大分県立看護科学大学第15回看護国際フォーラム

Working with communities to promote health and wellbeing

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Abstract

This paper provides an overview of contemporary health care challenges that include changing population demographics, communicable and non-communicable diseases and disasters. Directions for sustainable and affordable health care systems that prioritise preventative approaches to health care are presented. The pivotal position of nurses supporting the achievement of goals and targets set by the World Health Organization, Governments and health care authorities globally are examined. Nurses' roles in promoting health and wellbeing of individuals, groups, communities and whole populations that facilitate equitable access to health care at all levels and prevent unnecessary hospitalization are portrayed. Finally, the preparedness for nurses to support the primary health care agenda is discussed and recommendations offered to strengthen their involvement.

Key words
primary health care, health challenges, community health, nursing

1. Introduction

The impact of ageing populations is a growing concern for minority (developed) nations and increasingly majority (developing) nations (Francis et al 2013, Hirano et al 2011, Nagae et al 2013, Sakai et al 2013). Many have begun planning and initiating short, medium and long term strategies for improving health status of overall populations; particularly older persons to limit the financial burden expected from changed population demographics. While the impetus for changes to health and welfare systems is primarily driven by a desire to reduce the burden expected from increased demands there is a recognition that by promoting preventative health care costs can be curtailed and population health status improved. This phenomenon coupled with a preponderance of western, minority nations to invest heavily in high-level medical interventions and related equipment utilised by a small percentage of the population has led to the adoption of primary health care as a model of health care service delivery. Investment in primary health care and realigning nations' health priorities to focus on wellness promotion are key strategies advocated by the World Health Organization (Francis and Chapman 2011, Hirano et al 2011).

Nurses have a key role in the implementation of this agenda. To ensure that the nursing profession is prepared for the challenge of working in a reoriented heath care system nurses must be equipped for practice in contexts beyond acute care (hospital) environments. Understanding and knowing the community is a fundamental element of new age nursing practice as is establishing partnerships with individuals, groups and community to facilitate improved access to health care and overall population health outcomes (Francis et al 2013, International Council of Nurses 2007b, Nagae et al 2013, Priority Health 2013).

2. Primary Health Care

The drafting and signing of the Alma Ata declaration in 1978 is often cited as the key event of the modern era that facilitated global health reform (McMurray 2003). This declaration highlighted the need for all nations to re-

conceptualise health beyond illness. Advancements in public health policy such as improved housing, access to clean water, sewage systems, national/ global immunization and screening programs were accepted as major innovations that impacted positively on population health. Focusing on a whole of government approach to improving health status and the achievement of the common goal of 'health for all' was advocated and accepted by the member nations of the World Health Organization who participated in this meeting (Francis et al 2013, Hoodless et al 2008).

The blueprint for achieving the agreed goal of 'health for all' was not produced until 1986. The Ottawa Charter for Health Promotion paved the way for nations to think about inter-sectorial collaboration and the prioritization of health education and promotion as primary health care initiatives to improve health literacy and overall population health (McMurray, 2003, Talbott and Verrinder, 2005). Primary Health Care as discussed at the Ottawa meeting was accepted as both a philosophy to guide health care and as a model for the organization and delivery of health care. Subsequent meetings of the member nations of the World Health organization have focused on specific issues that impact on global health and have provided frameworks for achieving their overarching goal, 'health for all' (Francis et al 2013, Sweet 2013).

Preventative health care was identified by WHO as a cost efficient and effective approach to improving population health. Preventative health care measures embrace initiatives that require inter-sectorial collaboration. For example government departments that manage roads, transport, waste disposal, water, housing and food safety, as well as policing and welfare have a role in supporting the health and wellbeing of populations. Public health campaigns aimed at raising awareness and protecting people from infectious diseases, exposure to carcinogenetic and/or environmental hazards, health promotion and education programs that enhance understanding and support optimal levels of functioning are also important components of a primary health care approach. In any health system interventionist health care is necessary when individuals' health status deteriorates and for some when death is inevitable (Sakai et al 2013). Likewise, rehabilitative health interventions that assist people regain functionality and ensure recovery which may/may not be to the same level as experienced prior to the illness episode also feature (Francis et al 2013). An effective primary health care system circumvents unnecessary hospitalization and burden of disease thus improving the quality of life for many, reduces health care costs and positively impacts on population health.

3. Contexts of nursing practice

Nurses represent the largest group of health professionals globally (International Council of Nurses 2006a). They are employed in geographically distributed settings (urban, regional, rural and remote) and in diverse contexts including but not limited to community, residential aged care, acute hospitals, hospice and rehabilitation services (Francis et al 2013, Francis and Mills 2011). Nurses work with people across the lifespan (womb to tomb). The term holistic nursing has been adopted by many nurse theorists to reflect nursing care that considers the physical body as well as the mind and spirit and the cultural, social and environmental influences that impact on health and wellbeing (McEvoy and Duffy 2008). It is this appreciation of the whole person that theorists such as Rodgers claimed differentiates nursing from other health professions (McEvoy and Duffy 2008).

The majority of nurses internationally are employed in acute care hospitals and largely work in environments that use a medical model of service delivery. The continuing primacy of the medical model as the mainstay of health systems has influenced nursing practice and potentially supported a specialization agenda that has seen the person reduced to a system part (McEvoy and

Duffy 2008, Talbott and Verrinder 2005). McElvoy and Duffy (2008, p 415) asserted that

> (w)hile acknowledging the expertise of specialist nurses, it could be argued that what essentially has happened is that specialism has fragmented the whole back into its component parts.

This enigma has been promulgated through the education of nursing students (Heath 2002). If nurses are to champion 'health for all' and ensure that individuals, groups and communities are empowered and supported to access appropriate care ensuring that basic and post basic education equips them with the knowledge and skills is a necessary initial step.

4. Nursing Education and preparedness for primary health care futures

The major focus of pre-service nursing education internationally has been on developing skills to work in acute care environments. Australian nursing curriculum is not dissimilar in this regard although all pre-service nursing programs graduate generalist prepared nurses who are technically able to work in all contexts of practice (Keleher et al 2010). Keleher et al reported (2010) that while primary health care featured in most pre-service baccalaureate curriculum they researched the opportunities provided to experience diverse clinical practice settings were limited. They argued that if student nurses were not exposed to the breath of practice options their capacity to practice effectively in settings other than hospitals on graduation was limited.

The International Council of Nurses affirmed that the major providers of primary health care at all levels globally are nurses (International Council of Nurses 2007b). If nurses are to be central to improving population health they need to understand that for most people episodes of ill health that require hospitalization are insignificant in terms of their overall life trajectory. It therefore makes sense that nursing education should include primary health care theory and ensure that it has primacy and opportunities for clinical practice to learn the skills required to practice in diverse settings (Keleher et al 2010).

5. Health policy and nurses roles in enacting the principles of Primary Health Care

Promoting health and wellbeing through public health initiatives and individual, group and population health education and promotion campaigns characterizes contemporary advanced nations' health policies and practices (Hirano et al 2011, Sakamoto 2012). Many nations have realigned health priorities to include the social determinants of health that include:

* Age
* Socioeconomic status
* Education
* Gender
* Ethnicity
* Wealth
* Geographic location
* Environmental factors (Francis and Chapman 2011, p240).

Nurses have a role in these initiatives (International Council of Nurses 2007a, International Council of Nurses 2007b). Supporting people to become self-determining through health literacy and thus enabling them to make informed decisions is a major role of nurses today and in the future (International Council of Nurses 2006b). Through engagement with community and in their environments nurses can influence overall health outcomes and the life experiences of individuals (International Council of Nurses 2006b, Nagae et al 2013). Working in partnership with community provides options for nurses to move from intervention-based practice to prevention (Francis et al 2013, Japanese Nursing Organization 2013). Changing the focus of practice is not a simplistic strategy; rather it is complex and requires not only the profession of nursing to value community and

primary healthcare practice but also governments and society. Traditionally health professionals have assumed responsibility for, and doing things to people to address aberrations to health status. This approach dominates many nations' health service delivery systems although it is accepted that empowering populations to understand how and be able to take responsibility for their own health is a more useful approach (Francis et al 2013).

6. Working with community

Understanding the community is a first step for nurses and other health professionals being able to contribute to the 'health for all' agenda (Francis et al 2013, Nagae et al 2013). This can be achieved by identifying the attributes of the community such as location, population demographics and resources. Next, developing methods for interacting and supporting community across the lifespan. Initiatives such as antenatal clinics, maternal child health, school and adolescent health services, community mental health, sexual health, family planning, drug and alcohol, domiciliary, community and residential aged care, and primary health care clinics that incorporate preventative and interventionist care are examples of practice contexts and focus of work. Additionally, assisting individuals and groups to manage communicable and non-communicable epidemics and pandemics is part of the remit of contemporary nurses. Communicable diseases that impacted on past populations such as small pox, measles, mumps, diphtheria, polio and malaria have largely been contained or in some cases eradicated with national and global immunization and other public health interventions. New communicable diseases that have challenged Governments, health systems and health professionals internationally include coronavirus, HIV/Aids, Avian and Swine flu, for example (World Health Organisation 2013). Non-communicable chronic diseases such as diabetes, cardiovascular and mental health conditions are increasing and it is this demand that nurses must respond to. Moreover, nurses have a major role in disaster management as has been seen in recent years with the Tsunami in Japan, floods in China, Cyclone in Vietnam and the typhoons and fires in the USA (Anon 2013, Japanese Nursing Organization 2012).

Preventative nursing practice comprises high-level assessment, diagnostic and clinical reasoning and communication knowledge and skills. Nurses in all settings draw on these attributes in their everyday work. Using a holistic approach to practice they embrace the principles of primary health care that include valuing and empowering individuals, groups and communities (McEvoy and Duffy 2008).

Nurses who work in community-based settings are often individual community members' first point of contact with the health care system. They negotiate with patients, families and communities models of care that meet need and lead to improved health and wellbeing. These nurses are able to facilitate the patient journey from initial contact through the health care system ensuring that care provided is continuous and appropriate and that unnecessary hospitalization is avoided.

Identifying ways of reaching out to community and making a difference may involve rethinking the ways in which care is delivered (Nagae et al 2013). Moving from a clinic based service delivery model to an outreach health promoting preventative approach is a model of care that can increase access particularly for vulnerable groups such as the aged. This group often have mobility impairment and may or may not have transport options that limit their capacity to attend clinics (Francis et al 2013). Knowing community is therefore an essential ingredient of facilitating practice change and providing culturally appropriate care (Hirano et al 2011).

Entering client/patient homes and providing care in environments that are not controlled can be daunting for many nurses commencing community-based practice. The challenge for many is setting aside individual beliefs and values and accommodating others' difference (Nagae

et al 2013). Several authors assert that cultural competence is a requisite skill for all health care providers, a position that Governments in nations such as Australia, New Zealand, Canada and Japan have enshrined in policy (Francis and Chapman 2011, Mochizuki et al 2012). Cultural competence is '… a broad term that implies understanding and sensitivity of different cultural beliefs and practices' (Francis and Chapman 2011, p239). While cultural appropriateness refers to individuals' capacity to adjust their behaviors to accommodate population diversity. Having insight into the socio-cultural, spiritual and economic backgrounds of individuals, groups and populations is important information that should inform the ways in which nurses interact and the methods they adopt in delivering the care required (Francis and Chapman 2011).

In all settings nurses' promote wellbeing and engage in interactions that facilitate the empowerment of individuals, groups and / or communities. Nurses are therefore strategic to improving overall health outcomes (Francis et al 2013, International Council of Nurses 2007b).

7. Promoting the health of community, groups, individuals

Communities are diverse and as such their needs vary. Knowing the community and having insight into their vagaries assist nurses and other health care providers identify appropriate methods for working with individuals, groups and the community to promote and support health and wellbeing. While these are lofty goals they are the mainstay of nursing practice in all environments. Nurses who work in community primary care settings are privileged as they are invited into the everyday life worlds of those with whom they interact. Population / community demographics, employment data, income levels, morbidity and mortality patterns, community resources, and geographic location data informs awareness (Francis et al 2013). This data can be sourced through Government websites, developing a community profile that may involve documenting through observational means the infrastructure in the community. Community profile templates are available that can assist nurses and others to construct a resource that details important information about the community (Francis and Chapman 2011, Francis et al 2013). The information contained in a community profile may be used by nurses to identify services such as specialist medical services / practitioners, complimentary therapy providers, allied health services, pharmacies, aged care and palliative care providers, doctors, dentists, welfare services, recreational agencies, transport services, support groups, education providers, religious groups and services, and food and clothing outlets to name a few that they can refer community members to. Linking individuals, families and groups to available resources and referring to necessary services ensures that they are able to expedite access (Hirano et al 2011). Nurses play a pivotal role in connecting people ensuring that they access services available and if they require health care that their 'patient journey' is fluid and best outcomes are achieved (Hirano et al 2011). Figure 1 is a visual representation of a mapped patient journey. The map highlights the initial and subsequent interactions of the patient with health services and an array of providers. Opportunities for health education and promotion feature in the process that facilitate patient empowerment, best health care outcomes and cost efficiencies. Maps such as this provide a useful audit tool that can inform the quality assurance cycle by enabling identification of points for improving the system (Shearer and Lawrence 2013). Nurses can use this information to identify opportunities to intervene as a method to reduce preventable aberrations to health status thus reducing the need for costly and sometimes debilitating interventions.

E-health records are a valuable and a convenient contemporary tool that safeguards patients navigating the health care system successfully

Figure 1. The patient journey

and that care they access is consistent (Australian Government 2013). Keeping well-informed of changes to the system and the technologies is an important aspect of ensuring practice is current. In addition, these technologies aid nurses and other health professionals support people to access appropriate care that is required before unnecessary interventions and/or hospitalization is required.

8. Using evidence to support practice

Evidenced based practice (EBP) is the new mantra driving health care (Bradbury-Jones et al 2011) and is a method that government, employers, professional organizations and regulators endorse to protect the public. Requiring best practice from health care providers including nurses is a risk management and quality assurance strategy. Muir Gray (1997) stated that EBP is 'doing the right things right' (Craig and Smyth 2007, p4).

Drawing on evidence to inform practice requires searching for information that will include practice guidelines, discerning the quality, translating the information, accommodating additional information and utilizing it in practice. Evidenced based practice guidelines are developed from reviews of the best available evidence at the time the guidelines are produced (Joanna Briggs Institute 2013). The discerning user of these guidelines and other evidence however must make informed decisions about their context of practice and the extent to which recommendations for practice can be adopted. Being cognizant of the context in which practice occurs (community, hospital, aged care and palliative settings to name a few), being aware of the resources (human and physical and fiscal) available and the needs and expectations of community should inform translation of evidence to practice by nurses (Australian Government 2013). Nurses must be sophisticated consumers of research as well as contributors to knowledge if the work they do is be valued and acknowledged.

The International Council of Nurses (ICN) endorses nursing research as a central activity of the profession. They argue that evidence is required to facilitate advancement of practice and to confirm the efficacy of nursing interventions. The ICN have identified a number of nursing research priorities that include:

* Health
* Illness and care delivery that address quality and cost effectiveness
* Community-based care
* Nursing workforce, and
* Health care reform (International Council of Nurses 2007c).

Contributing to the knowledge base is an expected aspect of nurses' practice. There is a dearth of information on the impact that community based nurses have on health outcomes. As this group work closely with highly vulnerable

groups, data that they can generate is essential to inform health and workforce planning.

9. Professionalism and currency of practice

Professionalism refers to the '… conduct, aims or qualities that characterize or mark a profession or a professional person' (McEvoy and Duffy 2008, Mind Tools 2013). The attributes of a professional include honesty, integrity, having specialized knowledge, being competent, accountable, self-regulated and/or regulated by an external agency such as a nursing council/ board. Professional nurses in many nations are regulated and as such adhere to legislative as well as professional codes and standards of practice that define scope of practice and associated accountabilities (International Council of Nurses 2013a). Regulation ensures that the public are protected and assured about the work that nurses are legally permitted to perform (Hudspeth 2012, International Council of Nurses 2013b).

All professional nurses are responsible for their own practice. In nations such as Japan that do not have mandatory requirements for evidence of continuing professional education as part of licensure processes, nurses are still obligated to ensure that they are safe practitioners (Hirano et al 2011, Japanese Nursing Organization 2013). Currency of practice means that practice is consistent with contemporary knowledge and skills and that these are appropriate for the contexts in which nurse's work (Japanese Nursing Organization 2012). Reading journals, attending training sessions, undertaking studies and engaging in reflective practice are examples of methods of that nurses may engage in to ensure that they are current (International Council of Nurses 2007c, James and Francis, 2011, Oyamada 2012). Nurses make a valuable contribution to the health of populations. The efficacy of their contribution is however dependent on individuals maintaining currency of practice.

10. Conclusion

The role of nurses in promoting health and wellbeing of populations is accepted. Nurses as the largest group of health professionals globally are employed in a broad range of contexts. They provide care to people across the lifespan that is underpinned by a holistic approach that values the person and understands that their 'being' cannot be separated from their life worlds. As nations struggle with changing population demographics and escalating costs of health care provision promoting population health through preventative approaches are being implemented. Nurses working in community primary care settings are pivotal to the achievement of this agenda that is consistent with the World Health Organization's recommendations for achieving 'health for all'. Knowing the community, forming partnerships and advocating on behalf of individuals, groups and communities features in their practice. These nurses form relationships with people ensuring that they have access to services that are required and that they are able to navigate the system effectively ensuring continuity of care and limiting preventable medical interventions and unnecessary hospitalization.

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