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Do Higher Education Curricula Cover Core Health Promotion Competencies for Health Workforces in Iran?

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ABSTRACT

Aims Health promotion competencies were defined as a combination of the essential knowledge, abilities, skills and values necessary for the practice of health promotion. The aim of this study was to assess the extent to which health promotion core competencies has been integrated in higher education (undergraduate and postgraduate) curricula of ministry of health and medical education in Iran.

Participants & Methods In this qualitative content analysis, all the curricula of ministry of health and medical education of Iran were checked for the presence of courses such as health education, promotion, communication, consultation and planning, etc. through a summative approach.

Findings Totally 241 curricula were checked. In the most of study fields, there were not the courses improving their competencies that constitute a common baseline for their health promotion roles especially in professional doctorate (medicine, pharmacy and dentistry) degrees.

Conclusion Health promotion core competencies should be identified and considered in developing educational curricula for all health practitioners as an essential component of developing and strengthening workforce capacity to ensure quality health promotion practice.

Keywords Health Promotion; Curriculum; Competency-Based Education; Medical Education

CITATION LINKS

[1] Ottawa charter for health promotion [2] The CompHP core competencies framework for health promotion in Europe [3] Classifying health workers: Mapping occupations to the international standard classification [4] The Bangkok Charter for Health Promotion in a globalized world: what is it all about? N S W Public Health Bull [5] Adelaide statement on health in all policies: moving towards a shared governance for health and well-being [6] Sundsvall statement on supportive environments for health [7] Jakarta declaration on leading health promotion into the 21st century [8] Mexico ministerial statement for the promotion of health: from ideas to action [9] Strengthening a competent health workforce for the provision of coordinated/integrated health services [10] IUHPE core competencies and professional standards for health promotion [11] A review of professional competencies in health promotion: European perspectives [12] Potential uses of health promotion competencies [13] Professional competencies in health promotion and public health: what is common and what is specific? Review of the European debate and perspectives for professional development [14] Using health promotion competencies for curriculum development in higher education [15] Health promotion in medical education: lessons from a major undergraduate curriculum implementation [16] Core competencies for health promotion practitioners [17] Three approaches to qualitative content analysis [18] Qualitative content analysis research: a review article [19] Delivering quality health services: a global imperative for universal health coverage [20] Effectiveness of strategies to improve health-care provider practices in low-income and middle-income countries: a systematic review [21] The health care provider's role and patient compliance to health promotion advice from the user's perspective: analysis of the 2006 National Health Interview Survey data [22] Investigation of accountable medical education in Iran [23] Training medical students in health promotion: twenty years of experience at the Faculty of Medicine of the University of Geneva [24] Leadership and management curriculum planning for Iranian general practitioners [25] A social accountable model for medical education system in Iran: a grounded-theory

Introduction

Since 1986 which world health organization (WHO) presents the health promotion concept as an effective and core tool for achieving the "Health for all" goals[1], till now, health promotion practitioners have tried to promote health and reduce health inequities using the actions described by the Ottawa charter around the world[1, 2].

Based on Ottawa charter, health promotion is the joint responsibility of community groups, health professionals, health service institutions and governments[1]. So a diverse workforce from a range of disciplines (preventive, curative and rehabilitative services), must work together towards a promotional health care system goals[1-3].

The core recommended strategy in the Bangkok charter for health promotion is "All for health" to achieve "Health for all" goals. However, it points to unique role and responsibility of intergovernmental, government, civil society and private sectors in health promotion[4], it seems it can be generalized to the role of all the health service sectors who have a key task in the health care system.

The health sector, beyond its responsibility for providing clinical and curative services, should be sensitive to cultural needs and respects them, and open channels between the health sector and other disciplines who have any responsibilities in promoting health of communities[1].

So , all of the generalist and specialist medical practitioners, dentists, pharmacists, nursing and midwifery professionals, paramedical practitioners, environmental and occupational health and hygiene professionals, physiotherapists, nutritionists, audiologists and speech therapists, optometrists, medical imaging , pathology and laboratory specialists and their associate professionals, technicians and assistants, medical records and health information technicians, health service managers, social work and counselling professionals, etc. have a special role to play in promoting health[3].

To this end, all of health workforces should develop their competencies for playing their health promotion roles such as advocating, mediating, enabling through education and empowerment, education, building alliances, etc. based on the core concepts and principles of health promotion which are recommended by health promotion charters and declarations[1, 4-8].

Competence is defined as the "condition of being capable" or "ability" and having "a specific range of skill, knowledge, or ability"[9] and core competencies are the minimum set of competencies that constitute a common baseline for a professional role[10]. Since the 1970s, competencies have been increasingly used in education to emphasis on importance of competence rather than intelligence. During the 1980s, competencies approach was used by several countries to focus on curriculum and course design and performance evaluation[11]. Competency based education and competency based continuing professional development and periodic professional recertification, evaluation and assessment are the components of a competency consolidation cycle, provided by Langins and Borgermans[9].

Shilton *et al*., have defined health promotion competencies as a combination of the essential knowledge, abilities, skills and values necessary for the practice of health promotion[12]. Indeed, health promotion core competencies are what all health practitioners are expected to be capable of doing to work efficiently, effectively and appropriately[13]. Since each of the above mentioned groups of health workforces has different health promotion roles, they need and require variable competences to perform their roles. So, it seems necessary to determine the minimum set of competencies as core competencies, and building health promotion capacity for them, as a main strategy for improving community health[2, 12, 14]. But, health promotion remains relatively deprioritized in medical curricula[15].

Thus it requires special attention to develop competency-based educational curricula for higher (undergraduate and postgraduate) education levels of health promoters. The major competencies can be included program planning, implementation, evaluation and research, communication, enabling change, advocating for health, mediating through partnership, communication, leadership, report writing etc.[2,12, 16].

Based on what has been discussed so far, the aim of this study was to assess the extent to which health promotion core competencies has been integrated in higher education (undergraduate and postgraduate) curricula of ministry of health and medical education in Iran.

Participants and Methods

The research was carried out at health promotion department of Shiraz University of medical sciences in May 2017. The object of the study was to determine the number of educational curricula of ministry of health and medical education which included the different core competencies for health promoting roles of health workforces in Iran.

This study is a qualitative content analysis, which has been defined as a research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns[17, 18]. From different approaches to content analysis, described by Hsieh and Shannon summative approach was used in this study. This approach involves counting and comparisons, usually of keywords or content, followed by the interpretation of the underlying context. In a summative approach,

data analysis begins with searches for occurrences of the identified words in the texts or contents by hand or by computer. Word frequency counts for each identified term are calculated[17].

The study was conducted in three steps:

1- Deciding on criteria: All the curricula of ministry of health and medical education of Iran (URL: http://mbs.behdasht.gov.ir) for the presence of courses such as health education, health promotion, health communication, consultation and health program planning which are needed to provide core competencies for health promoters was considered to be included in the analysis.

2- Applying criteria: Three researchers checked determined curricula independently, in terms of the statements that best represented core competencies considered in the first step.

3- Summarizing results: In this step, upon completion of the independent check of curricula, the researchers met to compare extracted data and determine a consensus if their findings differed. Finally, the results were aggregated in a table.

Findings

All of the 241 curricula (excluding health education and promotion curriculums) were checked. Three major topics were found in these curricula: Health education and communication, Communication/consultation skills, Health promotion planning/management.

In the most of study fields, there were not the courses improving their competencies that constitute a common baseline for their health promotion roles especially in professional doctorate (medicine, pharmacy and dentistry) degrees. Only in three clinical courses (nursing, midwifery and dentistry) some of these topics were found in their curricula and in other cases all of the topics were seen in the non-clinical especially health care related courses. None of the lesson plans paid attention to advocacy, mediating, enabling and building alliances skills (Table 1).

Table 1) Distribution of absolute and relative frequency of courses in degrees (Number in parentheses are percentages)

Degrees	Curricula	Health education and communication	Communication/ consultation skills	Health promotion planning/management
ASc	14	7 (50.0)	2 (14.3)	1 (7.1)
BSc	44	7 (15.9)	5 (11.4)	2 (4.5)
MSc	96	4 (4.2)	2 (2.1)	1 (1.0)
PhD	84	4 (4.8)	3 (3.6)	9 (10.7)
Physician	3	0	1 (33.3)	0
Total	241	22 (9.1)	13 (5.4)	13 (5.4)

Discussion

The Sustainable Development Goals (SDGs) emphasizes universal health coverage (UHC) by 2030, and UHC is the number one goal and tagline of the world health organization in two consecutive years (2018-2019). This means that all people and communities, everywhere in the world, should have access to the high-quality health services they need – promotive, preventive, curative, rehabilitative, or palliative – without facing financial hardship. So delivering quality health services is essential to UHC [19]. However, evidences indicate some problems in quality of both facility-based and community-based health services in several low and middle-income countries[20].

One of the foundational elements critical to delivering quality health care services is high quality health care workers. In order to providing high quality health services, both clinical and nonclinical health care workers need to educate or advise their patients or target audiences about their treatment process or health concerns. But, compliance of target audiences to these recommendations depends on the quality of the communication between patient/ audience and health care provider. While some studies showed health care workers believed that they have limited skills to provide the appropriate counseling and education[21]. So this study conducted to determine how much Iranian health care workforces gain knowledge, skills and abilities which they need for their professional roles in line with health promotion core competencies through their educational courses.

Langins and Bargemans in a project in the WHO European region described five clusters of competencies that provide a foundation for evaluating the performance of the health work forces. These competencies were included: patient advocacy, effective communication, team work, people-centered care, continuous learning[9]. Nekouzad *et al*. in a review article, stated that 30% of US medical colleges have integrated science and medical services fields[22], but the results of this study indicate that less than 10% of the curricula of under and post graduate degrees in medical and health universities in Iran, contains courses such as health education, communication and consultation which are needed to develop theses core competencies in the health workforces. Most of these courses are limited to non-clinical health related fields with the exception of nursing, midwifery and dentistry. Surprisingly, there are not any of these courses in the curricula of professional doctorate (general practitioners and pharmacists) which have most of the interactions with peoples in health care system in Iran.

In a review on the efforts of medical universities to integrate the health promotion core competencies in

their curricula, it was found that universities began their reform in their curricula. For example faculty of medicine of the university of Geneva, in a major curriculum reform has strengthen health promotion learning activities throughout their curriculum over a 20 years periods from mid 1990s[23], and department of primary care and public health sciences in King's College London, which is a large UK medical school (>400 students/year) has developed a health promotion curriculum for medical students which included different subjects such as advocacy for patients, social and cultural awareness, behavioral change counselling, health literacy, etc.[15].

On the other hand, the other important roles which medical and health graduates, especially postgraduate degrees, is expected to undertake, is leadership and management. In recent years, general practitioners, pharmacists and dentists have occupied most of managerial positions in health care system in Iran[24]. However, they obviously need many of health promotion management skills to enable them to manage complicated systems, we found that none of the professional doctorate degrees (general practitioners, pharmacists and dentists) and only about 10% of MSc and PhD degrees which almost all were in nonclinical fields, pass the health promotion planning/management courses during their formal education. Of course, it's worth noting that in these courses, no attention has been paid to advocacy, enabling, mediating and building alliances skills.

In a socially accountable medical education system, training high quality effective human resources is the main duty of medical and health universities to respond real needs of public societies[25]. But despite the orientation of medical education departments for health promotion and prevention; prioritizing the health problems of community, the close relationship with community health management and health deputy of universities, were the defined goals of the socially accountable medical education program in Iran in 2008-2011, and developing accountable medical education curricula for different general and specialized areas and disciplines has been designated as one of the third phase activities of this program[22]. The results of this study indicate insufficient attention and effort in this field. To this end, it seems revising and developing curricula for pre-service training of health care workers to ensure that they acquire core competencies for undertaking their health promotion roles is necessary.

The main limitation of this study was that content analysis was performed only at the course titles level and did not include any subtitles. It seems further in-depth analysis on the content of courses by grades and disciplines is needed.

Conclusion

While job titles and academic courses may not include the term 'health promotion', in line with the international move towards integration of health promotion core competencies such as health education, communication and consultation and health promotion planning/management skills in education of health workforces, these competencies should be considered in developing educational curricula for all health practitioners as an essential component of developing and strengthening workforce capacity to ensure quality health promotion practices defined in the Ottawa charter.

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