

CHARACTERISTICS OF EXPERIENCED EDUCATORS: A QUALITATIVE ANALYSIS OF PHYSIOTHERAPISTS' PERSPECTIVES ON PATIENT EDUCATION

Vedrana Grbavac^{1D} & Marija Mandić^{1D}

Clinic for Physical Medicine and Rehabilitation, University Clinical Hospital Mostar,
88 000 Mostar, Bosnia and Herzegovina

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ABSTRACT

Introduction: Patient education is a specific type in which physiotherapists provide patients and their caregivers with information to improve their health status. Physiotherapists who possess the competencies needed to provide high-quality patient education are key to meeting the educational needs of patients. This paper aimed to investigate the characteristics of expert educators according to the opinion of physiotherapists with experience in patient education.

Methods: This descriptive qualitative study was conducted through individual interviews with physiotherapists with experience in patient education while working in a hospital. The interviews were audio recorded and transcribed verbatim. Data were analyzed using thematic approaches.

The results: Twenty-five physiotherapists from Bosnia and Herzegovina who worked in physical medicine and rehabilitation clinics for an average of 14 years participated in the research. Being sensitive to the patient's interests and learning needs and adapting education to each patient's needs and the context of the situation are the hallmarks of a professional educator. Educational support resources, observation, experiential training, and guidance from experienced educators are examples that enhance competency development.

Conclusion: Expert patient educators demonstrate sensitivity to the patient's learning needs and the ability to individualize the patient's education. A supportive learning environment, intrinsic motivation, and awareness of the value of patient education were considered the main factors needed to become an expert educator. Experienced educators expressed the need for continuous education and collegial support.

Keywords: experience, educator, physiotherapist, perception

Corresponding author: Vedrana Grbavac; vedrana.grbavac@fzs.sum.ba

INTRODUCTION

Providing patient education can be challenging, especially in recent years due to population aging (1, 2), cultural diversity, and reduced length of hospital stay. Developments in both society and science, concerning health and utilizing social media for patient education, tasked educators to be up to date with proof-based medicine while using informational technologies (3). Patients seek more detailed information and prefer to participate in decisions concerning their health (4). Transitioning from a medical model to patient-directed care (5) demands improved competencies in communication skills. Finally, lifestyle changes emphasized in secondary prevention indicate the need for specialized communication and lifestyle counseling training for health workers (6).

Lorig defines patient education as „any collection of planned educational activities designed to improve patients' health-related behavior, health, or both.“ (7). Patient education is a key component in prevention, in addition to lifestyle changes and reducing risk factors (8, 9). Furthermore, patient education results in greater control over illness perception (10) and possible beneficial effects on health-related quality of life (11). Recent research results confirm the role of patient education in health outcome improvements, listed in the literature overview and a meta-analysis of over 360 studies that researched patient education with chronic illnesses (12).

Contrary to this, lack of patient education in health institutions is connected with unfavorable outcomes, including readmission to hospitals, incorrect therapy usage, and improper

control (13). It is considered that physiotherapists have a unique position for creating therapeutic relationships with patients due to direct contact over a longer period compared to other healthcare professionals (14). Despite the crucial role of education in patient well-being, ways to effectively implement patient education in practice and required competencies are currently undefined (15). Available indicators show that health professionals, including physiotherapists, usually implement patient education without a plan, spontaneously, and informally as a part of broader care (16). Furthermore, there is a concern over limited possibilities for continuous training directed toward patient education (17, 18). The lack of emphasis on educational and behavioral sciences in educational programs for patients is clear in the available literature (19, 20), and a need for developing continuous health professionals' education is recognized (21, 22).

Forbes and associates implemented a study to create a concise list of competencies for physiotherapists concerning educating patients with a high level of expertise (23). Ascertaining key competencies in this area will enable the evaluation of patient education and can facilitate the improvement of the educational and professional roles of physiotherapists. However, based on our findings, factors improving the development of expert educators are yet to be explored. A previously published research discussed the knowledge and skills required for patient education (24). In this research, we point out the necessary resources and activities for improving competencies development concerning patient education.

OBJECTIVE

This research paper aimed to explore the characteristics of expert educators based on the physiotherapists' opinions in working on patient education while analyzing their personal beliefs on how to become an expert educator.

METHODS

This qualitative descriptive study employed semi-structured, face-to-face interviews to gather data. The chosen design was deemed suitable for collecting information on personal perspectives and beliefs (25). The aim was to interview physiotherapists with experience in patient education in Bosnia and Herzegovina. The researcher sent an online invitation to present the study to physiotherapists working in physical medicine and rehabilitation clinics and requested their written consent to participate. The participants varied in age, gender, education level, patient education experience, and information sources about patient education.

Data collection

Data were collected between January and April 2024. The interviews were conducted online by the authors. The main question asked during the interviews was: "What are the key competencies and characteristics of an effective patient educator?" All interviews were audio-recorded and transcribed verbatim. On average, the interviews lasted 20 minutes (ranging from 13 to 34 minutes). Participants were asked to share their perceptions of novice patient educators and describe the process of becoming an expert educator.

Ethical questions

The research was conducted per the Helsinki Declaration. The study does not require the permission of the Board for research ethics because no sensitive or personal medical data was gathered (26, 27). Participants were provided with written and oral information about the study and were informed about their rights to terminate participation at any point. Before conducting interviews, written informed consent was obtained from participants. Confidentiality was ensured by storing audio files under key and removing transcript identifications; data was available solely to authors.

Data analysis

The analysis was conducted by the authors. To reduce the possibility of bias that could affect the results, reflexivity was ensured through critical discussions with an experienced research team regarding the guidelines for conducting and interpreting interviews. Data were analyzed after each interview, using a thematic approach based on systematic text condensation (26). The analysis process involved careful reading of the interview texts to identify and classify organized themes. After processing each theme, they were broken down into smaller units within their frameworks, and the content was condensed to present quotes while retaining as much of the original terminology as possible.

There is no conflict of interest.

RESULTS

Twenty-five physiotherapists were interviewed (Table 1.). All participants had experience in hospital-based patient education, while eighteen had experience

in patient education after hospital stay. Six participants had experience in counseling in private healthcare institutions and private practice offices.

Table 1. *Demographic characteristics of participants*

	Participants	Number
Sex	Male	8
	Female	17
Age	25 – 35	8
	36 – 46	11
	47 – 60	6
Education level	Secondary education	5
	Bachelor's degree in Physiotherapy	11
	Master's degree in Physiotherapy	9
Patient education experience	> 3 years	14
	1 - 3 years	8
	< 1 year	3
Sources of information about patient education	Courses on physiotherapy	12
	Studying under an experienced colleague	8
	Independent study in personal time	5

Physiotherapists initially analyzed their perceptions of novice educators at the beginning of the interviews. Subsequently, they explained the transformation process towards becoming expert educators, drawing on their own experiences. They emphasized the importance of timeframes, professional education, long-term clinical

practice, and the significance of work environments that foster professional development and personal motivation.

Table 2 presents a summary of the participants' responses highlighting the key competencies of expert educators in physiotherapy.

Table 2. *Competencies of expert educators in physiotherapy*

Responses
Creating a Supportive Learning Environment - Educators should ensure a positive and supportive environment that encourages patients to engage actively.
Intrinsic Motivation - Educators need to be able to motivate themselves and their learners for continuous learning and personal development.
Analyzing and Evaluating Personal Patient Education - Reflecting on one's own methods and approaches in education to enhance practice.
Seeking Constructive Criticism - Being open to receiving and seeking feedback from colleagues and patients.
Communication Skills - The ability to ask questions and provide clear answers to ensure understanding.
Seeking Feedback from Patients - Actively seeking feedback from patients to confirm learned information and improve practice.
Technical Support - Access to resources and support necessary for the successful implementation of educational practices.
Participation in Educational Activities - Actively engaging in courses, conferences, and forums for knowledge exchange.
Continuous Education - Commitment to lifelong learning and professional development through various educational programs.

Themes in Educator Development

This study identifies three key themes in the development of physiotherapy educators: characteristics of novice educators, the path to becoming an experienced educator, and strategies to enhance professional development. It also discusses the qualities that distinguish expert educators from novice educators.

Characteristics of Novice Educators

Novice educators, usually inexperienced physiotherapists, often have limited clinical experience in patient education. Their underdeveloped communication skills can hinder their ability to effectively assess and prioritize patients' needs. One physiotherapist noted, "Novice educators tend to focus solely on the patient's current situation. It takes years to develop a holistic view that takes into account the broader context of the

patient." The critical difference between novices and experts lies in their knowledge and problem-solving abilities.

Transition from novice to professional educator

Participants emphasized that the path to professional educator requires practical experience and structured mentoring from experienced professionals. Such mentoring helps novices understand their unique learning process. One physiotherapist noted, "Different mentors help me see patients' problems from multiple angles, improving my approach to rehabilitation." Effective mentoring fosters a supportive learning environment; an experienced participant noted, "Practical experience is essential for developing skills in patient education. Mastering these skills without mentoring is challenging, and feedback is incredibly valuable."

Beginning educators are encouraged to begin with individualized instruction, focusing on a single patient to facilitate observation and self-reflection. An experienced therapist explained that patient education begins with history taking, including discussions about the patient's diagnosis, symptoms, and holistic concerns. This approach emphasizes the need for knowledgeable educators who can motivate patients to make lifestyle changes, which relies heavily on strong listening skills.

Motivation and Engagement

Intrinsic motivation and engagement are key for transitioning beginning educators to expertise. Participants emphasized the importance of patient education, personal development, and genuine curiosity about patients' needs. An experienced physical therapist noted, "Not every professional excels at patient education; the physiotherapist's personality and understanding of the importance of teaching are key." Active listening is essential for identifying gaps in knowledge; one participant stated: "When faced with questions that I cannot answer, it is important to admit, 'I don't have the answer now, but I will find out,'" confirming that motivation is essential for effective learning.

Encouraging patient involvement in therapy development was also emphasized. "Explaining the patient's problem encourages their active participation. The clearer I am, the more likely they are to engage in the process," explained one physical therapist.

Workplace learning

Creating a supportive work environment is key to fostering motivation and skill development. Participants expressed challenges related to limited opportunities for consultation with colleagues. Suggestions included organizing rehabilitation team meetings and promoting professional networking to share knowledge. One physical therapist noted uncertainty about how colleagues approach patient education, suggesting the need for collaborative learning.

Time constraints complicate ongoing educational efforts. One participant emphasized the importance of asking insightful questions, stating: "The questions I ask not only enhance my understanding but also motivate patients to actively engage."

Improved communication enhances the patient experience and helps educators develop skills through a variety of interactions. Reflective practices such as peer review help identify areas for improvement. Participants agreed that motivation, collaboration, and reflection are vital components for improving health education.

Educational Resources

To address time constraints and enhance learning opportunities, participants suggested establishing guidelines for accessing relevant literature and creating a centralized repository for educational resources. Standardized courses and clear clinical guidelines were identified as valuable tools for novice and experienced educators. Clinical guidelines support quality assurance and evidence-based education. One physiotherapist explained: "Guidelines help me work

effectively with patients and simplify decision-making. Success in physiotherapy requires understanding how to teach; if the patient does not understand their situation, behavior change is unlikely.”

However, relying on outdated materials is problematic, as limited access to current information can hinder educators’ ability to effectively adapt teaching, especially for novices who may rely too heavily on established guidelines.

Learning through Observation and Practical Experience

Participants indicated that hands-on experience is essential for improving competency in patient education. Practical skills and effective communication are essential, but novice educators are often hesitant due to fear of unexpected questions or insecurity arising from their inexperience. Observation of experienced colleagues is essential for developing these skills. One participant expressed a desire for programs that help novices observe senior educators before engaging in patient education themselves. Practical training methods, such as simulations and rehearsals of educational sessions, were recommended to build essential experience. Participants advocated for increasing awareness of communication skills and building trust during patient interactions. Participating in role-playing with colleagues as mock patients and recording educational sessions for self-evaluation were also suggested as effective learning strategies.

Characteristics of Experienced Educators

Expert physiotherapy educators embody extensive knowledge of

physiotherapy and teaching methodologies. They adopt a holistic approach to patient care, demonstrating empathy and the importance of effective education. Confidence and strong communication skills enable them to engage and encourage patients. As one physiotherapist observed: “Building trust is key to successful patient education. When patients feel safe, they are more likely to express concerns and actively participate in their treatment.” Key characteristics of expert educators include assessing when patients are ready to receive information and being sensitive to their learning needs.

Experienced educators recognize that well-informed patients feel safe and confident, which leads to greater engagement in therapy. An educator stated: “A professional knows what type of information to give based on the patient’s needs and ability to understand.”

Sustaining Expertise as an Educator

Participants with extensive experience highlighted the necessity of ongoing education to improve their skills. One physiotherapist observed: “Improving communication, tailoring education to individual patient needs, and keeping up with the latest research are key to maintaining competence.”

Self-reflection on strengths and areas for improvement was emphasized. An experienced educator expressed the benefit of training that assesses effectiveness and provides constructive feedback.

Participants also suggested practical strategies for professional development, including visits to hospitals with exemplary patient education practices to

observe best practices. Novice teachers were encouraged to design and lead supervised educational sessions with mentoring and feedback. Although many had not yet experienced this approach, they recognized it as a key next step in their professional development.

DISCUSSION

The ability to know when the patient is ready to receive the information, show empathy for the patient's interests and learning needs, and adapt the education to the needs of every patient and context are pointed out as characteristics of an expert educator. Prerequisites for transitioning from a novice to an expert educator are intrinsic motivation, active participation with mentorship, and an encouraging environment fostering learning. Supplemental educational resources, observation and practical training, and guidance by experienced educators were suggested as actions needed to improve the process of developing expert educators. Experienced educators expressed a need for peer support and professional cooperation while developing their competencies.

An expert educator described in this study is a healthcare professional with advanced and relevant theoretical knowledge in physiotherapy and educational sciences. In addition to awareness of the need for knowledge and where to find it, relevant knowledge is a part of clinical competencies and includes using existing proof-based information (29). Possessing sufficient knowledge (30) and professional promptness are considered crucial in developing competencies (31). Participants in this study were concerned that a lack of

knowledge and confidence may contribute to physiotherapists' reluctance to implement patient education, hindering their professional development. Lack of knowledge was identified as an obstacle to implementing patient education (18) and a lack of resources, structured training, and skill development is seen as an obstacle to implementing patient education (22). It is concerning that previous studies showed healthcare professionals indicated their inactivity in reading literature relating to patient education and failures to update knowledge in these areas (32). Aversion towards patient education and a lack of knowledge in this area are questions that must be addressed clearly if physiotherapists aim to improve their competencies in patient education.

Healthcare professionals qualified for educational science and lifestyle counseling are crucial for secondary prevention (15). Continuous education for healthcare professionals may improve professional practice and healthcare outcomes for patients (16).

A working environment with mutual respect, partnership, support, trust, and appreciation of staff is recognized in previous research as an inspiration for learning and growth (33). Time limitations and a great workload present obstacles to motivation for continuous formal education, at least for some of our participants. Professional growth and learning through work depend on the employer's support (31, 34). Several physiotherapists in this study stated that to be up-to-date with new developments, they need to be motivated to study in their free time. This situation is supported by previous studies showing that healthcare professionals use their free time for

continuous learning (22) and that management expects this (31). This emphasizes the importance of considering the preferences and motivations of physiotherapists as well as their clinical reality and management support in designing continuous educational interventions.

Showing empathy for patients' interests and their needs for learning and individualized patient education were seen as characteristics of an expert educator. The ability to satisfy individual patient's needs was the central role of an expert educator for a long time, as emphasized by Benner (35) who thought that capturing the patient's readiness to learn and knowing when to move forward are expert competencies and key aspects of effective patient education. In this study, participants stated that novice educators tend to focus on specific tasks, rather than take a holistic approach, strictly relying on standardized instructions. Research showed that experts are superior to novice educators in recognizing patient signals and obtaining a full image of the patient (36); they do not rely on rules and guidelines, rather they act based on understanding the particularities of each patient's situation.

Experience is perceived as a precondition for expertise (35) and is described as the most important factor in developing competencies (33). In this study, experience was seen as priceless in developing skills that increase the ability to read patients and meet them where they are. An active role and physiotherapist's introspection were deemed necessary if experience results in expertise. Contemplating experiences (23) and training in reflective thinking and relevant

feedback (30) are important elements in developing competencies (37). This confirms our findings, considering the participants saw mentorship and constructive critical thinking about educational experiences and the impact on the patient as important factors in improving professional development.

Following previous research (38), further improvements for experienced educators are considered necessary to ensure the quality of patient education. When discussing the educational needs of experienced educators, many complained about the scarcity of possibilities and sought greater peer support, interprofessional cooperation, and mentorship, indicating a lack of meeting experts' needs for learning. A network of patient education experts in physiotherapy was suggested to enable greater contact and interaction with other expert educators. A lack of a forum for sharing knowledge and discussing difficult situations in patient education was previously recorded (37). A need for regular meetings to discuss patient education was suggested (32). In this study, peer support was an often-mentioned important motivational factor in developing competencies in patient education.

Limitations

The main impact of this study comes from the extensive experience most participants had in patient education in physiotherapy, especially because the majority had experiences in different educational settings. Besides this, some had experience in training healthcare professionals for patient education, resulting in a robust understanding of the

educational needs of both novice and expert educators.

However, participants with less experience were a minority, and there were no participants without any experience. Including a larger number of participants with limited experience may provide additional information about the educational needs of novice educators. The main limitation of the study was basing the results on the personal and professional opinions of physiotherapists rather than on their actual work. This approach was purposefully chosen due to the lack of robust descriptions of novice and expert educators in physiotherapy.

CONCLUSION

A holistic view of the patient, sensibilities to patient needs for learning, and the ability to personalize patients' education are perceived as key competencies of an expert educator. In addition to an environment fostering a learning atmosphere, engagement, and motivation for patient education, with an awareness of patient education benefits, are the necessary preconditions to becoming an expert educator. Experienced educators expressed a need for continuous education and support to help improve their competencies. Structured training, peer support, and mentorships by experienced educators may improve the benefits of clinical experience, enhance expert development in patient education, and help in improving expert competencies.

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KARAKTERISTIKE ISKUSNIH EDUKATORA; KVALITATIVNA ANALIZA PERCEPCIJE FIZIOTERAPEUTA O EDUKACIJI PACIJENATA

Vedrana Grbavac¹ & Marija Mandić²

Klinika za fizikalnu medicinu i rehabilitaciju, Sveučilišna klinička bolnica Mostar,
88 000 Mostar, Bosna i Hercegovina

SAŽETAK

Uvod: Edukacija pacijenata je specifična vrsta u kojoj fizioterapeuti pacijentima i njihovim skrbnicima pružaju informacije za poboljšanje njihovog zdravstvenog stanja. Fizioterapeuti koji posjeduju kompetencije potrebne za pružanje visokokvalitetne edukacije pacijenata ključni su za zadovoljavanje obrazovnih potreba pacijenata. Ovaj rad je imao za cilj istražiti karakteristike stručnih edukatora prema mišljenju fizioterapeuta s iskustvom u edukaciji pacijenata.

Metode: Ova deskriptivna kvalitativna studija provedena je kroz individualne razgovore s fizioterapeutima s iskustvom u edukaciji pacijenata tijekom rada u bolnici. Intervjui su audio snimljeni i doslovce prepisani. Podaci su analizirani korištenjem tematskih pristupa.

Rezultati: U istraživanju je sudjelovalo 25 fizioterapeuta iz Bosne i Hercegovine, koji su prosječno 14 godina radili u klinikama za fizikalnu medicinu i rehabilitaciju. Osjetljivost prema pacijentovim interesima i potrebama učenja te sposobnost prilagodbe edukacije potrebama svakog pacijenta i kontekstu situacije obilježja su profesionalnog edukatora. Sredstva obrazovne potpore, promatranje, iskustvena obuka i vodstvo iskusnih edukatora navedeni su kao primjeri koji poboljšavaju razvoj kompetencija.

Zaključak: Stručni edukatori pacijenata su oni koji pokazuju osjetljivost za pacijentove potrebe učenja i sposobnost individualiziranja edukacije pacijenata. Podržavajuće okruženje za učenje, intrinzična motivacija i svijest o vrijednosti edukacije pacijenata smatrani su glavnim čimbenicima potrebnim da se postane stručni edukator. Iskusni edukatori iskazali su potrebu za kontinuiranom edukacijom i kolegijalnom podrškom.

Ključne riječi: iskustvo, edukator, fizioterapeut, percepcija

Osoba za razmjenu informacija: Vedrana Grbavac; vedrana.grbavac@fzs.sum.ba