

# Becoming a Good Health Educator: Practical implications

*I M P S Ilankoon<sup>1</sup>, G Kisokanth<sup>2</sup>*



## Health Education

Knowledge and awareness play a crucial role in individuals' attitudes, behaviour and practice<sup>1</sup>. "It is a subset/ strategy within each of these but is the primary and dominant strategy in health promotion"<sup>2</sup>. Health education is considered the solution to improve knowledge and change in attitude, which can contribute to favourable practices/ behavioural changes<sup>1</sup>.

---

*<sup>1</sup>. Dr. I.M.P.S. Ilankoon,  
Senior Lecturer,  
Dept. of Nursing and Midwifery, Faculty of  
Allied Health Sciences,  
University of Sri Jayewardenepura,  
E-mail: prasanthi@sjp.ac.lk*

*<sup>2</sup>. Dr. G. Kisokanth,  
Head/ Senior Lecturer,  
Department of Clinical Nursing, Faculty of Nursing,  
University of Colombo,  
E-mail: kiso@dcn.cmb.ac.lk*

---

World Health Organization (WHO) defines health education as "comprising consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge, and developing life skills which are conducive to individual and community health"<sup>3</sup>.

Further, It has been defined as an important part of developing a personal skill, which provides health protection and promotion, reducing disease risks and coping with chronic illness and injuries<sup>4</sup>. Health education is any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes and health education focuses on building individuals' capacities through educational, motivational, skill-building and consciousness-raising techniques<sup>5</sup>.

There are three main health education approaches; namely conventional health education, health

communication, and health education for empowerment<sup>6</sup>. Conventional health education emphasizes knowledge acquisition; mainly on individual knowledge, attitude and beliefs. However, health communication, which is divided into two sub-components called social marketing and behaviour change communication, focuses on the modification of human behaviour and environmental factors related to behaviours leading to health promotion and disease prevention<sup>6</sup>.

Many health interventions use behaviour change communication to improve the health of the community by changing the behaviour in a positive way<sup>7</sup>. It is an evidence and research-based process of using communication to promote behaviours that can lead to improvements in health outcomes<sup>7</sup>.

Health education occurs through health care providers in various settings; mainly worksites, medical and community agencies and schools. Promoting health education to improve patients' understanding of their health and health-seeking behaviours and practices is the main role of a health professional. The "Alma Ata declaration" has designated "education concerning prevailing health problems and the methods of preventing and controlling them" as the first of eight essential elements of primary health care<sup>6</sup>.

The role of an effective educator is multifaceted; incorporating aspects of information provision, role modelling, facilitation, examination, planning and resource development are some of the essential features<sup>8</sup>.

### Features of a good health educator

Health educators aim at preventing and controlling health issues by planning and conducting health education sessions. They expect to change behaviours that lead to health issues and improve the knowledge and attitudes of the community through health education activities. World Health Organization in 2012 highlighted major responsibilities for health educators such as; (a) Assessing individual and community needs for health education, (b) Planning effective health education programmes, (c) Implementing health education programmes, (d) Evaluating the effectiveness of health education programmes, (e) Communicating health and health education needs, concerns and resources, and coordinating the provision of health education services, (f) Acting as resource persons in health education<sup>5</sup>.

### a. Assessing individual and community needs for health education

Family Health Care Workers (FHCWs) can get the community members involved in organizing and planning health education programmes in identifying community needs, planning and implementing programme activities and evaluating results<sup>5,7,9</sup>. Getting them involved in the above activities will provide a sense of confidence and empowerment, which will enhance the programme's impact, which contributes to assessing the following areas<sup>5</sup>.

- the participants' learning needs.
- the participants' existing knowledge
- the participants' attitudes/ beliefs/ misconceptions.
- the participants' skills on the topic

### b. Planning effective health education programmes

Firstly, it is necessary to identify the health problems in the community that are preventable through community intervention<sup>9</sup>. With the assessment findings of the community, the health education sessions can be planned, including the following<sup>5,7</sup>.

- Appropriate learning objectives
- Identification of the content to be covered
- Teaching strategies, learning activities and resources.
- Planning the required physical environment effectively
- Materials/ teaching aids using appropriate resources.
- Identifying an evaluation method

### c. Implementing a health education programme

When health education programmes are planned, competencies in carrying out planned educational programmes need to be exhibited. The training competency of health care professionals determines the health of society<sup>10</sup>. The main factors that affect people's health include heredity, environment, lifestyle, health care provider organizations and centres and the way they provide their services<sup>9</sup>.

### d. Evaluating the effectiveness of health education programmes

Evaluation of the health education programmes is also an important part of health education, as it helps improve the quality of the educational programme and assess the participants' understanding of the topic discussed<sup>7,11</sup>. Evaluation can be done either as a formative evaluation or process evaluation<sup>11</sup> during the health education programme or as a summative evaluation or impact evaluation<sup>11</sup>, at the end of

the health education task<sup>6</sup>. Using constructive criticism can lead to quick and complete learning. The following activities can be used for evaluation.

- Use questions at various levels to stimulate participants' attention.
- Give appropriate feedback.
- Accept the answers for questions from all, without being critical
- Use evaluation techniques that are consistent with the objectives

The comments received from the participants may help to improve the health education approach in future sessions.

### **e. Communicating health and health education needs, concerns, resources, and coordinating the provision of health education services**

First, community health needs must be identified. During home visits and fieldwork, it can be recognized the health education need of your community and their concerns. That will help to organize health education activities. Health educators can coordinate with health care providers to conduct health education programmes<sup>7</sup>.

### **f. Acting as resource persons in health education**

A resource person for the health education session must follow the characteristics of a good health educator<sup>12</sup>.

- Appear enthusiastic in conducting the health education session.
- Understand the target group
- Show evidence of being reflective.
- Behave appropriately to suit the professional status.
- Be punctual.
- Dress professionally.
- Keep health education activities documents recorded

### **Planning a health education session**

Being knowledgeable about the health issue; having a good knowledge and understanding regarding the nature of the health issue, seriousness of the disease, how it is transmitted, preventive strategies and behaviour changes is vital<sup>9</sup>. Health educators should possess excellent communication skills and the ability to communicate at the level and in the language of the participants<sup>7</sup>. To be effective, the health educator should consider the nature of the target group or audience (who

are they? and their level of knowledge and skills).

It is important to have a proper understanding mainly of the language, religion, social status, educational level, age and the cultural background of the target group, including the sub-cultural status.

It is important to set up the learning objectives for the health education session; at the end of the health education session, whether it is intended to improve the participants' knowledge, attitudes or skills<sup>6,9,13</sup>. health educators may consider either improving one of these or combining two of them in objectives. After finalizing the objectives, target audience, and the time for the health education session, the health educator must think about the content of the session. Afterwards, the health educator should identify the most suitable teaching method for the session. It has been evidenced that participator education methods are more effective than traditional educational methods<sup>14</sup>.

Further, the health educator needs to think about a suitable venue to conduct the health education session. Before implementing a health education initiative, attention should be given to identify the health needs and capacities of the community and the resources that are available<sup>5,11</sup>. It is important to plan an evaluation method for the session; it can be a discussion at the end of the session, verbal responses or written responses for questions. This will help assess the success of the health educational session<sup>11</sup>.

### **Conducting the session**

Health educators can start the session with a discussion or a game that will help create a friendly environment for effective communication<sup>14</sup>. It will help to create a comfortable environment so that the participants may discuss and interact during the sessions. Afterwards, the Health educator can start the session by expressing the objectives of the session and explaining the main points to be discussed.

Once the learner gets to know about the content and the intentions of the session, the health educator can expand the main points using the teaching and learning strategies that he/she has selected, such as lecturing, role play, interactive sessions, brainstorming and small group discussions<sup>14</sup>.

At the end of each main point, health educators can summarize them and give adequate time to ask questions and clarify any doubts. This will help to give the message correctly and strongly while understanding whether the participants have received it correctly<sup>15</sup>.

The content of the session can be divided into three sections. The first section is the “need to know” section, which includes the subject area and the content of the session. The content is essential for learners to know that they achieve the learning objectives. The second section is “good to know”. If time allows, learners can learn about this content because it supports the learning objectives. The third is “nice to know”; this content is not significant to achieving the learning objectives, and should be included only if the learners understand the important content<sup>13</sup>.

Health educators can add content that will make the session interesting. This can be a fun story or a game<sup>15</sup>. This should be within the limits and should not exceed the important content of the session. Further, it is important to use the teaching aids effectively and efficiently to make the health education session successful<sup>17</sup>.

### Interesting facts to follow:

When you start your health education session:

- Start on time
- Introduce yourself
- Give a brief introduction on the importance of the topic to be discussed.
- Include the objectives of the presentation.
- Make the session/ beginning of the session interesting.
- Be creative, practical and pleasant.
- Conduct the session enthusiastically.
- Use teaching aids appropriately to deliver the message.
- Teaching aids should be clear and understandable
- Use effective actions/decision making to avoid distractions during the teaching session.
- Use appropriate teaching techniques to effectively instruct the participants.
- Encourage the audience to participate in the discussions.
- Content of the presentations should be accurate.
- Explore participants’ understanding by asking questions during the session.
- Summarize the main points of the session.
- Effectively utilize the allocated time for the session.
- Demonstrate the ability to educate individuals on a variety of public health topics.

Health educators’ appearance can make a difference in keeping participant’s interest during the session. While conducting health education sessions, Health educators must;

- Be friendly.
- Demonstrate effective oral communication skills.

- Demonstrate effective written communication skills.
- Use simple words to explain technical terms.
- Use technical terms as little as possible.
- Maintain attention of the participants.
- Maintain eye contact (overall).
- Use a clear voice, including appropriate voice intonations when needed, and an audible voice.
- Exhibit active listening.
- Maintain a clear and audible voice<sup>5,16</sup>.

Further, health educators should be competent in motivating participants to engage in behaviour change<sup>6,13</sup>. It is important to have an interactive session with the participants using participatory education methods for an effective health education session<sup>6</sup>.

- Encourage participants to ask questions.
- Respond to client questions calmly
- Offer multiple, clear examples of desired changes.
- Use appropriate and accessible formats for conveying health information.
- Demonstrate respect towards the values of the participants from diverse cultures.
- Promote the active participation of the participants during the teaching session by:
  - Asking questions and appreciating responses from the audience
    - Create a good classroom climate for learning.
    - Maintain a professional role while being friendly.
    - Motivate the participants to participate in future health education sessions

Before concluding the session, it is better to summarize the main points discussed during the session<sup>16</sup>. In this regard, health educators should always try to summarize the important facts only. Finally, it is important to assess the objectives of the study through the evaluation methods<sup>17</sup>.

Health educators should be able to understand the completion of the objectives of the health education sessions and any deviations. It will further help in improving the next health education session, and other modifications.

## References

1. Tavani ME, Ghofranipour F, Hajizadeh E, Abedini M, 2015. Assessment of Educational Needs Among Women of Reproductive Age With Common Genital Tract Infections (Vaginitis): The First Step for Developing a Self-care Educational Package. *International Journal of Women's Health and Reproduction Sciences* 3(4):201-207
2. Last, ML and Wallace RB, 1992. *Prevention and Health education. Public Health and Preventive medicine*, 13th ed, USA.
3. World Health Organization, 1998. *Health Promotion Glossary*. [online] Available at: <https://www.who.int/healthpromotion/about/HPG/en/>, [Accessed 22 February 2020].
4. Kara, B, 2015. The efficacy of an educational intervention on health behaviours in a sample of Turkish female nursing students; A longitudinal, Quasi-Experimental study. *Nurse education today*, 35(1); 146-151.
5. World Health Organization 2012, *Health education: theoretical concepts, effective strategies and core competencies, A foundation document to guide capacity development of health educators*, Printed by WHO Regional Office for the Eastern Mediterranean, Cairo
6. Stetson, V. and Davis, R., 1999. *Health education in primary health care projects: a critical review of various approaches*. [online] Available at: <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.584.4403&rep=rep1&type=pdf>, [Accessed 03 August 2019].
7. Vidanapathirana, J. and Peiris, M., 2015. *Social Behaviour Change Communication for HIV Prevention: A Guide for Public Health Staff*. National STD/AIDS Control Programme of the Ministry of Health, Nutrition & Indigenous Medicine & United Nations Population Fund [online] Available at: [https://www.researchgate.net/publication/288990739\\_Social\\_behaviour\\_Change\\_Communication\\_for\\_HIV\\_prevention](https://www.researchgate.net/publication/288990739_Social_behaviour_Change_Communication_for_HIV_prevention)
8. Harden, R.M. and Crosby, J.O.Y., 2000. AMEE Guide No 20: The good teacher is more than a lecturer - the twelve roles of the teacher. *Medical Teacher*, 22(4), pp.334-347
9. UNICEF, 2005. *Strategic Communication - For Behaviour And Social Change In South Asia*, The United Nations Children's Fund (UNICEF).
10. Saber, S., Arbabisarjou, A., Zare, M. and Kianian, T., 2016. Have the Health Care Professionals Needed Training Competencies to Educate Their Clients? *Global journal of health science*, 8(11), p.54804.
11. Open University, 2017. *Health Education, Advocacy and Community Mobilisation*. The Open University is incorporated by Royal Charter
12. Ilic, D., Harding, J., Allan, C. and Diug, B., 2016. What are the attributes of a good health educator? *International Journal of Medical Education*, [online] 7, pp.206-211.
13. Prozesky D.R. 2000. Teaching and Learning. *Community Eye Health*. 13(34): 30-31.
14. Raja F.U. and Najmonnisa, 2018. Comparing Traditional Teaching Method and Experiential Teaching Method using Experimental Research. *Journal of Education and Educational Development*. 5 (2)
15. Teaching at Carolina. 1998. *Alternative Strategies and Active Learning*. Chapel Hill: Center for Teaching and Learning, University of North Carolina.
16. Prozesky D.R. 2000. Communication and Effective Teaching. *Community Eye Health*. 13(35): 44-45.