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Perceptions of Health Educators and Supervisors about their Preparation in Alexandria, Egypt (How Well They Believe their Training and Preparation Prepared Them to Work as Health Educators)

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**Perceptions of Health Educators and Supervisors about their Preparation in
Alexandria, Egypt**

**(How well they believe their Training and Preparation prepared them to work as
Health Educators)**

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Master's Project**

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Abstract

Health educators have many responsibilities, including community education, assessment program development, evaluation, research, health policy and grant writing. Health educators in Egypt do not participate in all these activities, but they mostly do participate in essential activities such as community education. The health educators in Egypt get training and preparation on topics such as addiction, women's health, chronic diseases, and the skills needed for teaching.

This study investigated the perceptions of health educators and their supervisors about how well they believe their training and preparation has prepared them to work with health clients in Alexandria, Egypt. The study includes interviews with 11 health educators and four supervisors, all from different parts of Alexandria. The interview questions covered topics such as the way the health educators were prepared, what they studied, whether they apply everything they have learned, if they think the preparation was enough, and how they perceive themselves in performing their role as a health educator.

The results showed that most of the health educators claimed that they were getting good preparation. There is no specific educational program or curriculum that health educators follow to be prepared for their jobs. Health educators do get workshops and trainings from the Ministry of Health throughout the year on different topics based on the interests of their community. However, results of the study showed that they do not agree on a common goal for their role as health educators. In the interviews, health educators indicated that they want more training. They also stated that they are lacking places to give health education classes, and that they are facing a resource constraints in running health education programs.

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Introduction

Health education has been always a vital move to improve health literacy, dealing with community health problems; and achieving health promotion and health prevention goals in almost every health program around the world. Health Education Programs and campaigns were used by developed countries during the 1960's, 1970's and 1980's. These programs focused on improving people's social and behavioral health choices ((Nutbeam, 2006).

According to a study by Glanz, Rimer, and Viswanth (2008, p.6) chronic illnesses such as heart disease, cancer, and HIV are responsible for the majority cases of deaths around the world. Most of these chronic illnesses are associated with behavioral factors such as smoking and diet. Health education focuses as much as changing behavioral habits to prevent disease as it does on treatment of the disease itself.

The stakeholders of the health education are health educators. Health educators' responsibilities include addressing health programs in both preventive and promotive way to their community. In order to be able to do their job, health educators need preparation in the form of academic preparation, such as (educational programs, classes, workshops), and practical preparation, such as (field trainings, make contact with clients, face – to - face communication skills).

According to Thompson, Kerr, Dowling, and Wagner (2011) in their article about advocacy training in health education preparation programs, health educators have many responsibilities, including community education, assessment program development, evaluation, research, health policy and grant writing. Health educators in Egypt do not participate in all these activities, but they mostly do participate in essential activities such as community education. Although the health education topics is different from country to another due to the difference of the community needs. The health educators in Egypt get training and preparation on the main topics such as addiction, women health, chronic diseases, and the skills needed for teaching. These activities and responsibilities were mentioned by the health educators as their role shape on it.

This study will investigate the perceptions of health educators and their supervisors about how well they believe their training and preparation has prepared them to work with health clients in Alexandria, Egypt. The study includes interviews with 11 health educators and four supervisors; all from different parts of Alexandria.

The interview questions covered topics such as the way the health educators were prepared, what do they study, whether they apply everything they have learned, and if they think the preparation was enough, in addition questions about how they perceive themselves in performing their role as a health educator. The results showed that most of the health educators claimed that they are getting a good preparation. There is no specific educational program or curriculum that health educators follow to be prepared for their jobs. Health educators do get workshops and trainings from the Ministry of Health throughout the year on different topics based on the interests of their community. However results of the study showed that they do not agree on a common goal for their role as health educators. In the interviews, health educators indicated that they want more training. They also stated they are lacking places to give health

education classes, and that they are facing a financial shortage to run the health education programs.

More findings from the interviews will be revealed in the findings and data analysis section of the paper. The results then will be discussed in terms of the conceptual framework used in this paper. The paper will begin by presenting a brief background on health education and literature review on what the research laid out about health education in general and then with focus on health education in Egypt. The conceptual framework will frame the theories used for health educators' preparation, as well as the set of competences health educator should have. The findings section of the paper will first give a background about each interviewee, and then show the results of the interviews. This will be followed by the discussion section which will discuss the results of the study using the analysis of the selected theories and research. The last section of the paper which is the conclusion and this will include recommendations for the health educators' preparation and future research on this topic.

For the sake of the study and to clarify, the words "workshops and trainings" will be used to indicate the preparation of health educators, where they will be getting information and preparation for their role. While the word "class or classes" will be used to express the classes that health educators teach to their clients inside the community.

Literature Review and Background

This section is divided into two parts of backgrounds. The first part will address the background of health education in general, including the definition, role, and credentialing of health educators in the United States. It will also explore health educators' responsibilities, the skill and preparation that health educators need to be successful, and explore the various perspectives that each effective health educator should have. This is in addition to conceptual framework part that includes the adult learning theory that will be used to analyze the findings. The second part will present the state of health education in Egypt, the gaps in the literature on health education in Egypt, and a short introduction about the preparation of health educators in Egypt.

What is Health Education?

The World Health Organization (WHO) defined health education as “any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing attitudes.”(WHO, 2013)

Role of Health Education

Freudenberg et al. (1995) stated that “health education seeks to improve the well-being of individuals and communities.” Freudenberg et al. (1995) mentioned that health education includes spreading awareness among the society by encouraging disease prevention and a healthy lifestyle. He believes that the role of health education is to persuade people to change their behaviors in terms of diet and exercise, as well as educating patients about their illness.

Health education classes can take place in many different locations according to the needs of the community; it can be provided in schools, worksites, communities, health care settings, homes, communicational environment, and consumer marketplaces. Health education can be also provided to any target population in need of behavioral changes, health prevention, and health promotion. The audience can be individuals, groups, large communities. Health educators need to consider different factors affecting the community, such as, population size, ethnicity and race, gender identifications and roles, socio-demographic data, environmental characteristics, and disease or risk factors that might be a hazard for the selected population. Special considerations of the needs of the audience are important in order to give an effective health education. (Glanz, Rimer, VIswanth, 2008, p.14, 15).

Conceptual Framework

Theories used in Health Educators' Preparation

Through the literature review, no theory that was found as a primary theory that should be used in preparing health educators. On the other hand, social theories have been used as a framework for health educators to work with their clients. Yet, for the sake of the study, adult learning theory will be used to support and clarify the preparation of the health educators, and what skill sets health educators should have in order to give classes. This theory besides a set of competencies that are presented in this section will be connected later in the discussion with the findings.

According to Merriam (p. 83, 2007), there are several theories and models used to explain adult learning; however, there was no particular theory that encompasses all the aspects

of adult learning. These different theories and models have been used by researchers in a way that bonds their understanding of adult learning with a theory or a model. In this study, the Andragogy adult learning theory, which based on Knowles's six assumptions was chosen as the theoretical perspective, these assumptions identify the stages of learners. These assumptions will be used here as a theoretical framework, this is because the health educators are described here as adult learners throughout the preparation workshops and trainings for their job. This paper will discuss whether Knowles' assumptions are supported by the findings of this current study.

As a theoretical perspective, Knowles' six assumptions of adult learning focus on the personal and social motivations that motivate a person toward learning. These six assumptions can be summarized in the following stages: 1) Persons Self-Concept, self concept shifts from a dependent personally to more self directing. 2) Adult's Experience, experiences grow and became a rich source of learning. 3) The Readiness to Learn, the readiness of the adult's learning is well connected to their developmental tasks and their social role. 4) Orientation, the adult is more problem centered than subject. 5) Motivation, the adult's internal motivators are stronger than external motivators. 6) The Need to Know, adults know the purpose of learning and the impact it has on their lives. (Merriam, 2007, p. 84-87). This perspective is related to the way health educators prepared for their jobs. They gather information, work in a social role, and are motivated through their jobs. The assumptions have a strong bond with the findings in this study, which will be presented in the discussion part.

The assumptions will be presented later in the findings section of the paper. Two articles will be presented in that section that analyzes the findings. Both articles support Knowles' six assumptions. The first article is called "Training and the Needs of Adult Learners" (Oat, et al. 2006). It presents Knowles' six assumptions clearly and supports the use of these assumptions in adult learning and training so that adults can have a positive learning experience. The other article is called "Andragogy's Transition into the Future: Meta-Analysis of Andragogy and Its Search for a Measurable Instrument" (Taylor and Kroth, 2009). This article presents Knowles' six assumptions with a primary criticism by the authors and researchers.

Role, Competences and Responsibilities of Health Educators

The role of health educators has changed and been developed over the years. In 1978, at a conference was led by organizations and coalition of the National Health Education, a committee was developed to define the role of health educators in their communities. They established role specifications for entry level health educators and identified a framework that was used in establishing the National Commission for Health Education Credentialing (NCHEC) in the United States. After that the NCHEC defined areas of responsibility and competencies that health education specialist need in order to become a certified health educator. This credentialing was created and divided into seven different areas of responsibility that health educators need to study (NCHEC, 1985). These seven areas were modified over the years. In 2010, the seven areas of responsibility were added to the Health Educator Job Analysis Project and were adopted into an exam that the health educator should pass in order to get certified (NCHEC, 2013). A summary of these seven areas of responsibility:

1. *Assess Needs, Assets and Capacity for Health Education.* This area includes seven competencies: Plan assessment processes, Access Existing Information and Data Related

to Health, Collect Quantitative and/or Qualitative Data Related to Health, Examine Relationships Among Behavioral, Environmental and Genetic Factors That Enhance or Compromise Health, Examine Factors That Influence the Learning Process, Examine Factors That Enhance or Compromise the Process of Health Education, and Infer Needs for Health Education Based on Assessment Findings.

2. *Plan Health Education.* This area includes five competencies: Involve Priority Populations and Other Stakeholders in the Planning Process, Develop Goals and Objectives, Select or Design Strategies and Interventions, Develop a Scope and Sequence for the Delivery of Health Education, and Address Factors That Affect Implementation.
3. *Conduct Evaluation and Research Related to Health Education.* This area includes three competencies: Implement a Plan of Action; Monitor Implementation of Health Education; and Train Individuals Involved in the Implementation of Health Education.
4. *Conduct Evaluation and Research Related to Health Education.* This area includes five competencies: Develop Evaluation/Research Plan, Design Instruments to Collect; Collect and Analyze Evaluation/Research Data; Interpret Results of the Evaluation/Research and Apply Findings from Evaluation/Research.
5. *Administer and Manage Health Education.* This area includes five competences: Manage Fiscal Resources; Obtain Acceptance and Support for Programs; Demonstrate Leadership; Manage Human Resources; and Facilitate Partnerships in Support of Health Education.
6. *Serve as a Health Education Resource Person.* This area includes three competencies: Obtain and Disseminate Health-Related Information; Provide Training; and Serve as a Health Education Consultant.
7. *Communicate and Advocate for Health and Health Education.* This area contains six competencies: Assess and Prioritize Health Information and Advocacy Needs; Identify and Develop a Variety of Communication Strategies, Methods, and Techniques; Deliver Messages Using a Variety of Strategies, Methods and Techniques; Engage in Health Education Advocacy; Influence Policy to Promote Health; and Promote the Health Education Profession.

In addition, while Fertman (2003) has stated that leadership is an essential element of health educator responsibilities, health educators in this study did not mention leadership when they describe themselves and their roles in the community. Fertman (2003) also mentioned that “health educators are leaders in their workplaces, their communities and their families.”

In the findings section of this paper, health educators interviewed in the study mentioned different responsibilities and tasks of their profession. Some of the tasks that they identify they consider it as a part of their role as health educators. Other tasks they identify as a part of their daily routines, or goals they aspire to. The interviewees’ answers did not meet all the seven areas defined by the NCHCEC; their answers showed that they believe that some of the responsibilities defined by the NCHCEC were not a part of their role as health educators, such as the use of research in analyzing data. Another area that does not apply to the interviewees experience is because there is no credential or licensing system for health educators in Egypt; health education is considered as a regular governmental job offered by the Ministry of Health in Egypt.

Skills and Knowledge of Effective Health Educators

Petit and Fetro (2006) established a connection between the responsibilities and competencies identified by the NCHEC and Covey's seven habits of effective people. The authors stated that the seven habits of effective people reflect what the effective health educator should have as skills. They explain that these seven habits are mirrored in the seven areas of responsibilities.

Petit and Fetro (2006) mentioned the seven habits as: 1.) Be Proactive. This consists of seeking solutions for different situations, and having different communication skills and techniques in providing health education. 2.) Begin with the End in Mind. This consists of having a vision and mission in your career, taking responsibility of leadership and planning, leading behavioral changes by affecting the community. 3.) Put First Things First. This consists of identifying the needs of the select population, and then listening and responding to the needs of this population. 4.) Think Win/Win. This consists of assessing strategies, cooperating and setting up behavioral changes on different levels. 5.) Seek first to understand, then to be understood. This habit consists of using one of the most important skills that health educators should have. It means listening carefully to your clients and understanding their needs in order to make an assessment and decide the best method of educating the client. This habit was mentioned the health educators throughout the interviews. 6.) Synergize. This habit consists of the role of health educators in building communities, schools, individuals, health services all together. It means collaborating with others to spread the benefits of health education. 7.) Sharpen the saw. This last habit emphasizes the hard work that the health educator will apply in the field. This can be applied through using theories and frameworks, using the resources that they should seek. Also, how the health educator should contribute to the research, cultural awareness, technology and all the other fields that are related to health education and the surrounding community.

Judging Preparation in Health Education

According to Tappe & Galer-Unti's (2001) article on health educators' role in promoting health literacy and advocacy for the 21st Century, undergraduate public health students can use the internet and community forums as strategies for health education. Students also can make use materials such as printed letters and papers, power point, and peer theater to educate others. In this article, the authors suggest that in order to reach their vision of health promotion and supporting the communities, health educators should be provided with quality professional undergraduate and graduate programs.

Thompson, Kerr, Dowling, and Wagner's (2011) article refers to advocacy as a part of the health educator's responsibility. They also mentioned some of the professional preparation courses offered to health educators that incorporate advocacy. These courses are considered to be introductory courses on the university level. The study in this paper does not address advocacy, and the issue of advocacy was not mentioned by the health educators during the interviews. According to Thompson, Kerr, Dowling, and Wagner (2011) all these topics were

offered as courses in the university. In the findings, some of these topics offered during workshops and training sessions for health educators in Egypt in case if they had not studied it before, and to add updated information

The course that was mentioned by Thompson, Kerr, Dowling, and Wagner (2011) covers topics that are also address in the training and workshops that the health educators take in Egypt. The courses mentioned by Thompson, Kerr, Dowling, and Wagner (2011) and was mentioned by the interviewees are: first aid, medical terminology, the foundation of health education, community health, principals of nutrition, drug awareness, prevention and control of disease, the foundation of human sexuality, health behavior, youth health problems, health problems related to ageing, obesity and eating disorders, environmental health, health education for early childhood education and issues in public health.

The following courses were included by Thompson, Kerr, Dowling, and Wagner (2011) but were not mentioned as a topic to be covered by the health educators: global health, method and materials of public health, and the evaluation of health programs.

Health Education in Egypt

Demographic Information

Egypt has a population of over 81 million (WHO. 2013). There is high rate of illiteracy among the population, and higher rates of health problems than the regional rates in the Middle East. These problems include high blood pressure, tobacco use, communicable diseases, and a high rate of hepatitis (WHO, 2009. 2010). There are national health plans in place for disease prevention, including programs for newborn vaccinations, checkups for women and adolescents, and screenings for some diseases like breast cancer and diabetes. These plans engage many community health education partners, such as the media, the community workers, schools, and health centers that provide free services. Health educators who work in these centers play a very important role in attracting clients and providing them with advice about all kinds of health topics that may interest the community or involve health promotion and prevention.

Health Education in Egypt

Health educators should be prepared to deal with all different kinds of people in the community. They should be ready with knowledge, communication skills, different ways of explaining health concepts, and the ability to understand the health needs of the community where they work. A few articles and studies mentioned the health education in Egypt. Most of the articles found about health education in Egypt were studies that took place the 90's. These articles are not included in this study due to the changes that have taken place in the demographical data, health care plans/programs, the priority of the problems, and health services offered. Now, there is a research gap in finding information about health education projects in Egypt, and knowing about health education preparation.

Although very few articles were found about the importance of health education and its influence on the community in Egypt, it is worth mentioning that during the 90's two national health campaigns took place in Egypt. One of them was semi-government program about family planning that targeted Egyptian families, specifically women (Tawab & Roter, 2002). This program is still running until the date of the study, but with notably less importance

in the media than before. The other campaign was about raising awareness of the danger of liver disease from using contaminated water. This campaign was targeted at farmers and the delta of Egypt which had an epidemic of liver disease. This campaign took high priority in the media, especially TV media. Many studies have shown the need for more health education in the prevention of this disease (El Katsha & Watts, 1995). It has been found that Egypt now has a high incidence of liver disease.

One of the most recently published research studies was done by Abdo & Mohamed (2010). The study was done in Egypt during 2009; the researchers examined the effectiveness of health education for diabetes patients attending Zagazig University clinic. This study utilized 122 randomly selected participants, all of whom had type 2 diabetes. An information session on diabetes was given by the researchers, followed by 2 visits by the participants. Pre- and post-tests were done during the visits to assess the knowledge of the participants, as well as to test the participants' blood sugar levels. Most of the participants had a low knowledge level about diabetes. The knowledge level was significantly lower among females, most of whom were poor, and none of whom were educated. After three visits, including an educational session, a post-test was given and another sample of the participant's blood sugar was collected. The blood sugar test showed a decrease of the blood sugar levels of the participants. The study showed that the health education provided by the researcher was effective, and that the participants' attitudes and knowledge changed after attending the session (Abdo & Mohamed, 2010).

Although this session was taught by the researchers, and was given as a lecture to the participant, there was no certain preparation of adult education training that was mentioned on the part of the researchers to give health education. Nevertheless, the study showed a very positive result which stresses the importance of health education in Egypt, especially in areas that lack services such as sanitation and clean water, common in many villages in Egypt.

No research was found about the preparation of health educators in Egypt, and the effectiveness of the trainings that they should receive in order to be prepared for their positions. This points to a gap in the research and highlights the importance of the present study.

Research gap in Health Educators' Preparation in Egypt

In order to have an idea about health education preparation, for instance; a short comparison between the programs here United States as an example and Egypt as a focus. The American Public Health Association has established certain criteria in order to accredit the health education programs of public health school around the USA. These programs need to provide their students with a satisfied amount of hours, which must cover knowledge and skills students need in order to work as health educators (Bernhardt et. al, 2003). While the National Task Force on Accreditation (2002) gives emphasis to health education professional preparation, it required to "provide the health education specialist with knowledge and skills that form a foundation of common and setting-specific competencies" (Bernhardt et. al, 2003).

On the other hand, the data here shows that there is no health education program offered in Egypt that specializes only in preparing health educators. Most of the participants in this study have nursing diplomas for three-years nursing secondary schools, and the rest graduated from different programs. Meanwhile only one participant had graduated from a health education program. This participant had graduated more than 20 years ago, and this program has not existed for many years. Today, all health educators learn through courses and workshops.

Some of their training is done when they are first hired, and the rest they receive at workshops which are attended when offered. All the courses and the workshops for health educators are offered and sponsored by the Health Education Department, in the Alexandria branch of the Egyptian Ministry of Health. A profile of each participant is included in this study. The profiles will present the background knowledge, education, experience and the preparation of each health educator and supervisor.

Design and Method

Method

The main purpose of this study is to investigate how health educators and their supervisors perceive the trainings and the workshops that they attend in preparation for serving their communities. In order to achieve this goal, certain methodology settings were chosen to fit the nature of the study, such as the design method, data collection process, method of gathering data (interview) and data analysis.

Qualitative design was chosen to be followed for the sake of this study. The qualitative research method aims to understand the nature of a topic and the perspective of the participant in certain settings. Qualitative research allows the researcher to design open-ended questions that focus on the core of what the researcher is looking to find. It also allows the researcher to add follow-up question such as how and why. While the quantitative design method is more limited by using yes/no questions and different kinds of scales (Hatch, 2002, p. 23). The descriptive design qualitative design was chosen for use in this study because the study seeks to explore the perspective of health educators, which takes time to obtain and analyze. This method uses interviews with open-ended questions that give the researcher the opportunity to obtain more data and information. It provided the interviewees with a chance to fully explain their thoughts, give examples, and narrate situations from their experience in the work field. Using follow-up questions like “why do you think that,” or “which you think was the best course and why,” enriches the data with information.

Data Collection

The data collection for this study took place in Alexandria, Egypt during July and August of 2012. As the second-largest city in Egypt, the governorate of Alexandria contains a main office for the Department of Health Education. Under the management of this main office, the governorate is then divided into geographical districts. Each district has a supervisory office that manages a few health centers and offices according to the size of the area. Snowball method was followed to reach the target subjects. Snowball or chain-sampling is used in the qualitative research because it gives the chance of choosing the purposeful participants (Rossman & Rallis, 2011, p.138). The snowball method was used here for two reasons. The first is that the researcher must obtain permission to collect data from Department Manager of health education in Alexandria. The Department Manager also provided a complete list of health education providers in Alexandria. The second reason is that the interviews usually started with one person in a specific location, then by interviewing one or two more people in the same location. To maintain the validity of the data, four different districts were chosen to collect data from. The four districts have economically diverse populations ranging from poor, to middle, to upper class. These districts also showed varying levels of literacy among the populations.

The Interviews

The use of interviews as a data-gathering tool in qualitative research enriches the researcher’s understanding of experiences and events (Rubin & Rubin, 2005, p. 3). Open-ended questions were designed to meet the purpose of the study (see appendix 1), and to give the interviewees more space to answer by explaining and presenting their opinions and beliefs. There

were two different sets of questions: one for the health educators, and the other for the supervisors. This is due to the difference between the two natures of the job which will be discussed later; however they belong to the same teamwork.

An individual interview was done with each participant. Interviews were done in Egyptian Arabic (different from Modern standard Arabic) because it is the native language in Egypt. Each interview took between 20 and 30 minutes. All participants read and signed a voluntary consent form to be a part of this study. This consent form was written in Arabic. Participants were also handed a copy of this consent to keep for their records. They all had the chance to read the consent and ask about how the data would be used. The interviews were done at each participant's workplace after setting up an appointment with them. The interviews were recorded by the researcher using a MP3 recorder, and then saved electronically. All the electronic files are saved in code by the researcher to protect the participants' rights.

Research Population

The target population for the study was selected from different health centers, starting with the main office and then expanding to eight different locations in Alexandria, including five health centers, two health offices and a hospital. The difference between a health center and a health office is that the health centers usually contain different specialty clinics, vaccinations, and primary care services; most of these centers are focused on maternity and child health care. The health offices work as a documenting office for newborns, and also have maternity and pediatric clinics where they provide newborn vaccinations and check-ups. A hospital also provides some clinics that employ health educators, such as a diabetes health education center. Interviews were done with the supervisors in their offices because these supervisory offices manage the selected health educators.

Criteria for inclusion in the study stated that participants had to be health educators who work in health centers that provide health education for all sort of medical problems. Supervisors of those health educators were also included in the sample. All the participants were prepared for their jobs through courses and workshops on their roles as health educators. The participants had to be working with all kinds of people who seek health education. Age, gender, years of experience, and level of education were not a part of the criteria for participation.

The satisfied purposeful sampling technique was followed to choose the right number of participants for the sample (Sandelowski, 2000). The satisfied plus-one technique was followed, which means that the interviews continued until the interviewees stopped providing new answers. Then, one more interview was done to ensure the reliability of the collected data. This technique was followed in the health educators' interviews, as well as the supervisors' interviews. The selected population ended up with 15 interviews; eleven of them were with health educators and four with supervisors. This included one interview with the head of the Health Education Department in Alexandria.

Sample

Health Educators

There were 11 participants, all females (*See table 1*). Three of the eleven participants were doctors with previous experience in pediatrics, women's health, and public health. While the other eight, three had a nursing diploma (a three-year high school degree), one had a two-year health institute degree, three had a commerce diploma (a three-year high school degree). Only one had a school health diploma, a three-year high school degree that is no longer offered, after which she earned a bachelor's degree in sociology and psychology. The age range for the participants was between 33-59 years old.

The participants' levels of experience ranged from three months to thirty years. Only three of the participants in this sample had studied something unrelated to their jobs as health educators. All of the participants had experience in the health field either as doctors, nurses, or in health data documentation before they were hired in health education. Five of the eleven participants had been selected by managers in their workplaces to work as health educators, while the other six applied to the job and were chosen. The difference in the participants' levels of experience was revealed in how they perceived their jobs and roles in the communities. This difference in perception will be discussed in the findings.

Health educators are not required to undergo basic training when beginning of their jobs. Instead they go to trainings and workshops over the years. These workshops can last from days to weeks. Whether a health educator is chosen to go to a workshop depends on their level of experience and previous attendance record at the trainings. For example, the new health educators will go to all the offered trainings and workshops, whereas more experienced health educators will attend the workshops they need to refresh their knowledge or receive updated information. Participants are selected to attend training and workshops by their supervisors. However, if there is a new topic that needs to be covered, all health educators will attend it. This happened when the Avian Flu when it was new to Egypt.

Interviewee	Gender	Age	Education	Years of Experience as Health Educator	Field of work before health education
HE1	F	56	Diploma of Nursing Art	5	Nurse
HE2	F	52	Health Art Institution	6	Nurse
HE3	F	53	Diploma of Nursing Art	17	Nurse
HE4	F	50	Diploma of Commerce	5	Health Education Administration
HE5	F	48	Diploma of Commerce	18	Health Education Administration
HE6	F	33	Diploma of Commerce	2	Health Education Administration
HE7	F	45	Diploma of Nursing Art	3 Months	Nurse
HE8	F	59	Diploma of Health care visitors/ bachelor of philosophy and Psychology	30	Nurse/ Adult Learning Teacher

HE9	F	54	Bachelor of Medicine	5	Gynecologist/Women Health
HE10	F	59	Bachelor of Medicine	5	Public Health Doctor
HE11	F	49	Bachelor of Medicine	4	Pediatrician

Table (1)

Supervisors (SV)

This sample contained four participants (*See table 2*). Two of the supervisors are doctors with a background in women's and children's healthcare; one of them is the head of the Health Education Department in Alexandria. One had a nursing diploma, and the other had a technician diploma. The age range was between 40 and 56 years old, and years of experience ranged from 7 to 17 years.

Interviewee	Gender	Age	Education	Years of Experience as Health Educator	Field of work before health education
SV1	F	56	Diploma of Communication's Technician	10	Health Education Administration
SV2	F	40	Diploma of Nursing	12	Nurse
SV3	M	58	Bachelor of Medicine, plus Diploma of Women and Child Health	7	Women and Child Health Doctor
SV4	F	50	Bachelor of Medicine, plus Diploma of Women and Child Health	17	Women and Child Health Doctor

Table (2)

Data Analysis

Each interview was saved electronically under a serial number (*see table 1, 2*), for example for health educators' (HE) audio files were named HE1, HE2, HE3...etc. Then, same thing was done for the supervisors' (SV) audio files, which were named SV1, SV2 ...etc. Each interview was transcribed on a word document file using the same serial number as the audio file to prevent confusion. The transcription was done in Egyptian Arabic, as the interviews were.

After that, each question was cut and pasted onto an excel sheet. Each row represented the answers provided by a particular interviewee, and each column represented a different question from the interview. Using the Sanldana (2013) coding manual for qualitative research, and the Rubin & Rubin (2005) qualitative interviewing: the art of hearing data; each answer was coded into themes. Coding was used to look at concepts, examples, patterns, and repeated themes from the interviews. The codes was put into excel spreadsheet, using coding manually (Sanldana, 2013, p.26).

The identified themes that were driven from the coding are used here to present the findings and the discussion. The role of coding here was to derive meaning from the answers of each interview questions, so that it could be put in themes and presented through the findings. Another reason for using coding in this way is to open a discussion in the light of the conceptual framework. The initial coding in the first cycle of coding data (Saldana, 2013, p.58) was done in Arabic. Themes that consisted of one to three words were derived from the answers to each question. The examples narrated in the data were also coded by themes, and each example was related to a certain experience or situation. The findings section will explain the coding process in more detail. The second step in the coding process was to translate the results to English.

Google translator and Oxford English dictionary (www.oed.com) were both used to translate the Arabic themes to English, so that the data would not lose its meaning when it came time to analyze and discuss the data in English.

Findings

This section will present a profile of each participant and present the major themes and patterns across all the participants' answers. Profiles of health educators will be presented first, and then profiles of the supervisors. Eight themes as a data were derived from the health educators' interview, and five themes from the supervisors' interview. The title of each theme will be followed by a list of the protocol questions to interpret the results of the data.

Health educators Profiles

Health Educator (1)

S.M. is a 56-year-old health educator with a diploma in Nursing. She worked as a nurse has been working as a health educator now for five years. She works at a health center in an underprivileged area that lacked many resources. The center provides care for patients with chest and respiratory problems, and dermatology. S.M. mostly gives health education classes on these two main topics, but also provides health education on different topics according to the monthly plan. S.M. believes that the training and workshops she received for health education have prepared her well, and have affected her teaching style, communication skills, and consulting abilities. She uses what she learned in training every day with clients at the center, and she does not think that these training need any improvement. S.M. believes that her goal is to deliver information to the clients and use that information to persuade them to change their behaviors; she believes that she did not participate in putting this goal, and that this goal comes from the ministry of health. S.M. has clients from different economic classes, and different education levels. She said that she uses different techniques to communicate with people according to the situation, so if it's someone who is illiterate, she tries to make the information as so simple as it can get. She used one on one or group lecture as a teaching technique. She does not participate in preparing the learning materials for clients. The health center manager is the one who evaluates her, plus the supervisors when they come. She thinks that going to workshops during working is very helpful, it refreshes her information. She was not sure about her personal strengths as a health educator. After thinking for a while, S.M. said, "I'm very patient if someone comes to me and tries to provoke me." S.M. wants to improve her skills by attending more training sessions. She also said, "Sometimes I feel that it is so hard to communicate with some people." Finally, S.M. suggested it would be helpful to have more available printed material to use with her clients.

Health Educator (2)

R.M. is a 52-year-old nurse working as a health educator; she has a 2 years certification from the Health Institute. She has 16 years of experience working as a health educator. Before becoming an health educator she was working as a nurse in the operating room at an ophthalmology hospital. R.M. was selected to be the culture and media coordinator for the hospital, and then was selected to be the health educator for the hospital. R.M. believes that health education is strongly related to her previous work and studies. She thinks that the training and workshops she underwent were useful for her as a health educator. R.M. states that "before attending these workshops I was working with my general idea about health education, but after I was able to manage small group discussions, one-on-one consultation, and lecturing in different

ways. I'm more aware of different ways of communicating that I use every day." R.M. mentioned that not all the trainings are useful. Sometimes is the trainings covered repeated topics, or no notes on the topic were distributed to the participants on the topic. She also stated there were few booklets available to the participants. R.M.'s goal is to be prepared if someone asks her a question, and that the health education administration sets different goals for each training or topic. She offers health education to people from different economic and educational levels. R.M. states, "If I'm teaching someone who is illiterate, I do not use any big words or scientific terms, I make it very simple for them." She also adds that some of her clients had followed a regime about managing diabetes, and they reported an improvement in their blood sugar levels. R.M. makes her own posters to use in her teaching. Sometimes she can get a few printed materials, but most of the time there are no materials available that she can give out to her clients. When she goes to school or a place that has data show available, she uses C.D.'s. ZShe is evaluated by observation though one of the supervisors, she goes to one to three workshops per year. This workshop allows her to update her information and learn about new topics that are offered. When she was asked about her strong points as a health educator she stated that she cannot judge herself, but she believes that she can attract people when she talks and dealing with people gives her self-confidence. Areas in which she wants to improve include becoming more knowledgeable in health education. R.M. thinks that sometimes she faces challenges when dealing with the people around her in her workplace who often do not understand her type of work and think that it is easily done. She also wishes to have enough learning materials to distribute to the clients. R.M. believes that the health education field could improve by having a larger budget, reaching out to more places like children's daycare centers and nursing homes, and making sure health educators are paid / compensated for their services.

Health Educator (3)

T.R. is a 53-year-old female with a high school nursing diploma. During her work as a pediatric vaccination nurse, a health educator position became available at the same facility. She applied and was hired as a health educator. She has been working as a health educator at that facility for 17 years. T.R. mentioned that working in health education was more useful for her than her experience as a vaccination nurse. T.R. still works in pediatrics but as a health educator, not a nurse. She mentioned that training and workshops have an active role in preparing her as a HE; they taught her how to manage small group conversations, hold one-on-one consultations, improve her communication skills, and lecture on different topics including smoking, breastfeeding, family planning, nutrition and geriatric care. T.R. believes that these trainings are very useful for her in that she applies what she learns in the trainings in her daily work. She likes that the lectures give the information in a simple way, using data and field examples. T.R.'s goal is to deliver the information to her clients in a simple, clear way so they can apply it. She thinks that this is her goal, and that the Ministry has put it for her. On working with clients with different economic and educational levels, T.R. states:

All different social classes come to vaccinate their children. I speak with all of them and the information that I give is the same. The difference in how I talk to people. For example, if the mother is literate and she understands the information easily, I do not need to spend so much time with her. Instead I put more effort into helping illiterate clients. If I have any pictures or other methods of explaining the information I use them with the clients to help the clients understand what I'm saying.

T.R. offers private consultations and group discussions according to time and place. She says, “I have a CD but I do not have a computer here, so I use pamphlets to show it to the clients, and I use the CD at home to review my information.” T.R. mentioned that she uses the available posters, but if there something not available she design her own and hangs it on the wall. T.R. is evaluated by a supervisor and her colleagues when they observe her giving health education; she also goes to training during her work, she mentioned that “ there was a group of nurses who went on training in Spain, and when they came back I attended their training on what they had learned, it was useful.” She believes that all the training and workshops were useful for her, especially learning how to get feedback from the clients. T.R. believes that one of her strengths is that she is able to deliver the information to her clients effectively. When asked what skill that she needs to improve, she said she was not sure but most of the clients come in a hurry, and she would like to give more seminars. While the difficulties that T.R. faces in her work include working in documentation besides giving health education, and she also suffers conflicts with some of her colleagues conflicts due to some of them believe her job is easy to do. T.R. suggested that to improve her role she needs a private space or office to give health education classes in and to focus her work on just health education and nothing more.

Health Educator (4)

A.S. is a 50-year-old female. She has a high school diploma in commerce and has been working in health education for five years. She works at a health and family center in the middle of the Alexandria. A.S. has been working as a community leader in the family planning national project since 1995. Then she was hired through recommendations because of her good communication skills at work. Her work as a community leader was focused on public orientation about family planning, breastfeeding and female circumcision. A.S. clarified that her study did not relate to her job but she used her experience as a community leader in the health education field. A.S. stated that the trainings and workshop she went to were effective in preparing her as a health educator. She states she is using the information she learned and she wants to go to more. According to her the best workshops she attended were about violence against women, people with special needs and disabilities, and homeless children. She uses what she learned in these workshops every day in her teaching seminars. Some of these workshops are shared with health education doctors and others are not. A.S. states “my goal is to be able to deliver the information to my clients in a good way. If the ministry sends me any material, I use it in my work and what is in the materials becomes my goal. If not, I search for information and add it.” A.S. mentioned that she works with clients from different economic and educational levels, saying that “I talk to each one in their way, literate and illiterate; each one of them needs a different way of speech. For example when I talk with illiterate people it is important to talk in a humble way and to keep eye contact with them.” A.S. provides seminars for groups or one-on-one consultation according to the time, situation, and the needs of the client. A.S. adds that sometimes she makes some wall posters to clarify information, while other times she receives pamphlets or printer materials from the Ministry and distributes them to the clients. A.S. is not involved in making the printed materials that she receives from the Ministry but if she is missing a poster for a certain topic, she will make one herself and use it with her clients. A.S. states the supervisors or the manager of the center that she works in will observe and evaluate her. A.S. goes to workshops during her work. She thinks that all of them are useful and nothing needs to be added to these workshops. Asked about her strong points as a health educator:

I really know how to give out information in the right way. I do my work with consciously.” She did not know what is her weak point is as a health educator. A.S. claimed that she does not face any struggles in her work. However, she added that she does not have a room for teaching, and she just gives people information in the hallway while the clients are waiting for their turn and getting their tickets.

Health Educator (5)

S.W. is a 48-year-old female health educator. She worked at health and family planning center in the eastern part of the city. She has a high school degree in commerce and has been working in health education for 18 years. She started her career as community leader in the family planning project that began in 1995. She then took training and courses and switched to the health education field, in which she has been working for 18 years. S.W.’s high school degree does not relate to health education; however, she said that she loves giving health education and orientation. About the training and workshops that prepared her for her career, S.W. said:

Of course it is useful for many reasons: it refreshes and adds to my information; it gives a chance to ask the lecturer questions face-to-face; it gives me an idea of what is appropriate to wear to the place I’m going to; and, it teaches me to listen to my clients and understand them, get feedback from them, and reply to their questions. Meanwhile, even if you took many training the most important thing is to work directly with people, to go to many places rural and urban, this is more useful for me than the trainings and the workshops.

S.W. adds “ I also learned from this training that when I go to a place to give health education, I should be on time, wearing something that appropriate to the place, I use what I learnt every day in my teaching.” When S.W. was asked about having a goal for her role as a health educator, she mentioned that the Ministry had already given her a program that she follows and this program contains a plan and goals. However, she said that her personal goal is to change the client’s attitude. S.W. works with people from different classes and levels of education and literacy. She believes that a person’s education level is more important than their economic level. She uses illustration and demonstration methods when teaching illiterate clients and she gets feedback from them to make sure they understand. S.W. makes her own posters and explanatory materials. She also added that she counts talking, smiling, eye contact as her part of her teaching method. She did not participate in creating the printed materials that came from the ministry. She needs posters in different topics, so she makes her own. She mentioned that no one evaluates her; instead she usually evaluates herself by checking her clients’ feedback. If the clients can give feedback it means that they understand the lesson and that she did a good job. S.W. goes to training and workshops during her work; she stated that it helps to refresh her information. While the struggles that she faces is that sometimes some of the training lectures contains English expressions, S.W. believes that her strong point is that she has a attractive presence, plus she knows how to get people’s attention when she speaks, also, believes that she have patience. She needs to improve her skills by learning English so she can use it with more highly educated clients. S.W. mentioned that it will be very helpful if an identification card can be provided to health educators through the Ministry of Health, so she can use it when they go for teaching out of the center. She also stated that financial compensation should be provided for

the health educators when they participate in immunization or other health campaigns outside of their work.

Health Educator (6)

D.A. is a 33-year-old female health educator with a high school diploma in commerce who works in a health office for newborns in the west of Alexandria. She worked for 4 years doing health documentation in the same office with health educators. Then she was chosen by a supervisor to take training and workshops to become a health educator. She has been working in health education for 3 years now. According to D.A., her work in health documentation was useful for her and was a good introduction as she saw different kinds of clients who lacked and were seeking information. She said “there are a lot of people who suffer either financially or socially. We talk according to their needs, we sell the ideas for them and help them to use these ideas, people come and ask after a lot of them were afraid to ask.” Her study did not relate to health at all, but the training was useful for her to prepare her with the necessary information in order to talk with her clients. D.A. says that “every day, I ask the people what do you know about a topic, and ask them what they want to talk about, plus following the monthly plan for lectures too.” When she was asked about having a goal she said, “yes there is a goal, sometimes I put it for myself, I want to communicate with people and convince them with what I say.” D.A. says most of her clients are from lower economic classes, and low education levels. She mentioned that a client’s economic level is not as important as their level of education, saying “I always use different a vocabulary and style when I speak with illiterate people so they can understand the information. I learned that in the trainings.” She uses different materials during her lectures such as pictures or posters. However, she mentioned that there is a lack in the printed materials that come from the Ministry. There is now a certain way of evaluation other than that the supervisors know what the health educators are doing. D.A. thinks that all the trainings and workshops that she goes too are helpful, she mentioned her strength points are that she loves helping people, and she has good communication and consultation skills. D.A mentioned that one area that she could improve her skills as a health educator is by attending more workshops. One of the struggles that she faces is that some clients refuse to attend classes with her because they do not have time. To try to deal with this problem, she offers other times for the classes after the rush hours when there is too much clients. She suggested that an advanced step to improve her role as a health educator would be to have home visits as an available option for clients who need health education.

Health Educator (7)

F.N. is a 45-year-old female health educator. She was hired 3 months before she was interviewed for this research project, before that she was a nurse for 37 years. She was working in family planning and took some workshops about health education, so when the health educator in the center she is working in retired she proposed to take her place. Her work was very much related to health education; actually it was an essential part of her work in family planning. After working as health educator she went only to one workshop, she liked it saying “I like that they give me new information, and after the lecture they do group discussions to ask and listen.” She uses skills she learned in the workshop, such as communication skills and consultations, every day combined with her previous knowledge. F.N does not know any goal that the ministry has set for her; instead she sets goals for herself. She says “my goal is to let people know our role and that we can transmit the information to them.” F.N. usually works with clients from low economic and educational level, and sometimes educated people. She says “I try

speaking slowly and using simple words when I talk with illiterate people.” F.N. gives health education for groups as classes or one-on-one; she does not have any printed materials or posters yet. In her health education sessions she only talks. She does not participate in preparing the materials, and the supervisors only observe her talking as a means of evaluation. F.N. defines her strong points saying, “People love me and ask me questions, and also I can convince them to change their unhealthy attitudes.” She hopes to take more workshops and training to enrich her information. As for struggles that she faces, she mentioned the unavailability of posters or printed materials, and also the lack of a suitable place for her office that is not far from where the clients sit and wait to be checked by doctors. F.N. is not sure about the suggestions that could be used to improve her role and her work.

Health Educator (8)

N.O. is a 59-year-old female who works as a health educator in a health office in the east of the city. She has high school diploma of health visitors, an old graduation program that focused on school health but that does not run anymore. She then earned a bachelor’s degree in sociology and psychology. N.O. has over than 30 years of experience as a health educator and has also worked as an older adults literacy teacher in Saudi Arabia. When she came back to Egypt to work again as a health educator, her position was not offered by that time, so she worked a while in health services registration until there was a need for a health educator. Then she applied and won the position. Her high school education helped her in forming a background about health education, as did her bachelor’s degree. She says “psychology and sociology helped me in dealing and communicating with people; it changed my way in talking to people in an easy way.” N.O. believes that the workshops and training she is taking during work help her update her knowledge. However, she says:

It is good to attend these workshops if you will apply what is in them, but I make more progress learning by myself. The workshops do not teach us how to use power point or to use computers when they offer us a computer here, so I prepare the power point and use it by myself. The health educator must learn how to use technology because this is the time to use it; moreover we need to learn sign language as well.

Although she attends the workshops she also searches for information on the internet. N.O.’s goal is to make people understand the importance of health education and not just listen to some words then forget about it. N.O. has clients from different educational and economic levels. She use different tools such as posters and power point slides to facilitate her lectures. She says, “I have computer at home. I design and print the entire handout by myself because what the ministry offers is too old.” About evaluation F.O. adds “I feel that my evaluation comes from the clients. If the clients stay until the end of my sessions, and if they came back to learn more, that to me means that I have good evaluation.” She states that usually the office manager observes her working and that’s considered as an evaluation. In talking about what’s needed to change in the workshops, she says “sometimes they re-do the same topics and that’s boring. I need a workshop about how to use technology in my career, and how to develop the health educator herself.” F.O. sees that her strong point as a health educator is that she can empathize with the people’s problems and that she is able to get closer to them. She says she needs to study a language in order to increase her role efficiency. Challenges she faces include the fact that general community knowledge about health education is not enough, the lecture room has no

ventilation, and health educators do not receive compensation for giving health education in schools.

Health Educator (9)

T.H. is a 54-year-old female doctor. She has 30 years of experience as a women and family planning doctor. During that time she provided health education to her patients, but in the last five years began working solely as a health educator. T.H. chose to move to the health education field and believes that her experience as a doctor was very helpful and useful. The workshops helped her to refresh her information and add to her knowledge. T.H. says “The trainings and workshops that I went to during my work in health education were good for me and helpful. I have a lot of information from working as a doctor, but in the trainings I learned communication skills, lecturing skills, and one-on-one consultation. I also learned about topics out of my specialty, such as parasitology and oral health.” She also believes that the workshops made her communicate with people in more simple way than before. T. H. believes that her goal as a health educator is established by the Ministry, and this goal is to “increase health awareness and prevent disease.” T.H. claims that she has clients from different social classes with different educational level. She emphasized that, “the more educated the clients are, the easier it is to provide information.” She uses lecturing most of the time in her classes, plus one-on-one consultation. If there are some printed materials she will give them out. She designs some posters to use in her teaching, just in her place. She believes her one of her strengths in giving health education is that she makes the information short and efficient, saying “ I should not be too long in giving to much details people do not need.” T.H. believes that she needs to improve her knowledge in some topics like blood diseases. T.H. explained that one of the things she struggles against as a health educator is that some people are in a hurry and do not want to stay in the class. That represents a problem for her as she wants to help as many clients as she can. T.H. also suggested increasing the number of printed materials. T.H. claims that there is no job description for health educators as far as she knew. About evaluation, T.H. mentioned that there is no evaluation.

Health Educator (10)

K.D. is a 59-old-female doctor. She got her Bachelor’s Degree in medicine and then worked in anesthesia after graduating. She then worked in public health, before applying to a position as a health educator. She has worked as a health educator for the past 5 years. Her background in the medical field helped her in giving health education. She said “health education is not just for sick people; it is also important for healthy people because it prevents them from becoming sick.” About how she liked the workshops and the trainings she said “first we got were hired then we went to workshop and trainings, likes the workshops about special needs, the workshops was helpful because it cover topics that we did not work on it before although we are doctors, I like that they give us facts and numbers through studies about the population and diseases in Egypt.” She uses the knowledge that she gained from the trainings every day. She said “I learned how to get close to people through gentle communication in different ways.” She also went to other workshops that she paid for like computer learning because she wants to use it in her work. According to K.D., the Ministry offers computer workshops, but they are limited to a few participants, despite the fact that many people want to attend them.

K.D. thinks that the goal of health education depends on the problem it is trying to solve; she stated, “A general written goal comes from the Ministry, but I put my goal according to the

problem that I'm talking about." K.D. says that she works with all kinds of people, although the variation was more in the ages of the clients than in their levels of education. She says it is harder to work with the older clients because they are less educated. She also uses the internet as a way of search for more media to show the clients, sometimes through short movies or pictures. She does not participate in the creation or editing of the printed materials that come from the ministry. K.D. believes that evaluation of her work always comes from the administration and that they evaluate health educators by asking the clients for feedback. She believes that her strongest quality is her good communication skills. Something she struggles with is when she has to tell people hard facts about their diseases, such as telling a mother about the serious condition of her son. Finally, she suggests the increase of printed material and data show would be beneficial to the health education field.

Health Educator (11)

N.B. is 49-year-old female doctor. She has a Bachelor's of Medicine with a pediatrics specialty. She has been working in health education for last 4 years after applying to a vacant position. Her background in pediatrics has helped her in health education. N.B. says, "The workshops helped me in subjects such as communication skills and updating information; it did not help me much in knowledge because of my background. But I think practicing in the real world helped me more in health education more than workshops." She also uses what she learned in the training in her daily routine as a health educator. She believes that the health educator's goal is established by the whole administration, the health educator, and the workplace; that they are all working on one goal which is changing people's attitudes and preventing diseases. Because she works in a health care unit in a middle/high class neighbor, N.B. mostly deals with educated clients; however she also works with some illiterate people. She uses posters and data shows in the classes, most of which were designed by her and the team in the health center. To evaluate her work, N.B mentioned that she is evaluated either by observation though the center manager or through the monthly report that contains the number of classes and people who attend them. N.B attends about 3-4 workshops per year. She believes that the workshops and trainings need to be improved, but she likes the lectures and the handouts. N.B thinks that her strong point as a health educator is her knowledge, and the point that she needs to improve is how to simplify the information to present it to illiterate people. N.B. found that it is a struggle to convince the clients about the importance of health education for them. Another struggle that she and her team face is the place that is prepared inside the unit to give classes is not appropriate because it has no ventilation or windows. . Finally, she suggested that rising of awareness of disease prevention is very important in the community.

Themes of the Health Educators' Perceptions

Hiring and Requirements for the health educator position

- *How did you get hired and have you worked in any health positions before?*
- *What prepared you in your education to match the requirement in this job?*

These two questions are aimed at finding a way of hiring and selecting of health educators in order to occupy this position. The reason behind these two questions is to find the

mechanism by which health educators are being selected. It is also done to find out what base of experience or education recommended them to be hired as health educators.

The 11 participants provided different answers. Of the eleven participants, five of them were working as nurses before working in health education. The former nurses switched to health education for a variety of reasons. One said “I worked as a nurse for 37 years. I took some health education courses through my nursing work because it is related to our job, and when the health educator here was retired, I applied to be a health educator.” Another one added, “I was working as a nurse here in the health center. When the center determined that they needed a health educator, the manager here recommended my name because he knows I have good engagement skills when I talk to the patients.” Another one was working as a pediatric nurse, and then she was hired as a pediatric health educator.

Three of the participants have commercial degrees, but their experience was in working in health records documentation in the same office with the health educators. One of these participants said: “I was working as a secretary in the health education field, and I learned about the field through other health educators in the same office. Then the manager selected me to join the health educators. She saw in me that I have good communication skills and that I learn the information and explain it in a simple and very good way.” Another participant said: “I was working as a community leader in family planning, and the ministry gave us some workshops and courses in health education. Then the department was looking for health educators, so I applied to be a health educator. My high school study does not relate to health care, but I love to work directly work with people and raise their awareness about health issues.”

The last three participants all have a Bachelor’s degree in Medicine. Although they have different specialties (see table 1), they all were a part of the family health project. When this project was stopped for unknown reason, they all switched to work in the health education field. One of these participants said:

“I used to work in pre- and post-natal care. Health education was part of my role when I talk to my clients, plus that I took health education and consultation workshops during my work. But after switching to health education completely, I have gained more information in many other topics beside my specialty, and I learned more to be prepared to talk with people”.

Training and workshops

- *What are the courses that you took to be prepared in this job?*
- *Do you get any kind of training or workshops during your work? Like what?*

These questions aimed to discover the courses that are offered by the Department of Health Education and the Ministry of Health to prepare health educators. The reason for these questions is to uncover the topics of the courses, and if the health educators receive training during their work to enrich their knowledge or no.

First of all, when a health educator is hired, there are no specific courses or training that she is required to go to. What happens is that she waits for workshops and trainings to be offered though the year and she will be selected by the department administration to go. Health educators can also get support and help from their supervisors.

All of the participants reported that they have gone to workshops and trainings. Every workshop contains a session for communication skills and persuasion skills. The

workshops and trainings are held by the Department of Health Education, and the department receives it as a year or half year plan from the ministry. There are certain topics that need to be covered every year, such as vaccinations, nutrition, breastfeeding, family planning, infection control and personal hygiene, violence against women, people with disabilities, hepatitis, diabetes, heart diseases, breast cancer, and more. Some other topics are covered as needed, such as H1N1, Avian flu, or other diseases that come suddenly.

All the participants agreed that they go to different workshops or trainings during the year. The head of the department said “I have records for all the workshops, and I track the names of who participates in it. Every time, I make sure that I do not choose the same health educators to the same workshops or trainings, if someone went before, I try to be fair and give them all the chance to learn, but the new health educators always have priority to attend more workshops than the old ones.”

As they mentioned, the most important sessions that prepared them were on the following topics: principals of health education, communication skills, persuasion skills, how to make consultations (individually and in a group), class management, and group dynamics.

How health educators perceive the effectiveness of the training and workshops

- *What do you think about these courses? Do you think they prepared you well? Why? What did you like about them? Do you use what you studied in the courses in your daily practice? Like what? If you go to trainings, is it helpful? What does it cover that you think is good? Is there something that you expected to be covered in the trainings and that was not?*

The aim of these questions was to discover the opinions and the feelings of health educators about the training courses. The reason for these questions is to understand the actual use of the courses by the health educators, whether the trainings were helpful in their work, whether they use what they learned in their daily work, and whether they think that the training needs to be reformed.

First, all the participants felt that the courses were useful, full of information, and prepared them well for their role as health educators. One of them said, “It prepared me well, and in a way better than my studying it in school. For example, I can learn communication skills and apply it right after the workshop, during my work.” Another participant said, “I liked it because every time I go, I gain new information, even if I studied this topic before. There are always updates, which makes me refresh my information.”

When the participants were asked what they liked about these workshops or courses they said that they liked the ways they were taught, with discussions in both big group and small groups, and with handouts and paper or CD notes that is given to them through the workshops. Sometimes, they receive pamphlets, which they use as a teaching material to explain message to their clients.

The participants also mentioned that they became more flexible with classes topics, these trainings and workshop supplied them with knowledge and information that they was not familiar with it before. As an example, the participants typically have a monthly plan in a chart that includes a daily class topic, but they learned in the training that if they people are attending are interested in listening about different topic, they can change it according to the people’s needs. One of them said, “If diabetes was the topic of today’s class, and all the attendees are

mothers who came here to vaccinate their children, I change the topic to breastfeeding, vaccination, or common infant diseases.” Moreover, the participants give individual classes upon request or during the waiting time.

The participants reported that they used what they learned during these courses every day. One participant said, “I use the communication skills every day, and with any topic. Every person has a different way to learn, so I change my way of teaching according to my clients’ needs. I learned this through the courses and workshops.” They reported applying teaching skills, explaining activities, appropriate communication according to the community diversity, and educational techniques like oral, written or demonstration teaching; they felt that all of that was done in order to approach the client’s way of understanding. For example one of the health educators said, “I learned to dress according to whom and where I will give class. If I’m going to poor place, I wear simple clothes, but if I’m going to a school or a library, I wear formal clothes.” Another one said, “I have learned to give the same information in different way. I do not change the information itself, but I can change my way of teaching it and be creative in giving examples or using materials, such as using the computer or just speaking.” Another health educator added, “I learned to be a good listener, to understand people’s needs, to give people chance to speak and do not make early judgments, and most important too hear the feedback to make sure they understood me.”

The participants reported that the best part about these training courses is that they give them new information every time; even if the course is on a topic they are familiar with. “I got my information through study in school,” said one participant, “but going to these workshops gives me the updated information about each topic, like breast feeding and what’s new about it.” The participants had also reported that they liked the given materials for them such as notes, handouts or CDs. Moreover, they liked the small group discussions after lectures.

One topic the participants thought should be covered in the training was how to design presentations on PowerPoint, since few of them use it in their teaching. They also indicated they would like courses on how to search for information on the internet, and on sign language. Many participants saw learning sign language as important. One said, “Sometimes I have clients who I need to use sign language with them, so I try my best, but I need to learn it, I feel bad when I cannot teach a parent something important about their children’s health.”

Variation of community needs and how this affects the health educator teaching method

- *What are the educational ranges and social classes of the people that you deal with? Does it affect your way of educating them?*
- *What are the teaching methods and techniques that you use with people? (Materials, examples, posters, flyers, ways of explaining).*
- *Do you participate in preparing the materials that you use?*

The aim of these questions is to find out the types of people who seek health education, and whether the background of the client makes a difference the methods of teaching employed by health educators. The reason for asking these questions is to find out whether the health educators are prepared to talk and teach different classes to different communities.

In order to take get a broad understanding of health education around the city; it is important to know that the clients come from varying educational and economic backgrounds. The data was collected from different places, it depends where is the center in order to expect

what is the economic and education level of the community that surrounds that center. To be clearer, if the place providing health education is in a poor neighborhood, you can expect that most of the clients are from low economic and educational levels, and may be illiterate. If the classes are provided in a middle or high class neighborhood, you can expect the clients to have a percentage of educated and medium or high economic state. The variety of the clients seen at health care facilities is mostly due to the vaccinations that are given to the newborn and infants. Vaccinations are part of government program and everyone in the city is required have their children vaccinated through this program. Nine out of the eleven participants said they work with people from all kinds of economic and educational backgrounds. Two of the participants stated that their clients are from a low or medium economic level.

All health educators agreed that they used different way of teaching and explaining with none or low educated people when they give health education. One of the participants said, “The economic level of the clients is not a problem; it’s always their level of the education that makes a difference in our teaching style.” The participants added that they try to reach people and give consultation according to the clients’ needs and understanding. Another one said, “When I work with someone who is not educated, I use simple words, no scientific or big words; I use pictures, sometimes demonstration.” Another one added, “I try to communicate with each person with the closest way to their understating. And always check the clients’ feedback after teaching.” One of the participants also mentioned that is very important to used eye contact, smile and use their hands to explain and engage people whatever was their education or economic level.

All posters, pamphlets, or sheets used in presenting information are printed through the Ministry of Health. However, most of the printed materials have not changed in several years, and there are never enough materials available to give it out to clients. Health educators use posters, pamphlets in the health centers, sometimes they use CDs in school if the data show is available.

None of the health educators participate or share ideas with the Ministry in order to modify or improve the handout that is given out to people. The printed materials are the ministry’s responsibility. Meanwhile, health educators lack some important posters to use as presentational materials. Many of them draw and design posters and sheets for themselves to help in their teaching. They hang these posters up around the Center’s wall. The posters are all hand-drawn with updated information on topics such as smoking parents, female circumcision, child’s cognitive development, and breastfeeding positions.

Goals of Health Educators

- *Do you have goals for your role? Who put these goals?*

These two questions are aimed to find out what the participants believed their goal was as health educators, and who they believed had established that goal. The reason for these questions was to see if all the participants are aware of having a goal to guide their role, and if so, do they share a common based goal or are they just working by their own beliefs. Seven out of the eleven participants stated yes. “Conveying of information” was a common theme in the answers of the six of the participants. The participants added that conveying information and convincing people with it and conveying information in a simple and easily understood way was also important. One participant said “our goal is to convey information to the clients and

convince them to apply what they learned in their daily lives.” Three participants mentioned that their goal is to make people change their attitudes and unhealthy habits. One stated, “My goal is to change their unhealthy attitudes and make them understand the reason they need to change. I had once a client who has only one toothbrush for the whole family, so I talked with her about how this bad habit can negatively affect the health of her family, and that they should not do that.” Two other participants mentioned that their goal is to raise the awareness of the people about the importance of health education, and disease prevention. “my goal is prevention in the first place, and I wish people know that health education is not just some speech that waste their time.” She also said, “My goal is that the people know our role in the community.”

For the other question “Who creates this goal?” the participants thought silently about the question then they answered. Two said that they put the goals for themselves “I put the goal for myself” “the Ministry does not send goals.” Four of them said that the Ministry establishes goals for them through plans and topics. One stated “the Ministry sends us programs and materials that we study and that have goals in them.” While two of them said that they have a goal first that they put for themselves, then the Ministry’s goal comes in their job description. According to one participant “My goal is to achieve my work towards people, this is my goal first, and the ministry put it for me too.” At the same time, others believed that they get their goals from the goals presented in the workshops, saying “we have goals according to the workshop topics, for each topic there is a goal.”

Health Educators’ Evaluation

- *How are you evaluated in your job?*

The aim of this question is to find out that way of evaluation among health educators, the reason of asking this question is to recognize if there is a standard evaluation for all of them as a way of measuring their role effectiveness. According to the participants’ answers there is no identified evaluation technique or form. The usual evaluation is through the class’s documentation which is weekly and monthly reports. These reports include dates and times, number of attendance, and topic covered. When the health educators were asked about how they are evaluated, all of them mentioned that evaluation was done “through observation.” One stated, “Usually my supervisors and my colleagues observe me during my work with clients.” Five participants said that they are evaluated through the health unit/center manager. Four said through their district supervisor, one said it was done through a colleague, and another said she evaluates herself. One said “the doctors here in the unit watch us when we give health education classes. Everybody knows what our role looks like.” Moreover, one mentioned feedback from the client attending the health education class is considered to be an evaluation. Through client feedback the health educator can recognize whether they were effective or not. One said “I receive evaluation through the people who listen to me. If the clients are engaged with me, I go on. If they are not paying attention or sleepy; I wrap up with short information. I evaluate myself.”

How Health Educators perceive themselves

- *What do you think is your strength (what do you see in your skills that support your role as a health educator)? And what do you need support in (what do you need to improve about your skills)?*

The aim of this question is to discover how health educators see themselves in their position, and what do they think about themselves. The reason for asking this question is to

understand whether or not health educators realize their strength and weakness points as health educators.

Two of the participants were not sure what was their strong point as health educators, while others mentioned knowing how to attract people and engage them, loving their work as they communicate with people, grasping people's attention, that the people love them and ask for them frequently, simplicity in explaining, empathizing with people's problems, their self-confidence, and giving out knowledge. One of them said "I love my work and know how important it is. I know how to get people's attention and make them listen to me."

On the other side, as a point that needs improvement, eight out of the eleven participants said that they need more workshops and information. One of them said, "I need to go to more workshops and trainings, in order to get more information. I love learning new things and I think we all need continuous learning to be up-to-date in our knowledge." Two mentioned the importance of language in teaching. One said "sometimes English terms are used in the lectures that we attend and I want to be able to understand and use these terms too with people who know how to speak it." Sign language was also mentioned as an important thing way to communicate with some people. One participant did not know what she needs to improve as health educator, saying that "I am not sure, maybe the supervisors know better than me because they are the ones that evaluate me."

Challenges and Suggestions

- *What challenges do you face in this job? What do you suggest to improve your work?*

The aim of these two questions is to find out what challenges the participants face and their suggestions for how to improve their work. The reason for these two questions is to give the health educators a chance to share their thoughts about their role in terms of the challenges that face health educators and what can be done to improve their work.

In this part of the interview, health educators talked about some of the difficulties that they face during their work. They also suggested some solutions to the problems. The difficulties mentioned by the health educators included: a shortage of posters and printed materials, having a suitable place to give classes in it (some of them give classes in the waiting area, other have ventilation problems). There is no budget to cover the transportation when they go to give classes in schools, community centers, or orphanages. Some of them have another job besides teaching, such as working for check-in desk services and filling up nursing jobs. One says "I have to register the clients and book their tickets, and then in between I go and talk with the clients while they wait, but I have to run between the check-in desk and the health education classes. I wish that I could focus more on the health education and have a room to give sessions in." Moreover, some of them talked about difficulties when dealing with people like convincing them to join a class for half an hour or make them aware of the importance of health education. This is due to the ignorance of the importance of health education among people in the community. However, one of the health educators said that "this is part of my job, and I'm very confident that this is one of the things that we have to face. We just accept any reaction from the people with a smile and gentle talk."

On the other hand, one of the important suggestions that they raised, is the need for both male and female health educators. All health educators in Alexandria are just females, but sometimes male clients also need consultation. One health educator said, "Considering the

respect of the eastern culture; it is very hard for a male client to ask questions of a female health educator”. Moreover, their need of new posters that verbalize the health needs of the community.

Supervisors’ Profiles

Supervisor (1)

M.H. is a 56-year-old female supervisor with a diploma in technical communications. She has been working in health education for 10 years. She was hired as an administrative employee in the health education department, and then she asked to take trainings and workshops to be a health educator. She supervises some of the educators at the health centers, and she sometimes gives lectures and teaching sessions with them. M.H. took some courses about communication skills and consultations, teaching methods, and changing people’s attitudes. She says “I used to read books about these topics and some diseases, I love to work in this field, that’s way when I was working here and watch the health educators, I changed my mind and asked to be with the health educators’ team”. She believes that these training had an effective role in preparing here as a health educator. M.H. states “I learned to how to ask people about their needs. One time I was collecting data about smoking at home. I learned a lot of it, how to communicate with people and collect data from them, then try to convince them to change their unhealthy habits. I got some excellent quotas from what people said and I used it in my teaching.” M.H. mentioned that there is no standard way of evaluating health educators. She said “I usually watch the health educator, if she is doing fine I encourage her, if I feel that she is weak in her knowledge or cannot get people’s attention, then I get involved and let her watch me and learn.” She also adds that all health educators get chances to go to workshops and trainings when they are offered, however, the new health educator gets to go to more workshops. M.H. claimed that there is no formal job description for the health educator; nevertheless, she claims that the aim of the job is to change people’s attitudes about different health issues.

Supervisor (2)

H.D. is a 40-year-old female who has a diploma in Nursing and has been working in the health education field for 12 years. Before becoming a health educator she was working as a nurse. She was recommended to work as health educator by the health center manager because of her good communication skills with the clients. She said, “I took a lot of trainings and went to many workshops, but the one of the most important trainings was in the beginning of my work. It was a workshop about communication skills, and effective health education including consulting and lecturing skills, this one was the workshop that prepared me in the beginning, it was for 15 days.” H.D. believes that the workshops she went to were effective and prepared her to set her goals and deal with her clients as well. She believes that having these skills makes you able to get closer to your clients. H.D. point out that she evaluates health educators by observation and also by getting feedback from the clients who attend classes “I ask people about what they learned, if they seemed to know the information that was provided in the classes and are able to say it back, that means that the health educator did a good job.” She also agreed that there is no standard form for evaluation. When she was asked about whether there is a job description for the health educator, she answered “Yes, everyone knows what their job description is.”

Supervisor (3)

S.A is a 58-year-old male doctor; he has a Bachelor of Medicine and diploma in maternity and child care. He has been working in health education for 7 years now; before he was working as a doctor in maternity care then he got promoted to a manager, and then to a supervisor of the district. In 1998 he received some training courses in health education and family health in the United Kingdom. He also took communication skills and social marketing courses that were offered by Hopkins University. S.A. believes that the courses and trainings that he took were useful because these courses were the reason he was hired in the health education field. Talking about what was helpful in these courses, he added that the courses that covered topics like smoking and cancer were useful. He said these courses were useful to update information. He also added that it is important that doctors and health educators should not take all the trainings together, because sometimes the trainer used scientific terms or words in English, and this could be hard for the health educators to understand. For this reason S.A. thinks that it is better to separate the groups. S.A. feels that an effective health educator should love the work, have strong communication skills, and have the ability to work with all kinds of people. About the evaluation, he mentioned that there is no evaluation form for health educators, evaluations are done entirely through observation and registration. However he adds “they should be evaluated on the quality of their work, their ability to deal with the clients, their way presenting and communicating, and the accuracy and depth of the information they cover.” S.A. makes sure that the every health educator in his office takes turns in going to all the trainings and courses. He says “There is a job description but it’s for the health educator in family health, the ministry sends it and its being used for the health educators.”

Supervisor (4)

Dr. A.A. is 50-year-old female doctor. She has a Bachelor’s of Medicine and a diploma in Maternity and Child care. She is the health of the health education department in Alexandria. She has 7 years of experience in maternity and more than 17 years of experience working in the Health Education including one year in her current position. She chose to change careers and work in health education. At first there were very few workshops being offered through the year, but over time the number of workshops increased. Once Dr. A.A. became the head of the department she made the decision to increase the workshops. Dr. A was a head of a district first, and was very active in her position, which led her ideas about having regular meetings and workshops for training health educators to be applied to all the districts of Alexandria. She believes that the workshops and trainings that she went to also helped her, especially in recent years. She adds “when something H1N1 comes, we do not know about it unless we go to workshops.” She also said that whoever wants to work in health education must love his job, because there is now big financial earning although you make big effort. Dr. A.A. added about her job that in 2005 when the national project of family medicine started, all the health educators in the country worked on it. They had a job description; she follows them through records about how many people attend the classes in each place. Every year she gets the workshop plan for the year and she selects the topics that need to be covered; she makes sure that she puts up important topics. She also selects who will go to these workshops in turns, saying “I make sure that I pick professional talker or presenters for the workshops. I am not allowed to change the topics of the subjects that need to be covered in the workshops, but I can choose who can present, so I pick new people.”

Dr. A.A. believes that a well-prepared health educator loves his job and is confident about its importance. The reward for this work is within the community, not a personal reward. The health educator needs to be very well-prepared, have a plan; his knowledge has to be up-to-date, and has a clear job description. There are no slandered evaluations. The supervisors observe the health educators then if the health educators speak well and say the right information, and give them feedback, and tell me about each one. They take 5 to 6 workshops each year, according to turns and if they are paid for attending the workshop. The new health educators get trainings from the more experienced health educators, and whenever there is a workshop the priority is for the new health educator to attend. There are goals and objectives the goals came from the meaning of the health education itself, and each workshop there is an objective for it. I wish I can do workshop every month but there is not ability to do that. We cannot give English or computer classes, they can apply to get it but not through our department, the budget the most obstacle. She suggested that we need more printed materials and booklets and flyers, we made some posters with our own effort, and there are sponsors such as Caritas (2013) which is non-governmental organizations work in Egypt.

The head of the department gave an example about community health needs. The health educators found that there is a high incidence of female circumcision in a town that next to Alexandria city geographically, but out of the city. This town has a very low economic level and high illiteracy rates among the people. The health educators went to this town and gave health education as they believe that those people live there need to be aware of the danger of circumcision for girls.

Themes of the Supervisors' Perceptions

Perception of well prepared Health educator.

- *What do you think a well prepared health educator is?*

This question aims to find what the supervisors think about the well prepared health educator. In another words what does a well prepared health educator look like/ characterize by. The purpose behind this question first is to compare the perception of the supervisors with the perception of the health educators. Second it to understand what the supervisors' description of the well prepared health educator.

The supervisors opinion about the well prepared health educators character were; to be able to persuade other people with new idea, cheerful, have up to date strong knowledge, love their work, to believe in the importance of their role, and to know that the financial earning of this job is less than the given effort. "what they give cannot be valued by money, their role in the society is very important, they protect people form a lot of wrong understanding , and prevent them for diseases" said supervisor 4. "Whoever works as a health educator, have to know how to reach people with simple information and to love her job" said supervisor 2.

Evaluation

- *How do you evaluate health educators? (Standard form)?*

This question aims to show the evaluation process/technique used by the supervisors toward the health educator. The purpose of the question is to understand the

ways of evaluation and its impact on the health educators' job. In addition, to know if the evaluation could affect the health education quality or health educators' job at all.

“There is no a standard form for the evaluation, it's all done by observation, the supervisor sit in a class and observe the health educator will she give the class, the evaluation based on the validity of the information and the way of communication, answering questions and interacting with the clients” said the supervisor 4 when she was asked the question above. All supervisors agreed that there is no standard form for evaluation, not even an agreed sample that they all follow. Other than that, they observe the health educators giving their classes, or sometimes ask the audience then through the feedback they can evaluate, “I ask the audience about what they heard, if they replied with the right answer, it means that they understood the information which means that the health educator did a good job” said supervisor 2. Another evaluation way that was mention was checking the number of the audience through the month; “If there are a many people who come and listen that means that they like what the health educator is saying” said supervisor 1. The supervisors keep tracking the number of the attendances to know if the health educator is doing her job, because she is usually ask people to join a class and the give health education. “I track and review all the records and reports from all the districts” said the super visor 4 head of the health education department “ if I saw something unrealistic like a big number of attendee, I immediately call the health educator who is responsible of the report and I ask her is this is a real number or no,. did she gave all this class and for how many hours” the supervisor 4 adds “since I started holding this position, I told al the health educators that numbers are not important as your effectiveness is, I do not care about number as much as I do about effectiveness, giving a health education to one person and make him/her understand and convinced with a health habits, is better than giving a lecture to 100 person and they will not apply anything you said”

Frequency of Workshops and Trainings.

- *How many workshops or trainings does the health educator get per year?*

The aim of this question is to know the amount of workshops/trainings that the health educators get through their work per year. The purpose of this question is to find that if this number of workshops is enough to cover everything and includes all the health educators or not.

The supervisors put emphasis on the importance of the workshops and training. Some workshops are organized all over the governorate through the Ministry, and also through organization like Caritas which funds health awareness programs. Additionally, each district has a monthly meeting between all the health educators and the doctors to discuss the moth plan, discuss the ways of implementing it, and solve problems and concerns within the team work.

There was no clear answer that all the supervisors or even the health educators. The range form what they said if 4-5 per year each one last form 3 days to one week and rarely 2 weeks. There are main 2 workshops that should be held every years, those two workshops covered the main topics that the ministry puts in its plan, while if there is any new problem appeared, a workshop is done specifically for this problem, such as N1H1, or any other epidemic/ breakout.

As an example for the workshops, Supervisor 2 says: “The last workshop we went to has covered several topics. Female circumcision is one of these topics, and the workshop was for both supervisors and health educators. The workshop lasts for three days. It starts at nine in the morning and continues until three of four in the afternoon. Lectures are given till 2 in the

afternoon; after that we divide the class into discussion groups. Each group discusses the problems that they face about a certain issue, and then all the groups present their discussions and solutions. Sometimes we present the discussions by doing a play, where we act as if one group member is a patient and we are giving them health education. Or we present a plan that could be applied in the high school.”

Type of Knowledge given

- *Is there is a difference between kind of knowledge / kind of classes preparation that being given to new educator than old educator?*

The aim of this question is to explore if there are difference between the kind of knowledge and preparation that is given to the new health educator who just started, and the given knowledge to the old health educator who already has the experience. The purpose of this question is to know if the new health educators get prepared in a definite way.

The four supervisors agreed that there is no certain preparation or training for the new health educator. Supervisor 4 mentioned that “we do not have workshops or trainings for the new hired health educators, but they have a priority to go to every workshop until they covered all the required knowledge that they need to know in order to give health education”. Supervisor 1 adds “The new health educator works closely with old one, she get trained and once there is a training or a workshop she gets assigned to go”

Job Description and Goal/ Objectives

- *Is there is a job description for the health educators? What are the goals and objectives?*

The aim of this question is to find out if there is a job description that is followed to describe and specify the health educator job, and what are the goal and objectives of this description.

Two out of four forms the supervisors said that there is job description, while the other two said there is not. Supervisor 3 mentioned” all who are working in the health education needs this description only for one thing which is to enjoin them as only health educators and not to work other job besides in the same time, such as a nurse or social worker, and this is the problem, most of them are forced to work 2 jobs in the same time at the same place”. When they were asked about goals and objectives for the health educator job, they four of them agreed that goal is to transmit the knowledge and information about health habits and to answer people’s questions and address their concerns. Meanwhile, they claimed that even if there are goals and objectives, it is hard to achieve. “we cannot apply all the goals and objectives, all the health educators work another job in side her work place, how could she achieve and fulfill her goal if she cannot work on it full time” said supervisor 1.

Analysis using the Conceptual Framework

This section of the paper presents an analysis of the findings using the conceptual framework of Knowles’ six assumptions. Knowles’ six assumptions ((Merriam, 2007, p. 84-87) as were presented earlier focus on the needs of adult learner. Here the six assumptions will be used as key principles to analyze the findings of this study. The six assumptions will be presented using two articles that explained Knowles’ six assumptions. These two articles are, Andragogy’s Transition into the Future: Meta-Analysis of Andragogy and Its Search for a

Measurable Instrument by Taylor and Kroth (2009), and Training and the Needs of Adult Learners by Ota. et, al. (2006).

Assumption 1 - Personal Self -Concept

According to Knowles, adults believe that they are responsible for their own lives (Knowles et al., 2005). In their learning process, adult learners move from being dependent to more self-directed. According to the findings of this study, this assumption would be valid for those health educators who chose to change their positions within the health care field and work as health educators after they had worked as nurses or doctors. While a health educator and a supervisor from the study sample used to work as health education officers, both found in themselves the desire to work as health educators. Although this is the first step in the theory, it does not apply to those participants that were selected for the position of health educator.

In his article explaining Knowles' first assumption, Ota states that "learners need to be seen and treated as capable of self learning" (Ota, et al.,2006). All of the health educators that participated in the study appreciated the importance of health education and were conscious of their role in the community and the need to improve their own knowledge about health education. "It is significant to me as a health educator to be aware of the importance of my role, and be eager to learn and feed my knowledge, because if I really want to teach health habits I should be confident about myself and my information," said HE (). All the health educators are keen to learn more and more, in order to fulfill the importance of their positions.

In addition, some of the health educators seek other ways to learn more about the health education field apart from the workshops and trainings, such as by searching for information about health topics on the internet. They then create and design posters and explanatory materials that they can use to deliver information to their clients. Knowles' first assumption can be reflected the ability of health educators to become more self-directed learners, once they grasp the major ideas presented in the workshops.

Assumption 2 – Adults' Experiences

Knowles' second assumption was explained in the article by Taylor and Kroth (2009). They explored Knowles' idea that adult learners bring their personal experiences into the learning environment. If this experience is related to their field of study, that makes the adult learners a rich source of knowledge. The health educators' experience here plays a very important role in forming their ability to work as health educators. Participants who have a medical or nursing background assert that their previous knowledge helped them during their work as health educators, whereas participants who have joined the field either by assignment or applying to their positions have no related experience or education. This latter group of participants observed the health educators' work and gained experience through observation. Two of the health educators emphasized that the most important part of their experience is more interacting with people. HE () said "talking and engaging in daily situations with different kinds of people, gave me more experience than the workshops and trainings. We could go to much training, but without dealing with clients in real life, we will not learn."

Assumption 3 - Readiness to Learn

This assumption states that the adult learners should be ready to learn things they need to know and apply that knowledge. This enables them to effectively handle real-life situations, and prepares them for their social role (Taylor and Kroth, 2009). Health educators who participated

in this study believed that the trainings and workshops had prepared them well. Even if they mentioned the need for more workshops, and the need for new topics to be covered, they perceived themselves as aware of the needs of the community that they serve. The findings show that the health educators are aware of the importance of their role, and do their best to adapt to different situations with their clients, such as knowing how to deal with the different challenges of working with both illiterate and literate clients.

Some of the health educators mentioned the need to learn medical terms in English to use with highly educated clients and the need to learn sign language to use with deaf clients. They also mentioned the need to learn how to make PowerPoint presentations on the computer to present data. The fact that the health educators recognize the need for these skills shows that they are ready to move beyond the limits of what is taught in the workshops and the trainings. However, looking to their answers about what is their goal, put the study in bewildered picture, because of the disparity of what is their goal is and who put this goal. Which make the health educators ready to learn what they want, but still not completely goal oriented.

Assumption 4 - Orientation

In this assumption, learners are more problem-centered. They move from being oriented about a subject to being more oriented about a problem, and towards being able to think about the problem in their community and their role in solving that problem. This could apply to a problem they may face in daily life or in a social context (Ota. et.al, 2006). By trying to relate this assumption to the health educators, it becomes clear that the health educators here are somewhat satisfied about their training. However, the health educators in the study focus more on what they are lacking, such as printed materials, separate rooms for classes, and time to devote to their role as health educators without having other tasks assigned to them.

Moreover, health educators are conscious about their social role when they face their clients' lack of knowledge. The clients in general lack knowledge about healthy habits inside the community. The community also lacks awareness about the need for health education. In the interview, HE () said "I ask people to join a class for 30 minutes. If they refuse, I ask them to join the class for the introduction and leave when they want. After starting the class, these clients become engaged by the information presented and stay to the end of the class." HE () says, "I announce in the waiting room about a class. People usually do not pay attention, but I noticed that mothers who have attended a class in the past, will join if they hear that a class is about to be held. This makes me feel that the mothers now know that they will get information from the classes and that they are here to ask questions and be answered." Another example that was found regarding this assumption is the awareness of the health educators of the need for male health educators in some places. This shows that they are aware of their community needs and their cultural expectations.

As a result, this assumption can point to two ways to look at the orientation. The first way to look at it is that the health educators are aware of their learning needs in the context of their social role. The second way to look at it is that they are conscious of the community problems and solution.

Assumption 5 - Motivation

In this assumption Knowles indicates that the internal motivation of a learner is stronger than their external motivations (ref.). Ota. et al, (2006) emphasizes that although adults have

external motivations that make them responsive, they still have a powerful internal motivation. Taylor and Korth (2009) add that “Although adults feel the pressure of external events, they are mostly driven by internal motivation and the desire of self-esteem and goal attainment.”

The picture of this assumption can be seen in the interview with Supervisor 4, when she mentioned that whoever works on this job needs to know that there is no big financial incentive, and they must know the reward of their work will be reflected in the community when they inspire other to live a better life. The health educators’ answers agreed with this idea. Several of the participants mentioned that they loved their jobs as health educators despite the low pay, and that they want to change their communities through their work. In addition, all of the health educators stated that they had goal for their role in the community, although the way they described this goal varied from participant to participant. They all seemed to be self-motivated to prevent disease and promote peoples’ health. This shows that they are goal-oriented.

This assumption is also reflected in the health educators’ desire to learn more and their expression of the need for more workshops in order to expand their knowledge. This proves they are eager to gain knowledge in order to have more self-confidence and build self-esteem.

Assumption 6 - The Need to Know

In this assumption, the learners need to know the reason for learning (Taylor and Kroth, 2009). Oat. Et al. (2006) claims that in this assumption the instructor has to make the learner aware of what they need to know in order for the learning to have a meaning and value. This assumption was reflected in the findings, when Supervisor (2) said that “in some workshops the administration asks us what we need to know. They give us a survey at the end of each workshop asking us about what we liked and what needs improvement and what we want to learn about in the future.” Meanwhile, Supervisor 4 said that as a Head of the Health Education Department she cannot change the topics that need to be covered due to policy. Instead she changes the subjects under the topics and chooses new lecturers to give the workshops. Health educators also mentioned that some lectures were repeated, but they like to receive the updated information provided in the workshops.

Discussion of Findings

This section of the paper presents overall perceptions of health educators and supervisors. The discussion will look into the findings with more details; along with research, policy, and implication of the future practice. The discussion will go according to the findings theme by theme, common themes between supervisors and health educator will be integrated.

Themes in Health Educators’ Perceptions

Theme One: Hiring and Requirements for the health educator position

Obviously, the findings show two main points under this theme. The first is that there is no a specific health program to prepare the health educators on a university level, or high school level. Consequently there is no entry or advanced level of studying health education. There is no required licensing process, commission or board, or a union that puts a guideline for selecting who should work as health educator. As an alternative, nurses and doctors study health education as a subject during their school years. While others, who got hired in the health educator

position without a background in the same field, they either observe other educators to learn or go to workshop and trainings to get prepared.

The second point, as the finding shows, health educators either are hired by recommendation or by applying to the position because they chose to. These two findings lead to the conclusions that there is no care by the government in having a health education program aims to graduate health educators with a major degree in health education. Instead, nurses and doctors who studied it use it in their position, while others with different degrees wait for the workshops and observe in order to learn about health education.

According to the research, besides that there is programs aims to graduate specialized health educators in different needs; the organizations and coalition of the National Health Education in the United States has established a role specification for entry level health educator, identified a framework to establish a national commission; by turn responsibilities and competencies of health educators were defined, licensure and exams were set in order to work as a health educator. All this plus the existing of university level programs for health education. (NCHEC, 2013).

Although the Knowles' theory did not discuss the need of a program and it just talked about the adult learner in general. By looking to the way the health educators moved to their positions, then loved their work and started to learn and know more and more. These findings support the two assumptions of Knowles's theory, the first one personal self concept because choosing this position was a self choice. The other assumption is number two, Adult's experience, because here the nurses and the doctors who applied to the health educators position, all of them agreed that their background in the medical field helped them in their job.

This concludes, according to the participants, this is how they got hired and being prepared, by comparing to the steps that the National Health education took years ago in organizing the process of preparing health educators, putting in mind the health problems that Egypt is going through and was discussed earlier the paper, The Ministry of Health in Egypt should review the policy of preparing health educators, could be by having a special program for few months, that might help in a basic preparation for all.

Theme two: Training and Workshops

According to the findings, health educators depend on the trainings and workshops to gain knowledge. Health educators agreed that in general there are annual and semiannual workshops. in addition to regular trainings; they attend a total of three to five workshops or trainings during the year. The workshops and the trainings all are controlled and organized by the ministry of health. As was mentioned before, there is no specific preparation for new health educators.

This leads to the conclusion that health educators starts working before studying all the areas that they need to know about, it takes them a year or more to attend all the required workshops and trainings in order to gather the knowledge they need to give health education to their clients.

While there is no clear argument between this theme of findings and Knowles's six assumptions in general, this finding can be compared by the set of competencies that was defined

by the NCHEC, which says what health educators should have and be responsible for. After that according to the NCHEC, health educators should take an exam on this competencies in order to get licensed.

The health educators participated in this study mentioned a fundamental health problem that is related to the Egyptian health problems, such as smoking, obesity, polio, hypertension and diabetes. Besides these problems and every other health topics, they start with the communication skills and the methods of teaching adults. Through that, health educators learn about what they should say and how to say it. Comparing to what Thompson, Kerr, Dowling, and Wagner (2011) has mentioned; health educators should also study Global health, method and materials of public health, and evaluation of health programs. The participants here in this study did not mention any of these topics that could be taken during their workshop, furthermore the participant here attend workshops that usually focus on the community and its features, in another words, another place in Egypt can study the fundamentals plus different health topics, each place according to its nature. Since they are problem focused, that support the fourth assumption of Knowles, where adults feel that they are more problem focus than subject focus. There is no proof that who puts the curriculum that way for the health educator to learn has based it on the theory.

Theme Three: Health educators perceive the effectiveness of the training and workshops

The participants here in this study showed that they all liked the workshops and trainings. In their believe, they stressed that these workshops and trainings prepared them to their role. All of them agreed on the importance and usefulness on topics that were covered. They all mentioned that they use what they learn in every day class when they give class. Meanwhile, five out of eleven mentioned that they look up on the internet for more search in a certain topic, or for making data shows. While leads to the question of is the workshops and training are enough, and if they think that it prepared them well in regarding to communication skills and contacting the community with lecturing and different teaching methods, is the information addressed in the workshops enough, or do they need more.

One of the health educator mentioned that sometimes the lectures contains English medical term that is hard for them to understand, she also asked if the ministry can offer workshops for them to learn medical terms. Another health educator mentioned the same need for this workshop, not only to understand the lectures, but also to use it when she gives health education to high educated clients. To boot, they also mentioned learning computer and presentation design, so they can use the computer, half of them needed this kind of courses to be offered, two of them already studied it privately and are using the computer in their classes. This indicates that they are aware of their learning needs and how to use it in their work to improve themselves.

Moreover, two of them mentioned that they learned to be flexible to change the class topics according to the need of the attendance. One of the participants mentioned that she take care of what she wears according to the listeners, as a way of appropriateness. These answers indicate that the health educators here are aware of their community learning needs and social appearance.

The answers here in this theme supports Knowles' assumptions three and four. For assumption three, the health educators here as learner are ready to learn what they need and

apply it to the knowledge and practice. They are ready to learn new knowledge and showed the need in more workshops. Whereas, for assumption four, when health educators change the class that they have on their daily/weekly plan from one topic to another. And according to the research; Their answer also supports Fetro (2006) habit number 3- Put first Things First, this comprises identifying the needs of the select population, listen and respond to the needs of this population. That makes them oriented about what their community needs, instead of sticking with the plan and give class to mother about heart diseases, they change the plan and use the mother gather to give a class about breast feeding or vaccinations.

Theme Four: Variation of community needs affects the health educator teaching method

The participated health educators' answers in this theme included that they use different method of teaching such as lecturing, one on one, group discussion. They also consider the method of teaching according to the clients need and status of education and economic level; they choose different wording and terms, and use pictures or data show if available. This part of the finding supports Knowles' assumption four which is orientation. Here, the health educators are oriented and aware of their clients and community needs, in case it is a female consultation, and by considering the Egyptian community tradition they do a private one on one discussion. Other topics like obesity, they talk in class as a group.

The research also supports this finding. According to Fetro (2006), the first habit health educator should have is Be Proactive, this comprises seeking solutions for different situations, having different communicating skills and techniques in providing health education. And that what the health educators do, putting the community traditions and culture as a priority.

Regarding the printed explanatory materials that the health educators use in their classes to facilitate, some of them are being distributed by the ministry of health. Other, in topics that the ministry does not have a posted or pamphlets to cover - usually due to shortage in the budget-, health educator design and draw and show their own posters,. After finishing a poster that they made, they just review the information in it with a doctor in the health center, once the doctor or the manager accepts it. From this it can be understood that the posters and printed materials that comes from the ministry, health educators cannot communicate edit or add to it, they even have not enough to give to the clients as handouts. Therefore they design and draw their own to facilities and make it easy for themselves to explain. Where in the research, Tappe & Galer-Unti (2001) mentioned that undergraduate student participate in designing and creating posters and printed materials for the community, while NCHC (2013) consider this as one of the health educator responsibilities.

As a result, the ministry of health needs to review the policy of designing and distributing the printer materials such as posters and pamphlets. Either by design more to cover all the topics that the community needs with sufficient amount, or let the health educator participate and be responsible of designing what they need. Instead of each one of them, designs her own, this can be add to their workshops activities, and be more in organized and supervised way.

Theme five: Goals of Health Educators

In this theme, as the findings shows, the participants did not agree in one clear goal. Instead they were expressing their goal as: delivering information, change people's attitude to have healthy habits, to prevent diseases, to raise the community awareness of the importance of healthy education. In addition, they did not agree about who puts this goals is it written or oral.

The answers varied between if it comes from the ministry of form their own, if they have a daily goal or with every workshop there is a goal.

According to Knowles's forth assumption, the participants' answers supports this assumption as they seemed to be goal oriented, even if they do not have a common united written goal. While the NCHEC (2013) in their second healthy educator responsibility mentioned that as part of the health educator responsibility is to develop goals and objectives.

As a result, this finding concludes that there is a gap in identifying the goals of the health educators. These goals need to be written, and unified. The health educators need to be informed and have copies of these goals in order to be more goals oriented than they are, and achieve clear objectives.

Theme six: Health Educators' Evaluation

According to the participants' answers, both health educators and supervisors, there is no standard evaluation form. Also, there is no any evaluation process that leads to accountability. Instead, health educators are being observed by their manager or supervisors, or evaluate themselves. Moreover, there is no regular time for the evaluation or a certain criteria of feedback. The evaluation techniques used by the supervisors is by walking in to a class and observe the health educator, then give her notes on what she did good and what needs improvement. Another way that is used also, and being followed by those who evaluates themselves, is to ask the clients who is attending the class, if the health educator got good feed make and the right answers it means that she did a good job.

Knowles' six assumptions do not link to these findings. While according to the research, NCHEC (2013) evaluation of data and research is part of the health educator responsibilities. Furthermore, evaluation of health programs was mentioned by Thompson, Kerr, Dowling, and Wagner (2011) as a part of the health educators job, however it not a part of what the health educators in Egypt job. The research did not have a clear study or criteria about how should health educators get evaluated. As a conclusion, the ministry of health needs to establish a set of criteria in which health educators can be evaluated.

Theme seven: How Health Educators perceive themselves

In these findings, health educators expressed the way that they perceive themselves in different ways. When they were asked about the strength point that they have, the most common theme is that they know how to teach communicate with people with easy way, and get their attention. They also expressed that the love their job and that's the first thing that makes them work a health educators. While when they were asked about what they improvement point of themselves that they need, they mentioned more workshops and language learning. While only one was not sure what she needs to improve.

The findings here support the Knowles's fifth and sixth assumptions. The health educators here found themselves motivated internally with their love to their role in the society. The explained their strength as having good communication skills and self confidence. They are aware of what they need to know as it in the sixth assumption. They need to learn more knowledge and gain more information in order in enrich their role as health educators.

The health educators see that lacking information is a point of improvement, while earlier they agreed that the workshops prepared them well and was useful, meanwhile they are also claiming there was a repetitive topics on the workshops. This conclusion leads to question if they were really getting good preparation, then what they need more and consider this as an improvement point of themselves. Are they seeking more knowledge in a different way? Or is it the workshops and the trainings not enough.

Theme Eight: Challenges and Suggestions

In these findings, the health educators were very clear about the challenges that they face during their work. They mentioned the lack of printed materials and inconvenient locations of the classes, which shows they are oriented about their problem. Their suggestion about having a male health educator is very valuable. This suggestion means that they are conscious of the needs of their society in terms of cultural needs and traditional considerations. That leads to the conclusion that the health educators that were interviewed are problem-focused. This links to Knowles's fourth assumption with is Orientation. They are focusing on problems in their society and trying to solve those problems.

One of the problems mentioned by health educators in the interviews is finding it difficult to deal with different people when providing health education. This was mentioned by two different participants in the study. It's notable that both of these participants had a medical background. Several other health educators mentioned that the workshops had prepared them well in this regard.

The participant' also suggested that it would be valuable to have male health educators as well as female. This suggestion shows that they are conscious of their society's need in terms of cultural needs and traditional considerations. This supports Petit and Fetro's (2006) first and thirds habit of their list of the seven habits that health educators should have. Habit one is "Be Proactive," and habit three is "Put first Things First." Here, the health educators show they are seeking different solutions for their society's problems, and they are listening to the needs of the population and responding to them.

Finally, most of the health educators mentioned during the interviews that this is the first time that they have seen someone interested in doing research about them and about health education in Egypt. This supports the idea that there the research done on health educators in Egypt is limited if not non-existent.

As the literature review demonstrated earlier in this paper, health educators participate in the assessment, planning, and evaluation of health programs, setting goals and objectives, working on research and data related to health, communicating and advocating for health education, and more. By comparing the responsibilities of health educators in Egypt, it is obvious that the health educators in Egypt are responsible only with teaching classes, and spreading health education knowledge in the community. However, most of them are working other job duties in addition to their work as health educators. This work is not related to health education, and it can include scheduling appointments, organizing documents and chick in of the clients, or giving vaccinations to infants. At the same time, health educators give health education not only at their workplaces, but also in schools, community centers and other places.

This shows that health educators are juggling to manage more than one position, while they are already have their hands full with the health education position. Three of them mentioned that they wish they could work just in health education and focus on it.

In addition, Petit and Fetro (2006) clarified the seven habits that effective health educators should have. Only three of these habits can be applied to the findings here, while the other four habits either only partly apply to the findings or do not apply at all. The parts that are not applicable such as: using theory and research or taking the responsibly of leadership and planning.

Also, while Fertman (2003) has stated that leadership is an essential element of health educator responsibilities; however health educators do not mention leadership when they perceive themselves. Fertman also mentioned “health educators are leaders in their workplaces, their communities and their families”.

Themes in Supervisors’ Perceptions

Theme One: Supervisors’ Perception of Well-Prepared Health Educators

Supervisors mentioned that their perception of a well-prepared health educator include having strong knowledge, believing in the importance of their work and love it, and knowing that there is a limit to the financial benefits they will receive but that benefits in terms of what they give to the society are huge. These answers match with how the health educators perceive themselves and what they see as their strong points. Most of the health educators believe that one of their strengths is that they are well-prepared for their jobs. This can lead to the result that supervisors’ expectations of a well prepared health educator, meets the perceive of the health educators about themselves. This can lead to future question about how do the supervisors see the health educators who are working with them.

Theme Two: Frequency of workshop/ type of knowledge given

In the findings, supervisors agreed that there is no specific preparation required for new health educators. There are no trainings or workshops that are designed just for new health educators to prepare to work in the field. In the research according to Tappe & Galer-Unti (2001), there is a health education program at the undergraduate level, which means that there is a university level for studying health education. Meanwhile, the Knowles’s six assumptions, which are supported by many of the findings here, do not mention a certain level of degree for adults. As an argument, the way health educators in Egypt are hired and trained can leave some doubt as to whether they were sufficiently prepared. Therefore it would be better to have a program in place to study health education, especially with the health needs in Egypt and lack of health education among the society. This program can be offered on a collage level, or as few months course work, especially with the health needs in Egypt and lack of health education among the society.

Theme Three: Job Description and Goal/Objectives

There was a great discrepancy in the answers given by the supervisors about the job descriptions and goals or objectives of health educators. Two out of the four supervisors interviewed did not know about the job description for health educators. This indicates a lack of communication between the supervisors and the health educators. The administration needs to be

clearer about this and make sure that every health educator knows her job description and her role and duties.

Conclusion

Health education in Egypt should have a larger working base to meet the challenges of wide-spread unhealthy habits and disease prevention. As this paper showed, this study focused on the health educators' perception of the trainings and workshops that prepares them to their role. The study also explored what health educators study, their role, and how they perceive themselves. The study also explored the perceptions of the supervisors' of health educators about how health educators are prepared.

In this section of the paper, recommendations will be presented as a result of analyzing the findings, and as a future implication that can be applied in practice or in research.

Implications for practice

- As the research shows, health educators need to know that a part of their role is to be a leader and to have leadership skills. They need to learn this in their workshops and have a goal established with regards to leadership.
- Health educators should get involved in assessing the health needs of society, because they are the ones who are close to the clients and can address their needs and understand them. They also need to participate in planning health campaigns for the same reason.
- Since there are health educators using technology and data shows in their classes, and there very limited places for this training in the whole Ministry. The health educators' training and workshops can integrate this into one of its workshops as a way of improving communication skills. Instead of just talking about lecturing, the topics can cover how to give an effective presentation using technology.
- Evaluation should take place in more organized way. Health educators should be evaluated on their performances; this evaluation can be done through an agreed upon form that covers what they should do.
- Topics like global health, health indicators for other countries who share the same health problems as Egypt, and involving communities in health education should be added to the workshops.
- Workshops and trainings for doctors should be different from the ones given to nurses and health educators in order to avoid the confusion of medical English terms during the trainings.

Implications for policy

- The hiring of new health educators should be based on more than just the candidates' recommendations and application to the position. Instead, it should be based on the applicant's qualifications and ability to work in this role, according to the job requirements. In another words, the selection process should be based on the job description and by considering the best candidate for the job. The candidates should have the ability to communicate with different people, strong teaching skills, persuasive skills, and an awareness of the community's health needs and problems. They should also have a related field background. This is a recommendation and as an alternative of selecting persons with nonrelated background and teaching them everything through the workshop that they wait for to happen.
- The Ministry needs to establish an educational program that teaches the skills and competencies of health education based on scientific and theoretical bases, including the goals and objectives for the health educators, and to explain in detail the job description.

- According to the findings, the head of the health department cannot change the topics that should be covered in the workshops even if she wants to, because of the Ministry's plan and policy. A suggestion for the Ministry would be to have one or two workshops that could be designed by each head department in each governorate in the Egyptian republic. By that way each governorate will cover the topics that are more necessary according to the health needs of the community.
- Health educators should focus only on their job, and not fill other positions during their work.
- As the findings showed, more trainings and workshop need during the year. More trainings and workshop can be done and focus on the health educators' goals, look to solve their problems and consider their suggestions.
- The training and workshop should focus more on what the health educators need to know, instead of having repetitive topics.

Implications for further research

- A profile of the health clients who receive health education. Do they really change their habits? How did the classes affect their health? What do they think was good about the health educators' teaching and what needs improvement?
- Since most of the health education campaigns in Egypt focused on women's health and children's health, do the males need health campaigns to cover their health concerns as well? What health concerns do they have?
- A research study can be done on the need of male health educators among the community.
- This study took place in Alexandria, which is a city. More research can be done about preparation of health educators in urban areas and whether they actually meet their community's needs.
- In-depth research can be done to compare the actual health needs of the poor communities and the health education offered to them. Is health education targeting the problems in the community, is it enough, what can be done better.
- More research in general about health education in Egypt should be done, in order to minimize the huge gap of research in this area.

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Appendices

Interview Protocol

Health educators' Questions

- How many years did you worked as a health educator?
- How did you get hired and have you worked in any health positions before?
- What prepared you in your education that match the requirement in this job?
- What are the courses that you took to be prepared in this job?
- What are the educational ranges and social classes of the people that you deal with? Does it make a difference or affects you way of educating them?
- Do you have goals for your role? Who put these goals?
- What are the teaching methods and techniques that you use with people? (materials, examples, posters, flyers, explaining)
- Do you participate in preparing the materials that you use?
- Do you get any kind of training or workshops during your work? Like what?
- What do you think about these courses? Do you think it prepared you well? Why? What did you like about it? Do you use what you studied in the courses in your daily practice? Like what?
- If you go to trainings, is it helpful? What does it covers that you think is good? Is there is something that you expected it to be covered and it did not?
- What do you think is your strength (what do you see in your skills that support your role as a health educator)? And what do you need support in (what do you need to improve about your skills)?
- What challenges do you face in this job?
- How do you get evaluated in your job?
- What do you suggest to improve your work?

Supervisors Questions

- What do you think a well prepared health educator is?
- How do you evaluate health educators? (Standard form)?
- How many workshops or trainings does the health educator get per year?
- Is there is a difference of kind of knowledge or kind of classes preparation that being given to new educator than old educator?
- Is there is a job description for the health educators? What are the goals and objectives