



## Competency in delivering health education: A concept analysis

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### ABSTRACT

**Objective:** The competency of healthcare professionals in providing health education is considered essential for improving health and other outcomes, but the exact meaning of competency remains unclear. This absence of conceptual clarity has led to poor understanding and communication among researchers and health practitioners. This study seeks to define the concept of competency by defining its attributes.

**Methods:** A concept analysis of literature in health disciplines was performed by Rodgers method.

**Results:** Three attributes of competency emerged. Competency was defined as the integration of professionalism, teaching, and empowering in the co-creation of knowledge and skills to achieve behavioral changes. In addition, delivery of health education is preceded by motivation and support and is followed by well-being and professional growth.

**Conclusion:** In addition to the core competencies, a golfing metaphor can guide healthcare professionals in delivering health education. After each swing at the ball, the golfer must make a reassessment and choose the best tool for the job.

**Practical Implications:** Competency exemplifies the interplay among professionalism, teaching, and empowering. This interplay provides a useful framework that researchers, educators and health care providers can apply to facilitate health education.

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## 1. Introduction

Evidence shows that patient education can potentially save healthcare dollars by improving disease management because it increases mobilization, decreases length of hospital stay, and decreases treatment costs.<sup>1</sup> Health or patient education is considered essential for high-quality healthcare<sup>2</sup> and for effective clinical nursing care.<sup>3</sup> The terms health education and patient education are used interchangeably not only because they have similar theoretical principles, but also because health-related behaviors are important for both patients and for healthy people.<sup>4</sup> According to a consensus of 62 international experts in healthcare,<sup>5</sup> health education is an important element of health promotion because it improves health maintenance and reduces risky behavior.

Notably, patient or health education is now an integral component of nursing practice and a critical component of allied health professionals.<sup>6,7</sup> Health or patient education is included in

several scales for measuring nursing competencies.<sup>8–10</sup> Although competency in delivering patient or health education is now considered essential for improving public health, this professional competency has not received the attention it deserves. Possible explanations for the limited interest are the poor understanding of health education competency (HEC) by workers in the medical field; lack of knowledge of and consensus on the definitions and concepts of such competencies; lack of time, skills and clear protocols for developing the teaching competency of clinical nurses; and the indifference of patients.<sup>11,12</sup>

Additional problems encountered while conducting patient education include the use of disease-centered approach rather than a patient-centered approach,<sup>13</sup> exclusion of family or relatives in the education of the patient, lack of educational assessment and outcome evaluation,<sup>11</sup> and lack of confidence in the educator due to poor content-specific knowledge and teaching skills.<sup>14,15</sup> Finally, the lists of competencies for health educators in World Health Organization declaration are too difficult to achieve and do not indicate the competencies should be prioritized. Especially for healthcare professionals in a busy bedside settings, they have limited value for performing tasks such as coordinating provision of education

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services or implementing health education programmes.

Thus, to establish realistic requirements for health professionals responsible for delivering health education in their everyday work schedule, this study developed a comprehensive health education model that can be applied by health professionals. Identifying key competencies of health education is an important step in the validation of current practices and provides a springboard for innovation and advancement in health professions education. Notably, the terms health education and patient education are used interchangeably in this study because they are used interchangeably in the literature.

## 2. Methods

To explain the properties of concept, this study used the evolutionary method of concept analysis developed by Rodgers.<sup>16</sup> The steps of the method are listed in the following.

### 2.1. The concept of interest and associated terms

This study performed a concept analysis to explore the core competencies needed to deliver health education and to determine their relevance to healthcare professionals in clinical settings. Notably, some terms in this discussion are used interchangeably in the literature, including health education, role of health educator, patient education, patient teaching, teaching competency, and clinical competency.

### 2.2. Data collection setting and sample

Several electronic databases, including MEDLINE, CINAHL, PsycINFO, ERIC and AIRITY, were systematically searched for papers published in the past 10 years (2005–2015). The search string used in the database searches was 'nurs\*', 'clinical competency\*' and 'patient education or health education'. An extended search was also performed using related terms such as empower and communication. These exploratory database searches were combined with citation tracking and keyword tracking, in a snowballing strategy, which is considered the most effective strategy for comprehensively searching the literature on complex topics.<sup>17</sup> After each search iteration, the snowballing strategy included additional references obtained by manual searches of the reference lists in review articles.

The search was restricted to original articles published in English or Chinese, in peer reviewed journals. The inclusion criteria were (1) a discourse related to professional competency, and (2) a data-based quantitative research design or a qualitative research design. Publications were excluded if (1) they were editorials, opinions, discussions or textbooks or if (2) they described an analysis of competencies other than health promotion, health education, or patient education.

The initial search yielded 1563 articles. Of these, 24 articles were evaluated by browsing their abstracts, and 12 were evaluated by a full text review. An additional 13 articles that met the inclusion criteria were obtained through secondary methods, i.e., sources cited frequently by other authors but not found in the original search. The final analysis included 25 articles.

### 2.3. Data analysis

Content analysis was performed using a thematic approach that included collating, reflection, and back and forth analysis of the data in order to answer the research question.<sup>17</sup> Data were summarized by listing meaningful words or themes that appeared in selected articles and then categorizing them as attributes, themes,

references, antecedents, or consequences. The categories were then labeled with words or phrases. Then, major themes for each category were identified separately. A colleague with experience in concept analysis independently evaluated the quality of data analysis, and the author performed repeated back-and-forth reviews during analysis of the results. The resulting conceptual understanding of health education competency of healthcare workers was then used to construct a descriptive definition and a tentative model. Selected example of the concept was also used to illuminate the concept.

## 3. Results

The data analysis revealed that the education process requires interpersonal interaction and facilitation of health awareness. Competency is both a skill and an attitude. Healthcare workers must provide an atmosphere in which clients perceive that they have support in dealing with their unhealthy behaviors and real-life health problems. Table 1 shows that the three major attributes of competencies in delivering health education are **professionalism, empowering, and teaching**.

### 3.1. Attributes of competency in delivering health education

#### 3.1.1. Professionalism

Professionalism in health care, which can be defined as a continuous process of maintaining professional qualifications, requires knowledge of care, ethics, and communication.<sup>27</sup> To engage patients, health professionals require competency in information or phenomena related to threats to health so that they can identify patient needs, provide necessary information, or induce behavioral changes during further interactions or teachable moments.<sup>24,25,7,28</sup>

Health education is a bio-psycho-social science that draws from the biological, environmental, psychological, physical and medical sciences reported by WHO,<sup>23</sup> and draws from nursing, educational science, and ethics by survey about nurses' perceived knowledge sources related to patient education.<sup>29</sup> Effective clinical health educators require multidisciplinary knowledge and skills in assessing and managing disease-related problems. Health educators also require competency in the skills needed to care for patients or families with a proactive approach to preventing disease and promoting health<sup>18,19</sup> as well as skills in searching for medical information and resources.<sup>20</sup> Therefore, in the healthcare field, the core competencies of professionalism encompass knowledge and skills.

#### 3.1.2. Teaching

Health education can be defined as the promotion of health through education-driven voluntary behavior change activities.<sup>23</sup> Health education is important for providing information that clients need to manage chronic illness.<sup>24,25</sup> Such education promotes health or health literacy mainly through a combination of teaching methods and teaching processes.

A 32-item measure of health literacy practice and educational competency for health professions students<sup>21</sup> mainly included practical teaching methods and attitudes. These included non-judgmental, using plain language, speaking slowly and clearly, making instructions interactive, applying 'chunk and check', checking for understanding, printing out instructions, exchanging information in 'shared decision making', acknowledging patients' right to be informed consent and informed refusal of recommended treatments. Above practical skills sometimes were named as communication techniques for patients with low health literacy in some studies.<sup>22,30</sup> A qualitative study from the perception of child and parents has named 'didactic competency', which also include the knowledge of teaching and the ability to implement a patient

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