International Journal of Community Medicine and Public Health
Alanazi TA et al. Int J Community Med Public Health. 2023 Jan;10(1):331-335
http://www.ijcmph.com
pISSN 2394-6032 | eISSN 2394-6040

DOI: https://dx.doi.org/10.18203/2394-6040.ijcmph20223269

Review Article

Importance and efficacy of health promotion by primary care nurses

Taghreed Ayed Alanazi[1]*, Hind Ayed Alanazi[2], Abeer Ayed Alanazi[3], Nawal Naseer Alharbi[4], Mashael Abdulhadi Alsumairi[1], Wejdan Hussein Aldossari[3], Abeer Ruwayshid AlRuwili[1], Mashael Raja Alanazi[5], Khalid Saad Alwadai[5]

[1]East Riyadh Dental Center, Ministry of Health, Riyadh, Saudi Arabia
[2]Primary Health Care, Almanar Primary Healthcare Clinic, Riyadh, Saudi Arabia
[3]Primary Healthcare Center, Ministry of Health, Riyadh, Saudi Arabia
[4]General Dentist, 360 Clinics, Riyadh, Saudi Arabia
[5]Directorate of Health Affairs, Ministry of Health, Riyadh, Saudi Arabia

Received: 14 November 2022
Accepted: 29 November 2022

***Correspondence:**
Dr. Taghreed Ayed Alanazi,
E-mail: taayalanazi@moh.gov.sa

ABSTRACT

The core of many countries' primary care strategies has been increasing community engagement in primary care, greater efforts in preventive illnesses and promoting health, and greater harmony and synergy of current services in accordance with the community's needs. Primary care nurses have a lot of opportunity to provide strategies for health promotion and prevention, and prior research has revealed the multitude of functions that nurses can play, such as managing complex medical problems. Nurses employed in general practices have been observed to be effective in providing a number of preventative initiatives, including smoking cessation. It has been seen that though nurses who work in this environment are eager to counsel patients about physical exercise but have major deficiencies in their understanding of existing recommendations, suggesting a dearth of training preparation for such tasks. Very often, primary health care nurses' ability to undertake health promotion is restricted by the general practice environment, their skillset, and general practitioners' perspectives toward nurses' participation in health promotion activities. Primary care nurses may be able to bridge the gap between societal expectations of this field and how patients view prevention in the context of general practice. Primary care nurses have a lot of room to grow in their ability to collaborate with other healthcare providers and work outside the confines of general practice settings. In primary care settings, nursing appears to be underused despite its potential to be working more successfully in HPP. The effectiveness of present primary health care changes depends on identifying and addressing the enablers and hurdles to health promotion and prevention among primary care nurses.

Keywords: Primary health care, Health promotion, Nursing, Prevention

INTRODUCTION

Primary healthcare (PC) has a strong emphasis on promoting health and preventing diseases, and nurses make up an expanding portion of this healthcare system's workforce. The core of many countries' PC strategies has been increasing community engagement in PC, greater efforts in preventive illnesses and promoting health, and greater harmony and synergy of current services in accordance with the community's needs.[1] Since the most prevalent medical issues in the population are treated from this space through provision of services pertaining to prevention, cure, and rehabilitation, PC (both general practice and public health) is an excellent starting point for addressal of problems like self-care for chronic illnesses.[2] Evidence shows that spending on PC leads to healthier communities and reduced total health-care expenditures.[3] This is especially apparent where it has been demonstrated that more PC service investments lead to a decline in the rate of chronic disease

hospitalizations.[4,5] PC nurses have a lot of opportunity to provide strategies for health promotion and prevention (HPP), and prior research has revealed the multitude of functions that nurses can play, such as managing complex medical problems.[6,7] The generalist nature of practice nurse employment has been demonstrated by Joyce and Piterman, who also note that change is expected to modify their responsibilities in regard to credentials, skills, and possibilities.[8] In one Australian study, practice nurse-patient interactions comprised a variety of general and specific problems, according to Joyce and Piterman, and they frequently included medical examinations (20.7 over 100 visits), vaccinations (22.5), screening procedures (10.6), and dressings (15.8). Roughly 30% of interactions were giving advice.[8] It has been demonstrated that nurses employed in general practices are effective in providing a number of preventative initiatives, including smoking cessation.[9] Additionally, it has been seen that though nurses who work in this environment are eager to counsel patients about physical exercise but have major deficiencies in their understanding of existing recommendations, suggesting a dearth of training preparation for such tasks.[10] While consumers do anticipate primary care providers to provide information on prevention, this is frequently lacking in general practice.[11,12] However, general practices, even in developed countries, currently struggle to provide accessible and efficient programs and preventative treatments for marginalized communities. Disadvantaged populations are particularly susceptible to lifestyle-related chronic illnesses.[11] Since numerous areas with a shortfall of general practitioners are also regions with more underprivileged communities, nurses working in PC in such regions may be capable of making a significant contribution to HPP, especially in such places.[13]

LITERATURE SEARCH

This study is based on a comprehensive literature search conducted on November 10, 2022, in the Medline and Cochrane databases, utilizing the medical topic headings (MeSH) and a combination of all available related terms, according to the database. To prevent missing any possible research, a manual search for publications was conducted through Google Scholar, using the reference lists of the previously listed papers as a starting point. We looked for valuable information in papers that discussed the information about importance and efficacy of health promotion by primary care nurses. There were no restrictions on date, language, participant age, or type of publication.

DISCUSSION

There is a dearth of research on community nurses' knowledge, behaviors, and beliefs in relation to HPP in health care systems that is pertinent to nurses in the Middle East. In one research study that solely looked at Jordanian nurses' perspectives on health promotion, community health center nurses who made up a modest sample (n=49) were asked about their perspectives toward the functions, responsibilities, and present training requirements.[14] Analysis suggested that the most often chosen requirements were quality control, community engagement, environmental safety, and education programs. In this study and others like it from the Middle East, nurses felt that adopting favorable attitudes toward health promotion (HP) should come before the launch of innovative tasks brought on by switching to the paradigm of HP. The results also highlighted the importance of improving favorable perceptions regarding education programs as a key role competence among community-based nursing practitioners. Firstly, the Jordanian survey indicated that having enough time to implement HP programs was a major issue for several responders. One issue that arises whenever a care system is changed is how to take the steps without placing an undue burden on the employees. Concerns about the availability of patient education opportunities frequently center on the problem of time management. Nearly half of the respondents to the aforementioned study recognized the limitation of not having enough time to carry out HP. Given the absence of a definite agreement, it is likely that management staff will need to handle this matter, but they will also have the backing of a large number of employees to completely incorporate instruction into daily practice. It's important to note that in a comparable British survey, nurses agreed with the statement that schedule was more constrained (80%) than did their Jordanian colleagues.[15] The fact that community health centers in the Middle East do not typically demand the same amount of administrative paperwork from nurses as they do in more developed nations may help to explain this disparity. It's also relevant to note that responders in one Arab survey had conflicting opinions regarding whether doctors or nurses were better suited to deliver HP, education programs, or both. Despite the fact that the vast majority of respondents regarded doctors and nurses as crucial players, these results point to some ambiguity or misinformation regarding these topics. It's likely that the respondents are expressing some uncertainty about their own capacity to offer solutions for HP or that they feel uneasy performing these tasks. Abu-Luban, who claims that several Jordanian nurses lack the general competence to carry out more complex educational responsibilities and tasks, also makes this type of problem regarding proficiency known. However, from a sociological standpoint, the same author suggested that these answers might also reflect normative interaction patterns that demand that both stakeholders uphold amicable outward relations because focusing on unhealthy lifestyle choices with clients causes discomfort for both nurses and clients. In particular, the opinions expressed towards smoking and style of living are notable. In the Jordanian poll, over two thirds of the nurses said that asking a client regarding their smoking when they were asking for help for other issues would make them angry. In the Middle East, smoking is presently one of the most common contributors of death and disease. In addition to the

diseases that are ravaging developed nations' populations, including cardiac disease, neoplasms, and lung disease, modernization and socioeconomic development have boosted wellbeing and life-expectancy. In marked contradiction, only 10% of British nurse practitioners had similar opinion.[15] But smoking is a great illustration of a choice of lifestyle that is influenced by environmental and social factors. Individual nursing efforts may continue to be underappreciated until smoking reduction initiatives are more broadly embraced in the Middle East. Contrarily, a small minority of nursing professionals hold the opinion that nurse practitioners shouldn't meddle in their patients' affairs by advising them to quit smoking, reduce weight, or workout more. This could imply that nurse practitioners who hold this viewpoint are more likely to feel at ease doing their duties of instructing and counseling patients. These difficulties might also serve as a reasonable justification as to why nurse practitioners don't frequently participate in patient education.[16] It is commonly recognized that nursing staff form a highly competent and economical workforce.[17] However, studies have also shown that the instruction and training about HP and PC in nursing programs is, at best, inconsistent, leaving nurses unprepared for this crucial role.[16] Pre-registration nursing schools have been sluggish to adapt to the growing relevance of HPP initiatives as well as the growing involvement of nurses in PC. It will be crucial for primary health nurses to take post-registration courses that advance their competencies and understanding of community practice and HPP in order to continue their technical development and growth. According to the Ottawa Charter for health promotion, we describe HP as the process of empowering people to take charge of the elements that affect their health.[18] There is a classification system for the different sorts of HP activities that spans levels from downstream to upstream and connects activities to different degrees of outcomes for work in HP.[19] Disease prevention, primary, secondary, and tertiary prevention strategies, communication, health data for all literacy levels, social marketing, and behavior modification initiatives are examples of downstream actions. Midstream actions include collaborations, community building, partnering, engagement, empowering, and grassroots activism. They also include education programs, personal skills for managing wellness, awareness and expertise of what creates good health, nurturing environments, and community building. Infrastructural and system improvements, healthy public policy, regulatory policies, reconfiguration of health services, organizational reform, and multisectoral collaboration are instances of upstream interventions. This conceptual approach makes it possible to describe HPP efforts with respect to levels of action, from downstream through midstream to upstream. According to this model, disease prevention is seen as downstream effort that includes community activities like scanning and vaccinations in addition to primary, secondary, and tertiary prevention. The midstream level includes strategies for behavioral modifications, such as campaigning, community participation, and action, as well as interventions for lifestyle modifications, such as the dissemination of health training and education. Systems development, including infrastructural development, systems reform (reconfiguring health systems toward PC and HP), and health-promoting policies are all included in the upstream level. Nurses and general practitioners who work in HPP typically concentrate on downstream preventative activities rather than more upstream community-based HP because PC is the primary model of care provision in general practice. There is a lot of room for nurse practitioners to grow in terms of both possibilities and aptitude for involvement in HP. Health outcomes may be impacted by the HP work done by nursing staff in PC settings, but this work ought to only be expanded if it is rooted in research regarding "what's effective" and is reviewed for efficiency. PC nurses must also pursue professional advancement and advanced training in order to expand their knowledge of HP and acquire the skills and expertise necessary to work effectively with, for instance, organizations and communities. The majority of medical personnel in the Saudi health industry are nurses. Although nursing is a flexible profession, it presently lacks appropriate training in PC or HP.[16] The changing work settings for nurses in PC, where effective interdisciplinary approach is demonstrated to enhance outcomes and reduce expenses, have been the subject of the limited Saudi literature.[20] Although there is significant proof that nursing practitioners are effective in PC and community contexts, there is still more room for nurses to improve their workforce competences for efficient and extensive care provision by enhancing their HP skills.[21,22] However, it appears that the impediments pertaining to structure, organization, and profession to prevention for generalists also apply to the practice of PC nurses in such environments who focus on HPP.[23]

The results of this study indicate that PC nurses' ability to undertake HP is restricted by the general practice environment, their skillset, and general practitioners' perspectives toward nurses' participation in HP activities. This is consistent with research by others who discovered that the underlying power dynamics between the general practitioner (employer) and nursing staff member (employee) are a barrier to collaborative care.[24] According to Britt et al general practice is primarily focused on treating patients and, to a smaller degree, preventing disease, therefore upstream and midstream HP has not been viewed as a key competency. PC nurses may be able to bridge the gap between governmental expectations of this field and how patients view prevention in the context of general practice.[12] HP needs the development of skillset, information, and competencies which prepare professionals for practice.[25] If nursing staff (and family physicians) are predominantly trained in acute inpatient ability and capabilities, they will favor preventing diseases in accordance with the medical model of care and support over outreach programs and developmental strategies determined by the social model of health.[25] Nurses in most countries are underprepared

for professions in PC, and HPP via pre-registration training.[7,16] Even while some adjustments are being made, there are still issues with financing and time that need to be resolved before nurses can take on these duties. Nurses may be freed up to work in more varied settings, such as health promotion, thanks to new funding models for general practitioners. The emphasis on prevention and fulfilling the unique needs of populations will eventually yield general practice nurses the motivation they require to diversify their duties via HP initiatives.

CONCLUSION

The significance of educating and training nurses such that they are exposed to a variety of downstream and upstream HP initiatives that may also encourage them to explore options outside of their present limitations. In order to boost HPP initiatives, the PC sector needs more attention in the nationwide health reform, thanks to the redesigning of PC nursing work. PC nurses have a lot of room to grow in their ability to collaborate with other healthcare providers and work outside the confines of general practice settings. In PC settings, nursing appears to be underused despite its potential to be working more successfully in HPP. The efficacy of present PC changes depends on identifying and addressing the enablers and hurdles to HPP among PC nurses. Nursing organizations must assume a leading role in these policy discussions and in the creation of policy that directs the course of future advancements in PC nursing. The range of practice of nurses in terms of education preparation as well as their specific roles in HPP in PC settings require additional study.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: Not required

REFERENCES

1. Keleher H, Parker R. Health promotion by primary care nurses in Australian general practice. Collegian. 2013;20(4):215-21.
2. Starfield B. Primary care: balancing health needs, services, and technology. Religion in America. 1998.
3. Starfield B. Toward international primary care reform. CMAJ. 2009;180(11):1091-2.
4. Gulliford MC. Availability of primary care doctors and population health in England: is there an association? J Publ Heal. 2002;24(4):252-4.
5. Starfield B, Shi L, Macinko J. Contribution of primary care to health systems and health. Milbank Quarterly. 2005;83(3):457-502.
6. Parker RM, Keleher HM, Francis K, Abdulwadud O. Practice nursing in Australia: a review of education and career pathways. BMC Nursing. 2009;8(1):1-6.
7. Parker R, Walker L, Hegarty K. Primary care nursing workforce in Australia: a vision for the future. Austr Family Physician. 2010;39(3):159-60.
8. Joyce CM, Piterman L. The work of nurses in Australian general practice: a national survey. Int J Nursing Studies. 2011;48(1):70-80.
9. Zwar NA, Richmond RL, Forlonge G, Hasan I. Feasibility and effectiveness of nurse-delivered smoking cessation counselling combined with nicotine replacement in Australian general practice. Drug Alcohol Rev. 2011;30(6):583-8.
10. Douglas F, Van Teijlingen E, Torrance N, Fearn P, Kerr A, Meloni S. Promoting physical activity in primary care settings: health visitors' and practice nurses' views and experiences. J Adv Nursing. 2006;55(2):159-68.
11. Harris M, Lloyd J. The role of Australian primary health care in the prevention of chronic disease. Canberra: Australian National Preventive Health Agency. 2012.
12. Mazza D, Shand LK, Warren N, Keleher H, Browning CJ, Bruce EJ. General practice and preventive health care: a view through the eyes of community members. Med J Aus. 2011;195(4):180-83.
13. Turrell G, Oldenburg BF, Harris E, Jolley D. Social Inequality: Utilisation of general practitioner services by socio-economic disadvantage and geographic remoteness. Aust N Zeal J Publ Heal. 2004;28(2):152-8.
14. Abu-Luban A. National survey of health team job description and roles in primary health care centers. Jordan: Ministry of Health. 1990.
15. Littlewood J. Community nurses' attitudes to health promotion in one regional health authority. Heal Education J. 1992;51(2):87-9.
16. Keleher H, Parker R, Francis K. Preparing nurses for primary health care futures: how well do Australian nursing courses perform? Aus J Pri Heal. 2010;16(3):211-6.
17. Keleher H, Parker R, Abdulwadud O, Francis K. Systematic review of the effectiveness of primary care nursing. Int J Nursing Practice. 2009;15(1):16-24.
18. Ottawa charter for health promotion. Geneva. World Health Organization. 1986. Available at: https://www.who.int/teams/health-promotion/enhanced-wellbeing/first-global-conference. Accessed on 3 June 2022.
19. Keleher H. Program planning and evaluation. In: Understanding health. Oxford University Press. 2011:221-34.
20. Harris MF, Zwar NA. Care of patients with chronic disease: the challenge for general practice. Med J Aus. 2007;187(2):104-7.
21. Keleher H, Joyce CM, Parker R, Piterman L. Practice nurses in Australia: current issues and future directions. Med J Aust. 2007;187(2):108-10.
22. Raftery JP, Yao GL, Murchie P, Campbell NC, Ritchie LD. Cost effectiveness of nurse led secondary prevention clinics for coronary heart disease in primary care: follow up of a randomised controlled trial. BMJ. 2005;330(7493):707.

23. Mazza D, Harris MF. Improving implementation of evidence-based prevention in primary care. Med J Aust. 2010;193(2):101-2.
24. Mills J, Fitzgerald M. The changing role of practice nurses in Australia: an action research study. Aust J Adv Nursing. 2008;26(1):16-20.
25. Joss N, Keleher H. Competencies and careeers in Public Health and Health Promotion. In: Understanding Health. Oxford University Press. 2011:299-310.

Cite this article as: Alanazi TA, Alanazi HA, Alanazi AA, Alharbi NN, Alsumairi MA, Aldossari WH et al. Importance and efficacy of health promotion by primary care nurses. Int J Community Med Public Health 2023;10:331-5.