Enabling Nursing Students to Focus on the Ottawa Charter and the Nurses Role in Tackling Inequalities in Health **through International Exchange**

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INTRODUCTION

There is currently a renewed recognition of the vital contribution nursing as a profession makes towards improving people's health (WHO, 1986; Ashton & Seymour, 1988; Butt, 2007; PHAC, 2007; WHO, 2007). The World Health Organization's (WHO) Munich Declaration (WHO, 2000) and subsequent related documents (WHO, 2001) underscore that nurses around the globe represent a significant work force for health. The nature of a nurses' work provides unmatched knowledge of people, in sickness and health, and the social determinants of their health.

This paper reports on a transatlantic student exchange program in which nursing students' use the Ottawa Charter as a tool for better understanding inequalities in health and access to health care in rural areas. While many authors refer to the Ottawa Charter, the only published research studies using the Ottawa Charter as a framework for health promotion in primary health care nursing are two Australian studies (Cusack et al., 1997; Smith & Cusack, 2001). These studies describe practice within a drug and alcohol service and an asthma project. The studies reported the Charter could be used as a framework, but there was scepticism that workloads could be expanded further to include this as part of the nurse's role. The authors concluded that traditional thinking, practices and resource restrictions inhibited the use of the charter (Smith & Cusack, 2001). These studies did not provide guidance on the application of the Charter to nursing roles and were limited in global relevance as both studies were located in South Australia.

The exchange program involving five countries provided nursing students opportunities to explore the registered nurse's role in tackling rural inequalities in health care. The Ottawa Charter provided a framework for the students to examine the nurse's responsibilities in public health practice placements in geographically rural areas on another continent. Findings from an analysis of their assignments are presented in this evaluative report.

The exchange progam was funded through the European Union (EU) and Canadian Program for Cooperation in Higher Education and Training. The project had three Canadian partners, Mount Royal College in Calgary, Alberta, Université de Moncton, and the University of Prince Edward Island and four EU members from Bournemouth University in England, University of Uppsala in Sweden, University of Applied Sciences Savonia in Finland and Tallinn Health College in Estonia.

The project occurred from October 2004 until September 2007, with each exchange visit lasting approximately twelve weeks.

Core competencies for public health nurses in these five countries include the ability to assess, plan, implement and evaluate at the individual, family, community, population and system levels. These competencies are expected upon entry to practice at least at the awareness level, however, adequate preparation to practice at a more knowledgeable and accomplished level may occur differently in each country. Nurses are introduced to these competencies in undergraduate nursing education programs in all five countries. In the United Kingdom and Sweden, nurses require additional post-registration qualifications. In Finland and Canada, nurses may engage in community health practice directly following their undergraduate education and may pursue further education at the masters level. Reforms in Estonia make it difficult to currentlypredict the

level of preparation required of public health nurses in the future.

While nurses in each of the five countries in this project practice public health nursing in different ways, generally the scope of their intended outcomes is alike (Critchley, et al, 2009). In the United Kingdom, primary care nursing describes health promotion and care delivered by nurses in primary care settings, places of study and work (Lowe, 2007). The Swedish public health nurse's role differs depending on the employer, but generallygenerally the role focuses on health promotion in child health care and illness prevention in adults specifically in inareas such as obesity, diabetes and hypertension (Lindberg & Wilhelmsson, 2005; Lindström, 2007). Finnish public health nursing's main focus is health promotion across the life span for individuals and families (Oinas, Nikkonen & Pietilä, 1999). A Canadian public health nurse promotes, protects, and preserves the health of individuals, families and communities (CHNAC, 2003). Estonia is refocusing its health care system to address population health needs and include in those reforms revised roles for nurses inpublic health (WHO, 2007).

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METHODS

The aim of the student exchange was to:

- enable students to experience public health focused practice in another country specifically focusing on rural inequalities in health and access to health care.
- enable students to undertake a meaningful exchange program gaining insights into and experience of another culture.

Upon completion of the exchange students produced a written assignment focusing on public health practice in the country they were visiting. The students' analysis was based on their observations and exchanges with health professionals and a diversity of patients (children, adults, elderly persons, workers) and other nursing students from the institution they visited. All students covered the Ottawa Charter within their undergraduate course prior to their visit. Students were expected to undertake further self directed study to inform their assignments which was facilitated by the faculty members in their home institution and the institution they linked with during their visit. Students were required to produce a three thousand word assignment which used one of the five Ottawa charter areas (see below) as a structure through which to consider inequalities in health care access and health improvement work to reduce health inequalities which they experienced during their visit.

- Healthy Public Policy
- Creating Supportive Environments
- Strengthen Community Action
- Develop Personal Skills
- Reorient Health Services

Forty eight of the student assignments were analysed to inform this evaluative report. The analysis was undertaken using the student assignments as data. The assignments were submitted to lecturers from the students' own universities. This was considered important so that the

nuances of their writing could be captured in the analysis by a lecturer who spoke the same language. The lecturer then undertook a content analysis (Polit & Beck, 2006) on each assignment examining the students' choices of areas they wanted to investigate in the Ottawa Charter and their perceptions and understanding about inequalities, rural context and implications for nursing. The criteria used to analyse the student assignments are presented as headings in the results section of this paper with further clarification provided under each heading.

The lecturers identified a second colleague to review all the assignments looking for the same criteria. In this way, inter-rater reliability was enhanced. The lecturers then summarized student responses to each of the criteria. This analysis was then submitted to a small panel represented by European and Canadian partners. This panel collated the results and subsequent analysis. The analysis was reviewed by all team members at a subsequent meeting to ensure that the analysis was reflective of what they understood to have emerged from the students' papers.

RESULTS

Findings are presented in the following five areas of analysis:

- Area of the Ottawa Charter chosen.
- Inequalities identified.
- Description of the rural context.
- Implications for nursing.
- Implications for nursing education.

Area of the Ottawa Charter Selected by the Students

All five areas of the Charter were represented in the student assignments. The most common area chosen was "Re-orienting health services", and less common was "Building healthy public policy" (see Table 1).

Table 1: Areas of Ottawa Charter, number of responses and examples of initiatives which the students experienced and suggested could be undertaken.

Areas of Ottawa Charter addressed	Examples of initiatives which the students experienced	Examples of initiatives that the students suggested could be undertaken
Developing personal skills (n=12)	Changing of attitudes, empowerment skills, education, partnerships and increased access to services.	A program that equipped adolescents to address obesity, a child care centre in a high school, community mental health and home health care programs.
Re-orienting health services (n=14)	Consideration of the broader determinants of health, an emphasis on health promotion e.g. the importance of	Raise public awareness on health issues such as HIV, alcoholism, drug addiction, and workplace

	cultural issues to the health of native people and collaborative working to achieve this.	health and safety. It was suggested that sexual heath clinics, needle exchange programs for drug addicts and shelters be made available for homeless people.
Strengthening community action (n=10).	Enabling people to choose healthy lifestyles, improving the infrastructure: bicycle tracks, footpaths, sidewalks, evening light along walk tracks, safe places to breast feed. The students experienced exposed them to the importance of community action and grass root level activities and empowerment of local people.	The students observed that health information dealt with low fat diets, but did not include sugar consumption and soft drinks or the size of the meals, information on the benefits of breastfeeding.
Building healthy public policy (n=3)	Parental leave was available more for women generally,	Students observed a lack of access to contraceptives, abortion or medicines for people living rurally.

Inequalities Identified

Students were asked to identify inequalities in health related to a specific area of the Ottawa Charter. While some students managed this aspect of the assignment well, the majority of students were not strong in this element of the assignment. European students who studied in Canada identified inequalities through examples although they did not provide clear definitions of inequalities . European students demonstrated understanding of inequalities by considering the issue mainly within the context of the population of Canada. Examples usedreflected the differences between the organization of health care in Canada and their own countries. The students made assumptions about inequalities in health from the standpoint of health needs apparent in the local community (e.g., low rates of breastfeeding and poor health of the Canadian aboriginal population). Students also described examples of social exclusion and rural living (e.g., some aboriginal people have poor health including psycho-social problems, unemployment, low literacy rates and poor housing). Half of the Canadian students studying in Europe did not mention inequalities in their assignments. For those who did give examples, they recognized inequalities in relation to specific groups such as immigrants, and inequalities between economic classes, genders, and age groups.

Description of the Rural Context

Did students identify inequalities that occur in geographically rural settings as compared to urban settings, and which inequalities didthey identify during their public health placement?.

The European students gave examples of rural inequalities in health and health care including shortages of medical doctors, midwives, lack of transportation, long distances to travel to health care services and fewer health related resources. Students wrote about inequalities in the provision

of care and health care services in different parts of the country and in particular in the sparsely populated northern parts of the country. Isolation of First Nation communities was also mentioned. Positive examples were given related to confidential health services in small rural communities.

Canadian students studying in Europe frequently identified rural sites, but only a few linked the concept of inequality to the rural context. Several students described rural sites in terms of population, economics and overall health, but that was the extent to which the rural context was explored, some students did not mention the rural context at all. One student clearly identified the inequalities that exist for rural residents related to their greater geographical distance from services and the presence of fewer health care providers in these locales. The Canadian students who chose to focus their assignment on strengthening community action identified rural inequalities related to transportation and the recruitment and retention of health care professionals. Students commented that in England the health service strives for equity of access but transportation remains a challenge for residents in rural communities. Rural health services were seen as unable to deliver specialized care.

To summarise, this aspect was also not a strong part of the students' assignments. This may be related to the lack of clarity as to what constitutes a 'rural' area.

Implications for Nursing Three themes emerged from this section on implications for nursing:

- Students view nurses as part of an interdisciplinary team that improves community health.
- They did not articulate a unique role for nurses in primary healthcare or tackling inequalities, at odds with the Munich Declaration on nursing priorities (WHO, 2000).
- They considered nurses' roles in other countries and were beginning to analyse and compare one health system to another.

Did students provide an analysis of the role of the registered nurse in tackling inequalities in health and access to health care and did the students mention the implications for themselves as nursing students?.

There was no distinct difference between the European and Canadian students' descriptions in this respect. The students described roles of various health professionals in terms of their focus on improving health problems. Few students explored the implications for student nurses or the impact on their practice.

Students who wrote about reorienting health services indicated that training and ongoing professional development of the health care team needed to focus on the health of immigrants as this segment of the population needed additional services. Students who wrote about strengthening community action identified the need for nurse led services to promote community

health. Another student identified the nurse's role in providing relevant care and that nurses need to identify programs that address inequalities. This student also indicated that the greatest inequalities in health she experienced while on placement were related to educational background, so she indicated this must be considered when reorienting health services. Another wrote about the nurse's role in schools which was to identify and meet the younger population's health needs.

- Students view
- They did not articulate a unique role for
- They considered

Implications for Nursing Education

The lecturers were asked to submit their perceptions regarding the implications of these findings for nurse education. In addition to the results from the assignments we were also interested in what the lecturers had learned as a result of reviewing the assignments and the students' ability to complete the assignment, for example:

- Was enough information provided to the students about what we meant by inequalities in health and rural areas?
- Were students provided sufficient preparation so they could understand what we were hoping they would learn about public health/primary health?
- What resources did they use to help them with this assignment?

Overall four themes emerged from exploration of this area:

- Students needed to be well prepared for under taking an assignment which focused on inequalities in health particularly in rural areas as this was an area they had not considered previously within their nurse education particularly in their practice placements which had been dominated by acute care services.
- The presence of faculty at the practice site who understood primary care and health inequalities helped to facilitate the students' learning during their exchange to another country.
- Faculty need to work diligently at understanding the intentions of colleagues at other institutions and practice area. While we might use similar language, across different countries the terms and definitions we use to structure and enable learning about public health need to be shared as we do not always mean the same thing even though we use the same words!
- Students needed follow-up when they came back from their experience in order to ensure that the learning was shared with other nursing students and that they were able to reflect critically on this area of practice.

DISCUSSION

The students compared and contrasted health services between countries but did not consistently describe inequalities. They described situations, services, the nurse's role, but there was limited analysis of inequalities within rural settings, primary health care and the role of nursing. Students offered superficial descriptions of the role of the nurse in addressing inequalities in health care in terms of populations. Integration of the concepts into their own developing nursing practice was missing from their work. Students seemed limited in their ability to describe what they can do to influence population health other than working with individuals and families. This may reflect the limitations of nurse education programs which it would seem are still dominated by urban, acute secondary care and one to one interactions with patients.

Through their involvement in this project the students developed an understanding of the Ottawa Charter and the problems related to inadequate or ineffective health care which through its structure and provision limited access for some groups. Although to use the Ottawa Charter as a framework for health promotion in primary health care nursing was difficult for the students, in accordance with the studies from Australia (Cusack et al., 1997; Smith & Cusack, 2001).

Literature was used from a variety of sources both global, and local and good use was made of on-line resources. Government reports were used also at national and provincial levels. Students did not identify the 'nurse's role in tackling inequalities in health' specifically although they did following their experiences see the health care team as having a responsibility in this area. Students also gained insights into the need to understand the 'culture' of target groups in order to design interventions to tackle inequalities effectively.

In the future nurses need to be more involved in planning and influencing health promotion strategies and their education curriculum should include an introduction to public health practice and health promotion strategies relevant for inequalities in health and partnership working. For example in a western American state a special program was designed in Public Health Leadership in Nursing for underserved rural communities (Outzts et al. 2006). Many studies highlight the necessary changing in health systems and changing in education of health professionals, towards community based education programmes and interdisciplinary teams (Latter et al. 2003, Andrus & Bennet 2006).

A key question which emerged from the analysis undertaken for this evaluative report was why so few students addressed the Ottawa Charter area of 'building healthy public policy' in their assignments? Was this because what they experience in nursing practice is individually based health education initiatives, or was it because the nurse education system prepared them to focus on health education not policy development within their undergraduate program? This finding is relevant to nursing education because if nurses are to understand their role in the health care system they must be taught the scope of their practice and that includes their role in health promotion, public health practice and community development. The Munich Declaration (WHO 2000, 2001), is a World Health Organization (WHO) strategy for Nursing and Midwifery Education. The declaration states that to underpin nursing competence nurse education needs to enable nurses to "contribute to decision making at all policy levels (development and implementation) and to be active in public health and community development". Only three out of forty eight students in this study felt able to offer an assignment which focused on building healthy public policy. Nurse educators need to further explore why this is the case in order to ensure that nurses of the future are aware of their role and responsibilities in this area and that they have the skills to work effectively to influence and build healthy policy. Two recently

published discussion papers highlight the role of nursing education to prepare nurses for participation in the political process, especially needed to reduce health inequalities in the community (Carnegie & Kiger, 2009, Fyffe, 2009). Nurses have unique knowledge about the health and well being of the communities in which they live and work and this knowledge and experience needs to be harnessed to inform effective policy and practice development.

The International Council of Nursing (ICN, 2008) defines nursing as including: "the promotion of health, prevention of illness….and participation in shaping health policy and health systems management". The findings from this evaluative reportreport suggest that our nursing students are not being adequately enabled through theory or practice to develop the skills and insights needed to take on these tasks currently. The Munich Declaration (WHO 2000) on Nursing and Midwives a Force for Health clearly states that one in every 145 citizens in Europe is a nurse or midwife and that nurses draw on a history and culture with three fundamental underpinning themes: preserving good health, advocacy for the well being of those in need and offering a service to society. Are these themes now used to underpin our curriculum development for nurses, is this potential 'force for health' being prepared adequately through current under graduate nursing programmes?

LIMITATIONS of the EVALUATION

Faculty members indicated that students could be so overwhelmed with culture, language, and being ambassadors for their institution that they did not always grasp the nuances of the assignments related to the exchange. In addition although all students were aware of the Ottawa Charter areas prior to embarking on the exchange further independent study was required of students to familiarise themselves with the Charter. The level of support available to students to facilitate this learning process may realistically have varied depending on the country of origin and the country the student visited due to some limitations on access to e-based information regarding the charter in all the required languages. It is also possible that students may have misinterpreted the nuances of their experiences due to cultural and language differences.

CONCLUSIONS

Enabling health students to gain practical placements in public health focusing on health inequalities during their initial education does not happen universally as evidenced by the findings from this study and this student's quote.

> "*In Finland I have never paid this much attention to health promotion in nursing perhaps because I have always practiced in specialised care areas. But both my placements in Canada provided me with tools for health promotion in my future nursing career. … in the Canadian placements health promotion was seen as a normal part of the nursing profession and not as a separate component of the work as I have seen in my placements in Finland. The clients were encountered as individual persons in both of my community placements in Canada and the starting point of the client-nurse interaction was to advantage this particular person".*

Students do not always see the application of health promotion theory to practice within many of our ´sickness´ based health services currently (Wanless 2004). Giving students this opportunity supported by formally assessed educational input would help to ensure that future health professionals see tackling inequalities in health as a key part of their role and have both the experience and insight to underpin their responsibilities in this area.

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