, someone [at the management level] has to be very passionate about it, otherwise it won't work." The data systematically showed how the top management seemed committed to the hospital's strategy and its values. Support from management was understood to be a

particularly important factor when the project phase became a permanent process: “If the operational culture is right and good, then these different projects will stay alive. Otherwise, they just remain projects.”

### *Linguistic expertise in Easy Language*

Another important requirement for launching Easy Language was to employ someone specialized in the field. In the Satasairaala Central Hospital, this person was the full-time Easy Language coordinator, whose in-depth linguistic expertise all the informants considered absolutely necessary.

And then it needs that expert. You don't get that deep just by reading a book. I know that [the Easy Language coordinator] must have learned from [another Easy Language specialist]. And [the Easy Language coordinator] has learned it deeply and taken it to heart.

In addition to the concrete process of simplifying texts, the coordinator provided training, obtained information, provided background support, helped with various matters related to accessibility, promoted a sense of community, and arranged external Easy Language-related activities. However, using Easy Language did not center around one single specialist, it concerned a group of people with growing expertise in text simplification.

### *Other key people*

The process required several key people at the hospital: the hospital project coordinator, the chief medical officer, and a project steering group. The steering group, chaired by the chief medical officer, consisted of the head nurses of each area of responsibility of the hospital, the director of social services, and experts-by-experience in intellectual disabilities. Important key people were the user groups of Easy Language. One interviewee participant especially emphasized the role of experts-by-experience in the process and said, “And then right at the beginning, I added two people with intellectual disabilities to the steering group, so that they also had a say there.” When the project phase and the steering group activities ended, the hospital's executive team became important. About a dozen trained employees became key people, and producing Easy Language patient instructions became part of their work. Easy Language was also seen as part of the work of numerous other employees in nursing, consumer service, communications, and marketing. The role of head nurses was considered especially important for communicating the issue within the hospital units.

### *Cooperation*

Close cooperation between different actors at all stages emerged as an important condition. Especially in the early stages of the project, cooperation between management and those carrying out the development work was essential. Patient instructions were simplified in cooperation between doctors and the Easy Language specialist, the simplified texts were evaluated by the consumer council, and the

consumer experience was improved through communication and marketing. “In a way, it’s a matter of agreeing on procedures on one hand, and on how a process of this kind is to be carried out on the other.”

### *Training*

Many types of tailored and continuous Easy Language training courses were arranged. “We’ve had these seminars on Easy Language, just public events. We’ve had regional trainings. Our own staff have had a few hours of Easy Language training, on what Easy Language is and basic things like that.” A dozen employees received more thorough training in Easy Language writing and became specialized in simplifying texts. Experts-by-experience worked as trainers, emphasizing the role of the consumer. Most of the training was normal in-service training. New tailored training was also developed, for example, spoken interaction training for department secretaries.

### *Investment*

The main investment required for Easy Language was the salary of the Easy Language coordinator. Another investment was the working hours used for staff training and for producing Easy Language patient instructions.

And we’re not talking about a big cost, it’s the one person, who was also part-time in the early years. Then, of course, some of the working time had to be increased for the authors of these patient instructions when Easy Language was being used. But it was done in such a way that the people who were doing it were there anyway.

Free support was received from the Finnish Centre for Easy Language, which checked the materials for no charge. No other external financial support was received at any point.

### *Commitment*

The interviewees reported commitment, determination, and internalization as the basic mission of the hospital. Easy Language was seen to be closely tied with personal values at the management and employee levels. “Promoting and supporting this issue has felt so clear and natural that we haven’t had to whip our management into supporting and favoring it.” The process was regarded as slow and as requiring patience, a determined attitude and perseverance. The data also showed that the employees were ready to grow and scale the use of Easy Language. The interview situation prompted one interviewee to consider the continuity of using Easy Language in the hospital and how the process of using Easy Language should be documented within the organization. The interviewee also contemplated expanding the use of Easy Language in the upcoming organizational change. The interviewee remarked:

Initially, it might be that Easy Language is associated with one person. But looking ahead, I now need to ensure how it is organized within our organization. So that Easy Language remains regardless of the individual. Furthermore, when we transition to this new wellbeing region, we need to figure out how to spread it there as well.

To conclude, the combination of linguistic expertise, management support, and cooperation were considered to play an essential role. “Yes, this would probably have collapsed into its own impossibility if we’d had only one or the other. If the management had been positive but no one had actually done it.”

## Discussion

In this study, we examined the reasons for using Easy Language in the Finnish Satasairaala Central Hospital, and what made it successful. The most important reason for using Easy Language was values, such as the patient’s best interest, consumer orientation, and human values. Easy Language was seen as offering equal opportunities to understand information and thus as improving customer experience.

Based on our results, Easy Language can be a practical health communication tool for realizing health care values and making health information easier to understand. According to the hospital management-level interviewees, Easy Language has the potential to improve consumers’ agency, capabilities and participation in their care. Our results show that simplifying language in health care was considered useful, even if the law does not absolutely require it. The spirit of the laws was seen as morally obligating the use of language that is inclusively comprehensible, and it was considered to be in line with our interviewees’ own internal values, the hospital’s values, and general human values.

It was considered common sense that every consumer’s entire hospital path should run smoothly. In the Satasairaala Central Hospital, this path was examined from the perspective of accessibility. Health management often sees cost efficiency or other organizational benefits as drivers of development. However, these were not mentioned as driving the launch of Easy Language: Instead, they were seen as a result of Easy Language usage, which was considered valuable in its own right (Valkendorff & Vanhatalo, 2024). Further studies are needed to explore the potential cost benefits of Easy Language usage.

The hospital was aware that most regular special health care clients belong to Easy Language target groups (Leskelä et al., 2015; Juusola, 2019). Yet the hospital’s decision to target Easy Language at the entire population can be considered brave and even risky, as Easy Language has also been related to stigmatizing its target groups (Maaß, 2020, pp. 205–225). This inclusive policy corresponds to the universal design-based principle, as in the Netherlands (Reichrath & Moonen, 2022), for example. At the same time, it differs from the official Finnish approach (Leskelä, 2021), according to which Easy Language is aimed at people who are linguistically compromised. Our data shows that the Satasairaala Central Hospital arrived at such a widely inclusive solution independently, without any domestic or international examples. According to the employees, no negative consumer feedback has been received on the use of Easy Language (Valkendorff & Vanhatalo, 2024). However, the consumer perspective is an important topic for further research.

The case of the Satasairaala Central Hospital shows how a health care organization can understand, detect, and solve consumer problems caused by difficult language. Our study produced a concrete list of requirements for successfully launching Easy Language, which can be used as a model for any hospital wanting to improve their

organizational health literacy (Table 2). Compared to previous models (e.g., Brach, 2017), the case of the Satasairaala Central Hospital places more importance on language in the process of making health communication accessible.

As our results show, several factors were essential for Easy Language use to succeed in the hospital, but management's support and linguistic expertise were the most important, the former being closely connected to other important elements such as investment, training, and commitment. Management's support was important for using Easy Language, but vice versa, using Easy Language also enabled the hospital's management to carry the hospital's values over into everyday communication practices. Management's support emerged as such a strong requirement that the other factors were almost considered meaningless without it.

Human resources, most importantly Easy Language experts, were crucial. Various collaboration was also important. Our interviewees highlighted the importance of the client council, the experts-by-experience with intellectual disabilities, who both tested the Easy Language texts and were involved in training the hospital staff in the use of Easy Language.

The hospital management considered the resources devoted to implementing Easy Language to be remarkably low. Although the investments included working hours, part of this investment would have been made anyway as part of staff training and consumer communication development (Valkendorff & Vanhatalo, 2024). The importance of commitment was emphasized in many aspects: commitment to the hospital's values on the one hand, and commitment to practical Easy Language work on the other.

The case of the Satasairaala Central Hospital is especially interesting from the perspective of linguistic research, and our project led to several ideas for further studies. The Satasairaala Central Hospital specifically chose to use the more simplified Easy Language, and not the less simplified plain language. This result calls for further research on the roles, areas of usage, and opportunities of Easy Language and plain language in health care. An international comparison could consider the differences in the definitions of the terms and their practical applications in different countries. For example, Easy Read, used in Great Britain; Leichte Sprache, used in Germany; and Easy Language (Finn. selkokieli), used in Finland differ in many respects (e.g., the level of linguistic complexity), although all are referred to as Easy Language (Leskelä et al., 2022; Lindholm & Vanhatalo, 2021).

## Limitations of the study

While the interviewees included key people from the hospital's development and management personnel, the dataset was small. Due to the purposive sampling method, there is the potential for bias in the results, and the results cannot be generalized outside the study group. The research we present here is part of a larger research project: This study will later be complemented by employee-level perspectives and quantitative questionnaire data. The preliminary results from the other sub-projects support the results presented in this paper (e.g., Pöder, 2023; Satusuo, 2023).

## Conclusion

This study explored the use of Easy Language in health communication as a part of enhancing customer experience through a case study of the Satasairaala Central Hospital. It was found that comprehensible language does not emerge spontaneously; it requires both conscious commitment and practical know-how. Our research demonstrated how the hospital's value of consumer orientation was put into practice. Although our results cannot be generalized, the experiences described may offer useful information to other public hospitals seeking concrete methods for accessible, consumer-oriented health communication.

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## Notes

- 1) The language used by public health care providers in Finland is governed by several laws. The Administrative Procedure Act (2003) states that “an authority shall use language that is clear, easy to understand and to the point.” Comprehensibility is also regulated in the Act on the Status and Rights of Patients (1992) and in the Act on the Status and Rights of Social Welfare Clients (2000). The European Accessibility Act (European Union, 2019) and the Act on the Provision of Digital Services (2019) can also be interpreted as referring to linguistic accessibility. However, “clear and easy to understand” language is not defined in the regulations, and how easy the language should be, or for whom it should be comprehensible, is not evident. In practice, the law is generally considered to refer to plain language (in Finnish: *selkeä yleiskieli*, Tiirilä, 2015). Even if Finland is among the countries with the highest literacy (OECD Skills Outlook 2013), plain language is still considered too difficult for about 10–14% of the population estimated to need Easy Language (Juusola, 2019).
- 2) The Finnish health care system is based on public health care services. Health services are divided into primary and specialized health care. The majority of hospitals in Finland are public and owned by wellbeing services counties. The

Ministry of Social Affairs and Health is responsible for steering and monitoring health care (STM, n.d.).

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## Appendix A - An example of Easy Finnish patient instruction from the Satasairaala Central Hospital

Original in Easy Finnish	English translation
<p><b>Vatsan alueen leikkauksen jälkeen</b></p> <p>Sinulle on tehty leikkaus vatsan alueelle.</p> <p>Tässä ohjeessa neuvomme miten hoidat itseäsi ja toivot parhaiten leikkauksesta.</p> <p><b>Haavanhoito</b></p> <p>Voit suihkuttaa haavaa normaalisti pesujen yhteydessä. Voit mennä saunaan, kylpyyn tai uimaan, kun ompeleet tai hakaset on poistettu.</p> <p>Jos sinulle tulee kuumetta tai haava-alueelle tulehdusoireita, ota yhteys osastolle tai oman alueen terveyskeskukseen. Tulehdusoireita ovat: lisääntyvä kipu kuumotus punoitus turvotus pahanhajuinen erite</p> <p><b>Ompeleet</b></p> <p>Varaa aika ompeleiden tai hakasten poistoon oman alueen terveyskeskukseen.</p> <p>Ompeleiden poistopäivä on _____ / _____ 20_____.</p> <p><b>Haavakipu</b></p> <p>Käytä lääkärin määräämää kipuläkettä ohjeen mukaan.</p> <p>Voit käyttää tarvittaessa kipuläkettä, jota saat apteekista ilman reseptiä.</p> <p><b>Liikunta</b></p> <p>Liikunta voit lisätä vähitellen voinnin mukaan. Ponnistelu, kurottelu ja yli 3 kilon painoisten esineiden nostelu on kielletty</p>	<p><b>After abdominal surgery</b></p> <p>You have had surgery in your abdominal area.</p> <p>These instructions explain how to care for yourself and how to best recover from the operation.</p> <p><b>Wound care</b></p> <p>You may shower the wound as normal when washing yourself. You can go to the sauna, take a bath or swim once the stitches or staples have been removed.</p> <p>If you develop a fever or symptoms of an infection in the wound area, contact the ward or your local health centre. Symptoms of infection include: increasing pain warmth redness swelling a foul-smelling discharge</p> <p><b>Stitches</b></p> <p>Make an appointment to have your stitches or staples removed at your local health centre.</p> <p>The stitches will be removed on _____ / _____ 20_____.</p> <p><b>Wound pain</b></p> <p>Use the pain medication prescribed by the doctor, as instructed. If necessary, you may use painkillers available from a pharmacy without prescription.</p> <p><b>Physical activity</b></p> <p>You may increase your physical activity gradually, according to how you are feeling. Heavy physical exertion, stretching and lifting objects weighing more than 3 kg</p>

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<ul style="list-style-type: none"> <li>• 1 viikko täyhystysleikkauksen jälkeen</li> <li>• 3 viikkoa avoleikkauksen jälkeen.</li> </ul> <p><b>Sairausloma</b></p> <p>Lääkäri arvioi sairauslomasi pituuden tehdyn toimenpiteen perusteella ja kirjoittaa sairauslomatodistuksen.</p> <p><b>Yhteystiedot</b></p> <p>Päivystysapu Puhelin 116 117</p> <p>Potilasohje, Operatiivinen hoito-osasto 2, 2025</p>	<p>is forbidden 1 week after laparoscopic surgery 3 weeks after open abdominal surgery</p> <p><b>Sick leave</b></p> <p>Based on the type of procedure you had, the doctor will decide how much sick leave you need and will write a sick leave certificate.</p> <p><b>Contact information</b></p> <p>Surgical ward 3 tel. 02 627 6230</p> <p>Satasairaala Satakunta Hospital District, tel 02 627 71</p> <p>On this website, you will find the instructions we use in the Satakunta Hospital District <a href="http://www.satasairaala.fi">www.satasairaala.fi</a></p> <p>Patient Instructions, Surgical ward 3, 2022</p>
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Sources: Easy Finnish: [https://hoito-ohjeet.fi/fi/Ohjepankki/SATSHP/Vatsan\\_alueen\\_leikkauksen\\_jälkeen.pdf](https://hoito-ohjeet.fi/fi/Ohjepankki/SATSHP/Vatsan_alueen_leikkauksen_jälkeen.pdf) – retrieved March 31, 2025.

English translation: [https://hoito-ohjeet.fi/fi/Ohjepankki/SATSHPEnglanti/After\\_abdominal\\_surgery.pdf](https://hoito-ohjeet.fi/fi/Ohjepankki/SATSHPEnglanti/After_abdominal_surgery.pdf) – retrieved March 31, 2025

## Appendix B - Interview questions in full

Translated from Finnish to English by the authors of the study.

Original in Finnish	English translation
<p><b>Käynnistys- ja ideointivaihe</b></p> <p>Miten ja milloin selkokieli tuli Satasairaalaan? Miten asia tuli alun perin esiin? Lähdettiinkö liikkeelle tyhjästä vai oliko pohjana jotain jo käytössä olevaa selkokielistä materiaalia tai esimerkki toimintatavasta jostain muualta (Suomesta tai maailmalta)? Keitä henkilöitä ja mitä tahoja asian valmistelussa oli mukana?</p>	<p><b>Start-up and brainstorming</b></p> <p>How and when did Easy Language arrive at the Satakunta Central Hospital? How did the issue originally come up? Did you start from scratch or was some Easy Language material already in use? Or had you seen an example of Easy Language in use somewhere else (Finland or internationally)? Which individuals and parties were involved in the preparation?</p>
<p><b>Suunnitteluvaihe</b></p> <p>Miten selkokielisen viestinnän kohderyhmä määriteltiin? Selvitettiinkö selkokieltä tarvitsevien ihmisten määrää asiakaskunnassa? Millaisia perusteluja asian puolesta esitettiin? Herättikö selkokieli vastustusta? Millaista? Kuinka hyvin selkokieli tunnettiin?</p>	<p><b>Planning implementation</b></p> <p>How did you define the target group of Easy Language communication? Did you find out how many customers would need Easy Language? What were the arguments for Easy Language? Did Easy Language provoke opposition? What kind of opposition?</p>

## IMPLEMENTING EASY LANGUAGE AT A PUBLIC HOSPITAL

<p>Järjestettiinkö koulutusta? Millaista koulutusta järjestettiin?</p> <p><b>Selkokieli Satasairaalassa</b></p> <p>Mitä asioita on tuotettu selkokielelle (eri vaiheet)? Onko selkokielisissä potilasohjeissa muokattu vain tekstiä vai onko käytetty/lisätty myös erityisiä kuvia, värejä tai asettelua? Onko selkokieltä käytetty vain kirjallisessa viestinnässä vai onko pyritty käyttämään myös puheessa (vastaanotolla, puheluissa)? Olivatko selkokieliset ohjeet alun perin suunniteltu tietylle kohderyhmälle, miten tämä muuttui? Onko tällä hetkellä sairaalassa kaikkialla samanlaiset/ kielellisesti samantasoiset ohjeet käytössä (selkokieltä kun on kolme tasoa)?</p> <p><b>Kokemuksia</b></p> <p>Miten asiat kehittyivät? Mitkä asiat sujuneet hyvin? Millaisia ongelmia on ollut? Millaisia muutoksia matkan varrella on tehty?</p> <p><b>Palaute</b></p> <p>Millaista palautetta saatu asiakkailta? Millaista palautetta saatu henkilökunnalta? Onko asiakaspalautetta kerätty systemaattisesti, ja jos on, miten?</p> <p><b>Arviointi ja neuvot</b></p> <p>Kuinka paljon selkokielen käyttöönotto maksoi (koulutukset, materiaalien muokkaus)? Onko tätä mitattu / arvioitu? Mitä tehtäisiin nyt toisin, jos aloitettaisiin alusta? Millaisia neuvoja teillä olisi muille sairaanhoitopiireille? Millainen investointipanos tarvittiin, että selkokieli saatiin käyttöön? Käytönaikainen työpanos? Kuinka monen henkilön työpanosta tarvitaan, jotta selkokielen viestintä toteutuu. Oliko selkokielen käytössä taustalla ajatusta siitä, että selkokielestä olisi hyötyä sairaalalle?</p>	<p>How well was Easy Language known? Was training organized? What kind of training?</p> <p><b>Implementation</b></p> <p>What materials have been produced in Easy Language (different stages)? Has only the text been modified in the Easy Language patient instructions, or have special images, colors or layouts also been used/added? Is Easy Language only used in written communication or have attempts been made to also use it in speech (at reception, in phone calls)? Were the Easy Language instructions originally designed for a certain target group? How did this change? Are instructions currently the same/at a similar language level all around the hospital (as Easy Language has three levels)?</p> <p><b>Experiences of Easy Language use</b></p> <p>How have things developed? What things have gone well? What problems have arisen? What changes have been made along the way?</p> <p><b>Feedback</b></p> <p>What kind of feedback have customers given? What kind of feedback has the staff given? Has customer feedback been collected systematically, and if so, how?</p> <p><b>Evaluation and further advice</b></p> <p>How much did the implementation of Easy Language cost (training, editing of materials)? Has this been measured / evaluated? What would you do differently now if you were to start over? What advice would you give other hospital districts? What kind of investment was needed to implement Easy Language? Human input? How many people's input is needed to implement Easy Language communication? Was the use of Easy Language based on the idea that Easy Language would be beneficial for the hospital?</p>
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