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Experiences as a health educators

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Abstract

This study was attempted to secure basic data for planning an efficient educational direction by phenomenologically analyzing what they experience as educators by allowing learners to plan and conduct education directly. Participants in the study were eight who voluntarily expressed their intention to participate in the study after taking health education classes between the ages of 20 and 30. Interviews for the study were conducted three times per participant from December 18, 2023 to January 5, 2024, and took an average of 1 hour or more per session. The meaning of the experience of actually carrying out health education derived from Giorgi's phenomenological analysis procedure consists of 5 components(difficult and lacking, confusion and burden, regretful, change, oppurtinity), 11 sub-components, and 37 semantic units. What stands out from the experience of directly teaching is that the participants gained confidence as educators. Based on the results of this study, in order to achieve efficient education, it is suggested to allow learners to conduct classes directly.

Keywords: College students, Confidence, Educator experience, Phenomenology

INTRODUCTION

Education is an activity that draws out the abilities of educators and allows them to acquire new knowledge or skills for individuals and groups, and teaches them to lead a better life and furthermore, to maintain and develop society properly through education. Among educational institutions, universities are higher educational institutions, and universities worldwide are at the top level of education, including graduate schools [1]. After graduating with the educational content acquired at the university, they have a responsibility to educate the general public and society. Among them, nursing colleges are mainly responsible for health education by honing their studies on the subject of health, so the core competency of nursing colleges is the ability to apply nursing intervention techniques suitable for the subject and situation using interpersonal relationships and communication skills along with nursing theoretical knowledge [2]. Since the 1990s, nursing education in the United States has emphasized the development of competency-based curriculum [3]. As such, nursing colleges have a common belief in the concept of a practical study that emphasizes the ability to learn

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theories and then apply them in practice. However, the reality is that it is not enough to say that a competency-based curriculum was developed by actually applying the nursing theory acquired during the curriculum to educators in Korea and reflecting the results.

The World Health Organization's definition of health education is 'a conscious learning opportunity, including a form of communication designed to improve knowledge, develop life skills, and improve health knowledge that helps individuals and communities' health.' [4], The definition of health education in Korea is said to be a comprehensive concept that includes creating, fostering, developing, cultivating, improving, maturing, and developing a healthy environment in order to change and maintain overall human characteristics such as individual beliefs, values, knowledge, experiences, behaviors, personalities, skills, and motor skills in a healthy direction for the subjects [5]. Accordingly, the Korea Institute of Nursing Evaluation, which evaluates the curriculum of nursing colleges in Korea, is evaluating nursing colleges by presenting seven core competencies of nursing colleges. In other words, it focuses on the ability to apply liberal arts, major knowledge, and nursing skills to provide holistic nursing to the subject, information sharing and cooperation between multidisciplinary specialties to improve the subject's health, ability to solve nursing problems through critical thinking, legal and ethical responsibility recognition for the development of nursing professions and the advocacy of the subject, achievement of nursing goals through various leadership, scientific development of nursing practice through research, and global response to changes in health care policies at home and abroad [6].

Accordingly, health education has been conducted in various ways in nursing colleges, and nursing students who have received education are actually conducting health education. In particular, the health education department is trying to verify the effectiveness of nursing majors by actually conducting education. Looking at the research on health education, MS Choi studied the effectiveness of oral health education programs. As a result of the study, the researcher emphasized that oral health education does not mean only information or knowledge transmission, but also changes individual habits and behaviors [7]. Furthermore, JH Choi and SM Che developed health education for the elderly and conducted a study by designating a group that corrected demographic characteristics and health level with control variables and an experimental group that did not correct control variables. As a result of the study, the effect of health education differed in the order of knowledge, attitude, and practice in the experimental group that corrected the control variable, but the experimental group that corrected the control variable reported that health practice improved more than attitude [8].

Looking at the research on the attitude and attitude of educators, it was confirmed how teachers perceived teachers as researchers, and through in-depth interviews with three current high school teachers in elementary school, it was confirmed how teachers perceived the research and how they conducted the research. As a result of the analysis, all of the study participants recognized that teachers were researchers, defined research as concerns about teaching, learning, and life guidance. It was mentioned that the reason why teachers conduct research is because they induce students' interest in delivering educational content, increase teachers' efficacy and expertise, and increase their burden and responsibility as teachers [9]. Through this study, it can be seen that educators feel their efficacy, professionalism, and responsibility as important factors with an attitude as a researcher in order to arouse the interest of the educators. Research on education from a different perspective includes the experience of kindergarten teachers who participated in early childhood education seminar classes [10]. The results of this study report that kindergarten teachers who participated in the study discovered re-awareness of the purpose of early childhood literature education, experience reading various picture books, deeper affection for picture books, re-establishment of teacher roles and teaching strategies, establishment of new standards for picture book selection, and changes in the appearance of infants and parents. In the field of

pedagogy, research can confirm the effect of educational experience. In other words, it shows what the problem is when the participants themselves learn as educators and when they actually do education as educators, and it can be seen that when they are educators, they are trained on how to effectively deliver education to the educators. As described above, this researcher examined not only literature on health education but also research in the field of pedagogy. As a result, it could be concluded that it would be difficult to properly perform the role as an educator in the future with a passive attitude as an educator. As discussed above, it was found that health education acts as a fundamental core competency in nursing education, which is a practical study. Therefore, it is important for nursing students to prepare core competencies to respond immediately after graduating from nursing school to feel that they feel and supplement what they feel in the process by creating health education programs and conducting actual education to educators. Qualitative research is an approach that can vividly confirm this actual experience [11].

Accordingly, this study planned a qualitative study to confirm the participants' experiences after the nursing students actually performed health education in the health education class of S city G University. The specific research problems of this study are as Table 1. First, what did nursing students feel from the health education experience? Second, what do nursing students think should be supplemented in health education?

Table 1. Questionnaires

1. What did nursing students feel from their health education experience?
2. What do nursing students think should be supplemented in health education?

METHODS

Participants

Non-probability samples were used to find participants who could provide a lot of insight into the phenomenon in the selection of research participants [12]. In other words, in order to explore specific aspects of the phenomenon in detail, in order to select people who would provide a lot of information on the subject of health education classes, people who could actively respond to the interview were selected. The specific criteria of the participants applied to this study are as follows. First, the study participants were selected as students who were taking health education classes between the ages of 20 and 27 at the time of the survey. Second, based on previous studies related to educational performance, the study participants were organized so that the actual educational experience was sufficiently revealed. Third, after explaining the purpose of the study for this study, it was limited to those who could understand it and actively speak about their experiences honestly. Fourth, it was selected as a participant with the belief that this study will be an opportunity to reflect on oneself through this research process and that this study will help participants grow. Fifth, this study selected participants whose intention to participate was confirmed that they promised to use abbreviations for things that could be difficult to reveal their personal lives, understood them, and could truly express their will. The characteristics of this researcher are shown in Table 2.

Table 2. Participants characteristics

No	Gender	Age	Completed subject of course	Religion	MBTI	Hobby
1	Female	21	Growth and development, communication, human	Protestant	ESTJ	Internet search

			psychology, basic nursing science, nursing introduction, basic nursing, health assessment, critical thinking, nursing ethic			
2	Male	21	the same as above	Protestant	INFP	Puzzle-taking
3	Female	21	the same as above	None	INTJ	a piano performance
4	Female	22	the same as above	None	ENFP	Computer coding
5	Female	22	the same as above	None	INFP	Music
6	Female	23	the same as above	Protestant	ESFP	Swimming
7	Female	25	the same as above	None	ISFJ	Reading
8	Male	27	the same as above	None	ESFJ	Rock climbing

Data collection

In order to analyze the meaning of the experience of health education, participants were asked to plan and actually conduct health education in the department where the researcher conducted the actual class, and after conducting the education, researchers were selected from those who revealed the purpose of the study and expressed their willingness to participate in the study. For research questions, open-ended in-depth interviews were conducted by reviewing studies [7-9] before conducting the study. The in-depth interview consisted of three consecutive structures [13]: 'before preparing for health education', 'when conducting health education', and 'after completing health education'. Interviews were conducted three times for each participant from December 18, 2023 to January 5, 2024, and took an average of 1 hour or more per time. After the interview was completed, it was checked whether there was any difference from the statements made to the study participants, and any insufficient or questionable contents were confirmed and supplemented through additional questions. After the interview was completed, a field note was written, and points that the researcher needed to pay attention to and analysis were recorded in the research journal.

Data analysis

This study used Giorgi's phenomenological analysis method to focus on revealing the meaning of living experiences through in-depth interviews with participants' skills [14]. Giorgi's research method consists of the stages of the analysis process consisting of 'total recognition', 'division of semantic units', 'transformation into academic terms of semantic units', and 'integration into structures'. Accordingly, this study conducted the analysis as follows according to the context. As a result, 37 semantic units of 5 components and 11 sub-components were derived from 8 study participants. Among the derived semantic units, units that overlap or deviate from the structure were excluded and used for analysis, and components were derived based on this semantic unit, and the correlation between the various components was analyzed and integrated into the structure of experience. In the data analysis process, the researcher returned to the original data each time in the attitude of phenomenological reduction, grasped the overall feel, and repeated the process of verifying and supplementing the semantic unit derivation process. For this study, the researcher participated in a qualitative research-related workshop to hone his ability as a phenomenological researcher, and maintained a sense of qualitative research through continuous qualitative research. In addition, when it was necessary to increase the

validity of the statement content during the data analysis process, the research participants were asked again to confirm whether the interpretation was correct, and the relationship between the components was also confirmed and work was shared.

RESULTS

The meaning of the actual education experience derived according to Giorgi's phenomenological analysis procedure consists of 5 components and 11 sub-components and 37 semantic units as Table 3. Representative examples for each sub-component are described as follows.

Component 1. Difficult and lacking

Participants in the study stated 'difficulty' and 'lack' as phenomena that directly experienced health education, and the details are as follows;

A lack of knowledge and skills in education : "When I was assigned a health education presentation assignment, I thought simply that I should make a PowerPoint presentation of what I learned. However, I changed my mind when I actually tried to do the presentation. As it was my first time doing the presentation, I had more thoughts and shared opinions with my colleagues, and it felt like my stomach was going to the mountain."

"The professor told me everything from examples of health education contents to teaching methods, but when I tried to apply them in practice, it was difficult and difficult to determine and select educational methods, educational scope, and educational media due to lack of knowledge and skills due to lack of experience in health education."

Health education strategies are too difficult : "We need to set up a detailed strategy and start health education in earnest, but the professor presented the health education plan, but as we set and implemented the subject, subject, educational place, and goal, variables were created and it was a series of trial and error."

"It was important to plan for health education. The theme was to prevent high blood pressure for the elderly, and there were many contents related to high blood pressure, ranging from determining the age range of the elderly to selecting a place for the elderly, and selecting a place for the elderly. It was a very difficult task to convey."

Component 2. confusion and burden

Participants in the study stated 'confused' and 'burden' as the following phenomena, and the details are as follows;

A feeling of separation : "When I tried to complete the education within a set time while conducting health education in earnest, I felt that the speed of explaining was fast even though the subject was an elementary school student. In addition, I found myself wandering around without being able to grasp whether the terminology fits the children's eye level when I was on the topic of childhood diabetes."

"Even though I practiced mock with my colleague Cho Won several times before the training, I was embarrassed because my voice was not controlled in size and strength. I prepared an unexpected quiz that went into the middle of the training, but I forgot and couldn't do it, so I took a quiz at the end. I was out of my mind while conducting the training. I felt like I was out of my mind."

Arouse interest in the subject of overwhelming reality : "I spent the longest time with the group on how the subject could concentrate and induce interest in education."

"In the case of children or elementary school students, I tried to put stickers on them and write an activity journal to arouse interest. I saw them enjoying and having fun putting stickers on, but when I asked them to write an activity journal, I saw an unappealing facial expression and prayed in my mind that the presentation time would end quickly."

Component 3. Regretful

Participants in the study stated the following phenomena as 'unsatisfying' and 'failure to demonstrate competence', and the details are as follows ;

"I wrote a script and practiced simulation several times. I tried to focus my attention on the subject by actually participating in the brushing practice with a tooth model. However, I was disappointed after finishing the health education because I showed a practice demonstration incompletely."

"At the end of health education, the subject asked a question, but I was embarrassed because it was a question I didn't think of, and I couldn't answer accurately and hesitated in an insecure voice. After I finished health education, I felt uncomfortable."

"There were many factors to consider each time I conducted the class. The class was conducted with consideration of many factors (subject reaction, voice size, presentation speed, quiz time, etc.), but in reality, it was a difficult process to conduct health education. If I get the next opportunity, I think I can do well in health education based on my educational experience."

"I revised the script several times with team member, turned the simulation, and participated in the training, but after the class, I was more disappointed that I could not show health education than I prepared and practiced."

Component 4. Change

Participants in the study stated the following phenomena as 'learning by looking at other presentations', 'reverse branch', and 'changing positively', and the details are as follows :

"Our group was the last presentation, so I saw a lot of other group members' presentations. I felt and learned a lot from the presentations of my fellow group members. The content of the education is important, but I learned from other group members that the tone of the presenter, speed, and the overall atmosphere of the class progress influence and influence the subject's concentration."

"I learned a lot from my fellow team members. I was envious and felt like a great classmate as I saw him deliver the voice clearly while being flexible without being nervous."

"I have received numerous health education from kindergarten to the present, but I didn't know it was this difficult to prepare for education. It was always the position of the trainee, but the presentation task of acting as a health educator was a different experience, and I thought I respected those who were teaching someone."

"While receiving numerous health education, I did not work in a sincere attitude. While actually doing the education, I saw the hard work of health educators teachers and I thought it was amazing. In addition, I decided to act in a sincere attitude when I took classes for professors in major subjects."

"Before health education, I wondered if the subjects could prevent disease, maintain health, and improve their health level in a better direction with one education. As I prepared for health education, my perception changed. In addition, I learned during the education that a lot of effort from health educators must be required to do that."

"Although I am not an expert in health education, I became interested in the term 'health education' and learned that education requires the efforts of health educators. Next time I have the opportunity, I would like to provide health education on the subject of childbirth and parenting for women."

Component 5. Oppoeunities

Participants in the study stated the following phenomena as 'expecting a better education' and 'being confident', and the details are as follows ;

Health education was a meaningful time. In the future, health education classes will be produced in a way that looks good and full, and the classes will be conducted while communicating with the subject's eye level."

"It was a valuable time to learn a lot from this health education. If there is an opportunity to provide health education in the community, I think we can systematically prepare and conduct high-quality classes."

"After completing the health education, I learned that it was by no means a simple process, but that it was the result of an educator's deep thought, inquiry, and various methods to create educational materials to help improve the health of the educational subject. Based on this, I think I will be able to approach and educate patients confidently while working as a nurse in clinical practice after graduation."

"I wondered what is a good class through health education. I thought that a good class was a class in which learners could actively participate and communicate rather than a lecture-style class that unilaterally conveys knowledge. I want to keep this in mind and become a nurse who communicates with the patient in both directions."

Table 3. Experiences as a health educators

Components	Sub-components	Semantic units
Difficult and lacking	A lack of knowledge and skills in education	At first, a different direction, no experience, tough decision
	Difficulty in establishing health education strategies	Variables, trial and error, uncertainty, overwhelming
Confusion and Burden	A feeling of indecision	Lack of time, failure to adjust speed, confusion, bewilderment, daze
	Arouse interest in the subject of overwhelming reality	Creating ideas, wishing it a speedy end
Regretful	Not satisfactory	Lots of mock practice, inexperience, unexpected questions, inconvenience
	Failure to exercise one's capabilities	I did my best, but..., Promise the next opportunity, the result is not satisfactory
Change	Learn from other presentations	Observing other group presentations, the overall atmosphere is important, envy, and appreciate
	Putting on the other's shoe	A different experience, respect for educators, and the thought that they should take classes faithfully
	A positive turn	Knowing a lot of efforts of educators, becoming interested in education, and keeping in mind the education you want to do

Opportunity	Looking forward to a better education	Thinking of providing education at a level, systematic preparation
	I've gained confidence	Thinking deeply about making educational materials, education that induces confidence, and active participation, two-way communication

CONCLUSION

This study conducted a survey of various age groups to collect basic data for the study of the relationship. This study was attempted to secure basic data for planning an efficient educational direction by phenomenologically analyzing what they experience as educators by allowing learners to plan and conduct education directly. The subjects of the study were those who participated in health education classes conducted by researchers between the ages of 20 and 27, and those who decided to voluntarily participate in the study after completing the class. Interviews for the study were conducted three times per participant from December 18, 2023 to January 5, 2024, and took an average of 1 hour or more per session.

As a result of the study, 5 components, 11 sub-components, and 37 semantic units were derived. The Giorgi result analysis of phenomenology first derives the meaning as a whole, then transforms the meaning into a psychological term, and then derives the constituent unit of the phenomenon [14]. The derived meaning unit is the first, different direction, non-experience, hard decision, variable, trial and error, uncertainty, overwhelming, lack of time, failure to control the speed, confusion, embarrassment, blankness, idea generation, hope to end soon, lots of pre practice, inexperience, unexpected questions, inconvenience, I did my best, but..., Promising the next opportunity, not satisfied with the result, observing another group presentation, observing the overall atmosphere is important, envying, appreciating, different experience, thinking that the educator should take the class with respect, sincerity, becoming interested in education, thinking about providing education appropriate to the level, systematic preparation, education that induces deep thought to create educational materials, confidence, and active participation in two-way communication. Participants in the study have been passive in receiving education from the learner's point of view. However, in this class, the participants prepared their own educational materials after taking the class and listened to other students' classes while conducting the classes directly for the same class, which was the experience of both learners and educators.

The first component that emerged from the results of phenomenology research was difficult and insufficient, but in fact, while making educational materials, they felt that they lacked their knowledge and skills, and had difficulty establishing health education strategies. This is different from not knowing what is lacking as a learner. Daniel Loeb et al., et al., had serial emergent procedures performed without giving an abnormality to skill acquisition, and published a study result that showed that awareness was higher than that of the existing traditional teaching method [15]. In other words, it is more efficient for learners to plan and conduct education themselves than for educators to conduct education unilaterally, and as in the results of this study, it can be meaningful that they feel and actively supplement what they lack. During the class, the participants said that, contrary to what was initially intended, they felt overwhelmed and interested in teaching while experiencing confusion. This can be compared to actually having various experiences while teaching. The study by Michael Pajor et al. is consistent with the results that medical students were able to systematically acquire knowledge by performing simulations similar to real situations [16].

However, in this study, participants felt that the education they actually did was not satisfactory and did not fully represent their competence. This will help to reflect on when and how to demonstrate one's competence if participants have opportunities for education again in the future. In addition, while watching other students'

presentations, they felt themselves changing by observing their difficulties and the presenter's attitude.

In particular, it can be said that what stands out in the results of this study is the development of confidence. The basis of education is a change in knowledge, attitude, and skill, and it can be said that it is to keep that change positive. To do so, various methods such as heat maps and text mining are said to be necessary [17]. Even from the results of JA Kim's research that the memory of the class directly participated and presented remains longer [18], it can be seen that the role of participants as educators is very important in the teaching method. The above studies were mainly conducted with a focus on class participation. Until now, various methods have been studied and applied in education field, but it was rare for learners to become educators and announce their effects. As a result, this study prepared and conducted educational materials from the perspective of educators based on what they learned by directly giving learners a role as educators, and as a result, it was found that it contributed to enhancing the effectiveness of education and the thought of demonstrating one's competence if there was an opportunity in the future. Based on the results of this study, in order to become efficient education, it is suggested to allow learners to conduct their own classes.

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