HEALTH PROFESSIONALS' PERCEPTIONS OF HEALTH EDUCATORS: A PILOT STUDY

A DISSERTATION

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIRMENTS

FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

IN THE GRADAUTE SCHOOL OF THE

TEXAS WOMAN'S UNIVERSITY

COLLEGE OF HEALTH SCIENCES

BY

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DECEMBER 2010

TEXAS WOMAN'S UNIVERSITY
DENTON TX

September 23, 2010

To the Dean of the Graduate School:

I am submitting herewith a dissertation written by Chad R. Vickers entitled "Health Professionals' Perceptions of Health Educators: A Pilot Study." I have examined this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy with a major in Health Studies.

Kristin Wiginton, Major Professor

We have read this dissertation and recommend its acceptance:

Department Chair

Accepted:

Dean of the Graduate School

ACKNOWLEDGEMENTS

There are too many people to whom I owe my sincere gratitude to name each of you here. I have been fortunate enough to have garnered support and encouragement from almost everyone I have come across in this journey, and it is that encouragement that has propelled me forward and allowed me to see this goal through to completion. Each and every one of you knows who you are, and from the bottom of my heart, I thank you.

ABSTRACT

CHAD R. VICKERS

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DECEMBER 2010

The purpose of this dissertation was to evaluate the perceptions that health professionals may have of health educators, specifically in regards to role and educational preparation, which will allow for correction of misperceptions and promote a stronger, more effective collaboration. A qualitative approach to data collection was employed in which health professionals who attended pharmaceutical dinners or professional organization meetings were asked to complete an open-ended survey questionnaire. Twenty-four health professionals, representing a variety of ages, professions, and years of experience, voluntarily participated in this research study. Data was analyzed for common themes. Results from this research study indicated that health professionals have generally positive impressions of health educators. However, data analysis also illustrated that health professionals' knowledge of the responsibilities of the health educator are severely limited. Based on the data collected during this research project, it is apparent that the health education profession must step up its role promotion attempts. Increased awareness campaigns are necessary to promote the roles and responsibilities of health educators. More research into health professionals' perceptions of the health educator is also warranted.

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CHAPTER I

INTRODUCTION

The health education profession is a centuries old profession (National Commission for Health Education Credentialing [NCHEC], 2009). Historically, health educators filled random, and at times unpredictable, roles in healthcare, with little organization or oversight. However, in the mid-1970s, spawned primarily by increasing healthcare costs and a subsequent shift in health promotion and education to combat those rising costs, health education began to organize into the established profession it is today (National Center for Health Education, 2005).

There exists a common misperception that all healthcare professionals are health educators (Siminerio, 1999). Although most healthcare professionals do provide basic health-specific information and/or services to the patients they serve, their ability to provide comprehensive and appropriate educational interventions may be limited. This is a void in the current health system that health educators are trained and prepared to fill.

According to the Bureau of Labor Statistics (2001), health educators "promote, maintain, and improve individual and community health by assisting individuals and communities to adopt healthy behaviors" (para. 1). This is accomplished through collaboration with various interdisciplinary health professionals, all working to achieve the common goal of improved health. For this collaboration to be most effective, health professionals must understand both the concept behind and the role of the health educator.

Statement of Purpose

The purpose of this dissertation was to explore health professionals' perceptions of health educators. Although an abundance of research exists supporting the effectiveness of health educators in a variety of settings, the value of health educators by other health professionals has never been measured. As a member of the interdisciplinary health team, health educators are in continual contact with other health professionals, such as physicians, nurses, and social workers, as they work to promote optimal health of the individual or community being served. It is imperative that health professionals adequately understand the role of the health educator to maximize the service of this profession. This research project attempted to evaluate the perceptions that health professionals may have of health educators, specifically in regards to role and educational preparation, which will allow for correction of misperceptions and promote a stronger, more effective collaboration.

Research Questions

This dissertation was designed to answer the following research questions:

1. What general perceptions do health professionals have of the health educator?
2. What do health professionals perceive to be the role of the health educator?
3. What do health professionals perceive to be the educational preparation/training of the health educator?
4. How does the health professional's perception of his/her professional role compare to the perception of the health educator's role?

Delimitations

This study had the following delimitations:

1. Participants were health professionals who worked within Wichita County, Texas.
2. Participants were chosen from local professional health organizations as well as recruited through area pharmaceutical meetings. Health professionals not involved in professional organizations or pharmaceutical meetings were not included in this pilot study.
3. Participants were required to have the ability to read, write, and speak English.

Limitations

This study had the following limitations:

1. A purposive, convenience sample was utilized for this pilot study. Utilizing a sample from one community restricts the generalization of results to other communities, as Wichita County health professionals may not be representative of health professionals in other areas.
2. As this study utilized a convenience sample, all disciplines of health professionals may not have been identified or included in this study.
3. The healthcare professionals selected for participation in this study were actively employed in a healthcare setting, with retired or disabled healthcare workers excluded from participation.

Assumptions

This study had the following assumptions:

1. All participants spoke, read, and wrote the English language.

2. All participant responses were truthful and honest.
3. Participants honestly disclosed their health professional status.

Definition of Terms

There are four main terms that must be understood to appropriately interpret this dissertation:

1. Health professional – professional who meets the various health needs of an individual; includes physicians, nurses, social workers, psychotherapists, physical therapists, etc.
2. Health educator – professionals who "work to encourage healthy lifestyles and wellness through educating individuals and communities about behaviors that can prevent diseases, injuries, and other health problems" (Bureau of Labor Statistics, 2009, para. 4)
3. Perception – thoughts or beliefs about an idea or phenomenon that may or may not be accurate; based primarily on knowledge and experience
4. Role – "activities that a person in a particular position is expected, both by himself and by others, to carry out" (Arnold, 1962, p. 80)

Importance of the Study

The importance of a research project such as this one cannot be understated. Health educators are essential members of the interdisciplinary health team. For their contributions and efforts to be valued and accepted, other health professionals must have a thorough understanding of the health educator's role in health promotion and disease prevention. The profession of health education may not be fully understood by other

healthcare professionals. It is imperative that health professionals' knowledge and perceptions of health educators be ascertained. This will allow for the correction of potential misperceptions, thereby strengthening professional relationships and building the foundation for collaboration. This will ultimately result in improved outcomes for those being served.

CHAPTER II

REVIEW OF LITERATURE

The author conducted a review of the literature using electronic databases accessed through both Texas Woman's University and Midwestern State University. These databases included Academic Search Complete, Alternative Health Watch, CINAHL Plus, Health Source Consumer and Nursing/Academic editions, and MEDLINE. This listing of databases is not intended to serve as a complete catalog of the databases the researcher reviewed, but rather as an example of the types of databases which were reviewed. The author also utilized online journal searches through a variety of health education organization publications. These organizations included the American Association for Health Education, the American Public Health Association, the Association of Schools of Public Health, the American Alliance for Health, Physical Education, Recreation, and Dance, and the Society for Public Health Education.

Search terms utilized in both the online database and electronic journal reviews included the following: perception, impression, role, advocacy, belief, characteristic, quality, attribute, health professional, health educator, health education specialist, health education, and public health. The author's initial literature review focused solely on health professionals' perceptions of health educators, but as this produced no results, the author expanded the literature review to also include public perceptions of the health educator. The author further explored the literature for articles and other publications referencing both health professionals' and the public's perceptions of other specific

educators, such as diabetes educators and nurse educators. Also included in this literature search were articles analyzing how health professionals perceived their own profession as well as how they perceived health professionals in other disciplines.

Role

There is an abundance of literature that attempts to define and explain the role of the health educator. This is arguably the most evolving aspect of the health education profession. The health educator role was first officially formulated and described by the Role Delineation Project, a massive undertaking from 1978 to 1981 that united much of the previously fragmented profession. The National Health Educator Competencies Update Project (CUP), spearheaded in 1998 and maintained by NCHEC as well as the American Association for Health Education (AAHE) and the Society for Public Health Education (SOPHE), updates the health educator role description and provides perhaps the best definition of the current health educator role and responsibilities (Pettit & Fetro, 2006). The CUP organized the role of the health educator under the following seven overarching responsibilities:

1. Assess individual and community needs for health education
2. Plan health education strategies, interventions, and programs
3. Implement health education strategies, interventions, and programs
4. Conduct evaluation and research related to health education
5. Administer health education strategies, interventions, and programs
6. Serve as a health education resource person
7. Communicate and advocate for health and health education (NCHEC, 2006).

Each of these seven responsibilities is further divided into 35 competences and 163 sub-competencies, which collectively describe the primary role of the health educator (Allegrante, Barry, Auld, Lamarre, & Taub, 2009).

Also emerging from the CUP was a health educator hierarchical model comprised of three tiers: entry, advanced one, and advanced two. These levels are divided based on educational preparation as well as years of experience in health education. The CUP described entry health educators as having earned a bachelor's or master's degree in health education but having less than five years of professional experience. Those with a bachelor's or master's degree and greater than five years of experience were classified as advanced one. And the advanced two level was reserved for those health educators who had earned a doctorate degree in health education and who had clocked more than five years of experience in a health educator role (Gilmore, Olsen, & Taub, 2007). Subsequently, NCHEC, AAHE, and SOPHE made recommendations for health educator educational preparation to ensure that the identified health educator responsibilities, competencies, and sub-competencies were appropriately tailored to their respective degree programs (Gilmore et al., 2007).

Although much of the available literature provides similar explanations, there are contradictions. Dr. James McKenzie, a professor and leading scholar in the health education profession, questions the beneficence and usefulness of preparing generic health educators (2004). In his 30 years of facilitating health education preparation, McKenzie describes a shift from preparing school health educators to preparing community health educators, and he highlights the differences in academic preparation as

well as professional roles. He insists that the health education profession acknowledge that "even though the responsibilities and competencies of health educators are similar regardless of the settings, the work is indeed different and the preparation cannot be the same" (McKenzie, 2004, p. 48).

Johnson, Glascoff, Lovelace, Bibeau, and Tyler (2005) evaluated how much time health educators spent fulfilling various duties which were determined from the seven areas of responsibility. Implementing health education programs was the activity that health educators reported consumed more of their time than any other activity (21.2% of time), followed by planning health education programs (13.3% of time). Sadly, health educators reported that they spent the least amount of time advancing the health education profession (2.3% of time), and 59.1% of health educators surveyed reported that they did not spend any time performing this responsibility. This may help to partially explain the confusion that exists among health professionals regarding the role and scope of practice of health educators. Johnson et al. (2005) also determined that educational preparation appears to greatly affect the role of the health educator, with bachelor's prepared health educators reporting more time spent in implementing health education programs and master's prepared health educators reporting more time spent in assessing health education needs and administering health education programs.

Although advocacy is included in the seventh responsibility of health educators, it is perhaps the most often overlooked or forgotten role of the health educator. This may be more pertinent now than ever before with healthcare reform readily visible on the horizon. Health educator advocacy certainly has not been overlooked in the literature, as

there are a multitude of articles examining and discussing the importance of the advocate role. According to Tappe and Galer-Unti (2001), "for health educators to reach their vision of promoting health literacy and thereby 'promoting, supporting, and enabling healthy lives and communities,' health educators need to lead the way in advocating for health and health education" (p. 482). This statement has practical and universal application and should not be interpreted in simple terms of health literacy.

The advocacy role of the health educator, like almost all other health educator functions, is a multifaceted role. Perko and Gordon (2009) sum health advocacy as "protection of the vulnerable and empowerment of the disadvantaged" (p. 359). The health educator may employ advocacy strategies in working to address and eliminate health disparities (Caira et al., 2003) or the health educator may employ political advocacy to promote broader policy change (Perko & Gordon 2009). Unfortunately, advocacy may receive only limited attention in the educational preparation of health educators, presenting a real challenge to recently graduated and/or inexperienced health educators (Caira et al., 2003). Because much of the health educator's advocacy efforts occur out of sight, health professionals may not even realize the critical role the health educator plays in advocacy.

Numerous misperceptions regarding health education and health education professionals also exist. Siminerio (1999) researched the leading misperceptions of the health educator and described the following five misperceptions as the most prevalent:

1. Health education is the transference of knowledge.
2. Healthcare professionals who teach patients are educators.

3. Health educators are the experts, and patients should defer to them.
4. Health educators are responsible for patients' learning and achieving outcomes.
5. If a comprehensive health education program is provided, patients will come because it is in their best interests.

Siminerio (1999) described these misperceptions as existing among patients, health professionals, and in some instances even health educators. It is notable that none of these prevalent misperceptions relate to the role or responsibilities of the health educator. However, in her discussion of the importance of credentialing to the health education profession, Siminerio (1999) states "health educators have encountered frustration centered around a lack of clear professional identity" (p. 156). This highlights the role confusion that surrounds many health educators.

This role confusion is not a new or recent phenomenon. The NCHEC attempted to unite health educators under a common set of standards and responsibilities in 1989 by developing and implementing an optional credentialing process (NCHEC, 2008). The NCHEC hoped that such credentialing would mitigate much of the role confusion that existed at the time. Beginning in 1990 individuals who completed formal education and training in health education were eligible to take the Certified Health Education Specialist (CHES) exam. In 2009 slightly more than 8,000 individuals had earned the CHES certification (Bonaguro et al., 2009). Though "credentialing heightens awareness in the general public and offers some degree of safety by ensuring the competence of those proving health education" (Siminerio, 1999, p. 156), it has not done an adequate job of alleviating confusion regarding the health educator role. In 2002 a joint goal was

established by the Coalition of National Health Education Organizations (CNHEO) and the NCHEC to "promote the role and benefits of health education to policy makers, employers, professionals, the general public, and students" (Bonaguro et al., 2009, p. 237). This remains an active goal. However, unlike many other health professions where licensing and/or credentialing are required professional elements, certification of health educators remains an optional, though highly recommended, element of the professional role.

It should also be noted that although most health professionals provide varying degrees of health information, all health professionals are not health educators (Siminerio, 1999). Cleary (1988) compared the health education role of healthcare professionals to the role of the health education specialist and identified that "the distinguishing characteristic of the health education specialist is understanding and skill in applying the teaching/learning process to health and disease issues" (p. 67). She also identified "the primary role of the health education specialist is to facilitate the learning process and help the individual or community to make informed decisions about health/disease issues" (Cleary, 1988, p. 68). As such, Cleary (1988) describes the professional role of the health educator as having many possibilities; these possibilities include acting as a health professional consultant, serving as a member of the interdisciplinary healthcare team, or acting independently to provide necessary services.

In fulfilling their role, health educators are employed in a variety of settings, ranging from hospitals and health departments to nonprofit and volunteer health agencies. They may also be employed under a rather broad umbrella of job titles. These job titles

include the obvious health educator and health education specialist, as well as the sometimes less obvious health program administrator/manager, wellness coordinator, program coordinator, patient education coordinator, preventative disease specialist, and community health coordinator, among others (Gambescia et al., 2009; Smith & McKenzie, 2005). This difference in job titles may contribute to the misunderstanding among health professionals and further mystify the role of the health educator.

Health educators describe their major job responsibilities as community education, patient education, program planning, coordination of programs, and serving as a community liaison (Smith & McKenzie, 2005). Active or potential employers of health educators, however, may have limited knowledge of the role of the health educator, as well as the uniqueness of the health educator role. In 2003 the CNHEO organized a task force (the Health Education Marketing Task Force) to develop a health educator marketing plan that was geared toward potential health educator employers. As there was no existing research that evaluated employers' perceptions of health educators, "task force members decided that before developing a full-scale marketing plan to reach employers, they should learn more about employers' current knowledge and attitudes regarding health educators" (Gambescia et al., 2009, p. 231).

The first obstacle faced by the Health Education Marketing Task Force was how to define the term "health educator"; the agreed upon definition was an individual who had earned a degree in health education and/or attained certification through NCHEC as a Certified Health Education Specialist (Gambescia et al., 2009). A modified snowball sampling technique was employed, which resulted in more than 1,500 usable surveys.

Although more than 75% of employer respondents reported having awareness of the education and credentialing opportunity for health educators, more than 70% employed health educators who had not earned the CHES designation, and more than 50% acknowledged that they actively recruited health educators regardless of CHES certification status (Gambescia et al., 2009).

Perhaps the most discouraging survey result was that "nearly one-third of those responding do not currently hire health educators, and feel that others can effectively carry out the relevant responsibilities" (Gambescia et al., 2009, p. 234). The Health Education Marketing Task Force believed this to be representative of employers' lack of understanding of the health educator role and recommended subsequent education and marketing to these employers, with focus on the beneficial and unique role that only health educators can fulfill.

Perceptions

At the current time it does not appear that there are any published studies evaluating health professionals' perceptions of health educators, nor any studies examining health professionals' perceptions of other educators (diabetes, patient, nursing, etc.). The most comparable articles discovered in this literature review primarily describe the public's perception of various health professionals and health-related services, as well as health professionals' views on their own health education role. These perceptions have been evaluated in relationship to a host of individual characteristics, which include "age, race/ethnicity, gender, socioeconomic status, physical and mental health status, attitudes, and expectations of care" (Sofaer & Firminger, 2005, p. 542).

Many health professionals describe patient education as a function of their health role. Nurses, for example, describe patient education as both expected by the patients they serve and professionally satisfying (Barrett, Doyle, Driscoll, Flaherty, & Dombrowski, 1990). However, nurses describe their educator role as time-consuming and feel that appropriate education can only occur with additional time, which is limited by other nursing functions; additional educational resources, as well as more feedback and instruction in effective teaching strategies, are also identified by nurses as essential to providing more positive health-related education (Barrett et al., 1990; Whiting, 2001). With the current nursing shortage and a continual increase in nursing role requirements, nurses do not appear to be in an optimal position to fulfill the health education demand. Health educators are prepared and more than equipped to fulfill this need.

Likewise, advanced practice nurses, often referred to as nurse practitioners, place great importance on the role of health education, particularly in regards to health maintenance and disease prevention. Similar to their nurse counterparts, advanced practice nurses have identified lack of time as a significant barrier for health education. Lack of reimbursement and lack of feasibility in practice have also been identified as continual barriers to providing health education services (Reeve, Byrd, & Quill, 2004).

The attributes of effective healthcare professionals' is also a common theme analyzed by various researchers that emerged during this review of the literature. Paulsel, McCroskey, and Richmond (2006) noted a significant association between patients' perceptions of the health professional's competence and degree of compassion/caring and patient level of satisfaction. The author questions whether any

correlations exist between health educator characteristics and positive health professional perceptions. Fall, Levitov, Jennings, and Eberts (2000) discovered that the public's perception of counselors with doctoral degrees was much more positive than their perception of counselors with Master's degrees, even though their general understanding of the counselors' role was limited. Patient confidence was also positively correlated to degree type, with patients having more confidence in doctoral-level counselors than Master's-level counselors (Fall et al., 2000).

In her study, Farberman (1997) addressed the difficulty in understanding credentials and qualifications of mental health professionals, as well as the difficulty in distinguishing between the different types of mental health professionals and their respective educational requirements. A desire for more information regarding psychological disorders and available services was also a common trend in Farberman's (1997) research. This research finding reinforces the need for health educators' services and highlights the role confusion that permeates health professions, including health education.

Many research studies have indicated that although health professionals may have a broad understanding of health education and health promotion, they do not have the expertise or opportunities to implement such practices. Limited knowledge and inadequate experience were labeled by both nursing students and experienced nurses as barriers to health education, as were inadequate time and energy (Whitehead et al., 2008). Such study conclusions continue to highlight the importance of the health educator as a member of the interdisciplinary health team.

Confusion regarding the differences between health education and health promotion has also been a recurring theme in health education research over the previous two decades (Davis, 1995; Clark & Maben, 1998). Nurses working in neuro-rehabilitation centers expressed difficulty distinguishing between health education roles and health promotion roles (Davis, 1995). Recently graduated nursing students also had difficulty describing the differences between health education and health promotion, though the vast majority (80%) agreed that there were distinct separations (Clark & Maben, 1998). Health promotion was described as more broad than health education and involved both social and environmental factors, whereas health education was described simply as providing information (Davis, 1995; Clark & Maben, 1998). Many aspects of the health educators' role, such as policy making, were misidentified as not included in either health education or health promotion (Davis, 1995). A focus on the medical model and subsequent lack of formal education and training in health education principles, theories, and methods has undoubtedly contributed to this confusion (Clark & Maben, 1998). Regardless, health educators are prepared to incorporate both health promotion and health education into their expansive role.

Confusion and misunderstanding of other healthcare professionals' roles was a theme noted in the literature review as well. When evaluating surgical nurses' knowledge and perceptions of surgical residents, Schlitzkus, Agle, McNally, Schenarts, and Schenarts (2009) noted that nurses working alongside the residents were unable to accurately identify the role, job function, responsibilities, or educational attainments of the residents. In a separate study examining the structure, role, communication, and

combined performance of various professionals in the operating room, Undre, Sevdalis, Healey, Darzi and Vincent (2006) also discovered that professionals rated their understanding of other professions significantly higher than what those other professionals felt was appropriate. Surgeons, for example, believed they possessed a "high level of understanding of others' roles" but the "others' judgments of the surgeons' understanding were significantly lower" (p. 185).

In attempting to evaluate physician perceptions of the need for nurse practitioners, as well as their willingness to hire nurse practitioners, Louis and Sabo (1994) discovered a serious physician misunderstanding of the role and responsibilities of the nurse practitioner. Fletcher, Baker, Copeland, Reeves, and Lowery (2007) reached a similar conclusion in their own research, with physicians and nurse practitioners providing very different descriptions of the role of the nurse practitioner. Whereas nurse practitioners described their role in terms of independence and autonomy, physicians tended to describe the nurse practitioner role as parallel to and an extension of the physician. There were also discrepancies reported in role competence, with nurse practitioners reporting higher levels of competence than physicians.

Through use of qualitative research methodology, Long, McCann, McKnight, and Bradley (2004) discovered that although physicians and nurses were generally supportive of nurse practitioners, there was much confusion about the role they played in health services as well as where they belonged on the healthcare team. The nurse practitioner role was described as overlapping both the physician's and nurse's role, and thus its understanding and value was compromised. Some physicians described the nurse

practitioner role as "an erosion of out professionalism" (Long et al., 2004, p. 35). This lack of understanding led to an environment of opposition amongst some healthcare professionals. Long et al. (2004), like many other researchers, called for role clarification and clear identification of professional tasks and responsibilities to address this confusion.

Patel and Schriber (2000) discovered that nurse practitioners had only limited understanding of the role and function of occupational therapists, even though their general knowledge of occupational therapy services was broad. In assessing the differences between pharmacists' and general practitioners' (physicians) perceptions of community pharmacists' role in providing clinical services, Bryant, Coster, Gamble, and McCormick (2009) revealed a statistically significant difference between the two health professional groups, representing numerous misperceptions on the part of both groups. Interdisciplinary role confusion is evident in the existing literature and does not appear to be a phenomenon specific to health educators, nor does it appear to be limited to health professionals.

Reutter and Ford (1996) discovered that both the general public and various health professionals, including physicians and nurses not employed in public health nursing roles, lacked an adequate understanding of the public health nursing role. Others viewed the public health nurse's role as "benign", which the researchers concluded was partially because "the nature of health promotion is facilitative, rather than prescriptive, and is 'somewhat unobtrusive'" (Reutter & Ford, 1996, p. 11). This uncertainty and

confusion on roles and purposes of health care professions limits functionality and effectiveness of the healthcare team.

If health professionals have only a limited understanding of the role of other health professionals, one could surmise that the general public, with their lack of health knowledge, training, and experience, would have an even poorer understanding of health professionals' roles. This would hold especially true for public perceptions of health educators, as the health education profession has historically been less visible and more poorly advertised/promoted. Unfortunately, the author was unable to locate any literature referencing the general public's perceptions or understanding of health educators. However, much research exists regarding the general public's understanding of other health professionals, such as nurse practitioners. As a newer health profession than physicians, for example, the public's grasp on the role and responsibilities of nurse practitioners is limited.

This lack of public understanding was apparent in a research study conducted by Forgeron and Martin-Misener (2005), which was designed to evaluate the factors that played a part in parents choosing to utilize the services of a nurse practitioner while their child was in the emergency room. Almost 40% of parents participating in the research study had never even heard of nurse practitioners, but no statistically significant relationship was established between knowledge of nurse practitioners and intent/willingness to utilize nurse practitioner services. Phillips and Brooks (1998) observed a similar phenomenon among female patients' views on and understanding of nurse practitioners. Many of the participants in their research study were completely

unfamiliar with the role of the nurse practitioner, and there appeared to be a positive correlation with previous experience with a nurse practitioner and understanding of the nurse practitioner role. Also revealed in this study was the trend that "patients do not yet seem to have the same degree of faith and trust in their [nurse practitioners] as they do in their [physicians] in the areas of disease prevention and health promotion" (Phillips & Brooks, 1998, p. 170).

This has possible application to health educators in several ways. First, if individuals are unaware of the role of nurse practitioners, a decades old and very visible profession, their knowledge of health educators must surely be more limited. Second, there appears to be mixed feelings regarding individuals' willingness to accept health services from a nurse practitioner, whose role and scope of practice they did not understand; individuals appeared to accept the services of the nurse practitioner more readily in emergent situations (Forgeron & Martin-Misener, 2005) than in routine or health promotion situations (Phillips & Brooks, 1998). Hence, individuals may also be likely to have mixed feelings about accepting services from health educators, especially those individuals whose understanding of the health educator's professional role and responsibilities may be limited or even nonexistent.

Exposure

Exposure may also play a serious and significant role in health professionals' perceptions of health educators, although the author was unable to locate any health educator specific data to verify this. However, this was a trend noted in other health professions. Aquilino, Damiano, Wilard, Momany, and Levy (1999) discovered that

physicians who had previous or current experience with nurse practitioners had statistically significant differences in attitudinal perceptions than physicians who had no exposure to nurse practitioners. Exposure resulted in a more positive and favorable physician view of the nurse practitioner, as well as more accurate physician perceptions of their role. In a second study evaluating physicians' perceptions of nurse practitioners, Carr, Armstrong, Hancock, and Bethea (2002) concluded that physicians' who employed nurse practitioners had a more accurate understanding of the role of the nurse practitioner than those physicians who did not employ, and thus had less experience with, nurse practitioners.

This, too, has great implications for the health educator. Health professionals who lack personal experience with health educators may have a lesser understanding of their role and responsibilities secondary to this lack of exposure. This should not be considered a flaw of the health professional, but rather an opportunity for the health educator to enlighten through exposure.

Turf Protection

Another less discussed and far less studied cause for health professional misperception of health educators may be turf protection. In research conducted by Reutter and Ford (1996), public health nurses described physicians as unwilling to collaborate and at times undermining of their professional credibility. Much of this behavior was attributed to a general turf protection, but it resulted in both misutilization as well as duplication of services. Fletcher et al. (2007) revealed that physicians tend to undermine the usefulness and beneficence of nurse practitioner services, even though

research has continued to affirm their effectiveness for at least a decade. The researchers concluded that this occurrence was at least partially due to physicians' fear that nurse practitioners were "usurping their professional territory" (Fletcher et al., 2007, p. 361). Although the author was unable to locate any articles that specifically referenced health educators and turf protection, it would seem highly possible, and perhaps even probable, that a similar phenomenon could be occurring among health professionals and health educators, with competition restricting collaboration.

Historical Perspective

Although this role confusion and misperception is by no means a new phenomenon, it may not have always been the case. Research by Arnold in 1962 demonstrated different results from the research already presented. In an attempt to determine "if there were differences among professional public health groups in the perception of the work of other professional groups and to which administrative areas these differences in perception might be related", Arnold surveyed physicians, public health nurses, and health educators about the role of each professional in the public health department (Arnold, 1962, p. 80). Somewhat surprisingly, considering more recent research findings, there was agreement among physicians, public health nurses, and health educators in regards to 60% of the presented activities (Arnold, 1962). There was greater disagreement about health educator activities between public health nurses and health educators than physicians and health educators.

All three professions described health educators "as the profession most concerned with public relations and with coordinating relationships...they were

perceived for the most part in a training capacity" (Arnold, 1962, p. 84). Among themselves, health educators had the least role ambiguity. There was also more agreement from public health nurses and physicians about the health educator role than either of the other professional roles. In her discussion of the research findings, Arnold (1962) states "health educators, however, are trained in a more integrative type of role than they are expected to carry out" (p. 87). As we approach 50 years from the date of Arnold's research, this conclusion may very likely still hold true today.

When reviewing results of a study such as this one, many questions arise. Have health educators fallen privy to the old adage: one step forward, two steps back? Have processes such as credentialing, designed to solidify the role of the health educator and unite the profession, contributed to the confusion that other health professionals have about health educators? Or is Arnold's research (1962), which is not without its own limitations, simply a result of simpler times, prior to the introduction of managed care, when health roles were less blurred and interprofessional relationships/associations were viewed differently? The lack of pertinent literature, disallows any definitive answers to these questions.

On a more promising note, with healthcare reform a key priority of the current governmental administration, health educators are poised to gain monumental ground (Perko & Gordon, 2009). As such, health educators must continue to evolve their professional role to meet the ever changing health needs of the public. This evolving phenomenon is not new for health educators, as the profession has been faced with similar changes over the decades. In addition to adapting to changing and increasing

governmental regulatory requirements, two important role adjustments that health educators must embrace are the use of new practice strategies and the incorporation of new communication technologies within these strategies (Crosson & Nakamura, 2000). Sadly, "health education specialists must balance the opportunities to expand their scope of responsibility while coping with limited resources" (Crosson & Nakamura, 2000, p. 40). This, too, is a feat to which health educators are well accustomed.

Effectiveness

Despite the confusion surrounding the role of the health educator, and in spite of health educator misperceptions, another distinct theme emerged from this exhaustive literature review: health educators are effective and beneficial in what they do. This assertion is not based on review of a single journal article or research study, but rather on a trend the author noted early in the review of literature. The following supportive references should by no means be considered all-inclusive; inclusion of all pertinent information located and reviewed for this literature review would be an almost impossible feat. Rather, the author chose to present a representative sample of such literature to illustrate and support the effectiveness theme that clearly emerged.

Weight management, tobacco cessation, and alcohol intake modification are three health related activities in which health educators have been both extensively involved and evaluated. The following references and study descriptions are intended to illustrate the effectiveness of health educators despite misperceptions and role confusion.

Rohrer, Cassidy, Dressel, and Cramer (2008) evaluated weight loss efforts between individuals working with a health educator in an intensive structured program

and individuals using less intensive methods that did not include health educator services. The group working with the health educators had a mean weight loss of 41.36 pounds, but the group not working with the health educators had a mean weight gain of 1.9 pounds (Rohrer et al., 2008). This represented a statistically significant difference in weight loss and highlighted the dramatic benefit of health educator services.

Borrelli, McQuaid, Novak, Hammond, and Becker (2010) utilized health educators to provide tobacco cessation counseling services to Latino caregivers who smoked and had a child that had previously been diagnosed with asthma. Participants were randomly assigned to one of two groups: a behavioral action model based on the social cognitive theory or a precaution adoption model designed to increase smoking risk perception. With assistance from the health educator, both groups achieved greater than anticipated cessation rates, though there were differences between the groups. Subsequently, childhood asthma morbidity also decreased significantly.

Lin et al. (2010) evaluated older adults (mean age of 68.7 years) deemed at risk for alcohol abuse by their primary health provider. These participants were each offered up to three telephone calls from a health educator, who utilized motivational interviewing to focus on alcohol consumption risks. Data analysis at the three month follow-up mark indicated that the health educator interventions were effective in decreasing at-risk drinking, with those receiving all three phone calls more than five times as likely to have transitioned to not-at-risk status (Lin et al., 2010). Other interventions, such as receiving advice from physicians, had no effect on behavior change.

Summary

The role of the health educator is a complex one. According to Suter et al. (2009), "the ability to work with professionals from other disciplines to deliver collaborative, patient-centered care is considered a critical element of professional practice" (p. 41). For such collaboration to occur and the health educator to be most effectively utilized, the health educator role must be adequately and appropriately realized and understood. Although attempts have been made to organize and specify the role of the health educator (the CUP and credentialing, for examples), role confusion still exists. This confusion is not specific to health educators. Lack of experience in working with health educators, as well as turf protection, was evident in the literature and may be reasons for continued misperceptions of health educators by health professionals. Regardless, the role of the health educator is continually evolving, with ample evidence of its effectiveness and beneficence.

CHAPTER III

METHODOLOGY

As there are no recent studies that assessed health professionals' perceptions of health educators, the author designed an exploratory pilot study to evaluate the research questions. The author chose to employ a qualitative approach in this research project.

Population and Sample

Participant sampling was purposive, in that the author selected participants who fulfilled the definition of a health professional, as well as convenient, in that healthcare professionals were recruited randomly from local professional organization meetings (i.e., Wichita County Medical Society, Texhoma Nurse Practitioners, etc.) and from area pharmaceutical meetings. The author attended a multitude of meetings in an attempt to provide various health professionals with equal opportunity to participate in the research study. Attendance at these meetings varied from only one health professional to more than 10 health professionals. Participation in this research study occurred on a strictly voluntary basis.

Protection of Human Participants

Institutional Review Board (IRB) approval was granted by Texas Woman's University (TWU) in May 2010 (Appendix A). As this research study was designed to collect anonymous information and did not involve a vulnerable population or include sensitive information, exempt IRB status was applied for and obtained prior to any participant interaction or data collection. This research study was also approved by the

Texas Woman's University Graduate School in May 2010 (Appendix B), as based on the recommendation of the dissertation committee.

Data Collection Procedures

Organizational meeting dates were identified early on in this project, and the author randomly decided which meetings to attend. At these meetings all prospective participants were provided with a brief explanation of the project as well as an opportunity to ask questions of the author. The following script was read to potential participants at each meeting:

> My name is Chad Vickers and I am currently doing research for my dissertation. This research looks at health professionals' perceptions of the health educator. I have created a short anonymous questionnaire to gather information which you will find on your table. Participation is strictly voluntary. If you would be willing to participate, please complete the 4-page questionnaire. The questionnaire was designed to be completed in less than 45 minutes. I will be present to provide clarification or answer any questions you may have. The questionnaire may be left blank or incomplete if you so choose. You may leave the questionnaire at your seat for collection after the meeting. Please do not put your name on the questionnaire. Again, if you have any questions about this research study or the questionnaire, I would be glad to answer them at any time. Thank you.

Potential participants were provided with a blank questionnaire. The top portion of the questionnaire included the following statement: "The return/submission of your completed questionnaire constitutes your informed consent to act as a participant in this

study". Submission of the completed survey served as an acknowledgement that participation was voluntary. The researcher remained present during questionnaire completion to clarify with the participants any unclear questions.

Instrumentation

Data collection occurred through use of a brief, open ended questionnaire developed by the author (Appendix C). The questionnaire asked participants to complete the following statements:

1. The primary responsibilities of my profession are...
2. I think the role of my profession is...
3. I think others view my profession as...
4. I think health educators are...
5. I would describe health educators as...
6. I think the role of the health educator is...
7. The preparation/training of the health educator should include...

General demographic information, including gender, age, educational level, time spent in the healthcare professional role, and experience with and exposure to health educators, was also collected. Consistent with findings from the literature review, it was important to ask participants whether they had ever worked with a health educator, as previous experiences, or lack thereof, may have positively or negatively affected participant perceptions of a health educator. Participants were also asked whether they had ever been employed as a health educator and if they considered themselves to be health educators in their current job, with expansion sought for "yes" answers.

Participants were instructed to leave the completed questionnaire on the table for the author to collect at the conclusion of the meeting.

Data Analysis

At the conclusion of data collection, the researcher compiled the information collected from the questionnaires into a single document and analyzed for common trends and clusters of concepts. Frequency of clusters of concepts were calculated and major themes identified. Specifically, the author looked for similarities in health educator role descriptions and examined both individual and collective responses to determine if any connection between perceptions of the participants' health professional role and perceptions of the health educator's role could be established. The author also analyzed collected data to determine if any relationship between experience with a health educator and perception of the health educator role could be established. Health professional role descriptions were compared to health educator role descriptions for possible correlations.

CHAPTER IV

RESULTS

Participant Demographics

There were a total of 24 individuals who participated in this research project. Participant demographics are displayed in Table 1. Of the 24 participants, four (17%) were male and 20 (83%) were female. The age distribution for participants was as follows: one (4%) in the 18 to 25 years range, four (17%) in the 26 to 35 years range, four (17%) in the 36 to 45 years range, eight (33%) in the 45 to 55 years range, six (25%) in the 56 to 65 years range, and one (4%) in the 66 to 75 years range. In regards to education, five (21%) indicated that they had obtained an associate's degree, five (21%) indicated that they had obtained a bachelor's degree, seven (29%) indicated that they had obtained a master's degree, and seven (29%) indicated that they had obtained a doctorate degree.

Participants reported a variety of health professional jobs. The profession most represented in this qualitative survey was nursing, with eight participants (33%) reporting they were nurses. Other participants included one (4%) physical therapist, two (8%) social workers, four (17%) nurse practitioners/physician assistants, one (4%) licensed professional counselor, and two (8%) physicians. Six participants (25%) selected the "other" choice and indicated that they had more than one professional role. Those responses included: social worker/skilled nursing facility administrator,

nurse/psychologist/nursing educator, nurse/senior vice president/chief nursing officer, nurse/nurse educator, nurse/clinical nurse manager, and nurse/diabetes educator.

Participants also reported a wide range of experience in their health professions. One (4%) participant reported less than one year of professional experience. Three participants (13%) indicated that they had one to five years of experience in their professional field, one (4%) reported six to 10 years of experience, three (13%) reported 11 to 15 years of experience, two (8%) reported 16 to 20 years of experience, three (13%) reported 21 to 25 years of experience, four (17%) reported 26 to 30 years of experience, three (13%) reported 31 to 35 years of experience, three (13%) reported 36 to 40 years of experience, and one (4%) reported more than 40 years of professional experience.

Sixteen participants (67%) indicated that they considered themselves to be health educators in their current jobs. One participant (4%) was unsure. When asked to provide details to explain why they considered themselves health educators, one participant answered "I do 'educate'/teach about 'family health'" and another participant answered "I provide direct education/information to patients on their condition and treatment". Other participants who indicated that they considered themselves to be health educators provided the following rationale and supporting ideas:

- "I educate patients who have questions about their procedures or conditions. I also educate fellow staff on new products and procedures."
- "As a nurse practitioner we provide a great emphasis on preventive healthcare. We also tend to take more time with patients in explaining the disease process, the meaning of lab results, medication actions and side effects, etc."

- "Every day I educate my patients in some way. For example, I teach patients exercises and provide postural education. I teach the patient why he/she is hurting and ways to prevent/manage pain."
- "As a nurse I am constantly educating."
- "Educating patients/families/public about diagnoses, medications, and treatment options is a large part of my job. We also educate the patients and families about risk factors and prevention of certain communicable diseases."

Only three of the participants in this research study (13%) indicated that they had previously been employed as a health educator. Their response elaborations are as follows:

- "It's not my title but I consider it part of my job as a nurse to be a health educator. One of my responsibilities is to make sure my staff know how to use and troubleshoot new devices. I also help disseminate information on our insurance, Bee Healthy program, and other healthcare programs going on in our facility."
- "I worked in the 'First Time Parent' program. I provided education about what to expect through the pregnancy, about nutrition and exercise in pregnancy, I was a breast feeding educator, provided education and support around well-baby care and information about transition from couple to family, and supported individuals from time of pregnancy until baby was one year old. As faculty in a BSN program, there are elements of being a health educator – educating students and supporting students as they learn basics of health education."

- "I am currently employed as the diabetes educator for the hospital. I teach about disease processes as well as monitoring and management of the disease."

Exposure to and experience with health educators was varied, with 13 participants (54%) reporting that they had not previously worked with a health educator, five participants (21%) unsure as to whether or not they had previously worked with a health educator, and six participants (25%) reporting that they had previously worked with a health educator. Experience working with a health educator was described in the following ways:

- "In the air force, I worked in hospital. We did have a position for RNs as health educators."
- "Everyone in the healthcare field is in some way a health educator. My view of a health educator is one who shares their medical knowledge with the public and peers."
- "In the hospital we have individuals (educators) whose sole purpose is to educate staff, patients, and families."
- "For most of my career (34 years) I have had some interface with a health educator. As a direct care nurse, for instance, I would coordinate with that person to come and provide diabetes education to a patient newly diagnosed with diabetes. Another example was when the health educator asked an ICU nurse and I to partner in providing a weekly group for patients recovering from cardiac surgery. Where I am at now we use a diabetic consultant. She is a nurse with a

special expertise in diabetes. She comes and works with the nursing staff so they, in turn, can be more effective with patients who have diabetes."

Table 1. Participant Demographics

	N (Number Reporting)	% (Percent Reporting)
Gender		
Male	4	17%
Female	20	83%
Age (years)		
18-25	1	4%
26-35	4	17%
36-45	4	17%
45-55	8	33%
56-65	6	25%
66-75	1	4%
Education		
Associates	5	21%
Bachelors	5	21%
Masters	7	29%
Doctorate	7	29%
Occupation		
Nurse	8	33%
Physical Therapist	1	4%
Social Worker	2	8%
Nurse Practitioner/ Physician Assistant	4	17%
Licensed Professional Counselor	1	4%
Other	6	25%
Experience (years)		
Less than 1	1	4%
1-5	3	13%
6-10	1	4%
11-15	3	13%
16-20	2	8%
21-25	3	13%
26-30	4	17%
31-35	3	13%
36-40	3	13%

Table 1. Participant Demographics (continued)

More than 40	1	4%
Consider self health educator in current job		
Yes	16	67%
No	7	29%
Unsure	1	4%
Worked as a health educator		
Yes	3	13%
No	21	87%
Worked with a health educator		
Yes	6	25%
No	13	54%
Unsure	5	21%

Research Questions

Qualitative data was evaluated with the following four research questions in mind:

1. What general perceptions do health professionals have of the health educator?
2. What do health professionals perceive to be the role of the health educator?
3. What do health professionals perceive to be the educational preparation/training of the health educator?
4. How does the health professional's perception of his/her professional role compare to the perception of the health educator's role?

General Perceptions

There were a multitude of general perceptions of the health educator expressed in this research project. The most commonly reported themes are presented in Table 2. One participant, a female social worker with more than 40 years of experience, described

the health educator title as "an all encompassing term" and "skilled to meet the physical/emotional needs of a complex society". Another participant, a doctoral prepared nurse who also identified herself as the senior vice president of a medical facility, described health educators as "often underutilized and undervalued in terms of how much they can contribute to the ongoing health of individuals and communities".

Table 2. Common Themes for General Perceptions

Theme	Percentage Reporting (N = 24)
Teachers/educators	50%
Important/necessary/valuable	42%
Team players	29%
Knowledgeable/experts	21%
Effective communicators	21%
Detail oriented	13%

Some of the other health professionals surveyed described health educators with the following statements:

- "Vital links in the public health care system."
- "Teachers and facilitators of knowledge regarding how to maintain or return to homeostasis."
- "Necessary for patient compliance with complex treatment plans and to improve patient outcomes."
- "People who want to share their knowledge and improve the overall health/understanding of their audience."
- "Professionals working in healthcare that serve the public by educating, researching, and reporting information to help the public lead healthier lives."

- "Priced beyond the budgets allotted for training and education which causes a demand for administrators and nurses to pick up the slack in the educational department."
- "An integral part of the healthcare team and a patient's treatment plan."
- "Very valuable. Hospital staff and patients alike need constant education to further them and to reach established goals."
- "I think health educators are some of the most valuable resources for an employer. The advent of healthcare reform will put a tremendous strain on our citizens and the focus of the future will be well care versus sick care. We need health educators to help close the gap by imparting knowledge about better health to all Americans."
- "Those who like to teach the public and their colleagues about how to better their health and treatments."
- "Often underutilized and undervalued in terms of how much they can contribute to the ongoing health of individuals and communities."
- "Very necessary in the community, especially in promoting primary prevention education to individuals, families, and aggregates."
- "I would describe the health educator as one who has special expertise in a particular area and is able to effectively communicate and teach this information to others."
- "Important to patients and staff. They should be the "go to people" for questions and should provide a proficiency of learning to their audience."

Many of the health professionals who chose to participate in this study included in various responses personal and/or professional characteristics which they thought important for the health educator. These included:

- "Team players, well-rounded, approachable."
- "People who are good listeners, empathetic, good communicators (perhaps multi-lingual), have good assessment skills, and have ability to coordinate activities with community/health agencies."
- "An effective health educator has the ability to motivate by making learning fun and challenging."
- "Detail oriented, excellent communicators, eager to share knowledge, able to teach others according to their learning style and educational level."
- "Experience, smarts, common sense, and a sense of humor…all elements needed to deal with stressful conditions."
- "More focused on patient education and compliance than disease treatment."
- "Versed in a variety of physical and mental health concerns; problem solvers."
- "Knowledgeable in the area they are teaching. Good communication skills."

Perceived Role

Health professionals' perceptions of the health educator role varied greatly. None of the health professionals participating in this study referred specifically to any of the

health educator responsibilities established by NCHEC, AAHE, and SOPHE, though several of the responsibilities and sub-competencies were vaguely referenced in their role descriptions. The most common themes referenced in this research study are presented in Table 3. One participant described the role of the health educator as "to stay/maintain wellness and return to state of wellness when ill". Two participants, both of whom self identified as female and nurses, described health educators as patient advocates. Another participant who self-identified as a nurse and a Certified Diabetes Educator explained the health educator role as "to provide a good working knowledge of the health subject, complete with learning objectives and assessment to ensure that the learning objectives are met."

Table 3. Common Themes for Perceived Role

Theme	Percentage Reporting (N = 24)
To educate individuals/patients	75%
To educate/assist health professionals	29%
To promote health/wellness	21%
To advocate	8%

Other health professionals described the role of the health educator as:

- "To educate on health related issues to a population of people."
- "To gather/research information and make it readily available to the public."
- "To utilize solid health theories and educational strategies to educate, motivate, and support patients to take their health into their own hands."
- "I think the role of the health educator is to communicate information and knowledge to their recipients to allow them to either improve their health or

maintain a healthy lifestyle. I think a health educator spends a great deal of time preparing and communicating information for their target audience."

- "To prepare patients to carry-out their treatment plan by increasing knowledge/ understanding of health processes."

Others had even less of an understanding of the health educator role. One participant who self identified as a social worker as well as a skilled nursing facility administrator (and thus the person who would interview and make hiring decisions regarding health educators) described the role of the health educator as "important" but was unable to describe any of the specific responsibilities or job duties of the health educator. Another participant, a nurse with more than 20 years of professional experience, responded to the role question with "I really do not know anything about the official role except that it is to provide educational services to support good health".

There was a definite trend among many participants to describe the role of the health educator as related to or directed at various other health professionals. These role descriptions included:

- "To challenge, educate, and support the needs of colleagues and individuals in general regarding medical/physical/emotional stressors and aid to maintain a healthy lifestyle."
- "The role should be to prepare and educate both health professionals and patients with knowledge and skills that would make them successful."

- "Health educators should also support the efforts of other healthcare providers. They may even challenge healthcare providers to look at things differently and to alter their approaches."
- "To inform and educate other healthcare providers on how to optimize their treatments, resources, and job performances. They are they people we as healthcare providers can turn to for questions and information about options."
- "To stay current with best practices – and to share the information with patients, families, communities, and to health professionals. I think they have to be very innovative in finding ways to get information to other professionals so they, in turn, will integrate the education process in their practices."
- "Education is an ongoing process for both patients and healthcare providers alike. Educators are essential for health promotion among patients as well as for professionals' ability to grow and continue to provide excellent care to those patients."
- "To teach patients and families about disease processes and other health needs. Also, to keep health professionals up-to-date on evidence based practices."

Educational Preparation/Training

Responses in regards to the educational preparation and training of the health educator also varied greatly. Common themes are presented in Table 4. Sixteen participants (67%) indicated that collegiate preparation was a necessity. Seven participants (29%) specifically indicated that a bachelor's degree would suffice, and two participants (8%) said that health educators should possess at least a graduate degree.

Seven other participants (29%) referenced collegiate preparation but did not specify the level of educational preparation. More than half of the study participants indicated that clinical experience and/or expertise should be a prerequisite for the health educator. No participants mentioned the CHES credential.

Table 4. Common Themes for Educational Preparation/Training

Theme	Percentage Reporting (N = 24)
Collegiate preparation	67%
Bachelor's	29%
Graduate	8%
Clinical experience	63%
Broad educational preparation	25%
Instruction in educational strategies	21%
Experience in healthcare role	21%

Many of the health professionals participating in this research study mentioned specific areas of study that they felt important to the preparation of the health educator. Some of the responses provided included:

- "Disease management process training. Quality indicators for effective education outcomes. Communication skills improvement."
- "College education in health related field plus leadership and public speaking skills training."
- "Broad education, internship in a varied environment with solid supervision (by someone with experience and common sense). Opportunities to continue learning and 'pick the brains' of persons in medical, psychiatric, and cultural fields."
- "Consideration of ethical issues that especially include the subjects of death and dying or aging well."

- "They should also receive training on how to serve as a member of an interdisciplinary team (leadership skills, group dynamics, etc) so that they can effectively influence other health professions and members of the public."
- "It would be important for them to be aware of the goals for Healthy People 2020 (or whatever version is current) so that they can participate in the epidemiological efforts of the CDC and other government bodies that set the health care policy in the US."

Instruction in educational and learning strategies was identified by a number of participants as essential to the preparation of health educators. Responses highlighting the importance of such strategies included:

- "College degree with emphasis on health processes and education strategies."
- "They must also have an appreciation of learning styles and methods to suit their audience while teaching."
- "A health educator should have some background in education to be able to adapt to different learning styles of the patients."
- "Education principles. (With a special emphasis on understanding patients may not be in a place where traditional methods work. For instance: Just hearing a diagnosis, one is not in a place to readily learn – but that may be the only time the health educator is going to get to meet with them.)"
- "A broad ranging collegiate health degree with emphasis on educational techniques and behavior modification strategies."

Experience in a healthcare position or role was also commonly identified as a necessity for the health educator. Such comments included:

- "I would hope the health educator has worked in the field in which they are now teaching so as they have a real understanding of the roles of those they are teaching."
- "A minimum of 10 years experience, preferably in the clinical sector."
- "Clinical expertise in the area in which they are educating, which can only come from experience."
- "At least 3-5 years of experience in their field and further training as to what their duties as an educator will be."
- "I believe it is helpful to have actual experience in the general area – so someone who will be a diabetic educator does not have to have diabetes, but needs to have worked in providing care to people with diabetes."

Role Comparison

Table 5 summarizes common themes related to role comparisons. From the onset of data collection, the author noted an obvious correlation between health professionals' perception of their professional role and their perception of the health educator's role. For example, one participant who self identified as a doctoral prepared social worker with 36 to 40 years of professional experience, identified the primary responsibilities of his profession as family psychotherapy. When describing the role of the health educator, this participant stated "ideally, they work with the family unit to resolve physical/emotional health concerns". Another participant who identified as a licensed professional counselor

with only one to five years of professional experience described his role as "to empower clients to improve their mental health by addressing the challenges that they are facing head-on". This same participant described the role of the health educator as "to empower clients to take ownership/responsibility of their physical/mental health and provide educational and supportive guidance to ensure that clients are successful in their endeavors".

A third participant, a family nurse practitioner with 11 to 15 years of experience, described the role of both her profession and the health educator in relation to promoting health and wellness and enhancing self-care. Specifically, this nurse practitioner explained the role of her profession as to "provide quality care, diagnose and treat common health problems, promote wellness and illness prevention, and help patients learn effective self-care". The role of the health educator was explained as to "promote health and wellness by providing educational services to patients so that they might better understand their diagnosis and have greater understanding of their treatment and a higher degree of self-care".

Table 5. Common Themes for Role Comparison

Theme	Percentage Reporting (N = 24)
Providing care to individuals	50%
Correlation with health professional role	46%
Health professionals as health educators	25%

The majority of participants described their professional health roles in relation to individual patients, and occasionally families. In their description of the health educator role, these participants tended to also describe health educators in relation to individual

patients. Although several participants referenced the importance of health educators working with "the public", no participants used the "community" descriptor or described community focused initiatives in their health educator role responses.

Another similarity noted in participants' responses was the description of health educators as other health professionals who provided educational services, not as professionals unto themselves. Reponses included:

- "Health educators are those various members of the healthcare field that work to educate the public on health issues, risk factors, and behavioral/lifestyle changes to improve their overall health and well being."
- "Any individual who educates about health care, whether it be a clinical instructor educating a student or a clinician educating a patient."
- "Members of several health professions that are in great demand currently because of the growing importance of preventative health care. These professionals will provide necessary services for primary, secondary, and tertiary prevention efforts."
- "Healthcare providers who progressed to a position of guiding and further educating both coworkers and patients."
- "Public health/community health nurses, infection prevention/control personnel, CDC health educators, occupational health workers, health promotion personnel, county health department personnel, etc."

- "It makes sense that health educators be nurses – because of the holistic perspective and the understanding of pathophysiology, pharmacology, etc. But others could certainly be successful, effective health educators."

Summary

In collectively analyzing participants' responses, the author was unable to isolate or determine any significant differences in responses based on participants' age, years of experience as a health professional, or type pf health professional. Those participants with less than 15 years of experience as a health professional were no better equipped to define the role of the health educator, as outlined by NCHEC, than participants with more than 15 years of health professional experience. Likewise, physicians provided no more accurate responses than did nurses, academics, social workers, etc.

There were, however, common themes noted in participants' responses. These included positive general perceptions of health educators, as well as personal and professional characteristics important for the health educator to possess. The role description of the health educator had great variance. Health educators were described as not only providing educational services to individuals, but to other health professionals as well. Health professionals reported that preparation of the health educator should include formal collegiate education as well as instruction on educational strategies. Experience in a health role was considered vital for the health educator preparation. Lastly, many participants described the health educator role in a manner similar to the role description they provided for their own professional health role. There was also a trend of describing all health professionals as health educators.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

Summary

The purpose of this research study was to explore health professionals' perceptions of health educators. Specifically, the author evaluated health professionals' general perceptions, the perceived role, and the expected educational preparation/training of the health educator. The author employed a qualitative approach in data collection in which health professionals who attended pharmaceutical dinners or professional organization meetings were asked to complete an open-ended survey questionnaire. Twenty-four health professionals, representing a variety of ages, professions, and years of experience, voluntarily participated in this research study.

Conclusion

The role of the health educator, as defined by NCHEC, was very poorly understood by the participants in this research study. Although this research study indicated that health professionals have generally positive impressions of health educators, it illustrated that health professionals' knowledge of the responsibilities of the health educator are severely limited. Many health professionals described the role of health educators in a manner similar to the description that they provided of their own professional role. Also, health professionals had only limited knowledge of the educational preparation/training of the health educator, and none were aware of the CHES credential. Common themes elicited in this research study are presented in regards

to general perceptions, perceived roles, educational preparation/training, and role comparison in tables two through five.

Discussion and Implications

Data emerging from this research study indicates that a large portion of health professionals consider both themselves and other health professionals to be health educators. While there is some truth that the vast majority of health professionals provide basic educational services to those individuals or communities that they serve, they are not prepared or equipped to provide the same services as a health educator. In order to gain recognition from other health professionals and promote their autonomy, health educators must promote their profession as an independent and unique profession. According to Coen and Wills (2007) "members of a profession may advance their claims on the basis of specialist knowledge" (p. 232). Health educators certainly possess unique knowledge and skills which must be both advertised and demonstrated in an effort to advance other health professionals' knowledge of and attitude toward the health education profession.

It seems painfully apparent from the results of this research study that the health education profession must step up its role promotion attempts. Participants in this research study described health educators primarily as teachers or facilitators of information, and while this is a vital part of the health educator role, it represents only a small fraction of a more broad and comprehensive role. Health educators also assess needs, plan interventions, institute programs, evaluate interventions, conduct research, and advocate for various facets of health. These aspects of the health educator's role

often occur out of sight and may not be readily visible to either the general public or other health professionals, but they are nonetheless vital and defining roles of the health education profession. These responsibilities must be emphasized and disseminated to other health professionals so that they might have a more comprehensive awareness and understanding of the diverse health educator role. This could be accomplished in a number of ways, ranging from individual efforts such as word-of-mouth promotion to professional health education organization national campaigns.

Health professionals do not fully understand the role of the health educator and, without an adequate understanding of the health educator's role and responsibilities, the services of the health educator can never be appropriately or fully utilized. Health educators must embark on an awareness campaign and highlight the responsibilities, competencies, and sub-competencies of the health education profession. This campaign should be directed toward health professionals, as increasing their understanding of the health educator role will likely result in a trickle-down effect, as manifested by more health educator referral, consultation, and utilization, with subsequent increases in health educator knowledge, understanding, and utilization among the general public. Health educators must also highlight their work with communities, not just individuals. Responses from the health professionals in this study reflected a lack of recognition of the community as a service area for health educators. Efforts must be made to shift focus from competition to collaboration, in which all members of the interdisciplinary health team are valued for their knowledge and role. With health reform currently on the

horizon, health educators are poised to emerge near the top of the revised and restructured health system; the time for awareness campaigns is now.

There were no responses offered in this research study that referenced the CHES credential. Although health educators themselves may be well versed in this certification and recognize and appreciate the importance and significance of the certification, other health professionals are lacking such knowledge and appreciation. It is important that health educators enlighten health professionals about the existence and beneficence of the CHES credential. Health professionals also possess a wide variety of ideas about the educational preparation of health educators, based more on their own personal beliefs than on academic curriculums. Health educators must raise awareness about their educational preparation and advertise the components of that preparation that make the profession unique and better equipped to provide health education services than other health professions.

Limitations

The results of this pilot research study are alarming. However, as a pilot study, this research was not without its limitations. Additional research evaluating health professionals' perceptions of the health educator is warranted. The author recommends that this research be repeated in other areas of the country, with various populations, to determine whether similar results occur.

Several participants asked for clarification as to what was meant by the term "health educator". There was some confusion as to whether the term "health educator" referred to an academic who facilitates educational attainment among health

professionals or someone who provides health-related educational services to others. The author tried to clarify this vaguely so as not to provide any definitions that would skew data collection. In hindsight, the author would have most likely used the title "health education specialist" or "public health educator" in lieu of "health educator" in an attempt to minimize this confusion.

Many participants sought clarification on specific questions, with questions 10, 12, 13, and 14 being the most frequently asked about. The author attempted to provide standard responses to all participants so as not to skew data collection. When asked about question 10 ("I think the role of my profession is...") the author asked participants to provide an operational definition of their profession that someone who was unfamiliar with that profession could understand. When asked about question 12 ("I think health educators are...") the author instructed participants to complete this sentence with whatever came to mind. When asked about question 13 ("I would describe health educators as...) the author encouraged participants to provide an operational definition of a health educator. Participants were also encouraged to include any personal or professional characteristics they thought important to the health educator in their response to this question. For question 14 ("I think the role of the health educator is...") the author asked participants to describe what they felt the primary responsibilities and job functions of the health educator are.

As this research study was a pilot study, a great portion of data evaluation included question analysis. Even with clarification, participants may not have been clear on what some questions were asking. This may have been most evident on what the

author felt was the most important question (question 14, "I think the role of the health educator is..."). The author intended for participants to answer the question in terms of an operational role and to provide specific responsibilities and role competencies. Although some participants provided the desired information, others answered the questions with responses such as "important and necessary part of healthcare team" and "important to stay/maintain wellness and return to state of wellness when ill". For future data collection, the author would recommend rewording this question to read "I would list the responsibilities and job duties of the health educator as..." with the intent of collecting more viable data.

Time may have been a barrier for health professional participation in this research study. The author intentionally created a brief survey that could be completed in less than 45 minutes. However, participants were recruited from health organization meetings and pharmaceutical dinners, which occur late in the evening after most had worked the greater duration of the day. In conducting further research into this subject, the author would recommend that this survey be available online, so that participants might complete it in their own home or office at a time that is more convenient for them. This could also be achieved by providing potential participants with a self-addressed stamped envelope to return their questionnaire in after completion at the time and place of their choosing.

Another possibility for future data collection in this area is the organization of focus groups. The author can see benefit in organizing focus groups of similar health care professionals and using the questions from the survey as open-ended discussion

starters. This would most likely allow for more in-depth data collection as participants discussed, debated, and elaborated on one another's comments.

The distribution of health professionals participating in this study was not as homogenous as the author had intended. The health professional most represented in this research project was the nurse. The author does not know if this is a simply a representative reflection of greater nursing attendance at the meetings he attended or reflective of nurses' greater willingness to complete the survey and/or unspoken hesitancies on the part of other health professionals. Regardless, the author recommends that this survey be completed with a more representative sampling of health professionals to better gauge their knowledge levels and perceptions.

Exposure to health educators may indeed affect the health professional's perceptions of the health educator. However, the author was unable to draw such a conclusion from this research study, as only six of 24 participants indicated that they had previously worked with a health educator. It would be beneficial to repeat this survey in a hospital or other health setting where health educators were employed to determine exactly what role, if any, exposure to and experience with health educators has on health professionals' perceptions. Such a study utilizing two comparison groups, comprised of those who have previously or currently work with a health educator versus those who have never worked with a health educator, would allow for more thorough exploration.

Recommendations

The following list represents a brief summary of recommendations in regards to future research recommended by the author:

- Minor, but significant, adjustments should be made to the data collection instrument to allow for increased participant clarity.
- Providing participants with an opportunity to complete and return the survey at their convenience is recommended to increase participation and thoughtfulness. This could be accomplished through use of a self-addressed stamped envelope or through use of an online survey tool.
- Structured focus group interviews, utilizing the questions from the data collection instrument, would likely elicit a greater amount of useful data.
- Semi-structured focus group interviews would also promote elicitation of useful data, as well as possible introduction of phenomena unintentionally overlooked by the author.
- Utilizing a quota sample approach, with participants segmented based on their health profession, would allow for a more even assessment of professions. However, this approach is not without its own limitations.
- By dividing participants into two comparison groups based on experience with health educators, the effect exposure to health educators has on perceptions could be more readily identified.
- Repetition of this survey in other parts of the nation is needed to establish whether the trends identified through this research are specific to one geographical area or generalizable to a larger population.

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APPENDIX A

Texas Woman's University Institutional Review Board Approval Letter

TWU
TEXAS WOMAN'S UNIVERSITY
DENTON DALLAS HOUSTON

Institutional Review Board
Office of Research and Sponsored Programs
P.O. Box 425619, Denton, TX 76204-5619
940-898-3378 Fax 940-898-3416
e-mail: IRB@twu.edu

April 27, 2010

Mr. Chad Vickers

Dear Mr. Vickers:

Re: Health Professionals' Perceptions of Health Educators: A Pilot Study

The above referenced study has been reviewed by the TWU Institutional Review Board (IRB) and was determined to be exempt from further review.

If applicable, agency approval letters must be submitted to the IRB upon receipt PRIOR to any data collection at that agency. Because a signed consent form is not required for exempt studies, the filing of signatures of participants with the TWU IRB is not necessary.

Another review by the IRB is required if your project changes in any way, and the IRB must be notified immediately regarding any adverse events. If you have any questions, feel free to call the TWU Institutional Review Board.

Sincerely,

Kathy DeOrnellas, PhD

Dr. Kathy DeOrnellas, Chair
Institutional Review Board - Denton

cc. Dr. Gay James, Department of Health Studies
Dr. Kristin Wiginton, Department of Health Studies
Graduate School

APPENDIX B

Texas Woman's University Graduate School Approval Letter

TWU
TEXAS WOMAN'S UNIVERSITY
DENTON DALLAS HOUSTON

The Graduate School
P.O. Box 425649, Denton, TX 76204-5649
940-898-3415 FAX 940-898-3412

May 11, 2010

Chad Vickers

Dear Mr. Vickers:

I have received and approved the prospectus entitled ***Health Professionals' Perceptions of Health Educators: A Pilot Study*** for your (Dissertation/Thesis) research project.

Best wishes to you in the research and writing of your project.

Sincerely yours,

Ruth A. Johnson

Ruth A. Johnson, Ph.D.
Associate Dean of the Graduate School

kb

cc: Dr. Kristin Wiginton, Health Studies
Dr. Gay James, Chair, Health Studies

APPENDIX C

Data Collection Instrument

Health Professionals' Perceptions of Health Educators Survey

(The return of your completed questionnaire constitutes your informed consent to act as a participant in this research.)

For the following questions, please check the box that most accurately answers the question.

Question 1: In which age group do you belong?

☐ 18-25

☐ 26-35

☐ 36-45

☐ 46-55

☐ 56-65

☐ 66-75

☐ Over 75

Question 2: What is your gender?

☐ Male

☐ Female

Question 3: What is your highest level of education?

☐ High school diploma or equivalent

☐ Certificate

☐ Associate's degree

☐ Bachelor's degree

☐ Master's degree

☐ Doctorate degree

Question 4: What is your current health profession?

☐ Physician / Surgeon / Dentist

☐ Nurse Practitioner / Physician Assistant

☐ Nurse (RN, LVN)

☐ Social Worker

☐ Physical Therapist / Occupational Therapist / Speech Therapist

☐ Dietician / Nutritionist

☐ Pharmacist

☐ Licensed Professional Counselor

☐ Psychologist

☐ Other: _____

Question 5: How long have you been a healthcare professional?

☐ Less than 1 year

☐ 1-5 years

☐ 6-10 years

☐ 11-15 years

☐ 16-20 years

☐ 21-25 years

☐ 26-30 years

☐ 31-35 years

☐ 36-40 years

☐ More than 40 years

Question 6: Do you consider yourself to be a health educator in your current job?

☐ Unsure

☐ No

☐ Yes (if yes, please provide details to explain why)

Question 7: Have you ever worked *as* a health educator?

☐ No

☐ Yes (if yes, please provide details, to include what your responsibilities were)

Question 8: Have you ever worked *with* a health educator?

☐ Unsure

☐ No

☐ Yes (if yes, please provide details, such as for how long, what the job was, your view of the health educator, etc.)

For the following questions, please provide written answers to the questions. Your answers may be as detailed as you wish. If you need additional space, you may write on the back of the page.

Question 9: The primary responsibilities of my profession are…

Question 10: I think the role of my profession is…

Question 11: I think others view my profession as…

Question 12: I think health educators are…

Question 13: I would describe health educators as…

Question 14: I think the role of the health educator is…

Question 15: The preparation/training of the health educator should include…

This completes the survey. Thank you for your participation. You may leave your completed survey on the table for collection.