



# Health promotion practices delivered by primary health care nurses: Elements for success in Finland



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## ABSTRACT

**Aim:** The aim of this study was to identify and reach a consensus on the elements needed for the success of health promotion practices delivered by registered nurses (RNs) who receive clients in primary health care among primary health care participants in eastern Finland.

**Background:** Advanced practice nurses are a reaction to the changing health needs of society. These nurses have come to play a significant part in improving health-promotive care in the primary health care setting.

**Methods:** A mixed method two-stage Delphi technique was applied.

**Results:** A health-promoting organizational culture (e.g., the respectful management of health promotion) and nurses' health orientation and development (e.g., nurses' professional growth and work well-being) were found as the main elements required for the success of the health promotion practices in primary health care.

**Conclusions:** A health-promoting organizational culture with the strategic and respectful leadership of health promotion is significant in the implementation of the health promotion practices delivered by RNs in primary health care.

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## 1. Background

Health promotion and prevention are essential strategies for managing the growing needs of elderly people and for reducing population health disparities in the primary health care setting. In many countries, the introduction of advanced practice nurses has been a reaction to the changing health needs of society (McIlfratrick, Keeney, McKenna, McCarley, & McIlwee, 2014). However, both experience and research have found several issues that challenge the development of advanced nursing practice in primary health care. For example, nurses' capacity to implement health-promotion practices is affected by organizational factors such as a positive health culture including wellness planning, workplace milieu, the development of organization members, and the appreciation of health promotion by health care organization managers (Johansson, Stenlund, Lundström, & Wainehall, 2010). On the other hand, health promotion training has been found to increase nurses' motivation to implement health promotion practices in nursing (Brobeck, Odenrants, Bergh, & Hildingh, 2013), as well as their own lives to improve their health and well-being (Roelen et al., 2013). Clients' commitment to a healthy lifestyle, their motivation for self-care, and community resources (such as the availability of preventive services) have also been found to enhance the success of health promotion (Findholt, Davis, & Michael, 2013). Additionally, health has become

a political priority across governments; for example, the European Union's (EU's) health strategy "Together for Health" emphasizes actions that focus on protecting people from health threats and diseases, and that promote positive lifestyle choices, and workplace health and safety, taking into account the "health in all policies" principle (European Union, 2014).

Advanced nursing practices have become significant in improving health promotive care in the primary health care setting. Therefore, this study aimed: (1) to identify the elements needed for the success of HPPs delivered by registered nurses (RNs) who receive clients in primary health care and (2) to reach a consensus on those elements among primary health care participants (RNs who received clients, directors of nursing, senior physicians, health promotion officers, and local councilors) in eastern Finland.

Health promotion involves not only actions directed at strengthening the skills and capabilities of individuals; it has also developed towards the achievement of health equity and seeing health as a human right and political priority (World Health Organization, 2013). While health and health promotion are largely defined by actions taken based on the social determinants of health and as part of public health thinking (Van den Broucke, 2013), nurses are suggested to be more active in health promotion practice in primary health care (Roden, Jarvis, Campbell-Crofts, & Whitehead, 2015).

The foundations for advanced practice nurses were established in the United States in 1965, with the development of the work of nurse practitioners (NPs) who were found to meet the growing needs of health promotion in primary health care (Donald et al., 2013). Even

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though advanced practice nurses work in a variety of nursing fields, the educational requirements vary greatly across countries, and there is also a lack of consistency in the legislative systems and regulatory mechanisms that recognize advanced nursing practices (Carney, 2015). However, there are many similarities between advanced practice nurses in the countries where they have been introduced, as follows: they are RNs with continuing education and training; they embody competencies required to work autonomously both in hospital and in primary health care settings; and they apply a variety of preventive care activities in nursing, such as promoting a healthy lifestyle and giving counseling on health risks (e.g., American Association of Nurse Practitioners, 2013; Nursing and Midwifery Boarding of Australia, 2013; Royal College of Nursing, 2012).

In Finland, primary health care is provided by local authorities and covers public health services, health promotion, and any related provision of health counseling and health checks (The New Health Care Act). The target group of this study – RNs, who are authorized by the National Supervisory Authority for Welfare and Health (Valvira) and have additional education in nursing areas (such as wound care, or cardiovascular or diabetes preventive care) – is able to receive various client groups supported by doctor's consultation or in collaboration with a doctor (Delamare & Lafortune, 2010; National Institute for Health and Welfare, 2013). However, health promotion is challenging: in provinces in eastern Finland (Northern Karelia, Northern Savo and Kainuu), where younger generations move to large cities because of a lack of job opportunities, around 20% of the population is older than 65, and long-term conditions – such as mental health problems and diabetes, as well as unhealthy lifestyle behavior, for example obesity, smoking, and alcohol consumption – are more common than elsewhere in Finland (Eurostat, 2014).

## 2. Methods

In this study, a mixed method two-stage Delphi technique was applied, consisting of both qualitative and quantitative approaches. The Delphi survey includes several data collection phases or “rounds,” and seeks to gain the most reliable consensus of opinion from a group of participants (Keeney, Hasson, & McKenna, 2001). The Delphi technique was considered appropriate for exploring the elements required for the success of the health promotion practices delivered by RNs (who received clients in primary health care) with diverse backgrounds and from geographically dispersed locations (Keeney et al., 2001). There is no single definition for what constitutes a level of consensus. For example, 75% has been suggested as an acceptable level (McElhinney, 2010); however, there is no obvious scientific rationale for this (Keeney, Hasson, & McKenna, 2006). In this study, the consensus level was set at 51% (or over) agreement.

## 3. Participants

An information letter was sent to all 34 primary health centers in three provinces in eastern Finland. Eleven responded and volunteered to participate in this study. They were from four health centers in Northern Karelia, four in Northern Savo, and three in Kainuu. Directors of nursing (matrons and head nurses) at primary health care centers suggested possible participants; they were contacted by the researcher, who asked for their consent to be involved in this study. Inclusion criteria for the participants in this Delphi study were applied according to Keeney et al. (2001), requiring that they were familiar with the research topic and willing to contribute throughout the Delphi survey. The participants (RN who receive clients, directors of nursing, senior physicians and health promotion officers, and local councilors) were required to have been employed for five years or longer in primary health care and they had to have had experience of either working autonomously as an RN who receives clients or experience of working as part of a pair or team working with an RN who receives clients. For

**Table 1**  
Background information of participants in this study.

Characteristics	Provinces in eastern Finland		
	Northern Karelia (n)	Northern Savo (n)	Kainuu (n)
Participants interviewed (n = 42)			
Male	0	5	0
Female	13	10	14
RNs who receive clients			
Educational background			
RN and PHN	2	0	3
RN and additional education in cardiovascular preventive care	2	2	1
RN and additional education in diabetes preventive care	1	2	0
RN and 1 year of studies for PHN	2	0	0
RN, PHN and additional education in diabetes preventive care	1	0	1
RN, PHN and additional education in diabetes and cardiovascular preventive care	1	0	0
RN and additional education in wound care	1	0	0
Directors of nursing			
Matrons			
Educational background			
RN and MNSc	1	2	1
RN and Postgraduate academic degree (PhD)	0	2	0
Head nurses			
Educational background			
RN and MNSc	2	2	1
RN and MNSc student	1	0	1
RN, PHN and Master's degree in health sciences	0	1	0
Senior physicians			
Educational background			
Doctor of Medicine	0	1	1
Licentiate of medicine	2	0	1
Health promotion officers			
Educational background			
MNSc	1	0	1
Postgraduate academic degree (PhD)	1		
Local councilors			
Educational background			
RN	1	1	0
MNSc and senior lecturer of nursing	0	0	1
Participants (n = 56) who completed the questionnaire			
Male	1	5	0
Female	14	23	13
RNs who receive clients	10	13	8
Directors of nursing	3	9	2
Senior physicians	1	2	2
Health promotion officers	1	1	1
Local councilors	1	1	1

RN = registered nurse: Bachelor degree program 3.5 years, 210 (ECTS); training is offered at Universities of Applied Sciences. PHN = public health nurse: Bachelor degree program 4 years, based on RN 210 (ECTS) and additional public health nursing studies 30 (ECTS); training is offered at Universities of Applied Sciences. MNSc = Master of Nursing Science: Master's degree, 300 (ECTS); training is offered at Universities.

local councilors the requirement was that they were familiar with primary health care and had a nursing education background.

At the beginning of the study, there were 42 participants, including 18 RNs (who received clients), 14 directors of nursing, 4 senior physicians, 3 health promotion officers, and 3 local councilors. The background information of the participants is described in Table 1.

## 4. Data collection

The data collection began in the first round with semi-structured interviews with the primary health care participants (n = 42) between April and July 2009 (see Table 1). The aim was to identify the elements needed for the success of health promotion practices delivered by RNs who receive clients in primary health care. Focused questions based

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