

Research Space

Journal article

Health promotion and the emergency nurse

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This is the accepted version of: Phillips, A, Laslett S (2021) Health promotion in emergency care: rationale, strategies and activities. *Emergency Nurse*. doi: 10.7748/en.2021.e2103 Published online: 16 September 2021

April 2021

Health Promotion and Emergency Nursing: moving into the future

Abstract

This article explains the origins of health promotion and emphasises its importance for emergency nursing in light of the challenges posed by the COVID-19 global pandemic. It is argued that despite misunderstandings about the definition and scope of health promotion both within the field of nursing and externally, this broad discipline has the potential to act as the foundation of attempts to improve and maintain the health of emergency nurses, their patients and the wider community. Furthermore, the goals and values of health promotion can guide nurse activism in its recent and ongoing endeavours to campaign for change to improve the health and wellbeing of nurses and tackle unjust structural influences on population health.

Keywords

Health promotion, emergency nursing, communication, nurse activism, coronavirus, COVID-19.

Aims and intended learning outcomes

This article aims to define health promotion, explain its relevance to the role of the emergency nurse and discuss ways in which this concept can be embedded into everyday practices to enhance the health and wellbeing of patients, emergency nurses and their colleagues. It is emphasised that despite some common misconceptions about the relevance of health promotion to emergency department settings, this important element of public health practice offers practical and ideological guidance that has the potential to assist emergency nurses in managing some of the challenges posed by the COVID-19 global pandemic.

After reading this article and completing the time out activities, you should be able to:

1. Define health promotion.
2. Understand how health promotion relates to your role as an emergency nurse.

3. Identify examples of health promoting activities that you could undertake in your role to achieve health benefits for yourself, your colleagues, patients and the wider community.
4. Understand the nurse's role in health activism.

TIME OUT 1

What health promotion do you already do in the emergency care department? What barriers are there to undertaking health promotion in this environment?

What is health promotion?

The concept of health promotion rose to prominence in 1974 when Marc Lalonde, the Canadian Minister of National Health and Welfare, published the landmark document 'A new perspective on the health of Canadians' (Lalonde, 1974). This report argued that the traditional perspective on the health field, which emphasises that the standard of population health can be directly equated with the quality of medical treatment services, was inadequate to address modern public health challenges such as the rise of chronic illnesses, mental health problems and road traffic accidents. Lalonde recommended a departure from this narrow, biomedical stance and proposed a shift towards a broader perspective on maintaining and improving population health that accounted for the underlying causes of illness and mortality: the environment and lifestyles. Furthermore, it was recognised that more work needed to be done to identify and promote positive health factors, such as wellbeing, to enable citizens to live happier, longer lives free from disease. To organise this vision into a practical reality, the report proposed 'the health field concept', which maps out four broad, mutually reinforcing elements: human biology, environment, lifestyle and health care organisations (see Figure 1 for an explanation of each element).

Figure 1: The Health Field Model explained (adapted from Lalonde, 1974)

<p style="text-align: center;">HUMAN BIOLOGY</p> <p>All aspects of health within the human body that are related to its biological functioning:</p> <ul style="list-style-type: none"> ▪ Internal body systems ▪ The ageing process ▪ Genetic make-up 	<p style="text-align: center;">ENVIRONMENT</p> <p>All influences on health that are external to the human body, over which individuals are likely to have limited control:</p> <ul style="list-style-type: none"> ▪ Air and water quality ▪ Noise pollution ▪ Waste and sewage disposal ▪ Communicable disease prevention ▪ Access to food and medicines ▪ Working conditions
<p style="text-align: center;">LIFESTYLE</p> <p>Individuals' personal decisions and habits that impact on their health:</p> <ul style="list-style-type: none"> ▪ Use of tobacco, alcohol and drugs ▪ Diet and nutrition ▪ Exercise and physical activity ▪ Sexual behaviour (e.g. condom use to prevent STIs) ● Driving behaviours and seat-belt wearing 	<p style="text-align: center;">HEALTH CARE ORGANISATION</p> <p>Also referred to as the health care system, this refers to the resources for health care provision:</p> <ul style="list-style-type: none"> ▪ Medical practice ▪ <u>Nursing</u> ▪ Hospital provision ▪ Nursing homes ▪ Medical drugs ▪ Public and community health care services ▪ Ambulances, dentistry and allied health professionals

TIME OUT 2

Select a condition or disease that you work with in your practice (e.g. this could be alcohol misuse, coronary heart disease, accidental injury and so on). Then, considering the health field dimensions in the table below (from Lalonde, 1974), generate a list of factors that are likely to have influenced this condition or disease:

HEALTH FIELD DIMENSION	INFLUENCING FACTORS
Human biology	
Lifestyle behaviours	
Health services	
Environment	

Lalonde's seminal report was an inspiring influence on global health leaders, paving the way for the World Health Organization's (WHO) first International Conference on Health Promotion in Ottawa, Canada, in 1986 (WHO, 1986). Here, an international agreement called 'The Ottawa Charter for Health Promotion' was drawn up and health promotion was formally defined as 'the process of enabling people to take control over, and improve their health' (p. 1). The Ottawa Charter outlined five health promotion actions that can be achieved through three strategies (see figure 2). Health professionals were identified as having an important role to play in 'reorienting health services', which involves them undertaking professional education and training to foster a practice that focuses on the pursuit of health, rather than solely curing illness (WHO, 1986). This conceptual shift marked a global turning point whereby health was no longer deemed to be the sole responsibility of the medical profession, but required collaboration between governments, communities and the public (Pinder and Rootman, 1998).

Figure 2: Health promotion actions and strategies (from Phillips, 2019)

Box 1.

Health promotion actions and strategies

The five health promotion actions in the Ottawa Charter for Health Promotion are:

- Build healthy public policy – putting health on the agenda of all policies in all sectors and at multi-levels
- Create supportive environments – creating living and working conditions that are safe, stimulating, satisfying and enjoyable
- Strengthen community action – working to ensure that communities set priorities, make decisions, plan strategies and are able to implement them to achieve better health
- Develop personal skills – providing people with information and education, enhancing life skills and enabling them to cope
- Reorient health services – developing healthcare services that focus on the total needs of the whole person and are sensitive to their cultural needs

These health promotion actions are achieved using three health promotion strategies:

- Enabling – taking action in partnership with individuals or groups to empower them, through the mobilisation of human and material resources, to promote and protect their health
- Mediation – a process through which the different interests (personal, social, economic) of individuals and communities, and different sectors (public and private), are reconciled in ways that promote and protect health
- Advocacy – a combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or programme

(Adapted from [World Health Organization 1998](#))

A commonly misunderstood concept: 'Lifestyle drift'

Although the vision that was laid out by the Ottawa Charter has been widely accepted within many fields and professions, the role of health promotion within nursing practice and policy is still misunderstood both within the profession and externally (Whitehead, 2009). One important issue is that nurses frequently conceptualise the scope of health promotion to be concerned with addressing the lifestyle behaviours of their patients while neglecting to incorporate wider, structural issues (Casey, 2007). This occurrence is perhaps not wholly surprising, as at its inception, concerns were raised that health promotion may fall victim to an emphasis on individual healthy lifestyles, rather than structural factors that influence health (Health and Welfare Canada 1990). The UK Government's health promotion policy 'Making Every Contact Count' (MECC) (Public Health England, 2016) whereby every encounter a health professional has with a patient can be used to initiate behaviour change, adopts the principle that patients are responsible for their own choices that are underpinned by personal motivation levels. Although MECC has been demonstrated the

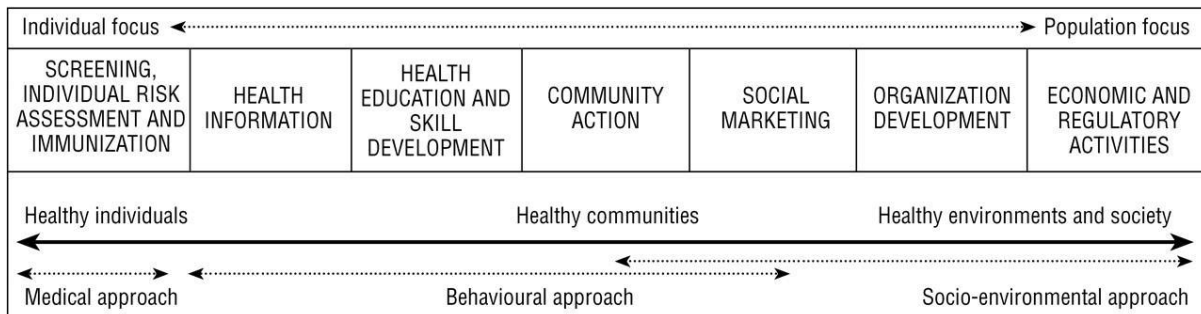
potential to be far-reaching and at a relatively low cost, (Lawrence, Black and Tinati, 2016), it does orient health professionals within a focus that side-lines the importance of the ecological approach proposed within the Ottawa Charter.

This issue is not limited to nursing; Hunter *et al.* (2009) propose the term 'lifestyle drift' to describe a widespread phenomenon whereby policies may initially set out to tackle the social determinants of health, but the focus tends to shift downstream and on to the health behaviours of individuals. The compelling evidence from the Marmot Review (2010) demonstrates that acting on individual lifestyles without a genuine commitment to tackling the factors that underpin inequality is ineffective in improving population health. Indeed, thirty-five years since the gold standard for global health promotion and the reduction of health inequalities was published, there has been a failure in its implementation in the United Kingdom (UK) due to an over-emphasis on the role of individual responsibility that runs through the core of government health policy (Thompson, Watson and Tilford, 2018).

To illustrate this point further, on the 29th March 2021, the Department of Health and Social Care (DHSC) (2021a) issued a press release to announce that an 'Office for Health Promotion' will be set up in Autumn 2021. This new department aims to 'lead national efforts to improve and level up the health of the nation by tackling obesity, improving mental health and promoting physical activity'. Independent health charity The King's Fund (Warren, 2021) welcome the strong emphasis on prevention, but have commented that the commitment to funding a cross-governmental vision that is required to tackle the deepening health inequalities laid bare throughout the pandemic, seems to be lacking at present. In the wake of the publication of the Ottawa Charter, Green and Raeburn (1988) predicted that this individualistic framing of health promotion would be likely to appeal to conservative governments who are keen to diminish their responsibility for the social influences on health.

Addressing lifestyle behaviours in patients is just one aspect of a much broader framework of health promotion strategies (see figure 4). A comprehensive literature review conducted by Bensberg and Kennedy (2002) demonstrated that the spectrum of activities ranges from

those with an individual focus, such as addressing healthy lifestyles with a patient, screening, conducting risk assessments and immunizations, to population-focused activities that include joint work with community practitioners, social marketing of healthy lifestyles through visible engagement with national campaigns (e.g. Dry January or World Cancer Day) (NHS Employers, 2021) building organizational infrastructure for health promotion and lobbying for change on national issues. *Figure 4: Strategies for health promotion (Bensberg, 2000; cited in Bensberg and Kennedy, 2002, p. 181)*



In light of the ongoing and widespread attempts to downplay the ecological nature of health promotion, here we seek to explain how emergency department (ED) nurses can engage in the spectrum of health promoting activities to shift their practice from one that *does* health promotion, to one that *is* health promoting.

Health Promotion in the Emergency Care Setting

Healthy settings are physical and social environments where people live, learn work and play, that aim to support health through access to resources for healthy living and opportunities for empowerment (WHO, 1991a). In response to the Ottawa Charter’s proposed action to ‘reorient health services’, it was viewed that hospitals would be a crucial setting for health promotion (Whitehead, 2004) and in 1988, the ‘Health Promoting Hospitals (HPH)’ agenda was launched (WHO, 1991b) . A HPH is one that orients its governance, structures, processes and culture to work comprehensively to maximise the health of patients, the staff who work there and the population (The International Network of Health Promoting Hospitals and Health Services, 2020).Historically, ED settings may be viewed as having a downstream and individualised focus due to their remit to respond rapidly to acutely ill and injured patients (Bensberg and Kennedy, 2002). ED Nurses have been demonstrated to perceive health promotion activities as either not being relevant to their role, or something that they can ‘let other people do’ (Shoquirat, 2014). However, it is

expected that EDs have the potential to act as suitable settings for the achievement of health promoting lifestyles. ED nurses can engage in upstream work that improves patients' health outcomes, and subsequently reduce the demands on NHS services (Public Health England, 2019).

TIME OUT 3:

Reflect on your answers to time outs 1 and 2. Are you now aware of any other health promotion you already do? How could you improve this?

Groene and Garcia-Barbero's (2005, p. 9) framework for health promotion in hospitals (figure 5) is a useful way to think about how the emergency department contributes to the health of its patients, staff, the wider organisation, and the local and global community.

Figure 5: A framework for health promotion in hospitals (Groene and Garcia-Barbero, 2005, p. 9)

<p><i>Patients</i></p> <ul style="list-style-type: none"> • Brief interventions for smoking cessation • Introduction of a patient charter • Patient satisfaction measurement 	<p><i>Staff</i></p> <ul style="list-style-type: none"> • Healthy nutrition • Introduction of interdisciplinary team-work • Education on lifting techniques to prevent back pain
<p><i>Organization</i></p> <ul style="list-style-type: none"> • Conflict and change management • Health promotion mission statement • Introduction of Total Quality Management 	<p><i>Community</i></p> <ul style="list-style-type: none"> • Reduction of waste and ecological risks • Use of hospital data to assess population health promotion need • Safe driving ways for ambulance cars

TIME OUT 4:

Using Groene and Garcia-Barbero's (2005) framework list the ways in which your department promotes the health of patients, staff, the organisation and the community. For each quadrant of the framework, consider ways in which your department does not promote health and how you could help to address these.

Health Promotion of Patients

Although ED nurses do not necessarily consider health promotion as an integral part of their practice (Shoqirat, 2013) they are already involved in many health promotion strategies in the patient quadrant of the framework. Using the medical approach to health promotion, they are involved in vaccinations: assessing vaccination status and providing advice, or administering vaccinations for diseases such as tetanus and hepatitis B. They may participate or refer patients for screening for issues such as substance misuse, mental health problems, domestic abuse or osteoporosis. Using a behavioural approach, they provide health information via a range of patient information leaflets and may deliver brief interventions to address behaviours such as alcohol consumption (Barata *et al.*, 2017) and physical activity (Duignan and Duignan, 2017). They engage in health education: explaining conditions to patients, providing instruction on medicines administration, giving advice on accident prevention, and discussing smoking cessation and other lifestyle factors. Furthermore, as a large number of people within the population use ED services, patients from lower socioeconomic backgrounds who visit these settings and are already experiencing health harms from lifestyle behaviours may benefit from 'teachable moments' with nurses that not only facilitate behaviour change, but also enable referrals to specialist treatment services (Robson *et al.*, 2020). These strategies are important but are only one part of the quadrant of health promoting activities that ED nurses can and should be undertaking.

TIME OUT 5:

The Code (NMC, 2018, 20.9) states you must "maintain the level of health you need to carry out your professional role." What does "health" mean to you and how can you look after your own wellbeing?

Health Promotion of Staff

The NMC (2018, 20.9) state nurses should “maintain the level of health you need to carry out your professional role”. While (2015) argues this is not just to ensure nurses are physically and mentally capable to provide patient care, but that nurses with unhealthy lifestyles are less effective at providing health promotion and are less credible. Physical health can be maintained through eating a balanced diet, keeping physically active, stopping smoking, reducing alcohol consumption and getting enough sleep. Personal resilience is the basis for good mental health. Resilience refers to the protective factors that help people overcome adversity, these factors are personal and environmental (Herrman *et al.*, 2011). Hope, flexibility, competence, optimism, a sense of purpose, use of positive language, humour, self-awareness and self-care have all been suggested as personal protective factors (Duncan, 2020).

There is a risk that this duty to maintain health is viewed as a moral judgement on the health behaviours of nursing staff, and the use of professional power to influence nurses to adopt certain lifestyle norms. However, instead of viewing this responsibility in isolation it should be viewed alongside 8.7 “be supportive of colleagues who are encountering health or performance problems” and 19.4 “take all reasonable personal precautions necessary to avoid any potential health risks to colleagues”. When discussing the metaphor of the upstream approach to health promotion, Antonovsky (1996) stated that no-one is on the shore. It is important to remember that nurses are also swimming in the river of life and subject to the same structural factors that influence the health of their patients. Living and working conditions will impact on the nurse’s physical and mental wellbeing, and Herrman *et al.* (2011) note these external factors will affect resilience. This is even more apparent during the current pandemic. The nurses’ responsibility to maintain their health is therefore collective and not purely individual. This falls into the staff quadrant of Groene and Garcia-Barbero’s (2005, p.9) framework, and uses community action to promote a healthy departmental community.

TIME OUT 6:

The Code (NMC, 2018, 8.7) states you must “be supportive of colleagues who are encountering health or performance problems.” How can you develop a supportive team that promotes each other’s wellbeing?

Andrews and Thorne (2015) view interpersonal resilience and organisation resilience as important as personal resilience in promoting the wellbeing of NHS staff. They explain the importance of social support and good team working. Team members need to trust each other, communicate well, and be adaptable (Salas and Reyes, 2018). Maben and Bridges (2020) suggest asking about each other’s wellbeing, checking colleagues have taken breaks and eaten or drunk, being approachable and compassionate, being positive towards each other and checking on each other outside of work. This aspect of health promotion requires no additional resources or time and can be integrated into everyday practice.

The Health Promoting Organisation

Maben and Bridges (2020) note the importance of focusing on the organisation’s role in promoting health rather than a reliance on the nurse’s personal responsibility, and this fits into the organization quadrant of Groene and Garcia-Barbero’s (2005, p9) framework. The NHS Constitution for England (DHSC, 2021b) states “The NHS pledges to... provide support and opportunities for staff to maintain their health, wellbeing and safety” and similar values are expressed by the NHS in the devolved nations. NHS Employers (2019) recommend dedicated staff rest rooms, access to healthy food, drinking water, food storage, and cooking facilities, in addition to initiatives to prevent moving and handling injuries, support people with long-term health conditions and promote exercise. Ideally a healthy environment is created through organisation development, however, community action may be required if staff needs are not fully addressed. Nurses may need to collaborate with colleagues to raise concerns with managers to improve the health promotion of the organisation.

Promoting Community Health

ED nurses have an important role to play in promoting the health of the community, the fourth quadrant of Groene and Garcia-Barbero’s (2005) framework. EDs can contribute to the improvement of local and global community health through sustainability initiatives. The disposal of hospital waste results in high greenhouse gas emissions (Rizan *et al.*, 2021).

These greenhouse gases contribute to global warming, which effects the health of people around the world through heat-related deaths, increased air pollution, increased natural disasters, and increased infection risk and spread of disease (World Health Organization, 2021). The impact can be reduced through correct disposal of waste to reduce how much is incinerated, reducing waste by reducing unnecessary cannulation and unnecessary use of non-sterile gloves, limiting the use of single-use plastic cups (Spruell *et al.*, 2021) and recycling where possible (Rizan *et al.*, 2021).

Health Promotion and Health Activism: Moving into the future

ED nurses may feel it is unrealistic to be able to operate at the structural levels of influence needed to participate in a socio-environmental approach to health promotion. However, health activism can play an important role in enabling nurses to participate in community action, and in influencing organisations and governments. Martin (2007) defines activism as “action on behalf of a cause, action that goes beyond what is conventional or routine.” This is a challenge to nurses, to think beyond the routine of their everyday nursing practice to consider actions they can take to tackle upstream problems. Laverack (2013) lists a number of direct and indirect actions that can be taken: advocacy groups, political lobbying, petitions, boycotts, peaceful protests, strikes, and media campaigns. The proliferation of social media use to raise the public profile of debates, promote the profession and even initiate petitions has further enabled nurses to engage in health activism.

Some nurses may view activism with suspicion and concern. There are negative stereotypes that activists are violent or eccentric (Bashir *et al.*, 2013), and nurses may be concerned about the effect on their professional reputation. The reaction to NHS nurse Danielle Tiplady is an example of the negative reaction a nurse activist may receive. Ms Tiplady has used her professional position to highlight numerous causes including aid for refugees (Tiplady, 2019a), a vote of no confidence in the RCN leadership (Mitchell, 2018), and support for universal healthcare coverage in the United States (Tiplady, 2019b). She is also a political campaigner for the Labour Party, which people in the right-wing press and in online forums argue diminishes the credibility of her opinion as a nurse (Guido Fawkes, 2017; Brown, 2018). The comments written below the online articles cited show a mixed reaction among nurses to this type of nurse activism. Some nurses may be mindful of *The Code* 21.5 “never

use your status as a registered professional to promote causes that are not related to health". However, by adopting an upstream approach it becomes apparent that a great many causes are related to health either directly or indirectly. What is important is that rather than be discouraged from activism, nurses should use their own moral judgement in conjunction with *The Code* to decide on the actions they feel are appropriate.

There are many examples of nurses promoting health through activism. Nurses are taking action to address environmental issues. They are actively speaking out, reporting issues to relevant environmental health agencies, participating in community education and empowerment, making changes to work and home waste disposal, engaging in political campaigns and supporting other nurses to become activists (Terry, Bowman and West, 2019). Neomi Bennett founded the advocacy group Equality 4 Black Nurses (Scott, 2020). It grew out of a group of Black nurses concerned about discrimination observed in allocation of work placement and PPE during the pandemic which led to a disproportionate number of deaths among Black healthcare staff, and it is now challenging institutional racism within fitness to practice referrals as well as supporting individuals. Ruth Bailey put forward a resolution at RCN Congress on ending period poverty to raise awareness among nurses and to get the RCN involved in campaigning (Williams, 2019). Individually and collectively, through small changes and large actions, nurses are working upstream to improve the health of themselves, colleagues, patients, and communities.

TIME OUT 7:

Consider the nurse's role in health activism. Reflect on the actions you feel are and are not appropriate for a nurse. How can you take an activist approach to improving health?

Laverack (2019) emphasises the importance of collective action, rather than individualised responses to bring about broader social change. Groups can become empowered by developing their critical awareness of the social determinants of health through education, sharing ideas and experiences, and joint decision-making. Empowerment is at the heart of health promotion and we should not lose sight of the idea that this applies as much to practitioners as it does the patients with whom they work: "before practitioners can

empower others, they must first be themselves empowered and understand the sources of their own power” (Laverack (2013, p. 37).

The COVID-19 Marmot Review titled ‘Build Back Fairer’ (Marmot, 2020) argues that to tackle health inequalities as we emerge from the pandemic, we must do things differently, considering: “what sort of society do we want to build?” (p. 6). It is reported that the pandemic has further exacerbated the already widening health inequalities in Britain. For example, there have been consistently higher rates of mortality in Black British people and those of South Asian descent, much of which can be attributed to unhealthy living conditions and socioeconomic deprivation. Additionally, it has highlighted the correlation between low pay and work sectors that require employees to work in front line occupations, particularly nurses and carers. Horton (2020) argues that the COVID-19 global pandemic is not a pandemic, but in fact a ‘syndemic’, whereby biological and social interactions between health conditions increase a person’s overall risk of harm and health outcomes. Therefore, to genuinely tackle health inequalities in the UK post-COVID-19, it is crucial that public health policy makers now make concerted efforts to develop strategies that challenge inequity within and across sectors, just as the Ottawa Charter pledged thirty-five years ago.

Conclusion

Although emergency department settings are traditionally considered places where downstream public health activities occur, there are opportunities for emergency nurses to work upstream by developing a practice that is health promoting. This article has provided examples of activities that emergency nurses can undertake to promote the health of patients, staff, their organisation and the wider community. These activities go beyond a focus on patients’ lifestyle behaviours and incorporate effective communication strategies and contributions to wider public health goals. In the context of the COVID-19 global pandemic, nurses can develop their critical awareness of the social determinants of health and participate in activism to challenge unjust social policies that undermine health and wellbeing.

References

Andrews, S. and Thorne, F. (2015) 'What do people need to be resilient in the current NHS?', *Clinical Psychology Forum*, 276, pp. 12-15.

Antonovsky, A. (1996) 'The salutogenic model as a theory to guide health promotion', *Health Promotion International*, 11(1), pp. 11-18.

Barata, I. A., Shandro, J. R., Montgomery, M. *et al.* (2017) 'Effectiveness of SBIRT for Alcohol Use Disorders in the Emergency Department: A systematic review', *Western Journal of Emergency Medicine*, 18 (6), pp. 1143-1152.

Bashir, N.Y., Lockwood, P., Chasteen, A.L., Nadolny, D. and Noyes, I. (2013) 'The ironic impact of activists: Negative stereotypes reduce social change influence', *European Journal of Social Psychology*, 43(7), pp. 614-626.

Bensberg, M. and Kennedy, M. (2002) 'A framework for health promoting emergency departments', *Health Promotion International*, 17 (2), pp. 179-188.

Brown, L. (2018) 'BBC criticised after allowing nurse to repeatedly attack the Government over the NHS without revealing she was a pro-Corbyn supporter', *Daily Mail*, 4 January.

Available at:

<https://www.dailymail.co.uk/health/article-5233665/Nurse-invited-BBC-radio-Corbyn-activist.html> (Accessed: 09 April 2021).

Casey, D. (2007) 'Nurses' perceptions, understandings and experiences of health promotion', *Journal of Clinical Nursing*, 16(6), pp. 1039-49.

Department of Health (1998) *Smoking Kills: A White Paper on Tobacco*. London: The Stationary Office. Available at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/260754/4177.pdf (Accessed: 04 February 2021).

Department of Health and Social Care (2021a) *New Office for Health Promotion to drive improvement of nation's health*. Available at:

<https://www.gov.uk/government/news/new-office-for-health-promotion-to-drive-improvement-of-nations-health> (Accessed: 30 March 2021).

Department of Health and Social Care (2021b) *The NHS Constitution for England*. Available at:

<https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england> (Accessed: 30 March 2021).

Duignan, M. and Duignan, O. (2017) 'Physical activity: is it time for emergency department nurses to step up?' *Emergency Nurse*, 24 (10), pp. 23-27.

Duncan, D. (2020) 'What the COVID-19 pandemic tells us about the need to develop resilience in the nursing workforce', *Nursing Management*, 27(3), pp. 22-27.

Green, L. W. and Raeburn, J. M. (1988) 'Health promotion. What is it? What will it become?' *Health Promotion*, 3(2), pp. 151-159.

Groene, O. and Garcia-Barbero, M. (2005) *Health Promoting Hospitals: Evidence and Quality Management*. Available at: https://www.euro.who.int/_data/assets/pdf_file/0008/99827/E86220.pdf (Accessed: 02 February 2021).

Guido Fawkes (2017) *BBC's 'Community Nurse' is Prolific Corbynista Campaigner*. Available at: <https://order-order.com/2017/04/27/bbcs-community-nurse-is-prolific-corbynista-campaigner/> (Accessed: 09 April 2021).

Herrman, H., Stewart, D.E., Diaz-Granados, N., Berger, E.L., Jackson, B. and Yuen, T. (2011) 'What is resilience?', *The Canadian Journal of Psychiatry*, 56(5), pp.258-265.

Home Office (2012) *The Government's Alcohol Strategy*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/224075/alcohol-strategy.pdf (Accessed: 01 March 2021).

Horton, R. (2020) 'Offline: COVID-19 is not a pandemic', *The Lancet*, 396 (10255), p. 874.

Hunter, D. J., Popay, J., Tannahill, C., Whitehead, M. and Elson, T. (2009) *Learning lessons from the past: Shaping a different future. Marmot Review Working Committee 3 cross-cutting sub-group report*. Available at: <http://www.instituteofhealthequity.org/resources-reports/the-marmot-review-working-committee-3-report/the-marmot-review-working-committee-3-report.pdf> (Accessed: 20 March 2021).

International Network of Health Promoting Hospitals and Health Services (2020) *Global HPH Strategy, 2021-2025*. Available at: https://www.hphnet.org/wp-content/uploads/2021/02/Global_HPH_Strategy-2021-2025.pdf (Accessed: 30 March 2021).

Lalonde, M. (1974) *A new perspective on the health of Canadians: A working document*. Available at: <https://www.phac-aspc.gc.ca/ph-sp/pdf/perspect-eng.pdf> (Accessed 14 March 2021).

Laverack, G. (2013) *Health Activism: Foundations and Strategies*. London: Sage Publications Ltd.

Laverack, G. (2019) *Public health: Power, empowerment and professional practice*. 4th edn. London: Macmillan.

Lawrence, W., Black, C. and Tinati, T. *et al.* (2016) 'Making every contact count': Evaluation of the impact of an intervention to train health and social care practitioners in skills to support health behaviour change', *Journal of Health Psychology*, 21 (2), pp. 138-151.

Maben, J. and Bridges, J. (2020) 'Supporting nurses' psychological and mental health', *Journal of Clinical Nursing*, 29, pp. 2742-2750.

Marmot, M. (2010) *Fair society, healthy lives: Strategic review of health inequalities in England post-2010*.

Marmot, M. (2020) *Build back fairer: the COVID-19 Marmot Review*. London: Institute of Health Equity.

Mitchell, G. (2018) 'Exclusive: The nurse behind the campaign to shake up the RCN', *Nursing Times*. Available at:

<https://www.nursingtimes.net/news/workforce/exclusive-the-nurse-behind-the-campaign-to-shake-up-the-rcn-09-11-2018/> (Accessed: 09 April 2021).

NHS Employers (2021) Calendar of national health and wellbeing campaigns table. Available at:

<https://www.nhsemployers.org/retention-and-staff-experience/health-and-wellbeing/understanding-your-data/calendar-of-national-campaigns/calendar-of-national-health-and-wellbeing-campaigns-table> (Accessed: 30 March 2021).

Nursing and Midwifery Council (2018) *The Code: Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates*. NMC, London.

Phillips, A. J. (2019) 'Effective approaches to health promotion in nursing practice', *Nursing Standard*, doi: 10.7748/ns.2019.e11312.

Pinder, L. and Rootman, I. (1998) 'A prelude to health for all', *World Health Forum*, 19, pp. 235-238. Available at:

[https://apps.who.int/iris/bitstream/handle/10665/55870/WHF_1998_19\(3\)_p235-238.pdf;jsessionid=11C384C5CF59CCDD963C6FB77F023139?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/55870/WHF_1998_19(3)_p235-238.pdf;jsessionid=11C384C5CF59CCDD963C6FB77F023139?sequence=1) (Accessed: 21 February 2021).

Public Health England (2016) *Making Every Contact Count (MECC): Consensus Statement*. Available at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/769486/Making_Every_Contact_Count_Consensus_Statement.pdf (Accessed: 20 March 2021).

Public Health England (2019) *All Our Health: about the framework*. Available at:

<https://www.gov.uk/government/publications/all-our-health-about-the-framework/all-our-health-about-the-framework> (Accessed: 30 March 2021).

Rizan, C., Bhutta, M.F., Reed, M. and Lillywhite, R. (2021) 'The carbon footprint of waste streams in a UK hospital', *Journal of Cleaner Production*, 286, doi: 10.1016/j.jclepro.2020.125446.

Robson, S., Stephenson, A., McCarthy, C. (2020) 'Identifying opportunities for health promotion and intervention in the ED', *Emergency Medicine Journal*, 0, pp. 1-6, doi:10.1136/emmermed-2019-209101.

Scott, K. (2020) *Equality for Black Nurses*. Available at: <https://www.rcn.org.uk/magazines/bulletin/2020/october/equality-for-black-nurses-covid-19> (Accessed: 08 April 2021).

Shoquirat, N. (2014) "Let other people do it...": the role of emergency department nurses in health promotion', *Journal of Clinical Nursing*, 23 (1-2), pp. 232-42.

Spruell, T., Webb, H., Steley, Z., Chan, J. and Robertson, A. (2021) 'Environmentally sustainable emergency medicine', *Emergency Medicine Journal*, doi: 10.1136/emmermed-2020-210421.

Terry, L., Bowman, K. and West, R. (2019) 'Becoming and being an environmentally 'woke' nurse: A phenomenological study', *Nursing Outlook*, 67(6), pp. 725-733.

Thompson, S. R., Watson, M. C. and Tilford, S. (2018) 'The Ottawa Charter 30 years on: still and important standard for health promotion', *International Journal of Health Promotion and Education*, 56 (2), pp. 73-84.

Tiplady, D. (2019a) 'We should welcome refugees, not close the door in fear and prejudice', *Nursing Times*. Available at: <https://www.nursingtimes.net/opinion/we-should-welcome-refugees-not-close-the-door-in-fear-and-prejudice-16-01-2019/> (Accessed: 09 April 2021).

Tiplady, D. (2019b) 'I'm an NHS nurse. This is how I'm convincing Americans to fight for free healthcare', *Independent*, 26 June. Available at: <https://www.independent.co.uk/voices/nhs-american-healthcare-medicare-all-nurse-a8973681.html> (Accessed: 09 April 2021).

Warren, S. (2021) *The Kings Fund comments on the announcement of the new Office for Health Promotion*. Available at: <https://www.kingsfund.org.uk/press/press-releases/kings-fund-comments-announcement-new-office-health-promotion> (Accessed: 29 March 2021).

While, A.E. (2015) 'Promoting health behaviours - do we need to practice what we preach?', *London Journal of Primary Care*, 7(6), pp. 112-114.

Whitehead, D. (2004) 'The European Health Promoting Hospitals Project (HPH): how far on?' *Health Promotion International*, 19 (2), pp. 259-267.

Whitehead, D. (2009) 'Reconciling the differences between health promotion in nursing and 'general' health promotion', *International Journal of Nursing Studies*, 46, pp. 865-874.

Williams, L. (2019) *Period Poverty*. Available at:
<https://www.rcn.org.uk/magazines/bulletin/2019/june/period-poverty> (Accessed: 08 April 2021).

World Health Organization (1986) *Ottawa Charter for Health Promotion 1986*. Available at:
https://www.euro.who.int/_data/assets/pdf_file/0004/129532/Ottawa_Charter.pdf
(Accessed: 02 February 2021).

World Health Organization (1991a) *The Sundsvall Statement on Supportive Environments for Health*. Available at:
https://apps.who.int/iris/bitstream/handle/10665/59965/WHO_HED_92.1.pdf?sequence=1
(Accessed: 30 March 2021).

World Health Organization (1991b) *The Budapest Declaration on Health Promoting Hospitals*. Available at:
<https://www.hphnet.org/wp-content/uploads/2020/03/Budapest-Declaration.pdf>
(Accessed: 30 March 2021).

World Health Organization (1998) *Health Promotion Glossary*. Available at:
<https://www.who.int/healthpromotion/about/HPR%20Glossary%201998.pdf> (Accessed: 14 March 2021).