Introduction: The Role of the Nurse in Promoting Health

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Introduction

This book is intended to clarify for new nurses the importance of developing public health and health promotion skills. Developing such skills demands a wide range of knowledge, drawing from the scientific knowledge of epidemiology to an understanding of health policy to communication skills. Such knowledge must then be applied to the needs of the individual, family, group, community or population and because the National Health Service (NHS) is not the only sector that affects and is concerned with health, the nurse must work in partnership with other professions and groups in public, private and voluntary sectors who have an impact on people's health and wellbeing. This book is written for new nurses whose placements may include working with children, adults, people with mental health issues and the community and who may in the future, work in many different contexts including health centres, primary care, walk-in centres, and specialist clinics such as Genitourinary Medicine and Sure Start areas as well as the acute hospital setting. Whilst specialist community public health nurses are recognised as making a specific contribution to the promotion of health and are registered on Part 3 of the Nursing and Midwifery Council (NMC) register, many other nurses have an interest in and responsibility for enabling people to achieve optimum health.

What is health promotion and public health?

Health promotion and public health have assumed increasing importance in nursing. In part this is a consequence of changing

understandings of medicine and health care. The World Health Report (2002) reports that ten risk factors account for about 40% of the 56 million deaths in the world each year and most of these can be addressed by public health measures such as tackling tobacco control or the nutrition of pregnant women. There is widespread recognition for the need to regulate the costs of, and control the demands for, health services. Preventing disease, for example, through infection-control measures, the modification of unhealthy lifestyles and the appropriate use of health services has been seen as offering a cheaper solution to demands for health care and threats to individual health.

The terms health promotion and public health are often used interchangeably. In this book we see these as complementary and overlapping areas of practice in which health promotion refers to efforts to prevent ill-health and promote positive health, a central aim being to enable people to take control over their own health. This may range from a relatively narrow focus on changing people's behaviour to community action or public policy change reflective of tackling the wider determinants of health. Public health has traditionally been associated with public health medicine and its efforts to prevent disease. It has been defined as 'the science and art of preventing disease, prolonging life and promoting health through the organised efforts of society' (Acheson, 1988). It takes a collective view of the health needs and health care of a population rather than an individual perspective. Its strategies thus include the assessment of the health of populations, formulating policies to prevent or manage health problems and significant disease conditions such as immunisation programmes and the promotion of healthy living environments and sustainable development.

Although health promotion and/or public health are central aspects of the nurse's job description, part of their training in the Common Foundation Programme and a core dimension in the NHS knowledge and skills framework for the competent nurse, these aspects of a nurse's role are not well understood. Health promotion is a difficult concept because there are many different perspectives on health which underpin current approaches. Many studies on perceptions of health find that it is a multidimensional concept which may co-exist with the presence of disease and in which people incorporate ideas about a positive sense of wellbeing and reserves of strength. For the nurse, promoting health means much more than the traditional role of addressing symptoms, experiences of pain, distress or discomfort. It means enabling people to increase control over their health, yet nursing is, according to Latter (2001), '. . . founded on a medical approach to care, characterised by an orientation towards cure, on treatment in the medical environment, a tendency to dismiss the patient's perspective and an expectation of the patient's role as one which involves passivity, trust and a willingness to wait for medical help'.

To promote health we need to understand how people learn, how messages are best communicated, how people make decisions about their health and how communities change. This means that we are drawing from many different disciplines – sociology, psychology, education and marketing to name but a few. However there is no discrete body of knowledge about public health or health promotion to be learned and for the nurse, this can be a source of frustration.

This book defines and illustrates what health promotion and public health mean in practice including their multidisciplinary nature and complex and wide ranging activities. It shows how nurses must look beyond traditional viewpoints: the biomedical mechanistic view of health in which patients present with a problem needing treatment and the expert-led approach to nursing in which patients are encouraged to adhere to advice. Instead, it suggests that a health promotion approach includes:

- a holistic view of health
- a focus on participatory approaches that involve patients in decision-making
- a focus on the determinants of health, the social, behavioural, economic and environmental conditions that are the root causes of health and illness which influence why patients now present for treatment or care
- multiple, complementary strategies to promote health at the individual and community level.

The three perspectives on health that influence health promotion practice are:

- the *biomedical* views health as the absence of diseases or disorders
- the *behavioural* views health as the product of making healthy lifestyle choices
- the *socio-environmental* views health as the product of social, economic and environmental determinants that provide incentives and barriers to the health of individuals and communities.

These perspectives represent three different ways of looking at health and influence the ways in which health issues are defined. They also influence the choice of strategies and actions for addressing health issues. If health is viewed simply as the absence of disease, then health promotion is seen as preventing disease principally through treatment and drug regimes. If health is viewed as the consequence of healthy lifestyles then health promotion is seen as education, communication of health messages, giving information and facilitating self help and mutual aid programmes. If, on the other hand, health is seen as a consequence of the socio-economic and environmental circumstances in which people live, then health promotion becomes a matter of tackling these issues to make healthy choices easier. The first two perspectives

are much in evidence in nursing practice. A socio-economic and environmental perspective is more challenging for a setting which still emphasises one-to-one care.

Most hospital nurses have close and continuous contact with patients and at a time when they have a heightened awareness of their health (Latter, 2001). In the past, many nurses would employ a prescriptive approach to their practice, reassuring patients but intent on giving information usually about minor events such as the type of medication or a procedure. In order to be fulfilling their role, many felt they needed to be doing something **to** patients (Gott and O'Brien, 1990). Health promotion then was often characterised as 'nannying' due to the nurse assuming an expert role and telling patients what to do, ignoring the knowledge and experience that patients may already have about their own condition or lifestyle. Yet many nurses are taught that a basic principle underpinning practice should be to 'empower' patients. So what does it mean to foster empowerment? Empowerment in health promotion can be defined as a process through which people gain greater control over decisions and actions affecting their health (Nutbeam, 1998). To do this, the nurse needs to be able to clarify the individual's beliefs and values about health, health risks and health behaviours and help the patient to become aware of the factors that negatively and positively contribute to their health. Macleod Clark (1993) talked of this shift to 'well nursing' in which activities and interactions are characterised by participation – starting from the patient's health situation, to setting realistic goals and increasing their motivation and confidence, to taking action to improve their health. We see this as a health promoting way of working. But health promotion is far more than just developed interpersonal or counselling skills of active listening and open questioning.

Most of the guidance on modern nursing states that taking a public health/health promotion approach means:

- tackling the causes of ill health, not just responding to the consequences
- assessing the health needs of patients and developing programmes to address these needs rather than only responding to the needs of an individual
- planning work on the basis of local need, evidence and national health priorities rather than custom and practice.

Chapter overviews

This broad brief can make many nurses feel that health promotion is an activity concerning people in good health and therefore a concern for community nurses alone. Chapter 2 sets the scene by unpacking

the concepts of health promotion and public health and exploring how these strategies have come to be at the centre of health care practice.

Chapter 3 summarises some of the evidence showing how social factors affect health. Inequalities in health status exist across geographical areas, social class, ethnicity and gender. People may also not have equal access to health services and often those most in need have least access or the worst services. The delivery of care may be discriminatory making it harder for individuals because of their language, race, age or disability. Material disadvantage has been shown to be a major factor not only directly in restricting opportunities for a healthy life but also indirectly in educational attainment and employment options. There is also emerging evidence of psychosocial risk factors for poor health especially weak social networks and stress in early life.

Current health policy is committed to tackling inequalities in health and a raft of government legislation is designed to: address areas of deprivation, increase the opportunities for disadvantaged and marginalised groups and take children out of poverty. However, much health policy is characterised by a focus on individual responsibility – the recent Government White Paper on public health is, for example, entitled *Choosing Health: making healthy choices easier* (DoH, 2004). Public health thus reflects ideological debates about the rights and responsibilities of individuals and the state for the nation's health. Throughout this book we challenge the individualistic model which focuses on the presenting patient's problems alone and encourage the nurse to be aware of significant economic or social circumstances that might make it difficult for individuals, families and communities to adopt or experience healthier lifestyles despite being informed and offered advice. We urge the nurse to avoid victim blaming in which individuals are encouraged to feel responsible and guilty for their own health status. This sort of approach runs the risk of increasing inequalities by which only the most educated, articulate and confident individuals will be able to accept and adopt health messages.

Chapter 4 discusses the various models of health promotion which have attempted to describe approaches to a health issue. Many practitioners do not use theory when planning health promotion and work far more from intuition or existing practice wisdom which is often rooted in a traditional health education approach. Health promotion models are not, by and large, planning models but attempts to 'scope' the broad field of health promotion. Beattie's typology (1991) for example, illustrates how health promotion activities may take place at an individual or collective level. They may be expert-led (authoritative) or undertaken in partnership with clients (negotiated). Nevertheless an awareness of health promotion models and models of behaviour change encourages much more rigour in planning, making the practitioner be explicit about what they are trying to do and articulating those determinants that are thought to influence behavioural or clinical outcomes

and which they think can be changed. An effective project or intervention, even if it is simply a one to one education session, will benefit from explicitly stated goals, methods and means of evaluation showing how any change following the intervention can be demonstrated.

Policy is an integral part of nursing yet there is an assumption about policies developed at the organisational level to provide more effective and efficient services and at a national and local level to improve health. Health promotion is an inherently political activity, reflecting current ideologies about the organisation of society and the extent to which people are connected to each other, society's health and social care provision, the extent of personal responsibility, legitimate means to encourage choice and the role of government legislation (Naidoo and Wills, 2000). An understanding of the national and local policy agenda will help the nurse identify how they can make an explicit contribution to meeting targets and priorities for health improvement (e.g. childhood obesity, sexual health, accidents and substance misuse). Policy analysis helps the practitioner 'to understand the multiple and sometimes conflicting facets of the policy process that contribute to multiple outcomes – some intended and some unintended' and their own role in implementation (Walt, 1994). Chapter 5 discusses current public health priorities and some of the many targets set by the government aimed at improving the health of the population. These are contained in a number of policy documents:

- The NHS Plan: a plan for investment, a plan for reform (DoH, 2000)
- National Service Frameworks offer detailed guidance about standards of services for older people, children, mental health, diabetes, coronary heart disease (CHD), cancer and long-term conditions
- The White Paper *Choosing Health* sets out a wide range of proposed actions to address major public health problems.

These priorities need to be considered in conjunction with a number of national targets that have been set over the past few years. In 1998, Saving Lives: Our Healthier Nation (DoH, 1998) listed targets aimed at reducing deaths from the four main killers: cancer, CHD and stroke, accidents and mental illness. This was followed in 2001 by two national inequalities targets, one relating to infant mortality and the other to life expectancy:

- starting with children under one year, by 2010 to reduce by at least 10% the gap in mortality between manual groups and the population as a whole
- starting with Health Authorities, by 2010 to reduce by at least 10% the gap between the fifth of areas with the lowest life expectancy at birth and the population as a whole.

The chapter discusses why certain health issues become national priorities, why the nurse should be involved and some examples of actions they can take as advocates for local public health initiatives.

Whilst nurses may see practice as focusing on individuals and families, many recognise the need for a wider understanding of the health of local populations or communities and a service directed towards those with greatest needs. Using existing information to identify the main issues, the contributory factors and who is affected will help identify the most appropriate interventions. Last (2001) describes epidemiology as 'completing the clinical picture', with its methods therefore being an important tool of nursing practice in helping to plan and determine health policy. Despite this, according to Whitehead (2000) it seems to be poorly understood and greatly underused by the nursing profession. Chapter 6 outlines some of the key concepts associated with using existing data sources to describe a population's health. As a lone practitioner or with others, the nurse may need to gather and generate data from a variety of sources to assess health needs and then to agree priorities for action and local health plans. This information will also help influence resource allocation to areas of greatest health and social need. For example, the School Nurse Practice Development Resource Pack (2006) describes a core competency for school nurses to 'Work with children, young people, parents/carers and colleagues from other sectors to assess the needs of a school population and develop a school health plan'.

The next three chapters in the book, Chapters 7–9, discuss the key strategies involved in promoting health: infection control and health protection; promoting healthy lifestyles through behavioural change; working in and with communities and how nurses can seek to engage and involve local populations.

Disease surveillance, particularly of communicable disease, is a core public health function and Chapter 7 outlines the principles of screening and vaccination programmes. A major hazard associated with hospital admission is the risk of acquiring an infection. Whilst the challenge of monitoring, controlling and treating methicillin-resistant *Staphylococcus aureus* (MRSA) may lie with a specialist infection control nurse, all health professionals in secondary care are responsible for the basic aspect of their role – hygiene. Hand washing is the single most important action a nurse can take which can reduce the spread of disease. Chapter 7 also discusses the key role for the nurse in communicating about risk. Sometimes a nurse wishes to convey to a patient the risk associated with their behaviour or they may wish to discuss the risks associated with a particular intervention. Increasingly, understanding the role of gene mutations has led to the development of targeted risk management and preventative strategies. For example, familial breast cancer clinics have been set up to address the needs of

women concerned about their perceived risk of developing breast cancer because they have a relative with the disease.

Chapter 8 focuses on the promotion of healthy lifestyles. 50% of cardiovascular diseases among those above the age of 30 years can be attributed to suboptimal blood pressure, 31% to high cholesterol and 14% to tobacco, yet the estimated joint effects of these three risks amount to about 65% of cardiovascular diseases in this group (World Health Report, 2002). Nutrition, smoking and physical activity behaviours are then key to reducing CHD. There are numerous opportunities for the nurse to encourage behaviour change and underpinning such an approach are the objectives of increasing awareness of health information, developing self efficacy through better decision making, assertiveness and interpersonal skills. The lifestyle perspective is however, an individualistic one in which people are encouraged to change health behaviours irrespective of their power to do so. The social, environmental and economic conditions that make the adoption of health choices easier should not be ignored and encouraging individuals to think about their lives and the factors determining their health is part of what the Tones and Tilford (2001) model of health promotion calls critical consciousness raising.

The methods, values and philosophy of community development offer a way of addressing population health by putting 'community' at the centre. Chapter 9 shows how it demands a strategic approach that addresses the social conditions that create poor health and develops the services and programmes needed by communities. Community development methods support and help the public to identify what they need. It offers a challenge for nurses because it means working **with** the public and client groups not for them. When these principles are applied to the hospital setting, they encourage nurses to be more participatory, involving patients in decision making and care planning. Developing the capacity and confidence of individuals, groups, families and communities to influence and use services and take control over the factors influencing their health, be these informational, behavioural or environmental factors, is at the heart of health promotion work.

The task-oriented culture of hospitals and little time for extended patient contact means health promotion is often a peripheral activity, even though episodes of acute illness or injury can be seen as windows of opportunity for advice and education on disease self-management, rehabilitation and to empower patients to make better use of health services. The final chapter, Chapter 10, discusses how the hospital can be a more health promoting setting. As the hospital is part of the community, so creating supportive environments for health means integrating the hospital with wider health concerns such as sustainable development and environmental management. Within the hospital itself, promoting health would mean closer relationships of different

disciplines such as occupational health, infection control, catering managers and new structures for patient and public involvement. The chapter describes the World Health Organization Health Promoting Hospital movement and its call for hospitals to be at the heart of their communities and part of a seamless service that addresses health services across the whole health and social care continuum. The modern nurse, whatever their context, recognises that they work in partnership with others in a multi-agency, multi-professional team to improve health and wellbeing.

Conclusion

There are few examples of effective health promotion in nursing practice (Schickler *et al*, 2002) and so it is often taken as simply meaning to offer advice on leading a healthy lifestyle and is thus interpreted as an add-on activity to a busy and care-oriented job. Despite this, UK national governing bodies such as the Royal College of Nursing and the Nursing and Midwifery Council have encouraged nurses to take a more health-promoting role. As Whitehead (2005) states for the most part, nursing 'has failed to seize upon their opportunity and at best, only paid lip service to the presented opportunities. Nurses have remained firmly entrenched within the ritualised and traditional functions of limited and limiting health education practices'. Why is this? Throughout this book we have presented the opportunities that exist for the nurse to promote health and the knowledge, skills and attitudes necessary to do so. No apology is made for rooting these in a biomedical framework since this is how most nurses work. However, the intention of this book is also to encourage a different mind-set with a much broader agenda which acknowledges the socio-political determinants of health and the necessity of the nurse contributing to the creation of supportive environments within a healthy public policy framework. In summary, there are several themes that run through this book:

- *Health* rather than health care, in particular the social and environmental influences on health and how these need to be addressed to improve health.
- *Social justice* which involves tackling inequalities in health, in particular poverty and social inclusion of individuals, families and communities.
- *Participation* in service development and delivery so patients and users are empowered to take responsibility for their own health.
- *Collaboration and partnership* between professionals, private, public and voluntary sectors and across agencies.
- *Information, research and evidence* to provide a sound base for practice.

References

Acheson D. (1988) *Public Health in England: report of the committee of inquiry into the future development of the public health function.* London, HMSO.

Beattie A. (1991) Knowledge and control in health promotion: a test case for social policy and social theory. In Gabe J. Calnan M. and Bury M. (Eds.) *The Sociology of the Health Service.* London, Routledge.

Department of Health (1998) *Saving Lives: Our Healthier Nation.* The Stationery Office, London.

Department of Health (2000) *The NHS Plan: a plan for investment, a plan for reform.* DoH, London.

Department of Health (2004) *Choosing Health: making healthier choices easier.* DoH, London.

Department of Health (2006) *School Nurse: Practice Development Resource Pack.* DoH, London.

Gott M. and O'Brien M. (1990) The role of the nurse in health promotion, *Health Promotion International*, **5**, 2, 137–43.

Last J. (2001) *A dictionary of epidemiology* 4th ed. Oxford, Oxford University Press.

Latter S. (2001) The potential for health promotion in hospital nursing practice. In Scriven A. and Orme J. (Eds.) *Health Promotion: Professional Perspectives* (p 75). Basingstoke, Palgrave Macmillan.

MacLeod Clark S. (1993) From sick nursing to well nursing: evolution or revolution? In Wilson Barnett J. and Macleod Clark J. (Eds.) *Research in Health Promotion and Nursing.* Basingstoke, Palgrave Macmillan.

Naidoo J. and Wills J. (2000) *Health Promotion: Foundations for Practice* 2nd ed. London, Ballière Tindall.

Nutbeam D. (1998) Health Promotion Glossary, *Health Promotion International*, **13**, 349–64.

Schickler P. James T. and Smith P. (2002) How do I know it's health promotion? A study of health promotion activities and awareness in student placements, *Learning in Health and Social Care*, **1**, 4, 218–28.

Tones K. and Tilford S. (2001) *Health promotion: effectiveness, efficiency and equity* 3rd ed. Cheltenham, Nelson Thornes.

Walt G. (1994) *Health Policy: An Introduction to Process and Power* (p 40). London, Zed Books Ltd.

Whitehead D. (2000) Is there a place for epidemiology in Nursing?, *Nursing Standard*, **14**, 42, 35–9.

Whitehead D. (2005) The culture, context and progress of health promotion in nursing. In Scriven A. (Ed.) *Health Promoting Practice: the contribution of nurses and allied health professionals* (p 19). Basingstoke, Palgrave Macmillan.

World Health Organization (2002) *World Health Report 2002–reducing risks, promoting healthy life.* WHO, Geneva.