

Keywords

Nurses, public health, health promotion, education, leadership

Title

Can nurses rise to the public health challenge? How a novel solution in nurse education can address this contemporary question.

INTRODUCTION

Public Health challenges are evident in many countries across the globe. Frequently these are deeply rooted, complex and require cross-sector solutions. As a consequence public health has become a central ideology in the rhetoric of political messages in many countries and national governments, including the UK. Health practitioners, such as nurses, are asked to drive forward improvements in health outcomes and wellbeing at individual, community and national levels. Yet despite a centralised interest in public health there still appears to be areas within nursing that neglect or possibly even reject this practice. This paper considers this problem and recognises that there is a need for the acquisition and implementation of public health practice within the nursing profession. This work particularly focuses on an approach that was adopted by academics at a university within the UK which actively facilitates public health learning and leadership throughout an adult nursing undergraduate programme.

PROBLEMATISING PUBLIC HEALTH

The twentieth century saw major improvements in public health within the UK. These were driven by a number of changes including better housing and sanitation, the introduction of vaccination programmes and enhanced working and living conditions. These social improvements led to a significant increase in life expectancy across all social groups. The challenges for improving public health continue in this century with a shifted emphasis on health and wellbeing and a reduction in preventable morbidity (e.g. Department of Health, 2013). Modern nurses therefore need to drive current public health and move away from a focus on treating the sick. 'Living well for Longer' (Department of Health, 2013) sets out a programme which aims to reduce the leading causes of premature mortality (cancer, stroke, heart, respiratory and liver diseases) by taking a whole systems approach to offering health improvement and wellbeing support across the population. Building on ideas for facilitating behaviour change, the concept of 'Making Every Contact Count' (MECC) (Public Health England et al. 2016) asks all health practitioners to work to improve the lifestyles and reduce inequalities of their clients and service users. The idea is that this can be achieved by using every client contact in every setting as an opportunity to offer health promotion information or providing avenues for intervention.

There are a large number of practitioners working across the NHS and in adult social care who could be actively engaging with and utilising opportunities in making every client contact count to improve health and wellbeing. Practitioners include for example, district and community nurses, practice nurses, midwives, occupational therapists, specialist community public health nurses and health protection and improvement staff. The challenge of MECC is for all practitioners to have the skills and motivation to offer opportunistic, appropriate and timely advice in a way that empowers behaviour change. This can however be a challenging concept, particularly those working in secondary care settings such as hospitals.

Whitehead et al. (2008) discuss a study undertaken in a Chinese provincial hospital that found hospital based nurses understand the philosophy and principles of health promotion, but do not have the opportunity to implement them in practice. Indeed practice is often restricted to more limited forms of health education. These findings echo European and North American results. A later integrative review of the literature related to nurse's roles in health promotion also concluded that nursing practice is largely restricted to health education and information giving (Kemppainen et al., 2013). Shoqirat (2014) found that the majority of nurses working in emergency departments valued clinical practice and tasks as their primary function and did not associate health promotion with their roles. This may be due to hierarchy within care settings, perceptions of time, underlying professional nursing cultures or possibly a lack of focus and regard of the importance of public health within the student nurse education system (Kemppainen et al., 2013; Whitehead et al., 2008; Casey, 2007). What this brief overview of the literature demonstrates is that public health is not a priority for many who work in these settings.

PRIORITISING PUBLIC HEALTH

It is against this backdrop that the public health team at a university in the south of England (Bournemouth University, Dorset) UK developed a public health improvement theme running throughout the undergraduate nursing curriculum. A public health unit (module) was designed for each academic year of a BSc programme. It should be noted that the public health units were embedded into an adult nursing curriculum which already had a strong focus on humanising client centred care.

The first year unit aimed to develop student understanding and awareness of the complex, multi-faceted nature of health and its many determinants, by exploring various sociological and psychological perspectives. In order to enhance empathic awareness of the intricacy and diversity of these factors, students considered self and health. They reviewed their own health choices and explored the challenges associated with making personal behaviour change. The development of these insights and understanding of health behaviours attempts to provide students with a foundation for working with people to support and promote health. It is based on the concept that knowing oneself is central to developing compassionate, therapeutic

relationships with clients and key to the health and wellbeing of the practitioner (Freshwater, 2002). Feedback from students undertaking this unit indicates that many adopt unhealthy behaviours to help them manage the stress and financial constraints they face on the programme such as trying to juggle placement requirements with theoretical learning and assessments. Stress and its impact on health and wellbeing and the development of healthy coping mechanisms are actively addressed within the unit.

The second year unit builds on the first year and aims to advance awareness and aid the development of the skills and competences nurses required to support and promote the holistic health and wellbeing of individuals, groups and communities. A key focus within the unit is encouraging the growth of non-judgemental, sensitive health promotion. Evidence based practice is central within this unit as the students gain insights into empowerment, the rights and dignity of people throughout life and those whose lives are affected by ill health, disability, ageing, death and dying. Emphasis is placed on understanding the impact of health inequalities and its implication for lifestyles and health outcome. Donovan (2015, p.5) has stated that, 'Nurses are often ideally suited and uniquely placed to respond to public health challenges'. Understanding this unique role is given prominence within the unit. Coinciding with the findings from the literature, feedback from students indicates they do not often see registered nurses role modelling health promotion in practice. As a consequence the theoretical learning, on its own, is difficult for many students to put into practice. Therefore within this unit there are a number of learning activities devoted to role modelling. Students can practice the skills and knowledge required to identify those moments when they can promote health and support client centred health choices using an empowering approach. In addition nurses from a wide range of practice areas are invited into the unit to show case and discuss their health promotion roles. Unfortunately this aspect of the unit has been the most challenging to deliver as few registered nurses seem to acknowledge and truly understand their health promotion role.

The final unit within the third year of the programme aims to make students aware of the multi-disciplinary context and scope of public health. This unit focuses on the future role of the registered nurse in public health in a local, national and global context. It seeks to provide students with the skills necessary to demonstrate the importance of undertaking a comprehensive health needs assessment, and to analyse and utilise community and population data in order to effectively plan, implement and evaluate sustainable health and wellbeing promoting interventions. The responsibility of nurses as change agents, role models and transformational leaders working in partnership for public health improvement are crucial features of this unit.

All three of the public health units were all well evaluated, but it is currently too early to ascertain the effectiveness of this curriculum. However, early reports from practice colleagues and students, which were obtained following approval from

Bournemouth University Research Ethics Committee, indicate that these nurses feel more equipped and are more confident and willing to adopt an empowering approach when working in partnership with clients, their families and carers. There also seemed to be better insights into health inequalities and issues of fairness, as well as an appetite to further develop their public health knowledge and skills.

PROSPECTIVE PUBLIC HEALTH

Once students qualify it is anticipated that they will build on the understandings gained from this course and become agents of change for public health throughout their different areas of practice. Yet, they cannot be expected to change the ethos within the service on their own; they need to be supported by their leaders. The nursing profession as a whole has a responsibility to further embrace ideas of public health and look for ways that these can be integrated into their practice. Adopting a more globalised perspective, sharing insights with other countries where public health is placed at the core of their nursing profession being one example. The wider health care institutions and settings also need to recognise the importance of supporting the development of public health skills and implementation of that knowledge at every level. This responsibility is not merely for the benefit of service users, but can also be extended to promoting the health and wellbeing of staff employed and working in health care. Every aspect of the daily life of a service user and member of staff within health care settings should be viewed with a concern for their health and wellbeing. There is a role, particularly for nurse leaders, to petition and argue for the adoption of this view and thus move UK public health beyond rhetoric into reality.

CONCLUSION

Public health needs to take a central place in holistic nursing care and this can only be achieved if nurses adopt leadership roles alongside their other professional colleagues. Instigating changes built around public health would benefit not only the health of service users, but also the staff employed within health care settings. It is vital that this movement, led by nurses, begins to change perceptions on health. Universities can play a role in moving this agenda forward not least in the area of undergraduate courses. Bringing concepts of health promotion and public health into each academic year means nursing students can gradually build their knowledge and skills until the final year when they can lead in needs assessments, envision population and individual public health campaigns, undertake complex delivery and act upon detailed evaluations. In such a world nurses are not only genuinely adopting holistic perspectives on health and working alongside clients to create improved lifestyles, they are also becoming the leaders of this ideology within society.

CONFLICT OF INTEREST

The authors declare no conflicts of interest.

FUNDING

This paper did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

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