

# Professional competence of health educators with special consideration of physiotherapists

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## Abstract

Health education consists in developing human knowledge, attitudes and skills and abilities, as well as in affecting human conduct in order to maintain or improve their state of health, whereas health promotion comprises propagation of a fit and healthy lifestyle including implementation of some prophylactic measures preventing the development of complaints, illnesses or diseases. Physiotherapists, who become health educators, play a significant role in attaining those objectives through undertaking some preventive measures; they also play a key part in encouraging their clients/patients to change their lifestyle and implement pro-health attitude towards life.

## Keywords

- professional competence
- health education
- physiotherapists

## Contribution

- A – the preparation of the research project
- B – the assembly of data for the research undertaken
- C – the conducting of statistical analysis
- D – interpretation of results
- E – manuscript preparation
- F – literature review
- G – revising the manuscript

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## Competence

Competence comprises knowledge, skills and abilities, predispositions and attitudes, and values prevailing in a given field of professional activity, indispensable for effective and professional accomplishment of objectives.<sup>1</sup> The above elements allow a competent person to responsibly achieve those aims, hold a discussion about a given issue and undertake proper decisions correlating with the field of knowledge in which they are competent.

The concept of competence was first used in the context of general education and referred to skills and abilities or potential, thanks to which some activities in a particular situation could be undertaken.<sup>2</sup> Competence is connected with a duty of ensuring and performing certain specialist activities in a proper and unquestionable way which means attainment of particular standards in a given discipline. Proper competence in the case of health care employees may and should serve to improve the state of health of whole populations.

## Health education

Health education is defined as a process in which people learn how to take care of their health and the health of a social group in which they live. According to Barbara Woynarowska,<sup>3,4</sup> health education comprises the life-long trend of *learning how to live* in order to maintain and improve one's own state of health and the state of health of the others, and in the case of some health conditions or disabilities – how to actively participate in different treatments and cope with the issues concerning one's health, and decrease its negative effects.<sup>3</sup> L. W. Green, a renown Canadian theoretician in health promotion, suggested another definition of health education which defines it as a group of planned undertakings targeted at facilitating an individual to undertake voluntary activities in favour of improving their health.<sup>5</sup>

Classically understood health education consists in modifying such individual determinants as: knowledge, awareness, conviction, attitude, abilities and a sense of self-effectiveness in such a way as to trigger a change in negative habits unfavourable for the state of health and help to consolidate pro-health behaviour patterns. This process is usually accompanied by altering social norms, creating social support and removing economic barriers. Another concept of health education is based on *freeing oneself* of bad health habits which assumes that people may be *trapped* or *enslaved* by such factors as: low self-esteem, a lack of abilities to undertake

decisions, and a lack of social support and a sense of helplessness. The reasons for extremely weak self-control in life, apart from the above-mentioned, also include poor knowledge and understanding of health-related issues. Health education understood in such a way aims at *freeing* people from comprising pro-health issues and teaching them to undertake decisions based on their own needs and in their best interests, provided they do not exert negative impact on other members of the society. Health education should be designed to help people understand motives of their own conduct and lead to the improvement of their own image.<sup>6</sup>

Health education should have a broad, collective dimension and create common awareness of social, economic, cultural and political determinants of health, and what is more, it should also encourage individuals to social activities for the sake of altering the factors unfavourable for the state of their health.<sup>7</sup> Moreover, it should affect the improvement of the state of health of an individual and cause a change in their attitudes and habits towards pro-health attitudes and habits, and last but not least, help them remain within the array of the latter ones. Health education encourages to make choices good for health by supplying appropriate knowledge and measures on how to achieve it. It is also a type of activity which makes a *healthy choice* become a base for further decisions directed towards health and its protection. It incorporates into the sphere of health protection many environments, institutions, organisations and people of various occupations and professions, as well as of diverse world views.<sup>8</sup>

Health education is an inherent and complementary element of health promotion, because possessing proper competence achieved in the process of education about health constitutes an intrinsic factor for participating in pro-health activities.<sup>9</sup> Health promotion is an activity directed to separate social systems, whereas health education most of all aims at an individual.<sup>3,4</sup> On the one hand, ascribing a predominant significance to health education results from a conviction that formal educational institutions, especially schools, are the driving force of innovative thinking and changes, and, on the other hand, from the fact that most pro-health conducts and attitudes have their roots in childhood and youth.<sup>10</sup>

A change in the attitude towards health and its conditioning factors resulted in significant changes in the concept of health education. The most characteristic of them include: a holistic approach to health with the emphasis on psychosocial health, demedicalization of health education and incorporation of representatives of social sciences into the accomplishment of its objectives. The focus from conveying knowledge was shifted to creating skills and abilities, and competence for

undertaking activities including a change in the awareness of an individual from *teaching* to *learning*.<sup>4,11</sup>

Health education boasts a long tradition. It originated from medical sciences, mostly from Hygiene and Social Medicine, and until 1970s a medical doctor played a leading role in it. It was based mainly on the development of health teaching techniques, i.e., all the methods, means and forms of teaching Hygiene and popularising medical knowledge. The development of health education methods based on creating good habits and pro-health attitudes, and establishing institutions serving the process of taking care of and improving the state of health, e.g.: public baths, gymnastics associations or public hygiene facilities, taking into account sanitary conditions prevailing throughout the ages.<sup>12</sup>

The awareness of introducing social changes consisting in propagating pro-health behaviours gradually increased. Health and fitness were highly valued in all known cultures, socio-economic systems and the systems of education, as well as in different religions. The ideas of health education and health promotion were known for ages since societies took care of their health and followed different health promoting recommendations. That is why one can claim that health education is not an *invention* of modern times. In the past, however, the term *health education* was not popular, but rather *personal hygiene* or *teaching about health* were used.<sup>13</sup>

A large group of eminent people contributed significantly to the development, achievements and heritage of health education in Poland. The below-mentioned occupy an important place in the canon of the Polish health education, namely: Grzegorz Piramowicz, Jędrzej Śniadecki, Henryk Jordan, Stanisław Kopczyński, Marcin Kacprzak, Hanna Wentlandtowi, Maciej Demel, and Barbara Woynarowska. An attempt at periodization of the history of health education in Poland was made at the beginning of 1970s by Maciej Demel.<sup>3</sup>

Contemporary health education takes into account a holistic approach to health, it uses all the possibilities and means to teach about health and act for the sake of health. Education is also conducted at home, school and in a local society. Mass media play an important role in it and its proper planning is based on cooperation between different sectors, especially those acting in the field of health and education.<sup>4</sup>

Current definitions of health education emphasize its following features: learning, including the activities and engagement of the persons participating in health education, regular influence and planning as a life-long process, affecting both individuals and groups of people, as well as healthy and ill people in order to increase their competence and voluntary participation,

i.e. without constraint or pressure on learners, at their full understanding and acceptance of the activities undertaken in health education, and – last but not least – the interdisciplinary nature of health education.<sup>3</sup>

Health education and health promotion have been described as a development which provides people with freedom of taking care of their health and its improvement. Taking care of one's health means having control over its determinants. Health promotion aims at accomplishing the best possible conditions for human life and maintaining proper state of their health. Persons who require special preparation should be the main interested parties in following recommendations in health education.

The Polish Qualifications Framework stipulates that the physiotherapist possesses knowledge to assess the state of human health, promote healthy lifestyle and undertake activities connected with education, introduction of preventive measures, as well as therapeutic and nursing requirements of the society.<sup>14</sup>

Examining the issues of health education one cannot miss, extremely significant in this field of knowledge, ethical aspects concerning both medical personnel and a client/patient. In Poland, the ethical issues have not been to date a subject matter of interest of theoreticians in health education or health pedagogy. However, one should take into account the fact that persons dealing with health education often face many ethical dilemmas, touch on the issues significant to people's health and life, affect their physical and mental state and their decisions, influence people at various ages and of different financial status, preparation, education, cultural patterns and diverse social origin. They undertake issues in which there are no ready solutions or answers accepted by everyone, that is why information should dominate over persuasion in health education. A physiotherapist dealing with health education cannot make their clients/patients implement in their lives the recommendations given, but they should accept the right of the individual to a free use of the information obtained. The physiotherapist, at the same time, is obliged to possess sound knowledge of health, illnesses and their determinants, as well as constantly improve and broaden it. Negligence in improving qualifications contributes to ignorance and causes an ethical problem.<sup>3</sup>

Health is a state of full good physical well-being of an individual, both mental and social, and not only the state of lack of illness or disability.<sup>15</sup> It is a key notion in issues and fields of knowledge dealing with promotion of health education. Being healthy makes human life better, more valuable and complete.<sup>16</sup> Health is seen as life resource, not its target; it is a positive notion comprising personal and social resources and physical abilities.<sup>7</sup>

Health is created and experienced by man in their everyday life – when they study, work, start a family, travel, suffer from complaints or achieve a success. People have always considered that notion since time immemorial.<sup>8</sup>

A healthy man has greater chances for self-accomplishment, satisfactory playing of social roles or good adaptation to environmental changes. Only a healthy society may create material and cultural goods, and provide the state with a proper social and economic development. Modern medicine undergoes great developmental transformations connected not only with technical development but most of all with the changes taking place in the consciousness of health propagators. More and more often people are aware of the fact that many diseases, especially those constituting nowadays the greatest threat for health and life, as obesity or the diseases of the circulatory system, belong to the type of health conditions which, to a significant degree, they themselves contribute to by cultivating behaviours unfavourable for their health.

A person dealing with health education should boast proper competence, i.e. appropriate knowledge, expertise in methods and abilities and skills to implement them and possess the so called *psychological freedom* in a given field, i.e. the know-how to use this knowledge and proper terminology, flexibly implement various methods and techniques and abilities to be with their learners also in their demanding situations.<sup>3,4</sup> The competence of those conducting health education in Poland has not been formally determined so far.<sup>3</sup>

Health educators should continuously improve their communication skills and abilities in order to create good social rapport with those they teach.<sup>1</sup>

L. Kulmatycki presents a list of fundamental competence of a health promoter, which includes:

- creative competence i.e., skills and abilities to fully identify the subject matter or the dilemmas and abilities to search for creative and unconventional solutions;
- organizational competence, understood as abilities to act efficiently and transit from one stage of the task to another without missing connections and relationships between them;
- educational competence i.e., self-education and conveying knowledge and information to other people and ability to learn from others, i.e. individuals and whole social groups;
- communication competence i.e., interpersonal and media-related skills and abilities required for cooperation with other persons or representatives of institutions or organisations;
- cooperation competence, understood as skills and abilities required to establish contacts with

institutions and organizations, make coalitions or alliances, and practical involvement into the tasks being accomplished, and

- marketing competence i.e., skills and abilities to effectively advertise and present their services and achievements, and the ability to conduct negotiations.<sup>17</sup>

A client's/patient's education belongs to a special type of health education. This is a type of education which is conducted between the persons taking advantage of health care. It especially refers to health conditions of a client/patient, teaches the way of maintaining a state of health, preventing the occurrence of illness and the ways of coping with health conditions.<sup>7</sup>

The aims of health education and its expected outcomes are variously expressed. Generally, it can be said that health education targets at managing an individual to undertake proper choices supporting their harmonious development and physical, mental, social and spiritual health. Additionally, it aims at creating a healthy lifestyle, identifying one's own health conditions and finally at undertaking actions which lead to solving health problems. A basic objective of modern health education consists mainly in providing support in *creating conditions for a change* i.e., undertaking efforts to improve competence of individuals and social groups in the sphere of independent activity for the sake of health at different levels or social life.<sup>1</sup>

Health education is required to the same degree by both healthy persons and those who suffer from diverse health conditions. Various forms of health education accompany most medical benefits and services in different health care institutions. It refers not only to medical benefits but also to rehabilitation and prophylaxis benefits and services.<sup>3</sup> According to the principles of modern health education, a physiotherapist should:

- emphasize benefits resulting from a recommended conduct and at the same time avoid using the technique of *frightening*;
- encourage clients/patients to express their own opinions and thoughts, and search for their own ideas and solutions, as well as avoid *preaching*;
- use visual materials, give instructions in writing (prepared beforehand and referring to the most frequently prevailing health-related conditions), and
- create patterns of pro-health conduct (a doctor encouraging to quit smoking is not credible when they themselves are smokers, as much as an overweight or obese doctor who recommends losing weight).<sup>3</sup>

Being a physiotherapist is a demanding profession. The physiotherapist aims at restoring, lost to a greater or smaller degree, physical fitness of a client/patient

and that is why they should boast very good health, be efficient and fit, and possess good eye-hand coordination. Promotion of a fit and healthy lifestyle is an inherent part of the profession of a physiotherapist and it also helps avoid many health conditions associated with the progress of civilization, such as obesity and obesity-related circulatory and respiratory diseases. The physiotherapist should also know how to keep emotional distance and be at the same time empathic since every day they work with persons who suffer from many painful conditions which make them reject therapies or even active participation in the activities of daily living.

## Professional ethics of physiotherapists

A physiotherapist has competence to promote pro-health behaviours. They possess knowledge of Health Sciences, proper nutrition and physical culture, and they know personal development processes and their physiology or possible pathologies. They know basic terms and mechanisms connected with health and its protection, disabilities and medical rehabilitation. They have knowledge of basic health education, health promotion and taking and implementing preventive measures. They also possess basic knowledge of work safety and hygiene issues in the health protection facilities. Physiotherapists know and use the principles of ethics which should accompany them while working with a client/patient, their families, with their closest environment and social circles. They cooperate with representatives of other professions in health protection. The profession of a physiotherapist requires vast knowledge and practical skills and abilities, as well as being knowledgeable of and able to use norms of moral conduct and interpersonal abilities. The rules of professional ethics determine the conduct of an employee from the point of view of moral good and bad, justice and injustice, which physiotherapists may cause at work if they lack competence or knowledge. Due to the fact that high professional qualifications of a physiotherapist create favourable conditions for the accomplishment of certain pro-health objectives, the requirement of professional competence and accuracy should always be of the utmost importance.

Moral predisposition includes the following virtues: honesty, kindness, justice, truthfulness, understanding and tolerance. Morality in physiotherapy is assessed based on moral attitudes and conduct of people who at work create socio-educational environment in different

types of therapeutic facilities. Professional ethics sensitizes to temptations and dangers, warns against moral abuse connected with the character of a specialist job. Proper moral attitude and solidarity with a professional group is required not only at work but also in everyday life outside work. A person dealing with therapeutic rehabilitation is perceived in the society as somebody who accepts proper pro-health attitude in their own life and somebody on whom one can rely performing social activities.<sup>19</sup>

That is why it is vital that physiotherapists represent proper attitude to a healthy lifestyle since they have such opportunities. They should also be aware of the fact that they can influence others by their activities and conduct. Another important issue is that they may in future have a great impact on their clients/patients and may become authorities for many of them.<sup>21</sup>

Constant cooperation between a client/patient and individual member of a therapeutic team, and mutual exchange of opinions in a team – especially between a physician, physiotherapist and a nurse – have basic significance for attaining best possible therapeutic results. A number of competent specialists creating a rehabilitation team constitutes the quality and strength of influence of rehabilitative effect. Individual members of such a team are engaged in accomplishing a given part of an entire rehabilitation programme.

Each team member also performs, within their own scope, a psychotherapeutic function and that is why regular exchange of observations and findings is so important. A deterioration in a client's/patient's state of health, their change of mood, motivations or occurrence of additional complaints must be immediately reported to a doctor in charge. The rehabilitation programme is modified as the patient's state of health improves and when they are discharged from hospital, they must be equipped with precise information about the continuation of rehabilitation, health-related recommendations, regaining professional competence and possibilities of employment, etc.<sup>20</sup>

Social contacts require confidence, especially the client's/patient's confidence to their physiotherapist since they decide about their state of health and efficient functioning in the future. It results from an unwritten social agreement which supplies man with the right to expect that they will not be deceived or exposed to danger. In the case of physiotherapists, they are expected to provide their clients/patients with good treatment and proper therapeutic procedures. Supporting delusion or concealing some facts, or conscious misinforming a client/patient may be cases of providing false information or abuse of confidence in proper rapports between clients/patients and physiotherapists. Honesty

in physiotherapist's practice is expressed by accurate observance of time and range of treatments and services, and also by not overcharging their clients/patients.<sup>20</sup>

The *Code of Ethics of a Physiotherapist in the Republic of Poland* is a key and extremely important indicator of conduct in the profession of a physiotherapist in Poland. It includes a set of principles of conduct which should be observed by all physiotherapists. According to the above code, it is a physiotherapist's duty to believe in the value of another man and each professional activity should be directed to the client's/patient's good. Generally speaking, it includes respect for human rights of the client/patient, professional performance and the requirement for constant broadening of knowledge by a physiotherapist.

It seems appropriate to quote some selected articles from the *Code of Ethics of a Physiotherapist in the Republic of Poland*, namely:

- Art. 6. It is a physiotherapist's duty to constantly develop professionally and personally, and their qualifications should result from the present state of knowledge.
- Art. 8. Physiotherapist provides the society with solid information on physiotherapy and physiotherapeutic benefits.
- Art. 19. Physiotherapist should participate in public education programmes connected with their profession.
- Art. 21. Physiotherapist should be aware and responsible for conducted preventive activities and they themselves cannot propagate negative attitude for healthy life.
- Art. 22. Physiotherapist, according to their knowledge and competence, should participate in fighting the symptoms of social pathologies.

The above Code describes principles of a physiotherapist's ethics, rules of cooperation with other members of a medical team and their professional responsibilities.<sup>22</sup>

It is also worth mentioning that the European Core Standards of Physiotherapy stipulate that a graduate in physiotherapy should play an active role in health education and health promotion.

## Conclusions

After a thorough study of professional literature in health education and health promotion one can notice a serious deficiency, namely a lack of monographs, companions, and course books for physiotherapists as health educators. Accessible studies to a significant

degree concern recommendations, advice and instructions solely for teachers, physicians, nurses and midwives.

In the process of educating future physiotherapists, it seems appropriate that persons responsible for educating physiotherapy students make them aware of the fact that working with a client/patient concern not only some aspects of improving their health. One should also remember that a physiotherapist in their professional life should also be a health promoter and educator, and promoter of pro-health behaviours. A physiotherapist should also be governed and guided in their work by professional ethics of a physiotherapist to the greatest possible range.

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