



Do healthier nurses make better health promoters? A review of the literature

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Summary This discussion paper draws on a review of the literature to explore factors that might promote or inhibit healthier nursing practice. The term healthier nursing practice, used here, refers to the way commitment to health promoting practices at organisational, professional and personal levels is demonstrated and achieved. Health promotion is a holistic concept that calls for the creation of empowered relationships between self, others, and the environment to improve wellness. Nurses have often struggled to achieve this within their patient encounters and even more so within their own personal and professional life experiences. Two factors were identified in the literature review that appear to significantly impact on this situation, the organisational environment within which nurses practice and their educational exposure to health promoting opportunities. There are a number of parallel processes identified that illustrate the difficulties nurses have in their experiences of working with patients and with themselves in promoting healthier lives. Action learning is advocated as an effective way for nurses to address what are sometimes perceived as being insurmountable barriers to developing health promoting opportunities for patients and the individual nurse.

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Introduction

The World Health Organization's health promoting hospitals initiative, which evolved from *Health for All* and the *Ottawa Charter for Health Promo-*

tion (McBride, 1994; Robinson and Hill, 1999) calls for health promotion strategies to be focused on healthcare professionals and their work environment as well as for patient care (McBride, 1994). Health promotion is a holistic concept that calls for the creation of empowered relationships between self, others, and the environment to improve wellness. To engage in such relationships

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requires a sense of personal empowerment (Thomson and Kohli, 1997). This requires commitment to health promoting practices at organisational, professional and personal levels. However, despite a large body of evidence, and considerable rhetoric about health promoting practices many nurses have often found themselves working and practicing in a unhealthy reality (Pender et al., 2002). Many nurses experience a sense of disempowerment over changing the work environment, which results in personal and professional health promotion practice being an underdeveloped aspect of nurses' professional and personal experience.

Additionally, a strong link has been established between a healthy nursing workforce and improving patient health (O'Brien-Pallas and Baumann, 2000). However, it has been argued that the nursing profession has come to represent the antithesis of wellness, having earned a reputation as the least healthy of occupations (Shamian in Fletcher, 2000). The extent to which nurses understand and use health promotion to improve their own workplace health is also not well researched, despite there being several studies that have investigated nurses' knowledge, perspectives, and clinical application of health promotion concepts (McBride, 1994; Berland et al., 1995; Davis, 1995; Thomson and Kohli, 1997; Macleod-Clarke and Maben, 1998; McDonald, 1998; Smith et al., 1999; Whitehead, 2001).

This discussion paper aims to make a contribution to this debate by critically reviewing this and other contemporary literature, to explore the factors involved in this rhetoric-reality gap of the lived experiences of nurses working in secondary care environments. This literature review represents a general review of the literature. The OVID, CINAHL, and PUBMED databases were searched between 1990 and 2005. The specific keyword terms used were: search words were 'health promoting settings', 'nurse education', 'health promoting nurses', and 'health promoting organisations'. The outcomes of this work advocate the need for nurses to develop an action learning approach aimed at promoting healthier nursing practice within their practice area.

Nurses health promotion knowledge and practice

Health promotion, historically an integral component of nursing practice (Berland et al., 1995; Rush, 2000), has evolved in tandem with recent conceptual innovations in healthcare resulting from a shift in emphasis on disease toward one of wellness (Rush, 2000). Whereas traditional illness-

based applications were mainly that of health education, contemporary nursing practice has expanded to include those of consultant, advocate, mediator, case manager, supporter, partner, and social activist (Rush, 2000; Whitehead, 2001, 2005). Health promotion has been viewed as:

'an 'umbrella' concept, [wherein] traditional health education is recognised only as a part-component of health promotion activity' (Whitehead, 2001, p. 824).

Yet, traditional bias, inconsistent or interchangeable use of the terms, and failure to articulate differences have contributed to confusion of the two approaches and prevented assimilation of broader concepts into practice (Whitehead, 2001). For example, there is evidence to suggest that while many nurses recognise health promotion as being an important aspect of nursing practice, many still practice, using more traditional health education approaches (Berland et al., 1995; McBride, 1994; Thomson and Kohli, 1997; Macleod-Clarke and Maben, 1998; Whitehead, 2001; Beattie, 2002; Duke and Street, 2003). These studies also found that most clinical nurses identified patient teaching for illness care or prevention as being the primary activity and purpose of health promotion in their practice. Even where there was evidence of wider conceptualisations of health promotion that perhaps included wider environmental and social issues, such as policy-making, environmental awareness, physical fitness, stress management, and avoidance of toxic substances, often nurses experienced difficulty differentiating these activities from those of health education, and thus failed to utilise these approaches within their own practice (Davis, 1995; Macleod-Clarke and Maben, 1998; McDonald, 1998; Plews et al., 2000). Whilst it was clear in these studies that nurses grasped the concepts of empowerment and enhancing client independence, it can be argued that these are more aspects of holistic nursing care functions rather than health promotion activities that might be applied more generally (Berland et al., 1995; Macleod-Clarke and Maben, 1998; Johnson and Baum, 2001).

In studies where nurses recognised contemporary aspects of health promotion, translating this awareness into practice was often variable, with little to only some activities being reported. For example, McBride (1994) and Berland and associates (1995) observed that 95% of participants thought advocacy and empowerment were important aspects of their health promotion role. Furthermore, there was some evidence to suggest nurses directed health promotion activities toward their colleagues (Berland et al., 1995) and encour-

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