TEACHING PROFESSIONALISM IN HEALTH EDUCATION TOWARDS GROWTH/DEVELOPMENT AS PERCEIVED AMONG TERTIARY INSTITUTIONS HEALTH EDUCATORS IN DELTA STATE NIGERIA

Ogbe, J.O.
Dept. of Health and Safety Education, Delta State University, Abraka, Delta State

Abstract
The study was under taken to assess how much of professionalism was taught to health education students in tertiary institution in Delta State and assess higher institution of learning health educator's knowledge of professionalism in health education. The research method was a descriptive research of the ex-post facto design. The population was fifty-three health education lecturers and post-graduates students in tertiary institutions of learning in Delta State. The purposive sampling technique was used to sample fifty-three respondents for the study. The instrument was a questionnaire designed of the likert scale with ranking of 4-1 points. It was validated and the reliability put at r=.92. Purposive and accidental sampling techniques were used to administer the questionnaire. The results showed that the three research questions were accepted. The null hypotheses on the teaching of health education and that of knowledge of lecturers and post-graduate students, was significant while that of professional practice of health educators outside the tertiary institution was not significant and rejected. It was recommended that professionalism in health education be taught to health educators while in school and a curriculum designed to reflect professionalism as a course for the teaching of professionalism for growth/development in health education.

Introduction
Professionalism means different things to different people. It is the growth of a career or occupation for a better recognition. It is better described as the growth of skills or competence, quality and efficiency in the group performance of their occupation or career that has attracted societal recognition or acceptance. According to Porcupile (nd), it is the competence, honesty, integrity, accountability, self regulation and image attained by an occupation. The Merriam-Webster dictionary (nd), stated that a profession is a calling requiring special knowledge and often long and intensive academic preparation.

Before now, some professions attained the status of a profession from tradition having gained societal recognition and acceptance because of society demand of their services. Medicine, law, engineering and accountancy fell into this early group of professionals. Later many professions like education, Pharmacy and nursing gained such acceptance. One of their hidden talents is that they sell in the labour market and find acceptance in private practice.

Health education is a teaching-learning process that bring about change to positive attitude and behaviour. Green and Kreuter as cited by Auld et al (2011) stated that health education is any combination of learning experiences design to facilitate voluntary action

conducive to health. However, there are several definition to health education. Those working as health educators are health education professionals. They are those trained and educated on various health knowledge, education, concepts and practice of preventing disease and promoting better health. Their practice is centered on disease prevention and promoting health through education.Development and growth could be used synonymously as the thin line of difference can only be secured by the learned mind. Development is defined as the process that results in growth, progress, positive change or the addition of physical, economic, environmental, social and demographic components to existing system or environment (Growth (nd) https://www.igi.global.com>resllie). Dictionary.com (nd) defined growth "as the act or process or manner of growing, development, gradual increase, size or stage of development. That hasn't reached its full growth". From this definition health education is perceived by this researcher as an occupation undergoing the growth and developmental stage. However growth could be better be associated with increase in size while development could be increase in size and cognitive development.

It has become necessary to research into professionalism in health education as the researcher find it difficult to understand the slow pace of growth in health education. After many years health professionals find it difficult to accommodate health education in the health setting except in Health Centers. At times students on posting for industrial attachment or Student Work Industrial Experience are rejected by Doctors and Nurses. The perception of this researcher is confirmed by WHO (2012) claimed that Health education as a tool for health promotion is critical for improving the health of the populations and produce health capital, yet it has not always got the attention needed. This calls for a research into the health education curriculum as to assess the quality of professionalism been taught to students. The focus of the study was to explore some areas of health education as variables for analysis. This include; the teaching of professionalism to health education students,AQ knowledge of professionalism by health educators and the practice of professionalism among health educators in practice. The concept or construct of professionalism has attracted many responses in literature hence there were many studies on the concept, knowledge and practice but none of these studies were health education specific. Some of the studies found in literature include that of; Altirkawi et al (2014) was reported that professions are occupation accorded a special status by the society they served so that the professional take charge of the needs that are valued by the community they serve. It reported further that "based on this agreement, the society grant professional autonomy in practice, an important role regulation, a privileged status and financial rewards". The study then recommended that "students must learn this at early stage of their education and understand the consequences of failure to meet their obligation.

In another study; Parthriban et al (2021) concluded that their results reflect to several curriculum concerns such as; Determining students attitudes towards professional attributes is necessary when developing professional curriculum, introducing and integrating more effective core subject area early in the curriculum, Putting environment, geographical and cultural factors when assessing perception towards professional attributes. Shwetha et al (2016) in their study observed that health care professional occupy a respectable status in the society and the due responsibility and accountability that the health profession

commands. Hence according to the researchers there is greater need to incorporated all the required competence to installed in our students; professionalism. Shwetha et al (2016) concluded their research by recommending that "students must be equipped with competence that are expected from society and that professionalism was part of hidden curriculum and the need for it's inclusion in values, morals, attitudes and behaviour must be followed by health professional. In yet another study Baingana et al (2010) in their study on Makerere university students on learning health professionalism reported several issues of interest. That different model of professionalism should be developed for different profession. That the standard of professionalism should discipline context-specific. That it is not unreasonable to conclude that role model profoundly influence what students learn and eventually practice given the role modeling has a key function in learning professionalism. The researchers concluded that there is need for constraints in learning universal standards as resources, setting differs and cultural diversity

Mason et al (2015) reported in their study that students of the school of health sciences have professionalism taught and access in a number of ways and this gave opportunity for the product of the programme in their professional performances during practice. However Fashed et al (2016) stated that the subject of professionalism is not taught or accessed as part of medical students curriculum in Iran and many other countries. Yet another study; Ahmed et al (2019) evaluated self-perceived professionalism among health professional; Medical, Nursing, Dental, and Pharmacy students respectively and ranked Nursing students among the highest level that perceived professionalism in practice. The professional attributes of the health professional students were; confidentiality, competence, communication and shared decision.

Statement of problem

For everyday of our life, man aspires for growth and development along with his society or the group he/she belongs. Health education professionals seem not to be concerned with their group's growth and development. Instead, individual aspire for self at the expense of their profession. Professional growth and development provides societal recognition, acceptance and pride to the professional. Hence professionalism when taught to students provides the background to which they will accept challenges for growth. Unfortunately professionalism is not taught to students. Even when it is taught under hidden curriculum as part of issues in health education – many may not teach it or do not teach it because it was not taught to them in their school days. Consequently most health educators are deficient on professional issue. Thus many health educators do not see the need to struggle for; a professional register, autonomy, ethics among others. The profession remains slow in peace of growth and development. Will professionalism taught to students as part of the curriculum and health education practitioners concern for professionalism increase the pace of growth/development in health education?

Methodology

The study adopted the exploratory design of the ex post facto of a descriptive research. Ogbe (2016) used the same method to study parents health knowledge, cultural belief and

communicable disease practice. The population of this study was 55 health education lecturers and postgraduate students spread over the five tertiary institutions where health education was being taught in Delta State. The sample size were 55 health education lecturers in the five tertiary institutions and post graduate students in health education. The purposive sampling technique was adopted in the sampling techniques because of the fewness of the population. A questionnaire, self design by the researcher and self reporting by the respondents was used to obtain information for the study. The questionnaire was face and content validited by two senior colleagues in the department of Health and Safety education, and one Test and Measurement lecturer from the department of Test and Measurement in Delta State University Abraka. They validated for content, and construction ambiguity. They certified that the questionnaire was adequate for the study.

The reliability was obtained by the administration of the questionnaire to similar Tertiary Institution health educators in Edo, Bayelsa and Rivers State with a total of 15. Cronbach alpha was used to analyse the data, which stood at α=0.92. This was found to be good enough for the study. The instrument was administered to the 53 respondents in their institutions during working days within two weeks. The instrument was deposited with the head of department of health education in each institution for distribution to his/her lecturers/post graduate students. It was collected at a later date. There was 100% questionnaire return rate.

Results

Fifty-three respondents took part in the study of this twenty-one were lecturers while thirty-two were post-graduate students. Males were twenty-two (22) while thirty-one (31) were females.

Aggregate means	2.52	Accepted

Table 1:Health educators in tertiary Institution teaching of professionalism in health education in Delta State

Table 1 revealed that health educators in tertiary institutions either as lecturers or students had an aggregate mean of 2.53. This shows that health educators in tertiary institution teach professionalism in health education for growth/development in health education slightly above the bench mark. Most of the items were at non-acceptance level except for two

Table 2: Health educators in tertiary institution in Delta State level of knowledge of professionalism

		SA	A	D	SD	Mean	Decision
1	I learnt much on professionalism issue while in school	10	15	10	18		
		40	45	20	18	2.32	Not Accepted
2.	I teach professionalism as part of the health education curriculum design for me to teach	8	9	15	21		
		32	27	45	21	2.32	Not Accepted
3.	I teach professionalism as hidden curriculum in some courses including issues in health education	12	13	18	7		
		48	39	36	7	2.33	Not Accepted
4.	In professionalism we learn career growth/development in health education	20	22	7	4		
		80	66	14	4	3.09	Accepted
5.	Most teachers teach professionalism with interest and concern for health education as a profession	18	19	10	7		
		72	57	20	7	2.94	Accepted
6.	It is expected that what is learnt in professionalism at school will foster professional growth and development in health education	22	20	7	4		
		88	60	14	4	2.11	Not Accepted

		SA	A	D	SD	Mean	Decision
1.	There is no difference between career, occupation and professionalism.	18	20	10	5		
		72	60	20	5	2.96	Accepted
2.	Profession is a higher status of occupation and career.	30	20	3	0		
		120	60	6	0	3.50	Accepted
3.	Profession is determined by competence and technical skill on the core-subject content.	21	20	10	2		
		84	60	20	2	3.13	Accepted

		SA	A	D	SD	Mean	Decision
1.	Espirit-de-corps is well develop in every health educator working in the field.	6	10	20	17		
		24	30	40	17	2.09	Not Accepted
2.	Ethical standard is maintained among health educator while working in the field.	12	10	06	25		
		48	30	12	25	2.16	Not Accepted
3.	Discipline and competence are guiding in practice of health educator.	20	21	08	4		
		80	63	16	4	3.07	Accepted
4.	Good attitude behaviour, honest and morality are key factors in the practice of health education.	18	20	13	2		
		72	60	26	2	3.01	Accepted
5.	The practice of health education is limited to only health educators	32	12	8	1		
		128	36	16	1	3.41	Accepted
	Aggregate mean					2.71	Accepted
6.	Professionalism is best determined by attitude behaviour, performance, and self-recognition and society acceptance.	15	14	08	6		
		60	42	16	6	2.33	Not Accepted
7.	Professionalism is best determined by societal demand of services.	44	8	1	0		
		88	24	2	0	2.15	Not Accepted
	Aggregate mean					2.81	Accepted

Table 2, showed that health educators in tertiary learning institution in Delta State either as lecturers or students were knowledgeable in professionalism. An aggregate mean of 2.82 was scored. All items met acceptable level except two.

Table 3: Health educators in tertiary institution of learning perception of other health educators practice of professionalism for growth/development of their profession

Table 3, revealed that health educators in tertiary institutions perception of other health educators practice of professionalism for growth/development has an aggregate mean of 2.71. This was found acceptable.

Table 4:Pearson's Moment correlation co-efficient of the level at which professionalism is taught in tertiary institution of learning in Delta State

Correlation

		Teaching Professionalism	Growth and development criteria in health education
Teaching professionalism	Pearson Correlation	1	.24
	Sig. (2-tailed)		.08
	N	54	54
Growth and development Criteria in health education	Pearson correlation	.24	1
	Sig. (2-tailed)	.08	
	N	54	54

Table 4, indicated that health educators in Tertiary institutions of learning do not significantly teach professionalism in health education with Pearson's Moment Correlation Co-efficient (r) of .24 and significant value of .08. Thus accepting that professionalism is not well taught to students for professional growth/development

Table 5: Health educators in tertiary institutions of learning knowledge of professionalism in health education for growth/development

Correlations

		Knowledge of Professionalism	Growth and development criteria in health education
Knowledge of professionalism	Pearson Correlation	1	.08
	Sig. (2-tailed)		.56
	N	54	54
Growth and development criteria in health education	Pearson Correlation	.08	1
	Sig. (2-tailed)	.56	
	N	54	54

Table 5, indicated that health educators in tertiary institutions in Delta were perceived not to be knowledgeable in professional issues for growth/development in health education. The study revealed a Pearson's Moment correlation co-efficient of .08 with a significant value of .56. Thus accepting the hypothesis that health educators in tertiary institution of learning were not significantly knowledgeable in professional issues in health education for growth development.

Table 6: Health educators in tertiary institutions of learning perception of the practice of health education in other areas of health education practice.

		Practice of health education	Growth and development criteria in health education
Practice of health education	Pearson Correlation	1	.29
	Sig. (2-tailed)		.03
	N	54	54
Growth and development criteria in health education	Pearson Correlation	.29	1
	Sig. (2-tailed)	.03	
	N	54	54

Table 6 showed that health educators in tertiary institution of learning in Delta State has aggregate means response to perception of other health educators practice of professionalism towards growth/development in health education at Pearson's correlation of .21 with significant value of .03 rejecting the hypothesis that health educators outside the tertiary institution do not practice professionalism in health education towards growth/development, and accepting that health educators in practice do practice professionalism in health education.

Discussion

It was found that all three variables of the study scored above the bench mark of acceptance of 2.50. It was found that tertiary institutions Health educators and post-graduates health education students accepted that professionalism in health education was taught in the university. It was found that tertiary institutions health educators and post-graduate students were knowledgeable on the issues of professionalism as it concerns health education. The professional practice of health education towards growth/development of health education by practitioner outside of the tertiary institutions, was found to be acceptable as professionals in practice of health education met the criteria for professionalism directed towards growth/development of health education. When the variables were subjected the inferential statistic and tested at .05 alpha, it was found that teaching professionalism in tertiary institutions in Delta State was found to be non-significant. This implies that professionalism is not well taught to health educators as required. This finding tally with that of Altirkawr et al (2014) who found in their study that many medical schools were still lagging behind in the teaching of professionalism. The study stated that failing in this regard is certainly to have unfavourable outcome. They stated further that students must learn this at early stage of their education and understand the consequences of failure to meet this obligation. However, Mason et al (2015) reported in their study that professionalism was taught to their students at university of East Anglis in the United Kingdom.

Hypothesis two tested the significance of health educators in tertiary institution of learner's knowledge of professionalism as taught to students. It was found that the respondents were not significantly knowledgeable in professionalism in health education as taught to students. With a Pearson correlation coefficient at .08 and significant calculated

value of .56, it shows that the respondents were not significantly knowledgeable in the teaching of professionalism in health education. This is because the curriculum before now did not treat the subject matter of professionalism as a core area of interest. Hence later teachers who were product of previous curriculum did not show knowledgeable interest. This finding tally with that of Fashad et al (2016) who found in their study that "evidence suggests that the subject of professionalism is not taught or assessed as part of medical student's curriculum in Iran and many other countries. It could be suggested from this study and others that the non-teaching was the lack of vast knowledge of professionalism among practitioners. However, Mason et al (2015) reported in their own study that "students of the school of health science within the university of East Anglis in the United Kingdom has professionalism taught and assessed in a number of ways and have overt opportunities to develop their professional performance during practice education". Mason et al (2015) then suggest that respondents in their study were knowledgeable in professionalism as taught.
A third hypothesis was that health education in tertiary institution in Delta State do not significantly perceived health education practitioners in other area of practice of professional practice of health education. The finding of this study revealed that practitioners outside the Tertiary institution in other areas of practice do significantly practice professional health education for growth/development of health education. With a Pearson's product correlation coefficient of .29 and a calculated significant value of .03, the hypothesis was rejected and that health educators in other areas of practice were professional in their practice. This tally with the findings of Ahmed et al (2019) who evaluated self-perceived professionalism among health profession students among medical, dental, nursing and pharmacy students. It was found that they do practice professionalism in their practice, with nursing students taken the lead in term of perceived level of professionalism. Among the attributes of professionalism cited by the researchers were confidentiality, competence, communication and shared decision making among others. Ahmed et al (2019) suggested that "there is need to address issues related to developing professionalism during students training and exposure to real life experience that could facilitate the process"

Conclusion

This study addressed health educators perspective to the teaching of health education in tertiary institutions of learning in Delta State. The researcher questionnaire to a large extent revealed that the respondents who were university lecturers and post-graduate students were of the opinion that professionalism in health education is been taught in the university and that health education in tertiary institution of learning in Delta were knowledgeable on the teaching of health education for the growth/development of health education. But when the variables were subjected to an inferential statistics, it was observed that teaching professionalism in health education in tertiary institution was not significant when tested at 0.05 alpha. It was also found that lecturers and post-graduate students in tertiary institution of learning were not significantly knowledgeable on the subject matter of professionalism in health education. It was revealed in the study that health educators in tertiary institution of learning perceived other health educators working in other areas of health education to be professional in practice of health education exhibiting competence, knowledge, honesty,

accountability, ethics and discipline.Arising from the findings of this study the following recommendations were made:

1. Professionalism in health education should be taught in all higher institutions of learning offering health education to students and practitioners
2. Curriculum designers at all levels of health education should in-built professionalism in health education as a core-course to enhance the knowledge of teachers and professionals
3. Teachers and tertiary institutions health educators should apply the use of hidden curriculum in the teaching of professionalism with the least chance available in a course that relate to it.
4. Practitioners in health education in Health Centers, Hospitals, Non-Governmental organization etc should continue to interact with other professions to sustain their standards of professionalism.

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