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Commentary: Nurses as Champions of Health Promotion

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COMMENTARY: NURSES AS CHAMPIONS OF HEALTH PROMOTION

Presented in this special SOJNR issue on Health Promotion are four poignant articles which inform us on strategies to enhance health promotion in diverse settings and populations. Farrell's study poses a new *practice exemplar* that focuses on patient-provider partnerships. Use of this practice exemplar significantly improved health outcomes in an underserved, poor, rural population. Although there has been a paradigm shift from disease centered to health prevention and wellness promotion health care, findings of Rash's research indicate that Advance Practice Nurses have not incorporated a wellness paradigm in practice; their practice remains disease focused, while operating from a passive health care model. Jenerette's research, which focuses on relationships among types of social support and quality of life in adults with Sickle Cell Disease (SCD), suggests that care of affected adults should include family and friends. In addition, health care providers must ensure that patients have access to the resources needed to enhance their health-related quality of health. Cohn, Fraser, Jones and Miesfeldt's qualitative research on perceptions of cancer risk, risk management and family views among women at risk for hereditary breast cancer, characterizes views of women who had not undergone genetic risk assessment and counseling. This work provides important insights for development of effective strategies to reach at risk women.

While most of us recognize the value of promoting health, unfortunately, it appears that nurses as a profession have not embraced the idea to the point of being champions or crusaders of health promotion among those that we treat or in ourselves. Rash's article shares research by Haddad & Grace of nurses in Jordan and Hope, Kelleher & O'Connor's research informs of lifestyle practices and the health promoting environment of hospital nurses. Both studies assert that

a stressful environment that engenders unhealthy coping strategies such as smoking or poor nutrition results in a diminished value placed by the nurse on addressing clients' health damaging behaviors and greatly minimizes a nurse's effectiveness as a health promoter. In other words, if the work environment is such that breaks cannot be taken, there is no time to reflect, socialize, 'blow off steam' or regroup, and as a consequence the nurse is engaging in unhealthy behaviors to cope with the stress of the workplace, the probability of the nurse being a champion of health promotion in clients is futile. It seems, the idea of self care must first originate among those who provide the care. We cannot *care for* if we are not being *cared for*.

Why is embracement of health promotion critical for health providers in general and nurses specifically? According to all indicators, as a country, we cannot afford our spiraling health care costs. Health care costs in the United States reached 2 trillion dollars in 2005, is projected to reach 2.9 trillion in 2009, and 4 trillion by 2015. The Institute of Medicine Committee that investigated the consequences of uninsurance, on which I served for three years, confirmed that of nearly 47 million Americans without coverage, most were working Americans who could not afford the coverage. Sadly, the study demonstrated lost years of life due to uninsurance. While policy recommendations were made to government agencies to ensure coverage of all in the United States, to date, the problem of millions of Americans who are uninsured remains. Does one conclude that insurance coverage is the panacea for health promotion? No, I affirm that access to health care when needed should be available for those in need. Martin Luther King Jr. states and I agree that, "Of all forms of inequity, injustice in health care is the most shocking and inhumane."

Many of the political candidates of today promise the trophy of universal access to healthcare. Perhaps it will happen, or it may not. I submit though, that regardless of what happens on the political scene, as a profession, nurses are in the position to first of all be empowered and to empower by becoming health promoters. If we begin with ourselves, it will spread abroad. True to the proverb, charity begins at home: we must first love and care for ourselves. Stated differently, let love begin with me. Commit to love yourselves enough to insist on and take needed *self care* time within your organizations. This is critical to your own health promotion. Second, participate in daily and weekly health promotion activities. You may wish to do this individually or as part of a team. I refer to this activity as making deposits in my health bank. Health deposits today yield rich dividends as we age. Even as a professor of nursing, I wear a pedometer to work and aim for 10,000 steps each day. Funny, my whole attitude changes when I take the time out to make a health deposit. Try it!

Recently I attended a rather high scale conference on reducing health disparities. As groups engaged in dialogue and poised various strategies, the number one strategy with majority vote was universal access to health care. I was the lone minority voice which spoke of enhancing and promoting healthy lifestyle

behaviors from childhood onward. Yet, Farrell's article in this issue purports that a paradigm shift from a palliative medical model to a participatory and prevention-based approach, has the potential to reduce costs, and improve one's quality of life. However, I submit that many shy away from personal responsibility. Because nurses have traditionally garnered the public's trust, perhaps like no other professionals, we may have the acumen as an organization to embrace and communicate health promotion at a level we have not as yet done. Not only that, I believe that the public will listen. Given the statistics regarding the age of practicing nurses and the shortage, it would be in our best interest to be healthy 'older' nurses.

My specific recommendations for nurses as champions of health promotion include, but are not limited to the following:

- As is possible, develop and adhere to a daily walking routine.
- Wear a pedometer and aim for your walking goal daily
- Record your health promotion progress
- Remember that as tight as the timeline is, your mind is clearer when you take a break and get away for a little while.
- Remain hydrated – drink adequate water
- Remember that caffeine may give you the lift, but what goes up must come down
- Advocate for workplace walking trails and marked walking areas of the workplace
- Talk health and healthy lifestyles with your clients.
- Form health promotion teams in the workplace (nutritionists, physical therapists, chaplains, psychologists, physicians, etc).
 - Do a health promotion assessment of patients – find out what their health promoting practices are.
 - Develop tailored health promotion guides for patients. These can even be done for wheelchair bound patients
- You do not have to be registered nutritionists to recognize, advocate and benefit from science which affirms the value of whole grains and plant-based foods.
- Read Jenerette's article in this issue on Social Support and Quality of Life, and consider the self efficacy of patients for engagement in health promoting behaviors
- Insist on healthy food options for all workplace activities involving food
- Return to courses on nutrition in schools of nursing

Conclusion

As proposed champions of health promotion, we must give ourselves permission to engage in self care. The literature is replete with examples of how if we don't practice it, we don't preach it. And, if we do preach it without practicing it, our preaching goes on deaf ears. Despite the trillions of dollars spent on health care,

we are not reaching the masses. Farrell's work demonstrates the efficacy of use of a new paradigm centered on health promotion in raising health indicators in underserved rural clients. Nurses are keepers of the public's trust and number over 2 million strong. I implore nurses to usher in a new paradigm of care by forming interdisciplinary teams and pushing the health promotion agenda forward. Last, when the public becomes convinced that we have embraced health promotion by our own actions, I am convinced that they will follow suit.

Thank you for this wonderful opportunity to have serve as guest editor for the Health Promotion Issue of the SOJNR and to serve as the chair of the Health Promotion Research Interest Group of the Southern Nurses Research Society.

Sheila