

Research Space

Journal article

Effective approaches to health promotion in nursing practice

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Abstract

This article defines the concept of health promotion and explains why it is essential for nurses to embed health promotion aims and values within their practice. It goes on to discuss how health promotion contributes to the improvement and maintenance of population health and the contemporary public health agendas in the UK and worldwide. Using several practical activities, this article aims to encourage nurses to identify their own approach to promoting health in their professional role, consider how they can implement 'Making Every Contact Count' (MECC) with the patients they care for and enhance the overall effectiveness of their practice.

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Conflict of Interest Statement

The author reports that there is no potential conflict of interest.

Keywords

Advocacy, behaviour change, communication, enablement, empowerment, health inequalities, health promotion, Making Every Contact Count (MECC), mediation, public health, social determinants, upstream.

Aims and intended learning outcomes

This article aims to define health promotion and explain the actions and strategies that can be used to achieve health promotion goals. It encourages nurses to consider how health promotion approaches can be embedded in their role and enhance the overall effectiveness of their practice. After reading this article and completing the time out activities, you should be able to:

- Define health promotion.
- Understand how health promotion relates to your role as a nurse.
- Describe the various approaches to health promotion and identify which approaches you use in your practice.
- Identify the barriers that you experience to promoting the health and well-being of patients, and consider ways in which these can be overcome.

TIME OUT 1

A nursing student you are supervising on a placement tells you they are unsure what health promotion is and asks you to explain the concept. Summarise your explanation in 3 to 5 key points.

What is 'health promotion'?

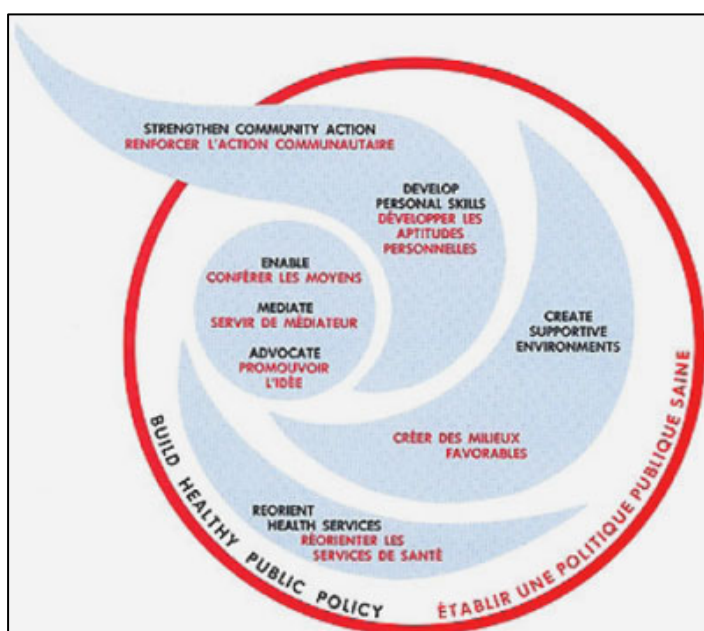
The concept of health promotion rose to global importance following a report published in 1974 by Marc Lalonde, the Canadian minister of national health and welfare at the time, which offered 'a new perspective on the health of Canadians' (Lalonde, 1974). The report challenged traditional perspectives on health that directly equate population health with the quality of healthcare services. The report asserted that healthcare is not the most important influence on health and proposed a wider 'health field concept', which encompasses four core elements that must be addressed to prevent illness and maintain population health: individuals' lifestyles, the environment, healthcare organisations and biology. Lalonde (1974) asserted that all people who are concerned with health-related decisions - including healthcare professionals, the scientific community, governments and the public - should work together with the aim of preventing ill health, rather than merely responding to illness. Since this was the first Government report to emphasise the responsibility for individuals' health and well-being beyond that of healthcare services, this

marked a globally significant transformation in the way that Governments and healthcare organisations conceptualised population health (Hancock, 1986).

Following the publication of this milestone report, the World Health Organization (WHO) (1986) drew up the Ottawa Charter for Health Promotion which formally defined health promotion as “the process of enabling people to take control over and improve their health”. This document included a logo that explains how this global vision can be achieved (Figure 1). The three wings within the main circle show four of the five health promotion action areas: create supportive environments; strengthen community action; develop personal skills; and reorient health services. The fifth action area, build healthy public policy is shown as the large red circle, symbolising that policy is required to hold these concepts all together. The round spot within the circle depicts the three strategies for health promotion, which are essential to the achievement of the action areas: enablement, mediation and advocacy.

Additionally, it is identified that ethical values are integral to health promotion and consist of: equity, equality, autonomy, empowerment, justice, and regard health as a holistic concept (Tilford, Green and Tones, 2003).

Figure 1: The health promotion logo (HP logo) (WHO, 1986)



Box 1. Health promotion actions and strategies

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

1. BUILD HEALTHY PUBLIC POLICY

Putting health on the agenda of all policies in all sectors and at multi-levels.

2. CREATE SUPPORTIVE ENVIRONMENTS

Creating living and working conditions that are safe, stimulating, satisfying and enjoyable.

3. STRENGTHEN COMMUNITY ACTION

Working to ensure that communities set priorities, make decisions, plan strategies and are able to implement them in order to achieve better health.

4. DEVELOP PERSONAL SKILLS

Providing people with information and education, enhancing life skills and enabling them to cope.

5. REORIENT HEALTH SERVICES

Develop health care services which 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 mobilization 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)

TIME OUT 2

Reflect on the patients you care for and the possible influences on their health. What do you think are the causes of their ill health; that is, what do you think is 'pushing them into the river'?

These health promotion actions and strategies focus on preventing the 'causes of the causes' of ill health; it is emphasised that it is not sufficient to only focus on treatment once individuals have become ill. A commonly used analogy to illustrate this approach is

McKinlay's (1979) 'rive of life' story, in which health development is likened to a fast-flowing river:

There I am standing by the shore of a swiftly flowing river and I hear the cry of a drowning man. So I jump into the river, put my arms around him, pull him to shore and apply artificial respiration. Just when he begins to breathe, there is another cry for help. So I jump into the river, reach him, pull him to shore, apply artificial respiration, and then just as he begins to breathe, another cry for help. So back in the river again, without end, goes the sequence. You know I am so busy jumping in, pulling them to shore, applying artificial respiration, that I have no time to see who the hell is upstream pushing them all in.

The notion of preventing people from becoming unwell – 'stopping them from falling into the river' - is therefore known as an 'upstream approach' to promoting health, while focusing on people who have become unwell – who have fallen into the river - is known as a 'downstream approach'. To prevent ill health by working upstream, it is important to identify what is pushing people into the river in the first place. The social and environmental conditions in which people become born, grow up, work and live their lives are termed the 'social determinants of health' and these can have a strong influence on people's health throughout the life course (WHO Europe, 2003). Because of societal inequalities, some individuals are more likely to 'fall into the river' than others, causing health inequalities (Marmot, 2010). Reducing the gap in health inequalities is a public health priority, in which the NHS has an important role by supporting people to live healthier lives (Public Health England (PHE), 2016a).

TIME OUT 3

Which approach(es) to health promotion do you use in your practice? Can you identify any areas for improvement in your health-promoting practice?

Nurses as health-promoting practitioners

It has been suggested that some social determinants of health such as suboptimal housing, poverty and social exclusion are beyond the direct influence of many nurses in their day-to-day practice (Macintyre, 2000). Nevertheless, since nurses treat people who have developed

illnesses resulting from suboptimal social environments and unhealthy lifestyles, they are well-positioned to contribute to an upstream approach within the national public health agenda (Royal College of Nursing (RCN), 2012). Central to the definition of health promotion proposed by the Ottawa Charter (WHO, 1986) is the idea that people need to be able to develop their own good health through the development of their assets or resources (Eriksson and Lindström, 2008). Empowering patients to be at the heart of their own decision making underpins NHS activities; therefore, nurses have a crucial role to play in enabling people to maximise their control over their own health (Department of Health (DH), 2010).

Consequently, developing effective communication strategies to build equal, trusting relationships with patients is one of the most straightforward ways that nurses can enhance their role as health promoters (Robinson and Hill, 1998). Nurses are trained to understand and uphold the principles outlined in The Code: Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates (Nursing and Midwifery Council (NMC), 2018) which states that nurses should treat people with kindness and compassion, respect diversity and uphold patients' right to confidentiality at all times. Evidence suggests that because of a lack of time, nurses are frequently required to 'ration' aspects of their care, including providing patient education (Ball *et al.*, 2014). Therefore, adopting an empowering communication style and developing effective relationships with patients may be the most realistic means of nurses contributing to health promotion goals (Naidoo and Wills, 2010).

One specific area of health promotion in which effective communication can be most useful is in identifying opportunities to empower patients to adopt healthy lifestyle behaviours. PHE (2016) identified that behavioural patterns constitute 40% of the risk factors for premature death in England, with the greatest contributors to the burden of disease being smoking and an unhealthy diet. Importantly, the risk of chronic illnesses posed by unhealthy lifestyle behaviours follows the social gradient, in that those from the poorest socioeconomic backgrounds are the most likely to experience morbidity and early mortality (Marmot, 2010). The nursing workforce has a vital role in addressing health inequalities by increasing patients' resources for achieving or maintaining their health through 'Making Every Contact Count (MECC) (NHS Future Forum, 2012). This initiative is an approach to behaviour change which proposes that all healthcare professionals should identify opportunities to improve their patients' physical and mental health and well-being in every

contact that they have with them, especially in instances where the individual smokes, consumes excessive alcohol, has a suboptimal diet or is physically inactive (PHE *et al.*, 2016). To enable patients to initiate behaviour change, the healthcare professional should ensure that the patient has the appropriate information about their lifestyle behaviours, support them to find motivation to change these behaviours and enable the change to be maintained in the long term. One evaluation of MECC suggested that this initiative has the potential to deliver significant public health gains at a low cost and across a variety of contexts within the wider public health workforce (Nelson *et al.*, 2013).

One common misconception is that health promotion is limited to addressing unhealthy lifestyle behaviours; this misconception might lead to 'victim blaming' and the subsequent stigmatisation of those who fail to adopt normatively defined health behaviours (Van Den Broucke, 2014). One study that investigated nurses' perceptions of health-promoting practice demonstrated that nurses tended to view health promotion through a narrow lens that focuses on changing individuals' lifestyle behaviours (Casey, 2007). This demonstrates that further work is required to educate nurses about the broader scope and ethos of health promotion.

Approaches to promoting health and wellbeing

In addition to behaviour change, there are various approaches to promoting health and wellbeing. Naidoo and Wills (2009) propose a typology of health-promoting actions that encompasses five approaches to promoting health and wellbeing: medical or preventive; behavioural; educational; empowerment; and social change (*Table 1*). One or a combination of these approaches may be relevant to nursing practice, depending on the practice area or particular role of the nurse. For example, a school nurse may adopt a preventive approach in their role assessing children through the National Child Measurement Programme which aims to halve the rates of childhood obesity by 2030 (PHE, 2018a).

Table 1: Health promotion approaches (Naidoo and Wills, 2009)

APPROACH	AIM OF APPROACH	EXAMPLES OF ACTIVITIES
MEDICAL/PREVENTIVE	Reduce illness and early death through medical interventions targeted towards whole populations or at-risk groups.	<ul style="list-style-type: none"> • Immunisation programmes • Routine screening for diseases such as cancers • Palliative care
BEHAVIOURAL	Motivate people to adopt healthy lifestyle behaviours.	<ul style="list-style-type: none"> • Mass media campaigns (e.g. 'Stoptober') • One-to-one advice sessions
EDUCATIONAL	Provide sufficient information and knowledge so that people can make informed choices about their health.	<ul style="list-style-type: none"> • Mass media campaigns • Providing leaflets, presentations or online information • Activities which enable patients to explore their options
EMPOWERMENT	Facilitates individuals and communities to highlight their own health priorities and providing them with the resources (i.e. skills and confidence) to enable change.	<ul style="list-style-type: none"> • Facilitating peer-support groups • Enabling groups of people to collaborate in research and service provision
SOCIAL CHANGE	Make changes within people's social and environmental conditions that are health promoting.	<ul style="list-style-type: none"> • Lobbying for healthy public policy • Organisational changes in health services and schools

Medical or Preventive Approach

The medical or preventive approach aims to reduce premature death by targeting the whole population or groups who are at higher risk of developing disease. This approach can operate at three levels (Naidoo and Wills, 2009):

1. Primary prevention – preventing the onset of disease
2. Secondary prevention – attempting to prevent disease progressing
3. Tertiary prevention level – seeking to mitigate harm in people who have already developed disease.

Nurses who work within this approach to health promotion may be involved in immunisation programmes, screening for diseases such as cancers, or administering medicine to patients in palliative care settings.

This approach to promoting health assumes the medical model of health, which adopts a mechanistic view of the body, regards disease as disordered functioning and focuses on treating the specific physical cause of the disease (Green *et al.*, 2015). This understanding

of health does not take into account the social and environmental context in which disease takes place and has therefore long been criticised for being overly-reductionist (Engel, 1977). Additionally, since patients are expected to comply with treatment and cooperate with the wishes of the health professional in this approach, it is consistent with a traditional medical hierarchy that regards the healthcare professional as the expert and the patient as a medical subject. This approach may cause tensions with models that regard the patient as an expert in their own health (Hubley and Copeman, 2013). Nevertheless, it has been shown that preventing disease or identifying it in early stages is more cost-effective than treating those who have become ill, and there have been significant population health gains resulting from this approach (British Medical Association, 2018).

Behavioural Approach

The behavioural approach, also known as the behaviour change approach, makes the fundamental assumption that healthy lifestyles are crucial to maintaining good health. Some behaviour change attempts have been targeted at the whole population, for example, 'Stoptober', the annual 28-day stop smoking campaign that was initiated by the Department of Health in 2012 (Brown *et al.*, 2014). Healthcare professionals who adopt the behavioural approach in their practice seek to provide individual patients with information concerning their unhealthy lifestyle behaviours and motivate them to change.

The concept of nurses promoting healthy lifestyle behaviours is not new. In 1998, the 'Smoking Kills' (Dh, 1998) government White paper recommended that nurses ascertain the smoking status of all patients with whom they come into contact, advise patients of the harms to health and provide them with an opportunity to access specialist NHS Smoking Cessation services. Two decades on, PHE's (2018b) 'All Our Health' framework has been published, which is a call to action for all healthcare professionals to maximise their effect on improving health outcomes and reducing health inequalities. It is proposed that through the adoption of MECC, all nurses can adopt a proactive approach to preventing ill health, irrespective of their role.

The Educational Approach

The educational approach to health promotion assumes that increasing people's knowledge about their health will lead to healthier behaviour. Nurses who adopt an educational approach provide people with knowledge and information about their health. This differs from the behaviour change approach in that it does not seek to attempt to motivate the

individual to change their behaviour in a specific direction decided by the professional, for example, to quit smoking, reduce alcohol intake or consume more fruit and vegetables. The focus of the educational approach is on learning and comprises three aspects (Bloom *et al.*, 1956):

1. Cognitive - addresses people's understanding concerning a health topic.
2. Affective - considers an individual's feelings and attitudes towards a health topic.
3. Behavioural - concerned with people's skills, for example, their ability to cook.

One important outcome of the educational approach is 'health literacy', which refers to "the personal, cognitive and social skills which determine the ability of individuals to gain access to, understand and use information to promote and maintain good health" (Nutbeam, 2000, p. 263). Armstrong and Harries (2013) suggested that nurses who use this approach can improve patients' health literacy by: establishing what information is available to the patient; understanding what information they can interpret; keeping specialist medical jargon to a minimum; and developing interactive materials such as checklists and online resources. PHE (2015) emphasised that improving health literacy is a particularly important means of addressing health inequalities because individuals from disadvantaged backgrounds, who are more likely to experience greater burdens of ill health than the general population, are increasingly likely to exhibit limited levels of health literacy. Nurses can support patients to develop their health literacy skills and enable them to make meaningful changes to improve their health.

TIME OUT 4

How empowering do you think your working practices are for the patients you care for? Reflect on the following areas:

- The personal interactions you have with patients
- The communication style you adopt and the language that you use
- The potential effects of any medical procedures on patients' sense of personal control
- The physical environment in which your interactions with patients take place

The Empowerment Approach

Within the context of health promotion, empowerment can be understood as “a process through which people gain greater control over decisions and actions affecting their health” (WHO, 1998, p. 6). An empowerment approach seeks to enable individuals and social groups to express their health-related needs and have greater involvement in decision-making regarding their health. It can be used when working directly with individual patients or whole communities. Since nurses have an understanding of the needs and socio-cultural challenges within the local communities in which they work, it has been suggested that there is scope within some nursing roles, for example school nursing, to support whole families and collaborate with other healthcare professionals to achieve joint, local health goals (RCN, 2016).

One example of the empowerment approach being used to successfully promote patient health has been demonstrated within a hospice setting that specialises in cancer care (Simons, 2016). By improving open dialogue with patients and their families, nursing staff were able to elicit expressed needs and subsequently develop patient-centred care plans that promoted patients’ autonomy. Despite the lack of financial resources, limited staff training and time pressures within the hospice, it was found that staff were able to make improvements to patients’ physical and mental health through effective communication and small gestures demonstrating empathic care. These improvements included improved oral hygiene and increased access to creative activities that were designed to improve psychological wellbeing, such as spending time in the garden.

The Social Change Approach

The social change approach focuses on making changes to the physical, social and economic environment to increase their health promoting capacity. This approach assumes that that if the healthier choice is made the easier choice, it will become increasingly realistic for individuals to make decisions to improve their health and wellbeing. Therefore, health promotion is therefore ‘a social and political process’ (Nutbeam, 1998, pp. 1-2), that regards health as a human right and considers the maintenance of population health to be a prerequisite for social progress.

This type of social change activity was demonstrated at RCN Congress in May 2018, where members voted in favour of the decriminalisation of cannabis for medicinal use, to improve treatment options for people with chronic illnesses such as epilepsy and multiple sclerosis

(RCN Bulletin, 2018). Although some nurses may have limited capacity for adopting this radical health promotion approach in their day-to-day practice, this example shows that through collective action within the nursing professional body, exerting political power may become increasingly achievable. The All-Party Parliamentary Group on Global Health (2016) proposed that the nursing profession can achieve a 'triple impact' at the structural level by: improving health; promoting gender equality; and supporting economic growth. In response to this proposal, the worldwide 'Nursing Now' campaign has been established, which has five aims (Nursing Now, 2018):

1. Greater investment in improving education, professional development, standards, regulation and employment conditions for nurses.
2. Improvements in the dissemination of effective and innovative nursing practice.
3. Greater influence for nurses and midwives on global and national health policy, and greater involvement in decision-making.
4. An increase in the number of nurses in leadership roles and more opportunities for development at all levels.
5. To find further evidence about where nursing can have the greatest effect, what is stopping nurses from reaching their full potential and how to address these obstacles.

The campaign began in February 2018 and runs until the end of 2020. Nurses can show their support for the Nursing Now campaign by signing an online pledge at: <http://www.nursingnow.org/join-the-campaign/>. The Nursing Now website contains practical guidance for nurses to become local health promotion nurse champions.

TIME OUT 5

List the main barriers to health promoting practice that you encounter in your role as a nurse. Which patient groups are affected by these barriers and what are the potential effects on their health? Consider how these barriers might have arisen and identify specific actions that you can take to address these using the following template:

BARRIER TO HEALTH - PROMOTING PRACTICE	PATIENT GROUPS AFFECTED	EFFECTS ON HEALTH OF THE PATIENT	ACTION PLAN TO ADDRESS AND MANAGE THIS BARRIER

Overcoming barriers to promoting health and wellbeing

Despite several opportunities to engage in the social and political process of promoting health and wellbeing, nurses may experience several barriers to embedding this into their role. For example, Bennett (2015) suggested that while MECC is an important aspect of promoting health, there are missed opportunities for implementation in instances where nurses do not feel that they have the necessary confidence and skills. However, it has been shown that nurses can improve their confidence and motivation to implement MECC through especially tailored workshops designed to assist them to manage challenging conversations about healthy lifestyles with patients (Percival, 2014). It is also recommended that training and support should aim to improve the awareness of MECC across the workforce, since one survey that investigated professionals' awareness of, and engagement with, MECC demonstrated that only 41% of nurses and health visitors were aware of the MECC consensus statement (Keyworth *et al.*, 2018).

It is important to address organisational issues within the workforce to provide increased support for nurses to incorporate broad health promotion goals into their daily tasks. One commonly-reported barrier to adopting health promoting orientation to practice is lack of practical resources, such as time and equipment (Kemppainen *et al.* 2012). Similarly, Lee *et al.* (2013) undertook an audit examining health-promoting practices across 30 hospitals in England; they found that heavy workloads, a focus on disease-orientated routine tasks and a lack of support for health-promoting practices from management are likely to lead to suboptimal delivery in this area. Furthermore, there are concerns that organisational restructures risk moving nurses away from the communities where their populations are based, which may negatively affect their potential to understand the health needs of patients (RCN, 2016). Nevertheless, since higher levels of patient trust in healthcare professionals are positively correlated with increased uptake of healthy behaviours and patient satisfaction, the nurse-patient relationship is central to health-promoting practice (Birkhäuser *et al.* 2017).

Conclusion

Irrespective of their role, all nurses have an essential role in enabling individual patients, their families and communities to have increased control over their health and well-being. Through the adoption of one or several health promotion approaches, nurses can contribute to addressing health inequalities by working upstream to reduce the risk of chronic illness posed by unhealthy lifestyle behaviours. Although nurses are likely to experience

organisational barriers to embedding health promotion into their practice, developing effective communication strategies to establish trusted partnerships with patients can maximise opportunities for health promotion, in accordance with MECC.

TIME OUT 6

Consider how promoting patients' health and well-being relates to The Code (NMC, 2018) or, for non-UK readers, the requirements of your regulatory body.

TIME OUT 7

Now that you have completed the article, reflect on your practice in this area and consider writing a reflective account:
rcni.com/reflective-account

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