

The Health Educator Changing Times, Changing Needs: The Evolution from Instructor to Facilitator

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Abstract

The health scene is undergoing numerous transitions worldwide. Among the forefront health issues are the escalating incidence of noncommunicable and chronic diseases. The nature of these conditions imposes a significant burden on health resources. However, the greater and often silent brunt is borne by the people afflicted by them. They are charged with making lifelong, daily decisions that significantly bear an impact on their care. The health educator workforce is dwindling, but the need for health literacy is on the rise. It is therefore critical that health educators need to be trained in a way that ensures their performance in imparting health-related knowledge and skills is maximized to ensure optimal outcomes in persons living with chronic disease. Patient empowerment is key, and embracing the patients as partners in the education process rather than recipients is advocated by numerous authors. It is also important to ensure we embrace evidence that have proven useful in other areas such as HIV/AIDS management. Last, it is useful to embrace the changing role of the health education, not merely as instructor charged to deliver health information but rather as a facilitator of behavior change.

Keywords

- ▶ global health care scene
- ▶ health educator
- ▶ health care information

Introduction

Health educators are important professionals in facilitating knowledge transfer, understanding, and mobilization of health care information. Health educators impact wellness and advocacy practices that impact individual and population health. Alinier¹ further clarifies that a health educator designs, evaluates, and disseminates and then presents culturally appropriate, high-quality, and relevant health care materials, skills and information that would change the ideals, beliefs, values, and culture of a community to conform to the set standards. Health educators, notwithstanding, also conduct the planning and implementation of programs and other treatment activities that address patient needs. These include conducting eligibility test on the enrolment of individuals into the infectious disease programs as well as those who are scheduled for specialized procedures.

The health education practice therefore requires the potential candidate to be knowledgeable in psychology and human development to make them more appropriate to the challenging roles of health education and facilitation roles.²

The global health scene has transitioned from the need to empower the people through education to the extent that these educators must be the facilitators and mobilizers to impact the social, health care, and human development changes.

Different health care facilities and state department across the world have established community health education programs that are meant to enhance knowledge and skills transfer and instill positive perspectives on the community. Through health facilitators, these community health education programs have conducted community outreach and sensitization programs that often change the mindset and service provision to the communities.³ It is thus essential that health educators are impacted with effective and efficient information on contemporary health care issues, which they in turn pass to their audiences. In the contemporary times, health care educators such as nurses and other mobilizers have transformed into facilitators to ensure that the information and skills are effectively transferred to the communities that need them. The transition from health educators to facilitators follows the improvement in

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communication and technology field, which allows for more research and dissemination practices. Facilitators should be more concerned about the cultural acceptability of their activities to the audience based on the anticipated outcomes. In this light most health care institutions have developed mechanisms and measures that would enable health educators to transition to health facilitators.

Transitions in the Global Health Scene: Emerging Noncommunicable Disease and Input of Health Educators

The global health care industry is in constant change, especially regarding the issues of advocacy, social change campaign, and the use of technology, which significantly impacts health education. The changes in global health care scene further influence the changes in the responsibilities, job descriptions, and levels of knowledge that are expected of health educators. This necessitates a need for health educators to adjust to the changes in the global health care environment to be efficient and effective in their roles and duties of impacting change to communities that are hard hit with health care issues.

In the recent times, the world has experienced with infectious diseases such as Ebola and HIV/AIDS as well as other globally challenging conditions such as diabetes and cancer,⁴ whereas on the other hand, human and political factors such as civil wars and political instabilities in some parts of the world have posed humanitarian crisis, which call for different approaches in their management and communication. In this regard, there are increased challenges to health care provision and increased vulnerability of communities to emerging and reemerging health care issues.

Due to these changes, the health care education strategies have also shifted consequently to those that require urgency, information accessibility, and the need to improve the cultural sensitivity of the education processes used. It is at this point that health educators are challenged to transition to facilitators to ensure enhancement of the potential of the communities they serve to become the agents of change. For instance, the widespread Ebola infection in West Africa was a critical situation in the global health care, which meant that global agencies, such as the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), and European Union (EU), and governments had to work toward collective approach.⁵ This included collective collaboration and common training of health care practitioners and educators to prepare them on ways through which they can manage the Ebola scare and educate the victims and the vulnerable communities. There was the need for facilitators rather than educators to impact knowledge on the people and to mobilize them toward accepting the change message and to embrace the prescribed modes of lifestyle to reduce the spread of infection.

In some parts of the world such as Syria and South Sudan, there has been an increase in humanitarian crises that mainly affect children and women. These include hunger, infections, bullet wound, and starvation from deprivation of basic rights. From a global perspective, the health care scenario now tends to be similar, and the challenges are

uniform and require urgent response from the concerned parties. This further impacts the approaches that health care educators and the industry must make to ensure that the needy communities are able to be reached.⁶ There is thus the increased responsibility for the evolution in the role of health educators to enable them to address the challenges emerging in the global health care arena. The transition toward health facilitation is informed by the increased need for flexibility in response to the global health issues such as those impacting lives of refugees, chronic disease clients, or Ebola victims. Furthermore, there is the need for improved competence and effectiveness in facilitating knowledge transfer through evidence-based approaches, which recommend transformation of health educators into facilitators.

Educators need quick, efficient, effective, flexible, and creative responses to the challenges that abound as well as gaining the required competence to facilitate health education to the concerned communities. Health educators are now required to conduct training and therapy sessions to communities or to community leaders to ensure that they are efficiently informed about the potential harm and they can in turn educate their communities.⁷ This consequential transfer of information follows the need for the communities to have the ability to understand the challenges that impact their health status and to be able to eradicate or prevent the occurrence of such health hazard such as HIV/AIDS or lifestyle knowledge that could reduce the spread of chronic diseases. These dynamics have changed the roles of health educators to become facilitators who can train, research, and transfer information through evidence-based, effective and efficient channels, and technology to reach the people.⁸ The demanding nature of the current practices require new skills, levels of training and knowledge, and possible adaptability to ensure that educators are efficient facilitators in the ever-changing and complex global health scene.

The health landscape is increasingly becoming complex with the advent of chronic diseases. Health education strategies that must be directed to support and enhance behavior change. Health educators should increasingly align their education efforts though a facilitatory rather than didactic approach to enhance client capacity for self-care. Communities require information to make decisions (empowerment) and to enhance their understanding of the concepts relating to chronic conditions discussed previously. Therefore, the methodologies that health educators use should focus on behavior change and the potentiality of the people to align their behaviors to the ways that are prescribed by the facilitators.⁹ Through facilitation, there is likely to be increased motivation and eventual feeling that the community's behavior is controlled to reduce their susceptibility to the challenges that may impact their health status. This enhances the need for facilitation approach as the most ideal method of impacting behavioral change toward infectious conditions and other chronic diseases that could impede the community development and put risk to humanity.

Due to the changes in the global health care scene, there is need for increased and improved use of facilitation

approach as opposed to the didactic approach. Through facilitation, there is increased knowledge transfer to the targeted community and a target toward behavioral change. Dieckmann et al¹⁰ further reiterate that facilitators can work with the community leadership and groups to inform them and train them of the expected lifestyle change. The targeted communities will therefore feel part of the social change campaign and have effective cultural acceptance to the information. Furthermore, community groups can be induced on visual and technological platforms that would improve the knowledge transfer and thus impact positive change. Facilitation approach allows for the training of educators and community groups on the best approaches/practices that they can use to achieve the long-term eradication of health care issues that impact the lives of the community.¹¹ Through the facilitation approach, health care educators would need to enhance their management skills by upgrading their skills and potentiality to enhance their suitability.

The global health care scene is experiencing challenges that call for increased training and upgrading of health educators' approaches. Health care educators should focus their energy on strategies that enhance the possibility of eradicating the infectious and chronic conditions discussed previously. Health educators would therefore be well advised to engage in upgrading activities that would enhance their ability to be effective facilitators. The facilitation approach has the potential to markedly improve management of health care issues through effective health engagement hinging on behavioral change approaches and social change campaigns. The resultant is more likely to yield in the long run, sustainable health care management benefits for conditions such as Ebola, diabetes, cancer, and HIV/AIDS. It simply means that health educators need to rethink and realign their roles to be relevant in an evolving work environment. Adaptation to a new role is therefore key for health educators to reengage for change.

Conflict of Interest

None declared.

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